

<b>School-based and youth-targeted programmes</b>			
<b>Target /country/Reference</b>	<b>Intervention Methodology</b>	<b>Evaluation Method</b>	<b>Impact Achieved</b>
<p>High school students aged 13-16 yrs in a semi-urban district of Metro Manila, the Philippines</p> <p>Aplasca, M.R., Siegel, D., Mandel, J.S., Santana-Arciaga, R.T., Paul, J., Hudes, E.S., Monzon, O.T. and Hearst, N. (1995) Results of a model AIDS prevention program for high school students in the Philippines. <i>AIDS</i> 9 Suppl 1, S7-13. Ref ID : 4093</p>	<p>30 teachers attended a two day workshop on AIDS education and a core group of participating teachers were involved in the design of a school-based educational curriculum. The curriculum covered five areas: human sexuality and STDs, AIDS, the immune system, development of self esteem, decision-making skills and refusal skills. The educational programme consisted of 12 lessons taught as two 40 minute lessons per week over six weeks. As well as traditional lectures, sessions included role playing, games, dialogues, group discussions and exercises. Support materials included a teacher's manual, flip charts and audiotapes.</p>	<p>Pre-test post-test in two intervention schools (n=420) and two control schools (n=384). The intervention and control schools were randomly assigned from a pool of 10 schools. One class in each year in both schools were randomly selected for the measurement. Pupils were given self-administered questionnaires to assess knowledge, attitudes, beliefs and behaviour patterns. Details of timing of pre- and post-tests are not provided.</p>	<p>Intervention group had higher levels of HIV-related knowledge (<math>p&lt;0.01</math>), were and scored higher positive attitudes (less likely to avoid people with AIDS (<math>p&lt;0.01</math>) and more likely to show compassion to persons with AIDS (<math>p&lt;0.0001</math>). The slight increase in students stated intentions to adopt safer sexual behaviour was not significant although there was a significant increase in the proportion of students who agreed that students should delay sex until they became adults (<math>p&lt;0.0001</math> data not shown). Possible reasons identified for lack of impact on attitudes include: the need to provide more training to teachers beyond the initial 2 day programme, the need to allow more time for exploring peer pressure and practicing resistance and refusal skills and the need to incorporate more intensive student participation.</p>
<p>Young men aged 18 in urban slums in Lucknow, India</p> <p>Awasthi,S., Nichter,M. and Pande,V.K. (2000) Developing an interactive STD-prevention programme for youth; lessons from a North Indian slum. <i>Studies in Family. Planning.</i> <b>31</b>, 138-150. Ref ID 8753</p>	<p>The intervention consisted of three educational sessions at two-week intervals. The educational programme was designed to provide basic information to young men about: (a) reproductive anatomy</p>		<p>There was a significant increase in awareness that STDs could be caught from women other than prostitutes in the intervention group from 46.9% to 76% (<math>p&lt;0.001</math>). There were significant increases in knowledge about symptoms of STDs in the intervention group</p>

	<p>and physiology, fertility and conception; b) how STDs are transmitted, types of STDs, the signs and symptoms of STDs and asymptomatic infection; (c) the link between STDs and HIV infection; d) the HIV test and when one should take them; and e) methods of STD prevention and harm reduction that are and are not effective. The session facilitator was supported by three male assistants who made themselves available for individual consultations afterwards. Each session lasted approximately an hour. During the last 15 minutes, a taped set of educational messages about sexual health was played that repeated key points made in the live sessions. A voluntary urine test to detect bacterial infections was provided at the second educational to generate information to feed back to the young people at the third session.</p>		<p>(<math>p &lt; 0.001</math>). The intervention failed to increase young men's awareness of the long time it can take for symptoms of STDs to emerge and also failed to dispel the myth that washing the private parts with disinfectants can prevent STDs. The evaluation reviewed valuable insights into the sexual practices of young men. One notable finding was that young men who engage in high risk sex with prostitutes were also more likely to engage in sex with men and that information was required on forms of coitus other than vaginal sex. The urine test was found to be an unreliable predictor of infection with and STD in a population with low levels of sexual intercourse.</p>
<p>Secondary school pupils in Lima, Peru Caceres, C.F.,</p>	<p>The programme was designed to take into account Social Learning Theory, the Freireian</p>	<p>A quasi-experimental study. 14 schools were randomly assigned as intervention and controls. A pre-test</p>	<p>Significant changes in knowledge on sexuality and AIDS (<math>p &lt; 0.0001</math>), erotophilia (<math>p = 0.004</math>), acceptance of</p>

<p>Rosasco,A.M., Mandel,J.S. and Hearst,N. (1994) Evaluating a school-based intervention for STD/AIDS prevention in Peru. <i>Journal of Adolescent Health</i> <b>15</b>, 582-591. Ref, ID 8720</p>	<p>model of education and the constructs of machismo and erotophilia- erotophobia (openness towards sexuality). It consisted of seven weekly two-hour sessions which included discussions, verbal exercises, role playing, familiarization with condoms/contraceptives, and lectures. Homework promoted interaction with family, friends and local health institutions. Trained teachers facilitated the program. Contents were organize in seven units: 1)adult sexuality, puberty including puberty and adolescence; 2)reproductive anatomy and physiology; 3)conception, prenatal care, delivery, breastfeeding and unplanned pregnancy; 4) planned parenthood, contraception and abortion; 5) STDs, HIV/AIDS and safer sex; 6)sexuality as a social/cultural construct, sexual roles and orientation; 7) decision-making and communication skills. Teachers from the schools with experience as school counselors</p>	<p>was given the intervention (n=604) and control (n=609). Post-tests were given 3 months later to intervention (n=406) and controls (n=402). The pre-test and post-test consisted of a self-completed questionnaire with likert -type scales to measure erotophila, machismo, attitude towards contraception, attitude towards condoms and attitude toward persons with HIV/AIDS. The questionnaire used a Guttman-type scale to measure self-efficacy and behavioural intentions. Separate questionnaires were developed for male and female students.</p>	<p>contraception (p=0.002), machismo (p&lt;0.0001), and discrimination against persons with HIV/AIDS (p&lt;0.0001)were found in the intervention group, as compared to the control group. Self-efficacy (p&lt;0.0001) and prevention-oriented behavioral intentions (p&lt;0.0001) were significantly better in the intervention group. Multivariate analysis found that machismo decreased more in boys than girls but knowledge of AIDS and self-efficacy outcomes were more positive among girls. Cost exclusive of research expenses was \$3 per student reached.</p>
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	were given 3 day training course to act as facilitators.		
<p>Zulu-speaking high school pupils in South Africa.</p> <p>Dalrymple, L. and du-Toit, M.K. The evaluation of a drama approach to AIDS education. <i>Educational Psychology</i> 13(2):147-154, 1993. Ref ID : 3634</p> <p>Dalrymple, L. (1992) <i>Drama approach to AIDS education: a report on an AIDS and lifestyle education project undertaken in a rural school in Zululand</i>, Unpublished Report Kwa Dlangezwa 3886, South Africa: Department of Drama, University of Zululand. Ref ID 1792</p>	<p>A play about AIDS was presented to students who were then given the opportunity to attend drama workshops to design their own plays, songs and poetry. These were presented at an open day</p>	<p>A self-completed questionnaire in simple English with 47 items including a likert-type attitude scale and knowledge test was developed, tested and given to 72 Zulu-speaking high school pupils 'randomly selected' from each participating class before and after drama intervention. Details of sampling method or age/sex composition of the sample not provided. There were no controls.</p>	<p>Mean knowledge scores increased from 4.19 to 7.15 <math>p &lt; 0.01</math>). At baseline student already had a positive attitude to AIDS which did not change during the intervention. There was a decrease in the number of pupils who agreed with the statement "I would like to have more than one sexual partner" (<math>p &lt; 0.01</math>). The authors considered that their data on attitude scales was affected by the level of English of the pupils. Note: raw data not provided in published evaluation.</p>
<p>Secondary school pupils in two schools in Ibadan South East Local government Area of South West Nigeria</p> <p>Fawole, I.O., Asuzu, M.C., Oduntan, S.O. and Brieger, W.R. (1999) A school-based AIDS education programme for secondary school students in Nigeria: a review of effectiveness. <i>Health Education Research: Theory and Practice</i> 14, 675-683. Ref ID : 8593</p>	<p>A community physician and two trained teachers gave six weekly sessions of 2-6 hrs including lectures, film, role plays, stories, songs and debates about HIV and AIDS prevention. (very little detail of the content of the sessions provided)</p>	<p>A self-administered questionnaire was given to 233 students randomly selected from senior classes of two schools before receiving the health education intervention and compared with 217 controls. The questionnaire was modified and re-administered 6 months after the intervention. Questions determined knowledge of transmission and prevention of AIDS, attitudes (Likert scale) and self-reported behaviours.</p>	<p>At post-test, intervention students exhibited greater knowledge about HIV/AIDS transmission and prevention (<math>P &lt; 0.05</math>). Intervention students were less likely to feel AIDS is a white man's disease and were more likely to be tolerant of people living with the disease (<math>P &lt; 0.05</math>). After the intervention, the mean number of reported sexual partners among the experimental students significantly decreased from 1.51 to 1.06, while it increased from 1.3 to 1.39 among the controls (<math>p &lt; 0.05</math>). Among the intervention students there was also an increase in consistent use of the condom</p>

			and the use of the condom at last sexual Intercourse but this was not statistically significant. Sustainability of intervention limited by use of external persons to do AIDS education.
<p>Adolescents attending 10 secondary schools in two districts in Namibia</p> <p>Fitzgerald,A.M., Stanton,B.F., Terreri,N., Shipena,H., Li,X., Kahihuata,J., Ricardo,I.B., Galbraith,J.S. and De Jaeger,A.M. (1999) Use of Western-based HIV risk-reduction interventions targeting adolescents in an - African setting. <i>Journal of Adolescent Health</i> 25, 52-61.Reference ID: 8586</p>	<p>The intervention was adapted from one previous used in USA and adapted to Namibia. Following piloting, the programme consisted of 14 two-hour sessions over 7 weeks which focused on basic facts about reproduction and risk behaviours such as alcohol, drug abuse and violence. The sessions were derived from 'Protective Motivation Theory' emphasized communication and decision-making skills. The sessions were facilitated during after school hours by a volunteer teacher and an out-of-school youth (either a student teacher or a youth who had completed Grade 12 in a classroom to groups of 15-20 mixed gender students</p>	<p>Pupils were asked to volunteer for study. 80% agreed. 515 youth (median age 17 years; median grade 11)were given a baseline self-completed questionnaire and randomly assigned to the control or intervention group. A follow-up questionnaire was given immediately after the intervention. The questionnaire measured knowledge, attitudes, intentions, and HIV risk behaviours. Following the post-intervention questionnaire controls were given the intervention.</p>	<p>Knowledge increased significantly among intervention compared to control youth (88% vs. 82%; correct responses, <math>p &lt; .0001</math>). At post-intervention follow-up, more intervention than control youth believed that they could be intimate without having sex (<math>p &lt; 0.05</math>), could have a girlfriend or boyfriend for a long time without having sex (<math>p &lt; 0.01</math>), could explain the process of impregnation (<math>p &lt; 0.05</math>), knew how to use a condom (<math>p &lt; 0.0001</math>) and could ask for condoms in a clinic (<math>p &lt; 0.05</math>). Fewer intervention than control youth believed that if a girl refused to have sex with her boyfriend it was permissible for him to strike her (<math>p &lt; 0.01</math>), and that condoms took away a boy's pleasure. More intervention than control youth anticipated using a condom when they did have sex (<math>p &lt; 0.05</math>), and fewer expected to drink alcohol (<math>p &lt; 0.05</math>). Finally, after intervention, there was a trend for increased condom use (but not significant). There were significant gender-related differences at baseline,</p>

			although the intervention method had similar impact on both sexes.
<p>800,00 pupils in 800 secondary schools in KwaZulu, South Africa  Harvey,B., Stuart,J. and Swan,T. (2000)  Evaluation of a drama-in-education programme to increase AIDS awareness in South African high schools: a randomized community intervention trial. <i>Int. J. STD AIDS</i> 11, 105-111. Ref ID 8726  (note this is a more extended evaluation of the same programme as Dalrymple and duToit (1993) above</p>	<p>The programme was carried out in 1993/4. During the first phase, teams composed of qualified teachers/actors and nurses presented a play incorporating issues surrounding HIV and AIDS to each school. The second stage involved team members running drama workshops in the schools with teachers and students using participatory techniques such as role play. The programme ended with a 'school open day' focusing on HIV and AIDS through drama, song, dance, poetry and posters all prepared and presented by the students..</p>	<p>Two schools separated by more than 10 km in each of five districts (4 rural and 1 urban) were selected to be intervention (receiving the drama programme) and control schools (receiving a 10 page booklet on AIDS). A self-completed questionnaire was given to the same standard 8 class pupils before (n=1080) and 6 months later after the intervention (n=699) - mean age 18,3 in range 13-25 years. The questionnaire included sections on knowledge about HIV/AIDS, attitudes relating to personal susceptibility, immediacy of threat and perceived severity, attitudes towards people with AIDS, self-efficacy and reported behaviour including, whether have had sex, condom use, number of partners)</p>	<p>There was a greater increase (<math>p&lt;0.0002</math>) in mean percentage score on attitudes relating to HIV/AIDS increased from 38.1 (n=491) to 50.5 (n=305) in intervention schools compared with the control schools (50.0, n=585 to 51.8, n=394). There was also a greater increase (<math>p&lt;0.0000</math>) in mean percentage score on attitudes with the intervention schools 38.1, n=491 before and 50.5, n=305 afterwards) compared with the control schools (40.5, n=586 and 40.3, n=392). There slightly higher behaviour change among the sexually active students in the intervention group but the increase was only significant for increased condom use (<math>p&lt;0.01</math>). There was no evidence of an increase in sexual activity as a result of the educational programme. The main limitations in this study which the authors noted was lack of linking of pre and post-test (because the questionnaires were anonymous), the use of outcomes based on self-reporting and the loss of pupils from the original pre-test sample. However, it is important to not that the achievements measured had been sustained over the</p>

			six month period between pre-and post-test showing that the intervention had achieved more than merely short-term improvements.
<p>Schoolchildren in primary and secondary schools in Masaka District, Southwest Uganda Kinsman,J., Nakiyingi,J.K.A., Carpenter,L.Q.M.P.R. and Whitworth,J. (2001) Evaluation of a comprehensive schoo-based AIDS education programme in rural Masaka, Uganda. <i>Health Education Research: Theory and Practice</i> 16, 85-100.Ref ID: 8810</p>	<p>The programme was an adapted version of WHO/UNESCO (1994) School health Education to prevent AIDS and STD - A resource Package for Curriculum Planners. Two teachers from each participating school attended a series of three training and evaluation workshops of total length 5 days over 12 months. The teachers were expected to introduce the programme in classroom and out-of-school activities over the 12 month period. The programme and subsequent evaluation was influenced by the behavioural Change for Interventions (BCI) Model which is closely related to the Theory of Reasoned Action and identifies the following 5 elements and important for behaviour change: knowledge acquisition, skills development, attitude development and motivational support.</p>	<p>1274 students from 20 intervention schools and 803 students from 11 control schools completed questionnaires in English at baseline and their classes were followed up. The self-completed questionnaires measured the four elements of the BCI model. Students in the intervention schools completed questionnaire directly before the programme began (round 1), immediately after it ended (round 2, 10-12 months later) and again 6 months after that (round 3). Students in the top 2 years of the primary schools and the lower 2 years of the secondary schools were asked to complete questionnaires at baseline and these classes were then followed up in subsequent rounds. Logistical problems prevented the children in control schools from completing the questionnaire at round 1 and they completed rounds 2&amp;3. In addition 93 students from 5 of the intervention schools participated in 12 focus group</p>	<p>Analysis of the questionnaires suggest that the programmes overall effect was minimal and not statistically significant. Data from the focus group suggested that the programme was incompletely implemented and that key activities such as condoms and the role play exercises were covered only very superficially. The main reasons for this were a shortage of classroom time as well as teachers' fear of controversy and the unfamiliar. The findings highlighted the problems of locating AIDS education within a science curriculum and suggest that AIDS needs to be more fully incorporated into the national curriculum and located within the life skills curriculum with teachers receiving more training in participatory methods.</p>

<p>Public primary schools in Arusha and Kilimanjaro regions, Tanzania.</p> <p>Klepp,K.I., Ndeki,S.S., Seha,A.M., Hannan,P.Lyimo,B.A., Msuya,M.H., Irema,M.N. and Schreiner, A. AIDS education for primary school children in Tanzania: an evaluation study. <i>AIDS</i> :1157-1162, 1994. Ref ID : 258 y</p>	<p>Local teachers and health workers attended a 1-week training workshop before implementing the program over a 2-3-month period (averaging 20 school hours per class).Theory of Reasoned Action and Social Learning Theory was used to guide development of the educational programme which consisted of: (1) Teacher supported by health workers providing factual teaching; (2)pupils making posters showing HIV risk factors; (3) pupils writing songs about the danger of AIDS and how children can protect themselves; (4) pupils in small groups discussing what they can do to reduce their risk; (5) pupils writing and performing role plays practicing refusal skills (6) performing plays, songs, poetry to younger pupils. Te programme was called '<i>Ngao</i>' - meaning shield in Swahili - children were given t-shirts with the ngao symbol.</p>	<p>discussions.</p> <p>A quasi-experimental, nested cross-sectional design including baseline and 6-month follow-up surveys. Schools, stratified according to location, were randomly assigned to intervention (n = 6) or comparison conditions (n = 12). A total of 2026 sixth and seventh grade pupils (average age, 14.0 years) participated at baseline (85%) and 1785 at follow-up 6 months later.</p>	<p>Following this program, intervention pupils reported significantly higher scores for the following outcome measures than pupils attending the comparison schools: AIDS information (13.1 versus 10.5; P = 0.0001), AIDS communication (10.9 versus 7.8; P = 0.0001) AIDS knowledge (14.5 versus 11.5; P = 0.0001), attitudes towards people with AIDS (9.0 versus 6.7; P = 0.0008), subjective norms (45.5 versus 43.9; P = 0.011), and intention (1.3 versus 1.4; P = 0.020). No program effect was seen for attitudes towards sexual intercourse (47.0 versus 46.3, P = 0.44).</p>
<p>A high school in a socio-</p>	<p>School nurses addressed a</p>	<p>Students' knowledge of and</p>	<p>Following the intervention, students'</p>

<p>economically disadvantaged, urban, African area in South Africa.</p> <p>Kuhn, L., Steinberg, M., and Mathews, C. Participation of the school community in AIDS education: an evaluation of a high school programme in South Africa. <i>AIDS Care</i> 6(2):161-171, 1994. Ref ID : 15</p>	<p>meeting of parents who gave their consent. Teachers and pupil representatives then planned the activity which was an intensive school-wide programme over two weeks. The programme implemented by the teachers included structured classroom sessions on AIDS, open discussions, integration into language teaching of the theme, showing of videos in breaks, a graffiti wall, stickers and condom distribution through a designated teacher.</p>	<p>attitudes towards AIDS prevention were measured using a self-completed questionnaire in Xosa language before and after the AIDS programme, and compared to a neighbouring school, in which no AIDS education was conducted. 231 children in the intervention group and 336 in the control group at baseline and 206 in the intervention group and 276 in the control group at post-test. Teachers' knowledge was also evaluated before and after the programme.</p>	<p>knowledge about HIV transmission, prevention and the role of condoms, and the course of the disease was greater in the intervention school (<math>p &lt; 0.001</math>). Reported willingness to accept someone with AIDS increased (<math>p &lt; 0.001</math>) but was still at a low level (41.2%). There was a significant increase in numbers of pupils who claimed to have discussed AIDS with parents, nurses, teachers, friends and sexual partners (<math>p &lt; 0.1</math>). There was a small but statistically insignificant increase in student's intention to use condoms. Teachers' knowledge of AIDS improved but some misconceptions still remained as well as a hesitance to accept a person with AIDS. An unfortunate consequence of the programme was that a rumour circulated that the reason that they had had the AIDS education programme was because students and teachers had AIDS. This caused distress to the pupils.</p>
<p>Secondary school pupils in one school in Malawi.</p> <p>MacLachlan, M., Chimombo, M. and Mpemba, N. (1997) AIDS education for youth through active learning: a school-based approach from Malawi. <i>International Journal Of Educational Development</i> 17, 41-50. Ref ID : 6866</p>	<p>In this 3-year project, run by lecturers in the University of Malawi, a questionnaire survey of 756 secondary school children had showed that pupils gave more than 70% correct answers to knowledge questions</p>	<p>72 pupils aged 13-20 were selected from one school. These students were given a questionnaire and then played the game weekly for four weeks. Their game scores were recorded. One month from the last game session the questionnaire was</p>	<p>The test score increased each time the game was played. Although scores dropped between the final session on one month follow-up there was still an overall increase in scores between baseline and follow-up (73.5) and follow-up (88.2 <math>p &lt; 0.001</math>) The</p>

	<p>on AIDS. This was followed by development, trial use, and evaluation of an educational board game. In this pupils had to give and explain and justify their response to a set of questions in order to advance in the game..</p>	<p>re-administered. There were no controls. The questionnaire consisted of 40 true/false items were developed over a 2.5-year period and were drawn from separate and complementary sources including pupil observation, teachers, medical doctors, and government representatives.</p>	<p>knowledge of pupils at the experimental school who did not play the game also improved, showing a “trickle down” effect. these results led to further development and distribution of the board game, dubbed “The AIDS Challenge.”.</p>
<p><b>Secondary schools in Arua District Uganda</b> Migliori, G.B., Spanevello, A., Manfrin, V., Abongomera, A., Pedretti, R.F., Ballardini, L., Neri, M., and Borghesi, A. AIDS and tuberculosis control programmes: an integrated approach at educational level. <i>Monaldi.Arch.Chest Dis.</i> 51(2):102-107, 1996. Ref ID : 7251</p>	<p>A 1.5 hour standardized HE session (covering the key- points of AIDS and TB control including treatment and need for case-finding and compliance with tuberculosis treatment.</p>	<p>The impact was evaluated by comparing answers to 1,478.pre- and post-test questionnaires (multiple choice) before and three months after the intervention and evaluating TB case-finding performances from clinic records in the period preceding and following the survey. A control was not used.</p>	<p>The overall impact of the health education on the knowledge scores was significant at <math>p&lt;00001</math> level. .However, a notable exception was a lack of significant impact on the knowledge of males on the preventive role of condoms In the period preceding the study 188 new cases of TB were diagnosed versus 241 in the following period. 19% of them were sent by one of the students or their families. (<math>p&lt;0.001</math>). 12 defaulters started treatment in the period before the health education and 21 in the period following..</p>
<p><b>Young people in Soweto, South Africa</b> Meekers,D. (1998) <i>The effectiveness of targeted social marketing to promote adolescent reproductive health: the case of Soweto, South Africa. PSI Research Division Working Paper No 16.</i> Washington: Population Services</p>	<p>The Soweto Adolescent Reproductive Health Programme was implemented from June 1994 through April 1997 as part of a wider social marketing programme. During</p>	<p>Both men and women aged 17-20 were sampled but only the data from men could be used because of technical problems in data collection. A quasi experimental control group design with a pre-</p>	<p>The % of young women who received instruction about pregnancy, contraceptives, STDs and HIV/AIDS increased rapidly in the intervention location but did not change in the control location (<math>p&lt;0.1</math>).The results also</p>

the intervention 70 adolescents were trained in participatory media development, peer education and condom distribution. Using participatory media development Soweto youths developed materials that were distributed through radio, television, print media, educational materials and interpersonal communications. To ensure adequate condom distribution, over 3000 condom distribution outlets were opened. Communications materials including radio advertisements, posters, T-shirts, buttons, slogans and a 44 page adolescent sexuality booklet. Soweto Community Radio and Voice of Soweto broadcast weekly 2 hour talk shows which included live call-in questions and discussions. . A six part documentary on condoms and safer sex was produced for South African TV and for showing as videos

intervention survey in in Soweto 1996 (n=118) and control area Umlazi (n=108) and a post-intervention survey in 1997 in Soweto (n=101) and Umlazi (n=103). Choice of questions was designed using a behavioural model combining the Health Belief Model and Self Efficacy.

suggested that the Soweto intervention influence health beliefs ( $p < 0.1$ ) including increased awareness of risk of becoming pregnant, that condoms can prevent HIV/AIDS, that young people do not have problems in preventing pregnancy, STDs and HIV/AIDS. There was an increase in the % of women reporting to have talked about contraception with someone (but not about STD/HIV prevention). In Soweto there was an increase in proportion of women who ever used condoms and the proportion of women who used condoms in last sex increased significantly in both areas. There was no change in other sexual behaviours (either a reduction or increase in sexual activity) The findings suggested that the intervention was more effective in changing beliefs related to pregnancy prevention than those related to STD/HIV. Thus may be a consequence of the fact that the young people in Soweto were more concerned about pregnancy prevention and this influence the content of the participatory. Note that the control community had a higher level of STD/AIDS and the young people were also exposed to education on HIV/AIDS from other sources. The

			sample sizes were small which may be a reason for the low p values
<p>Young people in Botswana Meekers,D., Stallworth,G. and Harris,J. (1977) <i>Changing adolescent's beliefs about protective sexual behavior: the Botswana Tsa Banana program. PSI Research Division Working Paper No. 3</i>, Washington: Population Services International. Ref ID 8754</p> <ul style="list-style-type: none"> <li>·</li> <li>·</li> </ul>	<p>The <i>Tsa Banana</i> programme was designed to help persuade young people that reproductive health services exist not only for other people but for adolescents and they should use them. The project was implemented in Lobatse from March 1995 to March 1996 and included: 1) a communications campaigns with radio messages, printed media, information campaigns directed towards parents, teachers and youth community leaders; 2)youth-oriented social marketing of condoms including teen-oriented inserts into magazines; 3) community outreach through peer sales educators; and 4) the development to of adolescent friendly outlets - retail outlets and health clinics were trained to participate in the service and given a special sign . In addition the programme promoted less risky behaviour A.B.C. "Abstain, Be faithful and Condomize". Peer educators</p>	<p>A quasi-experimental control group research design was used with a pre-intervention and post-intervention survey conducted on a sample of male and female adolescents aged 13-18 years in both the intervention location and a comparison location. The first round of surveys were conducted in 1994 in the intervention (n=507) and comparison area Francistown (n=495). The second round was carried out in 8 months after implementation of the project (n=1230 and n=1196 for intervention and comparison areas). Both questionnaires contained questions on reproductive health and AIDs-related topics and the second one contained further questions relating to exposure to the programme activities</p>	<p>41% of female and 33% of male adolescents were directly involved in programme activities (including low-level involvement such as wearing a T-shirt.68% of female and 71% of males had heard of the programme. A significant positive change among both males and females in the intervention location was an increased belief that people use condoms to avoid sexual risks (p&lt;0.01), a reduction in belief among males that it is hard to convince a partner to use condoms (p&lt;0.01 ) and a reduced belief among females that sex is good because it leads to marriage and increases among females in the belief that AIDS cannot be cured and that people may abstain from sexual risk. The evaluation also indicated that the programme had brought about some undesirable changes. Females in both comparison and intervention locations were more likely to feel shy about purchasing condoms in public, to believe that women lose respect if they initiate condom use and to believe that few of their friends use condoms (p&lt;0.01). This is used by the authors to suggest that that AIDS prevention</p>

	<p>taught negotiation skills such as and refusal skills or requesting the use of condoms. Peer education was provided in primary and secondary schools. In secondary schools all students were targeted and messages included safer sexual behaviours and condom use. In primary school children aged 13 and over were targeted and messages provided mainly information on puberty and encouraged abstinence. The Health Belief Model was used as a framework for educational activities and subsequent evaluation</p>		<p>programmes need to recognize possible conflicts between encouraging awareness of individual risks from unsafe sexual practices on the one hand and de-stigmatizing condom use on the other. (Though the presence of the same trend in the control does suggest that factors other than the intervention may be operating). The programme had different effects on males and females suggesting that in future these need to be targeted separately with different approaches and messages</p>
<p>Young people aged 10-14 years in Brazil. Monteiro, S.S., Rebello, S.M., and Schall, V.T. Zigzaidis—an educational game about AIDS for children. <i>Hygie</i> 10(4):32-35, 1991. . Ref ID : 490 Schall, V., Monteiro, S., Rebello, S.M. and Torres, M. (1999) Evaluation of the ZIG-ZAIDS game: an entertaining AIDS tool for HIV/AIDS prevention. <i>Cadernos de Saude Publica</i> 15, 107-119. Ref ID: 8806</p>	<p>Zigzaidis is a board game with 23 spaces that contain instructions for moving forwards or backwards. Players roll the dice to move along but must answer questions about AIDS contained in cards. Additionally, the game also includes “surprise topics” that deal with such issues as hemophilia, blood transfusion, and drug action. A player wins by arriving to first to the end, and his or her prize is a condom. called Zigzaidis. The</p>	<p>An evaluation sample was selected of 34 children aged 9-14 yrs attending two public and two private schools in Rio de Janeiro State. Some had volunteered and some were randomly selected. The game was evaluated by observing children as they played and then asking them to complete an oral questionnaire before and after they played. The children were also asked to write comments on their enjoyment of the game. There were no controls. The methodology for</p>	<p>The game was widely distributed (100,000 copies alone were purchased and distributed by the National AIDS Control Programme). The feedback from schools and other institutions were very positive. The game was used in a variety of settings including classrooms, parents' meetings,, vocational courses, day-care centres, company education programmes, supervision sessions for health workers etc. Following the playing of the game, the authors found changes in the children’s ideas and attitudes concerning the disease. The</p>

	<p>educational theories of Paulo Freire were incorporated into the design of the game. The game also contained a leaflet for parents and teachers. In its original form the game was intended to be marketed through commercial outlets but the sexual language in the dictionary provided, the nature of the topic and the inclusion of a condom as a prize led to disappointing sales. The game was re-issued without the condom prize and sold mainly to government and NGO projects rather than through commercial channels.</p>	<p>the observational study is not described. In addition a feedback questionnaire was sent to people ordering the game and questionnaires were sent to</p>	<p>children no longer considered embracing, eating, or playing with an individual with AIDS to be risky behaviour. Asked whether they had learned any new knowledge, all but 1 of the children said yes. And again, of the 11 children that responded to the question of whether they would play the game again, only 1 child said no. Raw data is not presented and there were no significance tests. It is disappointing that given the innovative nature of this programme, so little data is presented on impact.</p>
<p>Urban youth aged 17-27 years in Sri Lanka Nastasi, B., Schensul, J.J., Amarasiri de Silfa, M.W., Varjas, K., Silva, K.T., Ratnayake, P. and Schensul, S. (1998) Community-based sexual risk prevention programme for Sri Lankan youth: influencing sexual-risk decision making. <i>International Quarterly of Community Health Education</i> <b>18</b>, 139-155. Ref ID : 8037</p>	<p>Following two years ethnographic research a peer education programme for young persons aged 17-27 years was developed based on theory-driven risk-reduction mode (social construction theory that takes into account : 1) social competencies; 2) personal resources; 3)cultural norms; 4) socialization practices: and 5)cultural agents).Peer educators were selected and provided 30</p>	<p>The training was evaluated by documentation of the programme and pre- and post-test measures of sexual knowledge, attitudes, perception of risk and decision-making through self-report questionnaires of 66 persons who had attended at least 6 of the sessions. There were no controls.</p>	<p>There was a significant interest in knowledge of women on condoms (<math>p&lt;0.01</math>) and sex terms (<math>p&lt;0.001</math>) but no increase for men. There was no significant impact on attitudes towards sex or perception of future risk. There was no impact in the confidence of women and a decline in confidence of men (<math>p&lt;0.05</math>). Some impact of the programme is claimed on perception of risks as measured by responses to open-ended scenarios - but no analysis of qualitative findings is presented. The</p>

	<p>hour training programme. These peer educators ran a training programme consisting of 12x90 minute sessions over four weeks.</p>		<p>significance of this evaluation is limited by its short-term nature and by the fact that impact is studied of the training on the peer educators and not the subsequent peer education activities among young people in the community.</p>
<p>Young people aged 12-19 years in Conakry and Kankan cities in Guinea Rossem,R.V. and Meekers,D. (1999) <i>An evaluation of the effectiveness of targeted social marketingto promote adolescent reproductive health in Guinea. PSI Research Division Working Paper No. 23</i>, Washington: Population Services International. Ref ID8756</p>	<p>The objectives of the adolescent reproductive health programme included to increase youth's knowledge of STDs and AIDS, to increase knowledge and use of condoms an other modern contraceptives, to increase delayed sexual initiation and sexual abstinence and to increase access to affordable condoms. The intervention was integrated into a larger nationwide contraceptive social marketing programme. The programme recruited and provided a two week training for 36 peer educators in Conakry and 22 in Kankan. Peer educators were equally selected from males and females who were active members of youth programmes or were volunteers. Training focused on topics related to family, STD/HIV and on communication techniques.</p>	<p>A pre- (Jan/Feb 1997) and post-intervention ( 8 months later in March 1998) survey design in two regions - each containing both experimental sites where the intervention took place and geographically distant control sites with no intervention. The 1997 baseline survey included 2508 adolescents divided equally between intervention and control communities and the 1988 follow-up study included 1009 intervention and 796 control. The questions were based on a modified Health Belief Model.</p>	<p>38.9% of the men but only 14.5% of the women in the intervention sites reported to have participated in programme activities. Soccer was the most popular of programme activities. 15% reported attending soccer games, 14% discussion groups, 9% attended theatre and 9% dances. Men participated more in all of these activities. There was no evidence of an effect of the programme on young people's perception of the risk of AIDS, awareness of sexual risk, perception of the benefits of prevention. The intervention did not affect the proportion of youths who reported sexual experience. 24% of the young people in the sample from the intervention area reported to have changed their sexual behaviour in response to the programme (use of condoms 13%, faithfulness 11% and abstinence 10%).There was a significant increase (<math>\alpha=5\%</math>) in condom use among sexually active men from an already high level of 53% to 65% (no effect on</p>

	<p>The adolescents developed the project logo <i>Mon avenir d'abord</i> ("my future first") used to identify youth-friendly retail outlets . Peer educators handed out youth-oriented materials including posters, flyers, T-shirts, stickers, badges and caps. Billboards with information on STDs/AIDS were also installed. The peer educators also organized monthly discussion groups, educational theatre and dances and soccer tournaments</p>		<p>women) in the intervention area and a slight decrease in the control area. The authors attribute the lack of impact of the programme to the low educational potential of the most popular activity soccer, the short 8 month duration of the campaign and the fact that the need to have distinct control communities in the study design meant that there was no mass media support for the interpersonal activities</p>
<p>Pupils aged 12-15 in 10 schools in F North District of Bombay (Mumbai), India Sankaranarayan, S., Naik, E., Reddy, P.S., Gurunani, G., Ganesh, K., Gandewar, K., Singh, K.P., and Vermund, S.H. Impact of school-based HIV and AIDS education for adolescents in Bombay, India. <i>Southeast.Asian.J.Trop.Med.Public Health</i> 27(4):692-695, 1996. Ref ID : 7792</p>	<p>An education program was instituted for one half school day at ten secondary schools selected out of a total of 45 schools in the district. The content consisted of a presentation on AIDS (causes, distribution, transmission, treatment and prevention) followed by a video and street play. (details are not provided, but it is likely that the presentation was to the whole school and not individual classes)</p>	<p>A pre-test-post-test evaluation of a school-based HIV/AIDS educational program. The pre-test self-administered questionnaire in English and Marathi modes of transmission and prevention of HIV/AIDS was administered to a convenience sample of all pupils from 8,9 and 10<sup>th</sup> grade attending that day from 10 schools - total sample 2,919 students, the post-test was administered to 2,400 students one month after the presentation</p>	<p>There were increases (<math>p&lt;0.001</math>) in the following areas of knowledge: that HIV/AIDS is transmitted sexually (43.9→95.6%), that there is no treatment (34→92.4%); that HIV is not transmitted by mosquitoes (24→76%); condoms can prevent AIDS (31.7→86.1); Vaccines are not available (24.7→86.4%) and voluntary blood donors are better than professional donors 30.1→86.5%). Principles of two schools refused to allow the AIDS education. Some class teachers did not attend the sessions because they were embarrassed.</p>
<p>Primary schools aimed in</p>	<p>Activities included sensitization</p>	<p>A cross-sectional sample of 10</p>	<p>The percentage of students who stated</p>

<p>Soroti district of Uganda Shuey, D.A., Babishangire, B.B., Omiat, S. and Bagarukayo, H. (1999) Increased sexual abstinence among in-school adolescents as a result of school health education in Soroti district, Uganda. <i>Health Education Research: Theory and Practice</i> <b>14</b>, 411-419. Ref ID : 8437</p>	<p>of local leaders and head teachers in a one-day workshop and an initial survey of school children. Teachers were trained on implementation of the school health curriculum, AIDS prevention and the use of child-to-child techniques. Activities in the schools consisted of formation and meetings of school health clubs, application of child-to-child health education techniques, and competitions in plays, essays, poems and songs on health-related issues.</p>	<p>students (5 boys/5 girls) average age 14 years, in their final year of primary school was drawn from 38 randomly selected schools. They were given a self-completed questionnaire in English (but questions were explained in local language). The questionnaire was given to a similar sample of children in that same year after 2 years of interventions.</p>	<p>they had been sexually active fell from 42.9% (123 of 287) to 11.1% (31 of 280) in the intervention group (<math>p&lt;0.001\%</math>), while no significant change was recorded in a control group. The changes remained significant when segregated by gender or rural and urban location. Students in the intervention group tended to speak to peers and teachers more often about sexual matters (<math>p=0.34</math>). Increases in reasons given by students for abstaining from sex over the study period occurred in those reasons associated with a rational decision-making model rather than fear of punishment. The project had aimed to achieve sustainability through working through the existing structures and only employed one additional full-time. Details of the total number of children reached are not provided,</p>
<p>Teenagers at 11 schools in South Africa  Visser,M. (1996) Evaluation of the First AIDS Kit, the AIDS and lifestyle education programme for teenagers. <i>South African Journal of Psychology/Suid-Afrikaanse</i></p>	<p>The First AIDS Kit is an AIDS and lifestyle education program for teenagers developed by the Department of National Health and Population Development. The programme was based around the Theory of Reasoned Action, The Health Belief Model and the self-efficacy approach. The kit consists of 5</p>	<p>The program was evaluated using a self-completed questionnaire before and one week after the program by 187 pupils in standards 6-9 in 11 schools, as well as by focus group discussions with students and interviews with the teachers. The questionnaire was adapted from one issued by WHO and consisted of questions to measure knowledge,</p>	<p>There was improvement (<math>p&lt;0.005</math>) on all the knowledge scales except susceptibility and the attitude towards people with AIDS (<math>p&lt;0.005</math>). No significant improvements were found in the behavioural intention and perceptions of condom use.. Students gave favorable evaluations of the program and offered suggestions on how to improve it with regard to the</p>

<p><i>Tydskrif vir Sielkunde</i> <b>26</b>, 103-113. Ref ID 8680</p>	<p>modules covering: 1) adolescence; 2) AIDS and STDs; 3) relationships; 4) life skills; and 5) safe sex skills. The kit included a video, quiz to teach facts and exercises in assertiveness, decision-making, negotiation skills, choosing low risk behaviours. Teachers were encouraged to select parts of the kit that they considered appropriate to the students' needs.</p>	<p>attitudes towards people with AIDS, behavioural intention to engage in high-risk behaviour and perception of condom use. The intention had been to select schools from all the language groups but the sample had to be reduced by two schools initiating their programme before receiving the pretest with result that the sample include the following language groups Afrikaans (53, 28%), English (78, 42%) and African (29, 16%) and not completed (27, 14%). A control was not used because of the cost involved.</p>	<p>content, presenter, educational techniques, the role of parents, and how to address moral issues. AIDS education should form part of long-term life skills and sex education, with a focus upon behavioral change. No significant difference between the pre-test and post-test results of students with an African home language - probably due to their small numbers in the sample.</p>
<p>Young people aged between 11 and 26yrs in three urban locations in Ghana Wolf,R.C., Tawfik,L.A. and Bond,K.C. (2000) Peer promotion programs and social networks in Ghana: methods for monitoring and evaluating AIDS prevention and reproductive health programs among adolescents and young adults. <i>Journal of Health Communication</i> <b>5</b>, 61-80. Ref ID 8752</p>	<p>Peer education programmes in different cities in Ghana carried out inside and out-of-school. No information is provided of the educational content of the training and the instructions provided to the peer educators on how to conduct their peer education. Five one-day training sessions were conducted with groups of up to 40 peer promoters. Each of the 106 peer educators was trained (no information provided on content)..</p>	<p>Multiple semi-structured interviews with 106 peer promoters (41% male,59% female; 64% currently attending school) ) and 526 contacts (46% male/54% female; 64% attending school) from three sites in Ghana (Accra, Kumasi and Aflao). The peer educators were paired up and each of the pair administered the questionnaire to the other in the pair. Each was then given questionnaires to give to five peer contacts - people they normally talk to and counsel about reported health and HIV/AIDS. They were</p>	<p>28% of contacts report having heard of AIDS within the past 30 days from a peer educators. Peer educators report that their contacts are mainly their friends (46%). More than half (53%) see the people from the peer encounter every day. Another 29% see them once a week. Peer educators who attend school tend to mainly reach others who attend school - even if the peer education programme is not school-based. Only 9% of peer educators and 58% of their contacts said they had done anything to protect themselves from AIDS and no information is</p>

		<p>instructed to return the completed questionnaires after a two week period. The questionnaire included four components: demographic characteristics, behavioural indicators and message exposure, network and peer influence data and a summary of the peer education encounter including the main issues and messages delivered and services provided by the peer educator during their one-on-one peer encounter.</p>	<p>provided to explain this. The value of this study is severely limited by the lack of information on the peer education programmes from which the sample of peer educators and contacts are drawn.</p>
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