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Empowering Youth to Fight HIV/AIDS:

**Encouraging Sexual Abstinence – The
Soroti School Health and HIV/AIDS
Prevention Project in Uganda**

Peter M. Ngatia and Sam Omiat

This Technical Briefing Paper describes how a primary school health education programme in Soroti District, Uganda, implemented by AMREF and district education staff, demonstrated that as pupils gain more accurate knowledge about sex and are helped to develop more rational reasoning for engaging in sexual activities, they are more likely to abstain from sexual intercourse.

An evaluation to assess changes in knowledge, attitudes, and practices among upper primary pupils and teachers showed universal knowledge about HIV/AIDS and a reduction in sexual activity from 42.9% to 3.5% over a period of seven years. The project recommends integrating sex and sexuality into the curriculum in order to change sexual behaviour, particularly to promote abstinence among adolescents.

Background

From 1993 to 1996 the presence of armed forces and rebels in Soroti District, in northeastern Uganda, contributed to and enhanced the spread of HIV/AIDS, sexually transmitted infections and other communicable diseases. Incestuous practices in the home and sexual abuse of pupils by teachers were common.

Many pupils believed that sexual abstinence put them at risk of anything from failure to develop physically to infertility.

Besides these, a knowledge, attitudes and practices (KAP) survey revealed that young people themselves held erroneous beliefs and engaged in unsafe sexual practices. For example, many pupils believed that sexual abstinence put them at risk of anything from failure to develop physically to infertility. The result of all these was high rates of pregnancy and school dropout, sexually transmitted disease including HIV, and emotional problems among the adolescents in the district.

Methodology

The Soroti School Health and HIV/AIDS Prevention Project began in October 1993 as part of a larger intervention that also targeted adults in the community and two teacher-training colleges. Over its seven-year lifespan the project improved access to information and promoted peer interaction in 367 primary schools in Soroti District using a wide variety of methods, as described below. The pupils were aged between 10 and 18 years.

Building capacity to sustain the project objectives. The project trained 5,892 head teachers, science teachers, senior men and senior women teachers, peer educators, tutors, and final-year student teachers at teacher-training colleges. Each participating primary school established a four-member core project team to mobilize all the other teachers in the school.

Promoting the child-to-child approach. Upper-primary pupils were paired with younger, lower-primary pupils. The older pupils shared information with the younger ones and helped mould them into responsible young people. The push was to instil healthy habits that would prevent problems rather than wait to try to cure them later. Pupils elected their own representatives to participate in school health committee meetings, where they learned to put forth their views and even campaign for their rights at school and at home.

Promoting community health through pupil involvement.

Pupils were taught and encouraged to put into practice at home and in the community what they learned in school in the way of good health and hygiene. They could talk to their parents openly about HIV/AIDS and how to prevent its spread.

Creating a health letterbox. The anonymity of a letterbox encouraged adolescent pupils to ask questions about sex, sexuality and similar issues. Teachers responded in plenary so that all could learn without embarrassment to individuals. These open discussions greatly enhanced teacher-pupil

interaction. And, they effectively opened some teachers' eyes to the extent of sexual abuse and related problems in the school.

Building networks to coordinate and make maximum use of available resources. Representatives of NGOs doing similar work and from the teacher-training colleges helped project staff develop a training curriculum, acted as resource persons for project schools and helped train teachers who had not attended the project training.

Developing and distributing information, education and communication materials. Sharing these materials in project schools encouraged pupils to discuss and write about sexual issues.

Promoting school competitions. Regular inter-school competitions in drama, poetry, school cleanliness, IEC exhibits, etc., helped maintain proper health standards and kept parents and the community abreast of health-related activities in the school.

Supervising and monitoring the project. The project manager and counterparts – district level officers from the ministries of education and health – visited the schools four times a year, using a uniform checklist to gauge effectiveness.

Results

The intervention demonstrated that certain social ills – incestuous relationships, teacher-pupil sexual relationships, transactional sex and coerced sexual relations – can be reduced by empowering schoolchildren with relevant knowledge and skills. An approach that informed children and adolescents that such practices are common, warned them to be aware of inappropriate sexual approaches, and explained strategies that they could use to avoid such situations and to negotiate their way out of them was shown to work.

Children and adolescents learned how to avoid unwanted sexual advances by informing their teachers, parents, another adult and their peers about such advances. According to the project, grandmothers and family aunts are suitable people to recruit into this process. Teachers also play a crucial role. Sexual abuse of children by male teachers is common but can be reduced by appropriate teacher training and by vigilance. By the end of the project some abusers were being prosecuted, where earlier the family of the abused child would have settled out of court. Since sexual abuse by female teachers is rare, it is appropriate to ensure they are alert and to inform them how to help their pupils deal with compromising situations. Information was also provided to parents to help them appreciate the magnitude and impact of the problem.

Decrease in risky sexual behaviour

The decrease in risky sexual behaviour can be seen from the dramatic decline in the proportion of sexually active pupils, both boys and girls, the number who practised sexual abstinence, and the number of sexual partners for the sexually active pupils.

Sexually active pupils. The reduction in self-reported sexual activity of pupils between 1994 and 2001 was statistically significant. Sexual activity in this group dropped steadily, with

the proportion of pupils engaging in sexual activity declining from 42.9% to 3.5% during the seven years of the project. The reduction in sexual activity for boys and girls was similar (Figure 1).

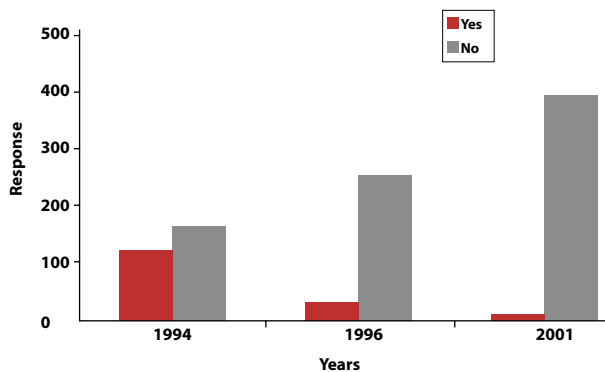


Figure 1: Have you ever played sex or participated in sexual intercourse?

Sexual abstinence of closest friends. Reporting of sexual abstinence of closest friends was used as an internal check on the accuracy of the self-reporting and as another indicator of sexual activity among pupils. The proportion of male pupils who felt their three closest male friends were sexually abstinent increased from 42% in 1994 to 78% in 1996 and 97% in 2001. Among the female students the proportion reporting that their three closest female friends were sexually abstinent increased from 40% in 1994 to 83% in 1996 and 98.4% in 2001 (Figure 2).

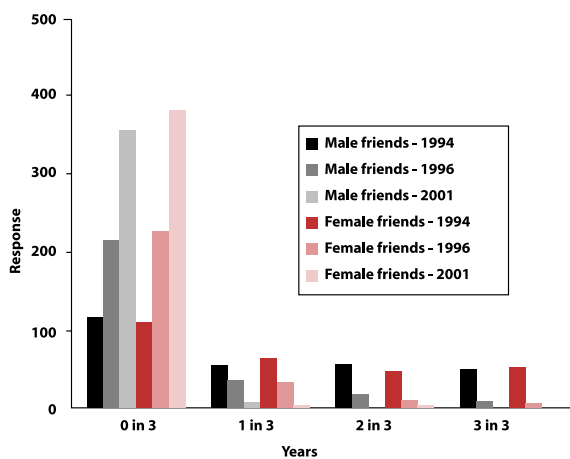


Figure 2: Perceived sexual activity among friends

Those who were sexually active reduced the number of their partners. In 1994 the number was 2.2; in 2001 it was 1.5. So even among the sexually active the risk was reduced.

With whom did the sexually active have sex? Over the period of the project, illicit sexual relations within the family (mainly uncles) and sexual relations between teachers and pupils stopped completely (Table 1). Although sexual relations with fellow pupils did not stop completely they declined dramatically. The reasons for abstinence were based on rational decision making:

fear of disease, the sentiment that it is good to abstain until marriage and fear of pregnancy. The proportion of boys who viewed abstinence as a good thing increased from 62% in 1994 to 89% in 2001; the proportion of girls increased from 65% in 1994 to 91% in 2001.

Pregnancies leading to school dropout fell from an average of three per school to none at all in over 70% of the project schools. In the remainder the number of pregnancies fell to one or two per school per year.

	1994		1996		2001	
	No.	%	No.	%	No.	%
N Equals	123		31 (out of 280)		11 (out of 400)	
Neighbour	73	59	17	55	4	36
Fellow Pupils	51	41	12	39	7	64
Relatives	20	16	2	6	0	0
Teachers	4	3	0	0	0	0
Others	11	9	0	0	0	0

** It is important to note that this number itself fell by over 90%.*

Lessons learned

- Primary school is a valid entry point for spreading health messages among the population, as children are effective agents of change.
- Teaching life skills must play a larger part in primary and secondary school education than it does currently, and training for this has to become routine in teacher-training colleges to ensure that schoolteachers become comfortable with such matters.
- Placing HIV/AIDS information in the broad school health programme destigmatizes the disease, and children, parents and teachers are able to discuss the subject freely.
- Involving the community at all levels is critical for the success of any community-based health effort.
- Change in sexual behaviour among pupils was primarily a consequence of information, education and communication activities – that is, the project interventions.
- Waking up communities to the extent of the problem of incest and reminding them that it is not acceptable behaviour must go along with efforts to reach young people so that a supportive environment begins to develop.

About the Authors

Peter M. Ngatia is the Director of Learning Systems, AMREF and was formerly the Country Director, AMREF Uganda. Sam Omiat is the Project Manager, AMREF Uganda

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Contacts

For more information on this project and other AMREF activities contact:

African Medical and Research Foundation
PO Box 00506 27691, Nairobi, Kenya
technicalpaper@amrefhq.org
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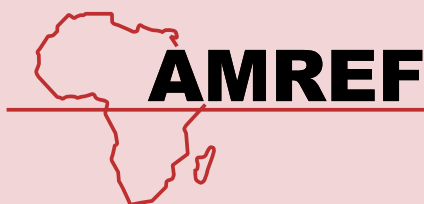
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To achieve its mission, AMREF implements its projects through and across its country programmes, learning from those projects and using the information and knowledge gained to inform and influence others.

African Medical and Research Foundation

P.O Box 00506 - 27691 Nairobi

Tel: 254 020 605220

Fax: 254 020 609518

E-mail: info@amrefhq.org

website: www.amref.org