

APPENDIX A: METHODOLOGY DETAILS

Quasi-experimental, multi-stage, stratified, disproportion random sampling was used to select schools to participate in this research.

Sampling Procedures

- Stratification of schools by district and academic performance was established in the following steps:
 - Schools in Nyanza province were listed by district and zone.
 - Schools in each zone were rank ordered and divided into thirds by academic performance of their pupils using mean scores attained on annually conducted, standardized national examinations (KCPE exams).
 - Four lists of schools were established for each zone. These comprised four separate sampling frames:
 - Potential target schools – to receive PSABH programme:
 - top performing school overall, -i.e. top in the top third (referred to as top target).
 - top performing school in the bottom performance third (referred to as bottom target).
 - Potential control schools – not to receive PSABH programme:
 - second highest performing school overall –i.e. 2nd in the top third (referred to as top control).
 - bottom performing school in the second performance third (referred to as bottom control).
- Schools were randomly selected from each of the 4 lists using the following criteria:
 - < 20% from top and \geq 80% from bottom;
 - The number selected in each district was approximately proportional to the number of zones in the district; and,
 - Equal number of target and control in each of top and bottom groups in each district.
- Sixteen of the 160 schools in the full sample were chosen for in-depth qualitative data collection in wave 1. School selection ensured equal representation across target and control groups, ethnicity, and schools whose pupils scored at the top and bottom of standard academic evaluations (KCPE exams). The 16 schools comprised:
 - 8 target and 8 control schools;
 - 8 schools with predominantly Kisii and 8 with Luo pupils; and,
 - 8 top and 8 bottom performing schools.

Beyond this breakdown, schools were selected to maximize diversity and with attention paid to feasibility of access. To be eligible for selection schools had to:

- Have enough boys or girls in standard 7 and 8 to provide at least 5 boys or 5 girls for a focus group discussion; and,
- Be accessible to the research team which had to transport equipment from a central location to the school.

Four (two Kisii and two Luo) of the 8 target schools were selected based on ease of accessibility to participate in in-depth, wave 2 data collection.

The target/control status of each of the 160 schools selected for this study was reviewed using attendance records from training sessions, zonal inspector reports based on school visits, and self-reports of teachers in the schools. For purposes of analysis, control schools for which it was possible to confirm attendance of at least 2 teachers at training sessions were reassigned to the target group and target schools for which there was no evidence of teacher training were reassigned to the control group. This resulted in two target schools being reclassified as control and 4 control schools as targets. The final analysis is based on 82 target and 78 control schools.

Data Collection:

- All pupils in Standards 6 and 7 and, in most cases, two teachers (head teacher and preferably a senior female teacher) in each of the 160 selected schools were invited to complete surveys at wave 1 (November 2001) and wave 2 (February 2003). At wave 2, the head teacher in one school did not permit pupils to participate in data collection. At both waves of data collection, teachers in two schools (not the same schools at each wave) refused to complete surveys. This produced pupil self-completion surveys in 160 schools in wave 1 and 159 in wave 2 and teacher self-completion surveys in 158 schools in wave 1 and 2.
- Zonal Inspectors were trained to complete School and Community Responsiveness Surveys in each of the 160 schools based on personal observations and conversations with teachers, pupils, and community members. School Responsiveness surveys were completed in 159 schools and Community Responsiveness in 158 communities.
- Zonal Inspectors were trained to collect pregnancy data based on interviews with teachers for all 160 schools. Pregnancy data were collected in 156 schools.
- At wave 1, semi-structured, in-depth interviews were conducted at each of the 16 selected sites. Interviewed were:
 - 1 head and 1 senior teacher with an attempt made to ensure at least one interview was with a senior female teacher; and,
 - The chief or assistant chief and the head of the women's group or otherwise recognized influential woman in the community served by the school.

In addition, a focus group was conducted with either 5 boys or 5 girls from standard 7 and 8. Participants for focus groups were selected on the advice of teachers based on their willingness to talk about issues related to HIV/AIDS and sexuality.

- At wave 2, semi-structured, in-depth interviews and focus group discussions were conducted at each of four selected sites in the same manner as wave 1 except that two focus groups were held at each site (one with boys and one with girls).
- All survey instruments and interview schedules can be found in Appendix A.

It must be noted that not all data were collected for each data collection instrument in all schools. Reasons for missing data included: teacher refusal to have pupils participate in data collection, teacher refusal to participate in survey completion, oversight or misunderstandings on the part of zonal inspectors or Steadman Research staff with respect to which schools were scheduled for data collection, or difficulty in accessing a school at a particular time. Table 2 summarizes the number of schools and the number of individual participants for whom data were collected with each instrument at each wave.

Table 6: Final Samples for Data Analysis

	Number of Schools		Number of Pupils, Teachers, or Community Members Responding	
	Target	Control	Target	Control
Database				
Wave 1				
Pupil Survey* (PSC)	82	78	3420	3381
Teacher survey (TSC)	82	76	218	222
Teacher interviews	8	8	16	16
Community interviews	8	8	16	16
Pupil Focus Groups	8	8	40**	40**
Pregnancy Data	80	76	--	--
Mid-Wave				
School Responsiveness (SRS)	81	78	--	--
Community Responsiveness (CRS)	81	77	--	--
Wave 2				
Pupil Survey* (PSC)	81	78	3133	3266
Teacher survey (TSC)	80	78	154	160
Teacher interviews	4	0	8	0
Community interviews	4	0	8	0
Pupil Focus Groups	4	0	40**	0
Pregnancy Data	80	76	--	--

Notes: Based on final ranking of schools as control or target.

* Only pupils 11-16 years of age; in wave 2, only pupils who reported attending school in 2002.

** 20 boys, 20 girls in 4 focus groups for each gender

Measures

Following are descriptions of the variables used in the multivariate analyses. Details of the exact coding and combination of survey questions to create each variable are contained in Volume II in the coding guides.

School and Community Characteristics

Characteristics of schools and communities were drawn from data obtained through the SRS and CRS and by aggregating pupil or teacher responses provided on Self-

Completion surveys. The following school characteristics were examined as potential influences on uptake or results of the PSABH programme:

- Level of school resources or school SES – this indicator was created based on information on structural facilities such as classroom space, windows, desks;
- Mean KCPE scores of pupils in each school;
- Level of staffing as reflected in teacher/pupil ratios;
- Religious sponsorship of schools;
- Proportion of Catholic or Protestant pupils and teachers in each school;
- Rural compared to urban/peri-urban schools; and,
- Dominant ethnic group of pupils within the school (based on 90% of pupils claiming a particular ethnic affiliation).

Table 7: School Profiles

Mean scores across all schools	Range	Control	Target
School SES (1-100)	40-90	54.85	54.53
KCPE Score	18-509	288.17	275.87
Teacher/pupil ratio	.01-.15	.04	.03
% rural schools	-	77%	83%
% Catholic sponsored	-	28%	40%
% Protestant sponsored	-	51%	52%
% pupils who are Catholic	5-100	53%	56%
% pupils who are Protestant	5-100	49%	46%
% teachers who are Catholic	20-100	39%	42%
% teachers who are Protestant	20-100	67%	69%
% schools with 90% Kisii pupils	-	37%	28%
% schools with 90% Luo pupils	-	54%	57%

To test the potential influence of churches on uptake or outcomes of PSABH, the following indicators of church activity were established using the CRS:

- Number of churches in the community;
- Number of churches in the community reported to have held meetings on HIV and AIDS:
 - Number of Roman Catholic churches holding meetings;
 - Number of mainline Protestant churches holding meetings;
 - Number of Breakaway or Traditional churches holding meetings.
- HIV/AIDS lessons from churches
 - Responses to open-ended questions asking about the most important messages taught by churches about HIV and AIDS were coded: 1= slogans or messages with no relationship to the programme; 2= general messages about HIV and AIDS; 3= general transmission and prevention information; 4= personal “future-oriented” messages; 5= personal “present-oriented,” youth messages; 6= personal, condom messages.
 - Responses to open-ended questions asking what churches taught about condoms were coded: 0= no messages about condoms; 1= anti-condom messages or misinformation about condoms; 2= impersonal messages about condoms or messages supporting abstinence rather than condom

use; 3= conditional approval of condom use; 4= personal messages supportive of condom use.

Two additional community characteristics were used as indicators of the amount of HIV/AIDS related activity that was taking place in the community and the community's openness to condoms. These were:

- The content of messages about HIV or AIDS that had been part of community festivals or celebrations; and,
- The number of places in the community where condoms were available.

Table 8: Community Profiles

Mean number (or score) in each community	Range	Control	Target
Churches	1-9	3.55	3.40
Churches with HIV meetings	0-10	2.22	2.22
Catholic churches with HIV meetings	0-1	.63	.51
Protestant churches with HIV meetings	0-5	1.15	1.30
Breakaway/Traditional churches with HIV meetings	0-4	.45	.41
Score for HIV/AIDS lessons from churches*	0-5	4.87	4.64
Score for Condom messages from churches*	0-4	1.97	2.10
Score for HIV message in community festivals*	0-5	2.64	2.86
Places where condoms available	0-3	1.14	.95

* higher scores indicate messages directly relevant to prevention and behaviour change for prevention

For school-level analysis, measures of programme implementation and general response to the programme were drawn from the SRS and the TSC and PSC. Composite measures were created based on questions about the presence of activities encouraged in the PSABH training. These measures served two purposes. First, they provided a way to assess the degree to which various programme components were actually implemented. Second, recognizing that variations in participation in PSABH training and the transfer of teachers could affect the presence of PSABH promoted activities and that CfBT was not the only organization working to bring HIV/AIDS programming into schools, these measures provided a way to assess the degree to which HIV/AIDS programming was present in schools.

Measures of Programme implementation/response

Measure	Description
From SRS	
Global SRS uptake	Presence and frequency of use of all components of PSABH and desirability of various 'messages'. (10=presence of all possible components to the maximum possible degree and most desirable messages, 0= absence of any components)
Most important lesson	Zonal Inspector replies on open-ended questions asking what community members reported to be the most or second most important message for pupils to receive about HIV and AIDS. (0= no information or information irrelevant to programme, 1= slogans, 2= general messages at

	the societal level, 3= general transmission and prevention information, 4= general behavioural messages and messages about positive attitudes, 5= messages about abstinence for youth, 6= pro-condom messages)
PSC & TSC	
Implementation	Two separate scales for teachers and pupils. Summation of all questions on the TSC and PSC about the presence and (where applicable) the frequency of use of components of PSABH . Items included: presence of question box, information corner, school health club, various books, teaching about HIV/AIDS in specific subjects. (0=no implementation, 10=all items implemented).
Teacher Attitudes	Summation of teacher responses to questions tapping their attitudes toward teaching about HIV and AIDS (e.g., teaching young people that condoms give protection only encourages sexual activity, the more information we give young people the better). (0=least favourable attitudes, 10=most favourable attitudes)
Barriers	Teachers' perceptions of practical barriers to teaching about HIV and AIDS (e.g. insufficient time, resources or training, parent objection, pupil shyness). (0= presence of all barriers to the maximum degree possible, 10= absence of any barriers)
Usefulness Evaluation	Pupil evaluation of what they had learned as helpful, useful, etc. (0=no positive evaluations, 10=all positive evaluations received maximum score)
Affective Evaluation	Pupil evaluation of what they had learned as shameful, boring, difficult to understand (0=all negative evaluations received maximum score, 10=no negative evaluations received endorsement)
Abstinence lessons	Two separate scales for whether teachers reported teaching and pupils reported receiving lessons on how to resist playing sex, controlling bodily urges, resisting pressure from friends, girl/boyfriend, an older partner (0=no such lessons, 10=all lessons)

These measures provided indicators of the level or degree of programme implementation and teacher and pupil response.

Knowledge

The chart below summarizes the number and content of knowledge measures developed from responses to questions in PSC and TSC surveys. Several topical subsets of the total knowledge measure were created in order to tap different types of knowledge.

Consequently, some questions were used in several of the measures of knowledge. For example, condom questions were included in the total knowledge scale, the condoms for prevention scale and the prevention of transmission scale.

Table 9: Areas of Knowledge and Number of Questions for Each

Area of Knowledge	Pupil Self-Completion		Teacher Self-Completion	
	Wave 1	Wave 2	Wave 1	Wave 2
Total Knowledge (all items)	22	22	13	12
STD-HIV Relationship	4	4		4
HIV Testing	3	3		3
Infectivity of People with HIV		5	3	3
Knowledge re Sexual Transmission		4	3	3
Condoms for Prevention		4		
Prevention of HIV Transmission	8	8		

Attitude Measures

Measure	Description
Pressure	Summation of all items that inquired whether pupils had ever experienced various forms of pressure or force to engage in sex. (0=never experienced any, 10=experienced all)
Forced sex	Summation of all items that inquired whether pupils had ever engaged in sex because of various forms of pressure or force. (0=never engaged in sex in response to any pressures/force, 10=have engaged in sex in response to each of these pressures/force)
Commitment to abstinence	Summation of items that inquired about intentions or actions that pupils had taken in order to avoid playing sex (e.g. refused, avoided going somewhere, could tell boy/girlfriend to wait until marriage, could have a boy/girlfriend for a long time and not play sex) (0=no intentions or actions to insure abstinence, 10=endorsed all intentions and have engaged in all actions to insure abstinence)
Underestimated risk	Actual risk is adjudged to be higher than perceived risk when respondents are sexually active and do not use condoms but rate their risk as absent or low (0 = not underestimated, 1 = underestimated)

Measures of Communication

Measure	Description
Talk to female relatives	Summation of all items indicating if pupils prefer or have talked to female relatives about HIV/AIDS. (0= neither preferred nor have talked to any female relatives, 10= preferred and have talked to all possible female relatives)
Talk to male relatives	Summation of all items indicating if pupils prefer or have talked to male relatives about HIV/AIDS. (0= neither preferred nor have talked to any male relatives, 10= preferred and have talked to all possible male relatives)
Talk to other	Summation of all items indicating if pupils prefer or have talked to community members who are not relatives about HIV/AIDS. (0= neither preferred nor have talked to any community members, 10= preferred and have talked to all possible community members)

Measures of Actions Taken

Measure	Description
Pursue information	Summation of all items about seeking out information about HIV/AIDS. (0=not pursued any information, 10=indicated pursuit of each kind of information)
Single item measures:	
Help friend	Whether pupils reported having helped a friend avoid playing sex (coded 0=no, 1=yes)
Refuse to play sex	Whether pupils had refused to play sex in the past one (wave 1) or three (wave 2) months (0 = not refused; 1 = refused).
Avoid situations	Whether, in the past 3 months, pupils had avoided situations specifically because they wanted to avoid being pushed or forced into playing sex. (0 = not avoided; 1 = avoided)
Sexual debut	For pupils who were virgins as of January 2002, whether they had initiated playing sex by the time of the survey – i.e. during the year when PSABH was being implemented in the schools (0=no, 1=yes).
Recent sex	For pupils who were not virgins, whether they had engaged in sexual activity in the previous 3 months, i.e. during the programme (0=no, 1=yes)
Condom use	Whether condoms were used at last intercourse (0=no, 1=yes)

Change Scores

For school-level data, change scores were calculated that comprised the difference between the measure at wave 1 compared to wave 2. These scores provided an indicator of the amount of change within the school from pre-programme data collection (wave 1) to data collection 5 months following completion of Course B (wave 2).

Data Analysis

Data Checking

Data were checked for reliability and validity prior to conducting data analysis. Data checking included the following steps.

- Responses to all questions were tested for construct validity by comparing responses on logical sequences or combinations of questions.
- Scales were created and tested using principal components factor analysis and analysis of internal validity using Cronbach's alpha. Construct validity was tested using correlations among similar indicators or indicators with well-established relationships.
- Frequency distributions were examined to assess the suitability of variables for use in t-tests, analysis of variance, and regression analyses.

Testing for Significant Gains in Target Schools

Analysis to determine whether PSABH produced significant changes in target compared to control schools consisted of examining the size and direction of change for each variable of interest and then using t-tests to determine whether the size of the change in

target schools was significantly greater than that in control schools. Change scores were used in these analyses.

For changes in pupils' scores, controls were imposed for:

- Gender of pupils;
- Whether pupils were virgins or sexually experienced; and,
- Standard of pupil.

These established whether PSABH had differential effects for different groups of pupils.

Factors Influencing Uptake, Vulnerability and Response to HIV/AIDS

Hierarchical multivariate regression analyses were used to develop a profile of the uptake of PSABH in schools, factors that influenced greater or lesser programme implementation, and the influence of school uptake on knowledge, attitudes and behaviours. These analyses used aggregated measures from the PSC and TSC together with measures from the SRS, CRS and pregnancy data combined in a school-level database and provided analyses of schools rather than individuals.

Procedures for Hierarchical analyses

Variables were clustered into blocks based on the concepts they represented, the time-ordering of their influence (e.g., programme implementation precedes outcomes), and analysis goals (e.g., a primary goal was to establish whether there were differences between target and control schools). Blocks of variables were then entered sequentially into regression analyses to establish whether and how various blocks influenced programme uptake and outcomes. The sequence of steps below provide an overview of each set of regression analyses and the blocks of variables that were entered. The series was conducted for both the wave 2 scores and the change scores (where these were available) to establish which blocks and individual variables influenced both the results at wave 2 and the amount of change between waves 1 and 2.

In order to explain (dependent variable)	Blocks of variables entered
Teacher attitudes and teaching barriers	<ol style="list-style-type: none"> 1. Target/control 2. School & community characteristics
Teacher & pupil implementation scores	<ol style="list-style-type: none"> 1. Target/control 2. Teacher attitudes & barriers 3. School & community characteristics
Teacher & pupil scores on teaching how to abstain	<ol style="list-style-type: none"> 1. Target/control 2. Teacher attitudes & barriers 3. Teacher & pupil implementation; global SRS; most important lessons 4. School & community characteristics
Pupil responses to programme: usefulness & affective evaluation	<ol style="list-style-type: none"> 1. Target/control 2. Teacher attitudes & barriers 3. Teacher & pupil implementation;

	<p>global SRS; most important lessons</p> <ol style="list-style-type: none"> 4. Teacher & pupil teaching abstinence 5. School & community characteristics
HIV/AIDS Knowledge: Teacher total knowledge scores	<ol style="list-style-type: none"> 1. Target/control 2. Teacher attitudes & barriers 3. Teacher & pupil implementation; global SRS; most important lessons 4. Teacher & pupil teaching abstinence 5. Pupil responses to programme 6. School & community characteristics
HIV/AIDS Knowledge: Pupil total knowledge scores	<ol style="list-style-type: none"> 1. Target/control 2. Teacher attitudes & barriers 3. Teacher & pupil implementation; global SRS; most important lessons 4. Teacher & pupil teaching abstinence 5. Pupil responses to programme 6. Teacher knowledge 7. School & community characteristics
Communication and Information: With female relatives, with male relatives, with other community members, pursuing information	<ol style="list-style-type: none"> 1. Target/control 2. Teacher attitudes & barriers 3. Teacher & pupil implementation; global SRS; most important lessons 4. Teacher & pupil teaching abstinence 5. Pupil responses to programme 6. Teacher & pupil knowledge 7. School & community characteristics
Pupil attitudes related to sexual behaviour	<ol style="list-style-type: none"> 1. Target/control 2. Teacher attitudes & barriers 3. Teacher & pupil implementation; global SRS; most important lessons 4. Teacher & pupil teaching abstinence 5. Pupil responses to programme 6. Teacher & pupil knowledge 7. Communication & Pursing information 8. School & community characteristics

Sexual Behaviours of pupils: debut in past year, sex in past 3 months, help a friend, recently refused to play sex and avoiding going somewhere	<ol style="list-style-type: none"> 1. Target/control 2. Teacher attitudes & barriers 3. Teacher & pupil implementation; global SRS; most important lessons 4. Teacher & pupil teaching abstinence 5. Pupil responses to programme 6. Teacher & pupil knowledge 7. Communication & Pursing information 8. School & community characteristics
Condom use by boys and girls	<ol style="list-style-type: none"> 1. Target/control 2. Teacher attitudes & barriers 3. Teacher & pupil implementation; global SRS; most important lessons 4. Teacher & pupil teaching abstinence 5. Pupil responses to programme 6. Teacher & pupil knowledge 7. Communication & Pursing information 8. Sexual behaviours or pupils 9. School & community characteristics
Pregnancy rates	<ol style="list-style-type: none"> 1. Target/control 2. Teacher attitudes & barriers 3. Teacher & pupil implementation; global SRS; most important lessons 4. Teacher & pupil teaching abstinence 5. Pupil responses to programme 6. Teacher & pupil knowledge 7. Communication & Pursing information 8. Sexual behaviours or pupils 9. Condom use 10. School & community

The R² statistic for each block of variables, the standardized and unstandardized coefficients for each individual variable, and tests for multicollinearity were examined to establish the appropriate interpretation of regression results.

Analysis of Textual Data

There were five steps in the analysis process:

- (1) All textual data was read and coded based on the original interview/focus

- group questions.
- (2) Sections from all interviews dealing with the same topics were read to develop an understanding of the topics from the perspective of different community members.
 - (3) Summaries based on these topics were prepared.
 - (4) As cross-cutting themes began to emerge from the data, text was re-read and re-coded into thematic groupings and the themes and connections between them were elaborated.

Once the qualitative data had been ‘mined’ in this way, it was compared to results from teacher, pupil, school responsiveness and community responsiveness surveys.

Triangulation

Two modes of triangulation of data were used:

- (1) Results of analyses of each form of data collection were used to inform the next form of data collection.

Data collected in wave 1 surveys were used to create guides for in-depth interview and focus group discussions. Results from analyses of the in-depth material were used to create questions for the SRS and CRS. Results from analyses of the in-depth materials were used together with results from the SRS and CRS, to revise and add questions to the wave 2 PSC and TSC. In this way, each form of data informed the next wave of data collection and further tested conclusions drawn based on earlier waves of data collection.

- (2) All forms of data were combined in developing the analysis and conclusions in this report.

APPENDIX B: TABLES

This appendix contains tables that support results provided in the main body of the report. The letter used to identify each table (i.e. Table A) is identical to its corresponding figure in the body of the report (i.e. Figure A). Unless otherwise indicated in the table footnotes, results marked as significantly different are those where the wave 2-1 increase or decrease is significantly different for target compared to control schools. Positive results in the Wave 2-1 columns indicate an increase from wave 1 to 2; negative results indicate a decrease. The size of the values in the Wave 2-1 columns show the size of the change from wave 1 to wave 2.

Table A: Percentage and Change in Percentage in Teachers Responding

This term, HIV/AIDS has been addressed in	Wave 2		Wave 2-1 increase (- decrease)	
	Control	Target	Control	Target
Assemblies	73%	89%	58%	78%**
Staff meetings	63%	79%	38%	58%**
Classroom Work Displays	33%	44%	7%	29%**
School Work Displays	25%	31%	0	14%**
Debates	31%	44%	5%	25%**
Drama/Music Festivals	21%	46%	-13%	23%**
Class Competitions	17%	26%	0	14%**

** $p \leq .01$

Table B: For Teachers Who Have Taught Each of the Following Subjects, Percentage and Change in Percentage Addressing HIV/AIDS in:

	Wave 2		Wave 2-1 increase (- decrease)	
	Control	Target	Control	Target
English	40%	44%	-14%	-13%
GHC	34%	48%	-29%	-21%
HIV/AIDS Lessons	49%	68%	-39%	-25%**
Home Science	33%	31%	-46%	-51%
Kiswahili	24%	25%	-20%	-28%
Music	21%	36%	-30%	-28%
Physical Education	31%	40%	-18%	-13%
Religious Education	51%	60%	-36%	-23%**

** $p \leq .01$

Table C: For Teachers Who Have Taught HIV/AIDS in Each Subject, Percentage and Changes in Percentage Addressing HIV/AIDS 3 or more times in:

	Wave 2		Wave 2-1 increase (- decrease)	
	Control	Target	Control	Target
English	58%	71%	15%	16%
GHC	71%	78%	21%	27%
HIV/AIDS Lessons	80%	91%	12%	25%**
Home Science	57%	61%	19%	10%*
Kiswahili	60%	74%	24%	33%**
Music	68%	75%	23%	29%
Physical Education	66%	88%	20%	40%**
Religious Education	79%	90%	17%	30%**

** $p \leq .01$

Table D: Percentage and Change in Percentage of Teachers Reporting Each of the Following

	Wave 2		Wave 2-1 increase (- decrease)	
	Control	Target	Control	Target
Sexuality is included in the School Development Plan	35%	52%	-18%	16%**
HIV/AIDS is in Master Timetable	77%	89%	5%	8%
Infusion and Integration	62%	77%	28%	45%**
Scheme of Work for HIV/AIDS	46%	68%	13%	30%**

** $p \leq .01$

Table E: Percentage and Change in Percentage of Teachers Responding

	Wave 2		Wave 2-1 increase (- decrease)	
	Control	Target	Control	Target
School has:				
AIDS Ed syllabus	75%	93%	-5%	77%***
Lets Talk about AIDS – Facilitator Handbook	58%	89%	12%	57%***
Lets Talk about AIDS – Book 1	23%	81%	14%	66%***
Lets Talk about AIDS – Book 2	22%	79%	13%	65%***
Lets Talk about AIDS – Book 3	22%	81%	8%	62%***
HIV/AIDS Reader – Green cover	8%	57%	2%	52%***
AIDS Handbook – dark blue cover	7%	38%	-1%	33%***
Bloom or Doom	7%	55%	6%	52%***
Choices	4%	24%	3%	23%***
AIDS Education for Youth	8%	54%*	-	-

*** $p \leq .001$

Table F: Percentage of Pupils and Teachers Who Say Their School Has

	Pupils				Teachers			
	Wave 2		Wave 2-1 increase (- decrease)		Wave 2		Wave 2-1 increase (- decrease)	
	Control	Target	Control	Target	Control	Target	Control	Target
School Health Club	33%	58%	-3%	16%**	32%	69%	28%	60%***
Question box	31%	72%	-7%	31%***	31%	90%	27%	87%***
Information Corner	32%	45%	0%	12%**	20%	54%	7%	40%***

*** $p \leq .001$

Table G: Percentage and Change in Percentage of Pupils Who Have

	Wave 2		Wave 2-1 increase (- decrease)	
	Control	Target	Control	Target
Asked a question in the question box	36%	69%	-14%	19%**
Asked a teacher a question about HIV/AIDS	50%	67%	-9%	8%**
Talked to a parent about HIV/AIDS	49%	56%	-5%	2%**
Taken part in a competition about HIV/AIDS	33%	42%	7%	16%**
Read about HIV/AIDS in the school information corner	41%	50%	9%	18%**
Talked about HIV/AIDS in the School Health Club	36%	55%	-10%	8%**
Helped a person living with AIDS	27%	36%	-5%	4%**
Helped a friend avoid a situation that might lead to sex	49%	51%	-2%	-1%

** $p \leq .01$

Table H: Mean and Changes in Mean Scores on the ‘Pursuing Information’ Scale

	Wave 2		Wave 2-1 increase (- decrease)	
	Control	Target	Control	Target
All pupils	4.21	5.88	-0.09	1.48**
Standard 7 only	4.45	6.36	-0.12	1.91**
Boys	4.03	5.63	-0.22	1.87**
Girls	4.35	6.17	0	1.62**
Ever Played Sex: Yes	4.28	5.72	-0.16	1.34**
No	4.17	5.98	0.01	1.55**

** $p \leq .01$

Table I: Percentage and Change in Percentage of Teachers and Pupils With Correct Answers

	Pupils				Teachers			
	Wave 2		Wave 2-1 increase (- decrease)		Wave 2		Wave 2-1 increase (- decrease)	
	Control	Target	Control	Target	Control	Target	Control	Target
You can prevent HIV by avoiding having sex	59%	57%	-11%	-15%	81%	88%	10%	19%

Table J: Percentage of Pupils Responding

The following have been talked about in school	Control	Target
How to resist playing sex	56%	61%**
How to control urges	46%	50%**
How to abstain even when friends push you	43%	48%**
How to keep from playing sex even when BF/GF wants to	47%	51%**
How to avoid playing sex with older men/women	40%	45%**

**Statistically significant differences between control and target ($p \leq .01$)

Table K: Percentage of Teachers Responding

I have talked to pupils about	Control	Target
How to resist playing sex	79%	88%**
How to control urges	58%	76%**
How to abstain even when friends push you	78%	86%
How to keep from playing sex even when BF/GF wants to	54%	70%**
How to avoid playing sex with older men/women	57%	61%

**Statistically significant differences between control and target ($p \leq .01$)

Table L: Percentage of Teachers Who Strongly Agree

	Wave 2		Wave 2-1 increase (- decrease)	
	Control	Target	Control	Target
Sex outside of marriage is wrong	85%	88%	-3%	0%

Table MI and MII: Percentage of Pupils

	Wave 2		Wave 2-1 increase (- decrease)	
	Control	Target	Control	Target
Boys: MI				
Sexual debut in past year ^a	17%	20%	-4%	-6%**
Played sex in past 3 months ^b	39%	37%	8%**	7%**
Could play sex but refused – in past 3 months	23%	21%		
Didn't go somewhere to avoid playing sex ^c	28%	32%	-4.5%**	-4.8%**
Girls: MII				
Sexual debut in past year ^a	6%	8%	-17%**	-16%**
Played sex in past 3 months ^b	35%	35%	8%**	6%**
Could play sex but refused – in past 3 months	24%	24%		
Didn't go somewhere to avoid playing sex ^c	37%	38%	-2.6%	-5.1%**

** Statistically significant differences between wave 1 and 2 for this group ($p \leq .01$).

a. Percentage of pupils who were virgins at the beginning of the year and initiated sex during the year. Based on STD 6 pupils for wave 1 and STD 7 pupils for wave 2.

b. Based on pupils who had initiated sexual activity.

c. Reference point in wave 1 was 'in the last month'; reference point in wave 2 was 'in the last 3 months'

Table NI and NII: Percentage and Changes in Percentage of Teachers and Pupils With Correct Answers

	NI				NII			
	Teachers				Pupils			
	Wave 2		Wave 2-1 increase (- decrease)		Wave 2		Wave 2-1 increase (- decrease)	
	Control	Target	Control	Target	Control	Target	Control	Target
You can prevent HIV by								
Using a condom correctly when playing sex	88%	93%	10%	4%	51%	49%	-11%	-14%
Other Knowledge/Belief Questions								
A condom can slip off and remain inside a girl	25%	37%	-	-	22%	25%	-	-
Using a condom reduces the likelihood of becoming infected	-	-	-	-	32%	32%	-	-

** Statistically significant differences between wave 1 and 2 for this group ($p \leq .01$).

Table O: Percentage and Change in Percentage of Teachers Who Strongly Agree

	Wave 2		Wave 2-1 increase (- decrease)	
	Control	Target	Control	Target
Teaching young people that condoms give protection only encourages them to have sex	66%	52%	4%	-15%**

** Statistically significant differences in wave 1-2 changes between target and control schools ($p \leq .01$).

Table P: Percentage and Change in Percentage of Pupils

	Wave 2		Wave 2-1 increase (- decrease)	
	Control	Target	Control	Target
Agree that				
CONDOM: If you have sex you should use a condom to protect yourself	44%	43%	-5%	-9%**
Answered 'Definitely yes or yes'				
I can tell my BF/GF about using a condom	47%	50%	-	-
If I must play sex I can make sure we use a condom	58%	57%	-	-

** Statistically significant differences between pre and post for this group ($p \leq .01$).

Table Q: Percentage and Change in Percentage of Pupils

	Wave 1				Wave 2			
	Control		Target		Control		Target	
	Non-virgin	Virgin	Non-Virgin	Virgin	Non-virgin	Virgin	Non-virgin	Virgin
You can prevent HIV by using a condom correctly when playing sex	62%	63%	64%	61%	56%	48%*	51%	48%
A condom can slip off and remain inside a girl	-	-	-	-	27%	20%*	29%	23%*
Using a condom reduces the likelihood of becoming infected	-	-	-	-	38%	29%*	35%	30%*
If you have sex you should use a condom	48%	51%	54%	50%	56%	38%*	50%	39%*
I can tell my BF/GF about using a condom	-	-	-	-	56%	45%*	56%	49%*
If I must play sex I can make sure we use a condom	-	-	-	-	67%	56%*	60%	57%*

* Significant difference between non-virgin and virgin pupils ($p \leq .01$).

Table R: Percentage and Change in Percentage of Pupils

	Wave 2		Wave 2-1 increase (- decrease)	
	Control	Target	Control	Target
Boys				
Used a condom last time you played sex	28%	26%	-2%	-1%
Girls				
A condom was used the last time I played sex	31%	23%	-7%**	-1%

** Statistically significant differences between pre and post for this group ($p \leq .01$).

Table S: Pearson Correlations for Programme Implementation Components

	Target/Control	SRS global impact	Teacher Implementation	Pupil Implementation	T: Teach about Abstinence
Teacher Implementation Score	0.324***	0.147			
Pupil Implementation Score	0.509***	0.352***	0.073		
Teachers: Teaching about Abstinence	0.186*	0.164	0.094	0.163*	
Pupils: Being Taught About Abstinence	0.269***	0.041	0.072	0.454***	0.079

* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$.

Table T: Hierarchical Blocked Stepwise Regression Results

Variables blocked together. # indicates order of entry	All variables are the mean scores in each school	1	2	3	4	5	6	7	8	9	10	11	12
		T. Barriers to Teaching	T. Implementation	P. Implementation	T. Abstinence Teaching	P. Abstinence Teaching	P. Practical Utility	P. Affective Response	P. Knowledge	Pursue Info	P. Talk to F Relatives	P. Talk to M Relatives	P. Talk to Others
	R-squared	0.17	0.1	0.43	0.06	0.43	0.36	0.24	0.56	0.65	0.7	0.78	0.86
	Constant	7	3.03	4.35	5.15	-0.26	3.13	4.11	0.07	-1.09	-0.18	3.13	-1.57
1	Target/Control	0.93	1.08	1.09	1.12	1.09	-0.28			0.8	0.58		
2	T. attitudes toward teaching			0.23									
	T. barriers to teaching											0.08	0.08
	P. implementation					0.56		-0.28	0.12	0.65			0.14
	T. abstinence teaching									0.09			
	P. abstinence teaching						0.33	0.24		0.26			
	P. practical utility								0.29		0.22		
	P. affective response									-0.25		-0.3	
3	P. knowledge												
4	P. sexual agency									0.26			
	P. Forced												
	P. commit to abstinence												
5	P. communicate F. relative												0.38
	P. communicate M. relative												0.52
	P. communicate Others										0.92	0.83	
	P. Pursue information												
	% pupils debut yr before												
	% non-virgins												
	% boys used condoms												
6	Rural									-0.51			
	S. SES	-0.04		-0.04		0.04							
	S. KCPE	0.003		0.003	0.005			0.002		0.005	-0.002	-0.002	0.002
	S. T/P ratio								11.18			8.3	
	S. % Protestant pupils						0.008	0.008					
	S. % Catholic teachers					0.009							
	S. Luo pupils are > 90%							0.38			0.57		-0.27
	S. Kisii pupils are > 90%					0.55	0.44		0.65				
	# churches in community												
	# Protestant meetings on AIDS								0.12				
# Break/Trad meetings on AIDS			-0.2										

Notes: P = pupil; T=teacher; S=school; Blacked-out cells are variables not entered into the regression.

The following variables were entered into the regression analyses, but did not produce significant results for any outcomes of interest.

They have been omitted from the table: # Catholic meetings on AIDS, school religious sponsorship, % protestant teachers, % Catholic pupils, teacher knowledge and implementation.

Table T Continued: Hierarchical Blocked Stepwise Regression Results

		13	14	15	16	17	18	19	20	21	22
Variables blocked together. # indicates order of entry	All variables are the mean scores in each school	P. Sexual Agency	P. Forced to Play Sex	P. Commitment to Abstinence	Boys Debut during program	Girls Debut during program	Debut during program	Boys used condom last sex	Not gone somewhere to avoid sex	Pregnancies STDs 6, 7 & 8	Proportion underestimating risk
	R-squared	0.24	0.23	0.35	0.19	0.17	0.32	0.24	0.18	0.07	0.89
	Constant	7.95	6.8	3.85	-4.85	4.7	1.04	59.63	-3.64	0.28	-12.9
1	Target/Control										
2	T. attitudes toward teaching		-0.25								
	T. barriers to teaching										
	P. implementation										
	T. abstinence teaching										
	P. abstinence teaching			0.25					2.82		
	P. practical utility										2.76
	P. affective response	-0.25	-0.27	0.11				-9.22			
3	P. knowledge	-0.4	-0.42								-1.89
4	P. sexual agency										
	P. Forced				1.37			6.9			
	P. commit to abstinence										
5	P. communicate F. relative				1.08				2.9		
	P. communicate M. relative										
	P. communicate Others						0.88				
	P. Pursue information										
	% pupils debut yr before						0.17				
	% non-virgins										0.83
	% boys used condoms										-0.03
6	Rural		0.4								
	S. SES										-0.004
	S. KCPE		0.002						0.035		
	S. T/P ratio			5.05	70.05						
	S. % Protestant pupils										
	S. % Catholic teachers						-0.03				
	S. Luo pupils are > 90%				2.07	4.35	3.53				
	S. Kisii pupils are > 90%			-0.43							
	# churches in community	-0.1						-2.36			
	# Protestant meetings on AIDS	0.22		0.09			-0.9				
	# Break/Trad meetings on AIDS										

Notes: P = pupil; T=teacher; S=school; Blacked-out cells are variables not entered into the regression.

The following variables were entered into the regression analyses, but did not produce significant results for any outcomes of interest.

They have been omitted from the table: # Catholic meetings on AIDS, school religious sponsorship, % protestant teachers, % Catholic pupils, teacher knowledge and implementation.

Table U: Hierarchical Blocked Stepwise Regression Results

Variables blocked together. # indicates order of entry	All variables are the mean scores in each school	Difference T Attitude	Difference T. Implementation	Difference P. Implementation	Difference P. practical utility	Difference P. Affective Response	Difference P. Knowledge	Difference Pursue Info	Difference Debut during program	Difference Boys Debut during program	Difference girls used condoms	Difference boys used condoms	Difference underestimate risk
	R-squared	0.03	0.11	0.32	0.35	0.18	0.47	0.44	0.14	0.12	0.13	0.11	0.82
	Constant	0.25	1.38	1.77	1.03	2.11	0.68	-2.1	-4	-4.75		51.89	-5.64
1	Target/Control		1.15	1.06	-0.45	-0.61							
2	T. attitudes toward teaching			0.27									
	T. barriers to teaching												
	T. implementation												
	P. implementation							0.94	0.99				
	SRS global uptake indicator												
	Most important lessons learned												
	T. abstinence teaching							0.13					
	P. abstinence teaching				0.26	0.28							
	Difference P. practical utility						0.25						
	Difference P. affective response							-0.24				-8.15	
3	Difference T. knowledge							0.15		0.76			
	Difference P. knowledge												2.03
4	P. sexual agency												2.18
	P. Forced												
	P. commit to abstinence												
5	P. communicate F. relative												
	P. communicate M. relative												
	P. communicate Others												
	P. Pursue information												
	Difference % pupils debut yr before										1.28		
	Difference ever play sex												0.66
	Difference boys use condom												-0.08
	Difference girls use condom												-0.05
	Not gone somewhere avoid sex												0.1
6	Rural												
	S. SES			-0.05	-0.05	-0.06	-0.03						
	S. KCPE			0.002									
	S. T/P ratio	-9.06					10.39			95.57			
	S. % Catholic pupils												
	S. % Protestant pupils											-0.3	
	S. % Catholic teachers								-0.04				
	S. % Protestant teachers												
	S. Luo pupils are > 90%				-0.62								4.99
	S. Kisii pupils are > 90%					0.4	0.79						
	S. Catholic Sponsored												
	S. Protestant Sponsored												
	# churches in community												
	# Catholic meetings on AIDS												
	# Protestant meetings on AIDS												
	# Break/Trad meetings on AIDS							-1.12	-2.27				

Table V: “Best” School Ranking

School	Target/Control	Teacher know	Pupil know	Pupil avoid know	Sexual agency	Force	Commit Abstain	Helped friend	Pursue info.	Debut during prog.	Recent sex	Condom use boys	Condom use girls	Refuse play sex	rank
Overall Mean		9.1	5.6	6.1	2.7	2.1	6.7	72.9	7.3	1.5	0	60	45.8	56.2	1--13
St Peters	Control	7.5	5.6	6.6	1.8	1.2	7.6	29.2	5.3	3.1	30.8	9.1	50.0	48.0	6.0
Sensi	Target	9.2	5.6	6.4	4.1	4.6	4.8	77.8	7.9	1.8	50.0	50.0	0.0	13.2	4.0
Pace Acad.	Control	6.3	4.5	6.0	2.3	1.3	7.6	38.2	6.3		0.0	0.0	0.0	70.0	5.0
Jans Acad.	Target	9.6	5.1	6.1	2.2	2.2	7.3	42.9	5.8	4.0	30.0	0.0	50.0	64.5	6.0
Nyandoche	Control	3.3	6.5	6.8	4.1	2.6	7.4	52.8	6.9	2.1	29.4	80.0	9.1	56.1	4.0
Nyamonuri	Target	7.9	6.6	7.3	3.9	4.1	6.4	66.7	5.3	1.1	36.8	22.2	0.0	59.4	4.0
Ombo Kware	Control	6.7	3.6	3.1	2.0	2.0	7.1	75.8	2.7	5.6	100.0		0.0	0.0	4.0
Kaduro	Target	7.5	6.1	8.5	0.0	0.0	6.0	38.5	5.5		0.0	0.0	0.0	0.0	5.0

Table W: “Best” Schools by Demographic Variables

School	Zone	District	KCPE score	Top/Bottom	Rural/Urban	School SES	Teacher/pupil
Overall Mean			281.8			54.7	0.03
St Peters	Sigomere	Kisii	509.4	Top	urban/periurban	81.0	0.05
Sensi	Awasi	Kisii	286.5	Bottom	rural	56.0	0.03
Pace Acad.	Atandi	Gucha	495.7	Top	urban/periurban	86.8	0.1
Jans Acad.	Ahero	Kisumu Mun.	399.9	Bottom	urban/periurban	60.9	0.04
Nyandoche	Mosocho	Nyamira	312.0	Bottom	rural	56.3	0.05
Nyamonuri	Awendo	Nyamira	352.6	Top	rural	51.3	0.03
Ombo Kware	Ekerenyo	Migori	-	Bottom	rural	52.8	0.05
Kaduro	Oyani	Migori	240.1	Bottom	rural	51.2	0.06

Table X: “Best” Schools by Implementation Variables

School	Teacher attitudes	Barriers to teaching	Teaching about abstinence	Teacher implementation score	Pupil implementation score	Pupil positive value of programme	Impact indicator score (SRS)
Overall Mean	4.13	6.31	7.05	3.59	5.05	7.47	54.92
St Peters	4.43	5.44	8.00	0.25	4.25	8.95	54.17
Sensi	4.57	8.33	10.00	5.99	6.04	6.76	80.21
Pace Academy	4.43	7.33	5.00	2.73	5.85	8.79	56.77
Jans Academy	4.00	8.33	3.00	5.83	5.33	9.19	75.63
Nyandoche	5.00	7.78	10.00	4.67	5.22	9.01	45.31
Nyamonuri	-	7.33	8.00	2.64	6.16	9.12	75.00
Ombo Kware	3.86	4.00	2.00	3.97	5.48	5.00	30.73
Kaduro	5.00	6.00	5.00	5.41	5.14	5.94	83.33

APPENDIX C: PREGNANCY REPORT

Total Number of Pregnancies by STD across all categories

- There is no evidence of a change across any standard in the total number of pregnancies from wave 1 to wave 2.
- The total number of pregnancies was calculated as the sum of:
 - Known pregnancies;
 - Known pregnancies terminated;
 - Girls suspected to have left school due to pregnancy; and,
 - Girls suspected to have terminated their pregnancy.

Breakdown of Number and Proportion of Pregnancies by STD					
		STD 6	STD 7	STD 8	Total
Wave 1	#	106	162	146	414
	Proportion	.04	.07	.09	.06
Wave 2	#	97	167	130	394
	Proportion	.03	.06	.07	.05

Proportional Breakdown of Total Pregnancies						
	STD 6		STD 7		STD 8	
	Wave 1	Wave 2	Wave 1	Wave 2	Wave 1	Wave 2
Known Pregnancies						
Ongoing	.64	.27	.67	.30	.68	.26
Terminated	.06	.10	.11	.10	.09	.13
Carried to Delivery	-	.41	-	.48	-	.51
Suspected						
Left School	.24	.16	.15	.10	.17	.07
Terminated	.07	.05	.07	.03	.10	.03

Suspected Person Responsible for Pregnancy

- The observed pattern (i.e. agemates out of school, friend/relative, and fellow student) of individuals identified as being responsible for impregnation did not change significantly from wave 1 to wave 2.
- Of note is that teachers were least often cited as being responsible for pregnancies.

Number of Pregnancies Caused by Certain Individuals						
	Fellow student	Teacher	Agemate out school	Business trader	Friend/relative	Other
Pre-test	>40	>3	>146	20	>54	>61
Post-test	>43	5	>151	>27	>53	>45

- Additional comments given by zonal inspectors with respect to individuals suspected to be the cause of impregnation are worth mentioning.
 - *Older boys influence the young girls.*

- *The school shares the same compound with the secondary school.*
- *Secondary student was responsible.*
- *Responsible males were 'BODA BODA'.*
- *Most males suspected are not reprimanded or questioned about it.*

Living Arrangements of Pregnant Girl

- Girls were most likely to be living with their parents during their pregnancy. This observation has remained consistent over time (i.e. wave 1 to wave 2).

Where Living when became Pregnant						
	Boarder	Parents	Relatives	Lodging locally	Unknown	Living alone
Pre-test	1	>240	>86	>4	>9	>10
Post-test	>3	>209	>78	1	3	4

Current Activity Status of Pregnant Girls

- The current status of pregnant girls was most often identified as either being married, unemployed locally or relocated.

Current Status of Pregnant Girl										
	Married	Primary	Secondary	Moved	Employed locally	Unemployed locally	Employed elsewhere	Unemployed elsewhere	Not known	Other
Pre-test	>87	>58	20	>86	>12	>102	4	>35	>45	0
Post-test	>74	>46	>19	>74	4	>83	3	>27	>48	>12

APPENDIX D: KEY FINDINGS FOR PROGRAMME IMPLEMENTERS

Key Findings for Programme Implementers

Primary School Action for Better Health (PSABH)

6 Month Evaluation Results

EVALUATION METHOD

PSABH is being evaluated in 80 target (experimental) and 80 control schools using:

- Surveys completed by over 7,000 pupils and 400 teachers before initiation of PSABH and 6 months after both phases of teacher training were completed.
- Monitoring by zonal inspectors 3-4 months after the first phase of training.
- In-depth interviews and focus group discussions with teachers, community representatives and pupils in a select number of schools and communities both before PSABH and at 6 month post-PSABH teacher training.

KEY FINDINGS

In All Communities and Schools:

- AIDS deaths, AIDS orphans, and people living with AIDS are known in all communities.
- Multiple groups are delivering HIV/AIDS prevention programming in churches, schools, and other community settings.
- The main HIV prevention message advocated by schools, churches and community organizations is abstinence. This is taught primarily by using fear (abstain or you will die).
- Condoms are available for both adults and children in over 70% of communities.
- The information that is delivered about condoms is designed to discourage condom use by making youth afraid that condoms will increase their exposure to HIV.

HIV/AIDS Programming:

- Target schools, when compared to control schools, have a greater quantity and diversity of HIV/AIDS programming in place.
 - Teachers, however, continue to identify barriers to teaching about HIV and AIDS and resist, in particular, teaching about condoms.
 - Pupils are generally responding positively to the programming and asking for more, particularly more practical teaching about how to maintain abstinence and “the truth about condoms.”
- PSABH trained teachers move quickly to train their colleagues and to implement HIV/AIDS programming in their schools.
 - Training of colleagues most often takes place in staff meetings, typically of about 2 hours in duration.
 - The topics most likely to be covered are those relating to theoretical teaching approaches, such as infusion and integration and least likely to be practical teaching, such as activities on life skills and living values and communication approaches.

Pupil Knowledge, Attitudes and Beliefs (KAB):

- Pupils in target schools, when compared to those in control schools:
 - Are communicating more with others about HIV and AIDS;
 - Are pursuing information about HIV/AIDS from a greater variety of sources.

These are considered essential steps toward taking action to reduce risk.

- The effect of PSABH on pupil knowledge, attitudes and behaviours related to HIV acquisition and transmission, is through its influence on programming in the schools. While there were no statistically significant differences in pupil KAB that could be credited directly to PSABH, schools with more HIV/AIDS programming had significantly better results in pupil KAB, and target schools had more programming in place than did controls.

Targeted HIV Risk Behaviours:

- Fewer pupils completing surveys at 6 month evaluation reported they had initiated sexual activity than did so before programme implementation. The change was more pronounced among girls than boys and was evident in both target and control schools.
- There was no change evidenced in the sexual behaviours of pupils who were already sexually active before PSABH programming was brought into the schools.
- Pupils in schools with more programming on HIV and AIDS were more likely to report:
 - having refused to play sex in the past 3 months;
 - that they had avoided going to certain places in order to avoid being pressured to play sex.
- There was no change in condom use reported by girls and boys.
- Most pupils continue to underestimate their risk of infection.

CONCLUSION

In sum, there are many groups bringing programmes into the schools. PSABH is only one of them. When programming comes into the schools, even after only a few months and in the face of several disruptions (e.g. teacher strike, influx of new pupils), we begin to see pupil KAB shifts.

Ends/

Appendix E: KEY FINDINGS FOR POLICYMAKERS

Key Findings for Policy Makers **Primary School Action for Better Health (PSABH)** **6 Month Evaluation Results**

EVALUATION METHOD

PSABH is being evaluated in 80 target (experimental) and 80 control schools using.

- Surveys completed by over 6,000 pupils and 400 teachers before initiation of PSABH and 6 months after both phases of teacher training were completed.
- Monitoring by zonal inspectors 3-4 months after the first phase of training.
- In-depth interviews and focus group discussions with teachers, community representatives and pupils in a select number of schools and communities both before PSABH and at 6 month post-PSABH teacher training.

KEY FINDINGS

Teacher Training is Essential:

- Teachers and schools both need and benefit from training and support to deliver HIV/AIDS prevention programming. They actively pursue this training when given the opportunity (e.g., control schools found ways to attend training).
- From 3 and 6 month programme evaluation we have learned that training and support:
 - Produce a visible and sizable increase in HIV/AIDS prevention programming in schools.
 - Break the silence – there is more communication in schools and communities and pupils report communicating more with diverse other people at 6 month evaluation.
 - Motivate pupils to be active agents in pursuing information.
- PSABH trained teachers move quickly to train their colleagues and implement HIV/AIDS programming in their schools.
 - Take up of training of colleagues and implementation of the programme in schools is stronger in schools with a higher proportion of female teachers.
 - Training of colleagues most often takes place in staff meetings, typically of about 2 hours in duration.
 - The topics covered are:
 - a) Most often related to theoretical teaching approaches (e.g. Infusion and Integration); and,
 - b) Least often related to practical teaching (e.g. activities on life skills and living values and communication approaches).

All of these appear in the research and development literature as necessary first steps towards developing effective strategies to reduce the spread of HIV, decreasing vulnerability, and providing for the needs of those living with HIV. Generally, without training, programming, communication, and agency very little happens.

Pupils Respond to HIV/AIDS Programming:

- When there is more HIV/AIDS programming in schools, pupil knowledge, attitudes and behaviours related to risk begin to improve; however, this change is slow and pupils continue to receive multiple and conflicting messages in all of these areas.

- When there are multiple, conflicting beliefs and messages circulating, people will connect with those that support and confirm the beliefs they already hold.
- Although we may think of *knowledge* as dealing with objective facts that can relatively easily be *learned*, in actuality there is an intricate intermingling of *knowledge, beliefs and attitudes*. For example, when you *believe* that talking about condoms is evil, or that telling youth that condoms can prevent the spread of HIV will encourage promiscuity, then being taught that condoms are nearly 100% effective in preventing the spread of HIV will not be accepted as a message promoting condom use. It will rather be heard and transmitted as a message that condoms are not effective in protecting against HIV.
- Youth are often the most forward thinking and perceptive members of a community.
 - Youth know they are in danger.
 - Youth know that danger is connected with sexual behaviour.
 - Youth are aware of multiple, conflicting forces and pressures.
 - Youth want to learn practical strategies to counter these forces.
 - Youth know that adults don't know what to say to them.
 - Youth recognize that slogans (AIDS kills, If you play sex you will get AIDS and die, just say no) may be conveying the 'truth', but slogans do not teach them how to combat forces and pressures or how to deal with the competing beliefs and messages.

Leaders Have an Important Role:

- C Those leading the response to HIV/AIDS need the reassurance of government policies that address issues of prevention strategies as well as the management of HIV infection. At present these policies are too *silent*.
- Political leaders, religious leaders, community leaders and teachers, are very important and influential people in the eyes of youth.
- They can use their influence productively by joining together and providing a coherent message that meets the needs of all Kenyans (both those who practice abstinence and those who are sexually active). The ways they are currently using their influence, however, only increase the confusion, uncertainty, and turmoil that Kenyan youth experience. What is heard are contradictory messages and misinformation.

RECOMMENDATIONS

- Support MoEST to complete an effective HIV/AIDS policy and respond to the National Strategic Plan on HIV/AIDS.
- Ensure training and support for HIV/AIDS education reaches all schools and
 - Keep providing support (e.g., provide refresher courses and new materials).
 - Maintain communication amongst schools (e.g. workshops, competitions among schools).
 - Monitor what is going on. (You can't do it once and assume everything will fall into place).
- Lobby political, religious and community leaders to develop a single, consistent, ***comprehensive*** prevention message that is realistic for all Kenyan people and get them to repeat it again and again and say it loudly.
- In programmes targeting youth, work with youth to develop practical strategies to maintain their own safety (strategies for dealing with situations that lead to sexual activity, with community pressures, for negotiating condom use – this is particularly important for girls who have considerably less power than boys do in sexual relationships).

- Work with communities to find ways to reduce risk while honouring local cultures (e.g., if you circumcise, do it with sterile tools, ensure each child has his or her own razor or knife; if widows must be inherited, use condoms).

End/.