

Health Communication Partnership: A
Qualitative Endline Evaluation of Sports for
Life and Youth Action Kit in Ethiopia
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ACRONYMS

ABCs	Abstinence, Be Faithful, Condom Use
AIDS	Acquired Immunodeficiency Syndrome
EDHS	Ethiopian Demographic and Health Survey
EOC	Ethiopian Orthodox Church
HBM	Health Belief Model
HCP	Health Communication Partnership
HIV	Human Immunodeficiency Virus
IOCC	International Orthodox Christian Charities
MYSC	Ministry of Youth, Sports and Culture
PE Teacher	Physical Education Teacher
PLHAs	People Living With HIV/AIDS
SCT	Social Cognitive Theory
SFL	Sports for Life
UN	United Nations
WV	World Vision
YAK	Youth Action Kit

1. EXECUTIVE SUMMARY

Background

Ethiopia has the third largest number of people living with HIV/AIDS in the world, estimated at 2.2 million people or 4% of the world's total epidemic. Nearly 5,000 individuals become infected each week. Among youth age 15-19, HIV prevalence is 0.4%; 1.1% prevalence for youth age 20-24. HIV prevalence rates for young adults are likely to be even higher in urban areas. The HIV/AIDS epidemic among youth and the lack of social support for PLHAs in Ethiopia have been fueled by several inter-related factors including lack of accurate information on HIV/AIDS, cultural norms relating to sexuality and HIV, unsafe sexual practices, and socioeconomic status. In response to this situation, the Health Communication Partnership (HCP) launched two HIV prevention programs- Sports for Life (SFL) and Youth Action Kit (YAK).

SFL and YAK Programs

Though similar in aims, SFL and YAK are unique programs with separate target audiences. SFL uses soccer as a backdrop to engage Ethiopian youth in the sixth through eighth grades in participatory learning activities to increase their knowledge of HIV/AIDS and to teach life skills that will help them protect themselves from acquiring the virus. Physical Education Teachers serve as positive role models to lead the program. YAK, in contrast, is a peer-led participatory program which focuses on life skills and HIV/AIDS. It is aimed at in- and out-of-school youth aged 15-24 who are members of youth clubs and requires youth to engage in community outreach activities to educate their peers, family and communities about HIV/AIDS.

Research Design

To evaluate the programs, a pre- and post-intervention research design was used. The baseline evaluation, purely quantitative, was conducted in December 2005 through March 2006. Following the implementation of the programs, the endline evaluation was conducted from February to April 2007. The endline evaluation included both a quantitative and a qualitative component; this report focuses on the qualitative component of the endline evaluation. The qualitative evaluation consisted of 72 in-depth interviews across six SFL and 6 YAK program sites in two regions of Ethiopia, Amhara and Oromiya.

Qualitative Evaluation Results

The qualitative evaluation revealed that the programs mostly had a positive influence on the participants. Participants liked both programs and indicated they had an increased pool of knowledge on HIV and related topics after participating in the programs. For example, YAK participants agreed that the program built upon the knowledge they already had related to HIV/AIDS. Before YAK, most participants said they had limited or incorrect knowledge about HIV transmission. Some did not know about all the ways in which the virus could be transmitted. Many also said they had limited or incorrect knowledge of HIV prevention methods and that they did not understand how to be abstinent, faithful or use a condom. After YAK participants agreed that their knowledge of HIV transmission and methods of prevention had increased and become deeper than it was before.

The SFL and YAK youth possessed a realistic understanding of the threat of HIV after the programs and developed a sense of compassion for PLHAs. According to an SFL teacher in Oromiya, ***“(Before SFL) the attitude promoted about HIV positive person was stigmatizing. There was a billboard standing in our school as of 2000. The board shows a picture of an emaciated person with a caption ‘HIV positive person’. After that (the SFL training), a student came to me and said that the picture displayed on the billboard stigmatizes PLHA and it should be removed. We were so surprised by this idea and then we accepted it and removed the billboard.”***

Youth in both programs felt prepared to avoid HIV infection particularly through commitment to abstinence. Some youth also felt confident in their ability to be faithful to their partners, however, others talked about the challenges and effort required to be faithful. Most female YAK participants who talked about faithfulness attitudes said they thought faithfulness required open communication and that it was difficult to achieve a level of trust in a partner to be faithful. These results may reveal a lack of trust in their partners on the part of females, but they may also indicate recognition of where their locus of control lies in preventing HIV/AIDS and demonstrate that these participants have developed a sophisticated understanding of faithfulness as a method of HIV prevention. In comparison to abstinence and faithfulness, few youth in SFL or YAK said they planned to and felt prepared to use condoms in the future.

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Participants also attested to having gained increased individual skills through SFL and YAK. Youth and teachers/leaders of the programs had vivid stories about the way in which life skills training had influenced youth. An SFL teacher from Oromiya recounted, ***“After SFL students have learned many methods of tackling peer pressures. For example, one person invited a 6th grade student for making love. In fact, both have reached puberty. However the girl was able to explain to the schoolboy that at this age her interest is her education. Unfortunately, he refused to accept her and he abducted her by teaming up with his friends. Soon after, she convinced the guy that she will marry him after going to the city and checking their blood test. After they reached to the city, she run into a nearby residence and rushed into a house screaming for help. The family in the house called the police and took her to her home. She is now continuing her education without any restraint. Therefore, most students are capable of confronting peer pressures.”***

Communication skills training in particular helped SFL and YAK youth create trusting relationships, discuss ideas in a productive manner and develop a heightened group ability to fight HIV. Despite the change in life skills and group efficacy, however, youth voiced doubt in the reach and success of their community outreach efforts.

In terms of sexual behavior, little change was seen in participants of both programs; but this result is a positive outcome of the programs. Most youth said they were abstinent before the programs, so little change in their reported behavior indicates a possible delay in sexual activity as a result of participating in SFL or YAK. A few male YAK participants noted that they have returned to abstinence since participating in the programs, possibly indicating YAK's influence on secondary abstinence. No youth commenced sexual activity over the course of their participation in the program. As very few youth were sexually active, it is difficult to determine what influence the program may have had on faithfulness and condom use behaviors.

Conclusions

Overall, both SFL and YAK influenced the lives of youth participants in a positive way. Youth, parents and teachers alike were supportive of the programs' expansion throughout Ethiopia. Though little difference in the impact of the program was seen for SFL, YAK participants' experiences did vary by gender. Female participants talked about feeling more equal to their male counterparts after the program. They also exhibited different attitudes towards perceived severity of HIV and towards faithfulness than their male YAK peers. Location did not account for major differences in the impact of either program; however, rural participants of both programs indicated they had less access to HIV/AIDS information before SFL and YAK.

Recommendations

The SFL and YAK programs could be strengthened through implementation of suggested recommendations in this report. In addition, avenues exist for further research on SFL and YAK program influence. For both programs, recommendations include the creation of a second level of membership for participants who have completed the program and wish to continue networking with their peers and teaching others about HIV/AIDS through SFL and YAK. As another way of ensuring their long-term success, both SFL and YAK should include further sustainability training activities early on in the programs. In addition, both programs could benefit from increased female leadership to create more female role-models for the participants. For YAK this is a matter of encouraging more females to volunteer as peer leaders, however for SFL this requires political support to encourage the hire of more female P.E. teachers to lead the SFL programs. Particularly for SFL, another policy change that could strengthen the program is integration of the program into school curricula. Curricula integration would ease time management and possibly financial/material support challenges faced by implementing schools. For the YAK program in particular, it would be beneficial to also add further activities to stimulate discussion and influence attitudes on abstinence, faithfulness and condom use. Finally, additional research is needed to explore behavioral impacts of both programs. As few youth in this evaluation said they were sexually active before or after the programs, it was not possible to understand how SFL or YAK influence youths' faithfulness or condom use behavior. Additional research with a subset of sexually active youth in both programs would be necessary in order to better understand how these programs affect the sexual behavior of their participants.

2. INTRODUCTION

2.1 Problem statement

HIV/AIDS (Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome) is a serious problem in Ethiopia, particularly among youth. Ethiopia has the third largest number of people living with HIV/AIDS (PLHAs) in the world, estimated at 2.2 million people or 4% of the world's total AIDS epidemic (HCP 2007). National HIV prevalence is 2.1% for adults age 15-49; 5.5% in urban areas (EDHS 2005). The United Nations (UN) estimates nearly 5,000 individuals become infected each week in the country. Among youth age 15-19, HIV prevalence is 0.4%; 1.1% prevalence for youth age 20-24. HIV prevalence rates for young adults are likely to be even higher in urban areas. The HIV/AIDS epidemic among youth and the lack of social support for PLHAs in Ethiopia have been fueled by several inter-related factors including lack of accurate information on HIV/AIDS, cultural norms relating to sexuality and HIV, unsafe sexual practices, and socioeconomic status.

Lack of accurate information

Widespread HIV misconceptions and a lack of adequate knowledge have contributed to the spread of the virus and acted as barriers to the promotion and adoption of HIV prevention methods. Nationally, nearly half of women and almost one-third of men said they think a healthy person cannot have AIDS. Furthermore, over two-fifths of the adult population said AIDS can be transmitted through mosquito bites and 30% of women and 16% of Ethiopian men thought that it could be contracted by witchcraft or other supernatural means (EDHS 2005). Additionally, condoms were not viewed as a reliable way of preventing HIV/AIDS. On the 2005 Ethiopian Demographic and Health Survey (EDHS), only two-thirds of men and one-third of women surveyed reported that they believed condoms decreased their chances of getting AIDS. Anecdotal evidence suggests that youth in Addis Ababa were influenced by a widely distributed book that suggested that condoms do not protect against HIV transmission (HCP 2004).

Cultural norms relating to sexuality and HIV

Several cultural norms related to sexuality have also contributed to youths' elevated risk for HIV in Ethiopia. Within the country there is a cultural taboo around openly discussing sex and sexuality further accentuated by low parental comfort with teaching safe sexual behaviors to youth. In a multi-country qualitative study conducted in East Africa, most parents surveyed (regardless of country) noted that talking to their children about sex and related issues was not culturally sanctioned. Many parents reported avoided speaking to their children about sex for fear that this would be construed as "giving permission" or encouraging sexual activity (Amuyunzu 1997). Religion also plays a large role in Ethiopian life and has at times also contributed to a lack of social support for some HIV prevention methods. About 40% the country's population practices Islam and another 40% practices Ethiopian Orthodox Christianity. Religion not only affects the way in which people worship, eat, and interact, but also has a large impact on the way people perceive HIV/AIDS. According to Ken Baker, program manager of the organization International Orthodox Christian Charities (IOCC) in Ethiopia, "The Ethiopian people, more than any other people I have ever met, revered their church, revered their patriarch, and revered their clergy and listen to them...They don't question the church." (IOCC 2007) Both the Muslim and Orthodox Christian hierarchy discourage the use of condoms, asserting that sex should be confined within marriage, and within marriage it is the duty of husband and wife to procreate. The doctrine of the Ethiopian Orthodox Church endorses abstaining from sex until marriage and faithfulness thereafter, thus condemning sex among young unmarried people and sex with multiple partners. (IOCC 2007) Atnafa Beseha, an Ethiopian Orthodox priest at the holy water site of St. Mary's Church on Mt. Entoto in Ethiopia commented "Yes, I do believe that (HIV) is a punishment. I think HIV comes from evil spirits. It is caused by having sex with multiple partners." (ICIJ 2007) The myth that HIV is a curse from God is highly salient in Ethiopia. Belief in this myth may stem from teachings of the Ethiopian Orthodox Church, based on the Old Testament. If sex among the young unmarried and with multiple partners is condemned, the punishment doled out by God for engaging in such an activity may be thought to be HIV infection. Thus, practicing sex before marriage or with multiple partners is rarely discussed because it is a sinful act for many Ethiopians.

Socially accepted stigma around HIV/AIDS has also discouraged provision of care and support for infected individuals in Ethiopia. According to the EDHS, only 14.5% of women and 18.9% of men age 15-24 expressed accepting attitudes towards PLHAs on the following four indicators: caring for a family member with AIDS in his/her home, buying fresh produce from a shopkeeper with AIDS, saying a female teacher with AIDS should be

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allowed to continue teaching, and saying he/she would not want to keep secret that a family member is infected with the AIDS virus.

Unsafe sexual practices

Cultural norms have influenced the adoption of unsafe sexual practices among youth in Ethiopia. Youth are married young and start having sex at a young age with low use of condoms at first sex and possibly high occurrence of multiple sex partners. The mean age of first marriage in Ethiopia is 16.1 years old, as is the median age at first sex. Only 16% of women and 2% of men age 15-24 said they had become sexually active before their 15th birthday but by their 18th birthday 35% of women and 9% of men age 15-24 said they had had sex. Of those sexually active, only 1% of women and 17% of men age 15-24 said they used a condom at first sex (EDHS 2005). Data on faithfulness and number of sexual partners varies. Although national data suggests that only .5% of women and 4.8% of men age 15-24 have 2 or more partners in the past year (EDHS 2005), a 2002 survey in Addis Ababa revealed that more than half of sexually active youth surveyed had had more than one partner (Govindasamy 2002).

Young people additionally lack information on how to use HIV prevention methods. A survey conducted among youth in Addis Ababa found that self-efficacy, skills, and barriers predicted nearly 25% of the variation in reported intent to use condoms and suggested that life skills (specifically communication and negotiation) were lacking among youth. In the 2005 EDHS only 48.3% of women age 15-24 said they believe a wife is justified in asking her husband to use a condom if he has an STD reflecting low female efficacy to negotiate sexual matters.

Socioeconomic status

Lack of education, poverty and wide-scale unemployment compound youths' HIV risk. As many as 17% of youth age 15-24 have no education and only 13% report at least some primary school education. As a country, 70% of Ethiopians live on less than \$2 per day. In addition, over 60% of women 15-24, 34.3% of men age 15-19 and 16.5% of men age 20-24 said they had not worked for one year prior to the 2005 EDHS survey. Low education and unemployment are commonly associated with higher risk for and prevalence of HIV.

2.2 HCP response to HIV/AIDS prevention among youth

Despite high general awareness of HIV/AIDS in Ethiopia, youth start having sex at an early age, possibly engage in multiple partnerships and rarely use condoms at first sex, putting them at high risk for HIV. To address the problem of at-risk youth, the Health Communication Partnership (HCP) launched two youth-focused HIV prevention programs in September 2004- Sports for Life (SFL) and the Youth Action Kit (YAK). Both programs teach youth about HIV and increase their individual life skills and group efficacy to fight HIV through entertaining and participatory activities.

To evaluate the impact of the programs, HCP employed a pre- post- intervention research design that included quantitative and qualitative components. For the quantitative component of the evaluation, a survey was administered to over 2,000 youth across the two programs – the baseline was conducted before implementation and the endline about a year later. The qualitative component of the evaluation occurred post-intervention through a series of interviews, presented and discussed in this report. The findings will be used to refine the two programs as they continue to be implemented in Ethiopia, thus improving the approach to which HCP addresses the problem of at-risk youth.

2.3 Research aims

After one year of implementation of the YAK and SFL programs in Ethiopia, HCP was interested in knowing what, if any, influence the programs had on youths' knowledge, attitudes and behaviors related to HIV. In addition, HCP wanted to find out if the programs had influenced youths' life skills as covered in the programs (communication, ability to resist peer pressure, decision making, and ability to set life goals). To determine these impacts, the qualitative endline evaluation sought:

1. To gather detailed information on the experiences of leaders, participants, and parents of participants in both programs;
2. To find out if, how, and why the programs have impacted leaders', participants', and parents' knowledge about HIV/AIDS, sexual health behaviors, as well as life skills such as decision making, negotiation, and self confidence, etc...;
3. To use the qualitative data to compare, expand upon, enhance the findings and explain the results obtained from quantitative data collection for the YAK and SFL endline evaluations;

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4. And to find out about any perceived limitations of the programs or ideas leaders, participants, and parents might have for improving the programs.

2.4 Program overviews

The qualitative endline evaluation examined the two programs: SFL and YAK. The two programs, although similar in their fundamental concept of pairing life skills with HIV prevention information, used different methods to engage their distinct target audiences.

Sports for Life Prevention Program

The SFL program used soccer as a backdrop to engage Ethiopian youth from the seventh through eighth grades in participatory learning activities to increase their knowledge of HIV/AIDS and to teach life skills that would help them protect themselves from becoming infected. The activities included in the program sought to promote behavior change by increasing knowledge of HIV/AIDS by using positive role models as trainers, developing self-efficacy through practice, cultivating accurate risk perception, encouraging gender equity, and encouraging open communication about HIV/AIDS.

In Ethiopia, HCP worked in conjunction with the Ministry of Youth, Sports and Culture (MYSC) and World Vision (WV) - Ethiopia to rapidly deploy SFL to youth in both urban and rural areas across all eleven regions of the country. The program used fifteen trainers to train Physical Education Teachers (PE Teachers) in the use of the SFL curriculum. These PE Teachers then implemented the program at the local level as part of the “Sports for All” PE program in the Ethiopian school system.

The five main objectives of SFL, covered in a total of 23 activities, were:

Objective #1 – Life Skills

Objective #2 – Basic Knowledge

Objective #3 – Protecting Ourselves

Objective #4 – Becoming a Compassionate Youth Team

Objective #5 – Serving our Community

In all the activities, boys and girls discussed HIV/AIDS issues in mixed groups in order to facilitate communication between the sexes on these sensitive issues. In role-play sessions, understanding of differing perspectives was encouraged by asking participants to play someone of the opposite sex. In completing the SFL curriculum, participants worked to become a Champion Team. Some Champion Teams received prizes at the end of the program, and all received recognition for their hard work and achievements.

Youth Action Kit Prevention Program

YAK is a peer-led participatory program that focuses on life skills and HIV/AIDS. The program is aimed at in- and out-of-school youth aged 15-20 who were members of youth clubs. YAK was designed to focus on two programmatic areas: life skills and HIV/AIDS. The domain of life skills includes values, decision-making; resistance to peer pressure, self-esteem, communication skills, and coping with emotions. The HIV/AIDS section includes facts and myths, psychosocial issues, transmission, care and support and testing.

The YAK program in Ethiopia operated in the cities of Addis Ababa, Jimma, Bahir Dar, and Mekele as well as in numerous rural areas of the country. HCP created a pool of master trainers who were then divided into four to five member teams to train club members (3 - 4 per club) in the target age range to serve as YAK facilitators.

The YAK program was composed of a possible 30 activities involving skits, role-plays, games, discussions, outreach to family and friends, and participation in community festivals in order to achieve a ‘championship’ status, marked by prizes and recognition in the media.

The main topics covered in YAK, through a total of 30 activities, were:

Part 1- Developing Our Basic Skills

- Communication, self-esteem and decision-making

Part 2- Increasing Your Knowledge

- HIV misconceptions and methods of prevention

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Part 3- Building Trusting Relationships

- Communication in relationships, condom use and community outreach

Part 4- Strengthening Community Support

- Care and support for PLHAs

Part 5- Preparing to be a Champion Youth Club

- Community outreach and gathering feedback

Participants were also provided with a book of scenarios for role-plays to accompany the YAK activities. Finally, they were given Youth Passports, an illustrated personal reflection book with activities. The Passports were intended to help youth think about relationships, their goals and values, and how to avoid risky behavior.

2.5 Theoretical background to programs

The SFL and YAK programs are based upon the combined constructs of the Health Belief Model and Social Cognitive Theory. Elements of both behavior change theories were borrowed to create HCP's Pathways Model, which was used to conceptualize the SFL and YAK programs' influence on youth.

Constructs of the Health Belief Model

The Health Belief Model (HBM) uses individual attitudes and beliefs to predict health behaviors. The model consists of the following constructs (Communication Initiative 2007):

- Perceived threat:
 - Perceived susceptibility/ risk
 - Perceived severity
- Perceived expectations:
 - Perceived benefits
 - Perceived barriers
 - Perceived self-efficacy
- Cues to action

The HBM suggests that an individual would be most likely to adopt promoted health behaviors in order to reduce their perceived threat, based on a set of perceived expectations. When perceived susceptibility/ risk, perceived severity of the health condition and the perceived benefits of adopting the health behavior are high while the perceived barriers to the behavior are low, the individual is more prone to change his/her health behavior. High perceived self-efficacy and pervasive cues to action further increase the likelihood of the individual to take on the promoted health behavior. (Steers et al 1996) In this model, behavior is a learned response most influenced by a logical decision balancing benefits and barriers to behavior change. The model's focus on the individual is at the sacrifice of considering social and environmental influences.

Constructs of the Social Cognitive Theory

The Social Cognitive Theory (SCT) uses the concepts of agency at the individual and collective levels to predict health behaviors. Working under the assumption of reciprocal determinism, the three main constructs of the SCT, as outlined below, are thought to be inter-related.

- Personal Factors:
 - Agency
 - Self-efficacy
 - Collective efficacy
- Environmental factors:
 - Observational learning/ role-modeling
 - Vicarious reinforcement
 - Structural constraints
- Behavior

The inter-related nature of constructs in the SCT is a major difference between this and the HBM. In the SCT behavior is linked to personal as well as environmental factors, so personal factors including both emotion and logic can trigger behavior change just as much as structural and other environmental factors can play a part in changing behavior. In addition, the interaction between these constructs can play a major role in influencing behavior. For example, agency is affected by knowledge of health risks and an understanding of the benefits of a health practice

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ascertained through both didactic and observational learning. Agency is also influenced by a set of outcome expectations, weighing the costs, barriers and benefits of the behavior. Costs and benefits can be both at the individual and at the group level. For example, the benefit of increasing collective efficacy can in turn influence perceived self-efficacy towards the behavior. Furthermore, environmental factors such as the use of positive reinforcement and personally identifiable role models can trigger emotions which induce a cognitive state amenable to behavior change. Alternatively, increase in collective efficacy of a group can alter the environmental constraints preventing adoption of the behavior, thus leading to change. In fact, SCT posits that collective efficacy plays a tremendous role in behavior change for the individual and the larger group. According to Bandura, “the higher the perceived collective efficacy, the higher the groups’ motivational investment in their undertakings, the stronger their staying power in the face of impediments and setbacks, and the greater their performance accomplishments.” (Bandura 2000)

SCT uses two pathways to explain behavior: the direct and the socially mediated pathway. The direct pathway promoted change through “informing, modeling, motivating and guiding personal changes.” The socially mediated pathway, however, “links participants to social networks and community settings” to provide incentive and support for behavior change. (Bandura 2004) These two pathways demonstrate the SCT’s consideration of social or group-level influences on the behavior of the individual. Both pathways take into account environmental factors that can affect the agency of the individual to change his/her behavior.

Applying Behavior Change Theories to the Pathways Model

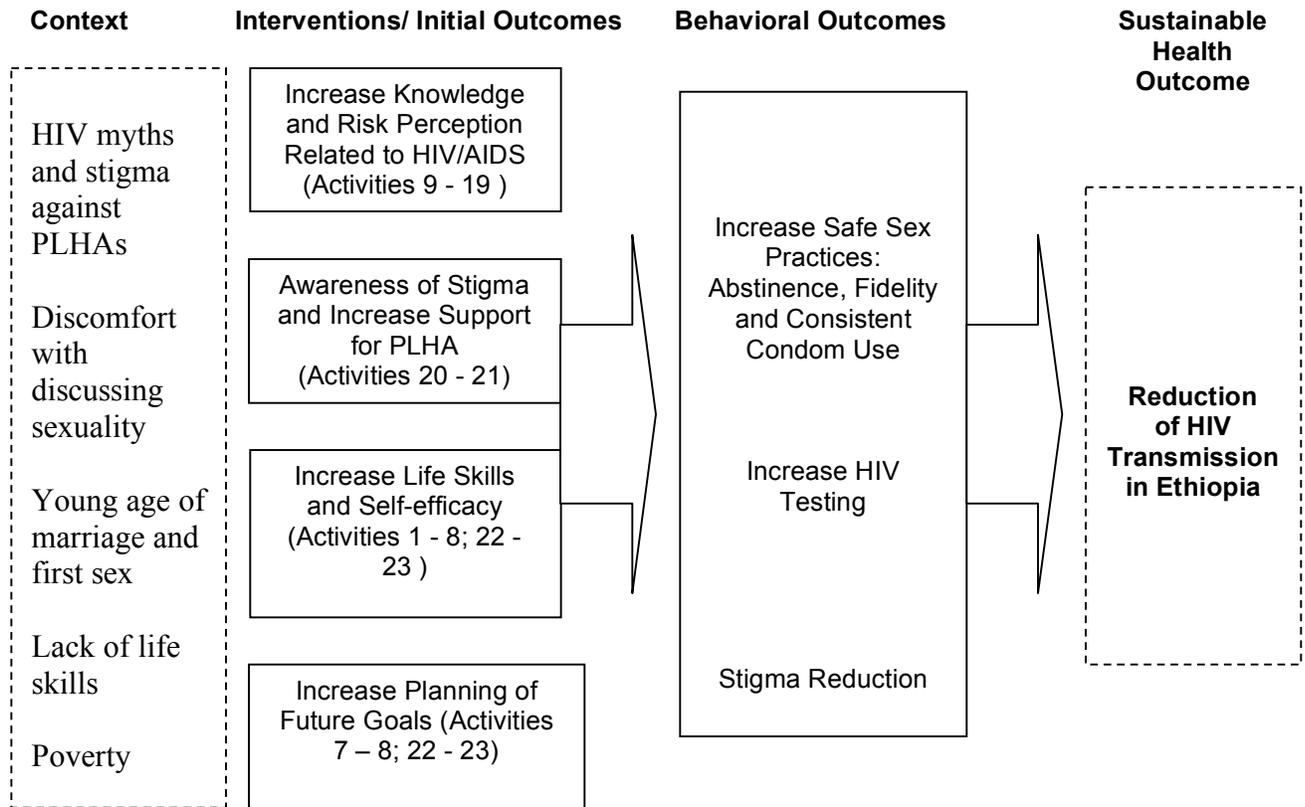
The combination of the HBM and SCT resulted in HCP’s Pathways Model conceptual framework for the SFL and YAK programs.

Various SFL and YAK activities were created to address the constructs of the HBM. Perceived susceptibility was addressed through the inclusion of activities on risk perception. Perceived severity was thought to already be high due to the prevalence of HIV in the intervention areas. Severity was, however, addressed through HIV knowledge activities. The perceived benefits of SFL and YAK, avoiding HIV infection and gaining useful life skills, were highlighted in media spots tied into the Championship Cycle for national recognition of participants in high-achieving schools and clubs. Youth talked about how they had learned various skills and new information in the program so that they could live a long, healthy life. In addition, the Youth Passport was another tool for addressing perceived benefits of being in the programs; Passports were designed to identify participant goals and values. Through the Passports, youth also reflected upon perceived barriers to working towards their dreams. Furthermore, life skills training on communication, decision-making, peer pressure and self-esteem were designed to help participants feel as though they could overcome perceived individual barriers. Participants’ self-efficacy to prevent HIV was heightened through the life skill activities and participation in role-plays. Further cues to action included practice-at-home activities and community festivals aimed at motivating you to use the life skills they had gained in the program.

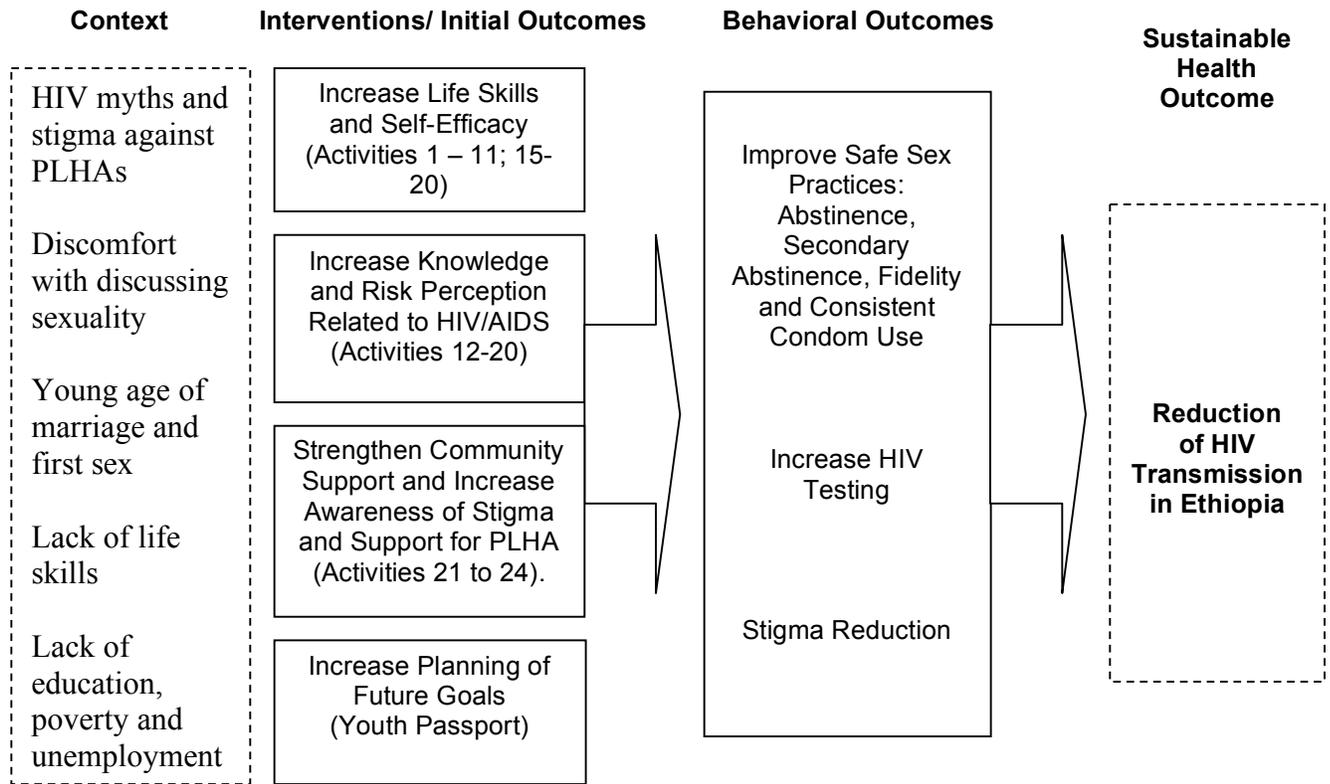
HCP also utilized SCT constructs to develop the SFL and YAK programs. Activities on HIV knowledge, group discussions and role-plays all worked to influence personal agency to adopt healthy behaviors. Life skill activities addressed self-efficacy to prevent HIV. Using the socially mediated pathway, both programs also created a team environment in which skill building and trust exercises helped the groups learn to work together. Thus, participants’ self-efficacy was supported by a sense of greater collective efficacy to fight HIV/AIDS together. Improved collective efficacy was affirmed through outreach events in which participants interacted with PLHAs, acted to combat stigma against PLHAs, and demonstrated their skills through the provision of information to the community. Positive response to outreach efforts and noticeable changes in community attitudes reinforced personal agency to change behavior. Additionally, through the use of media spots perpetuating the Championship Cycle, the participants received vicarious reinforcement to continue with the program and change behavior in order to feel a similar pride as their on-screen SFL and YAK role models.

Combining the activities resulting from consideration of both behavior change theories, HCP created the Pathways Model to serve as a conceptual framework both the SFL and YAK programs.

SFL Conceptual Framework



YAK Conceptual Framework



In both frameworks, the initial outcomes aimed at increasing youth’s skills, self-efficacy, knowledge, risk perception, awareness of stigma and planning for future goals work together to help participants achieve three behavioral outcomes, with the ultimate goal of reducing HIV transmission.

2.6 Qualitative evaluation addressing gaps in literature

Although the main aim of the qualitative endline evaluation was to examine how each component of the conceptual framework for the programs was working to influence participants’ behavior and ultimately affect change in Ethiopia’s rates of HIV transmission, the research also sought to address some gaps in the literature regarding these particular types of interventions.

Qualitative Evaluations of School-based HIV programs

Limited research has been done on school-based HIV interventions in Ethiopia and surrounding countries; furthermore, the body of literature particularly lacks qualitative evaluations of these types of programs.

No Ethiopia-specific school-based HIV programs have been profiled or evaluated with recent published findings. Although the body of HIV/AIDS intervention, monitoring and evaluation literature focused on Ethiopia has grown in recent years, a 2005 bibliography compiling research on HIV/AIDS in Ethiopia and Ethiopians in the Diaspora revealed only one report profiling a school-based AIDS and STD program in Ethiopia, dating back to 1990. (Converse et al. 2006) The Ethiopian school setting has not been studied lately as a viable setting for HIV/AIDS education and life skills promotion programs, so this evaluation serves to update the body of literature.

Some evaluations exist on the impact of school-based programs in nearby countries. An evaluation of a primary and secondary school-based AIDS education program was conducted in Uganda in 2001. The evaluation found that the program was minimally significant due to time constraints and teachers’ discomfort with the material. (Kinsman et al. 2001) Another Ugandan quantitative evaluation of a school-based program conducted in 1996 found an increase in knowledge. The program, however, was a one-time health education session very unlike the several month-long

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SFL and YAK programs. (Migliori et al. 1996) A third Ugandan study from 1999 used a questionnaire to evaluate a primary school health education program. The evaluation found program participants became less sexually active and reported increased communication with peers and teachers on sexual matters. (Shuey et al. 1999) In Kenya, an evaluation of a national multi-sectoral HIV program revealed that lack of acceptance by schools was the most significant barrier to provision of HIV education in schools. (WHO, Population Council and FHI 2006) The findings of these evaluations may be abstracted to Ethiopia; however, school settings vary greatly from one country to another. Furthermore, the results of these studies vary greatly in terms of the determined impact of the programs. Therefore, this evaluation would serve to add variety to the body of literature on East-African school-based programs, helping to establish patterns of what does and does not work in developing HIV/AIDS programming for in-school youth.

Life skills programs

In addition, there are gaps in the literature on the implementation and evaluation of life skills programs in Ethiopia. Studies in other African countries have demonstrated some success for taking a life skills approach to adolescent sex and HIV programming. A South African study of youth age 14-22 found that life skills programming increased HIV knowledge and participants were more inclined to use condoms after the program. (Magnani 2003) This evaluation lends further knowledge to our understanding of the impact of life skills programs on adolescent youth.

An important way in which this evaluation adds to the body of literature is through the presentation of qualitative data about the experiences of participants in life skills HIV education programs. Few qualitative evaluations of life skills programs, particularly ones specific to the Ethiopian context, have been made public. A study of a Tanzanian primary school HIV/AIDS education and life skills program used a pre-/post-intervention research design to survey participants. The evaluation found participants said they had access to more AIDS information and knew more about the virus after the program, were able to communicate better, and had better attitudes towards PLHAs. (Klepp et al. 1994) The significant findings of this evaluation were only presented using the collected quantitative data. As a result, the study lacks any detailed explanation of how youth communicated before vs. after the program or a contrast between the attitudes they exhibited towards PLHAs pre- and post-intervention. The qualitative data collected in this evaluation, which will be paired with quantitative evaluation data, provides a more complete picture of how youth were influenced by the life skills programs and what program components resonated most with the participants.

3. METHODOLOGY

The qualitative component of the endline YAK and SFL evaluation consisted of a series of in-depth interviews with participants, parents and leaders/teachers of the programs. We anticipated conversations may involve sensitive topics such as sexual behavior, so in-depth interviews were chosen to be the most comfortable setting in which research participants could engage in an open discussion.

The following is a snapshot of the individuals interviewed:

Program	Regions	Setting for Program	Interviewees
YAK	Oromiya & Dire Dawa	1 In-School Club; 2 Out of School Clubs from each region	24 Participants
			6 Parents
			6 Leaders
SFL	Oromiya & Amhara	6 Schools (3 from each region)	24 Participants
			6 Parents
			6 Leaders
2 programs	3 regions	12 Clubs/ Schools	72 interviews

3.1 Interview team

HCP hired the Miz-Hasab Research Group to conduct the interviews. Miz-Hasab had a team of four interviewers who underwent a one-week training in the purpose of qualitative research, how to conduct interviews, how to write and organize interview notes, and a detailed discussion of the interview guides.

3.2 Selection and sampling

Regional Selection

The evaluation sampled from three regions: Oromiya and Dire Dawa for YAK and Oromiya and Amhara for SFL. These regions were selected because Oromiya represents a region with mixed religious backgrounds including a sizeable Muslim population where Dire Dawa and Amhara represent predominantly Orthodox Christian regions of the country. The regions were also among the original contingent of YAK and SFL sites, so their programs were well established and interviewees were more likely to be familiar with and engaged in program activities. Furthermore, these three regions were included in the baseline survey for the programs. The fourth region included in the baseline, Tigray, was less easily accessible and thus less preferable for use in the qualitative endline evaluation.

YAK Sampling

For the YAK evaluation, a total of 24 students were interviewed, 12 from Oromiya and 12 from Dire Dawa. The youth interviewees were evenly split across gender. YAK participants ranged in age from 10 to 27 according to data collected in the process evaluation; however, the endline evaluation sought to gain feedback primarily from youth 15-19, as they made up the large majority of the baseline participant population. Two age ranges (15 to 17 years and 18 to 19 years) were used so that we could compare the experiences of older and younger participants in the program. These age ranges were developed based on data from the baseline YAK survey, in which 28% of the youth were age 15-17 and 35% were age 18-19. Participants interviewed were evenly split into younger and older groups; however a few fell above 19 years of age due to availability of informants on the interview day. Since YAK occurs in school-based as well as out-of-school clubs, the endline evaluation sampled both types of programs. Given the baseline data that one-third of YAK clubs are in-school and the remainder clubs are out of school, one in-

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school YAK club and two out-of-school clubs were sampled per region. The YAK evaluation also included 6 interviews with parents of YAK participants and 6 interviews with YAK leaders.

SFL Sampling

For the SFL evaluation, a total of 24 students were interviewed, 12 from Oromiya and 12 from Amhara. SFL participants interviewed were evenly split across gender. SFL participants ranged in age from 11 to 19 according to data collected in the process evaluation; however, the endline evaluation sought to gain feedback primarily from youth 13-17 as they made up 92% of the baseline participant population. Two age ranges (13 to 14 years and 15 to 17 years) were used to be able to compare the experiences of younger and older participants in the program. These age ranges were selected according to data from the SFL baseline survey indicating that 57% of SFL youth were age 13-14 and 35% were age 15-17. Participant interviewees were evenly split across the two age ranges. The SFL evaluation also included 6 interviews with parents of SFL participants and 6 interviews with SFL teachers.

Interviewee Selection and Consent

For the 18 interviews conducted in each region, 3 schools or clubs were selected by HCP staff. Clubs and schools were eligible to be chosen if they had been involved in the baseline evaluation and if they had completed the majority of the program activities. HCP staff met with club leaders or school Principals to ensure they were willing to participate in the evaluation. In each school, a few days before interviews were scheduled to take place, the list of YAK or SFL participants was reviewed by HCP staff and program leaders/ teachers in order to identify participants who were involved in at least half or more of the program activities. These youth were considered “active” program participants and were the sample from which interviewees were selected. Actively participating youth were chosen to be interviewed in order to collect richer information about participant experiences and potential impacts of the program. The active youth were solicited to volunteer to participate in the interviews. Volunteer participants were more likely to be willing to talk, thus making more willing and informative participants in the research process. On the day of the interviews, leaders/teachers identified which youth were present and available (and if under 18 had a parent available to provide consent) from the list of actively participating youth who had volunteered to be interviewed. The Miz-Hasab interview team then selected from the available youth to satisfy the gender and age sampling criteria as detailed above (*see also 7. Appendix*). In rare cases where multiple youth fit the age and gender sampling criteria and were available to participate in an interview, the Miz-Hasab interview team selected their interviewee at random from the group of eligible participants.

Interviewees were asked to provide verbal consent in order to participate in this research activity. For those interviewees who were below 18 years of age, verbal parental consent was also obtained.

In most schools and clubs, parents of selected youth to be interviewed were contacted prior to the schedule interview date so that they could come to the club/school and provide verbal consent. From the group of parents providing consent, one parent of a youth interviewee was also chosen to be interviewed. Both mothers and fathers of participants were eligible to participate in the interview. If more than one parent from a school or club volunteered to be interviewed, a parent was randomly selected from the volunteers to participate. After conducting the YAK parent interviews in Dire Dawa and Oromiya, Miz-Hasab staff reported no fathers had volunteered to be interviewed. To ensure the inclusion of fathers’ perspectives, we asked HCP staff to encourage the recruitment of at least one father per region to participate in SFL parent interviews.

One YAK leader or SFL teacher per each school or club was also interviewed. In clubs and schools where there were multiple leaders/ teachers, the individual who had lead more of the activities was considered the preferred interview candidate.

3.3 Interview instruments

A total of six interview guides were drafted by HCP staff: SFL participants, SFL teachers, SFL parents, YAK participants, YAK leaders and YAK parents.¹ These interview guides were translated by staff from Miz-Hasab.

¹ Interview instruments are available from HCP upon request.

3.4 Data translation and analysis

Interview Notes and Translation

On days between interviews, the Miz-Hasab interviewers drafted detailed notes from their interviews using audiotape recordings to ensure accuracy of quotes. The interviewers were trained to organize their notes according to the themes covered in the interview, so the notes did not necessarily reflect the exact flow of conversation.

The detailed notes were translated by a Miz-Hasab consultant in Addis Ababa. The consultant, Dr. Hailom Banteyerga, was the coordinator of the qualitative evaluation data collection. He holds a Ph.D. and is a professor at Addis Ababa University. He had been involved in several qualitative research studies with Miz-Hasab and had experience in Amharic-English translation. Notes were translated for content rather than word-for-word.

Data Analysis

Translated notes were analyzed by Radha Rajan, an HCP intern, using N*Vivo software. Each interview was assigned a document title that indicated interviewee age, gender, location, program participation and included an index number. Six separate coding guides were developed using the six interview guides as a framework. Additional in vivo codes were developed during data analysis. Interviews were analyzed in six separate project groups: SFL participants, SFL parents, SFL teachers, YAK participants, YAK parents and YAK leaders. Each interview was coded line-by-line. The codes were brought together in matrices that presented the themes within each code. For example, under the code for cooperation between club members before YAK, comments were grouped into themes such as “previously did not have shared objectives/ did not work as a group” and “previously argued with each other/ refused to cooperate.” Themes within a code were used where possible to generalize the influence of the programs on participants, parents and teachers/leaders.

4-5. RESULTS

The results of the qualitative endline evaluation are presented in the section that follows. There are two main portions to the results section: one on SFL and one on YAK.

The results for each program are presented in sub-sections, following a behavior change framework. According to this framework, the sub-sections are arranged starting with perceptions of the program, followed by results on knowledge, attitudes and efficacy. Afterwards, the section covers results related to life skills and outreach. The results section concludes with a presentation of findings on behavioral influences of the program.

Results from the quantitative endline evaluation will be similarly presented so that the two reports can be read together to gain a holistic understanding of the programs' influences on factors leading to behavior change and on changes in sexual behavior.

In each sub-section of this report, results are presented first with comments from participants, then parents, then leaders or teachers.

4. SFL RESULTS

4.1 Feelings about the program/ Recommendations for program change

4.1a High involvement in the program

The participants interviewed were active students from participating schools. Most of the schools had completed all 23 SFL activities and most students had been involved in 75% of the activities their group implemented. Most male participants said they had been selected by the school or their teacher to join the SFL program whereas many of the female students said they volunteered to be part of the program. Most participants joined the program because they thought the SFL objectives were valuable and they wanted to learn about HIV and gain life skills. Half of the male participants said their school had achieved Champion status and half said they had not. Several of the male participants commented that they had not received champion status despite having completed all the activities. Most female participants, however, said their schools had reached champion status. Knowledge about Champion Status seemed to be a discrepancy, and male participants were more accurate in knowing the true status of their school.² Those who had reached champion status seemed to take pride in it, calling it an honor and saying they were happy for the title. One 15 year-old male student from Oromiya noted, ***“I am proud that our school has been honored a champion school and I am also nourished with valuable knowledge.”***

As indicated by the facts that most schools had completed all 23 activities and most students had been involved in at least three-quarters of their group’s activities, the schools sampled were actively involved in the SFL program. Many teachers said they had been leading the SFL program for six months or more, had already completed nearly all the activities and had active participation from their students. Teachers said they met with their students 1-2 times per week. Half of the schools had been awarded Champion status; several were surprised or disappointed that they had not received recognition as Champions sooner or at all at the time of the interview since they had completed all of the activities.

4.1b Positive perception of the program

Participants held SFL in high esteem, saying they liked the program and found it useful. One 13 year-old girl from Amhara said, ***“SFL has been a good program especially for ladies. It has acquainted us to know about HIV, our future goals and how to protect ourselves from contagious diseases.”*** Most participants were able to point to a specific activity they enjoyed best in SFL. There were several activities that were mentioned repeatedly; they were: decision making, working together, and communicating with parents. Some participants said there was no activity they liked least in SFL, and a few pointed to a specific activity; however, no activity was mentioned more than twice. Two male participants said they disliked the reproductive health organs activity.

Most participants said they liked the way information was presented in SFL and that they had found it entertaining. Many youth said the activities were fun and educational. Most participants agreed that the discussions were enjoyable because they had allowed students the opportunity to share their ideas. A 16 year-old boy from Oromiya said, ***“We get information and we also generate information through discussion. It is a two-way system.”*** Females were more vocal about the skits than male participants; some said that they liked the skits and found them both fun and educational. SFL participants were not asked specifically about their opinions on the Youth Passport, so no comments were collected on like or dislike of the booklet.

Most parents said they knew about SFL and had heard about it from their child. Similar to the participants, most parents thought the program was useful and said that they had learned about HIV from their child who participates in the SFL program. A few said they had heard community members talk positively about SFL. All parents agreed that they were happy their child participated in the program. A father from Oromiya commented, ***“I am happy with my daughter’s involvement in SFL because it prepares her for life by training her on how to lead her daily life.”*** A few parents said they attended SFL events. A few more said that although they knew about the events, they did not attend and instead supported the program by allowing their children to participate. Parents who knew about the events did not give any other reasons for their lack of participation during the interviews, however, through

² It is difficult to account for the discrepancy in knowledge about champion status. Female participants seemed to be less informed than males about the progress of their school, but the females interviewed were no less involved in the activities than their male counterparts.

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conversations with HCP staff it was gathered that many parents are unable to attend events as they conflict with work hours or do not live nearby to the school, where most events are held.

All teachers noted that they had gained valuable experience in terms of knowledge and skills from being part of SFL and many said they thought the program was worthwhile for their students. One Amhara SFL teacher said, ***“Concerning the experience I got in SFL, I have acquired indispensable knowledge from SFL. The program of SFL prepares a person for real life. I used to think that changing behavior is difficult, but I am learning from SFL activities that it can be done. SFL has trained me to realize people must get the necessary education and should be helped to find what they need. SFL has changed my attitude that I have regarding the youth. I now know the youth needs a mind set up that guides them, to take care of themselves and others as well.”*** In agreement with participant comments, most teachers said they and their students had liked the way information was presented in SFL. Many said they enjoyed the sport activities and all teachers said the discussions had been engaging because they were very participatory. According to a teacher from Oromiya, ***“Students admire the discussions made in SFL because it involves direct participation of students and enabled them to develop abilities of listening and sharing ideas. Students learned to be open, sincere and transparent in their behavioral practices.”***

4.1c Challenges to consistent leadership and rewards of teaching the program

Most teachers said they had become involved in the program because they were physical education teachers at the schools. A few said they had received training on how to implement the program and many said they had felt prepared to lead SFL given their training and past experience in sports and education. HCP aims to train all PE teachers; however, HCP staff noted that they face challenges to retaining the trained teachers. Since teachers are government employees, they are subject to sudden transfers of position depending on school needs. HCP staff noted that teachers are often shifted a few weeks or months into the school year, so that SFL- trained teachers are suddenly rotated away and non-trained teachers are left to teach the program. HCP tries to catch these untrained teachers with refresher training workshops, but the teachers may feel as if they had never been formally trained in the program.

Most teachers said they enjoyed leading SFL. One teacher from Oromiya said, ***“As I started working on SFL, I liked it more and more. I am glad that I am the leader of SFL. It is a program that gives useful guide to life and the life of my students.”***

4.1d Recommendations for Program Change

Participants had some suggestions for improvement of SFL. The two most salient being that there should be a continuous SFL program with refresher trainings and site visits given over a longer length of time and that trained youth should be involved in training new schools on SFL. Most participants did not feel as though there was anything in particular that needed to be added or changed in the curriculum. Participants agreed community involvement is important and suggested some culturally specific ways to engage adults such as integrating outreach into community association meetings, using drama and doing outreach during tea/coffee ceremonies. The areas of support most often cited to help schools implement the program were money for festivals, IEC materials, markers, flipcharts, sports and music equipment. A 15 year-old girl from Amhara commented, ***“Finally, we can fight AIDS if we get materials like teaching books, leaflets because the community can get the knowledge where they are.”*** All participants recommended that SFL be expanded to more schools in the country.

Like the participants, a few parents suggested that SFL could be improved if the program was given more time or offered continuously. A few parents also said that the program needs to involve others in the community so that they can learn from SFL. Many parents agreed that community outreach is important and should be given more time in the SFL curriculum and a few suggested doing community outreach in public gatherings so that the messages would reach more people. One mother from Oromiya suggested, ***“It would be good if the training were given for both parents and the community. It would be advisable if the first trained ones give lesson to the community. Parents must be invited to some programs and there must be a fixed program arranged for parents only.”*** Half of the parents said SFL needs no change and that all the necessary information is in the program. A father from Amhara noted, ***“There is no activity which is not included in the program.”*** Another father from Oromiya agreed, ***“SFL has included all the necessary things.”*** Half of the parents, like the participants, talked about how their child’s school needs financial and material support to conduct SFL. All parents, in consensus with the participants, agreed that the program should expand to cover more schools in the country.

In agreement with the participants, most teachers said the biggest way to improve SFL would be to provide material and financial support to help in implementing the program. Half of the teachers also talked about an interest in more technical assistance through site visits, networking opportunities and trainings. Many teachers said they didn't think there was anything that needed to be added or changed in SFL. Many said that the best way to involve the community and parents would be to involve school administrators, government and kebele leaders in the program. This suggestion differed from the suggestion of the parents, reflecting the teachers' different point of view, working within the government and school systems. Similar to others interviewed, most teachers said they think SFL should be introduced to more schools in Ethiopia. A teacher from Oromiya said, "***SFL should be part of the school curriculum. If it were taken as a subject, all students would have the opportunity to develop life skills that could positively influence their future life as well as that of the community.***"

It is important to note that there were no female SFL teachers interviewed in the six SFL schools selected. We did not purposely try to sample equally across gender for the teachers, and it would not have been possible to do so. Only 5% of PE teachers in all Ethiopian schools are female. Although no participants said they would have preferred to have had a female teacher lead SFL, it may be worthwhile for the Ethiopian Ministry of Education to consider recruiting additional female PE teachers in order to implement SFL with a better gender balance in its leadership.

4.2 SFL influence on HIV knowledge

4.2a Deeper HIV Knowledge

Participants agreed that SFL has influenced their knowledge on HIV. Before SFL most participants said they had limited or incorrect knowledge of HIV transmission. Most male participants and some females also thought they had limited knowledge of prevention methods as well. After SFL, participants agreed that their knowledge of transmission and prevention methods had increased. A 15 year-old girl from Amhara said, "***For example, I had the knowledge about the ABC rules hence I have developed my knowledge better after SFL. For example, I used to think abstinence works only one time. However after SFL I learned we can abstain ourselves 'til we get married.***" Some male participants and a few of the females also talked about how they had learned more detailed information to better understand the virus and how HIV operates in the human body.

Like the participants, most parents said that SFL increased their and their child's knowledge on HIV. Fewer parents thought their child was informed about HIV before SFL- half said their child had little to no knowledge of HIV before SFL. Similar to the youth, all parents agreed that their child had more knowledge about HIV transmission and prevention methods after the program. Speaking for themselves, a few parents said they had limited HIV knowledge before the program and all agreed that their knowledge of HIV had increased after SFL due to information they received from their children. A father from Oromiya said, "***If she (my daughter) weren't a member of SFL club, she wouldn't discuss with me openly and convey the messages of SFL to the family.***" An Oromiya mother added, "***We discuss at home based on the lesson she gets from SFL on HIV. For instance, we discuss about how HIV is transmitted and how it can be prevented.***"

Teachers' comments were similar to those of the participants. Some teachers said that SFL increased their students' knowledge about HIV. Most said that before SFL students had limited and some incorrect knowledge about HIV transmission and prevention methods. After SFL, like the other interviewees, all teachers agreed that students had a deeper and more comprehensive base of knowledge about HIV.

4.3 SFL influence on attitudes, risk perception and self-efficacy

4.3a Improved attitudes towards PLHAs

Male participants were very vocal about the fact that SFL had changed their attitudes in regards to PLHAs for the better; only one female participant commented that her relationship with PLHAs had improved. However, when comparing how they acted before and after SFL, all participants were more verbose. Before SFL most participants said they feared PLHAs, thought they were maliciously trying to infect others, and said they thought they may catch the virus from having any association with HIV+ people. Some female participants and a few males said they thought PLHAs waste away and die quickly. About half of the participants who commented on their attitude to PLHAs before SFL said they used to stigmatize and avoid them. A 13 year-old boy from Amhara said, "***I used to avoid them (PLHAs) because I used to think that I could be infected with HIV if I get close to them. For example,***

there is an old lady who lives in village. She is HIV positive. My friends and I used to run away from her and refuse to speak to her even if she asked us for some help.” After SFL most participants said they no longer feared PLHAs because they had a better understanding of how HIV is transmitted and how they could protect themselves. Said one 13 year-old girl from Amhara, *“Before SFL, I used to get terrified to enter in the house of HIV positive people who reside in our village. However after SFL, I have avoided such fear and started to have good contact with them and I help them in any thing. In fact I used to consider the virus would pass to me if I shake the hands of HIV positive people. However, I now know it can only be transmitted through blood contact.”* A few said they came to understand the importance of giving love and support to PLHAs. In specific, participants supported PLHAs by greeting them in a friendly manner and taking time to talk with them. A 14 year-old boy from Amhara commented, *“After SFL, since I learned eating and working together with HIV positive people don’t transmit the disease, I now have a positive attitude and relation with PLHA. Coincidentally, there was a woman who rented in my brother house. I used to run away from her and never greeted her. However after SFL, I have started visiting her and chatting with her.”*

Parents corroborated their children’s comments and noted that they had also gone through a similar change in their attitudes towards PLHAs. Half of the parents said their child was scared of or stigmatized PLHAs before SFL and many said that they also feared or stigmatized PLHAs before the program. After SFL most parents said that they and their children had come to recognize the importance of giving care and support to PLHAs and half the parents said they no longer feared PLHAs because they had learned more about HIV means of transmissions and methods of prevention. One mother from Amhara commented, *“Currently based on the lesson I get from my child, I believe I am obliged to help HIV positive people. (After SFL) I have also changed my attitude towards PLHAs. I do not fear them, instead I help them.”* Although several parents talked about helping PLHAs after SFL, none described the support they lend to PLHAs in further detail.

Teachers supported their students’ comments about changed PLHA attitudes. Some teachers said that SFL influenced their students’ attitudes regarding PLHAs. Before the program some teachers said that students and the school used to stigmatize or avoid PLHAs and many said that the students feared PLHAs because they thought they might be at risk for HIV if they associated with them. After SFL most teachers said their students no longer feared PLHAs because they understood how HIV is transmitted and prevented. Many also said that the students talked about the importance of giving love and support after SFL and came to recognize the harm that stigma causes PLHAs. An Oromiya teacher said, *“(Before SFL) the attitude promoted about HIV positive person was stigmatizing. There was a billboard standing in our school as of 2000. The board shows a picture of an emaciated person with a caption ‘HIV positive person’. After that (the SFL training), a student came to me and said that the picture displayed on the billboard stigmatizes PLHA and it should be removed. We were so surprised by this idea and then we accepted it and removed the billboard.”*

4.3b Positive shift in attitudes towards HIV, Sex, ABC and Testing

SFL changed participants’ attitudes towards HIV. Before SFL some participants thought HIV was evil or a punishment and some also considered HIV a death sentence. However, after SFL, a few people said the program cleared their misconceptions about HIV and that they realized it is possible to lead a normal life even with the virus. According to a 15 year-old girl from Amhara, *“As I said before I used to consider curse as the cause of HIV and believe HIV victims pass away soon and are unable to work.”* Very few people talked about their attitude related to sex, however, a couple of female participants said that they no longer considered it to be a taboo subject after SFL. A few participants commented on their attitudes related to abstinence, saying they thought it was the best or most appropriate method of prevention for youth their age. A 14 year-old boy from Amhara stated, *“After SFL, I learned that only abstinence is an important practice at my prime of life.”* Only male participants talked about their attitude related to faithfulness. Some said they had not thought it was possible to be faithful to a single partner before SFL and a few said that after SFL they considered faithfulness to be important to a healthy relationship. A few participants noted that they considered condoms to be an appropriate method of prevention in cases when other methods (abstinence and faithfulness) were not possible. A few female participants said they do not support the use of condoms, but they agreed that it was an option necessary for those who could not abstain from sex. Some people think that the condom section should be removed from the program. According to a 14 year-old boy from Amhara, *“However after SFL, I have learnt using a condom is the right alternative to exercise if abstinence and faithfulness become out of league to practice. SFL can only be improved if it scratches off all the lessons that are not certain on what they say. For example, condom is not efficient 100%, therefore, it must be removed.”* Some female participants talked about how they learned about the importance of testing in SFL; they included HIV testing

in their discussions of the HIV prevention methods they had learned about in the program. For example, a 14 year-old girl from Oromiya commented, ***“Now I know all the prevention and transmission of HIV I mentioned above because of SFL. Thus, I learned the use of taking blood test before marriage, using of condom if abstinence becomes unattainable, faithfulness and being transparent to a partner.”***

In agreement with the participants, many parents said that SFL changed their child’s attitudes towards HIV. A few said that their child was not concerned with HIV before SFL and a few said that their child had considered HIV immoral or that he/she was horrified by the virus. Unlike the youth, parents had little comment on HIV attitudes after SFL. Only one parent commented, saying HIV was something he thought he could help to stop after SFL. Also unlike the participants, there was little comment on attitudes regarding abstinence and condoms. A few parents talked about HIV testing as a sure way to know someone’s HIV status, saying without testing one cannot tell if someone is HIV+.

A few teachers said that SFL changed their students’ attitudes in regards to HIV. This may be a question that was easier to conceptualize when split into questions about risk perception before vs. after the program, since more teachers were able to comment on the comparison. Before SFL a few said their students were not interested in HIV prevention. Half of the teachers said their students had believed various HIV myths. After SFL a few teachers talked about how their students’ attitudes had changed, but there was no theme that emerged. Underscoring a theme seen in the participants’ comments, half of the teachers noted that they and their students do not support providing information about condoms in their SFL activities. Only one teacher commented on HIV testing, and he did not express any particular attitude on the topic.

4.3c More realistic risk perception

Participants did not comment generally on their perceived risk of exposure to HIV, but were able to talk more concretely about the risk they felt before and after the program. Before SFL, some participants felt vulnerable to HIV because they didn’t understand how the virus was transmitted. Others felt at risk because they said they engaged in risky behavior such as sharing blades and needles. Another group of youth said that they did not feel at risk before SFL because they thought they were not vulnerable to the virus. Reasons for their invulnerability included because they were not having sex, because they thought HIV doesn’t affect rural areas, and because they thought they were too young to be at risk. After SFL, most youth said they no longer felt at risk for HIV because they understood how the virus is transmitted and what precautions they needed to take to avoid infection. A few, however, said they felt at risk after SFL because they came to realize all people are vulnerable to the virus.

Very few parents commented on their child’s or their own perception of risk to HIV exposure.

Like participants, most SFL teachers did not comment generally about students’ HIV risk perception. A few said that their students had not felt as though they were at risk for HIV before SFL. After SFL, many said that their students had learned about their level of vulnerability and therefore did not feel at risk because they were confident in their ability to protect themselves against HIV. A teacher from Oromiya noted, ***“The students used to think that HIV is only transmitted through intercourse. Therefore they used to think that they wouldn’t be infected with the virus if they abstain themselves from sexual intercourse. However, after SFL, they have understood the other means of HIV transmission and they are ready to take all the precautions to avoid HIV/AIDS.”***

4.3d Marginal reported change in self-efficacy, greater change perceived by others

Participants were not very vocal about changes in their self efficacy as a result of SFL. This may be a tough concept for the young interviewees in SFL to grasp.³ The few who did talk about their ability to prevent HIV said they felt more able to protect themselves after the program. One 14 year-old girl from Oromiya said, ***“I used to think HIV***

³ Interviewees may not have understood the initial interview guide question, “has SFL influenced your ability to protect yourself from HIV/AIDS” and thus not had anything to say about general changes in self-efficacy. However, interviewees were able to discuss changes in more detail when asked follow-up questions about abstinence, faithfulness and condom use (ABC), indicating that the program had some influence on confidence to practice these behaviors. Youth indicated the ABC prevention concepts were somewhat unknown before SFL, so it possible that SFL was a first introduction for youth to these prevention methods. Given the newness of the methods, students may have needed more time for the ideas to settle in to feel confident in their ability to practice abstinence, faithfulness and condom use behaviors.

as an evil alien thing before SFL. However, I now cleared all my fears after the lesson I got from SFL. I now know that can protect my self from the infection and can live a healthy life.” Before SFL some participants said they hadn’t known about abstinence. After the program some said they decided to abstain. Before SFL most male participants said they didn’t think it was possible to be faithful to a single partner and most female participants said they hadn’t really thought about faithfulness. After SFL, a few said they decided they will be faithful in the future. Most participants didn’t know about or how to use a condom before SFL. After SFL very few of the male participants said they were confident they could use a condom if necessary. No female participants commented on the topic.

Unlike the participants, parents were much more confident in the children’s improved ability to protect themselves. All parents agreed that their children were more able to protect him/herself from HIV because of increased HIV knowledge after SFL. According to an Amhara mother, *“She (my daughter) used to consider HIV as a simple thing. However, SFL has enabled her to take the necessary precautions since it has educated her how HIV is transmitted.”*

Like the parents, all teachers agreed that SFL helped their students become more able to protect themselves against HIV. Before SFL some teachers said their students didn’t think abstinence was possible and some students did not even know about the concept of abstinence. After SFL many teachers said they have many students who decided to abstain. Before SFL some teachers said some of their students thought it would be difficult or impossible to be faithful to a single partner. After SFL some teachers said that their students decided to be faithful to their partners in the future. A teacher from Amhara commented, *“Before SFL they (the students) used to think that abstinence is impossible, but now they know that they can abstain from sex ‘til marriage and this is what they decided they would do. They have decided to abstain from sex until marriage and remain in faithfulness with a partner after marriage.”* Few teachers commented on their students’ efficacy to use condoms, saying they now know about and how to use them.

4.4 SFL influence on collective efficacy and cohesion

4.4a Increased group efficacy

SFL participants were not very vocal about how the program had generally influenced their group’s ability to fight HIV/AIDS, but comparing their group’s ability before and after the program, participants were able to be more articulate. The very few that commented on group efficacy in general said that they felt their group was better able to fight HIV/AIDS together after SFL. Before SFL, about half of the male participants said there had been no student group, only school information on HIV. The other half said that although a student anti-AIDS group had existed before SFL, school staff and students had not cared much about their efforts and their activities had been largely ineffective. Some girls agreed that past HIV prevention efforts had been poor and a few said that they had gained minimal knowledge from past activities. A 15 year-old girl from Amhara said, *“There were some clubs before SFL, like anti-AIDS club, girls club, and traffic club. So in these clubs we used to get some information even if it wasn’t as good as or suggestive as SFL.”* After SFL most male participants felt that the SFL activities had made their group more able to fight HIV because they were more participatory and thus did a better job engaging the students. A 16 year-old boy from Oromiya stated, *“After SFL, the club has started to arrange festivals by itself in far better ways than what the school administration used to do before SFL. Our activities are entertaining, educational and meaningful that people in the festival attend attentively and with interest.”* Most female participants said their group was more capable after SFL because they were more knowledgeable and able to teach others about HIV prevention.

To draw out more information on group efficacy, youth were asked about their group’s ability to work together and to organize events before and after SFL. Before SFL most participants said they did not do group work or that group work was difficult. After SFL, however, most participants said their groups had developed skills to be able to work together and appreciate team efforts. A 13 year-old girl from Amhara said, *“Before SFL, we don’t take responsibilities to each other because we were all self-centered and self-seeking. But after we join SFL, we started to be unselfish or altruistic. In fact we had a good sort of relation, and after SFL, it has helped us to strengthen it. We used to do things together jointly in a group however males and females do the work separately. After SFL, such things are avoided and we work together without considering our sex.”* Similar to their comments on increased cooperation in the group, most participants said that before SFL their group had lacked the capacity or had never tried to organize a large event such as a community festival. After SFL many participants

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felt their group had developed the ability to coordinate an event, however, some of the male participants said they had not yet hosted a festival largely due to time constraints.

Another measure of group efficacy used in the interviews was whether youth felt their SFL group had become a source for HIV information in the community through SFL. Before SFL most students said they were able to access HIV information mainly from their school as well as from health experts and PLHAs, the media, anti-AIDS clubs, NGOs and the cultural center in the community. A few said there had been no or very limited information on HIV prior to SFL. After SFL all participants agreed that the SFL manual and group members were new and valuable sources of information about HIV. According to a 14 year-old boy from Amhara, ***“Before SFL, students used to get information about HIV from different sources. For example from anti AIDS clubs, TV and radio but after SFL they get information from SFL manual.”***

Only one parent commented on their child’s group’s efficacy before SFL saying they used to teach students in the school about HIV. After SFL, like the participants, many parents said the SFL group was able to teach others about HIV, indicating increased efficacy to prevent HIV in the community. In further support of their children’s comments, many parents said their community had little to no information on HIV before SFL and most agreed that SFL became a major source of HIV information in the community once youth participated in the program.

Teachers had less to say about their SFL group’s efficacy to prevent HIV. Only one teacher commented about how SFL influenced his group’s efficacy to fight HIV saying that SFL increased their ability. Only one teacher talked about how able his group had been before SFL saying that they were not effective. Most teachers said that after SFL their students were more knowledgeable about HIV and interested in teaching others and reaching out to the community. Half of the teachers said that their groups had developed skills to work together and set team goals. An Oromiya teacher told the following story, ***“The group goal is the community outreach and teaching the community on HIV/AIDS. Moreover, after they (the students) have learned about harmful traditional practices, they went into the village practitioners of circumcision and other practices that spread HIV, listed their names and gave the list to us for action. Unfortunately, we were unable to stop them because it was beyond our authority.”***

4.4b Increased group cohesion

Participants agreed that SFL had helped increase the sense of cohesion in their group and amongst their classmates. Most said that before SFL they did not trust any of their classmates. After SFL, participants said that they developed trust among more of their classmates (not necessarily all of them) through working together, getting to know and help each other, and through sharing personal experiences. A 16 year-old boy from Oromiya commented, ***“The activity called ‘narrowing a space’ has taught us a lot. I never had that much trust on my classmates before SFL. The reason is there was no spirit of working together, open discussion and intimacy among us. After SFL, since my intimacy and working together with my classmates has been enhanced greatly; my faith on them has improved.”*** Some participants said that they hadn’t felt as though they fit in with their SFL group before the program because they lacked self-confidence, doubted their ability to do the SFL activities and had not previously interacted with members of the group. After SFL most participants said they felt like active and necessary members of their group and that they had realized their capability to contribute to the group and to the school. A 13 year-old girl from Amhara said, ***“I did not have the confidence that I could do the things I am doing after SFL. Now thanks to SFL I am fit and confident to give answers for any questions asked and actively participate in discussions.”*** Some participants said that their SFL group had developed new shared skills since participating in the program. These skills included increased ability to hold open discussions, problem solving, listening, decision making and public speaking skills, the ability to work as a team, and a shared sense of compassion for each other and people who needed their help.

In agreement with the youth, most teachers said that SFL helped their students feel closer to one another. Before SFL many said that the students did not trust each other. After SFL, most said that students had much more trust in one another as evidenced by the fact that they openly shared their thoughts with each other. Many teachers said that students learned skills for working together as a group through SFL.

4.5 SFL influence on life skills (communication, resistance to peer pressure, decision-making, goal-setting)

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4.5a Improved communication skills

SFL participants agreed that the program had improved their communication skills. Before SFL some said that they lacked confidence and had trouble expressing themselves. Girls particularly noted that they were not able to create good rapport with people when communicating in general before SFL. After SFL most participants said they gained confidence in their ability to communicate and felt more knowledgeable when speaking. A 15 year-old girl from Amhara said, ***“Before SFL, I never had adequate and satisfactory knowledge and used to lack confidence to communicate with people. However after SFL, I have avoided such nature of behavior and become fit at my position.”*** Some girls noted that they were better able to establish rapport because they had learned to listen and had become selective in their word choice when talking with others.

Most participants said that they were scared or just never tried talking about HIV before SFL; however, after the program they were able to discuss HIV freely with family members, friends and their teachers. Some participants attributed their improved ability to talk about HIV to increased confidence and knowledge they had gained in SFL. A few male participants noted that they still had trouble engaging friends and parents in conversations about HIV. A 14 year-old boy from Amhara said, ***“Before SFL, I used to discuss about HIV with my sister but with fear. I lacked confidence to discuss about HIV with other people. But after SFL since my understanding about HIV has improved, I have build up my self-confidence. I discuss with people on topics like HIV without any fear. In fact, I have started to discuss HIV with my sister, but my parents leave shortly whenever I start talking about HIV.”***

Most parents said SFL changed their child’s ability to communicate, supporting the comments of their children. Half of the parents said that before SFL their child had been scared of them or did not talk with them. Most parents said their child was a better communicator after SFL.

Many parents said that before SFL they did not talk to their child about sex and HIV. After SFL, however, most parents said they openly talked about these topics and many parents said they relayed their values about sex, particularly about abstaining, faithfulness, HIV testing, and proper treatment of PLHAs to their child. A father from Oromiya noted, ***“After she started attending in SFL, she (my daughter) discusses about sexual intercourse openly with me. Before SFL I didn’t try to enlighten to her about sexual relations because I felt that she might feel insecure. However after SFL, we discuss openly about every aspect. For example, we discuss about the harm of practicing sex before marriage.”***

In concurrence with the others interviewed, all teachers said that SFL influenced their students’ ability to communicate. Before SFL a few teachers said their students did not have good communication skills. After SFL a few said their students were generally more able to communicate freely and establish rapport. In addition, before SFL many teachers said their students didn’t discuss HIV, however after SFL a few said they then saw students talking openly and with many people about HIV.

4.5b Increased ability to resist peer pressure

Participants said SFL helped them learn the skills to deal with peer pressure. Most participants said they had experienced pressure before SFL and that they had given into the pressure or had not responded to pressure appropriately. After SFL most participants said they had learned to avoid or deal with pressure and many said that they responded to pressure by communicating their opinions and trying to convince their friends to take a better path. A 14 year-old Amhara boy said, ***“Before SFL, my friend used to push me to miss classes and spend time walking around the city and I used to follow what they wanted me to do. However after SFL I try to resist the pressure that I encounter from my friends and advice them to unleash themselves from this kind of conduct.”*** A 14 year-old girl from Oromiya stated, ***“SFL has taught me the technique to deal with sexual threats and invitation for sexual relation. I have learned to be able to persuade people to be reasonable and understanding instead of inviting them for confrontation.”*** Another 14 year-old girl from Oromiya commented, ***“(Before SFL) When my friends asked me to go to place, I used to go to with them to make them happy, although it might upset my program. For example, I used to take part in chewing khat with my friends and I used to miss classes. I used to miss school and spend my time with my female friends. After SFL, I have recognized what I did with my friends was spoiling me and I know how to tackle such pressure coming from such friends. I now have started advising my peer friends about the disadvantage of doing such things. I refuse to accept their request if they don’t listen to my advice.”***

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Parents seemed less aware of their children's experience with and ability to handle peer pressure. Half of the parents said that SFL taught their child how to deal with pressure. Many said that they had not thought their child faced any sort of pressure before or after SFL but a few said they thought their child had better communication skills to cope with pressure since participating in the program. A few said that their child had faced some kind of pressure and had made a parent-approved decision to avoid the pressure after SFL. Parents did not comment on and thus may not have been aware of their children's ability to convince others against participating in an activity when confronted with peer pressure.

In support of participant comments, all teachers agreed that SFL helped their students recognize situations in which they were being pressured and gave them skills to be able to deal with pressure. Before SFL many teachers said their students did not have an appropriate response to pressure and a few said that students didn't recognize the harm in peer pressure. After SFL all teachers agreed that their students understood what peer pressure was and had developed skills to be able to assert their opinion or resist being pressured into unwanted activities. A teacher from Oromiya told the following story, ***“After SFL students have learned many methods of tackling peer pressures. For example, one person invited a 6th grade student for making love. In fact, both have reached puberty. However the girl was able to explain to the schoolboy that at this age her interest is her education. Unfortunately, he refused to accept her and he abducted her by teaming up with his friends. Soon after, she convinced the guy that she will marry him after going to the city and checking their blood test. After they reached to the city, she run into a nearby residence and rushed into a house screaming for help. The family in the house called the police and took her to her home. She is now continuing her education without any restraint. Therefore, most students are capable of confronting peer pressures.”***

4.5c More thoughtful decision making

SFL influenced participants' decision making abilities. Before the program most participants said they used to make decisions without taking much time to reflect upon the consequences of their decision. Some said that they used to have trouble making decisions and had others decide for them. After SFL, however, most participants said they took time, thought about the advantages and disadvantages of a decision, and followed a multi-step process for decision-making that they learned in the program. A few said that they consulted close friends or their parents if they needed help in making a difficult decision. A 13 year-old girl from Amhara commented, ***“For example, I learned the benefit of appraising, taking advice from people and understanding if a decision is beyond my will to make. Before SFL, I used to make decisions without realizing what my aim was. However after SFL, I make decision after identifying which is important and which is not.”***

In agreement with their children, half of the parents said SFL improved their child's ability to make a decision. Before SFL half said their child used to rush into making decisions. Many said their child didn't consider the advice of others before deciding on a matter. After SFL all parents said their child had begun to consult them before making a decision and a few said their child thought about consequences in making a decision. A mother from Amhara said, ***“Before SFL she used to take decisions that put her in conflict with others. For example, she had the plan to go abroad and withdrew from school. We really had a quarrel. Now she has taken my advice and is following her education seriously. She makes decision after discussing the matter with me.”***

Similar to the comments of the others, most teachers said that SFL taught students how to make better decisions. Some said that students used to rush into decisions, lacked confidence and didn't think about the consequences of their decisions before SFL. However, after SFL all teachers said that their students made decisions systematically and after considering the consequences. Although no teachers had specific stories to illustrate a situation in which one of their students made a more thoughtful decision after SFL, a teacher from Amhara commented, ***“After SFL, they have started to follow the 8 steps to be followed in making a decision that they learned from SFL. In fact, they have started evaluating, thinking and sharing some ideas with others in their decision-making processes.”*** Another teacher from Oromiya added, ***“Some students told me that SFL has helped them to take good decisions which they were not able to do before the training and in effect have developed confidence in their decision making abilities. They have started evaluating and weighing the consequences if the decisions before they take them.”***

4.5d Setting new goals and making plans to achieve goals

Most participants said SFL helped them to set or adjust their goals. About half of the male participants and most of the female participants said they had a goal before SFL. Most male participants and half of the female participants said they set a new goal or changed their goal after SFL. Some had broadened the scope of their goal to include life goals, such as living a healthy life or providing for their family, after SFL. Some participants said they thought about the steps they need to take to achieve their goal and a few of the female participants had created a back-up goal for themselves after SFL. A 15 year-old girl from Amhara said, ***“My goal is to end up my current education and help my people in any verve. Even though my goal is like that I might face some obstacles like sexual assault or rape that might hamper me from reaching to my goals. SFL has showed me the ways to escape from such jams. My goal before SFL was to be a Doctor. If my plan to be a doctor comes out unsuccessful I will stray to the rural area and dare to teach the dwellers about HIV.”*** SFL youth were not asked specifically about how the Youth Passport influenced their goals, so no comments were collected regarding the booklet.

Some parents supported the comments of their children about setting goals. A few parents said that SFL helped their child set goals. All parents knew about a goal that their child had set for him/herself before the program. Half of the parents said their child changed and set a new goal for themselves after SFL and half said their child’s goal had remained the same. Half of the parents said that through SFL their child thought about how to achieve their goal and started working towards it.

All teachers agreed that SFL helped their students in setting goals. Before SFL, in contrast to the comments of the youth, teachers thought their students had no goals. After SFL the teachers realized that students had set and thought through personal goals for themselves as well as goals for their SFL group to achieve together. A teacher from Oromiya said, ***“After SFL, students were seen setting individual and team goals and trying hard to achieve their goals. SFL has made them to be focused and purposeful.”*** It is possible that teachers attributed both setting goals and thinking through how to achieve them to SFL where students may have previously been less vocal in discussing goals but in fact had set them without the program, only thinking through steps to attaining their goals in SFL.

4.6 SFL influence on community outreach efforts

4.6a Challenges in conducting community outreach

Participants thought that community outreach was an important component of SFL but several said that their school did not hold any festivals or outreach events due to a lack of time. Most participants said their parents supported them in their SFL participation but they were less certain about how the community had supported the program. About half of the male participants said the community appreciated SFL where the other half said that most community members were unaware or had the wrong impression about SFL but came to appreciate it as they learned about the program. Most female participants also thought the community was not fully aware of SFL but that they approved of it when they became more familiar with the program’s objectives. A 13 year-old girl from Amhara said, ***“We teach in group to the community about HIV/AIDS. Those who participated in our activities believe that SFL is useful for their children. They think SFL would prepare their children to be able to avoid HIV infection and become responsible citizens. However, the community at large does not know much about SFL, for we have not done enough community outreach activities.”***

In addition, before SFL a few participants said they had a superficial relationship with their community members and a few said their relationship was bad or that they had showed a lack of respect for people in their community. Many participants said that after SFL their relationship with the community improved because they were able to communicate better and had changed their behavior.

Half of the parents said they thought it was important for their children to do community outreach because the community learned valuable information. A few were unaware of any community outreach component in SFL. Most parents said SFL had a positive influence on the community. One mother from Oromiya said, ***“The lesson they give to the community is based on HIV knowledge. They have changed the people’s attitude very much.”*** Only a few parents commented about the relationship of their children with his/her peers. They said their children had a good relationship with peers before SFL but that the relationship improved further after SFL. Like their children, many parents said that after SFL their child had a better relationship with the community because he/she was a more active participant in the community. ***“I see my daughter participating in community activities and also conveying HIV/AIDS messages to the neighbors and other community members. She has developed skills of***

passing messages to people, persuading them and informing them on things that they should not do in order not to be infected with HIV/AIDS,” said one father from Oromiya.

Echoing the comments of the youth, many teachers said their school did not do community outreach activities or that the activities were not successful. However, most later said that they had held community festivals; some said that the festivals were not well attended, but most said that attendance grew or that those who had come to the festivals appreciated the events. Half of the teachers said they thought those at the school and in the community who knew about SFL approved of the program.

4.6b Spontaneous involvement of parents in community outreach

Half of the parents said they took the SFL teachings and used them to try to teach others in the community about the program and about HIV. Although diffusion of the lessons is intended in the SFL program, there is no SFL activity that specifically engages parents to continue their children’s outreach efforts. As such, parent outreach is a spontaneous occurrence in the program. A father from Amhara commented, ***“I am glad because of my daughter involvement in SFL since it helps her to stick to her education and study hard. In fact there are some parents who hate their children’s involvement in SFL; nevertheless I have tried my best to change their attitude about SFL.”***

4.6c Improved personal relationships and child-parent communication

Participants said that SFL helped to improve their personal relationships. Before the program, unlike the perception of their parents, participants said they had bad relationships with their peers; the relationships were not constructive and reflected a lack of mutual respect. A few said their relationships with friends had been purposeless before SFL. It is possible parents responded with a socially desirable answer that their children got along fine with peers while children were able to be more critical of their relationship because they were more intimately familiar with their interactions with peers. After SFL participants agreed that they had good relationships with their peers and that had begun to discuss many issues freely. A 16 year-old boy from Amhara said, ***“Before SFL, my interaction with my peers was based on having fun and jokes. Before SFL I didn’t discuss about HIV/AIDS freely. But after SFL, I raise some issues, which I have learnt in SFL, with people and discuss with them openly and freely.”***

Additionally, most participants said they had had a bad relationship with their parents, lacking respect for their authority, before SFL. Many also said they had not talked freely with their family. After SFL, however, participants agreed that they had a better relationship with their parents due to improved communication and increased respect. Those few who had said they already had a good relationship with their parents before the program said their relationship had remained strong or become even better. A 14 year-old girl from Oromiya said, ***“(After SFL) I am also open with my family and I discuss matters that concern the family openly and feely. In fact, I have also influenced my family to be understanding and tolerant to their children. We learn from the discussions we make at home.”*** No participants interviewed had a boyfriend or girlfriend before or after the program, so they had nothing to say about how that relationship was influenced by SFL.

In agreement with their children, a few parents said they had had a good relationship with their child before SFL and most said their relationship with their child had improved after the program. All parents said they talked with their child about SFL and its teachings. A mother from Amhara commented, ***“She (my daughter) was stubborn and a very agitated person. We did not discuss and talk about HIV before SFL. Besides, we never had closeness and transparency between us. However after SFL, she give advices to her father and brothers on HIV/AIDS and other things. She is open and understanding.”***

4.7 SFL influence on HIV testing, general and sexual Behavior

4.7a No change in HIV testing behavior

A few participants talked about HIV testing in their interviews, saying they thought there should be more SFL activities to encourage HIV testing among group members and in the community. Although participants seemed supportive of the idea of HIV testing, none of them said they had personally been tested.

A few parents talked about HIV testing as a sure way to know someone’s HIV status. Without testing, they said you could not tell if someone is HIV+. None of the parents said they had been tested because of their child’s involvement in SFL.

SFL teachers in the interviews did not discuss HIV testing or mention encouraging their students to get tested.

4.7b Improved general behavior but little reported change in sexual behavior

SFL participants agreed that the program had positively influenced their behavior, but nearly none of the participants seemed to associate their behavior changes with sexual activity. Instead, participants talked about how their behavior had changed in association with an improved personality. A 13 year-old boy from Amhara noted, **“Generally SFL has changed my personality very greatly. I was troublemaker and pain in the neck to many people. Now, I have acquired good personality and manner and interact with my family or any other people in a good way.”** A 14 year-old girl from Oromiya stated, **“SFL has changed my past behavior. Currently, I have started helping people and the training in SFL has shaped me develop sense of sympathy.”** All participants that commented about sexual activity said they were not sexually active before or after the program, so there was no sexual behavior change identified as a result of the program.

Similar to the youth, many parents said that SFL influenced their child’s behavior, but discussed personality rather than sexual behavior. A father from Oromiya commented, **“Moreover, she (my daughter) has developed good manners.”** Most parents said their child had been difficult before SFL, citing children acting short-tempered, stubborn, hasty, aggressive, irritable and opinionated before the program. All parents agreed that their child’s behavior improved after the program, saying their children listened more, offered to help in making household decisions, and had become polite, obedient and tolerant of others. A father from Amhara commented, **“She (My daughter) was aggressive and hasty type in her actions. However after SFL, she has become intelligent and even started to deal with solving problems that we fail to manage at home.”** Like the youth, most parents did not associate behavioral changes with sexual activity, likely because the youth are not sexually active or parents do not know about their sexual activity. Only one parent from Oromiya talked about what might be his child’s sexual relationships saying, **“She (my daughter) had a good personality earlier, but she used to make unnecessary intimacy with many friends. But after SFL she has abandoned all her bad friends and she has started leading a normal and purposeful life.”** In general, it is difficult to say if SFL influenced youths’ sexual behavior based on the one comment, however, according to parents, there was a noticeable change in the way their children acted and interacted with people before versus after the program.

Most teachers said that their students’ behavior changed after SFL. Those who specified behaviors referred to students’ general, rather than sexual behavior, saying that there were fewer “troublemakers” in the classroom and that the students listened and obeyed their instructions more after SFL. A teacher from Amhara commented, **“SFL has changed students past behavior significantly. They have shown great amendment on their tendency to listen and follow things enthusiastically.”** Teachers also commented that they have received positive feedback from parents on the behavior of their students. A teacher from Oromiya said, **“SFL program has changed student’s behavior significantly. Students’ relationship with members and even with parents is enhanced very greatly. Parents proudly tell us about the drastic behavioral changes they observed in their children.”** Many teachers said they didn’t know about their students’ sexual activity before SFL and most said that after SFL they still did not know about students’ sexual activity although some thought students probably abstain. A teacher from Oromiya said, **“I have no understanding about student’s sexual behavior. They seem to favor abstinence” and another from Amhara was quoted saying, “Actually it is difficult for me to say for sure whether students have exercised sex or not.”** Teachers’ comments that they were unaware of their students’ sexual behavior suggest that even though the teachers lead the SFL program, they didn’t actually talk about individual sexual behavior with students.

5. YAK RESULTS

5.1 Feelings about the program/ Recommendations for program change

5.1a High involvement in the program

The participants interviewed were active members of active clubs. Most clubs from which participants were interviewed had completed all 30 activities and most participants had completed most to all of the activities their club had implemented to date. Most participants also said that their club had reached champion status and that this achievement had made them very happy and proud.

Many participants became involved in YAK because they had been members of their youth club prior to the program. Most other male participants said they had been selected to be part of the program and most other female participants said they had volunteered to join the program to learn about HIV and life skills. Most participants said they joined YAK because they were interested in the program objectives, material covered, and the activities in the program. Some participants were attracted by the performance component of YAK (drama, dance) and a few said that they were persuaded to join the program by friends, family or their school.

Most leaders participating in the program for over six months were from active clubs (completed 29-30 activities) and all met regularly (at least once a week). About half of the leaders said that most members participated in the majority of the activities. Half of the clubs had reached Champion status.

5.1b Positive Perception of the Program

Participants had very favorable perceptions of YAK. In general, almost all participants said they liked the program and found it useful. A 17 year-old boy from Dire Dawa commented, ***“I am happy that I took the training because YAK helped me to develop skills essential to life. YAK has helped me to understand myself and develop skills essential to guide myself towards a better life.”*** Most participants were able to name specific activities that they liked best. The activities that were mentioned more than once include the bridges, communication, establishing rapport, and reproductive health organs activity. A few said they liked all the activities and a few of the female participants specifically mentioned the youth passport as their favorite part of YAK. Most participants said there were no activities in YAK that they liked least. There were no activities that more than one male participant disliked. The female participants were a bit more vocal about activities they did not like; a few said they did not enjoy the discussions and debates and a few said they did not like the condom activity, but otherwise the activities female participants liked least were only mentioned by one person. It is possible that female participants initially found the YAK group debates and discussions uncomfortable because, as it discussed later in the results section, many girls talked about not feeling as though they were equal and valuable members of the club before participating in YAK. As seen later in the results section, female participants talk about appreciating group discussions after participating in YAK because the YAK discussions gave them the opportunity to have an equal voice in their clubs. Thus, comments about dislike for the discussions may reflect an initial feeling of being marginalized in the groups, however it is possible that these feelings dissipated over the course of the females’ participation in the program.

All participants agreed that the information in YAK is presented in an entertaining way that involves all participants. Most said that the activities in YAK were useful or educational, and fun. Most participants said that the discussions were educational and make them think. Some females, also mentioned that they appreciated the discussions for creating a feeling of openness, raising participants’ confidence and helping to establish a sense that everyone is equal in the club. A 19 year-old girl from Dire Dawa noted, ***“YAK promotes open discussion and every member is encouraged to ask on anything that he/she doubts. YAK prepared every member to respect the views of others and listen to each other carefully in a discussion.”*** Many participants said the skits were entertaining, enjoyable and educative. Participants were very vocal in expressing their enthusiasm for the Youth Passport. Many said that they liked it, found it useful and important for their lives. Most also noted that the passport helped them prepare for life by setting life goals. A 17 year-old girl from Oromiya said, ***“The youth passport is my private diary. I note down all the information, which is confidential to me. For example, it shows me the right and wrong practices I did and guides me to reflect on my practices and take proper measures in the future to live a successful life.”***

Most parents said they were happy with their child’s participation and many had been active participants in YAK events. Most parents said that they knew what YAK was about and that their child had described the program to

them. Only a few had heard about program from other community members and they had heard positive feedback on the program. Like their children, parents agreed that YAK taught important information for youth and many said they had learned about HIV topics from their child. A mother from Dire Dawa commented, ***“I have realized that my children are benefiting from the program when I compare them to those other children that are not participating in YAK. My children are developing a sense of discipline and purpose in their activities. They would have been exposed to HIV/AIDS, if they had not participated in YAK. Whenever they go to do the YAK activities I feel happiness because I know that they are learning and developing skills and knowledge that help them to be responsible and purposeful in their life.”***

Similar to the others interviewed, leaders commented positively about YAK. Many thought that YAK was an important way to prepare youth for life and all leaders said YAK is an important program for youth. A male leader from Dire Dawa commented, ***“YAK’s training is based on helping the youth to be able to manage things they face in their life: how to communicate and successfully deal with people. It prepares the youth for life by focusing on the life passage from youth to adulthood.”***

Similar to the youth, most leaders liked the way information was presented in YAK. Many found the activities educational and entertaining. A YAK leader from Oromiya said, ***“The way YAK passes messages and information is interesting and every member is happy about that.”*** Most leaders were able to point to a specific activity that they or their members enjoyed, but there was not a consensus on a single popular activity across clubs. Similarly, some were able to point to a specific activity they or their club members did not like, but there was no repetition between the clubs. Some leaders said the discussions were educational and many felt that they were important for allowing members to share their thoughts. All leaders were very supportive of the Youth Passport and felt it had been a useful tool for their members in understanding themselves and developing life goals. ***“Members used to carry their goals in a paper book. However, after they got hold of the Youth Passport, they were able to develop a clear thinking about their future goals. The Youth Passport helped participants to understand their youth life and to reconstruct their future goals,”*** said one leader from Dire Dawa.

5.1c Development of leadership capacity

Most leaders said they were either selected to lead the club or took part in YAK training and thus became YAK leaders. They all said they received some kind of training in order to lead the program and most think they are now comfortably prepared to take on the role of a leader. Before YAK most participants said they did not feel capable of leading a group, but after YAK they said they were all confident in their ability to lead. A leader from Dire Dawa commented, ***“Starting from the first day of my training, I have acquired skills and knowledge that have changed my behavior. YAK developed my personal confidence and abilities to lead activities in different settings. Our primary goal in YAK from the very beginning is to create a strong society. In this endeavor talented leaders are necessary. YAK has helped me to develop my talents as a leader and to be systematic in my deliberations. YAK has helped me to develop my abilities and confidence in playing leadership roles.”*** All leaders said they are happy to be leading the program and some said they felt that they benefited from holding the position of a leader. ***“I am really happy that I got the opportunity to lead the program. I have learnt to develop self-confidence in my leadership abilities and I have learned how to lead my life and help others lead a better life. You see our country Ethiopia is threatened by HIV/AIDS and YAK has helped me to contribute something towards the protection of the community especially the youth from the disease,”*** said one leader from Oromiya.

5.1d Recommendations for Program Change

Overall participants were pleased with YAK; however, they had some suggestions for improvement. Some participants recommended that YAK should be integrated into other HIV activities and clubs to allow networking opportunities and involve more youth. A few also suggested that trained YAK participants should be engaged in training new youth on how to implement YAK. Most youth did not think YAK needed to be changed, but a few suggested some new topics that could be included or expanded upon in YAK (female circumcision, teaching methods, club evaluation measures, additional performance activities, information on condoms, activities on relating to parents, and activities on overcoming unemployment or economic challenges). Youth agreed that they need more and new ways to involve the community in their activities and suggested a variety of public places and social gatherings that may be appropriate (outreach held on Sundays, in markets, at social gatherings and in public places, at festivals and in targeted workshops, and involving community groups known as *idirs*). The overwhelming thing participants needed to fight HIV was financial and material support for their clubs and outreach efforts. A 20 year-old female participant from Oromiya said, ***“The program has to be supported financially and materially. Members***

need some incentive to carry out a program.” All youth recommended that YAK be expanded to more clubs and young people across the country so that others could learn the information contained in the program. A 21 year-old male from Oromiya said, ***“YAK is making a big campaign to rescue the generation. Therefore, we understand this is everyone’s responsibility so it will have a nice result if this program is implemented in other clubs as well.”***

Like youth, parents had some suggestions for the improvement of YAK. Many parents thought that YAK could be improved with the involvement of more youth, school administrators and community members. Many had ideas about activities that could be added to YAK, with VCT and income generation programs mentioned by a few parents. Most parents thought it was a good idea to involve more community members and parents in the program so that the YAK messages would cover a wider audience. Parents also suggested that community members should become involved in YAK by providing financial, material and volunteer support to the clubs. A father from Oromiya said, ***“We can fight HIV/AIDS if the community and parents participate and support the club financially, materially and morally.”*** Like their children, half of the parents suggested community gatherings, such as Kebele *idirs* (community groups) and *tsewas* (religious women’s associations) that could be used to get better involvement. Many parents also recommended that YAK be expanded to other communities in the country.

Like the others interviewed, leaders had a few suggestions for improving YAK. Some had ideas for some new activities and most were interested in networking or experience sharing opportunities. Many said that they need financial and material support for their clubs to fight HIV/AIDS. A teacher from Oromiya commented, ***“It is also important to conduct refresher training and involve those trained in teaching others. I am really interested to promote YAK activities and objectives and be part of the group in future. I am convinced that YAK would make a big difference in preparing the youth and the community at large to protect itself from the fire of HIV/AIDS. I am ready to play part in making the road to life for people smooth and happy.”*** Most recommended expansion of the program. In addition, it is important to note that there was only one female YAK leader out of the six clubs interviewed in two regions. The sole female YAK leader interviewed talked about female leadership in her club, a topic no male leader discussed. She said the following, ***“Women never took leadership in our association. After YAK, they have started taking leadership and getting acceptance by members. Although the apostle St. Paulos said that women should remain quiet in an association, we were able to reflect on the statement and that we recognized that it does not apply to all women. St. Paulos wrote to the women of Kerontewos; not to others. Now women are active participants and also are assuming leadership.”*** We did not deliberately try to sample evenly across gender for leaders and youth did not comment about an interest in having more female leaders, but it might be important to encourage or train more females to lead their clubs so that there is better gender balance in this position within the YAK structure and so that women’s leadership is discussed and encouraged through the program.

5.2 YAK influence on HIV knowledge

5.2a Deeper HIV knowledge

Participants agreed that YAK increased or built upon the knowledge they already had related to HIV/AIDS. Before YAK, most participants said they had limited or incorrect knowledge about HIV transmission. Some did not know about all the ways in which the virus could be transmitted. Many also said they had limited or incorrect knowledge of HIV prevention and that they did not understand how to be abstinent, faithful or use a condom. After YAK participants agreed that their knowledge of HIV transmission and methods of prevention had increased and become deeper than it was before. It will be important to match these statements from the participants with findings from the quantitative evaluation to see if HIV knowledge truly increased as participants say it did. A 19 year-old boy from Oromiya explained, ***“I used to think HIV is transmitted through sexual relation only. After YAK I understand that it can be transmitted through the sharing of infected blood contaminated blades. I have also learnt that it can’t be transmitted through hand shaking, kissing and eating together with PLHA. After YAK, I learnt of the other ways of HIV transmission such as sharing of sharpened materials with infected blood contamination. Thus, I have a good knowledge of the transmission modes.”*** Many participants said they had learned in particular about how to use condoms and about condom effectiveness. A 20 year-old girl from Dire Dawa said, ***“After YAK I have developed knowledge on prevention especially the use of condom. It has changed my attitude towards condom as a useful means of avoiding HIV infection. I have learned also about antiretroviral drugs. The other thing is the discipline of abstinence is not only important to prevent HIV/AIDS but also helps to deal with other harmful practices such as drug addiction. All in all my knowledge in HIV/AIDS deepened as a result of YAK.”***

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Parents corroborated youths' comments about increased HIV knowledge through YAK. Half of the parents said that YAK had increased their and their childrens' knowledge about HIV. Many said that they and their children had had limited or incorrect HIV knowledge before YAK and all agreed that their child's and their own HIV knowledge had increased after the program through conversations with their child. Furthermore, parents agreed that their child learned how to teach others about HIV. A father from Oromiya stated, ***“However YAK has enlightened us about HIV transmission and prevention. She (my daughter) is now capable of giving us lectures on HIV’s transmission and its prevention.”***

Similar to the youth, most leaders say that their club members have developed better knowledge about HIV through YAK. Some leaders said their members knew a little about HIV before YAK but had some misconceptions. After YAK, most said their club knew more than they had before about transmission and prevention methods.

5.2b Involvement of community experts to increase HIV knowledge

Many participants talked about the involvement of community experts in their YAK activities. These community members were able to provide detailed information on HIV and related topics, answer YAK members' questions, and act as resources for accurate information during community festivals. A 17 year-old boy from Oromiya said, ***“YAK has helped us also to involve religious fathers and PLHAs in our festivals because we are able to convince these people to be resources in our community festivals.”*** A few participants suggested that YAK should specifically encourage the involvement of community experts, including PLHAs, in YAK activities and outreach efforts. Only one participant noted difficulties with involving experts in the community. Experts that were involved with YAK included religious fathers, PLHAs, counselors, doctors and psychologists.

In contrast to the youth, YAK parents never mentioned the use of community experts in club activities or outreach efforts. This may either indicate that the experts are used more to inform youth during club meetings than they are used in outreach, or it could indicate a lack of parent participation in YAK outreach events.

In support of the participants' comments, leaders said that clubs started to use community experts and PLHAs as a new source of information on HIV and reproductive health after YAK.

5.3 YAK influence on attitudes, risk perception and self-efficacy

5.3a Improved attitudes towards PLHAs

YAK influenced participants' attitudes towards PLHAs. Before YAK most participants said they feared PLHAs and said that they stigmatized or avoided them. Many female participants and a few male participants also said they thought PLHAs got thin or wasted away and died quickly. However, after YAK most participants said they realized the importance of giving support to PLHAs and many said they no longer feared PLHAs since they understood the routes of HIV transmission and knew how to protect themselves from the virus. Though most did not mention concrete examples of how they gave care and support PLHAs after YAK, a few said that they engaged in conversations more often with PLHAs after the program. A 21 year-old male from Oromia said, ***“There is a PLHA lady who resides in the compound where I live in. (Before YAK) I never visited her although I live in the same compound. Now I visit her and help her. I give her advice and psychological and spiritual support.”*** Similarly, a 17 year-old female from Dire Dawa said, ***“For example, there was a positive women living next to my house. I used to hate her. In fact, she openly complained against me to my family saying that I was insulting her as HIV positive person. But after YAK I have understood that I should give PLHA care and attention like any other member of the community. I have now good relation with the women. I visit her, speak to her, advice her and encourage her. We are very close now, thanks to YAK.”*** Many of the female participants and a few of the males also said they came to realize that PLHAs could lead a normal life and that HIV was not a death sentence. A 19 year-old girl from Dire Dawa said, ***“For example, I avoided my neighbor because she as suspected to be living with the virus. But now I see PLHA like other people with illnesses, not any different. I know how HIV is transmitted. What I need to do is to avoid practices that expose me to the infection and take precautions in dealing with PLHA. Whenever, I think of my neighbor I regret what I did to her in the past. I am now determined to give support and treat PLHA like any other person in the community. A person with HIV does not mean that he/she is a finished case.”***

Similar to their children, most parents said they had feared and stigmatized PLHAs before YAK but all agreed that they no longer feared them and have said they realized the importance of giving PLHAs love and support because of

the information they received from their children. A mother from Dire Dawa said, ***“I used to be afraid of HIV when I consider the objects and materials used by sick people. But she (my daughter) has convinced me that I should be good to people living with HIV/AIDS and HIV does not get transmitted simply by touching items used by PLHA...She advised me stigmatizing and discriminating such people would make prevention difficult...I also have started giving advice to PLHA to live a better life like any other person in the community. I get closer to them and openly discuss with them that they can lead a normal social life by giving care to themselves, attending educational programs, taking medicine as advised by a doctor and can live longer life.”*** Like their children, talking to PLHAs was the main form of support cited by parents who changed their attitudes towards PLHAs after YAK. Half of the parents said their children had feared and stigmatized PLHAs before YAK but did not after the program, instead believing in offering care to PLHAs. One mother from Dire Dawa noted, ***“(After YAK) my daughter goes to hospital to give care to bed driven HIV/AIDS patients such as giving them food and water.”***

YAK leaders agreed with participants, saying their attitudes towards PLHAs had improved. Half of the leaders said that YAK had influenced their members' attitudes towards PLHAs. Before YAK some leaders said members feared, stigmatized and/or blamed PLHAs for having the virus. After YAK most leaders said their members no longer feared PLHAs and many said they recognized the need to give PLHAs care, love and support. A YAK leader from Oromiya said, ***“The members know that by being close to PLHA and involving PLHA in social life would not expose a person to HIV. All of us (in the YAK club) used to fear PLHA and we used to avoid them because we had fear of casual HIV transmission if such a person gets closer to us. Now because we know the transmission methods our relation with PLHA has improved.”*** Another leader from Dire Dawa commented on his clubs exemplary efforts to support PLHAs saying, ***“After YAK members have started approaching PLHA and advising them on what they should do to live better and longer life. They have started involving PLHA in their activities in HIV/AIDS...Moreover, for those PLHA that need home-based care, some members have started giving the service. Now we are organizing music and drama shows for people to give care to PLHA and encourage them to participate in social and community activities.”***

5.3b Moderate shift in attitudes towards HIV, ABC and Testing

Some participants talked about how YAK had influenced their HIV attitude. Many participants believed various HIV myths before YAK such as that HIV is a disease created to kill Africans, a cure for HIV exists but is purposely being hidden, HIV is a curse from God, only promiscuous people can get HIV, and that HIV is an evil monster. A 19 year-old boy from Oromiya said, ***“My involvement in YAK has made me to have a different judgment about HIV. For example, I used to consider HIV as a monster but now I understand that it is a disease.”*** A few participants, more so girls than boys, thought of HIV as a death sentence or said they would kill themselves if they found out they had the virus. After YAK some participants said they still feared HIV, however, some female participants said they had learned that the virus is manageable to live with. Some male participants said they no longer had misconceptions about the virus and most female participants said they felt prepared to avoid HIV after the program. A couple participants talked about how they now think of HIV as a community, rather than just an individual's, concern. Said one 21 year old boy from Oromiya, ***“After YAK, I learned that HIV is not the concern of only some individuals but also of the entire community.”*** It is important that some youth mentioned this shift in how they think about the issue of HIV/AIDS, because it indicates a level of awareness about the need for group solutions and might be a sign of collective efficacy to address a community issue.

Participant attitudes towards abstinence, faithfulness and condoms varied. Most female participants agreed that abstinence was the best prevention method and said it was the best method for them to promote in their outreach activities. Some female participants talked about how abstinence is easier than building trust in a faithful partner. A 17 year-old female from Oromiya commented, ***“I really promote abstinence from sex ‘til marriage. Abstinence helps to avoid HIV and unwanted pregnancy. But from YAK I learnt that it is not easy to have a one to one relation and absolutely trust a sexual partner. In order to reach this level of trust partners have to go a long way. Thus, I decided to abstain from sex.”*** Most female participants who talked about faithfulness attitudes said they thought faithfulness required open communication and that it was difficult to achieve a level of trust in a partner to be faithful. These results are important because they either reveal a lack of trust in their partners on the part of females, recognition of where their locus of control lies in preventing HIV/AIDS, or demonstrated that these participants have a sophisticated understanding of the challenges and effort required to be faithful.

Before YAK some male participants said they thought abstinence was very difficult, but said they felt it was the best method for preventing HIV after participating in the program. The male participants who commented about their

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attitudes on faithfulness said they thought it was difficult to be faithful or limit their number of partners before YAK; they did not discuss their attitudes towards being faithful after YAK.

Finally, condom attitudes were very diverse. One male participant doubted whether sex could be enjoyable with a condom before YAK, other males doubted a condom's effectiveness and safety, and one said he was embarrassed by the topic previous to YAK. A couple boys talked about how they saw condoms as appropriate for those who couldn't abstain or for when things "become uncontrollable" after YAK indicating they feel condoms should be viewed as a last resort in HIV prevention. Most female participants did not support the encouragement of condoms as a prevention method against HIV. Some said that encouraging condoms promoted sex and others said it should be a last resort or used to prevent unwanted pregnancy. A 19 year-old girl from Oromiya said, "***I do not support condom. I used to associate condom with bad behavior and as a way of promoting promiscuity. But now I know that it can be used to prevent from the infection and unwanted pregnancy although I do not like to promote it.***" Females may have been particularly opposed to providing information on condoms because they remained partially resigned to social taboos restricting them from openly talking about a product associated with sex. In order to remain socially acceptable, females may have thought they can not go so far to promote condom use, since society associates condoms with promiscuity or a lack of discipline (as echoed in male comments about condoms being a last resort for uncontrollable circumstances).

Participants did not voice strong attitudes for or against HIV testing. Some talked about testing as a way to relieve fear of infection and as a 1st step in their plan for avoiding HIV. An 18 year-old male from Dire Dawa said, "***I was scared and thought that I was infected with the virus. I was scared to take the test. I lived under fear. One day, after discussing the matter with my YAK friends, I took HIV test. I learned that it was less than 5% that I could be infected with HIV under this circumstance. I was found to be HIV negative.***"

Parents' comments did not contradict nor add much detail to those of the participants. A few parents said that their child believed various HIV myths or associated HIV with an evil spirit and that they feared HIV/AIDS before YAK. Very few talked about their child's attitudes toward HIV after YAK. Parents also did not discuss their attitudes towards the ABCs of HIV prevention; however, this is likely because no question directly asked parents what they thought about abstinence, faithfulness or condoms. In interviews with others, these attitudes naturally came up, but that was not the case for YAK parents. Similar to their children, however, half of the parents talked about HIV testing as a necessary step to take before marriage and encouraged distribution of information about testing. A mother from Dire Dawa commented, "***My daughter has introduced to me her boy friend. He is now part of the family and participates in our discussion. They have a plan to get married in the future. We discuss that they should first have blood test for HIV and get married.***"

In support of the participant comments, some leaders said that the attitudes of their club members changed in regards to HIV. Before YAK one of the leaders said her members associated HIV with promiscuity and a curse from God. After YAK a few leaders said they think HIV is a community concern. In regards to attitudes about the ABCs of prevention, a few leaders said that after YAK club members thought abstinence was a deliberate choice to make rather than a passive one. This indicates that some youth were consciously taking the responsibility for HIV prevention into their own hands after YAK by making a deliberate choice to abstain from sex. Half of the leaders said their clubs did not like to provide information on condoms because they associated condoms with increased sexual activity. A YAK leader from Dire Dawa commented, "***The only activity that I felt uncomfortable is condom. My club does not promote condom use because condom may promote promiscuity and multiple sexual relations. As a person I do not want the youth to take this as a method.***" Youth and leader condom attitudes were similar, but it is difficult to say whether or not participants' attitudes against providing information about condoms were influenced by leaders. It is likely that leaders simply shared the same views on condoms as their participants since YAK leaders were generally peers with their club members and may thus have had similar attitudes. In terms of HIV testing, YAK leaders shared similar thoughts to their club members. Half of the YAK leaders said that testing is considered a way of getting reassurance and thought of as a first step in HIV prevention for those who are worried about their risk.

5.3c More realistic risk perception

A few female participants talked about how YAK has helped them feel more in control of their risk for HIV. Before YAK many participants said that they feared they may have HIV or thought they were at risk since they did not understand how to avoid the virus or how it is transmitted. Others said they didn't feel as though they were at risk at

all, most noting that they were not sexually active and didn't know HIV could be transmitted any other way. In both cases, perceived risk was paired with inactivity either to allay fears of perceived risk or to practice behaviors that would keep risk low. After YAK participants agreed that they felt their HIV risk was manageable because they understood HIV transmission and knew how to prevent the virus. A 17 year-old male from Oromiya said, ***"I used to think that I might have been infected with HIV whenever I had stomach ache. However, after YAK since I know the transmission methods and take all precautions, I do not fear that I could be infected with HIV."*** A few also said that they had been tested for HIV and that this helped to ease their fears about having the virus. After YAK, perceived risk was tempered by increased knowledge, so participants did something, like get tested or practice less risky behaviors, to actively reduce their perceived risk.

Very few parents commented on risk perception, so no conclusion could be made as to whether parents think of their child's risk for HIV as lesser or greater after the program. It is possible that parents did not comment because they were not aware of their child's perceived risk for HIV due to a lack of child-parent communication before the program. Despite increased child-parent communication, parents may still not have known about their child's perceived risk for HIV after the program because this topic was not directly discussed in their HIV-related conversations.

Like parents, very few leaders commented generally about how YAK affected their members' feeling of vulnerability to HIV, but more were able to talk when comparing youths' risk perception before and after the program. Many leaders said that before YAK club members had felt at risk for HIV, and most said that after YAK their members did not feel at risk because they had taken an HIV test and/or were confident that they knew how to protect themselves from infection. A leader from Dire Dawa noted, ***"Before YAK many members were living under fear because they felt that they could be infected with HIV one way or the other. They were not sure of the transmission methods and the protection methods as well. Now because they have deep knowledge on transmission and prevention, they have developed the confidence that they can protect themselves from HIV/AIDS. The most important change is that all have taken blood test and know their HIV status. This happened after YAK training."***

5.3d Increased self-efficacy to abstain, less so for faithfulness and condom use

Participants said they felt more confident in their ability to protect themselves against HIV after YAK because they knew more about HIV transmission and methods of prevention. A 17 year-old female from Dire Dawa said, ***"I know that I can protect myself from infection. My friends and I know that we can protect ourselves from HIV/AIDS since we correctly know the transmission way from the YAK training."*** Some male participants said they hadn't thought abstinence was possible before YAK, whereas a few female participants had felt they could abstain from sex. After YAK, many participants said they had decided to abstain from sex. A 19 year-old boy from Oromiya said, ***"My friends used to pressure me to practice sexual intercourse with my girl friend. YAK taught me about sex and reproductive health. I discussed this matter with my girl friend and we agreed to abstain from sexual intercourse on the basis of YAK lessons. (After YAK) I have in-depth understanding of abstinence and I am committed to do it until I get married."*** The few male participants who commented on their ability to be faithful said they did not think it was possible to be faithful to a single partner before YAK whereas the few female participants who commented said that they thought it was possible or easy to be faithful to a single partner before YAK. After YAK, some participants decided they would be faithful to their partner in the future. A 17 year-old girl from Dire Dawa commented ***"Currently, I have a boyfriend. He is not a member of YAK club. Even if he is not a member of the club, I provide him with some ideas and knowledge I got from YAK. There is a trust between us. We don't have any sexual relationship. We have planned to live together in love and faithfulness for the future."*** A few female participants, however, said they came to realize through YAK that it is hard to trust in your partner to be faithful, so they planned to stick with abstinence instead. Some participants said that before YAK they did not know how to use, were embarrassed by or were afraid to discuss condoms. Only a few male participants said they were confident in their ability to use condoms before YAK. After YAK many participants said they were confident in their ability to use a condom or that they planned to use one. A 19 year-old boy from Oromiya said, ***"I am thinking that if I do sex I will use condom. I never used condom when doing sex but YAK has enlightened me that if I could not abstain from sex, I would have to use condom."*** Still, a few female participants said they did not support condoms for their own personal use.

Parents echoed their children's sense of greater self-efficacy. Half of the parents said they thought their child was more able to protect him/herself from HIV after YAK because he/she had a better understanding of the mechanisms

of HIV transmission. A mother from Oromiya commented, ***“Now I do not worry that my son would be exposed to HIV, for he knows how to prevent himself from the infection.”***

Similarly, all the YAK leaders interviewed said that YAK has helped their club members feel more confident in their ability to prevent HIV/AIDS. Most leaders were not able to comment or did not comment on their members' confidence in abilities related to abstinence, faithfulness and condom use before YAK. It is possible that those topics were never discussed in the clubs before YAK, so leaders did not have much knowledge about participants' efficacy. After YAK, many leaders said they knew members who had decided to abstain from sex. A few said they knew of members or they themselves had decided to be faithful. Some also said they thought their members were confident in their ability to use a condom after the program. A YAK leader in Dire Dawa said, ***“YAK members have now started taking steps to protect themselves from HIV infection. All of them conduct free discussion on weekly basis and have decided to abstain from sex. The youth passport has trained them how to abstain from sex during youth life in order to avoid HIV infection and be able to reach the goals they set for themselves.”***

5.4 YAK influence on collective efficacy and cohesion

5.4a Increased group efficacy

A few participants noted generally that YAK has positively influenced their group efficacy to fight HIV/AIDS, but more were able to comment on group efficacy when asked to compare their ability before vs. after the program. Before YAK, participants felt their club lacked the ability fight HIV/AIDS together for a variety of reasons: they had limited outreach activities, limited information and lacked a structure for communicating with information agencies, lacked passion on the issue and were thus generally ineffective. However, after YAK, participants felt they were much more able to fight HIV/AIDS in their club because they had creative ways to engage their peers, family, community and religious leaders, they were confident in their club's knowledge of HIV and ability to share that knowledge, and they had gained a sense of responsibility for the community and confidence in their ability to change community members' behaviors. A 19 year-old boy from Oromiya said, ***“YAK has helped us to be able to fight HIV as a group. This is because we share our experience and agree on what behavior to follow to protect ourselves from HIV and to be good models for the community. We are now in a better position to protect ourselves from HIV infection.”*** A few participants also noted that YAK had helped to create a sense of structure to connect their club to new sources of information on HIV. According to a 17 year-old female from Oromiya, ***“(Before YAK) We used to get some information on HIV/AIDS from the HIV information office. But our contact with the office was loose. (After YAK) On top of that office, now we have access to HIV information from the Red Cross, HIV/AIDS office and Health office.”***

Cooperation and ability to organize events were also used as measures of group efficacy. Before YAK, participants didn't feel as though their club worked well together because there were no shared objectives and club members refused to cooperate with one another. However, after YAK, participants said that they developed the ability to work together and an appreciation for group work through renewed commitment to their club and a sense of shared goals, responsibility and understanding for each other. An 18 year-old male from Dire Dawa commented, ***“The activities help us to develop confidence in the group work and us. We started to appreciate each other and learn from each other. We developed team spirit and now we work as a team. We solve problems together, decide together, share responsibilities, prepare festival, visit the community as a group and conduct educational activities.”*** In addition, before YAK most participants did not feel as though they had the capacity to coordinate events through their club. A few said that they held events previously in their community, but one noted that his club had not been in the habit of reflecting after their event to discuss ways in which they could improve their efforts. After YAK most participants said they developed the capacity to coordinate events. A few also noted that their clubs began to reflect after events and discuss areas for improvement.

Another measure of group efficacy was the extent to which clubs had become sources of information for the community on HIV/AIDS. Before YAK most participants said they had some sources for information on HIV. These sources included the media, newspapers and print materials, radio, their schools, health centers and hospitals, the Family Guidance Association of Ethiopia (FGAE), and a telephone hotline. A few said that they had limited to no information source on HIV before YAK. However, after YAK almost all participants said that they gained new sources of information on HIV including the YAK manual, community experts brought to the club, and other club members. A 19 year-old girl from Oromiya stated, ***“Before YAK, we used to get information from the school mini media and leaflets on HIV/AIDS. We never made a discussion with professionals on HIV/AIDS. But YAK has***

broadened our source of information. We have the YAK materials, we consult health professionals in the health centers, and we invite people that we think have valuable knowledge on HIV/AIDS. Our source of information is getting better after YAK. This is because we have learnt how to make use of available resource people for our education in HIV/AIDS.” Many participants also talked about how their club members had become a new source of information on HIV for the community. A girl, age 20, from Dire Dawa noted, **“For example, my friends and I go to the community to discuss issues on HIV/AIDS and RH. The community members ask us many questions about HIV/AIDS and openly discuss with us. They are happy with the answers we give them. In fact, wherever they meet us they ask us about HIV/AIDS and we happily respond to their questions.”**

Parents agreed with their children that the clubs were more able to fight HIV/AIDS together after YAK. A few parents said that their child’s club became disciplined and committed to fighting HIV after YAK. An Oromiya father said, **“I see her (my daughter) planning with her YAK group discussing what they intend to do together. They look very busy and committed to their objectives.”** Many said that after YAK their child’s club was able to teach others about HIV because they were more capable, developed better communication skills and gained respect in the community. Although a few said there was a source of information about HIV before YAK in the community, many said YAK clubs became a major source for HIV information. One mother in Dire Dawa commented, **“The community gets information about HIV during coffee ceremony of anti-AIDS clubs and the YAK program.”**

Although only a few commented, club leaders agreed with the other interviewees’ comments about YAK and group efficacy. A few leaders said generally that YAK helped make their club more capable of fighting HIV/AIDS together and most leaders said their group was more confident in their ability to fight HIV/AIDS together after YAK because they had more knowledge about HIV. Only one leader talked about cooperation before YAK saying the club was not able to work together. After YAK a few leaders said their members learned how to work together. Half of the leaders said there were some sources of HIV information before YAK and a few said there was limited to no information. All leaders agreed that after YAK the club, manual, and community experts became new sources of information for the community on HIV.

5.4b Increased group cohesion

Participants said that YAK helped them feel closer to their fellow club members so that they worked together better. Many said they lacked trust in their club members before YAK; they didn’t know each other well and were thus suspicious of each other. After participating in YAK, most participants said that they developed a sense of trust and gained confidence in their club members. Many noted that the open discussions and sharing of personal experiences helped to foster a sense of solidarity in their group. A 19 year-old boy from Oromiya said, **“Before YAK all members of the club were not close to each other. But YAK has helped us to develop group understanding and be able to work together. We have developed trust and confidence in our members. This behavior did not exist before YAK. The YAK activities helped us to develop better understanding of our members. Now we discuss our personal experience and share our problems as members of a family.”** A few girls also noted that they felt a greater sense of equality among group members after YAK, echoing comments from perceptions of YAK group discussions; equality as a part of group cohesion is something that male participants did not comment upon, so it suggests that this was a particularly important influence of the program by gender.

Only a few male participants commented on their feelings about being part of the group before YAK. Those few said they did not feel as though they were fully integrated members of the club before YAK for a variety of reasons. Some did not have confidence or did not interact with their club, and one said he felt superior to other club members before YAK. In contrast, most female participants said before YAK that they did not feel as though they were fully integrated members of the club or able to be active participants in the group, again echoing female feelings about the influence of YAK on equality in the club. Only one girl said she felt confident in her ability to contribute actively as a club member before YAK, but most doubted their value to the group. A 17 year-old girl from Oromiya commented, **“YAK has helped me to develop understanding other people. For example, at the beginning of the program I was not sure of what I can do with the group.”** Many participants said after YAK they felt like useful and necessary members of their YAK club. A 17 year-old boy from Dire Dawa stated, **“Now our club is stronger and effective in delivering outreach community services. Before YAK, we used to think the club needed us for its benefit. After YAK, I personally have realized the advantage of being in a group and in a club. I have gained a lot from the club and the club has also gained from me.”** Most participants also talked about how their groups developed useful skills for working together, such as listening skills, group decision-making abilities, the ability to

express ideas to the group without fear, a sense of teamwork, and the ability to communicate effectively with people outside of the club.

In agreement with the youth, most leaders said that YAK has brought their club members closer together. Half of the leaders said that before YAK the members didn't have trust in one another, but after YAK all agreed that club members trusted each other and had become open with the group. According to one leader from Dire Dawa, ***“Now members freely discuss about their sexual behaviors and those that are sexually active use condom regularly and report about their practices to the group. We have developed trust and confidence in each of us. We care for our club interest and keep confidential matters although openly discuss in our group discussions on different sensitive matters.”*** Most leaders also said that YAK helped to develop the groups' skills in working together, honing their ability to make group decisions and conduct open discussions.

5.5 YAK influence on life skills (communication, resistance to peer pressure, decision-making, goal-setting)

5.5a Improved communication skills

All participants agreed that YAK has helped to improve their communication skills. Some participants talked about how their improved ability to communicate helped them to gain more confidence in speaking with others. Male participants noted a few troubles they had in communicating with people before YAK. Some feared talking with people in general and a few said they were specifically scared of speaking with people of the opposite sex. Some noted that they only had superficial conversations before the program and others said that they used to have trouble expressing their ideas or reaching an understanding with others. Female participants seemed to fall into two communication categories before YAK. Half talked about having bad rapport with people before YAK. They said they did not tend to listen to others and were aggressive with their own opinions. The other half said they used to either hide their feelings, were scared and lacked confidence in talking with others, or that they kept to themselves before the program. All participants talked about how they were able to communicate better after YAK. A 16 year-old female from Dire Dawa commented, ***“YAK has made me to develop abilities of conducting discussion, elaborating on issues and communicating with people. I have now the confidence to discuss issues of interest with people of all sorts.”*** Many of the male participants talked about how they had learned to listen to others and value others' opinions through the YAK trainings and how this improved their ability to communicate and had strengthened their relationships with others. A few also said that after YAK they felt comfortable speaking to people whom they had previously been afraid to talk to. For about half of the girls, being able to communicate better meant they had gained confidence in speaking with others and had become more open/less hidden when expressing their thoughts and opinions. The other half of the girls talked about how their improved communication skills meant they were now better listeners and more adept at creating rapport with others. A few mentioned that they were now able to talk with new people- men and religious fathers- with whom they had not previously communicated. For many participants, improved communication meant that they learned how to listen and improve rapport. For a few, it also meant being able to talk with people who they tended to shy away from. For female participants, however, gaining confidence to talk, express their thoughts, and feel assured that they would be heard were the largest changes that influenced their ability to communicate.

Participants also noted improved communication on the topic of HIV. Most participants said they did not discuss HIV before YAK because they were uncomfortable with the topic, thought it was taboo, or lacked people with whom they felt they could speak about it. Some said they talked about HIV before YAK, but only with close relatives and friends. While male participants said they may have talked about HIV before YAK with some of their family members, females who said they had talked about HIV before YAK said they only spoke about it with their friends. This may reveal how females felt more constrained by social taboos against discussing HIV, sexual and reproductive health matters in public or with elders. Most participants agreed that they are now able to talk about HIV more openly and with more people since participating in YAK. For some boys and most girls, they attributed their increased ability to communicate on this subject to greater confidence in their knowledge of various topics related to HIV/AIDS. A 19 year-old boy in Oromiya said, ***“After YAK, I have started to discuss openly with my family. I have also started speaking to my friends and my godfather about HIV/AIDS and am passing to people the knowledge I got from YAK. You see in our Sunday school, there was no discussion on HIV/AIDS before YAK. The lessons we used to have focused on spiritual matters. YAK now has enabled us to understand HIV/AIDS and reproductive health as well other life activities and challenges.”*** Some girls said they felt so confident after YAK that they sought to start conversations about HIV in situations where they previously used to shy away from the topic. In the following story, a 17 year-old female participant from Dire Dawa talked about how

she demonstrated her improved ability to discuss HIV and how her conversation led to preventive actions for her whole family. ***“(Before YAK) I had a fear, for example, that my father being a truck driver would be exposed to the infection and may transmit the infection to the family members. I discussed this fear with my peer members in the YAK. From the discussion I learned that I should discuss the matter in the family. It was not easy; but finally I decided to discuss the matter in the family. We openly discussed our fears and we decided all of us to take the test. All of us took HIV test and the whole family is free from the infection. We have all agreed on ways that we should follow not to be infected with HIV.”***

Some participants talked about increased ability to communicate about sex. A few male participants noted that they were more confident discussing sex and that they had talked about sex with their partner after participating in YAK. Female participants were more vocal than their male counterparts about changes in their communication regarding sex and what those changes have meant to them. Some talked about how they had gained confidence through YAK to talk about sex where they had once considered it a forbidden topic. Many talked about how YAK had prompted them to discuss sex with their partner or their parents. For most of the girls who started having more open discussions about sex with their partner, they said that increased communication had helped developed greater trust and understanding in their relationships. A 20 year-old female from Dire Dawa commented, ***“YAK has developed my abilities to discuss openly and convincingly. I have learned how to evaluate my behavior and help others how to understand their practices. This is what I do with my boyfriend with regards to our relation. Now we trust each other and moreover because we understand better and we do not suspect each other for lack of faithfulness.”*** It is possible that females found increased communication on sex particularly noteworthy because it had been a more sensitive topic for them to discuss than for their male counterparts before the program.

Most parents agreed with their children, saying that YAK has influenced their child’s communication skills. Before YAK a few parents said their children were not able to express their ideas. After YAK many parents said their child is now able to communicate well, establish rapport with others and discuss ideas openly. Most parents said they had not discussed sex or HIV before YAK but started to discuss those topics with their child after the program. A mother from Oromiya said, ***“Before YAK, my son used to tell me about HIV/AIDS in a joking manner. I used to get angry with him. Now, after joining YAK, he is able to discuss seriously on HIV/AIDS and has developed skills in convincing people about what he talks about. He shares what he learned in YAK with me and that is why I said YAK is very useful program.”***

YAK leaders also felt that the program improved members’ communication skills; some said it even improved their own ability to communicate. Only one leader talked about general ability to communicate before YAK, saying he had trouble expressing his ideas before the program. After YAK half of the leaders said their club members demonstrated better communication skills and a few said they also had personally developed the ability to communicate better. Before YAK most leaders said their club did not discuss HIV openly or with others. One leader from Dire Dawa explained, ***“Anti-AIDS clubs used to be perceived badly by the community. Therefore, it was difficult to discuss with people regarding HIV/AIDS. We did not have abilities of communicating to people in a convincing manner.”*** After YAK most leaders said they were able to talk more freely about HIV in their club and that club members were more able to talk about HIV with others due to increased knowledge, confidence and openness with the group.

5.5b Increased ability to resist peer pressure

Most participants agreed that YAK helped them learn how to cope with pressure. Before YAK many talked about experiencing pressure from peers, mostly to chew *khat* and sometimes to have sex. Most participants who said that they had experienced pressure talked about having trouble confronting the people who were pressuring them and said that they often gave into the pressure. A 17 year-old girl from Oromiya said, ***“I used to do what my peer friends ask me to do and I never questioned them. I used to fear disappointing my peer group.”*** After YAK, all participants said they developed skills to avoid or deal with peer pressure. Most participants said that they dealt with pressure by confronting their peers, talking with them and trying to convince them to change their ways. A 16 year-old girl from Dire Dawa stated, ***“After YAK, I have started to talk even with those I used to fear...I have developed the confidence not to accept something coming from my friends because I fear them. I am ready to discuss things with them and influence them. Otherwise now no one can force me without my will to do anything.”*** Only a few participants said that they dropped friends who used to pressure them. This result is interesting because it reveals how increased communication skills helped youth also resist peer pressure. Rather than avoiding peers who were a negative influence, they found themselves capable of changing those people.

Parents supported the comments of the participants. Half of parents said that YAK changed the way their child responded to pressure. Although most youth said they had been pressured, only a few parents said they knew that their child had experienced pressure before YAK. After YAK, parents agreed that their children were better able to respond to pressure. A mother from Oromiya said, ***“There are some friends that wanted him (my son) to do what they wanted him to do. But now he does not care about such people. He takes his own decision and has developed self-confidence and does not succumb to the pressure that comes from such friends. What I see is that the training in YAK is helping him to go his own way. Now I do not worry fearing that he could be persuaded or forced by his friends to do things that may harm him.”***

Like the others interviewed, many leaders said that YAK helped the club members learn to recognize and deal with pressure. About half said they think their members experienced peer pressure before YAK and a few said they knew of members who used to give into the pressure. After YAK most leaders said that although their members experienced pressure, they were able to confront the people pressuring them or avoid those people in order to deal with the pressure rather than giving into doing something they didn't want to do. One leader from Dire Dawa commented, ***“Members have developed skills of influencing their friends to refrain from bad practices and be able not to submit to do undesirable acts for the sake of making their peers happy. Now members report how they are dealing with their friends to stop chewing khat.”***

5.5c More thoughtful decision making

Most participants said that YAK developed their decision making abilities. Most participants said that they didn't take much time to reflect or think through consequences of their decisions before YAK. Some said that they had had trouble making decisions and let others influence their decisions or decide on things for them. Just one participant said he didn't have any difficult decisions to make before YAK. Participants said that after YAK they instead took time to evaluate a situation and think about the consequences before a making a decision. A 16 year-old girl from Dire Dawa said, ***“After YAK's training I started to weigh things before I make decisions. For example, every time I had a clash with my family I used to think of abandoning my home. However, after the training I came to realize the consequences of such a decision. I have started to evaluate things before I make decisions.”*** Some participants said that they began to consult family, close friends, or those who would be affected to get their opinions when making difficult decisions after YAK.

In agreement with their children, a few parents said that YAK had changed the way their child makes decisions. A few said that their child was easily able to make decisions before YAK and a few said their child used to make bad decisions. Many said that after YAK their child thought about his/her decisions and consulted others in the decision-making process.

Most leaders also thought YAK helped members in decision-making. Before YAK half of the leaders said that their members made decisions without thinking about the consequences. After YAK most leaders said their members took time and thought about the consequences before making a decision. A YAK leader from Oromiya said, ***“Our members have learnt how to take decisions on the basis of discussion, evaluation of consequences of the decisions they make, and considering different options. YAK members have become good administrators because they take reasonable decisions and are behaving responsibly.”***

5.5d Setting new goals and making plans to achieve goals

YAK influenced the goals participants set for themselves in several different ways. Before YAK most participants said they did have some kind of goal in mind; only a few said they had no goal prior to YAK. After YAK, many participants said they changed their goal while some said they kept their original goal. Most participants talked, however, about how YAK had helped them to think about the steps they need to take in order to achieve their goal. A few youth said they created back-up goals after participating in YAK in case their original goal became out-of-reach. A 19 year-old boy from Oromiya said, ***“Before YAK, I used to have life goals. For example, I aspired to be a doctor or an engineer. However, I never attempted to do something that would help me meet my objectives. I only hoped. After YAK, I now understand what one has to do to achieve his goals. I have also realized what the goals I set require and as a result I have changed my goal. Now I want to be a driver. I know what I should do to be a driver and I think I am capable to achieve it.”*** A few also talked about how they broadened the scope of their goals from just focusing on career and education to thinking about how they will live a healthy life and support their family and/or community. This indicates that youth acknowledged the impact HIV could make on their future lives

and that they also felt a sense of efficacy to protect the people around them from those challenges. The Youth Passport played a big role in setting goals- most youth said that the Passport helped them to understand their values and set goals. Most youth also said that the Passport was helpful in prioritizing goals and recognizing the challenges they might encounter in trying to accomplish their goals. According to a 16 year-old girl from Dire Dawa, ***“The Youth Passport has guided me to set my new goals. Don’t judge the Passport by its size; it contains a lot of indispensable information and knowledge. Therefore, I have gained a better knowledge from the Youth Passport than any other training I participated in. I write my future goals on it, evaluate my goals, and decide on the goals I would like to achieve and strive hard to achieve them.”***

Parents did not know a lot of detail about their children’s goal setting, but agreed with participants that YAK had played some role in working towards life goals. Few parents mentioned their child’s use of the Youth Passport in setting goals, so it is possible that participants are more reluctant to share their Passports with their parents. If the Passport truly played a big role in participants’ goal setting, reluctance to share the Passport may also explain why parents did not know about their children’s goals in much detail. A few parents, however, did say that YAK had influenced the goals their child had set. Half of the parents knew about their child’s goal before YAK and a few said their children either set a new goal or was working towards achieving their same goal. One mother from Oromiya said, ***“My daughter now knows about what she wants to do and she is planning her life. It is amazing to see her planning her future life goals and having the confidence to decide on her future life.”*** Echoing the goal of some participants, half of the parents talked about how their child’s goal now focuses on helping the community or his/her family.

Like the participants, most leaders said YAK helped club members set life goals. Before YAK, half of the leaders said their members did not have defined goals or hadn’t thought about the challenges they may face in achieving their goals. After YAK many participants said that members have set goals and thought about the obstacles they may face. Most leaders said the Youth Passport was an important tool for their members to use in setting goals and thinking about the steps along the way to their goal.

5.6 YAK influence on community outreach efforts

5.6a Moderately successful community outreach

Most participants agreed that the home activities helped to create opportunities for discussing HIV and the YAK program. Some of the female participants also mentioned that the home activities started a chain of communication, since their parents then spread messages from YAK to other neighbors and community members.

Participants varied in their parents’ initial knowledge and approval of their involvement in YAK. One male participant said his parents didn’t know he was in the program. Several participants said their parents didn’t initially approve of their participation. A few female participants mentioned that their parents were against the program because they felt as though anti-AIDS clubs and the YAK program encouraged youth to engage in sexual activity. On the other hand, a few female participants said their parents had given consent in order to allow the child’s YAK participation and one boy said his parents actually urged him to become involved. Overwhelmingly, participants agreed that over the course of their involvement in the program, their parents came to value YAK due to the information they heard in practice-at-home activities and the changes they saw in their children. Participants said that after YAK their parents were happy with their children’s participation in the program. A 19 year-old girl from Dire Dawa said, ***“My family members appreciate YAK because they are also getting important information on HIV/AIDS from me. Before YAK whenever I mention HIV/AIDS to them they used to insult me saying that HIV/AIDS club members are spreading the infection. Now After YAK I succeeded to convince them because I have learnt in YAK how to communicate with people and how to pass messages to people. Now my family members are eager to learn and discuss with me happily and with interest.”***

Most participants said their clubs held festivals and that the community appreciated these outreach efforts, however a few were concerned that the festivals had not reached all members of their communities. Community outreach at the festivals included coffee ceremonies, cultural shows and dramas, community discussions and an essay competition. Some female participants talked about how the festivals helped increase community discussions about HIV and thus increased support for YAK as well as for PLHAs in the community. A few participants talked about how community members may have had a wrong impression of the club or thought it was a waste of time but after

attending outreach events they started to appreciate the program. Most participants, however, said that they think their community approved of YAK, appreciated the HIV/AIDS information and spoke about how community members encouraged youth to participate in the program. A 19 year-old male from Dire Dawa commented, ***“I would not say the community is very much aware of YAK. But those that participated in our activities and attend our shows appreciate YAK. The club has invited parents of members by arranging coffee ceremony. This brought good relation with parents and changed positively their attitude towards the club and YAK. For example, those parents who were resisting their children’s participation in YAK have started to send their children’s to the club.”*** Some participants noted that they had had a negative or superficial relationship with their community members before YAK because they thought that community members did not like them or because they thought the community had a wrong impression about their club. After YAK, however, most participants said they had a good relationship with the community, had developed respect for community members, and had become active participants in their community or wanted to help improve it. Several noted that through YAK they came to realize that the community appreciated their efforts, and this appreciation led to a better relationship. A 17 year old girl from Dire Dawa noted, ***“I was not close to the community because I used to think people had a bad attitude towards me. But now, since I started to participate in YAK activities that involve the community such as conducting shows on stage like ‘Shai Buna’ (tea and coffee ceremony show) I learned that people enjoy what I do and have positive attitude towards me.”*** Only a few participants from a club in Oromiya said they had not yet held any festivals or conducted outreach activities, but they planned to do so in the near future. No reasons were mentioned for why they had not held the festivals by the date of the interviews.

Like the participants, parents agreed that the YAK home activities had been educational for the family and that YAK reached and positively influenced the community. About half knew about the YAK festivals and thought that they were well accepted by the community.⁴ Additionally, half of the parents said their child’s relationship with peers had improved after YAK. Parents said their children were able to have friendly rather than sexual relationships with people of the opposite sex and that their children’s relationships with peers had become more productive and less worrisome after YAK. A few parents also said their child’s relationship with the community had improved after YAK because the children had developed discipline and showed greater respect for people in the community.

YAK leaders similarly said that the home activities and community outreach were successful. A few noted that some members continued to struggle in talking with their parents about sexual issues and HIV after YAK, but most leaders said that parents are proud of their children’s participation in the club. Some leaders said the community disapproved of the club before YAK but half said that the community came to approve of the YAK over the course of the program. One said some community members still did not approve of YAK even after the program because they had misconceptions about its purpose.⁵ Most of the leaders talked about conducting community festivals and said that the community appreciated and participated in these events. One leader from Dire Dawa said, ***“We have organized three festivals. We first tried to assess our own family. We made activities 6, 7 and 8 reaching our family. Then we made the 2nd activity on raising funds for families who have lost their family members during the flood. Whilst doing such venture, we reached managers working in different administrations. They realized that our club is doing activities that are beneficiary to the community. Additionally, we also participated in Dire Dawa Midir Babur (Railway) sport club and were able to communicate on HIV/AIDS with a number of people working in there.”***

5.6b Spontaneous involvement of parents in community outreach

Echoing the comments of some participants, many parents said they took the YAK lessons to others in their community. Although diffusion of the lessons is intended in the YAK program, there is no YAK activity that specifically engages parents to continue their children’s outreach efforts. As such, parent outreach is a spontaneous

⁴ Low parent knowledge and attendance of YAK events may reflect a lack communication between youth and parents. Alternatively, HCP staff noted that SFL parents sometimes worked during the SFL outreach activities thus limiting their participation; the same may apply to YAK parents so that fewer were able to attend events due to time conflicts.

⁵ It is uncertain why misconceptions about the program were not cleared through YAK events. It may be possible that the community members who held misconceptions about YAK were also the people who did not attend outreach events. In that case, these community members would have purposely de-selected themselves from being influenced by YAK.

occurrence in the program. One mother from Dire Dawa told the following story, ***“Whenever our children in the YAK invited us, I happily go and participate in the activities. I also encourage other parents to do the same. For example, one day I was invited to attend the YAK activity. My neighbors were also invited through their daughter who was participating in YAK. The mother happily participated but the father did not attend and his daughter was irritated. The YAK leader also asked why some parents do not come when they are invited to attend YAK programs. I went to the father and explained the benefit that the youth are getting from the YAK program. Then, he was convinced and attended then other session and was delighted about the program.”***

5.6c Improved personal relationships and child-parent communication

YAK participants agreed that the program influenced their personal relationships, largely because they had improved their interpersonal and communication skills and were thus better able to establish rapport with others. YAK participants said that before the program they had superficial or purposeless relationships with their friends, but that their relationships with peers improved after YAK because they discussed many issues, including HIV, openly. A 16 year-old girl from Dire Dawa commented, ***“I have now a good relation with my friends. We discuss on issues regarding our school time and education. Therefore we have started developing a healthy relationship. We help and support each other. I tell them openly about my experience positive or bad and we share concern and support each other. This attitude never existed before attending YAK training.”*** A few girls and one boy also noted that they were able to speak with members of the opposite sex as friends rather than only considering people of the opposite sex in a sexual context after YAK.

Most participants said that they had not had a good relationship with their parents and family members before YAK- they lacked respect for one another or did not interact with them. However, after YAK, participants agreed that their relationships with parents and family members improved due to increased communication, love and respect. An 18 year-old boy from Dire Dawa said, ***“YAK has changed my relation with my mother, neighbors and friends positively. Now I openly discuss matters with my mother, friends and neighbors. Now I have good and close relation with my mother. We are really good friends and other members of the family envy us.”*** Most participants did not have a boyfriend or girlfriend before or after YAK so they were not able to comment on how their relationship with this partner may have changed. For some youth who had boyfriends after YAK, they said their relationships were good after the program because they learned to communicate openly with one another.

Parents confirmed the comments of the participants about improved personal relationships. Parents said they discussed YAK teachings with their child and most said their child was able to advise them or the family about various family, reproductive health and HIV issues after participating in the program. After YAK most parents said they had a better relationship with their child because the child was more communicative and offered to help with family issues. A mother from Dire Dawa commented, ***“My child now is my advisor. She tells me that she has information, which she obtained from YAK that she would like to pass to me and discuss it openly. I readily accept her offer. Therefore she has become a prominent member of the family and a good friend of mine.”***

5.7 YAK influence on HIV testing, general and sexual behavior

5.7a Increased HIV testing

Some participants said that they learned where to go to get tested for HIV from YAK. Some of the participants also said that their club had encouraged them or others in the community to get tested. One 18 year-old boy from Dire Dawa said, ***“I was scared and thought that I was infected with the virus. I was scared to take the test. I lived under fear. One day, after discussing the matter with my YAK friends, I took HIV test. I learned that it was less than 5% that I could be infected with HIV under this circumstance. I was found to be HIV negative.”*** In talking with members of a YAK club in Dire Dawa I was told the entire club went together to get tested for HIV as a show of support for one another.

In support of participants’ comments, half of parents said they encouraged their child to get tested and were supportive of making information about testing more easily available to the community.

Similarly, some leaders said that YAK encouraged club members and community members to get tested for HIV. One leader in Dire Dawa commented, ***“The most important change is that all (club members) have taken blood test and know their HIV status. This happened after YAK training.”***

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5.7b Improved general behavior but little reported change in sexual behavior

Most participants said that YAK improved their behavior. For males, only a few talked specifically about changing their sexual behavior; most said they became more personable (gained confidence, showed more respect, became a better communicator) and talked about lifestyle changes they have made such as giving up alcohol and *khat* after participating in YAK. Some female participants noted that YAK has specifically changed their behavior in terms of their comfort to talk about sex. Only a few girls noted that they have changed their sexual behavior as a result of the program, as discussed below.

Few YAK participants said they were sexually active, so the comments on abstinence, faithfulness and condom behaviors were very limited. Before YAK, although a few male participants said they had been sexually active, most were abstinent. Nearly all female participants said they were not sexually active before YAK. Most participants have continued to abstain from sex after the YAK program. Said one 18 year-old boy from Dire Dawa, ***“So far I am not sexually active. I have decided to abstain from sexual activities.”*** A few females said they are currently abstaining from sex but did not specify if their abstinence is continued or if they returned to abstinence. A few male participants noted that they were sexually active before YAK but have decided to abstain now indicating an important potential impact of the program to promote secondary abstinence. A few more participants said, however, that they continued to be sexually active after YAK. No participants said they have started having sex since the participating in the YAK program. In summary, the program may have delayed sexual activity in most participants and might be associated with secondary abstinence for some others.

Since very few boys noted that they were sexually active, only one commented on his number of partners before YAK, saying that he could not quantify how many partners he had before participating in the program. Only a few male participants commented on the number of partners they have since participating in YAK. All of them said that they are now limited to one sexual partner. No female participants commented on how many partners they had before the program. Only one female participant interviewed had said she was sexually active before and continued to be sexually active after the program; she did not comment on how many partners she has had since participating in YAK.

Only one sexually active male participant commented on his use of condoms before YAK, saying that he had not used them. Few male participants said they were sexually active, but among those who are sexually active, they all said they started using condoms after YAK. A 15 year-old male from Dire Dawa commented, ***“YAK has taught me about how to have sex and how to take the precautions. I use condom during sex with my girlfriend and I have decided to be in one to one relation, only with my girlfriend.”*** There was only one sexually active female participant interviewed; she said she did not use condoms before YAK but started using them after the program. The girl, age 20, from Dire Dawa, said ***“After YAK we openly discussed on our sexual practice and the dangers of unsafe sex practice. Then, we reached at a decision to use condom during sexual intercourse.”***

Parents agreed with their children’s general comments that YAK had changed their child’s behavior. Many said that the child had better interactions with people after YAK because of increased knowledge, respect and their improved communication skills. About half of parents said their child had been difficult before YAK in that he/she was inconsiderate of others’ opinions and disobedient. The other half of parents said their child had exhibited good behavior before YAK. All parents agreed that their children became better behaved after YAK because they were more communicative, confident, caring and/or disciplined. A mother from Dire Dawa said, ***“My daughter, as said above, has changed in her behavior. She is purposeful, responsible and cares for others. She respects her family and others. She has a good personality. She is attentive and serious when dealing with people.”***

In support of the participants’ comments, some leaders said YAK changed their members’ behavior. Most of those leaders referred to changed general behavior; mainly improved self-confidence of their club members. Only one leader said he thought YAK had specifically changed the sexual behavior of his club members, talking specifically about the transformation of one participant from highly sexually active before YAK to abstinent after the program. The leader said, ***“There is a girl that I can mention in this regard. She was a spoiled girl and spent her time with bad people. She used to make sex with different men without condom. Because of her father’s effort, she joined the club. We extended our program to Saturday in order to attract her. We tried our best to involve her in the activities we were doing. After participating in our Saturday sessions, she started to like the program. She started showing change of attitude towards herself slowly. She was still seen going with so many guys while attending the***

training at the beginning. Some members used to worry that she might bring disgrace to the club. But we continued involving her in our programs and encouraged her to actively participate in our YAK activities. Finally she started showing quick changes. The open discussion we had in the activities on sex and sexuality helped her to think about her sexual practices. Now she is a responsible member of the club and we do not see her hanging with many men. She has stopped going with different men and has even decided to abstain from sex.” Most of the leaders said that after YAK although some club members returned to abstinence, some continued to be sexually active. A leader from Oromiya said, *“I would suspect that some (club members) might have been sexually active before YAK, but now what I see is a commitment to abstain from sex.”* For those who continued to be sexually active, a few leaders said those members began to limit their number of sexual partners after YAK. Half of the club members said they knew that their sexually active club members started to use condoms after the program. Said a leader from Dire Dawa, *“There were some participants who had more than one sexual partner. Some of those who could not stop sex, decided to stick to one partner and use condom. They use condom according to the training they received in YAK.”* The fact that only a few to half of the YAK leaders commented on the faithfulness and condom use of their members may be an indication that leaders did not engage in individual discussions with participants about their sexual behaviors beyond abstinence.

6. CONCLUSIONS AND RECOMMENDATIONS

The following section discusses some of the main themes of SFL and YAK programs, makes comparisons of program influence across some demographic indicators, and suggests recommendations.

6.1 Summary: Feelings about the Program

SFL

On the whole, participants seemed to enjoy the program and took pride in receiving Champion Status. Participants, parents and teachers alike found the program useful and entertaining.

YAK

Participants enjoyed YAK, were happy if they had received Champion Status, and found the program useful and entertaining. Female youth particularly noted that the program helped them feel like more equal and necessary members of the group. YAK leaders also talked about uniquely benefiting from their training and developing a sense of capability in their roles.

6.2 Summary: HIV Knowledge Gained

SFL

Participants discussed how they already had some knowledge of HIV before the program, but SFL were able to build upon that knowledge base. Youths' knowledge further influenced parents, who also said they learned new information about HIV from their children.

YAK

YAK participants said their knowledge about HIV transmission and methods of prevention, particularly condoms, had deepened through the program. Youth shared their HIV knowledge with their parents as well.

6.3 Summary: Changes in Attitudes and Self-efficacy

SFL

Participants said that, through SFL activities, they learned not to fear PLHAs and that they should give them love and support. Some talked about changes in their attitudes towards HIV. Although many participants talked about how they viewed the virus negatively in the past and thus stigmatized PLHAs, only a few mentioned changes in their perception of the virus' severity. The few people who talked about how PLHAs are able to lead a normal life suggest that some participants' perceived severity of the virus diminished, but overall, participants have begun to understand that HIV poses an important but manageable threat. Participants' attitudes towards abstinence and faithfulness were favorable after SFL; however, there was some disagreement in the attitudes of youth towards condoms. Although some did not support providing information about condoms, others felt it was last-resort method of prevention when neither abstinence nor faithfulness was possible. After SFL, participants were also supportive of HIV testing as a step in HIV prevention. On the whole, SFL seemed to shift youth attitudes in a positive direction, however, there is room for further attitudinal change regarding the provision of information on condom use. It is positive that youth have more favorable attitudes towards abstinence than condom use, however, the provision of information on condoms is a valuable part of the SFL program so it would serve the program well for youth to support implementation of this educational and outreach activity.

SFL participants did not discuss their perceived self efficacy in much detail, possibly because the concept was a difficult one for younger interviewees to comprehend. Perceived efficacy to abstain and be faithful did increase, but there was not much change in participants' perceived efficacy to use condoms. In general participants were unaware of HIV prevention methods (abstinence, faithfulness, condom use- ABCs) before SFL. Although they may have had knowledge about the virus, as mentioned in section 6.2, it seems that this knowledge did not extend to methods of HIV prevention. Given lack of awareness before SFL, the program seemed to be most students' first introduction to the ABCs. As such, newfound awareness may account for a small shift in self-efficacy in that youth now can start to gain confidence in their ability to prevent HIV through the ABCs, however, this marginal shift in efficacy may not have been enough change to resonate with the youth interviewed. Furthermore, if youth had not been aware of HIV

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prevention methods before SFL and after the program were aware but were not considering methods other than abstinence, they may have never thought about their confidence in their ability to employ any other prevention method.

YAK

Participants said that, through YAK activities, they learned not to fear PLHAs and that they should give them love and support. Some talked about changes in their attitudes towards HIV. Many participants talked about HIV misconceptions and how they had viewed the virus negatively in the past propagating stigma against PLHAs. After the program some participants continued to fear the virus and whereas some others talked about how it is a manageable disease. This suggests that youths' perceived severity of the virus is generally still high, though some participants' locus of control in preventing or being able to live with the infection shifted through participation in the program. Participants' attitudes regarding abstinence were favorable after YAK. Although most participants supported faithfulness after the program, some female participants revealed a lack of trust in their partner, concluding that abstinence was preferable and easier to control than faithfulness in a relationship. Attitudes on condom use were split by gender with some males in support of giving information about condoms as a last-resort in HIV prevention as opposed to the girls, who were generally against informing others about condoms. Though youth did not talk much about a change in their attitudes towards testing, a few said that getting tested had been reassuring in alleviating their perception of risk for the virus. On the whole, YAK seemed to shift participants' attitudes in a positive direction. In the cases of perceived severity of HIV and female attitudes on faithfulness and condom use, attitudes became more realistic after the program. Regarding female attitudes on providing information about condoms, there is room for further attitude change. It is positive that females have more favorable attitudes towards abstinence than condom use, however, the provision of information on condoms is a valuable part of the YAK program so it would serve the program well for youth to support implementation of this educational and outreach activity.

YAK participants perceived a change in their self-efficacy to prevent HIV/AIDS. Abstinence efficacy increased for all participants. Faithfulness efficacy increased for some males and decreased for some females. The female decrease in faithfulness efficacy was out of a realization that they could only control their own actions and not that of their partner. This suggests a more sophisticated understanding of the work that faithfulness is required from both individuals in a relationship. Condom efficacy also rose through participation in the program.

6.4 Summary: Changes in Collective Efficacy

SFL

Although participants struggled to discuss overall changes in their SFL groups' collective efficacy, comments on various measures used to determine changes in efficacy and cohesion seemed to reveal that the program improved the ability of the groups to fight HIV/AIDS together. Creation of school groups dedicated to fighting HIV/AIDS and the use of new, more engaging materials had made youth confident in their prevention efforts. SFL groups provided new sources of information on HIV to the community, groups reported a better ability to work together and plan events, more trust in one another and a greater sense of belonging in the group.

YAK

Although participants struggled to discuss overall changes in their clubs' collective efficacy, comments on various measures used to determine changes in efficacy and cohesion seemed to reveal that the program improved the ability of the youth to fight HIV/AIDS together. The use of new, more engaging materials and involvement of a wide array of community members made youth confident in their prevention efforts. YAK members also talked about providing new sources of information on HIV to the community, reported a better ability to work together and plan events, more trust in one another and a greater sense of belonging in the group. Females particularly noted changes in group cohesion, sense of belonging and feelings of equality after YAK.

6.5 Summary: Influence of Life Skills Training on Youth

SFL

Participants' increased ability to communicate with others about their knowledge and opinions spilled over to influence other life skills presented in the program. Through improved communication, participants also noted an improved ability to communicate their desires to peers and thus avoid and eliminate negative influences of peer

pressure. Communication and peer pressure skills influenced youth to change the way in which they related to others. Youth listened to others and established rapport to communicate. They used their listening skills and strong rapport to resist peer pressure. Decision-making and goal-setting life skills revealed a shift in participants towards balancing valued opinions of others with increased self-reflection on personal goals. Youth talked about taking a more logical approach to making decisions that included consideration of the opinions of people close to them and some started to apply this same logic to planning how to achieve life goals for themselves and their families.

YAK

Similar to SFL, participants' increased ability to communicate with others about their knowledge and opinions spilled over to influence other life skills presented in the program. Through improved communication, participants were more able to communicate decisions to peers in order to avoid negative pressure, convince peers not to engage in harmful practices, and reach consensus with a partner regarding sexual activity. Communication and peer pressure skills focused on changing the way in which participants related to others, so they could more articulately express their thoughts and feelings. Decision-making and goal-setting life skills instead concentrated on helping youth gain a better understanding of themselves. Youth reflected on their thoughts and talked about taking a more logical approach to making decisions. They applied the same logic to their life goals, thinking about what they wanted to achieve, what they were capable of achieving, and what alternatives they would be interested in aiming for. Through careful introspection and logical thought processes, participants planned out a path for achieving their personal aspirations.

6.6 Summary: Impact of Community Outreach

SFL

Although participants thought community outreach was important, it was not an overwhelmingly successful component of the SFL program. Schools ran out of time to host outreach activities and thus participants felt that awareness of the program was limited in their communities. Participants generally felt the program was well received and that outreach had helped them improve their relationship with community members, but the impact was less than participants and teachers had hoped for.

YAK

Participants felt that practice-at-home and community festival outreach efforts were successful elements of the YAK program, though there was some concern that the events did not reach the entire community. Still, the events were helpful in correcting community misconceptions about HIV, PLHAs and the role of the YAK clubs. Through better understanding of the youths' efforts, participants said their relationship with community members also improved. Practice-at-home activities were particularly successful at engaging parents and encouraging child-parent communication. Some parents were so influenced by their children that they became ardent supporters of the program and anti-AIDS efforts in the community, doing their own outreach to talk with adults in the community.

6.7 Summary: Changes in Behavior

SFL

No change to sexual behavior was seen through the program since youth were abstinent before and remained so after SFL. However, participants discussed changes in their general behavior that had occurred over the course of their participation in SFL. General behavior changes included being more outgoing in talking with others, being more able to create rapport with others, being more open to listening to others' viewpoints, and taking others' opinions and feelings into consideration in daily actions and decision-making.

YAK

Little change to sexual behavior was seen through the program since most youth said they were abstinent before and remained so after YAK. A few participants said they returned to abstinence (practiced secondary abstinence) after participating in YAK, reduced their number of partners, and/or started using condoms, but the majority of youth said they were not having sex and remained that way afterwards. YAK leaders painted a slightly different picture of their members' sexual behavior. Most said that some of their participants became abstinent after the program (practiced secondary abstinence) but some continued to be sexually active. Only a few to half of the leaders discussed the sexually active club members, saying that they had reduced their number of sexual partners and had begun to use condoms after YAK. Participants and leaders also discussed changes in members' general behavior

that occurred over the course of participation in the program. General behavior changes included becoming more outgoing in talking with others about HIV and sexual decisions, becoming more able to create rapport with others, becoming more open to listening to others' viewpoints, and exhibiting more respect in their relationships with parents.

6.8 Differences in Influence of Program by Gender

SFL

In SFL, there was generally no major difference in how the program influenced male versus female participants.

YAK

Participants' experience with the YAK program did vary a little by gender. Most notably, female participants talked about an increased sense of equality with other club members after participating in YAK. Equality was mentioned in perceptions about group discussions and again revisited when females talked about group cohesion and developing a greater feeling of inclusion in the group after YAK. Females uniquely said they felt like more valuable and necessary members of the club through their YAK participation. Through an increased sense of equality, it is likely that female participants also gained self-confidence to communicate with others. Female participants said that before YAK they were either emotional communicators with bad rapport and poor listening skills or that they felt as though they needed to hide their own opinions when talking to others. Half of them specifically discussed how an increase in confidence helped them communicate better and express their own thoughts after YAK. In addition, female participants particularly talked about gaining confidence to discuss sexual matters with their partners in relationships. Women who had been emotional communicators talked about establishing better rapport through listening to others. This change demonstrated a higher level of confidence from the females, believing that their own opinions would be heard and considered in a conversation.

Another way in which program influence differed by gender is in the changes expressed by females regarding attitudes towards HIV and the ABCs. Female participants talked about how they thought HIV was a death sentence and they would kill themselves if they found out they were infected, but also said that after the program they had learned how the disease is manageable. Uniquely for female participants, perceived severity of HIV was at once both high (death sentence) and low (manageable). While some attitudes regarding HIV changed over the course of the program, females clung to other old attitudes. Similarly, where male participants expressed favorable attitudes towards all here HIV prevention methods, female participants were reluctant to support giving out information on or practicing condom use. Females voiced attitudes against giving out information about condoms, saying that giving out condoms promoted sexual activity. It is possible that females felt as though they must stay within the social norm that women should not be overtly associated with promotion of safe sex because it connotes promiscuity on their part. Female participants supported abstinence and a number commented on their reluctance to trust partners leading them to also choose abstinence over faithfulness. Perhaps female participants think that they would be breaking social boundaries, and thus not be acceptable in society, if they were seen giving information about condom use. It is possible that old female attitudes related to HIV and the ABCs are tougher to change than the same attitudes of their male counterparts.

6.9 Differences in Influence of Program by Location

SFL

In general, the program's influence did not vary much by location. However, in urban areas, some participants noted that more sources of information, such as clubs and school programs, had existed before SFL was introduced. Comparatively, in rural areas, the contribution of SFL may have been greater since the community lacked as much access to HIV prevention information before the program.

YAK

In general, the program's influence did not vary much by location. However, in urban areas, more participants noted that there had been HIV/AIDS information available even before the program. Some talked about mass media, others about governmental sources for information, and urban participants also mentioned how their youth clubs, though less effective, had existed as anti-AIDS clubs before the introduction of YAK. In contrast, a few participants from the EOC-lead Sunday School YAK clubs in Bale, Oromiya talked about how YAK was their first introduction to discussions on HIV/AIDS, as the rural Sunday Schools had previously only focused on spiritual

matters. For some rural participants and faith-based groups, YAK seemed to contribute greatly to HIV prevention efforts in the community by being a pioneer program on the topic.

6.10 Limitations of the Evaluation and Challenges to the Research Activity

This qualitative evaluation had some limitations to its design. The bias towards selecting interviewees with high participation resulted in selection of largely positive case findings in terms of program perception and influence. The schools and clubs sampled for this research activity were all “active clubs” in that they had completed most to all of the program activities. Youth, in particular, were “active participants” in that they had completed at least half of the program activities implemented by their school/club. Active schools/clubs and participants were purposely sampled to ensure that the evaluation collected feedback from the most informed SFL and YAK participants. Though the evaluation chose to sample based on high participation in the programs, the inadvertent result was a sample with mostly positive program experiences. It is interesting to note that youth who were highly involved in SFL and YAK were generally pleased with the programs, however, by sampling only active schools/clubs and participants, we did not have the opportunity to explore negative case findings in which participants had less positive experiences with the programs.

Although they were not limitations to the design of the evaluation, there were some challenges to the research that affected the data collected. Interviewers from Miz-Hasab noted frustration about the lack of concrete examples from younger SFL youth, SFL teachers and YAK leaders on ways in which the programs influences ideational and behavioral changes in participants. Younger SFL interviewees may have been less capable of expressing themselves and thus been less forthcoming when probed for stories on how they had changed. SFL teachers and YAK leaders, however, were thought to be key informants on the impact of the programs due to their relationship with the entire SFL or YAK group. Unfortunately, teachers and leaders were often reluctant to give many concrete examples of change. After numerous probes by interviewers, the teachers and leaders would often only be able to come up with one specific story illustrating how a participant had changed after participation in SFL or YAK. Another challenge to data collection was the limited number of youth who were sexually active. Since most youth said they had not yet had sex, it was difficult to make conclusions about the impact of either program on sexual behaviors such as faithfulness and condom use.

6.11 Summary of Recommendations for Program Change, Areas for Change in Program Content and Structure

SFL

Recommendations for SFL include both programmatic changes to refine the program and Ethiopian policy-level changes to support its implementation.

Based on the findings of this evaluation, the suggested programmatic changes are:

- 1. Add a second-level component to the program where trained youth from Champion Schools go on to train other community sectors and schools in the program, so that youth can have continuous involvement in the program and so the “Champion” brand will be further enhanced to generate new interest and enthusiasm for SFL*
- 2. Strengthen community outreach activities in the program by providing schools with more support and guidance and by including a calendar planning activity to help students chart out how and when they will conduct SFL activities and festivals*
- 3. Provide financial and/or material support to help conduct outreach activities*
- 4. Provide schools with sustainability training to discuss plans for ensuring steady financial and material support as well as teacher incentives to encourage continued program implementation*
- 5. Increase the number of monitoring visits from HCP and partner staff to ensure all Champion schools are recognized in a timely manner*

Based on the findings of this evaluation, the suggested policy-level changes are:

- 1. Integrate the SFL program into school curricula to reduce teacher burden, time and continuity challenges to SFL implementation*
- 2. Reallocate school funds and resources to help cover the financial and material needs of schools doing community outreach activities*

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3. Increase the hire of female PE teachers to lead the SFL programs thus ensuring better gender balance and encouraging the development of female role models

YAK

Recommendations for YAK focus on programmatic changes to refine the program.

Based on the findings of this evaluation, the suggested programmatic changes are:

- 1. Add networking activities into the program or as a reward for achieving Champion Status to allow clubs the opportunity to link to one another and create a stronger social network to support HIV prevention in the community*
- 2. Add new YAK activities on topics such as addressing attitudes towards and social perceptions of HIV prevention methods, domestic violence and employment opportunities*
- 3. Strengthen community outreach activities in the program by providing clubs with more guidance on how to get widespread community participation in outreach events*
- 4. Provide financial and/or material support to help conduct outreach activities*
- 5. Enhance sustainability training to create plans for ensuring steady financial and material support and by moving YAK activities on grant writing to earlier in the program. Use monitoring visits as an opportunity to share stories about clubs that have successfully leveraged funds or secured donations of support.*
- 5. Encourage recruitment of female YAK leaders to ensure better gender balance and encourage the development of female role models*
- 6. Add a second-level component to the program where trained youth from Champion Clubs go on to train other community sectors and clubs in the program, so that youth can have continuous involvement in YAK and so the “Champion” brand will be further enhanced to generate new interest and enthusiasm for YAK.*
- 7. Use second-level members to help develop new YAK activities of local interest which can be entered into national level competitions for performance of original skits and informational sessions as a continuation of the Champion Cycle.*

6.12 Revisions to Conceptual Framework

The Pathways conceptual framework for SFL and YAK should be revised according to the program recommendations above. First, the financial constraints of schools and clubs should be included as a contextual factor in the models. Next, although the programs already considered Social Cognitive Theory (SCT) in the use of skits to demonstrate role modeling of HIV preventive behaviors, the development of leadership skills and role models should be added as an initial outcome to the conceptual frameworks. Developing role models should include the recruitment of female teachers and program leaders as well as the creation of a second-level championship cycle that involves trained SFL and YAK participants. Increased leadership would lead to a behavioral outcome of youth teaching their peers the skills and information they learned in the two programs. Finally, for SFL and YAK to address the contextual factor of financial constraints on schools and clubs while working to reduce transmission of HIV in Ethiopia, these programs must be sustainable. Increasing skills to seek financial and material support should be a new initial outcome for the programs, resulting in a behavioral outcome to increase grant writing and fundraising activities of the club. All of these conceptual framework revisions seek to use the model to help explain the influence of group changes on the behavior of individuals in the group. According to Bandura, “people do not live their lives in individual autonomy. Indeed, many of the outcomes they seek are achievable only through interdependent efforts...people’s shared beliefs in their collective efficacy influence the types of futures they seek to achieve through collective action, how well they use their resources, how much effort they put into their group endeavor, their staying power when collective efforts fail to produce quick results or meet forcible opposition, and their vulnerability to the discouragement that can beset people taking on tough social problems.” (Bandura 2004) The Pathways Model must be revised to account for the interdependence of group and club members’ efforts through the addition of group-level outcomes in order to ensure the success of collective efforts of program participants to fight HIV/AIDS and this reduce its transmission in Ethiopia.

6.13 Need for Further Research

Although this evaluation sought to understand the influence SFL and YAK on youth, little conclusion could be made on the programs’ impact related to sexual behavior. It is possible from the results of this evaluation to consider the

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possibility that involvement in the SFL and YAK programs delay sexual activity since no interviewed participants became sexually active over the course of the program and the program did influence knowledge, attitudes, communication, etc. which are precursors to behavior. YAK may also encourage secondary abstinence according to the data collected from participants and leaders in this evaluation; but the number of sexually active youth interviewed was so low it is difficult to make that claim. To study the influence of these programs on sexual behaviors such as secondary abstinence, faithfulness and condom use in detail, it would be advisable to conduct further qualitative research with a subset of sexually active youth participating in the programs.

7. Appendix: SFL and YAK Sampling Matrices

SFL Qualitative Endline Evaluation Sampling Frame				
Region	Randomly Selected School/Club Number	Interviewee Number for School	Interviewee Gender	Interviewee Age Range
Oromiya	School 1	Participant 1	Male	13 to 14 Years
		Participant 2	Male	15 to 17 Years
		Participant 3	Female	13 to 14 Years
		Participant 4	Female	15 to 17 Years
		Parent 1	N/A	N/A
		SFL Teacher 1	N/A	N/A
	School 2	Participant 1	Male	13 to 14 Years
		Participant 2	Male	15 to 17 Years
		Participant 3	Female	13 to 14 Years
		Participant 4	Female	15 to 17 Years
		Parent 2	N/A	N/A
		SFL Teacher 2	N/A	N/A
	School 3	Participant 1	Male	13 to 14 Years
		Participant 2	Male	15 to 17 Years
		Participant 3	Female	13 to 14 Years
		Participant 4	Female	15 to 17 Years
		Parent 3	N/A	N/A
		SFL Teacher 3	N/A	N/A
Amhara	School 1	Participant 1	Male	13 to 14 Years
		Participant 2	Male	15 to 17 Years
		Participant 3	Female	13 to 14 Years
		Participant 4	Female	15 to 17 Years
		Parent 1	N/A	N/A
		SFL Teacher 1	N/A	N/A
	School 2	Participant 1	Male	13 to 14 Years
		Participant 2	Male	15 to 17 Years
		Participant 3	Female	13 to 14 Years
		Participant 4	Female	15 to 17 Years
		Parent 2	N/A	N/A
		SFL Teacher 2	N/A	N/A
School 3	Participant 1	Male	13 to 14 Years	
	Participant 2	Male	15 to 17 Years	
	Participant 3	Female	13 to 14 Years	
	Participant 4	Female	15 to 17 Years	
	Parent 3	N/A	N/A	
	SFL Teacher 3	N/A	N/A	

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YAK Qualitative Endline Evaluation Sampling Frame

Region	Setting for YAK Program	Randomly Selected School/Club Number	Interviewee Number for School	Interviewee Gender	Interviewee Age Range
Oromiya	In School	School/ Club 1	Participant 1	Male	15 to 17 Years
			Participant 2	Male	18 to 19 Years
			Participant 3	Female	15 to 17 Years
			Participant 4	Female	18 to 19 Years
			Parent 1	N/A	N/A
			YAK Leader 1	N/A	N/A
	Out of School	School/ Club 2	Participant 1	Male	15 to 17 Years
			Participant 2	Male	18 to 19 Years
			Participant 3	Female	15 to 17 Years
			Participant 4	Female	18 to 19 Years
			Parent 2	N/A	N/A
			YAK Leader 2	N/A	N/A
	Out of School	School/ Club 3	Participant 1	Male	15 to 17 Years
			Participant 2	Male	18 to 19 Years
			Participant 3	Female	15 to 17 Years
			Participant 4	Female	18 to 19 Years
			Parent 3	N/A	N/A
			YAK Leader 3	N/A	N/A
Dire Dawa	In School	School/ Club 1	Participant 1	Male	15 to 17 Years
			Participant 2	Male	18 to 19 Years
			Participant 3	Female	15 to 17 Years
			Participant 4	Female	18 to 19 Years
			Parent 1	N/A	N/A
			YAK Leader 1	N/A	N/A
	Out of School	School/ Club 2	Participant 1	Male	15 to 17 Years
			Participant 2	Male	18 to 19 Years
			Participant 3	Female	15 to 17 Years
			Participant 4	Female	18 to 19 Years
			Parent 2	N/A	N/A
			YAK Leader 2	N/A	N/A
	Out of School	School/ Club 3	Participant 1	Male	15 to 17 Years
			Participant 2	Male	18 to 19 Years
			Participant 3	Female	15 to 17 Years
			Participant 4	Female	18 to 19 Years
			Parent 3	N/A	N/A
			YAK Leader 3	N/A	N/A

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