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### Abstract

#### **CDC0862 - A process evaluation of the MEMA kwa Vijana adolescent sexual health intervention in rural Tanzanian primary schools**

M. Plummer<sup>1</sup>, D. Wight<sup>2</sup>, J. Wamoyi<sup>3</sup>, G. Mshana<sup>3</sup>, A. Obasi<sup>4</sup>, B. Mazige<sup>5</sup>, M. Makokha<sup>5</sup>, R. Hayes<sup>1</sup>, D. Ross<sup>1</sup>

<sup>1</sup>London School of Hygiene and Tropical Medicine, Infectious and Tropical Diseases, London, UK, <sup>2</sup>Medical Research Council, Social and Public Health Sciences Unit, Glasgow, UK, <sup>3</sup>National Institute for Medical Research, Mwanza, Tanzania, <sup>4</sup>Liverpool School of Tropical Medicine, Liverpool, UK, <sup>5</sup>African Medical and Research Foundation, Mwanza, Tanzania

**Background:** This study is a process evaluation of the school component of the adolescent sexual and reproductive health (ASRH) programme MEMA kwa Vijana (MkV), which was implemented in 62 primary schools in rural Mwanza, Tanzania from 1999-2001.

**Methods:** Process evaluation methods included training observation, routine monitoring and supervision, and annual surveys and group discussions with implementers, as well as group discussions and 158 person-weeks of participant observation with pupil participants.

**Results:** The extent of curriculum delivery was very good. Teachers were consistent in teaching information about sexual and reproductive biology, but sometimes had difficulty adopting new teaching styles in place of existing hierarchical methods. Class peer educators were consistent in performing carefully scripted dramas, but their ability to be informal educators and behavioural models was limited. The intervention appears to have been successful in addressing some SLT cognitions, e.g. knowledge of risks and benefits of ASRH-related behaviours, but not others, e.g. participants' perceived susceptibility to risk, perceived self-efficacy, and perceived social and structural facilitators and impediments to behaviour change.

**Conclusions:** MkV shared the characteristics of other school-based ASRH programmes in sub-Saharan Africa which have been evaluated as successful, and similarly found significant improvements in self-reported attitudes and behaviours in surveys. However, a substantial proportion of MkV survey self-reports were inconsistent at an individual level, there was no consistent impact on biological markers, and extensive process evaluation found that several key theoretical determinants of behaviour had not improved. This study suggests that improvements in self-reported survey data alone may provide only a very limited – and perhaps invalid – indication of ASRH programme success. On-going process evaluation and a planned 2006-2007 biological marker and self-report survey will assess whether greater time and population exposure has had an impact on participant ASRH.