

HIV Prevention through Life Saving Skills Education in Malawi



By Miriam Chipimo MD MPH
UNICEF, Lilongwe, Malawi

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UNITE FOR CHILDREN  UNITE AGAINST AIDS

POLICY, PROGRAMMING & FUNDING ENVIRONMENT

- Existence of strong political will to fight HIV/AIDS
- A National AIDS Policy launched in 2004
- A National HIV/AIDS Action Framework 2005-2009 for multi-sectoral response.
- Govt policies and guidelines, and institutional frameworks for scaled up response are in place.
- A National Plan of Action for Prevention of HIV&AIDS is being implemented
- The National AIDS Commission provides leadership and overall policy coordination
- Global Funds \$116m in 2007 - \$32m is for prevention

Background on LSE

Life Skills Education started in Malawi in 2002 funded by the Netherlands Government Multi Country LS Initiative (MCI)

In 2005 Malawi had 3 384 500 pupils enrolled in schools:

- 3,200, 646 were enrolled in 45,075 primary schools
- 183 854 were enrolled in 978 secondary schools.

Objectives of LSE were:

- To provide young people between 5 and 14 years with life skills to promote sustained HIV risk-reduction behaviour
- To enhance risk reduction among youth of 15 to 20 years through promoting abstinence, delayed sexual activity and safe sex.

The four components of the programme in Malawi were:

1. In-school life skills education from Standards 1 to 5
2. In-school extra-curricular Anti-AIDS clubs, with use of peer educators
3. Promoting an enabling environment by involving parents and communities, and providing a radio programme and a youth newspaper
4. Providing for effective management, monitoring and evaluation.

Evaluation of MCI

- A multi-country evaluation of LSE was conducted in 2006 supported by UNICEF
- The evaluation used various methodologies to gather the data: desktop reviews; semi-structured interviews; focus group discussions; and observation of life-skills lessons.
- Limitations:
 1. Severe time constraints
 2. Sampling was not random: 5/28 districts, 128 students, 38 teachers, 3 parents, 16 policy level officials, 1 traditional leader

Findings in Malawi

Young people showed:

1. Good knowledge of HIV, including transmission, prevention and universal precautions.
2. Awareness of gender-based violence and abuse where to report it.
3. A positive attitude regarding their ability to protect themselves against HIV. With a tendency to judge behaviour in categories of moral or immoral behaviour.
4. An improvement in self-esteem
5. Good levels of future orientation and were able to verbalise their dreams and future plans.
6. Improved decision-making skills, increased ability to say no to unwanted sexual advances, better management of emotions, and a decline in physical fights on the playground.

Findings

1. Shortage of LS textbooks
2. Five-day LS training programme had been truncated into a two-day programme
3. Poor quality control in the cascade model of training
4. Teachers did not prioritise it as it was non examinable
5. Materials had been developed in the 1990s and needed updating.
6. Sustainability of funding for LS training and materials
7. Parents expressed discomfort about sexuality being included in the programme. Parents had limited involvement in the programme.
8. Abstinence-only focus. It provided little information about condoms. given evidence of sexual activity even at primary-school level. However, youth centres seemed to show more flexibility in their sexuality education.

Life Saving Skills Education Evaluation

2nd evaluation of LSE in Malawi was conducted in 2007 supported by UNFPA:

- **Goal:** To assess strengthening of capacity of education sector professional staff to implement LS/SRH/HIV/AIDS education in primary (standards 5-8) and secondary (Forms 1–4) schools.
- The evaluation used mixed methodologies to gather the data, including a desktop review of existing documents; semi-structured interviews with key duty bearers; focus group discussions with learners, teachers, peer educators and members of EDZI Toto Clubs; and observation of life-skills lessons.
- Limitations were severe time constraints & sampling was not random

Methodology

- The study was carried out in 241 primary schools, 18 secondary schools and 5 teacher-training colleges throughout the six education divisions.
- Data was collected from 4,150 students, 1,043 teachers, head teachers, education officials and parents.
- Self administered questionnaires were used to assess knowledge and attitudes of pupils and students while focus group interview guides were used to assess attitudes and practices of both students and pupils at different levels.
- Teachers representing Standards 5 to 8, forms 1 to 4 and 2 from TTC completed a self administered questionnaire assessing their attitude to the subject, the impact of the subject on their lives and their perceptions about the impact of the subject on their pupils/students.

Key findings

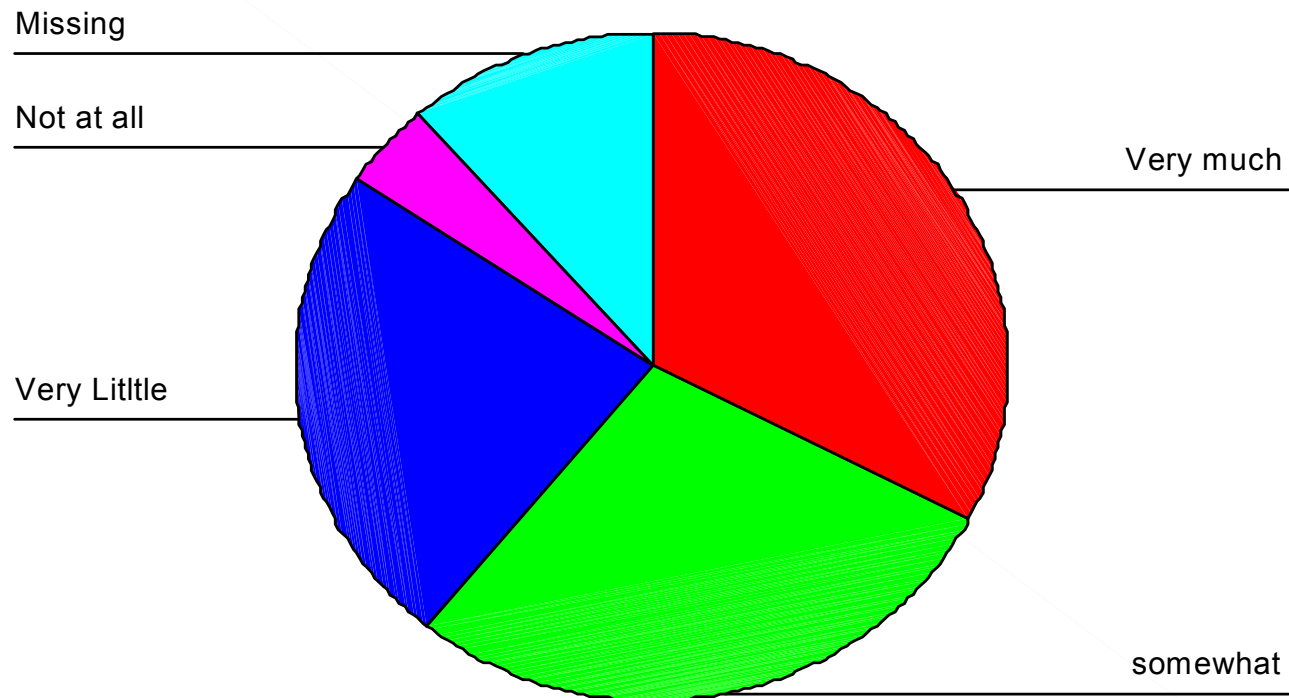
1. The level of knowledge of LS/SRH education concepts is comparatively low for primary school pupils and high for secondary school students.
2. Primary schools have inadequate resources for the teaching and learning of LS/SRH education. Primary schools that were involved in the study did not have pupils' books.
3. Pupils in this study considered knowledge gain as the most important value of LS/SRH education.

Key findings

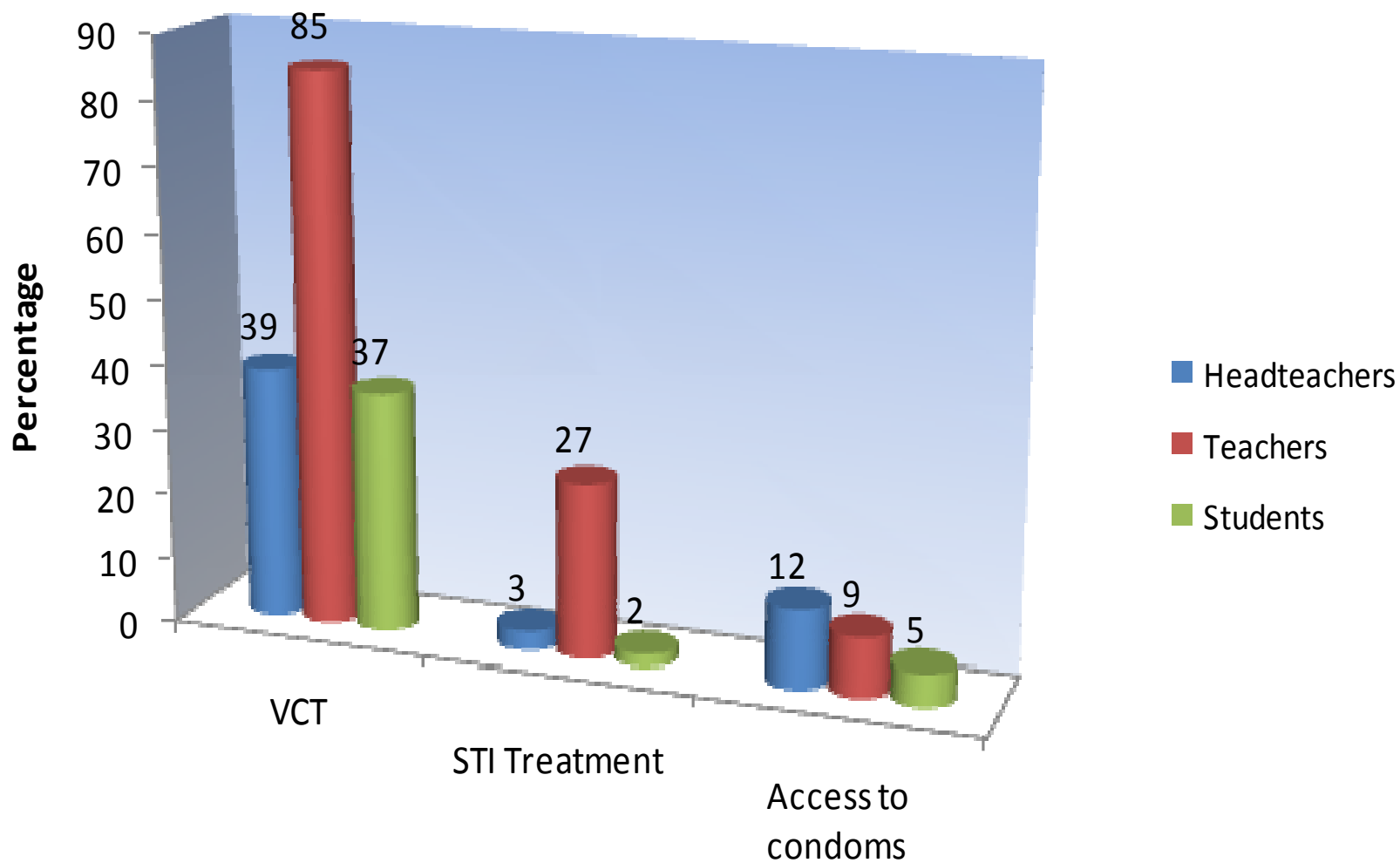
4. The desire to change the behaviour of pupils and to reduce the spread of HIV and STIs as major goals of SRH/LS education were not viewed as key motivating factors by all respondents
5. The majority of teachers (85%) indicated that their schools supported the teaching of LSE/SRH education.
6. Pupils generally trust their teachers as people who should handle referral safe sex services at their schools.
7. Safe sex referral services are very rare in schools.

Teachers opinion of pupils changing behaviour

Fig 4.4 Extent of Changing Behaviour



Access to health services



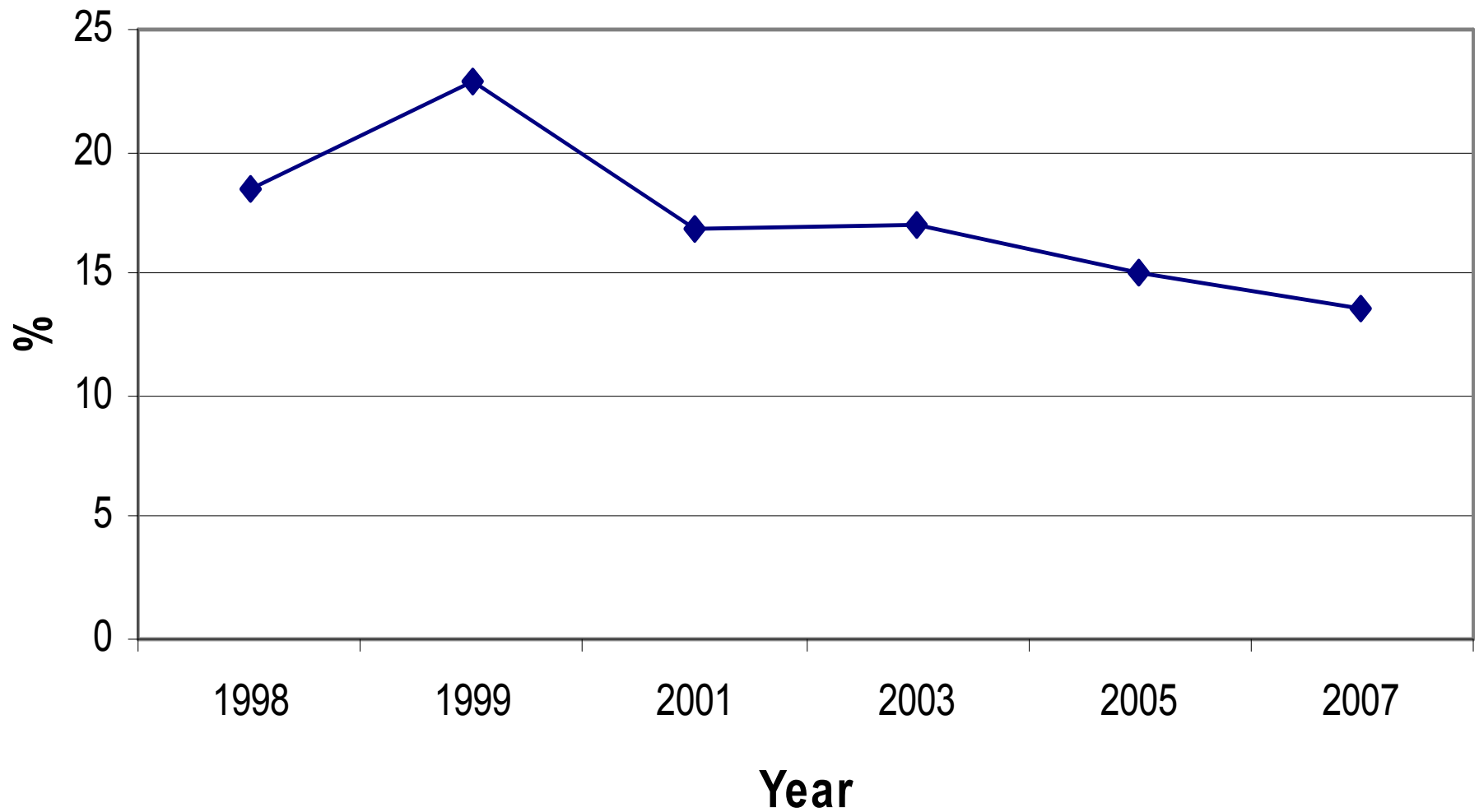
HIV KNOWLEDGE & PRACTICES AMONG YOUNG PEOPLE 15-24 YEARS

- Knowledge of HIV (DHS 2004) M: 98% F: 98%
- Knowledge of use of condoms for prevention DHS 2004) M: 72% F: 55%
- Knowledge of abstinence for prevention M: 83% F: 69%
- Comprehensive knowledge of HIV prevention among young people 15-24 (DHS 2001) M: 33% F: 31%

- Sex by age 18 among 15-19 (DHS, 2004) M: 48% F: 57%
- Young people aged 15-24 who had sex with a casual partner in the previous 12 months M: 62% F: 13.9%
- Condom use at last high risk sex among young people 15-24 M: 36% F: 35%

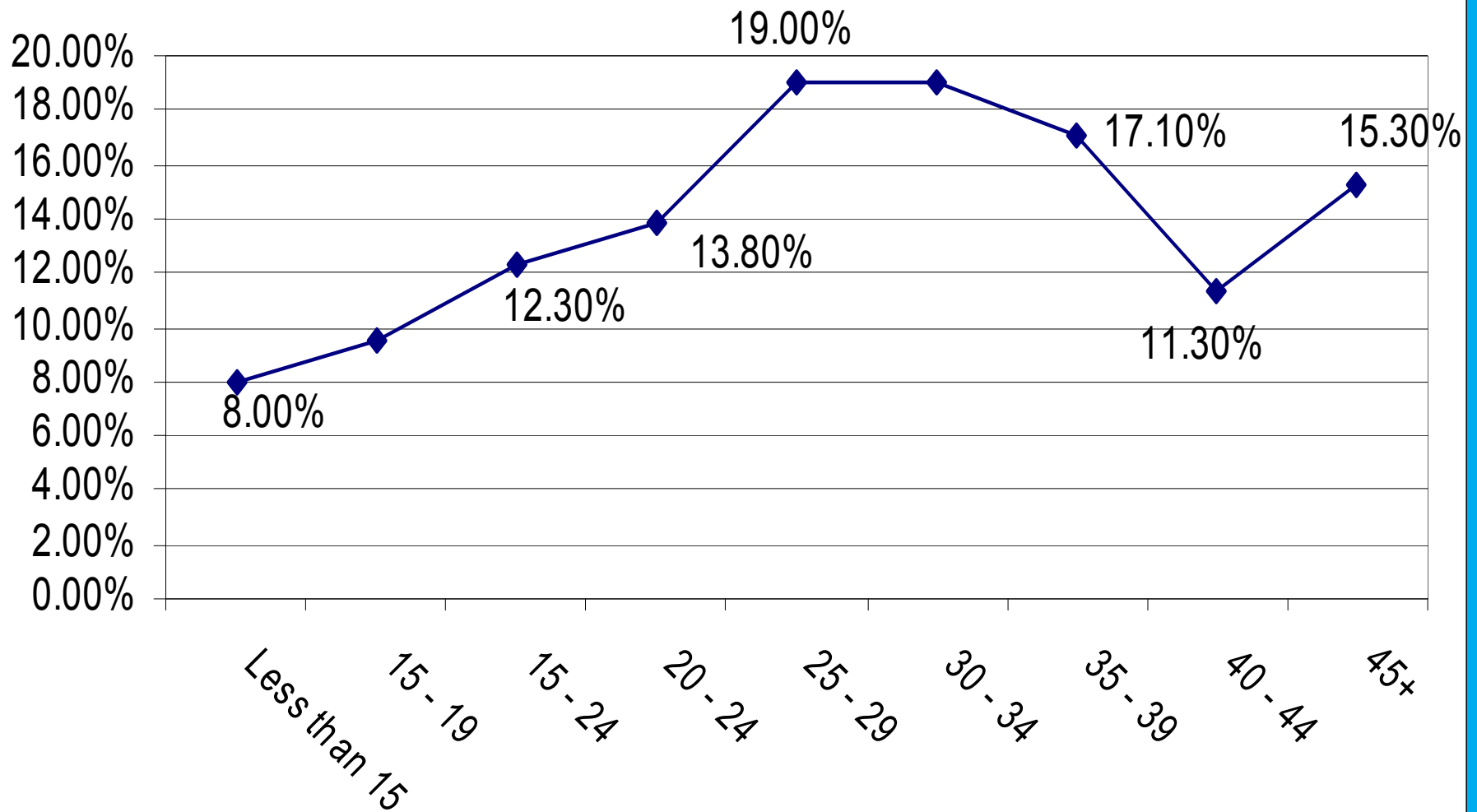
- Young people aged 15-24 tested for HIV & received results M: 4.1% F: 3.7%
- Prevalence among pregnant women 15-24, (Malawi 2007 SS) 12.3%
- Estimated prevalence among young people 15-24 (UNAIDS, 2006) M: 4% F: 13%

Median HIV prevalence trends 1998 - 2007



HIV Prevalence by Age Among Pregnant Females

2007 Sentinel Surveillance



GAPS

- The key recommendations on FLE addressed only some of the key findings
- Assessment was subjective: teachers opinions on students behaviour change
- Linkages between Ministry of Education and Ministry of Health have not been evaluated (access to health services)
- Data from national surveys not included in evaluations

Prevention among young people *Achievements*

- 2.5 million primary school children (standards 1 – 4) provided with **Life Skills** as part of HIV prevention (5,168 schools)
- **Peer education** through 4,320 school-based and 2,000 out-of-school anti-AIDS clubs (*Edzi Toto*)
- **Lessons for Life** is taught in all 1,000 secondary schools
- On-going support to implement the **NPA** for Prevention among Young People (UNFPA, UNICEF,WHO)
- 178 **youth friendly health services** in 15 /28 districts

Recommendations

1. Improved M&E of LSE to include data from national surveys
2. Strengthening of linkages between Ministry of Education and Ministry of Health policies and services
3. Scale up of Youth Friendly Health services to all districts
4. Peer education for secondary schools
5. Inclusion of issues on children and adults living positively with HIV in LSE
6. Targeted interventions for young people that are out of school

Thank you!