

# PRIMARY SCHOOL ACTION FOR BETTER HEALTH 6-MONTH EVALUATION

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## EXECUTIVE SUMMARY

### Overview of Effect of PSABH

- The effect of PSABH on pupils' knowledge, attitudes and behaviours related to HIV and AIDS is complex.
- PSABH has a **direct** and statistically significant effect on the uptake of various components of HIV and AIDS programming in schools.
- PSABH has an **indirect** effect on pupil KAB related to HIV and AIDS that operates through its effect on school programming. Various aspects of school programme have **direct** and statistically significant effects on pupil KAB.
- Pupil KAB and some of the school programming are also affected by:
  - Ethnic composition of the school and ethnicity of the pupil;
  - Degree of religious programming and influence;
  - School resourcing.

### Community and School Profiles

- Over 80% of teachers and over 50% of pupils know someone in their community who has died of AIDS or is living with AIDS.
- All schools and communities are actively involved in HIV programming in one form or another.
- Condoms are available to youth and adults in clinics and shops in 71% of communities.
- Churches are highly influential at the school, teacher and curriculum levels.
  - The more churches in a community, the more religious programming related to HIV/AIDS.
  - Mainline Protestant churches are the most active.
  - The main message of the church is one of abstinence and partner faithfulness. False, mythical or fear provoking messages are used to discourage young people from using condoms.
- There were no significant differences between target and control schools on demographic and community characteristics.
- Schools reflected a broad range of academic performance, religious participation and resourcing.
- The 2 dominant ethnic groups are Luo and Kisii.
- With respect to PSABH teacher training:
  - PSABH trained teachers have conducted workshops in their home schools. The amount of training provided however, varies across schools.
- Multiple groups are involved in the provision of HIV/AIDS prevention programming within and across all schools and communities.

### HIV/AIDS Activity in the Schools

- Every school is doing some form of HIV/AIDS programming.

- Target schools have made significant gains over time in implementation compared to control schools.
  - HIV/AIDS is being addressed in every school activity listed. There is greater identification and use of HIV/AIDS resources at wave 2 in target compared to control schools.
  - There may be a trend toward more concentration of HIV/AIDS into Home Science in control schools compared to diffusion across subjects in target schools.
  - Teachers in target schools are accessing and using resources significantly more than teachers in control schools.
  - Most target schools report having a health club and question box, however, based on focus groups and interviews the extent to which these are being implemented and monitored is questionable in some cases.
  - Pupils are responding favorably to the PSABH programme (i.e. they rate lessons as useful, helpful etc.).
- Barriers to teaching about HIV/AIDS still remain present in both target and control schools at wave 2. Training proved important to overcoming such barriers but was more difficult to accomplish in poorly resourced schools where pupils have not been doing well academically. Teachers feel overwhelmed by the barriers and difficulties they face.

### **Knowledge**

- There has been no change in overall or subject specific knowledge scores among either teachers or pupils over time.
- There is evidence that pupil knowledge is influenced by teacher/pupil ratios, pupil ethnicity, degree of implementation within schools and pupil response to the PSABH programme.
- Overall and across communities something appears to be interfering with improvement in pupil knowledge scores.

### **Communication and Pursuing Information**

- All pupils express a desire to communicate with adults and pursue information about HIV/AIDS.
- Pupils in target schools are communicating and pursuing information to a greater degree than pupils in control schools.
- HIV/AIDS programming in schools seems to be replacing external sources of information about HIV/AIDS for pupils and is also developing in them a motivation to pursue information on their own and talk to family and community members about HIV/AIDS.

### **Main Modes of Prevention: Abstinence**

- The main focus is on abstinence. Teachers, community members and churches choose this message over a condom message and it is clear that this is the message pupils hear.
- Pupil knowledge of ways to prevent HIV/AIDS by remaining abstinent has not changed in either target or control schools.

- Pupils want to be taught about strategies they can use to remain abstinent.
  - The majority of teachers report that they are addressing this in classes, but fewer pupils report exposure to such teaching.
  - The one exception is in schools with greater amounts of HIV/AIDS programming where both teachers and pupils agree that these strategies are being taught.
- It appears that fear of AIDS (i.e. if you don't abstain you will die of AIDS) is being used as the main tactic to ensure young people abstain. Pupils are asking for more concrete reasons (i.e. if you abstain you can continue with your education and get a good job) for why they should abstain.
- A large proportion of young people are committed to abstinence and confident they can uphold this commitment. At the same time, they also feel that playing sex is beyond their control. They are able to cite multiple factors, which pressure or force them to play sex (i.e. adolescence, friends, bodily urges, etc.).
- There has been a decrease in the proportion of youth who have ever played or initiated sexual activity in the 12 months prior to data collection.
  - 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.
- Schools with lower proportions of pupils initiating sexual activity during the year prior to wave 2 data collection are found to:
  - Have predominantly Luo pupils, have a stronger church presence, and have a higher proportion of pupils talking with community members about HIV and AIDS.
- Those who are sexually active are more likely to have engaged in recent sexual activity regardless of personal or school factors, perceptions of pressure or force, or the presence of HIV/AIDS programming.

### **Main Modes of Prevention: Condoms**

- There is virtually 'no' good news about condoms.
- The content of messages delivered to youth about condoms is often negative and discouraging.
- Teachers are still struggling with the issue of condoms, not knowing how or if they should talk about them to pupils.
- Pupils are aware that adults are uncomfortable speaking about condoms with them. They also cite misinformation that is circulating about condoms. Ultimately, they are looking to adults for the truth about condoms in order to protect themselves from HIV/AIDS in the future.
- There is a hint that positive messages about condoms may be coming from sources external to the school (i.e. older youth and community members).
- Pupils with sexual experience appear to be accessing or developing the knowledge and attitudes necessary to use condoms more than those who are not yet sexually active.
- There are no significant changes in condom use among either girls or boys over time.

### **Remaining Issues**

- Pregnancy:
  - There are no changes in pregnancy rates over time.
- Estimation of Risk:
  - Most sexually active youth are underestimating their risk.
- '*Best*' Schools:
  - Eight schools appear to be 'top' performing schools on 4-6 out of 13 outcome variables.