

MAIN MODES OF PREVENTION: ABSTINENCE

In evaluating a programme it is important to look at programme outcomes in terms of the strategies used to bring about a change in behaviours, since a concrete HIV prevention plan is an important contributor to effecting change. Other evaluated programmes in Africa have suggested that an “ABC” (Abstain, Be faithful to one uninfected partner and Use Condoms) based approach can alter patterns of behaviour in a way that will reduce the spread of HIV through modification of knowledge, attitudes, norms and rules of behavior related to Abstinence, Being faithful to one partner and Using Condoms. In this evaluation, KAB’s were assessed for abstinence and condom use. This chapter presents results for abstinence and the next chapter for condom use.

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). It appears as if the main messages they are “getting” or “comprehending” are the aforementioned. There is very little evidence of any other knowledge about preventing transmission of HIV. Clearly, there is a strong focus on abstinence. Teachers have chosen this message over a condom message and it was evident that pupils heard it.

We have told them especially those who have not played sex to avoid sex completely before marriage (Teacher6_M: 234-235).

The most important thing we tell them is to abstain and it was a big debate as we were told not to use the word condom in our vocabulary (Teacher4_M: 227-231).

To stay safe from infection with HIV/AIDS, we should abstain from playing sex because everything has its time even playing sex it is just there. So abstaining is good because you avoid infection with diseases like syphilis, HIV/AIDS and others.

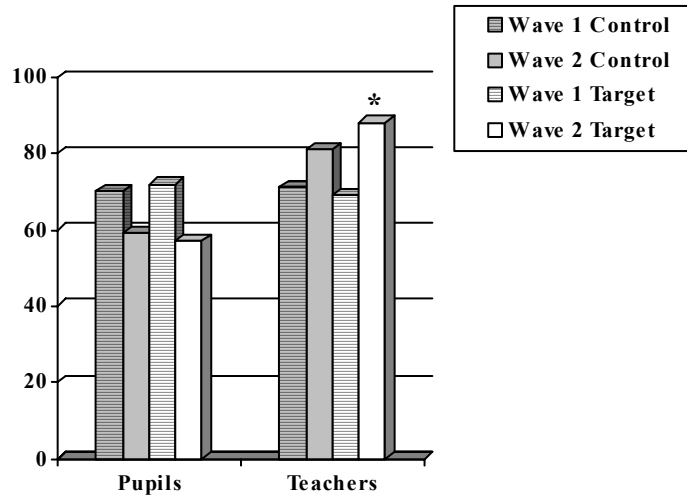
Q: Okay, where did you learn that Susan?

I learnt it here in school, I was taught by the Madam [female teacher] (Girls2: 1155-1161).

We are taught that young people should abstain from sex because we could get infected with HIV/AIDS and it has no medicine (Boys7: 251-253).

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. Teachers increased in wave 2 and pupils decreased (see figure below). The size of the increase from wave 1 to wave 2 was significantly greater for teachers in target than control schools.

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



*increase from wave 1 to wave 2 sig. > target than control schools at $p \leq .01$

Teaching About Abstinence

From focus group discussions in wave 1, we learned that youth wanted to learn specific strategies that would help them resist the biological, social and partner pressures that pushed or ‘forced’ them to play sex. In wave 2 we incorporated questions in both the pupil and teacher surveys to assess whether such teaching was occurring

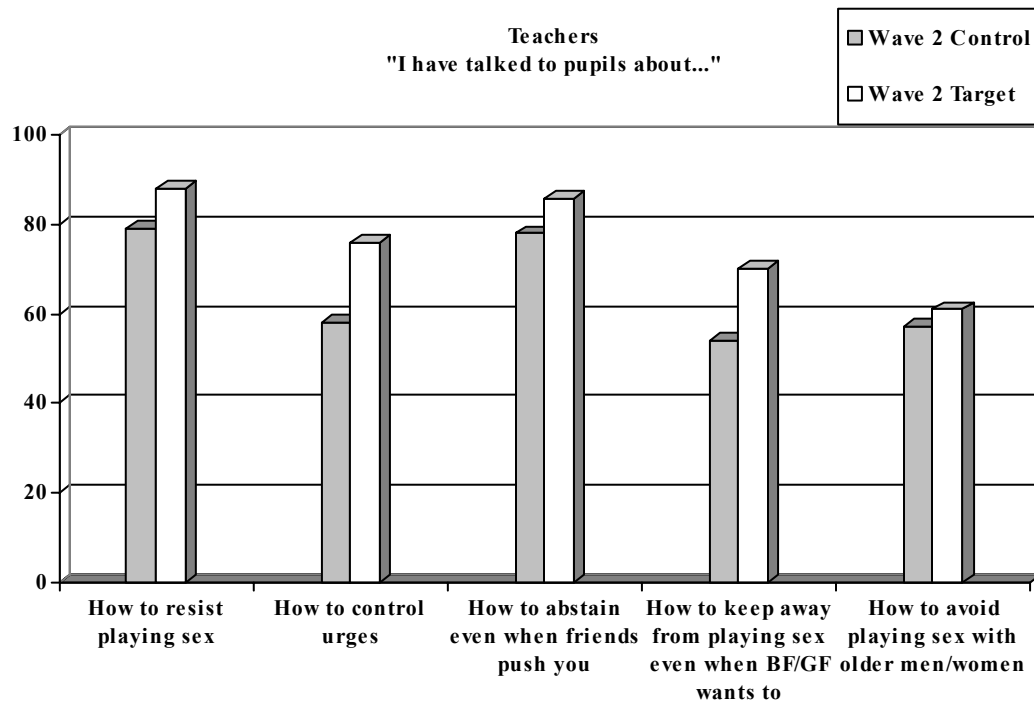
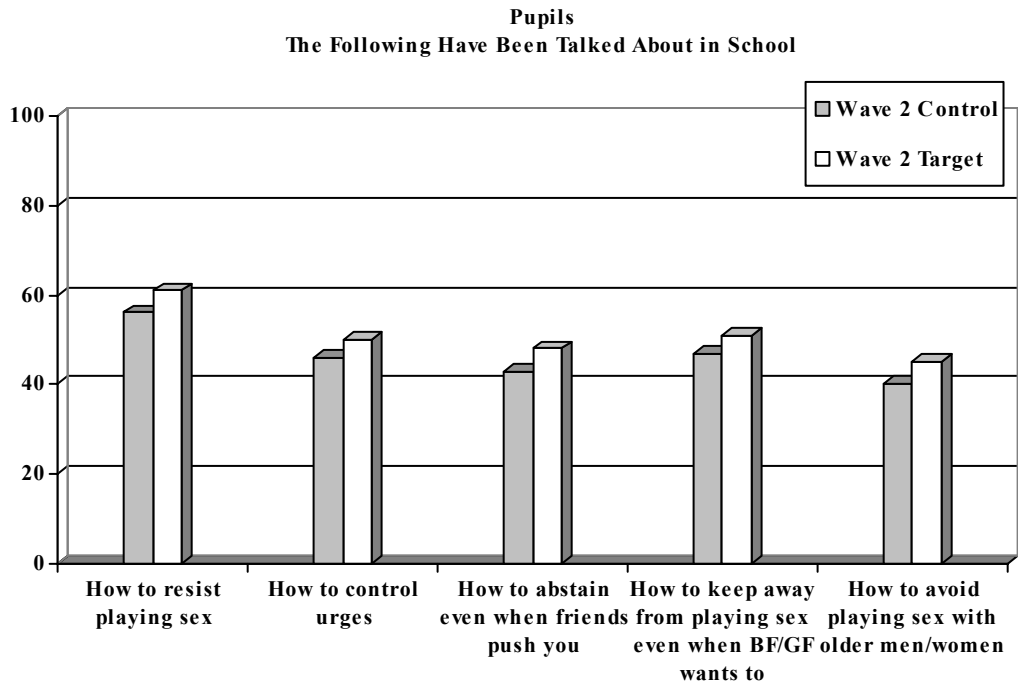
The specific areas of teaching are portrayed in the figures on the next page where it is evident that a large majority of teachers in both target and control schools claim to have talked to pupils about several strategies related to remaining abstinent. Considerably fewer pupils, however, reported exposure to such teaching. This observation was supported in qualitative interviews and focus groups with teachers and pupils respectively.

*Q: What have you told the young people about the prevention of HIV/AIDS?
Total abstinence and choosing right friends, avoiding activities like going to discos (Teacher8_M: 436-439).*

*Q: In class...have you talked about how students can abstain?
It was brought up once in class...the headmaster...taught us a little about abstinence...*

*Q: Do you think you should be taught about it in school?
It should be taught so... students can know that it is only by abstaining that they will be safe from HIV/AIDS (Boys1: 816-829).*

Figures J and K: Percentage of Teachers and Pupils Responding



Items related to teaching about abstinence were subsequently combined into measures of the number of topics teachers had spoken of that related to strategies for abstaining and the number of topics that pupils reported having been taught. The pattern that was evident in the graphs on the previous page was also seen in the scale scores with teachers reporting that they taught more topics related to abstinence (an average of 3.57 out of 5 topics) than pupils reported learning about (an average of 2.75 out of the 5 topics).

Factors influencing scores on these measures were examined using regression analysis (see Table T, columns 4 and 5). Although there were no differences between target and control schools on any one of the topics, more of the topics were being covered in target than in control schools (see figures on previous page). As a result, target schools scored higher on both the teacher and pupil measures of teaching about resisting pressures. In addition, the greater the evidence that HIV/AIDS programming was present in a school (regardless of whether this was a target or control school) the more topics on resisting sex pupils reported being taught. Pupils also reported more teaching about abstinence in schools where there was a stronger church presence and in schools that were better resourced as reflected in higher SES scores. Besides the target/control difference, teachers' reports were only influenced by KCPE scores.

Sexual Scripts

Analysis of wave 1 focus group discussions provided insight into how sexual activity occurs for youth in Nyanza. Girls and boys 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. 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.

It should be noted that the sexual script is 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.

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, and whether it is always necessary for a boy to pressure a girl to play sex. In all cases, boys were more likely to feel that girls meant 'yes' when they said 'no' and need to be pressured to play sex. Approximately half of the girls surveyed agreed with the boys. What was particularly interesting was that the difference between boys and girls was only 4 to 5-percentage points. These results closely paralleled what youth were saying in focus group discussions and suggest a general agreement between boys and girls on the nature of the sexual script and their roles in it.

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

In focus groups, pupils said church leaders and parents were addressing segments of the sexual scripts. Girls said that teachers were:

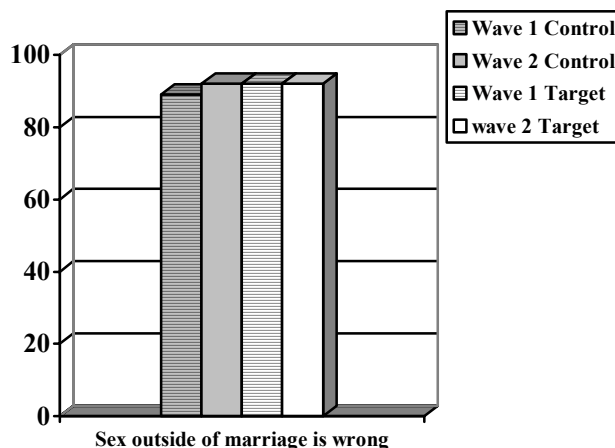
- Talking to them about how their dress and behaviour signal to boys that they want to play sex and to prevent this they should change their dress, manners, and behaviour (go right home, be inside by 6 pm, etc.);
- Talking about places such as discos, forest, being out after 6 pm, to both boys and girls and telling them to avoid them in order to avoid sex;
- Warning them not to take gifts because these lead to playing sex – especially when the gifts are from older boys and men; and,
- Encouraging youth (mostly girls) to talk to teachers or other adults if they were being pressured to play sex.

The evidence of this approach came exclusively from focus group discussions with girls and it is not clear whether these messages are also being delivered to boys. If teachers are focusing only on girls, this is at the expense of both girls (who are then held responsible for sex) and boys (who are left without guidance on how to deal with their own sexual pressures). With these *caveats*, the approach of addressing “How to abstain” by talking about segments of the sexual script that lead to playing sex is a good one. The girls are hearing these messages and repeating them back in interviews – boys are not. This may at least partially explain why there is a very large decrease in girls reporting sexual debut but less decrease for boys (see discussion later in this chapter).

Attitudes Toward Abstinence

Based on teacher interviews, it appears that the dominant attitude being conveyed to pupils is one of fear of AIDS. Consequently, the promotion of abstinence is based on fear. For example: *you must say ‘no,’ it is the only way... if you don’t you will get AIDS and die*. Generally, a “no other alternative” approach or attitude is offered. There continues to be a strong belief among teachers in both control and target schools that sex outside of marriage is wrong (see figure below) and consequently they are not willing to give pupils an alternative to abstinence.

Figure L: Percentage of Teachers Who Strongly Agree



There is some evidence that the churches may be approaching abstinence with more positive messages than those of teachers. These consist of explaining why abstaining is good within a Christian context.

We are told be Christians and act like Christians then we are not going to get infected with HIV/AIDS. We are told to stop playing sex carelessly (Boys1: 621-623).

We were taught to pray hard so that God can deliver us from evil and the desire to play sex (Boys6: 259-260).

In this current world, girls are very free and so this disease continues to spread. So the church has taught us that we should remain virgins until we are married like Mary the mother of Jesus (Girls2: 931-933).

What we know from other research is that fear of AIDS is often not a sufficient reason for abstaining— young people need to have positive reasons (e.g., I don't want to play sex because I want to finish my schooling first). This is supported in several focus groups where youth expressed confidence that they could abstain and could tell their boyfriend/girlfriend they were abstaining, but only if they had concrete reasons for doing so.

Personal Agency: Abstinence

In wave 2, 50-60% of pupils' demonstrated confidence in their ability to abstain by reporting that they could have a boyfriend or girlfriend for a long time without playing sex and could tell their boyfriend or girlfriend that they would not play sex until marriage. These percentages did not differ between boys and girls, between control and target schools, or between pupils who were and were not sexually experienced. A related question was whether pupils felt they could say no to playing sex. Here again, there were no significant target/control or wave 1/2 differences with 50-57% of pupils reporting they could say no.

Although half or more of pupils indicated on surveys that they felt in control of their sexual decisions and could abstain, in interviews, rather than speaking about agency in decision-making around sexual activity, pupils spoke at length about factors that pushed or forced them to play sex.

Q: What would make it difficult for somebody to avoid sex?

It is beyond their control...

It is hard once they have reached an older age...adolescence (Boys8: 452-460).

They find it [playing sex] very sweet...[and] cannot even do without it...or they can have a friend who encourages them to do so...It is also hard not to do so when your best friends do not also abstain (Boys7: 1111-1114).

She sees it on T.V so she also wants to play sex (Girls5: 1370).

There are some [girls] who can say NO here [at school] but the minute they leave this place they say YES...They are those we are saying their bodies feel hot like the bottom of an iron box...They started playing sex a long time and cannot stop (Girls2: 1216-1222).

It is clear that youth identify a multiplicity of irresistible forces and pressures that push them to play sex. In order to more fully test the presence and effect of such pressures on pupils' sense of sexual agency or control of their sexual decision-making, pupils were asked, on the wave 2 survey, whether they had ever experienced ten forms of pressure or force. These included bodily urges, physical sexual assault and pressure from, friends either one of boy/girlfriends, older people, or the receiving of gifts. For each of these they were also asked whether they had ever played sex as a result of experiencing each type of pressure. Further analyses found that youth did not differentiate between these types of force or pressure – they collectively represented a singular experience common to both boys and girls. This finding supported how pupils described the experience of force/pressure in focus group discussions.

Two composite measures were constructed from questions related to force/pressure. The first represented the degree to which youth felt in control of their sexuality or felt they had sexual agency. The second represented the degree to which youth explained their sexual activity as a result of pressure or force.

In multivariate analysis, none of the indicators that directly represented PSABH programme implementation were found to have an impact on either the perception that a multitude of pressures was pushing one to play sex (sense of control of one's sexuality) or on reporting that one's sexual experience was not within one's control. However, interpreting common daily experiences as pressure to play sex and responding to these pressures by playing sex was more common in schools where:

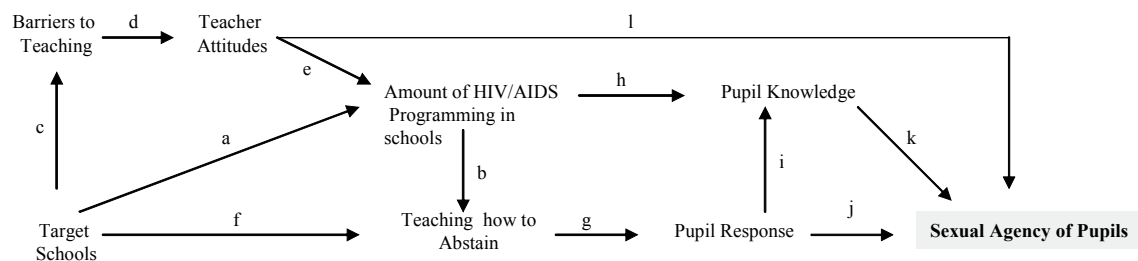
- Pupils' affective response to the programme was negative (i.e. it was shameful, boring or too difficult);
- Pupils had lower AIDS knowledge scores;
- Teacher attitudes toward teaching about HIV and AIDS were poorer; and,
- There was a stronger religious presence in HIV and AIDS programming in the communities (see Table T, columns 13 and 14).

In addition, pupils more often claimed that sexual activity was in response to force in rural schools and schools with higher average KCPE scores. Although programme implementation itself had no influence here, the effect of teacher attitudes and pupil knowledge suggest that the HIV/AIDS programming in the school is important, especially when remembering that PSABH training influences the degree of programme implementation which in turn influences levels of knowledge. In this way, PSABH training and implementation are influencing the perception of pressure and subsequent response to this pressure by playing sex, albeit indirectly through knowledge.

It is also important to recognize that religious programming in the community may be contributing to interpretation of sexual behaviour as being outside pupils' personal control -i.e. a result of being pressured or forced. In the face of strong church messages backing up the school messages on abstinence, these perceptions may become the "excuses" that youth use for their sexual activity. More accepting attitudes on the part of teachers and better pupil knowledge do appear to counteract pupils' feelings of personal vulnerability to playing sex.

Paths of PSABH Influence on Sexual Agency

The ways in which the various components of HIV/AIDS programming that are present in the schools influenced pupil sexual agency were examined using path analysis. The diagram below portrays the results of this analysis. Arrows represent where statistically significant influences were found when all factors were taken into consideration. Letters on the arrows correspond with explanations below the diagram².



Effect of PSABH Training on Sexual Agency of Pupils

What the above diagram shows is that being in a target or control school affects the sexual agency of pupils indirectly through the effect on various components of HIV/AIDS programming and pupil knowledge. More pupils have a sense of sexual agency in schools where:

- C The response of pupils to the programming is more positive (see arrow 'j' above);
- C Pupils have more accurate knowledge about HIV and AIDS (see arrow 'k' above);
- C Teachers have more positive and accepting attitudes toward teaching about HIV and AIDS (see arrow 'l' above);

The indirect pathways of influence from being in a target compared to a control school to pupils' sexual agency have been explained in earlier sections and are repeated here.

Pupils' knowledge about HIV & AIDS is higher in schools where there is

- C A greater amount of HIV/AIDS programming (see arrow 'h' above);
- C More positive pupil response to the programming (see arrow 'i' above).

Greater amounts of HIV/AIDS programming is found in

- C Target compared to control schools (see arrow 'a' above);

² The analyses summarized in this diagram are described in Appendix A (p.). For statistical results used to create this diagram see Table T, column 13.

- C Schools where teachers have more positive and accepting attitudes toward teaching (see arrow 'e' above).
- Teachers' attitudes toward teaching about HIV and AIDS are better in schools where:
- C Teachers perceive fewer barriers to teaching about HIV and AIDS (see arrow 'd' above).
- Teachers perceive fewer barriers:
- C In target than control schools (see arrow 'c' above).
- More positive pupil response to the programming is found in schools where there is
- C More teaching about how to abstain (see arrow 'g' above).
- Finally, there is more teaching about how to abstain in
- C Schools with greater amounts of HIV/AIDS programming overall (see arrow 'b' above);
 - C Target than control schools (see arrow 'f' above).

Commitment to Abstinence

In response to direct questions in wave 1, a large proportion of pupils expressed a strong commitment to abstinence. In focus groups we gained insight into 'what it takes' to remain abstinent in terms of the actions and beliefs of pupils. As with questions on pressures to play sex, survey questions that reflected the content of focus group discussions about abstinence were tested in wave 2 and found to form a single scalar measure of *commitment to abstinence*. While commitment to abstinence was equally high in both target and control schools at wave 2, there were factors both in the community and in PSABH programming that influenced the level of commitment. The average commitment to abstinence was higher in schools:

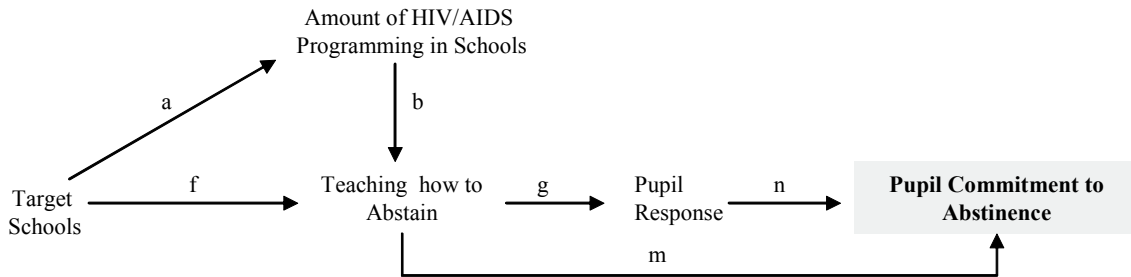
- With greater teaching resources reflected in higher teacher/pupil ratios;
- Where pupils were learning more about how to resist pressures to play sex;
- Where pupils responded to the programme with positive affect;
- Where pupils were not predominantly Kisii; and,
- Where churches were holding meetings about HIV and AIDS (see Table T, column 15).

These results suggest that teaching about abstinence in a school where teachers probably have more time to spend with their pupils and where those pupils are responding more positively to the programme combines with church teachings to produce a stronger commitment to abstinence. However, these commitments are weaker in schools with predominantly Kisii pupils.

Path PSABH Influences on Commitment to Abstinence

The ways in which the various components of HIV/AIDS programming that are present in the schools influenced pupil commitment to abstinence was examined using path analysis. The diagram below portrays the results of this analysis. Arrows represent where statistically significant influences were found when all factors were taken into consideration. Letters on the arrows correspond with explanations below the diagram³.

³ The analyses summarized in this diagram are described in Appendix A (p.). For statistical results used to create this diagram see Table T, columns 6 and 7.



Effect of PSABH Training on Pupil Commitment to Abstinence

What the above diagram shows is that being in a target or control school affects pupils' commitment to abstinence indirectly through the effect on various components of HIV/AIDS programming. More pupils are committed to abstinence in schools where:

- C There is more teaching about how to abstain (see arrow 'm' above)
- C The response of pupils to the programming is more positive (see arrow 'n' above).

The indirect pathways of influence from being in a target compared to a control school to pupils' commitment to abstinence have been explained in earlier sections and are repeated here.

A more positive pupil response to the programming is found in schools where there is

- C More teaching about how to abstain (see arrow 'g' above).

There is more teaching about how to abstain in

- C Schools with greater amounts of HIV/AIDS programming overall (see arrow 'b' above);
- C Target than control schools (see arrow 'f' above).

Finally, there is more HIV/AIDS programming

- C In target than control schools (see arrow 'a' above).

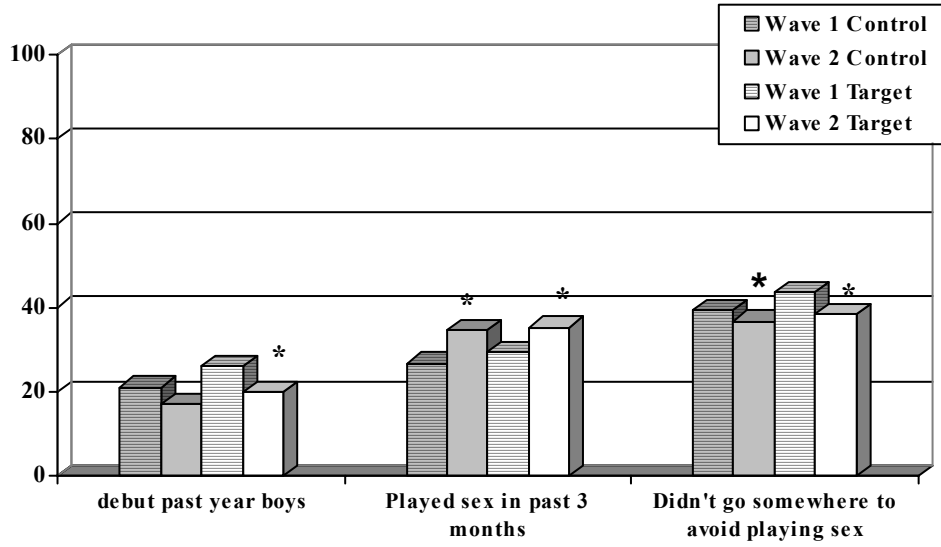
Sexual Behaviour: Abstinence

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.

To test whether the programme had an effect on initiating sexual activity, STD 6 pupils from wave 1 were compared to STD 7 pupils from wave 2. Since wave 1 data were collected near the end of the school year and wave 2 near the beginning, this insured that similar groups of pupils and time periods were compared. There was a decrease found in the proportion of youth who initiated sexual activity once the programme began compared to the same time period for pupils in the same grade prior to programme initiation.

- For boys, this decrease was slight and only evident in target schools.
- For girls there was a substantial decrease in both target and control schools

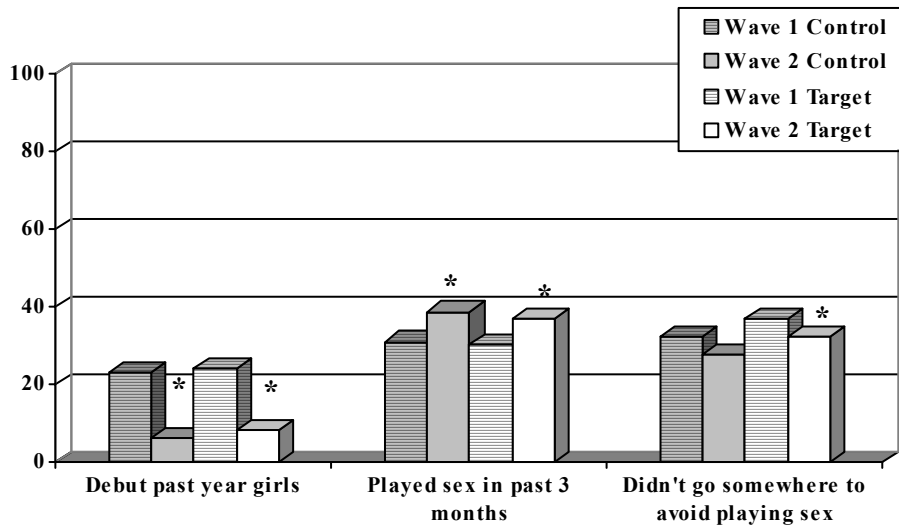
Figure MI: Percentage of Boys



* significant wave1 to wave 2 change at $p \leq .01$

Debut is based on 537 wave 1 control, 437 wave 2 control, 508 wave 1 target and 486 wave 2 target.
Sex in past three months is based on 733 wave 1 control, 652 wave 2 control, 854 wave 1 target and 702 wave 2 target.

Figure MII: Percentage of Girls



* significant wave1 to wave 2 change at $p \leq .01$

Debut is based on 543 wave 1 control, 717 wave 2 control, 489 wave 1 target and 595 wave 2 target.
Sex in past three months is based on 602 wave 1 control, 260 wave 2 control, 623 wave 1 target and 248 wave 2 target.

It should be noted that there was also a lower level of sexual activity prior to programme initiation for the wave 2 sample compared to the wave 1 sample. It is difficult to provide a definitive interpretation of this difference since the samples in the two waves of data collection were at different phases in their schooling and not directly comparable. However, it may indicate that girls in particular were already beginning to postpone sexual debut before PSABH programming began in their schools. Data collected later in 2003 will help in producing a clearer interpretation of what is happening here.

A discouraging result was that for youth who were already sexually active before the programme began there was a significant increase in the percentage reporting sex in the past 3 months for both girls and boys.

Qualitative data provided insights into the strategies pupils used in order to avoid playing sex.

If you do your house chores properly, help your parents and just stay at home without indulging in sexual activities you will not get infected with HIV/AIDS (Girls3: 387-389).

When the desire comes you should do exercises, a lot of it like football (Boys1: 943).

I learnt that even if my body starts to change like develop breasts, I will not bother with that. I will not start admiring myself and thinking about boys. This will later bring me problems because boys also will start approaching me and telling me I am beautiful (Girls2: 1474-1477).

Sex is not food to sustain you it is just for pleasure so you can abstain (Boys6: 349-350).

If a boy approaches and tells me that he wants to play sex with me, then that means he wants to mess up with my studies, so I will tell him to go away and leave me alone (Girls4: 1199-1201).

When examining the factors that influenced recent sexual debut. Schools with lower proportions of pupils initiating sexual activity during the year prior to wave 2 data collection were found to:

- Have predominantly Luo pupils;
- Have a weaker church presence; and,
- Have higher proportions of pupils talking with community members about HIV and AIDS (see Table T, column 18).

In addition, schools that had high proportions of pupils initiating sex the year prior to wave 1 data collection also had a high proportion in the year prior to wave 2 data collection suggesting that there were stable patterns of sexual debut in each community. The main difference between boys and girls was that there were higher proportions of

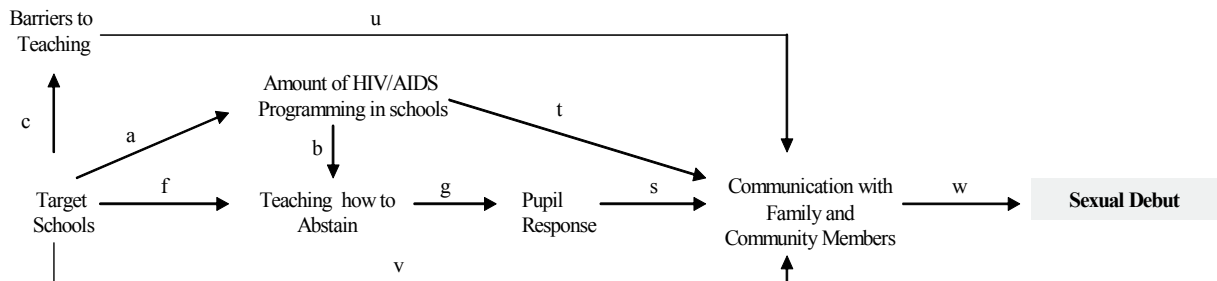
boys initiating sex in schools where the majority of pupils reported feeling pressured by multiple sources (i.e. they had less of a sense of sexual agency or control over their sexual decision-making), where there was more communication with female relatives and a higher teacher/pupil ratio (see Table T, columns 16 and 17).

Of interest is that none of the indicators on which data were collected helped to explain different rates of recent sexual activity. It appears that once pupils are sexually active, they are likely to have engaged in sex recently, regardless of personal or school factors, perceptions of pressure or force, or the presence of HIV/AIDS programming. This coincides with results from research on other school-based programmes which support the conclusion that once youth are sexually active it is very difficult to get them to return to abstinence (Gallant & Maticka-Tyndale, in press).

Unlike the above results, refusing to engage in sex and not going places in order to avoid playing sex were influenced, in part, by teaching about how to resist sex (see Table T, column 20).

Paths of PSABH Influence on Sexual Debut

The ways in which the various components of HIV/AIDS programming that are present in the schools influenced pupil sexual debut was examined using path analysis. The diagram below portrays the results of the analysis. Arrows represent where statistically significant influences were found when all factors were taken into consideration. Letters on the arrows correspond with explanations below the diagram⁴.



Effect of PSABH Training on Sexual Debut

What the above diagram shows is that being in a target or control school has an indirect effect on whether pupils initiate sexual activity once PSABH programming is in the schools. This effect operates through the target/control influence on communication with family and community members about HIV and AIDS. Schools have higher proportions of pupils who have not initiated sexual activity 6 months after teachers completed PSABH training when::

- C There is more communication between pupils and family and community members about sexuality, HIV and AIDS (see arrow ‘w’ above).

⁴ The analyses summarized in this diagram are described in Appendix A (p.). For statistical results used to create this diagram see Table T, 18.

The pathways of influence between being in a target compared to a control school and pupil communication with family and community members have been explained earlier and are repeated here. Higher proportions of pupils communicate with family and community members about sexuality, HIV and AIDS in:

- C In target rather than control schools (see arrow 'v' above);
- C In schools where the response of pupils to the programming is more positive (see arrow 's' above);
- C In schools where teachers see fewer barriers to teaching about HIV and AIDS (see arrow 'u' above); and
- C In schools with more HIV/AIDS programming overall (see arrow 't' above).

A more positive pupil response to the programming is found in schools where there is

- C More teaching about how to abstain (see arrow 'g' above).

There is more teaching about how to abstain in

- C Schools with greater amounts of HIV/AIDS programming overall (see arrow 'b' above);
- C Target than control schools (see arrow 'f' above).

Teachers see fewer barriers to teaching about HIV and AIDS

- C In target than control schools (see arrow 'c' above).

Finally, there is more HIV/AIDS programming

- C In target than control schools (see arrow 'a' above).

Behaviour Change: Teachers

An interesting point to note is that when teachers were asked how PSABH had affected their own attitudes and behaviour with respect to HIV/AIDS, 57% suggested that they were more inclined to change their behaviour, with a greater focus on abstinence. There were another 27% who indicated a trend towards behaviour change but were either unclear about the nature of that change (i.e. "from immorality") or suggested other modifications to their lifestyle (i.e. "improved diet").

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, in press). The situation in Nyanza schools was no different.

There was virtually no “good news” about condoms in either wave 1 or 2 qualitative interviews. While there were a small number of “use condoms if you must” quotations, the great bulk of the discussion on condoms by pupils contained false information and half-truths which were negative messages inverted from correct information.

There are some people who trust condoms whenever they play sex but we were told not to trust them that a condom will not protect. This is because if you put salty water in a condom some will evaporate indicating that condom has holes (Boys8: 624-627).

We were told that if someone tells you to use condoms to protect yourself from HIV/AIDS infection, it is not true, you will still get infected (Girls2: 1484-1492).

You can use them [condoms] and it goes inside a girl's stomach and hurts her and it cannot be removed (Boys1 1352-1353).

Clearly when condoms were spoken of it was often in the context of *NOT* providing protection.

Teaching About Condoms

It was evident in interviews that teachers struggled with conflicting perceptions of condoms. These included the belief that condoms can protect, their fear that teaching this would encourage youth to play sex, their belief that non-marital sex was a sin and their belief that condoms were imperfect, harmful and prone to failure. For most teachers, this resulted in teaching nothing or providing false information (though they may have believed what they were saying was true).

I encourage them to abstain completely from sex that is what I do mostly. I do not tell them to use condoms and even those who have tried and found that it is good I try to tell them to stop completely because they can mess with their body (Teacher1_F: 462-465).

We normally tell them to abstain because we never want to tell them about condoms because we cannot be sure how they use them they must be used correctly (Teacher7_M: 348-350).

We do not talk about condoms because we feel most of the pupils who are still innocent could go and try this and we do not want them to try it (Teacher3_F: 411-414).

I tell them that condoms are not good because it could have faults, it could have expired or it could be having even holes. It is therefore not 100% protective (Teacher6_M: 241-245).

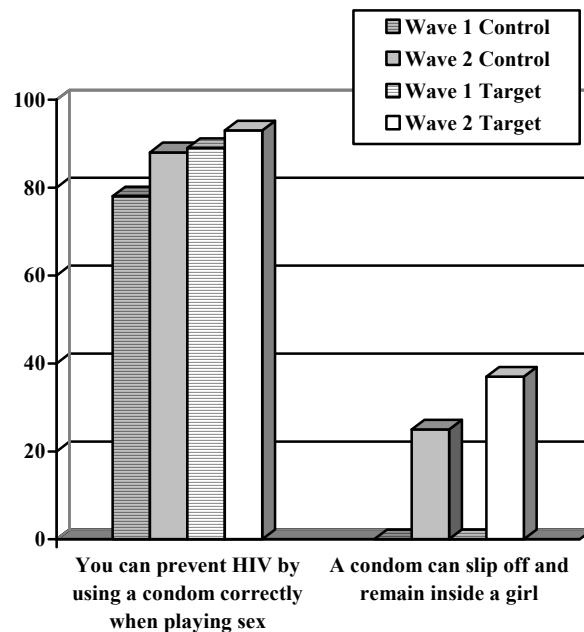
I do not tell them anything to do with condoms (Teacher8_M: 461).

The “best” message that was found in teacher interviews was that “condoms are for adults, not for teenagers” – this at least did not reject condoms for everyone.

Condom Knowledge

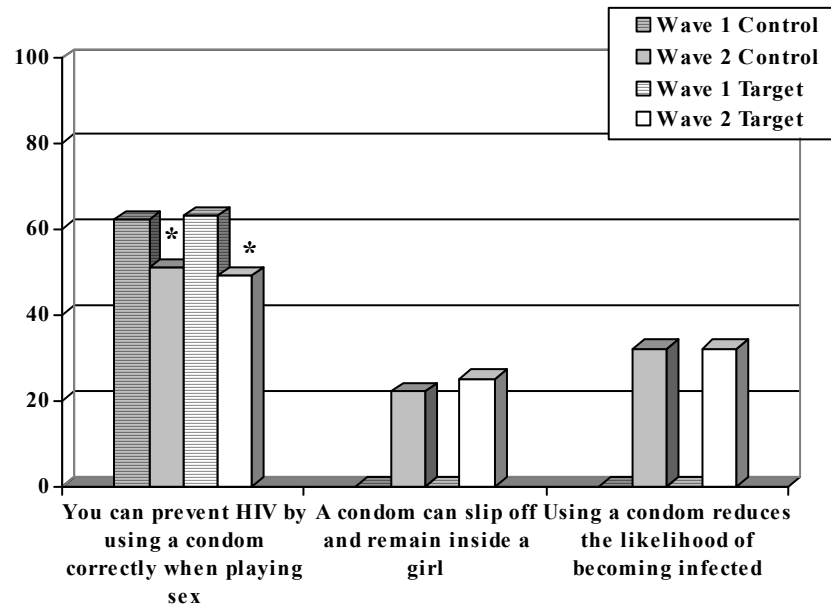
Despite the conflicts that teachers faced with respect to teaching about condoms, a large proportion of teachers were already answering condom knowledge items correctly in wave 1. This knowledge increased slightly, though not significantly, for both target and control schools in wave 2. However, what 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. When the answers to these two questions are combined we again see the belief that condoms *can* prevent HIV transmission, but they are harmful.

Figure NI: Percentage of Teachers With Correct Answers



The conflicts and struggles that teachers described in dealing with condoms led them to provide pupils with mixed messages about condoms. These mixed messages were evident in how pupils responded to questions about condoms and in the general poor condom knowledge among pupils. Fewer pupils responded correctly to knowledge questions referring to condoms in wave 2 than wave 1 although there were no differences in target than control schools.

Figure NII: Percentage of Pupils Having Correct Answers



*difference between wave 1 and 2 sig. at $p \leq 0.01$

Focus group discussions provided further insight into pupil responses on condom knowledge questions. Often pupils repeated the misinformation and anti-condom attitudes heard from adults.

We are taught about condoms...They are like gloves that are made of rubber and they are used for bad manners, playing sex...If you use a condom when playing sex with a boy, his water will pour inside and it becomes too hot so the water will pass through the condom and if he is infected with HIV/AIDS, it will go through the condom and go to your stomach (Girls3: 768-781).

They even told us that those condoms that come to Kenya are normally expired so they are not good and are already used (Boys1: 1125-1126).

The teacher told us that condoms are made using the virus from HIV/AIDS and that we should not use them (Boys7: 1359-1360).

Youth were aware of the multiple and conflicting messages they were receiving and could often identify the sources of misinformation. Of importance is that they were not passive recipients of this information. It was clear that they were thinking about what they were being told, comparing it to other information they were hearing, and formulating their own *condom knowledge*. They recognized that their condom knowledge was incomplete and frequently commented that what they wanted to know was the “truth” about condoms so that they would know what to do when they became sexually active in the future.

What can we trust about condoms because some say it is safe others say it has holes? (Boys7: 1715-1716)

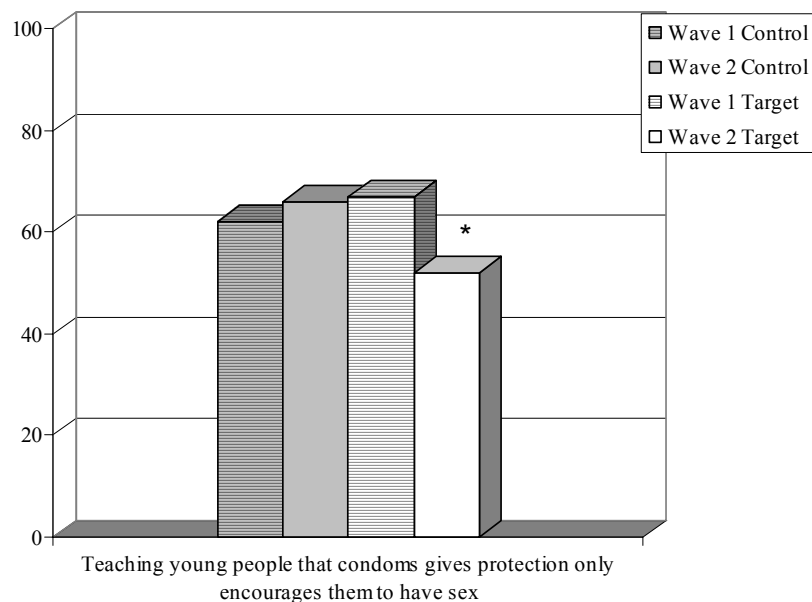
We should be taught more about condoms because we know that if we play sex with a condom, it will not give protection. So we want to know the truth about it (Girls2: 1924-1926).

I would like to be told the truth if really condoms protect HIV/AIDS (Boys8: 642).

Condom Attitudes

Teachers held strongly to views related to HIV prevention in wave 1 and generally maintained these in wave 2. The one exception was in the area of teaching about condoms. In wave 1 the majority of teachers strongly endorsed the statement that teaching young people that condoms give protection against HIV will only encourage them to play sex. In wave 2, although this view was still endorsed by the majority, teachers in target schools were less adamant or certain about it. Condoms were a particularly difficult area of teaching, so this shift – the only one in condom attitudes – suggests PSABH may be making some gains in this area.

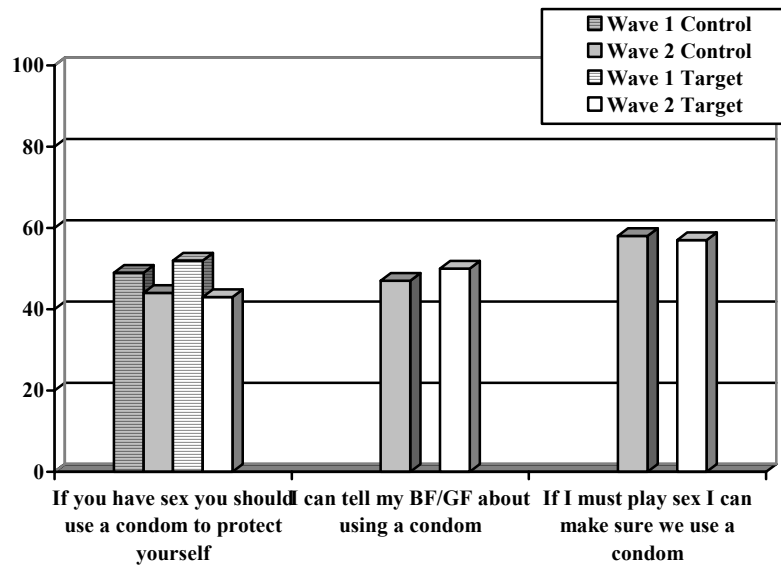
Figure O: Percentage of Teachers Who Strongly Agree that:



*difference in wave 1-2 changes significantly different in target than control schools at $p \leq 0.01$.

About half (40-60%) of youth held positive views towards condoms with no difference in this proportion between waves 1 and 2 and between target and control schools.

Figure P: Percentage of Pupils Who Agree:



At wave 2, knowledge and attitudes related to condoms differed somewhat between pupils who were sexually experienced and those who were not. Pupils with experience scored significantly higher on almost all questions tapping knowledge, attitudes, beliefs and intentions related to condoms. 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.

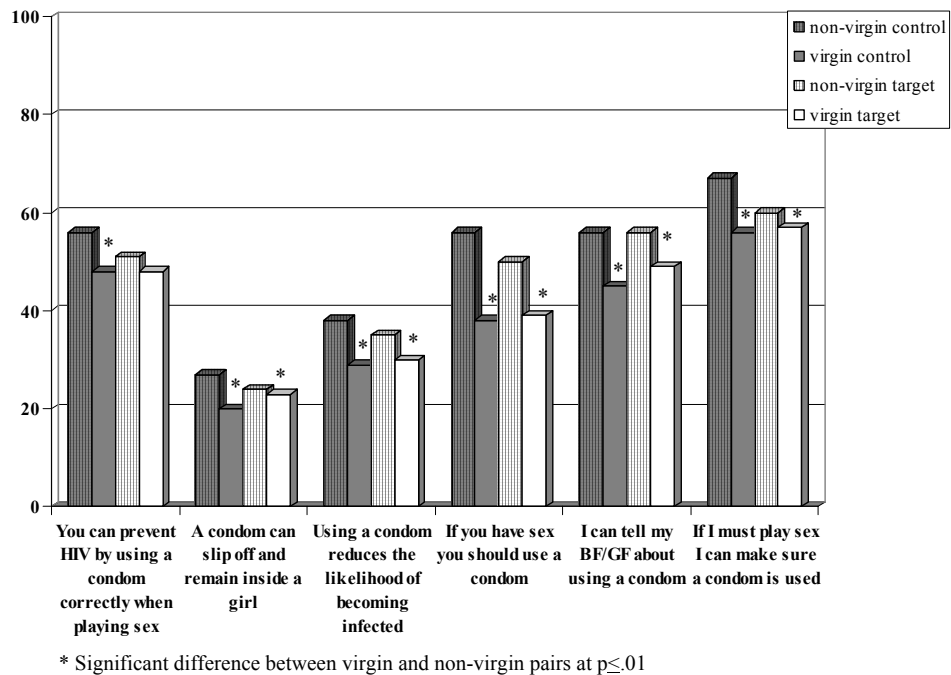


Figure Q: Differences in Responses between Non-virgins and Virgins at Wave 2

Condom Messages in the Community

Positive messages about condoms appeared to be coming from sources outside of the schools. For example, community representatives and other youth, in some cases, provided more positive/accepting messages regarding condoms (e.g., condoms are necessary).

I have always tried to tell them that if they have to, then they had better use condoms. I tell them that a condom is not really perfect but it could help. And you need to use it persistently and effectively whenever you need to play sex. Then there is also the female condom for the ladies when they want to play sex (Community3: 677-692)

However, these messages were, at times, mixed with negative messages.

*Condoms can reduce risks of getting the disease so I have advised them [young people] to use the condom when playing sex...
If it [condoms] is not effectively used they cannot prevent that disease...
There are young people who involve themselves in acts of immorality and to remove them from such acts is difficult. I also tell them that they can use condoms to protect themselves. These are not school going children but those who have dropped out of school...
Those who wander around and they don't want to abstain then those can use condoms even though it is not 100% effective. It does not protect but it reduces the chances of infection (Community1: 383-418).*

There were also examples of older siblings, friends, and peer supporters in the schools providing some positive role modeling or messages (more factually accurate) to youth.

You find some older brothers are the ones buying condoms and using them when playing sex with girls in the forests. Some have them inside their wallets (Boys6: 726-728).

The brother that I follow told me that condoms are good I should use them (Boys7: 1542).

My friend told me that condoms are good and should be used if you do not want to get the disease (Boys7: 1603-1604).

Just as there was evidence that some churches were finding positive ways to speak of abstinence, there was also some evidence that churches may not be as adamantly anti-condom as teachers. Although churches did not openly endorse condom use, the examples of information they provided were not as blatantly anti-condom or false.

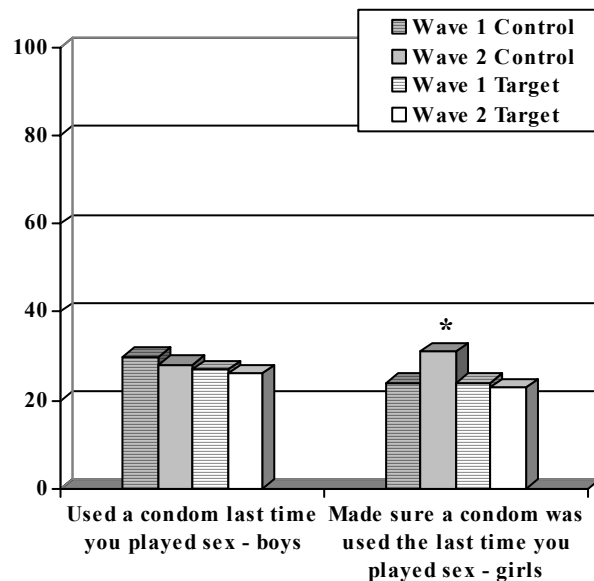
They [pastors or preachers] tell us condoms are good that we should use them but one pastor told us to trust Jesus...do not trust condoms (Boys7: 1447-1450).

*Q: What do the church elders tell you about condoms?
We are told that young people should not use condoms (Boys1: 1220-1222).*

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. Where changes have occurred, they have only been after many months of programming. Consequently, it was not expected that there would be a change in condom use at this point in the PSABH programme. It is not surprising then that there were no significant changes in the percentage of boys reporting condom use. What was surprising was that significantly more girls in control schools reported condom use at last sex in wave 2 than in wave 1 (see figure below). This result must be treated as tentative since, with the decrease in the proportion of girls who were sexually active it is based on a comparatively small sample of sexually active girls.

Figure R: Percentage of Pupils who are sexually active who:



* increase from wave 1 to wave 2 at $p \leq .01$

Girls are based on 602 wave 1 control, 260 wave 2 control, 623 wave 1 target and 248 wave 2 target.
Boys are based on 733 wave 1 control, 652 wave 2 control, 854 wave 1 target and 702 wave 2 target.

When examining the school-level regression analysis, schools with higher proportions of boys reporting condom use (see Table T, column 19) at wave 2 and those where condom use had increased since wave 1 (see Table U, column 11) were more likely to:

- Have more pupils who responded more negatively to the programming (found it shameful, boring, too difficult);
 - Have boys who reported they engaged in sex because of pressure or force;
- and,

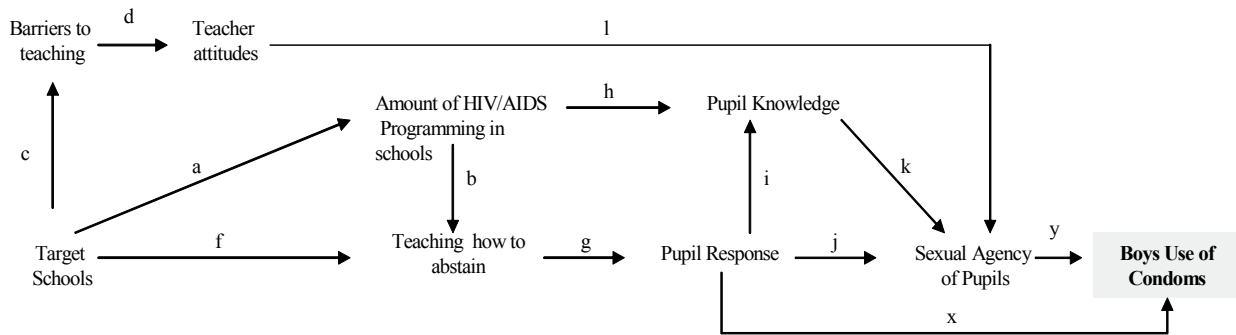
- Less of a church presence in the community.

This suggests that these boys may have been adopting a condom-as-prevention approach rather than an abstinence-as-prevention approach. Perhaps they felt they had no control over playing sex, but did have control over condom use. This would be consistent with less of a church presence and consequently less of an abstinence-as-prevention message in the community.

None of the factors helped explain girls' reports of condom use at last intercourse.

Paths of PSABH Influence on Boys Use of Condoms

The ways in which the various components of HIV/AIDS programming that are present in the schools influenced condom use by boys was examined using path analysis. The diagram below portrays the results of this analysis. Arrows represent where statistically significant influences were found when all factors were taken into consideration. Letters on the arrows correspond with explanations below the diagram⁵.



Effect of PSABH Training on Boys Use of Condoms

What the above diagram shows is that being in a target or control school affects boys' use of condoms at last sexual intercourse indirectly through its effect on sexual agency and the various components of HIV/AIDS programming and pupil knowledge.

Schools have higher proportions of boys who report using condoms at last intercourse when they are schools where:

- C Pupils have a greater sense of sexual agency (see arrow 'y' above); and
- C Pupils respond more positively to the HIV/AIDS programming. (see arrow 'x' above)

The pathways of influence between being in a target compared to a control schools and sexual agency have been explained earlier in this report and are repeated here. Pupils have a greater sense of sexual agency:

- C When they are in schools where the response of pupils to the programming is more positive (see arrow 'j' above);
- C When they have more accurate knowledge about HIV and AIDS (see arrow 'k' above);

⁵ The analyses summarized in this diagram are described in Appendix A (p.). For statistical results used to create this diagram see Table T, columns 19.

- C When they are in schools where teachers have more positive and accepting attitudes toward teaching about HIV and AIDS (see arrow 'l' above);
- Pupils' knowledge about HIV & AIDS is higher in schools where there is
- C A greater amount of HIV/AIDS programming (see arrow 'h' above);
 - C More positive pupils response to the programming (see arrow 'i' above).
- Greater amounts of HIV/AIDS programming is found in
- C Target compared to control schools (see arrow 'a' above).
- More positive pupil response to the programming is found in schools where there is
- C More teaching about how to abstain (see arrow 'g' above).
- There is more teaching about how to abstain in
- C Schools with greater amounts of HIV/AIDS programming overall (see arrow 'b' above);
 - C Target than control schools (see arrow 'f' above).
- Teachers' attitudes toward teaching about HIV and AIDS are better in schools where:
- C Teachers perceive fewer barriers to teaching about HIV and AIDS (see arrow 'd' above).
- Finally, teachers perceive fewer barriers:
- C In target than control schools (see arrow 'c' above).