



Empowering Adolescent Girls to Lead through Education (EAGLE) Project

Executive Summary of the KAP Study Final Report ¹

Background

Empowering Adolescent Girls to Lead through Education (EAGLE) is a five-year, USAID funded project, implemented by FHI 360 in partnership with the International Rescue Committee. The overarching project vision is to create opportunities for adolescent girls to acquire the education and skills necessary to become active, positive agents for change within their families, schools and communities. The project's monitoring and evaluation framework includes a longitudinal study of the knowledge, attitudes and practices (KAP) of students who participate in EAGLE's mentoring program. The mentoring program is an extra-curricular activity that consists of a minimum of 19 two-hour life skills sessions, held over the course of the school year. The primary objective of the KAP study is to monitor changes resulting from project interventions, including specifically the mentoring program by measuring mentees' knowledge of adolescent sexual and reproductive health (ASRH), gender based violence (GBV), child rights and HIV prevention, together with reported risky sexual practices and gender attitudes. The longitudinal study comprises three periods of data collection conducted over the three-year period from May 2015 to May 2017, with the current document presenting a comparison of findings from all three data collection periods.

Methodology

A longitudinal, cross-sectional study was conducted to collect the data for the third and last phase of the KAP study in May 2017. The target population was 5th-8th-grade students enrolled in the EAGLE project mentoring program in peri-urban zones of Kinshasa and Lubumbashi, which are the project's two intervention sites. Mentees were in grades 5 and 6 during the first phase of the KAP study in 2015, and were in grades 7 and 8, respectively, in the third and final phase in 2017.

The population was 2,880 5th and 6th-grade mentees enrolled in EAGLE schools as well as the EAGLE mentoring program in the 2014-2015 school year. A sample of 572 randomly-selected mentees was interviewed in the first phase, and was intended to be interviewed in all three phases of the KAP study. Of the 572 mentees initially selected, 569 were interviewed in the first phase (2015), 422 in the second phase (2016) and 340 mentees in the third and final phase (2017). Among the 340 mentees interviewed in phase three, there were 144 from Kinshasa (106 girls and 38 boys) and 199 from Lubumbashi (135 girls and 61 boys).

A team of 11 data collectors (7 women and 4 men) recruited from each city was trained for three days on data collection, ethics in research, and the specific KAP study tools. The study protocol was submitted and approved annually the ethics committee at the University of Kinshasa's School of Public Health as well as FHI 360's Institutional Review Board.

¹The entire report is written in French.

After obtaining informed parental consent and informed minor assent from mentees, interviews were conducted by interviewers of the same sex on school premises, in isolated locations, during structured school hours. Interviews were conducted in French, with Lingala or Swahili if needed. Data collection generally took place over the course of three to five days, just after the end-of-year exams.

Data from paper questionnaires were coded and doubled-entered using EpiData 3.1 software by a team of three, one Data Entry Supervisor and two Data Entry Agents in Kinshasa. Statistical analyses were performed by the Principal Investigator (PI) using SPSS Version 20 software. The descriptive statistics generated frequencies and averages for each variable, with stratified analyses per site, study, class and participants' sex. The principal indicator was a nine-item reproductive health attitude scale ranging from 0 to 9. In total, there were ten pre-identified indicators on which Chi-square tests and the Student's t-tests were used to assess changes in mentees' knowledge, attitudes and practices over the three phases.

Results

A summary of the key results for the 2017 KAP study is presented below. These results relate to 340 mentees including 144 in Kinshasa and 196 in Lubumbashi, out of the 572 planned in its design, a reduction of the sample of 40.6%. This reduction in the size of the sample can be largely explained, among other things, by school transfers, either during the same cycle of study or the transition from primary to secondary school.

The results for key indicators obtained in this last phase are also compared with those of the second and first phases of the KAP study.

Sociodemographic characteristics of KAP mentees 2017

In keeping with the design of the EAGLE mentoring program, girls were more represented in the sample than boys, both overall with 70.9% (241) and at each of the two study sites: 73.6% in Kinshasa and 68.9% in Lubumbashi. The mentees included in this study were mainly 1st-year (57.9%) and 2nd-year (35.9%) secondary school students with a small minority of those still in primary school (2%) at the time of data collection.

The age of mentees interviewed ranged from 10 to 17 years, with an average of 13.3 years (SD = 1.3 years) with little variation between the two research sites. Most mentees reported being Christian, and primarily from a Revivalist Church, Catholic Church or Protestant Church, at 36.2%, 29.4% and 23.5%, respectively. More than three-quarters (77.4%) of mentees have both living parents. Mentees' fathers are mostly civil servants/teachers (24.8%) and their mothers are mostly unemployed housewives (35.5%). The majority of mentees' families (89.4%) consume tap water from the public distribution system (90.3% in Kinshasa and 88.8% in Lubumbashi). The chi-square test revealed a homogeneity of the main sociodemographic characteristics of the mentees between this last phase and each of the two previous phases of the KAP study.

Adolescent Sexual and Reproductive Health (ASRH)

Overall, 23.2% (95% CI 18.7-27.7) of the mentees scored a minimum of eight on the ASRH scale (out of nine items). This proportion has significantly increased compared to 4.3% in 2016 and 2.9% in 2015 ($p < 0.001$). The average score on 9 points for all mentees was 6.1 (95% CI 5.9-6.3) during this last phase. This value is very significantly different from that (5.1 points out of 9) which was calculated in 2016 ($p < 0.001$) and 4.8 points out of 9 of the first phase ($p < 0.001$).

Mentees in Kinshasa outperformed Lubumbashi in terms of adopting ASRH-friendly attitudes for both the minimum score of 8 and the average score, with 23.2% and 6.4 in Kinshasa, respectively, versus 18.9% and 5.8 in Lubumbashi. Overall, 27.3% of boys and 21.6% of girls scored at least 8 on the ASRH scale. This reflects a more favorable attitude to healthy ASRH attitudes since the previous two phases, except for the two assertions/questions 'it is not possible to talk to parents about sex and love' and 'the marriage of a girl who is under 18 can negatively affect the health and psychological well-being of a girl' between this last phase and the second. The proportion of mentees disapproving the statement that 'nowadays it is not possible for a girl to remain a virgin until marriage' has changed little between the first and the last phase (49.6% versus 55.6%, $p = 0.080$) and also from the second to the third phase (55.7% versus 55.6%, $p = 0.977$). The proportion of agreement for 'the marriage of a girl who is under 18 years old can negatively affect the health and psychological well-being of a girl' has seen a significant reduction between the current phase and the first phase (69.4% versus 77.1%, $p = 0.010$) but no significant difference between the second and last phase (73.0% versus 69.4%, $p = 0.263$).

Knowledge about conception and pregnancy

Overall, 82.9% of respondents said that a girl can get pregnant at first intercourse, with slightly more in Kinshasa (85.1%) than in Lubumbashi (81.1%). The respective proportions of girls and boys who recognized it were 83.8% and 80.8%. Ignorance of this risk occurred in less than one in five respondents (16.5%) overall. However, in Lubumbashi, 66.7% of boys in 5th and 6th grades, and just over a quarter of those in 2nd grade was not aware of it.

The knowledge that pregnancy can occur at first sexual intercourse shows a clear improvement during this last phase compared to 64.5% of the mentees who had recognized it in 2016 and 48.0% of the first phase.

The vast majority (83.5%) of respondents acknowledged the existence of a period of high risk of pregnancy between two successive rules if a girl or a woman has sex, with 86.1% in Kinshasa and 81.6% in Lubumbashi. The existence of this period is well known to mentees in Kinshasa, except among 1st-year secondary school boys. This ignorance was more frequent in Lubumbashi, with nearly one in four boy mentees in secondary school.

Knowledge of Birth Control Methods

At least nine out of ten mentees (91.2%) said they had already heard about contraceptive methods, with 92.9% in Lubumbashi and 88.9% in Kinshasa; and similar percentages for both sexes (91.3% for girls and 90.3% for boys).

The male condom is the best-known contraceptive method among mentees interviewed (85.8%). The other three most cited methods were birth control pills (38.7%), the female condom (34.8%) and the Depo-Provera, or injections (19.0%).

Kinshasa mentees were more likely to know the female condom (46.9%) than those in Lubumbashi (26.4%). Similarly, girls (38.6%) at both sites were more likely than boys (25.6%) to mention female condoms. Just under one in ten (8.4%) mentees overall mentioned traditional methods. These percentages reflect improvement in the knowledge of mentees in relation to contraceptive methods during this last phase compared to previous phases of the KAP study. Access to information on contraceptive methods improved significantly by almost three-quarters in the first two phases (76.2% in 2015 and 74.2% in 2016) to the current 91.2%, 2017 ($p < 0.001$). From slightly more than half of the mentees (58.6%) in the first phase, knowledge of the male condom increased to 64.9% in 2016 and

85.8% in 2017 with a very significant difference between the latter phase and each of the two previous phases ($p < 0.001$). Knowledge of the female condom also increased significantly from 16.9% in 2015 to 34.8% in this last phase ($p < 0.001$), rising to 80% in 2016. The percentage of those who cited the traditional methods significantly reduced by more than half, falling from 22.2% in the first phase to 8.4% in this last phase ($p < 0.001$), rising to 4.2% in 2016.

Of all mentees who have ever heard of contraceptive methods, 94.5% reported knowing where they can get them, with a sizable difference compared to the values of the previous two phases (77.5% in 2015 and 70.5% in 2016). The most cited places were pharmacies (95.9% in 2017 versus 83.6% in 2016 and 79.3% in 2015), hospitals/health centers (72.0% in 2017 versus 42.7% in 2016 and 39.9% in 2015) and boutiques (25.6% in 2017 against 25.9% in 2016 and 19.2% in 2015).

Sexual Behaviors

The vast majority of mentees interviewed (87.9%) reported never having sex, with slightly more in Kinshasa (93.1%) than in Lubumbashi (84.2%). Girls were more likely than boys (94.2% vs. 72.7%) to not have had sex. Of the sexually active mentees, two (4.9%) have ever had sex with someone 10 years older than themselves. And among those who have ever had sex, one in five mentees (20.0%) reported using a condom every time they had sex for the last 12 months. Significantly more mentees reported using this practice in 2017 compared to 2016 and 2015 with corresponding proportions of 6.0% and 0.0%, respectively ($p < 0.001$).

Knowledge about HIV and STIs

Having unprotected sex with an HIV-infected person was the most spontaneously reported route of HIV transmission by the majority (79.4%) of respondents. This proportion showed a slight increase compared to the 77.0% of the second phase. However, none of the mentees interviewed in 2015 (0.0%) cited this route of HIV transmission. Transmission from the infected mother to the child either at birth (born to an infected mother) or during breastfeeding was mentioned by 17.1% and 15.9% of respondents, respectively with a marked increase compared to 2016 (4.5% and 7.8%) and 2015 (6.2% and 10.2%), reflecting significant improvement in mentees' knowledge of HIV. The use of sharp objects was cited by slightly more than two-thirds of respondents (70.9%) without a significant difference from 2015 and significantly showing an increase over 2016.

Misconceptions about HIV transmission (mosquito bites, sharing food with an infected person, shaking hands with an infected person) were barely mentioned by respondents in all three phases of the study KAP.

As for the means of reducing the risk of HIV transmission, most mentees (79.1%) spontaneously cited sexual abstinence with respective percentages of 80.6% and 78.1% in Kinshasa and Lubumbashi, with girls (81.3%) citing it more than boys (73.7%). Overall, abstinence was significantly more cited in this last phase of the KAP study compared to the 66.6% who reported it in the first phase ($p < 0.001$); but the difference with the second phase (77.0%) is not significant.

Sexual abstinence was also cited by three mentees out of four (75.9%) as a means of reducing the risk of contracting STIs, more in Kinshasa than in Lubumbashi (81.2% versus 71.9%) and in proportions of 76.8% and 73.7%, respectively by girls and boys. Compared to the results of the previous two phases where the corresponding values were 64.0% and 58.5%, respectively in 2016 and 2015, current results reflect a significant improvement in mentees' knowledge of abstinence as a way to reduce risk of STIs.

The correct use of the condom was the second most cited STI risk reduction cited in the third phase by 31.5% of respondents. This was also the best-known medium in 2016 and 2015, where the respective percentages were 14.9% and 15.8% ($p < 0.001$). These results also highlight the improvement of mentees' knowledge of STI risk reduction since phase one.

The majority (88.8%) of respondents said they did not believe that they can contract HIV through witchcraft or other supernatural means, with more respondents denouncing it in Kinshasa than in Lubumbashi (91% versus 87.2%) and more boys than girls (93.9% versus 86.7%). The rejection of this myth greatest in this last phase than in 2016 (68.5%) and in 2015 (71.8%).

In this last phase, slightly less than one-fifth (19.1%) of all mentees interviewed still believed that a person living with HIV is very thin or looks sick; reflecting a reduction from 47.0% and 53.3%, respectively in 2016 and 2015. On the other hand, almost nine in ten (88.2%) were of the opinion that a person who looks healthy may actually be infected with HIV. Although it has increased slightly compared to the result of the second phase (81.3%), this result is higher than that of the first phase (75.2%).

Girls' Education

Overall, more than half (59.7%) of mentees spontaneously mentioned 'economic independence' as a perceived benefit for a girl to continue or complete her education. This response was followed by 'she will invest in her community/country', which was mentioned by just under a quarter (22.9%) of all mentees interviewed. The third most cited advantage was 'to have more educated children', which was mentioned by one in five respondents (20.3%), with more in Lubumbashi (22.4%) than in Kinshasa (17.4%).

The current proportion (59.7%) of mentees who perceive economic independence as a benefit of girls' education at the high school level has risen from 19.5% in 2015 to 45.5% in 2016.

Understanding gender equality

To the definition of "gender equality", roughly a third (34.1%) cited 'no discrimination between men and women, as well as 'to eliminate discrimination between men and women' (34.1%). One in five (21.2%) cited 'to promote equal opportunities for men and women to develop their personal skills'. Nearly two out of three mentees (65.0%) were able to provide at least one partially-correct definition, more so in Kinshasa (70.1%) than in Lubumbashi (61.2%), and girls (68.9%) were more able to do this than boys (55.6%). This reflects an improvement compared to 42.4% of mentees who correctly defined it in 2016, and at least doubling the number who could define it in the first phase of the KAP study in 2015 (30.8%).

Attitudes regarding gender-based violence (GBV)

Slightly less than one-third of the mentees interviewed (31.8%) agreed with the view that 'it may be acceptable for a husband to beat his wife if she neglects the children'. Boys were more likely to have that attitude than girls, as well as Kinshasa mentees more than those of Lubumbashi. Contrary to the results of the two previous phases where nearly six out of ten mentees were of this opinion, with respectively 57.8% in 2016 and 59.6% in 2015, the current results (2017) reflect a very significant decrease in these negatives attitude ($p < 0.001$).

One-tenth (10.6%) of the mentees interviewed believed that 'it may be acceptable for a man to beat his wife if she refuses to have sex with her husband partner', with twice as many in Lubumbashi (13.8%) than in Kinshasa (6.2%). It must be recognized that this attitude has significantly decreased, by almost half, compared to the second (19.7%) and the first phase (22.0%), respectively ($p < 0.001$).

The vast majority of respondents (86.8%) agreed that boys and men can control their sexual behavior. This proportion also reflects a significant improvement in the proportion of mentees who shared this opinion in the second (80.8%) and the first phase (75.9%) of this KAP study ($p < 0.05$).

Child rights and responsibilities

Of all child rights, the right to education is the best known, with nine out of ten mentees (90.6%) citing it. This has gradually increased from 81.9% in 2015 to 83.6% in 2016. This right has been cited by all secondary school boys in Lubumbashi (100.0%) and by most mentees in Kinshasa (85.7%). The right to food was the second most frequently mentioned by 63.2% of mentees, with improvements since the two previous phases (49.3% in 2016 and 57.1% in 2015). The right to say no to any solicitation of a sexual nature was only spontaneously cited by 3.2% of the mentees interviewed compared to the 4.0% of the first phase and the 1.7% of 2016.

Among the responsibilities of the child, 'to respect each other in a spirit of humanity' was the most cited by slightly more than half (52.9%) of mentees, with more in Kinshasa (62.5%) than in Lubumbashi (45.9%). This has improved when compared to 34.4% in 2016 and 42.7% in the first phase. The responsibility to 'do everything possible to protect our environment' was recognized by slightly more than one in ten respondents (11.8%) during this last phase, compared to less than one in twenty of them in each of the two previous phases (3.8% in 2016 and 4.6% in 2015).

Main source of information

At least eight out of ten mentees (80.3%) spontaneously cited the EAGLE Project Mentoring Program as their primary source of information for all themes (knowledge, attitudes, and practices on ASRH, HIV, and STIs; gender-based violence) explored in this KAP study, except for the rights and responsibilities of the child, for which it was cited by 61.5% of mentees. The EAGLE mentoring program was cited as the main source of information in 2017 as well as in 2016.

Discussion

In this last phase of the KAP study, only 59.4% of the mentees from the first year were still enrolled in EAGLE schools. The attenuation effect cannot be ignored, as data are missing for nearly half of the sample size.

The current study has highlighted the positive and significant improvement in knowledge, attitudes and practices of mentees, compared to the two previous phases, and particularly in the first. Substantially improved attitudes on ASRH demonstrate the efficacy of EAGLE project's mentoring program. Nonetheless, ASRH attitudes can still stand to be improved. It may be that conflicting norms within their environment played a role, and the least, it is generally known that changing norms is a long-term endeavor. The quality of mentors' knowledge and facilitation of some of the topics may have also hindered the understanding and assimilation of mentees for some of the topics, but this would have to be studied further.

Mentees' knowledge on conception significantly improved since 2015, which means that most mentees know how to prevent undesired pregnancy. The vast majority of mentees reported never having had sex; however, among those who had had sex, there were still many who practiced risky sexual behavior, such as not using a condom correctly each time and sex with someone 10 years older than them.

Mentees increased their knowledge of contraceptive methods, in particular birth control pills and the female condom. Mentees are also more aware of where to find contraceptives. As mentioned above,

not as many as desired are using these methods to protect themselves. The high cost and social stigmatization may be a prohibiting factor, especially for girls. Gender norms typically dictate that men (or boys) make decisions on sexual encounters in the DRC.

Although mentees tended to have a less favorable attitude on domestic violence, it is still tolerated by many. Hitting a woman because of her refusal to have sex remains acceptable by many mentees, which indicates that women in DRC culture still does not have control over her own body. Slightly more encouraging result is the increased number of mentees who believe that that boys and men are able to control their sexual behavior. Nonetheless, there is still plenty of blame on the victim, despite significant efforts of the EAGLE mentors.

The EAGLE project, and in particular the mentoring program, has without doubt improved mentees knowledge, attitudes, and practices in the domains of ASRH, GBV, gender equality, HIV, and child rights and responsibilities, which should be lauded in light of the difficulty of behavior change on these subjects.

Principal Investigator's Recommendations

- Update the lists of mentees by school, class and sex at the beginning of the new school year and solicit the support of school officials, so that they are not being asked to identify students before or during data collection.
- Ensure that the mentors' understanding of gender and gender-based violence are solid, and the transmission of information to mentees is correct, without bias or personal opinion;
- Strengthen communication strategies to bring even more mentees to clearly link ASRH to HIV (and STIs) and the pursuit of higher education;
- Encourage mentees to use ASRH and sexual violence services while improving their access to condoms;
- Share the experience of the mentoring program with the Ministries of Public Health, the EPSP and Gender and Family and Child, as well as other actors in the sector of women's and girls' empowerment in order to replicate in other contexts.