



USAID SOUTH AFRICA SCHOOL-BASED SEXUALITY AND HIV PREVENTION EDUCATION ACTIVITY

REPORT: BIBLIOGRAPHY OF EVALUATED CURRICULA, GRADE 3-6

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Prepared for:

Education Development Center

43 Foundry Avenue

Waltham, MA 02453-8313

USA

Prepared by:

HEARD, University of KwaZulu-Natal

Westville Campus

Private Bag X54001

Durban, South Africa

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Bibliography of Evaluated Curricula for Grade 3-6

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Authors: TL Crankshaw, C. Lester, K Govender, G George, N Poku

HEALTH ECONOMICS AND HIV AND AIDS RESEARCH DIVISION

Working to advance health equity in Africa

This report refers to the following HEARD inception report: Improve the Quality of Learner-Teacher Support Materials (LTSM) on Sexuality Education, dated 26 October 2015. The output relates to Objective 2 in the overall project scope of work: “*Strengthened DBE’s capacity to provide education and training for teachers to teach sexuality and HIV education lessons in the classroom and improve life skills programme*”; Task 2.1.

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Introduction

Comprehensive Sexuality Education (CSE) is a key strategy for reducing the risk of STIs, including HIV, and for preventing unintended pregnancies in young people (UNESCO, 2009, 2014; UNFPA, 2014; WHO, 2011). When properly designed and implemented, CSE can equip young people with the necessary knowledge and skills to make informed decisions regarding sexual practices, contraception and building healthy relationships (Haberland & Rogow, 2015; Kirby, Coyle, Alton, Roller, & Robin, 2011; Kirby, Laris, & Roller, 2005; UNESCO, 2009). Schools are a vitally important site for delivery of sexuality education, with strong evidence that curriculum-based, adult-led sexuality education can be effective in reducing reported risky sexual behaviour (Mavedzenge, Luecke, & Ross, 2014).

In South Africa, the Department of Basic Education (DBE), in partnership with the Department of Health, has incorporated CSE in two key areas; in the HIV and AIDS life skills education programme and within learner health services, via the Integrated School Health Programme (ISHP). The Life Skills Education Programme is implemented through the Life Orientation Learning area in schools across all learner grades. The programme aims to increase learner knowledge and skills in negotiating sexual relationships in order to reduce risk of HIV infection. The ISHP aims to provide school health care for learners through a comprehensive package of sexual and reproductive health (SRH) services including provision of contraception and HIV counselling and testing.

As one of a number of activities commissioned by the DBE to support the development of the 2012-2016 Integrated Strategy on HIV, STIs, and TB, a comparative review of the South Africa Curriculum Assessment Policy Statements (CAPS) was conducted using the International Technical Guidelines on Sexuality Education (ITGSE) as the gold standard (Kirby, 2011). As a direct result of this review, it was recommended that scripted lesson plans (SLPs) be designed and developed for educator use in order to support educator teaching of content specifically related to CSE and HIV prevention in CAPS. Scripted lesson plans are an evidence-based teaching method that provide

explicit and systematic instruction for educators in the classroom (Adams & Engelmann, 1996; Hattie, 2009).

The South Africa School-Based Sexuality and HIV Prevention Education Activity is a PEPFAR-Funded USAID Activity aimed at reducing new HIV infections in students and teachers by assisting the Department of Basic Education (DBE) to implement high quality, evidence-informed sexuality and HIV prevention education programmes. The project's activities are specifically designed to strengthen, link and consolidate South African Government (SAG) efforts to link education sector initiatives and health sector initiatives that share a common purpose: a reduction in the incidence of new HIV and TB infections among young people and improved linkages to HIV care and SRH services for learners. One of the core activities, designed to support educators in the effective delivery of comprehensive sexuality education in the classroom context, is the development of a package of SLPs for Grades 4-6, 7-9 and 10-12. These SLPs will include comprehensive lessons and activities, as well as assessment tasks, to guide educators to teach against the LO Annual Teaching Plans. The topics included in the SLPs are guided by and mapped onto the existing South African CAPS curriculum. The Education Development Centre (EDC) is working with the Department of Basic Education in leading the development of the scripted lesson plans for Grades 3-6 and 10-12. The Health Economics and HIV and AIDS Research Divisions (HEARD), Society for Family Health and MOTT McDonald are providing technical support to EDC SLP development and implementation, as well as other complementary, supporting activities.

This report provides a descriptive bibliography of evaluated CSE interventions targeting learners aged 8-12 and implemented in subSaharan Africa and globally. The report provides a summary table (Table 1) of all the interventions included in the review, as well as a more detailed description of each intervention and related evaluation findings, identification of targeted risk and protective factors, and behaviours and, lastly, the curriculum underlying each intervention.

Methodology

A comprehensive rapid review was undertaken to identify evaluated curricula to inform the EDC-led development of scripted lesson plans for comprehensive sexuality education for Grades 3-6, learner ages 8-12. Prior to performing the rapid review, a review protocol was developed in order to determine the search strategy and study eligibility criteria. Our search strategy involved the following methods: First, electronic bibliographic databases, including *PubMed*, *EBSCOHost*, *ScienceDirect*, *Google (for grey literature)* and *Google Scholar*, were searched using a combination of terms for comprehensive sex education.

Search terms included: "School-based sex education"; "school-based HIV prevention"; "school-based comprehensive sexuality interventions" "sexual risk reduction" AND school; "HIV prevention" AND school; Comprehensive Sexuality Education OR CSE; Sexuality education.

We also searched the table of contents of *Sex Education*, *AIDS Education and Prevention*, *AIDS Care*, and *AIDS and Behaviour* for relevant citations. Finally we searched the reference list of six recent systematic reviews¹ related to HIV prevention interventions and sexuality education interventions for additional eligible studies.

Date parameters for the search were limited to 1 January 2005-15 July 2015. Due to the paucity of evaluated curricula for the Grade 3-6 age group, we expanded our search to include evaluated interventions from January 2000 – July 2015 (for sub-Saharan Africa only).

¹ Included were: Fonner, V. A., K. S. Armstrong, C. E. Kennedy, K. R. O'Reilly and M. D. Sweat (2014). "School Based Sex Education and HIV Prevention in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis." *PLoS ONE* 9(3): 1-18; Gottschalk, L. B. and N. Ortayli (2014). "Interventions to improve adolescents' contraceptive behaviors in low- and middle-income countries: a review of the evidence base." *Contraception* 90(3): 211-225; Harrison, A., M. Newell, J. Imrie and G. Hoddinott (2010). "HIV prevention for South African youth: which interventions work? A systematic review of current evidence." *BMC Public Health* 10(102): 1-12; Maticka-Tyndale, E. and J. P. Barnett (2010). "Peer-led interventions to reduce HIV risk of youth: A review." *Evaluation and Program Planning* 33(2): 98-112; Mavedzenge, S. N., E. Luecke and D. A. Ross (2014). "Effective approaches for programming to reduce adolescent vulnerability to HIV infection, HIV risk, and HIV-related morbidity and mortality: a systematic review of systematic reviews." *J Acquir Immune Defic Syndr* 66 Suppl 2: S154-169; Paul-Ebhohimhen, V. A., A. Poobalan and E. R. van Teijlingen (2008). "A systematic review of school-based sexual health interventions to prevent STI/HIV in sub-Saharan Africa." *BMC Public Health* 8: 4-4.

Search results were placed into a sorting template which two researchers independently reviewed, including/excluding studies based on the eligibility criteria. Once this was complete, both researchers met to compare their respective revised search findings before producing the final list. Only articles in English were obtained.

Results

The following section provides a summary description of interventions showing some evidence of effect. Links to the curriculum (if available) are also provided as well as a summary of each intervention's targeted risk and protective factors and behaviours.

TABLE 1: COMPOSITE TABLE OF EFFECTIVE EVALUATED PROGRAMMES IN SOUTH AFRICA, SUB-SAHARAN AFRICA AND INTERNATIONALLY				Evaluation results**		
Area	Author	Name of programme	Evaluation design*	Risk and protective factors***	Changes sexual behaviours (self-reported)	Biological outcomes
SOUTH AFRICA	Balfour et al, 2013	WhizzKids United	Quasi-experimental, N=972, post-test only.	X		
	Hardre et al, 2012	Abstinence and Risk Avoidance for Youth (ARK)	Quasi-experimental, control, N=6 839	X		
	Jemmott et al, 2010	An HIV Risk Reduction Intervention	Cluster RCT, pre-test, post-test, control, N=1,057 learners		X	
SUB-SAHARAN AFRICA	Mathews et al, 2012	South Africa Tanzania (SATZ) Project	Cluster RCT, longitudinal follow up, n=5352 Cape Town, n=4197 Dar es Salaam, n=2 590 Mankweng	X	X (in Tanzania only)	
	ActionAid, 2012	Transforming Education for Girls in Nigeria and Tanzania (TEGINT)	Not specified	X ^		
	Erulkar al, 2004	Nyeri Youth Health Project	Quasi-experimental design, pre-test, post-test, control, N=1 408(I)/ N=457(C)		X	
	Askew et al, 2004	Kenya Adolescent Reproductive Health Project (KARHP) (Tuko Pamoja)	Quasi-experimental design, pre-test, post-test, control. Boys 10-14 (n=554), boys 15-19 (n=397), girls 10-14 (n=1408), girls 15-19 (n=1163), parents (n=1192)			
	Maticka-Tyndale et al, 2014	Primary School Action for Better Health	Quasi experimental design, pre-test post-test, repeated cross-sectional, N=26,461	X	X	
	Fiscian et al, 2009	Making Proud Choices (Adapted Version)	Quasi-experimental design,pre-test post-test, N=61	X		
	Enah et al, 2010	Responsible Behaviour: Delaying Sex	One-group pre-/posttest design N=60	X		
	Bell et al, 2008	CHAMPSA	RCT, pre-test post-test, control, N=245 intervention families rearing 281 children and N=233 control families rearing 298 children	X		
INTERNATIONAL	Pick et al, 2007	I Want to, I Can...prevent HIV/AIDS	Pre-test post-test, control, N=1,581.	X		

* N=sample size at baseline intervention group only

**programmes had to have made a positive impact on the outcome variable

***Risk and protective factors (Knowledge, Self-efficacy and skills, Personal values, Attitudes towards behaviours, Perceptions of risk, Perception of peer norms/behavior, Communication with parents/other adults, Gender norms)

^ no p values available

WhizzKids United

Synopsis

Country: South Africa

Description: HIV prevention educational soccer programme (“On The Ball”) which operates in schools, delivered as a component of the LO curriculum for grades 5-7. A 12-week programme which seeks to foster self-efficacy to withstand peer pressure in sexual decision making.

Target population: Learners Grades 5-8 in 10 schools (5 elementary and 5 secondary). Intervention arm: 3 elementary schools; control arm: 2 elementary schools.

Methodology: Quasi-experimental (N=972, n=148 boys, n=119 girls); post-test only. Compared learners who had received intervention and those who had not.

Results: Lowered HIV stigma, increased HIV knowledge, reduced likelihood of engaging in drug use ($p < 0.001$)

Reference: *Balfour, L., Farrar, T., McGilvray, M., Wilson, D., Tasca, G. A., Spaans, J. N., .Cameron, W. D. (2013). HIV Prevention in Action on the Football Field: The Whizzkids United Program in South Africa. AIDS and Behavior, 17(6), 2045-2052.*

Curriculum link(s): Request sent to author, curriculum obtained and attached.

WhizzKids United		
Aim: To determine the ‘value-add’ of the HIV prevention programme as a component of the Life Orientation curriculum		
Risk & Protective Factors	Target Behaviours	Outcomes
➤ Knowledge	<ul style="list-style-type: none"> ➤ HIV knowledge ➤ AIDS-related stigma 	<ul style="list-style-type: none"> ➤ Increased HIV Knowledge ($p < 0.001$) ➤ Lower rates of HIV stigma ($p < 0.001$)

Abstinence and Risk Avoidance for Youth (ARK)

Synopsis

Country: Kenya and Tanzania

Description: An integrated school and community-based reproductive health education programme aimed at reducing risk behaviours for HIV/AIDS.

Target population: Youth (10-15 years, 16-19 years, 20-24 years), parents, community leaders

Methodology: Quasi-experimental (N=6 839) with 2 intervention districts and one control each, in Kenya and Tanzania. Used quantitative and qualitative methods. The programme had been in place for 2 years at the time of data collection. Focus of evaluation was on motivational aspect of the programme.

Results Increased motivational effects, self-efficacy and intentions for choosing and sustaining choice over abstinence or monogamy were seen amongst youth.

Reference: *Hardre, P. L., Garcia, F., Apamo, P., Ndege, M., & Mutheu, L. (2012). Information, affect and action: motivating reduction of risk behaviors for HIV/AIDS in Kenya and Tanzania. Sex Education, 12(1).*

Curriculum link(s): Author contacted. Reply received: referred to World Vision International to obtain copy of curriculum

Abstinence and Risk Avoidance for Youth (ARK)		
Aim: To assess the motivational and perceptual components of the Abstinence and Risk Avoidance for Youth programme, focusing on effectiveness across programme sites.		
Risk & Protective Factors	Target Behaviours	Outcomes
<ul style="list-style-type: none"> ➤ Youth self-efficacy to maintain decisions ➤ Competence/strength of belief to use knowledge ➤ Future intentions to practice risk reduction strategies ➤ Expectation of success ➤ Communication about HIV and AIDS 	<ul style="list-style-type: none"> ➤ Abstinence ➤ Monogamy 	<ul style="list-style-type: none"> ➤ Increased motivation to avoid risk for HIV/AIDS (p<0.001) ➤ Increased parental perception of children's competence, intentions to stay faithful/abstinent and ability to communicate about their sexual choices ➤ Increased community leader perception of children's competence, intentions to stay faithful/abstinent and ability to communicate about their sexual choices

An HIV Risk Reduction Intervention

Synopsis

Country: South Africa

Description: A 12 x 1-hour module HIV risk-reduction intervention was designed to increase HIV/STD knowledge, to enhance protective behavioural beliefs, as well as to increase skills and self-efficacy for negotiation of abstinence and condom use, and to use condoms.

Target population: Grade 6 learners, aged 12-18 (mean age 12.4 years), urban and rural Eastern Cape.

Methodology: A cluster-randomised control trial, with assessments of self-reported sexual behaviour collected pre-intervention, and at 3, 6, and 12 months post-intervention (N=1,057 learners; 9 matched pairs of schools: 7 pairs were urban schools, 2 pairs were rural schools)

Results: Intervention arm had lower rates of self-reported unprotected vaginal intercourse (2.22%I vs 4.4%C), vaginal intercourse (4.75%I vs 7.20%C), and multiple sexual partners (1.83%I vs 3.19%C) than control group; rates were averaged out over 3 follow-up periods (baseline, 3, 6 and 12 months). No effect on delay in sexual debut.

Reference: Jemmott, J. B., Jemmott, L. S., O'Leary, A., Ngwane, Z., Icard, L. D., Bellamy, S. L., Makiwane, M. B. (2010). School-Based Randomized Controlled Trial of an HIV/STD Risk-Reduction Intervention for South African Adolescents. *Archives of pediatrics & adolescent medicine*, 164(10), 923-929.

Curriculum link(s): Request sent to author, awaiting response.

HIV Risk-Reduction Intervention		
Aim: To test the efficacy of a school-based HIV/STD risk-reduction intervention for South African adolescents.		
Risk & Protective Factors	Target Behaviours	Outcomes
<ul style="list-style-type: none"> ➤ HIV/STI risk reduction knowledge ➤ Behavioural beliefs that support abstinence and condom use ➤ Skills and self-efficacy to negotiate abstinence and self-efficacy 	<ul style="list-style-type: none"> ➤ Unprotected vaginal intercourse in past 3 months (self-reported) ➤ Vaginal intercourse in past 3 months ➤ Anal intercourse in past 3 months ➤ Multiple sexual partners in past 3 months 	<ul style="list-style-type: none"> ➤ Lower self-reported unprotected vaginal intercourse (OR=0.51) ➤ Lower self-reported vaginal intercourse (OR=0.62) ➤ Lower self-reported multiple sexual partners (OR=0.50)

South Africa Tanzania (SATZ) Project

Synopsis

Country: South Africa, Tanzania

Description: Teacher-led curriculum-based intervention

Target population: School children aged 12-14 years

Methodology: A cluster randomised-controlled trial (n=5352 Cape Town, n=4197 Dar es Salaam, n=2 590 Mankweng). Thirty high schools each in Cape Town and Mankweng and 24 primary schools in Dar es Salaam. Students completed questionnaires at baseline, 6 months after baseline, and 12 months after baseline.

Results: In Dar es Salaam, learners were less likely to have their sexual debut during the study (OR 0.65). No intervention impact on sexual debut in Cape Town and Mankweng. Increased knowledge, positive attitudes towards condom use, improved social norms around condoms, improved condom use intentions, increased condom use self-efficacy, improved perceptions of access to condoms in Mankweng. Increased knowledge, increased positive attitudes towards condom use, improved perception of severity, improved perception of risk, improved social norms around sex and condom use, improved condom use intentions in Tanzania.

Reference: Mathews, C., Aarø, L. E., Grimsrud, A., Flisher, A. J., Kaaya, S., Onya, H., Klepp, K. I. (2012). *Effects of the SATZ teacher-led school HIV prevention programmes on adolescent sexual behaviour: cluster randomised controlled trials in three sub-Saharan African sites. International Health, 4(2), 111-122*

Curriculum link(s):

TOC 1 SATZ Teacher's Manual Part 1: <http://prepare.b.uib.no/files/2010/05/Teachers-Manual-pt.-1-Limpopo.pdf>

TOC 2 SATZ Teacher's Manual Part 2: <http://prepare.b.uib.no/files/2010/05/Teachers-Manual-pt.-2-Limpopo.pdf>

TOC 3 SATZ Learners' Workbook: <http://prepare.b.uib.no/files/2010/05/Student-Workbook-Limpopo.pdf>

TOC 1 SATS Teacher's Manual: <http://prepare.b.uib.no/files/2010/05/Teachers-Manual-Dar-es-Salaam.pdf>

TOC 2 SATZ Learners' Manual: <http://prepare.b.uib.no/files/2010/05/Student-Workbook-Dar-es-Salaam.pdf>

SATZ

Aim: To examine the effects of a teacher-led school HIV prevention programme on young adolescent sexual risk behaviour.

Risk & Protective Factors	Target Behaviours	Outcomes
<ul style="list-style-type: none"> ➤ Knowledge ➤ Sex attitudes ➤ Condom attitudes ➤ Perception of severity ➤ Perception of risk ➤ Social norms around sex ➤ Social norms around condoms ➤ Condom use intention ➤ Self-efficacy around sex ➤ Self-efficacy around condoms ➤ Perceptions of access to condoms 	<ul style="list-style-type: none"> ➤ Delayed sexual debut ➤ Condom use 	<ul style="list-style-type: none"> ➤ Dar es Salaam: less likely to report having had sexual debut during follow up period (OR 0.65) ➤ Dar es Salaam: higher scores on 10 of 11 mediating constructs (Knowledge, Condom attitudes, Perception of severity, Perception of risk, Social norms around sex, Social norms around condoms, Condom use intention, Self-efficacy around sex, Self-efficacy around condoms, Perceptions of access to condoms) compared to control arm ➤ Mankweng: higher scores on 6 or 11 mediating constructs compared to control arm (Knowledge, Condom attitudes, Social norms around condoms, Condom use intention, Self-efficacy around condoms, Perceptions of access to condoms)

Transforming Education for Girls in Nigeria and Tanzania (TEGINT)

Synopsis

Country: Nigeria and Tanzania

Description: The TEGINT project aims to transform the education of girls in Nigeria and Tanzania, to promote school enrolment and attainment by addressing key barriers to girls' participation in education

Target population: Female learners 11-22 years old (Tanzania)

Methodology: Not specified. 30 schools (23 primary schools and 7 secondary schools) were selected in 6 districts in Tanzania using stratified random sampling. Baseline (in 2008) and endline surveys (in 2012), qualitative interviews (in 2008), in-depth qualitative case studies (2011).

Results: There was no change in the Gender Parity Index for primary school enrolments (0.99 for 2008 and 2012). Girls' enrolment in primary schools decreased by 11% between 2008 and 2012. Attendance in primary school remained high overall. In examinations, there was a 12% increase in girls' enrolled to sit for their primary school leaving examination (PSLE). Girls' learning outcomes improved by 6%. Girls' secondary school enrolment and attendance increased. There was also improvement in girls' confidence and empowerment as measured by the Girls' Empowerment Index. Girls in clubs were more aspirational, had better knowledge of HIV and AIDS and gender and held attitudes and behaviours that were more challenging of inequalities and violence. There was an increase in level qualifications amongst teachers. Gender profile improvements in school management resulted in schools taking more action on issues affecting girls' education. Positive relationship between educators being trained by the project and schools taking more action on girls' education. Increase in formal reporting of GBV by the school management groups. Girls' confidence to report violence was associated with schools' capacity to respond formally. Strong relationship between the training received by community circle members and knowledge and attitudes to gender equality.

Reference: ActionAid. (2012). *Transforming education for girls in Tanzania: Endline research summary report*.

Curriculum link(s):

TOC 1 Contents and introduction: <http://www.actionaid.org/publications/tegint-methodology-toolkit-contents-and-introduction>

TOC 2 Working with Girls: <http://www.actionaid.org/publications/tegint-methodology-toolkit-working-girls>

TOC 3 Working with Boys: <http://www.actionaid.org/publications/tegint-methodology-toolkit-working-boys>

TOC 4 Working with Teachers: <http://www.actionaid.org/publications/tegint-methodology-toolkit-working-teachers>

Transforming Education for Girls in Nigeria and Tanzania (TEGINT)

Aim: To assess the strength of the overall project intervention and three sub-components (girls' clubs, educator training, and support to school management)

Risk & Protective Factors	Target Behaviours	Outcomes
<ul style="list-style-type: none"> ➤ Knowledge relating to HIV transmission, prevention, and protection ➤ Attitudes to inclusion of people living with HIV ➤ Attitudes to inclusion and tolerance of family members living with HIV/AIDS ➤ Self-efficacy relating to condom-use negotiation 	<ul style="list-style-type: none"> ➤ School enrolment and educational attainment 	<ul style="list-style-type: none"> ➤ Increased knowledge relating to HIV transmission, prevention, and protection (no p values available) ➤ Increased positive attitudes to inclusion of people living with HIV (no p values available) ➤ Increased positive attitudes to inclusion and tolerance of family members living with HIV and AIDS (no p values available) ➤ Increased self-efficacy relating to condom use negotiation (no p values available)

Nyeri Youth Health Project

Synopsis

Country: Kenya

Description: A community-based project for young people aimed at delaying the onset of sexual activity among youth who were not yet sexually active, to reduce risk amongst sexually active youth and to create a reproductive health information and service environment responsive to youth needs. Respected and well known young parents were nominated to be trained as project counsellors. These counsellors educated parents, youth, and school teachers through group discussions, role plays, drama, and lectures.

Target population: Unmarried young people aged 10-24

Methodology: A quasi-experimental design, where the intervention community (N=1 408) was matched with a comparison community (N=457). Baseline and endline surveys were conducted in 1997 and 2001, respectively, in project and control communities.

Results: Females in the project site were significantly more likely than those in the control site to adopt secondary abstinence (OR 3.3, $p < 0.001$) and less likely to have had three or more partners in the previous three years ($p < 0.001$). Males in project site were more likely to use condoms than those in the control site (OR 3.7, $p < 0.01$). Both males and females in the project site were more likely to discuss SRH issues with an adult than in control site (OR 1.9 and 5.5 respectively).

Reference: Erulkar, A. S., Etyang, L. I. A., Onoka, C., Nyagah, F. K., & Muyonga, A. (2004). Behaviour change evaluation of a culturally consistent reproductive health program for young Kenyans *International Family Planning Perspectives*, 30(2), 58-67.

Curriculum link(s): Kenya: Request sent to author, awaiting response

Ghana: <http://www.path.org/publications/detail.php?i=1591>

Tanzania: <http://www.path.org/publications/detail.php?i=1593>

Uganda: http://www.path.org/publications/files/HIV-TB_aya_ips_facilitator_ugan.pdf

Nyeri Youth Health Project

Aim: To evaluate behaviour change associated with a culturally consistent reproductive health programme for young Kenyans.

Risk & Protective Factors	Target Behaviours	Outcomes
<ul style="list-style-type: none"> ➤ Communication about sexual and reproductive health issues with parents and older adults 	<ul style="list-style-type: none"> ➤ Sexual initiation ➤ Secondary abstinence ➤ Condom use ➤ Number of sexual partners 	<ul style="list-style-type: none"> ➤ Females in intervention arm were more likely to adopt secondary abstinence (p<0.001) ➤ Males in intervention arm were more likely to use condoms at last sex (p<0.01) ➤ Females in intervention arm were less likely to have had three or more partners in the previous three years (p<0.001) ➤ Males in intervention arm were less likely to have discussed sexual and reproductive health issues with a parent (p<0.001) ➤ Females in intervention arm were more likely to have discussed sexual and reproductive health issues with a parent (p<0.01)

Kenya Adolescent Reproductive Health Project (KARHP) (Tuko Pamoja)

Synopsis

Country: Kenya

Description: A multi-sectoral, multipronged intervention consisting of health facility-based intervention, community-based intervention and a school-based intervention. The school-based intervention consists of an adolescent reproductive health and life skills curriculum that uses peer education, life skills education and mentorship to reach youth.

Target population: Youth aged 10-19

Methodology: Quasi-experimental design with six locations selected (5 intervention and 1 control sites); Boys 10-14 (n=554), 15-19 (n=397), girls 10-14 (n=1408), 15-19 (n=1163), parents (n=1192). The project was conducted over 3 phases over a 42-month period (Baseline population-based survey, 18-month intervention development and implementation, endline population-based survey)

Results: Health facility-based activities were 1.5 times the cost of the community-based intervention. Parent-child communication increased in one of the intervention sites. There were mixed results in terms of increasing awareness and knowledge about reproductive health issues. The school-based intervention increased awareness of SRH basic functions in learners except amongst older boys. Adolescents who participated in the community-based or school-based interventions had significantly improved knowledge of contraceptive methods. Knowledge of STIs was higher in both intervention sites. No improvement in condom use knowledge or the fertile cycle in a woman. Decrease in reported delay in age of first sex amongst school-based intervention arm and decreases in reports of non-consensual first time sex compared to baseline. Reported condom use remained low. There were declines in reports of unintended pregnancy.

Reference: *Askew, Ian, Jane Chege, Carolyn Njue, and Samson Radeny. 2004. "A multi-sectoral approach to providing reproductive health information and services to young people in Western Kenya: The Kenya adolescent reproductive health project," FRONTIERS Final Report. Washington, DC: Population Council.*

Curriculum link(s): Adolescent RH and Life Skills Curriculum: http://www.path.org/publications/files/CP_kenya_KARHP_curric_3-06.pdf

Peer educator manual: http://www.path.org/publications/files/CP_kenya_pe_manual_karhp.pdf

Tuko Pamoja

Aim: To evaluate the outcomes of the 3 intervention arms of the Kenya Adolescent Reproductive Health Programme (KARHP),

Risk & Protective Factors	Target Behaviours	Outcomes*
<ul style="list-style-type: none"> ➤ Knowledge of sexual and reproductive health ➤ Knowledge and attitudes towards condom and contraceptives use ➤ Communication of sexual and reproductive health issues with parents ➤ Attitudes towards adolescent sexuality and reproductive health 	<ul style="list-style-type: none"> ➤ Delay sexual debut (self-reported) ➤ Condom and contraceptive use (self-reported) ➤ Secondary abstinence (self-reported) ➤ Reduce sexual coercion (self-reported) 	<ul style="list-style-type: none"> ➤ Increased knowledge of sexual and reproductive health increased, especially on contraception and STIs ➤ No improvement in knowledge of how to use a condom or the fertile cycle in a woman. ➤ Increased delay in the age at first sex ➤ Sexual activity reduced among both boys and girls ➤ Increase in parent-child communication ➤ Decrease in reports of non-consensual first-time sex ➤ No improvement in reported condom use

**No p values available*

Primary School Action for Better Health

Synopsis

Country: Kenya

Description: A programme to train teachers to deliver HIV-prevention education in upper primary-school grades

Target population: 11-16 year old learners

Methodology: Repeated cross-sectional (N=26,461 learners from 110 primary schools in urban and rural, middle and low-income), Follow-up period: pre-, 10-month post- and 22-month post training (Self-reported measures).

Results: No decrease in reports of sexual activity in the past 3 months for students in the new regions and no improvements in reports of condom use in any provinces or regions. Learner improvements in knowledge, self-efficacy related to delaying sexual activity and using condoms, communication about sexuality and HIV/AIDS, as well as postponement of sexual debut.

Reference: Maticka-Tyndale, E., Mungwete, R., Jayeoba, O. 2014. *Replicating impact of a primary school HIV prevention programme: primary school action for better health, Kenya. Health Education Research 29(4): 611–623.*

Curriculum link(s):

PSABH Full Manual: http://web2.uwindsor.ca/courses/sociology/maticka/psabh/resources/training_manual/full_manual.pdf

PSABH Training Templates and Charts: http://web2.uwindsor.ca/courses/sociology/maticka/psabh/resources/templates/full_templates.pdf

Primary School Action For Better Health		
Aim: To assess replicability of positive outcomes when expanding PSABH from one province to six other province in Kenya		
Risk & Protective Factors	Target Behaviours	Outcomes
<ul style="list-style-type: none"> ➤ Knowledge on HIV ➤ Sexual restraint self-efficacy ➤ Condom use self-efficacy ➤ Communication 	<ul style="list-style-type: none"> ➤ To increase condom use ➤ To delay sexual debut 	<ul style="list-style-type: none"> ➤ Increased knowledge (p<0.001) ➤ Increased self-efficacy related to postponing sex (p<0.001) ➤ Increased self-efficacy to use condoms (p<0.001 boys, p<0.01 girls) ➤ Increased communication about sexuality and HIV (p<0.001) ➤ Postponement of sexual debut (p<0.001) (boys at 10 months but not 22 months, girls at 22 months but not 10 months)

Making Proud Choices (Adapted Version)

Synopsis

Country: Ghana

Description: Adapted version of a theory based-based nine-module abstinence-based HIV prevention programme called “Making Proud Choices”. It includes a didactic- and games-based education with a computer-based module and skills-based training.

Target population: Schoolgirls aged 10-14 years.

Methodology: A quasi-experimental design using a pre-test post-test evaluation, N=61.

Results: Increased HIV-related knowledge, increased self-efficacy in discussing HIV and sex with boys, men and girlfriends, increased self-efficacy in discussing condom use with friends.

Reference: Fiscian, V. S., Obeng, E. K., Goldstein, K., Shea, J. A., & Turner, B. J. (2009). *Adapting a Multifaceted U.S. HIV Prevention Education Program for Girls in Ghana. AIDS Education & Prevention, 21(1), 67-79.*

Curriculum link(s): To purchase: <http://pub.etr.org/productdetails.aspx?id=100000005&itemno=A403>

TOC 1 Making Proud Choices USA Curriculum (School Edition): <http://pub.etr.org/productdetails.aspx?id=100000005&itemno=A403>

TOC 2 Making Proud Choices Adaptation Guide: <http://www.gpowernow.org/wp-content/uploads/2012/02/Making-Proud-Choices-Adaptation-Guide.pdf>

Making Proud Choices (Adapted Version)		
Aim: To evaluate an adapted HIV educational programme designed to address multiple sociocultural risk factors amongst adolescent girls in Ghana		
Risk & Protective Factors	Target Behaviours	Outcomes
<ul style="list-style-type: none"> ➤ Attitudes about condoms ➤ HIV-related knowledge ➤ Self-efficacy to talk with boys about HIV infection ➤ Self-efficacy to talk with men about HIV and sex ➤ Self-efficacy to talk about sex or HIV with girls ➤ Beliefs about sugar daddies ➤ Gender ➤ Knowledge – HIV stigma 	<ul style="list-style-type: none"> ➤ Condom use ➤ Boy and girls exchange of blood to show commitment 	<ul style="list-style-type: none"> ➤ Increased HIV-related knowledge (p=0.001) ➤ Increased self-efficacy in discussing HIV and sex with boys (p<0.001) and men (p<0.001) ➤ Increased self-efficacy to talk about HIV (p=0.002) and sex (p=0.001) with girlfriends ➤ Increased self-efficacy to talk about condom use with friends (p=0.002)

CHAMPSA (Amaqhawe Programme)

Synopsis

Country: South Africa

Description: Out of school, family based, HIV universal prevention intervention. CHAMPSA is a manualised programme, comprising of ten 90-minute sessions delivered over ten weeks on weekends by community caregivers who are trained as facilitators. Designed to benefit from pro-social peer and support networks by using multiple-family groups.

Target population: School children aged 9-13 years.

Methodology: A randomised controlled trial, using a treatment versus no treatment repeated-measure design, N=245 intervention families rearing 281 children and N=233 control families rearing 298 children.

Results: Increased AIDS transmission knowledge amongst the child participants ($p < 0.0647$), decreased stigma toward people living with HIV amongst the child participants ($p < 0.0045$), increased caregiver monitoring 3-Family rules ($p < 0.0729$), increased caregiver communication comfort ($p < 0.0021$), increased caregiver communication frequency ($p < 0.0412$).

Reference: Bell, C. C., Bhana, A., Petersen, I., McKay, M. M., Gibbons, R., Bannon, W., & Amatya, A. (2008). Building protective factors to offset sexually risky behaviours among black youths: A randomised control trial *J Natl Med Assoc.*, 100(8), 936-944.

Curriculum link(s): The curriculum was made available to HEARD for research purposes and cannot be used or reproduced beyond this mandate. The material is copyrighted and involves other stakeholders. Should EDC require a copy for the purposes of the SLP development process, please contact Professor Arvin Bhana (arvin.bhana@mrc.ac.za).

Amaqhawe Programme		
Aim: To test the effectiveness of an adaptation of the Collaborative HIV Adolescent Mental Health Programme (CHAMP) as a means of HIV prevention in KwaZulu-Natal, South Africa		
Risk & Protective Factors	Target Behaviours	Outcomes
<ul style="list-style-type: none"> ➤ HIV knowledge ➤ HIV stigma ➤ Authoritative parenting ➤ Caregiver decision-making ➤ Caregiver monitoring of children ➤ Family communication 	<ul style="list-style-type: none"> ➤ No specific target behaviours – HIV prevention intervention 	<ul style="list-style-type: none"> ➤ Increased AIDS transmission knowledge amongst the child participants ($p < 0.0647$) ➤ Decreased stigma toward people living with HIV amongst the child participants ($p < 0.0045$) ➤ Increased caregiver monitoring 3-Family rules ($p < 0.0729$) ➤ Increased caregiver communication comfort ($p < 0.0021$) ➤ Increased caregiver communication frequency ($p < 0.0412$)

Responsible Behaviour: Delaying Sex

Synopsis

Country: Cameroon

Description: A day-long workshop delivered in a group format, built on the *Responsible Behavior: Delaying Sex* curriculum (WHO, 1994).

Target population: Female school children aged 10-12 years

Methodology: A one-group pre-/posttest design among a sample of schoolgirls (N=60)

Results: Higher intentions to postpone sexual activity ($p < 0.001$) and higher sexual abstinence behaviours skills ($p = 0.001$)

Reference: Enah, C., Sommers, S., Moneyham, L., Long, C., & Childs, G. (2010). *Piloting an HIV prevention intervention for Cameroonian Girls* *Journal of the Association of Nurses in AIDS Care*, 21(6). doi: doi:10.1016/j.jana.2010.02.011

Curriculum link(s): Responsible Behaviour: Delaying Sex Unit 2: <http://www.ibe.unesco.org/AIDS/doc/Unit2.pdf>

Responsible Behaviour: Delaying Sex		
<p>Aim: Pilot test of a school-based culturally tailored HIV prevention, To determine the feasibility of recruiting and enrolling Cameroonian girls in HIV prevention research studies, estimate the efficacy of the intervention, and assess cultural sensitivity of the intervention and study protocols.</p>		
Risk & Protective Factors	Target Behaviours	Outcomes
<ul style="list-style-type: none"> ➤ Intention to postpone sex ➤ Abstinence skills to postpone 	<ul style="list-style-type: none"> ➤ Delayed sexual debut 	<ul style="list-style-type: none"> ➤ Higher intentions to postpone sexual activity ($p < 0.001$) ➤ Higher sexual abstinence behaviour skills ($p = 0.001$)

Yo Quiero, Yo Puedo (I Want to, I Can...prevent HIV/AIDS)

Synopsis

Country: Global (Mexico)

Description: 30-hour, communication-centred school-based life skills and HIV prevention programme

Target population: 9-12 learners, low SES

Methodology: Pre- and post-test, control, N=1,581 learners (n=752 Intervention/n=829 Control)

Results: Significant impact on communication about difficult topics in all five constructs: attitudes ($p < 0.001$), self-efficacy ($p < 0.001$), intentions ($p < 0.001$), norms ($p < 0.001$), communication behaviour ($p < 0.01$), and perceived sociocultural norms about communication ($p < .001$). Girls were significantly more likely to report positive attitudes, self-efficacy, and intentions toward discussing difficult topics.

Reference: Susan Pick, Martha Givaudan, Jenna Sirkin, and Isaac Ortega (2007). *Communication as a Protective Factor: Evaluation of a Life Skills HIV/AIDS Prevention Program for Mexican Elementary-School Students. AIDS Education and Prevention: Vol. 19, No. 5, pp. 408-421.*

Curriculum link(s): Not available and in Spanish

Name		
Aim: To determine whether skills-building programme can increase adolescent comfort levels with communicating difficult subjects with trusted adults		
Risk & Protective Factors	Target Behaviours	Outcomes
<ul style="list-style-type: none"> ➤ Attitudes toward communication ➤ Norms about communicating to an adult ➤ Self-efficacy toward communication ➤ Intentions to communicate ➤ Skills to communicate 	<ul style="list-style-type: none"> ➤ Adolescent communication with trusted adults 	<ul style="list-style-type: none"> ➤ Positive impact on communication attitudes ($p < 0.001$) ➤ Positive impact on communication self-efficacy ($p < 0.001$) ➤ Positive impact on communication intentions ($p < 0.001$) ➤ Positive impact on communication behaviour ($p < 0.01$) ➤ Positive impact on perceived sociocultural norms about communication ($p < 0.001$)

Key Findings

There is a paucity of effective school-based CSE programmes/interventions that have been evaluated for learners between Grades 3-6 (ages 8-12) in subSaharan Africa. Despite expanding our internet search to include interventions from 2000-2015 (for SubSaharan Africa only), a very limited number of interventions were identified within the required age range. This paucity of published studies has been noted elsewhere as well as the urgent need for well-evaluated and effective school-based CSE interventions (Paul-Ebhohimhen, Poobalan, & van Teijlingen, 2008). Our search yielded a number more interventions than described above but they had either had not been evaluated or had a sample size $N < 20$. Additionally, it is noted that some studies which we included showed good effects but had a similarly small sample size ($N \approx 60$) – these study findings need to be interpreted with caution. Interventions which showed no effect were not included in this report.

Table 1 provides a snapshot summary of each intervention, noting the domains at which change occurred (ie. at the domain level of: a) risk and protective factors, b) self-reported behaviour change, or c) actual biological impact). Consistent with findings arising from a number of systematic reviews, most interventions observed changes in the first domain (risk and protective factors), with only three interventions reporting behaviour change: Nyeri Youth Health Project, Primary School Action for Better Health, An HIV Risk Reduction Intervention.

While the findings amongst youth for the CHAMPSA programme were very limited, CHAMPSA did have a positive influence on caregivers developing protective factors at the level of individual, interpersonal and family, and community level. It is also noteworthy that the intervention children in CHAMPSA had an increase in HIV knowledge compared to the control group who were exposed to the existing schools-based HIV prevention curriculum (Bell et al., 2008). This suggests that HIV education only in the classroom context may be insufficient in provision of optimal knowledge about HIV and aligns well with the current project's holistic approach.

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