## Abstract

### CDC1854 - The importance of evaluation of the long-term impact of behavioural interventions: the second phase of the community-randomised controlled trial to evaluate the MEMA kwa Vijana adolescent sexual health intervention programme in rural Tanzania

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**Issues:** Evidence for the effectiveness of behavioural interventions to reduce the incidence of HIV and other STIs is contradictory and mainly from developed countries. In sub-Saharan Africa, few interventions to improve adolescent sexual and reproductive health (ASRH) have been rigorously evaluated. Most evaluations have relied on outcomes subject to differential reporting bias (e.g. self-reported behaviours) and may have missed longer-term improvements in ASRH (evaluation usually at 6-18 months).

**Description:** The MEMA kwa Vijana (MkV) randomised controlled trial was the first in a developing country to include objective outcomes (HIV/STIs, pregnancy). Phase 1 (1999-2002) evaluated the interventions' impact in a cohort of 9,645 adolescents (Primary school Years 5-7). A substantial improvement in knowledge, reported attitudes and some reported sexual behaviours was found, but there was no consistent impact on biological outcomes.

**Lessons learned:** The results called into question previous reliance on self-reported outcomes. Despite the relatively long follow-up period of three years, Phase 1 had two unavoidable limitations:

- Highest risk group (Yr7) received only one year of the three year in-school intervention and only 27% of the cohort received three years.
- Given the age-difference between males and females in sexual partnerships and the power differentials between men and women, it is possible that both partners, or at least the male partner, need exposure to the interventions before substantial behavioural change occurs.

**Recommendations:** MkV interventions have continued in the 10 original communities, and will soon start in the 10 comparison communities. A Phase 2 evaluation survey (~14,000 17-25 year-olds in 20 communities) is proposed to commence this year, exploiting a unique opportunity to evaluate the interventions' longer-term impact (1999-2006). Outcomes, as in Phase 1, will include biological measurements. If the results from Phase 2 differ substantially from those of Phase 1, then the usefulness of shorter-term evaluations of behavioural interventions will be called into question.