

HIV knowledge in 'Coaching for Hope' participants, compared with non-participants: Coaching for Hope Burkina Faso Evaluation Report Conducted in September 2006

Introduction

This report represents our first attempt at capturing the impact of the work we have been doing on raising awareness of HIV/AIDS among our target audience of young people in Africa. By establishing a baseline looking at how far the courses we have run have influenced people's attitudes and behaviour, we can seek to improve and develop our work in coordination with the local coaches who are delivering it for us.

Whilst the sample is a fairly small one and it is therefore difficult to draw very firm conclusions, it is clear that there are subtle but important differences between the people who have been through the CFH course, and the control group who have not. In terms of what we are trying to change, these are crucial and give us significant pointers as to where we need to improve and enhance our work.

The most encouraging finding from this work is that the coaches who have been through the course have more **confidence** in negotiating condom use and feel **empowered** to talk to and influence their friends and neighbours.

Behaviour change is notoriously difficult to monitor but the fact that the coaches who are CFH graduates offered key information to the interviewer indicates that they are more likely to use condoms and understand the need to use them and are less afraid of people living with HIV/AIDS. They indicated their motivation to learn more and to access more information on how to improve their own ability to communicate this important information.

There is clearly a lot more we need to do to develop this model and this evaluation has given us some very helpful pointers. We will discuss this in depth with our local staff and other CFH stakeholders so that we can ensure that this aspect of the project is strengthened and rolled out further.

I would like to thank Anna Kirk for her very thorough report and for all the energy she put into conducting the interviews and collecting the data during a fairly gruelling trip. That she did this as a volunteer is very much appreciated.

Jane Carter, Director, Coaching for Hope

Summary

Demographic characteristics of 2 comparison groups (CFH and NON CFH)

The two groups were by and large similar. There were slight differences in gender and age.

Results

The results in general were inconclusive in terms of a definitive and consistent difference between those who have been through the CFH project and those who have not but there were some interesting differences detailed in the below summary.

Knowledge of HIV/AIDS

- A slightly higher level of the CFH group (78%) gave a comprehensive definition of HIV/AIDS, compared with that of the non CFH group (71%). None of the CFH group gave a partial answer, whilst 14% of the non CFH group did.
- 87% of those who had attended the CFH school gave a comprehensive definition of the difference between HIV and AIDS, and while none answered incorrectly 13% did not answer the question. 23.8% of the non CFH group gave a correct answer, 28.6% gave an incorrect answer and 47.6% did not answer the question.

HIV Transmission

- Over all the 2 groups answered similarly.
- The CFH intervention group answered more definitively on risks of the lesser-known methods of HIV transmission issues such as; blood transfusions and sharing needles.
- It is noticeable that the CFH group answered those situations where saliva is exchanged (kissing and toothbrushes).

- Considerably more respondents who had been through the CFH school (18 or 78 %) answered that a condom significantly reduces the risk of becoming infected with HIV/AIDS than the control group (8 or 38%).
- A high proportion of those in the Non CFH group (13 or 62 %) answered that fidelity significantly reduces your chances of becoming infected when compared with those in the intervention group (6 or 26%). The highest proportion of respondents from this group answered that fidelity slightly reduces (9 or 39%) the risk of infection. An indication for this from the focus groups is that those who had been through the CFH school were more aware of the risk of unprotected sex with any partner should you not know their HIV status or fidelity¹.
- A significant proportion of the CFH group (13 or 57%) answered that washing cutlery has no effect on transmission. Of the control NON CFH group a smaller proportion (7 or 33%) answered correctly that this has no effect.
- As the results of the CFH group mirror almost identically with those of the control group when assessing the risk of sharing a toothbrush. The answers were ambiguous for each group spread over all options from significantly increases to significantly reduce.

Information on HIV/AIDS

- Within both groups the majority would turn to a health worker for information.

HIV Tests

- When asked where they would go for a HIV test, the two groups answered similarly. The highest proportion of both would go to a health centre. Slightly more people from the NON CFH group did not answer the question.
- Proportionally more of the NON CFH group did not know where to go for an HIV test. There was still a small proportion of the CFH group who did not know where to go (9%)

HIV Symptoms

- When asked if a healthy person looking person can have HIV the groups answered similarly.

¹ FGD NOTES TBC

- When asked how long HIV takes to develop symptoms the CFH group (85% or 17) had marginally more correct responses (with some variances) than the Control group (78% or 14).
- The two groups answered similarly with the majority (73.9% CFH, 66.7% NON CFH), both stating that religion can help alleviate the symptoms of HIV/AIDS.

Attitudes towards HIV/AIDS

- The Non CFH group behaves similarly to the CFH group and discusses HIV/AIDS with their friends either sometimes or regularly.
- The two groups felt similarly about how discussing HIV made them feel the majority of both groups feeling 'good'. The control group (Non CFH) had a higher proportion who felt shy about discussing HIV/AIDS.

Sexual conduct

- The CFH group (91%) were sexually active at the time of the survey compared with that of the control group (71%). A possible reason for this is the slightly higher average age of the CFH group.
- Significantly more respondents from the CFH group (78%) answered that they used a condom with a regular partner compared with the control group (58%). There was a higher proportion from the control group who did not answer this question.
- There is a larger proportion of the CFH group who used a condom with their last irregular partner (30%) compared with the control group (24%). A significantly higher number of the control group answered definitively that they did not use a condom with the last irregular partner (33%) compared with that of the CFH group (13%).
- All of the CFH group answered that they did feel confident negotiating a condom. 16% of the NON CFH group answered that they did not feel confident negotiating a condom.

Background to the Coaching for Hope initiative

Coaching for Hope (CFH) has operated three CFH schools (Sept 2005, January 2006 and July 2006) in Ouagadougou, Burkina Faso. The CFH School consists

of 8 HIV/AIDS awareness peer education workshops delivered by professional English football coaches. The CFH course participants are individuals from Ouagadougou who work with young people in a sporting context. These individuals transfer football and HIV/AIDS knowledge, along with communication skills to young people in a series of workshops after the school ends. It is hoped

Objectives of the project

The specific objectives of the intervention were to:

1. Empower disadvantaged children in Ouagadougou
2. Empower local coaches and youth workers in the developing world
3. Help combat the spread of HIV/AIDS
4. Raise awareness of global poverty amongst new audiences

Ouagadougou is comprised of 30 sectors, which fall into 5 districts.

Three CFH schools have taken place in the past 18 months in the following sectors:

- **CFH 1 (Sept 2005) Ouga 2000**; a sector on the outskirts of the city, the stadium used (COMET) has good facilities and is the national teams training ground.
- **CFH 2 (January 2006) Sector 9**; a central highly populated sector, the facilities (INJEPS; Institute for Young Sporting Physical Education) were not as good and the clay pitch posed problems for the football sessions.
- **CFH 3 (July 2006) Sector 2 Bilbalogho**; a central sector using the Stadium Municipal, with a grass pitch and good facilities.

A total of 46 peer educators between the ages of 24 and 65 have been trained by the 3 Burkina Faso CFH schools, of these 38 were invited to take part in the intervention site. These peer educators have (or are currently) delivering the CFH programme to young people in their communities, disseminating HIV/AIDS and STI awareness. This includes knowledge on condom use, HIV/AIDS infection rates worldwide, and condom negotiation, STIs and HIV/AIDS treatment and all followed a CFH manual as a teaching resource. It is, therefore, within these themes that this current research intervention seeks to evaluate participants' knowledge and attitudes.

The peer educators were chosen on the following criteria;

- 1) Currently coaching football with young people in the community
- 2) Availability to carry out the sessions with young people on a regular basis
- 3) Ability to communicate well with peers (confident in written and spoken local languages: French and Morais)

Each peer educator organised is expected to facilitate between 1 and 3 sessions per week for football and HIV/AIDS workshops. A CFH co-ordinator supervised the peer educators. There are currently 12 senior coaches who have been

appointed on the recommendation of the British coaches and CFH co-ordinator. These coaches have the responsibility for the delivery and roll-out of the coaching for hope scheme.

Scenario

Burkina Faso is a West African country stretching over 274,200 sq km (105,870 sq miles). It has a population of approximately 10.9 million people². Ouagadougou is the capital and has a population of approximately 976,513 people³. Young people (16-24 year olds) represent 20.5% per cent of the total population (approx 1,100,000), and children those who are aged 15 and under, represent 48.9% of the population (approx 3,000,000)⁴. Burkina Faso is ranked as the third poorest in the world according to the United Nations.

The cumulative number of reported HIV/AIDS cases increased from 26 in 1986 to 13,518 in 1998. Current estimates suggest 2% of the population are HIV positive, which amounts to approximately 130,000 people and has created around 120,000 orphans⁵. It is suggested that over half of those living with HIV/AIDS are women. In comparison with other sub Saharan HIV/AIDS rates this is relatively low and thus makes Burkina an ideal choice for prevention work

The contraceptive prevalence rate increased from 8 per cent to 12 per cent from 1994 to 2000, but there is a great disparity between rural and urban areas. Physical and financial constraints make health services inaccessible to about half of the population. Maternal and infant mortality rates remain high at 484 per 100,000 and 105 per 1,000, respectively. The gross enrolment rate at the primary school level is 41.2 per cent for boys and 34.5 per cent for girls⁶.

Research design

The research team used a research design with one intervention site (**referred to as CFH group- those who have been through the CFH school**) and one control site (**referred to as NON CFH - those who have not**). The results from surveys and focus group discussions in the two sites were compared.

By the method of this comparison, this report seeks to evaluate the CFH peer education as a means of impacting on HIV awareness. Four indicators have been developed to measure the knowledge, and attitudes of the respondents in the 6 months to establish any changes in a more long-term timescale. (see appendix 1 for indicators)

² www.imf.org/external/pubs/ft/scr/2005/cro538.pdf.

³ www.imf.org/external/pubs/ft/scr/2005/cro538.pdf.

⁴ http://ouaganet.com/autohtml/Burkina_Analyses/BurkinaFasoPopulationAnalysis.pdf

⁵ http://www.who.int/hiv/facts/06_annex2_data_en.xls

⁶ http://www.unfpa.org/exbrd/2001/firstsession/dpfpabfa5_eng.doc

This intervention acknowledges that it cannot accurately measure behaviour change. This is increasingly difficult to record and evaluate. Instead we have looked at the use of condoms in recent sexual experiences of respondents and these questions will be repeated to provide a longitudinal data on change of use.

The intervention was conducted in the central districts of Ouagadougou (976,000 total inhabitants), the countries capital.

Description of the Control group or NON CFH

The control groups were chosen from the similar or the same central sectors that the peer educators were from, to, as far as possible, ensure they were of similar socio-economic characteristics. Similar ages and sexes were also chosen where possible. Despite the project still being small (46 coaches) and the neighbourhoods large the risk of contamination between the control group and coaches is one that should be acknowledged. To minimise this control group respondents were asked of previous knowledge or the project and of previous HIV/AIDS training prior to the research being undertaken.

Survey Methodology

Survey population and recruitment

The survey population was made up of **23** peer educators and **21** individuals at the control site.

38 CFH peer educators were invited to take part in the survey but many missed the session due to bad weather or no shows. The 23 who did take part in the survey were comprised of peer educators:

- 17 had taken part in the CFH school and had delivered a full series of were of HIV/AIDS sessions to young people, or were currently (at the time of the research) delivering a series of sessions. All were senior coaches or nominated for Senior coach at the next CFH school.
- 6 had taken part in a CFH school but had not delivered any sessions to date. This was due to varying reasons.

The control site population were co-ordinated using a 'snowball'⁷ sampling method for recruitment; that is contacts within the community were used to recruit

⁷ * a recruitment method that employs research into participants' social networks to access specific populations

people of similar ages to the peer educators. As the CFH school concentrates on the most deprived inner city sectors to recruit peer educators these same areas were used to target the control group (non CFH).

Data Collection

The research team was comprised of one trained health researcher from the UK, and a local interpreter who was experienced in interpreting and working with young people. The survey method and instruments had been checked and piloted with a health education worker in Bamako, Mali prior to the research.

To monitor the contamination of the control group - that is, any prior knowledge of CFH that would skew control site answers - all respondents were asked about their contact and knowledge of the project. All those who took part in the surveys and discussion had no contact with the CFH School. All of the control group were also asked about any HIV/AIDS education they received. As the CFH project checks for any duplication when recruiting for peer educators, the control site participants were asked to detail any regular HIV/AIDS awareness they receive. All those who took part in the control site were not receiving any or had ever had regular HIV/AIDS awareness training. This intervention accepts this to be true to the best of our knowledge.

Neutral environments were used to complete the surveys, community centres and communal areas, to minimise the association with the project.

Data Analysis and preparation

The results were translated to English and analysed by the research team using Microsoft Access XP.

Results

Introduction to survey results

Every effort has been made to present the findings in a clear and objective manner. It is however necessary to highlight some issues to consider when evaluating the findings.

1. **Percent** - The sample sizes (23 CFH, 21 NON CFH) were different due to a high level of absenteeism on one particular day, which was the result of exceptionally bad weather. The results have therefore been presented in percent. The sample sizes are small meaning the percentages are sensitive and this should be acknowledged when looking for significant differences. For any large difference in frequencies between the 2 groups we need to look for a substantial difference in percent. (one respondent equals 4%)

2. **Missing answers** - The conditions of research: the use of a translated survey instrument and the language of the survey (French), being the second language of the respondent, can help explain the high level of missing answers. Whilst all respondents could understand written French, a consequence of this is the respondents may not understand fully all questions literal meaning. For this reason in questions where the missing answers have been significant they have been displayed, and in no questions have the valid percent been used (discounting missing numbers from the total population).

Characteristics of the survey populations

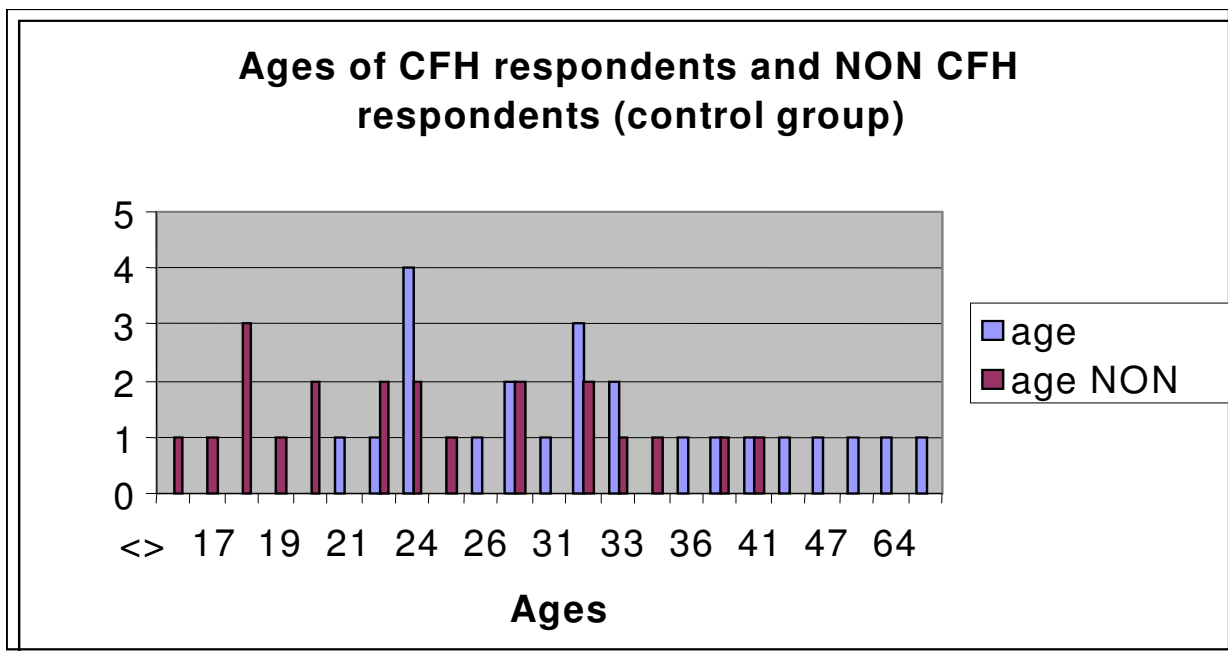
During this piece of research every effort was made to ensure the control group (non CFH) had the same characteristics as the intervention group (CFH) in order that the analysis can compare the responses as a true reflection on the intervention. The following paragraphs examine the characteristics of the two groups.

Please note confidence intervals (or other statistical tests) will not be calculated, as they would produce consistently wide intervals due to the small sample sizes. The results of this research will not be used to draw wide conclusions about the population of Burkina Faso, but to evaluate the impact of this project on a small group of individuals alone.

Age (Question 1)

We asked the respondents how old they were. The full table of results can be found in Appendix 1.

Figure 1: Ages



The above chart shows frequency not percent.

The above chart shows that control group had more respondents in the lower ages where as the CFH intervention had more respondents in the higher ages. This is shown also in the mean average of the ages shown below.

Table 1 Mean Ages

	Mean Age	Mean Age without outliers
CFH	32.3	27.8
NON CFH	24.4	27.8

The above table shows that there is a 6-year difference between the mean ages. However once you remove the 4 older ages from the CFH intervention group and the 4 youngest ages from the NON CFH control group, the mean age without outliers shows the main body of the of the respondents were of similar age characteristics.

Gender (Question 2)

All the respondents were asked their sex.

Table 2 Sex

	Males		Females	
CFH	20	87%	3	13%
NON CFH	15	75%	5	25%

The above table shows that the percentages differ between the sexes of each group. It should be acknowledged that the frequency is similar and the percentage is sensitive due to the small sample sizes.

Country of origin and place of living (Question 3 and 4)

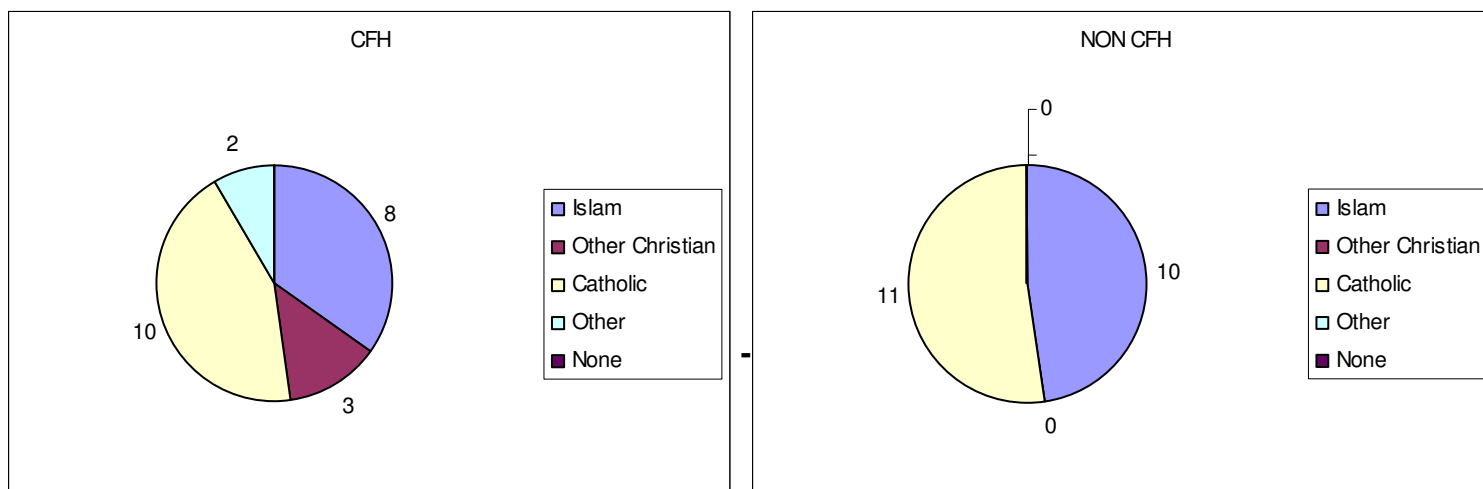
All the respondents were asked their country of origin. The CFH group was made up of a high proportion of respondents who regarded themselves from Burkina Faso (21 or 91%). This was also the case with the Non CFH control group where 18 or 85% reported that their country of origin was Burkina Faso.

All respondents in both groups were from inner Ouagadougou. Both groups recorded the mean average length of time living in Ouagadougou as 15 years.

Religion (Question 5)

Figure 5 shows that both groups had a similar religious make up. Both were made from a large proportion of Catholic and Muslim respondents. The CFH intervention group included Other Christians (3) and Other religions (2). For a table of the exact figured please see Appendix table 2. (The below pie charts show the frequencies not the overall percentage so the total samples for each group are slightly different but the results are instead displayed as a proportion of the pie)

Figure 5 – Religion



In conclusion the characteristics of the 2 groups are similar. The religious make up and countries of origin are particularly aligned. A comparison of the age spread shows perhaps the most diversity between the 2 groups. This should not be given undue consequence, as shown above the main body of the groups align when the outliers are removed.

Knowledge about HIV/AIDS

HIV/AIDS knowledge was measured through a variety of questions in the survey. It is acknowledged that changing individual's perceptions of the disease is a challenge and this research is meant to challenge respondent's knowledge, in an attempt to evaluate it in an environment outside of the CFH sessions and without the CFH manual.

The following section compares the answers to these 9 questions between the CFH group and the NON CFH group

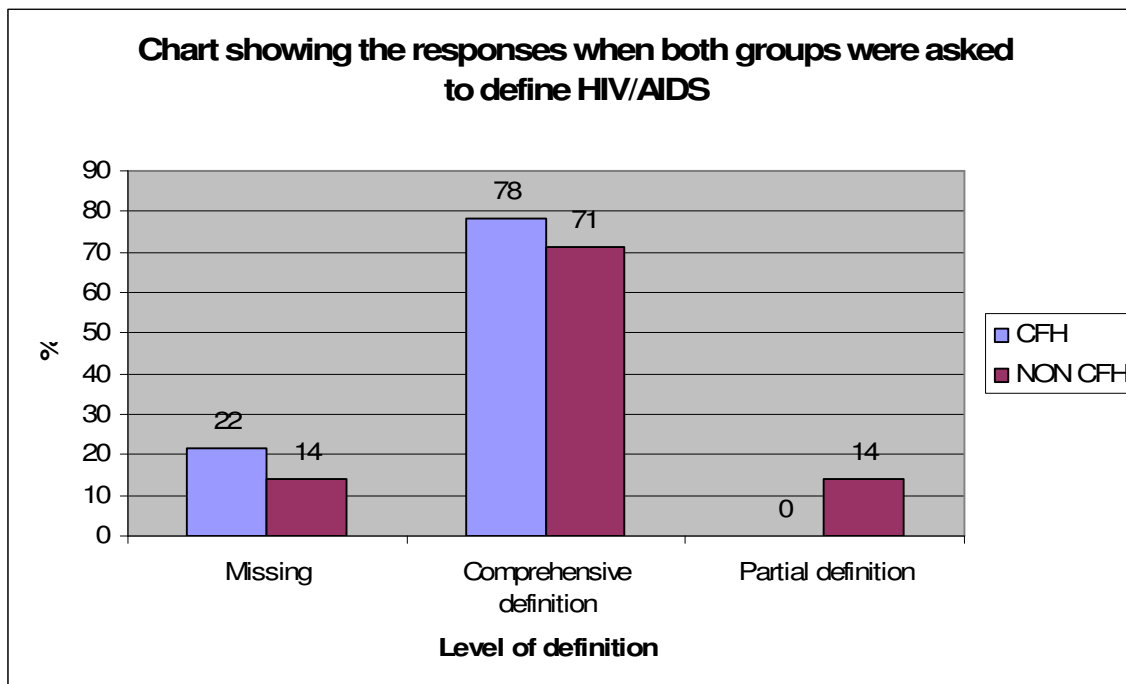
Knowledge of HIV/AIDS

7.

7. Do you know what HIV/AIDS is? Yes <input type="checkbox"/> No <input type="checkbox"/>
--

We asked the groups if they knew what HIV/AIDS was. Only one respondent in each of the groups reported that they did not know what it was.

Figure 7a



A **partial definition** is indicated when a respondent answered that HIV/AIDS is a disease or illness **only**.

A **comprehensive definition** is indicated when a respondent answered that HIV/AIDS is an illness that was transmitted through bodily fluids or that HIV/AIDS is an sexually transmitted disease.

The above chart in Fig. 7a shows the two groups definitions of HIV/AIDS. A slightly higher level of the CFH group (78%) gave a comprehensive definition of HIV/AIDS, compared with that if the control group (71%). None of the CFH group gave a partial answer, whilst 14% of the control group did. A higher proportion of the CFH group (22%) did not answer this question than NON CFH group (14%).

8.

8. Do you know the difference between HIV and AIDS? Yes No

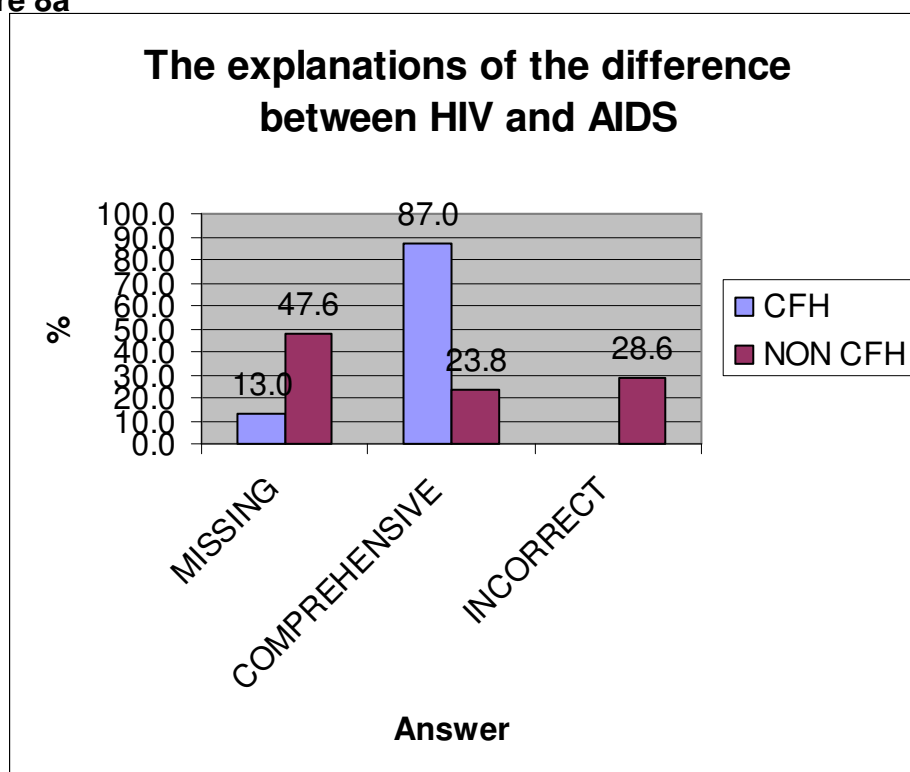
The respondents were asked if they knew the difference between HIV and AIDS.

Table 8 The difference between HIV/AIDS

	Yes		No	
CFH	23	100%	0	0%
NON CFH	11	52%	10	48%

All those who had been through the CFH hope school answered that they knew the difference. Slightly more than half (52%) of the control group who have not attended the CFH School answered that they knew the difference.

The respondents were then asked to describe this difference.

Figure 8a

*

A **comprehensive** answer was defined as one that termed HIV as the virus and AIDS as the later stages when you became ill or developed symptoms.

A **wrong** answer did not meet the comprehensive criteria.

The above chart shows that 87% of those who had attended the CFH school gave a comprehensive answer, while none answered incorrectly 13% did not answer the question. 23.8% of the NON CFH group gave a correct answer, 28.6% gave an incorrect answer and 47.6% did not answer the question.

Table 8a

	MISSING		COMPREHENSIVE ANSWER		WRONG	
CFH	3	13.0%	20	87.0%	0	0%
NON CFH	10	47.6%	5	23.8%	6	28.6%

HIV Transmission

We then asked the respondents to answer whether HIV/AIDS can be transmitted in 12 different situations.

9. Please tick all the ways that you think HIV/AIDS CAN be transmitted?

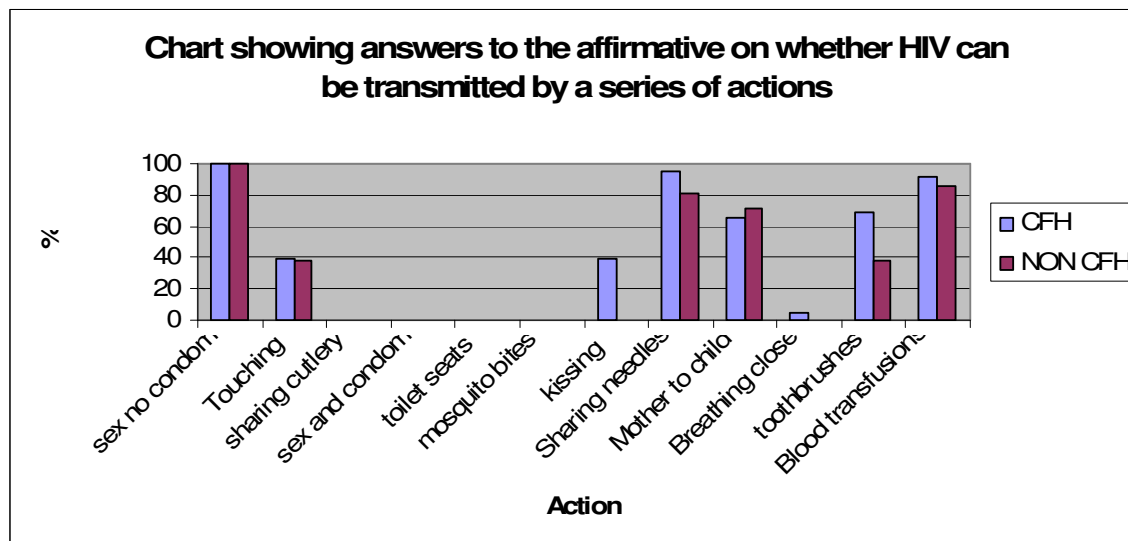
Sex without a condom	<input type="checkbox"/>	Kissing	<input type="checkbox"/>
Touching	<input type="checkbox"/>	Sharing needles	<input type="checkbox"/>
Sharing cutlery	<input type="checkbox"/>	Mother to child breast feeding	<input type="checkbox"/>
Sex with a condom	<input type="checkbox"/>	Breathing close	<input type="checkbox"/>
Toilet seats	<input type="checkbox"/>	Toothbrush	<input type="checkbox"/>
Mosquito bites	<input type="checkbox"/>	Blood transfusions	<input type="checkbox"/>

Table 9

Situation	CFH		NON CFH	
Sex no condom	100%	23	100%	21
Touching	39.1%*see note	9	38.1%*see note	8
Sharing cutlery	0	0	0	0
Sex and condom	0	0	0	0
Toilet seats	0	0	0	0
Mosquito bites	0	0	0	0
Kissing	39.1%	9	0	0
Sharing needles	95.7%	22	81%	17
Mother to child	65.2%	15	71.4%	15
Breathing close	4.3%	1	0	0
Toothbrushes	69.6%	16	38.1%	8
Blood transfusions	91.3%	21	85.7%	18

**It should be noted that the research team noticed a translation issue with the 'Touching' option. The French word used can also be interpreted as sexual foreplay prior to intercourse and so should be discounted from the analysis due to the confusion it caused.*

Figure 9



The above bar chart in Figure 9 shows that overall the two groups answered similarly.

The CFH intervention group answered more definitively on the lesser-known methods of HIV transmission issues such as; blood transfusions and sharing needles.

It is noticeable that the CFH group answered those situations where saliva is exchanged (kissing and toothbrushes).

The affect of actions on the risk of HIV infection

10. How do the following actions affect the risk of being infected by HIV/AIDS?

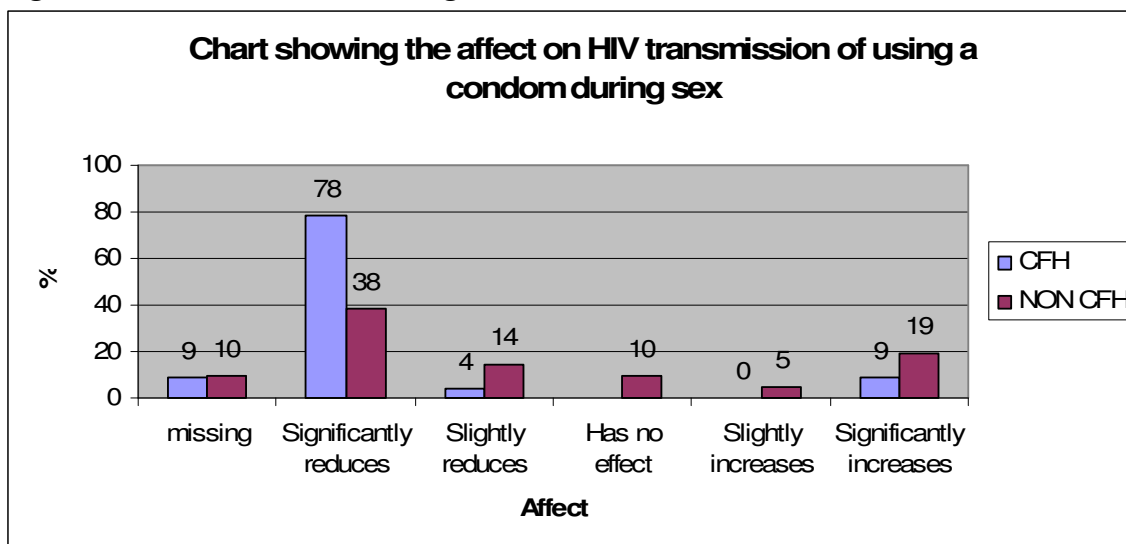
Using a condom

Being faithful to your partner

Washing all cutlery in hot water

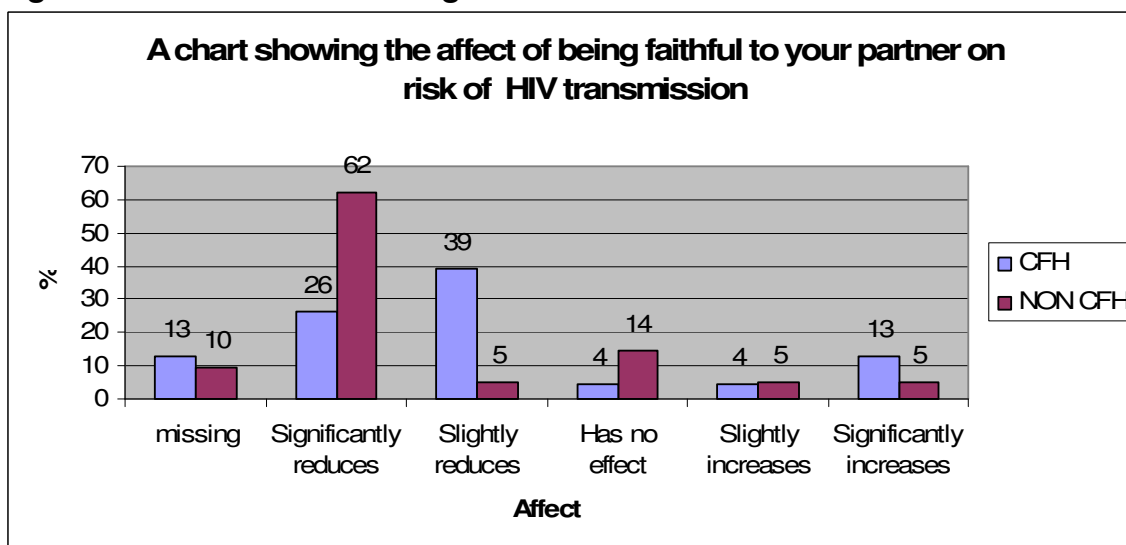
Never sharing a toothbrush

Figure 10.1 The affect of using a condom on risk of HIV infection



The above chart in Figure 5 shows that significantly more respondents who had been through the CFH school (18 or 78 %) answered that a condom significantly reduces the risk of becoming infected with HIV/AIDS than the control group (8 or 38%).

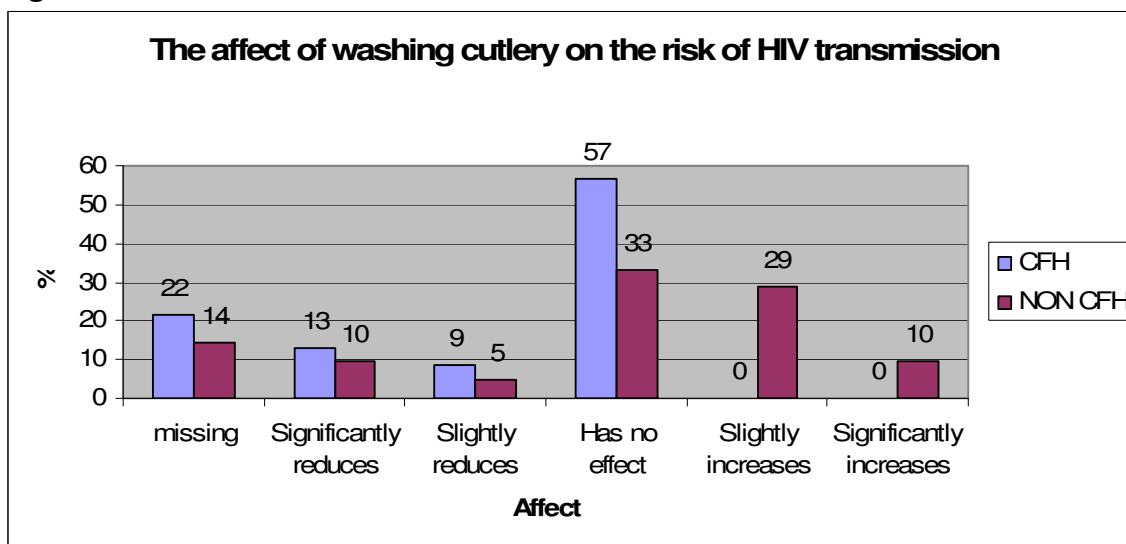
Figure 10.2 The affect of being faithful on HIV infection



The above chart in Fig 10.2 shows again that a significantly higher proportion of those in the control group (13 or 62 %) answered that fidelity significantly reduces your chances of becoming infected when compared with those in the intervention group (6 or 26%). Overall 79% of the CFH group responded that fidelity reduced HIV risk but the highest proportion of respondents from the group answered that fidelity slightly reduces (9 or 39%) the risk of infection. An indication for this from the focus groups is that those who had been through the CFH school were more

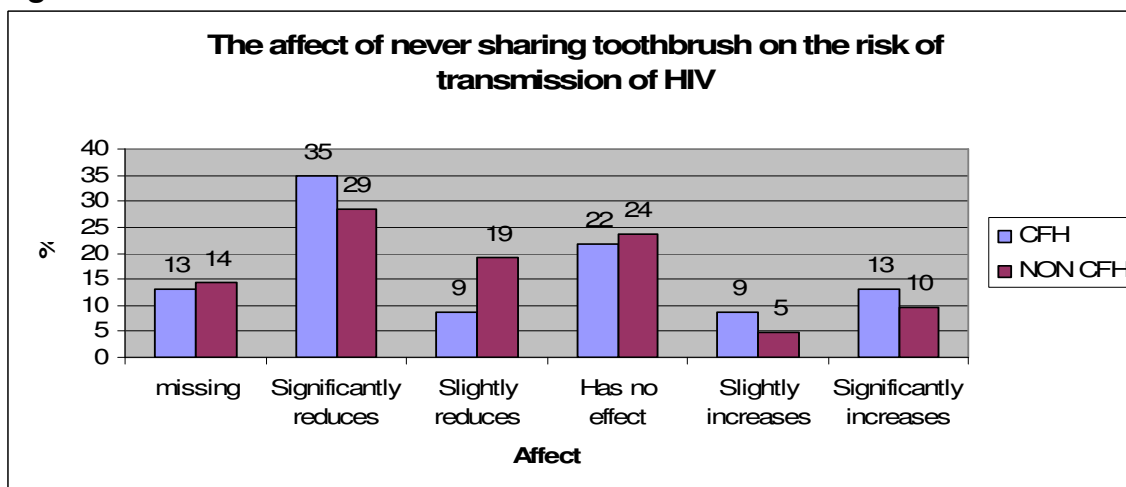
aware of the risk of unprotected sex with any partner should you not know there HIV status or fidelity⁸.

Figure 10.3



The above chart shows the responses to the affect of washing cutlery. A significant proportion of the CFH group (13 or 57%) answered that this action has no effect. Of the control NON CFH group a smaller proportion (7 or 33%) answered correctly that this has no effect. The high percentage of missing answers should be acknowledged in this question, the 'valid' percent of correct answers.

Figure 10.4



⁸ FGD NOTES TBC

The above shows the most difficult action to categorize as the action of brushing teeth could in fact mix blood due to small abrasions or gum disease. As the results of the CFH group align almost exactly with those of the control group.

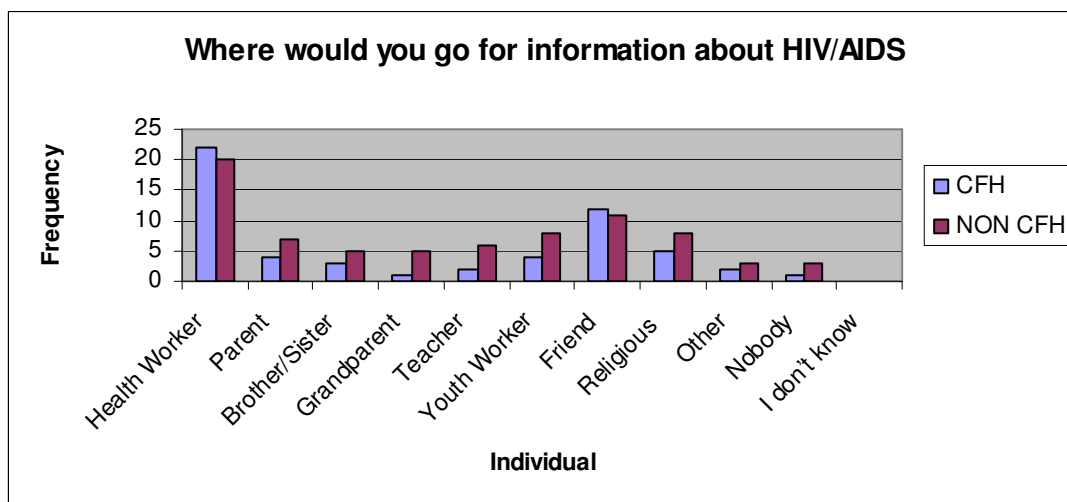
Information sources on HIV/AIDS

11

11. Where would you go to find out information about HIV/AIDS?

Health worker	<input type="checkbox"/>	Teacher	<input type="checkbox"/>
Parents	<input type="checkbox"/>	Friend	<input type="checkbox"/>
Brother/Sister	<input type="checkbox"/>	Religious leader	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	Youth worker	<input type="checkbox"/>
Nobody	<input type="checkbox"/>	I don't know	<input type="checkbox"/>

Figure 11



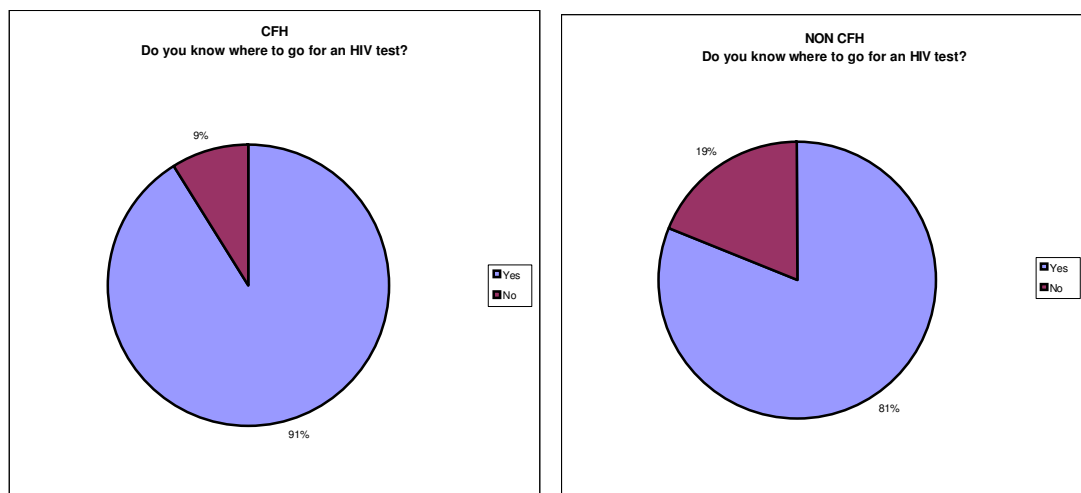
The above chart in Fig.11 shows that that the both groups were most likely to go to a health worker for advice about HIV/AIDS. For both groups the next most likely was a friend. The difference between the groups comes with the numbers who turn to relatives, teachers, youth workers, and religious leader, where significantly less go feature the CFH group.

HIV Tests

12. Do you know where you can go to get an HIV/AIDS test?

Yes No

Figure 12



The above charts show that proportionally more of the NON CFH group did not know where to go for HIV test. There were still a small proportion of the CFH group who did not know where to go and this will be highlighted to the CFH team

12a

Where would you go for an HIV test?

	Missing	Hospital	Health Centre	Doctors
CFH	22.7% 5	13.6% 3	63.6% 14	0% 0
NON CFH	33.3% 7	19.0% 4	42.9% 9	4.8% 1

The above table shows that the two groups answered similarly. The highest proportion of both would go to a health centre. Slightly more people from the NON CFH group did not answer the question.

HIV Symptoms

13. Can a healthy looking person have HIV?

Yes No

We then asked the groups could a healthy looking person have HIV, the correct answer being 'Yes' as someone with HIV can display no visual symptoms.

Table 13 Can a healthy person have HIV?

	Yes		No	
CFH	22	96%	1	4%
NON CFH	19	90%	2	10%

The above Table 13 shows that there is little difference between the two groups. Slightly more from the control group (NON CFH) answered incorrectly.

14.

14. How long do symptoms of HIV/AIDS take to develop?

1 year 2 years
 3 years No specific time period

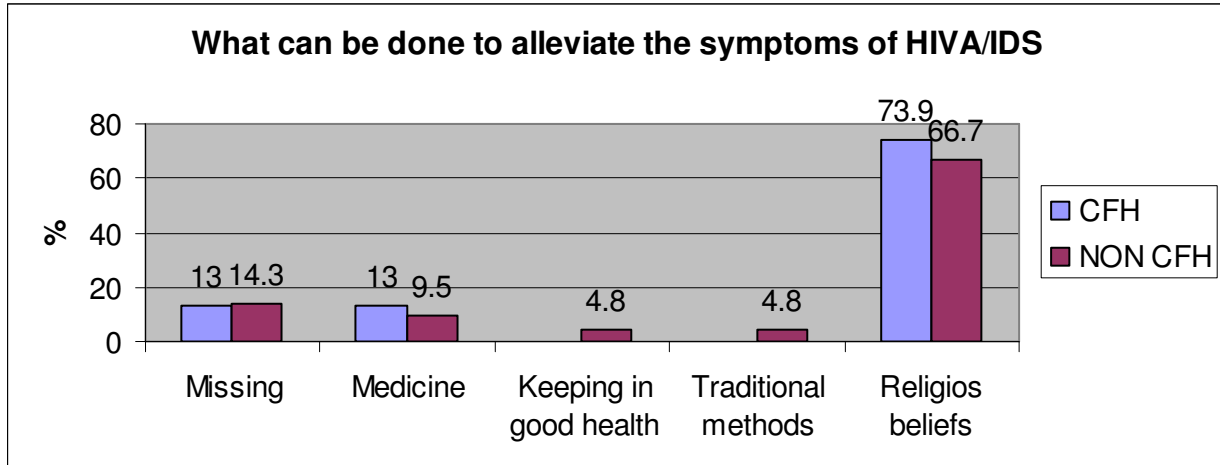
We then asked our respondent how long do symptoms of HIV/AIDS take to develop. The correct answer being no specific time period as the development of the disease varies with each individual and is dependent on multiple variables.

The below Table 14 shows the CFH group (85% or 17) had marginally more correct responses than the Control group (78% or 14).

Table 14

	1 Year		2 Years		3 Years		No specific time period	
CFH	15%	3	0	0	0	0	85%	17
NON CFH	11%	2	5.5%	1	5.5%	1	78%	14

15. What can be done to help alleviate the symptoms of HIV/Aids?



The above chart shows that the two groups answered similarly with the majority (73.9% CFH, 66.7% NON CFH) of both stating that religion can help alleviate the symptoms of HIV/AIDS.

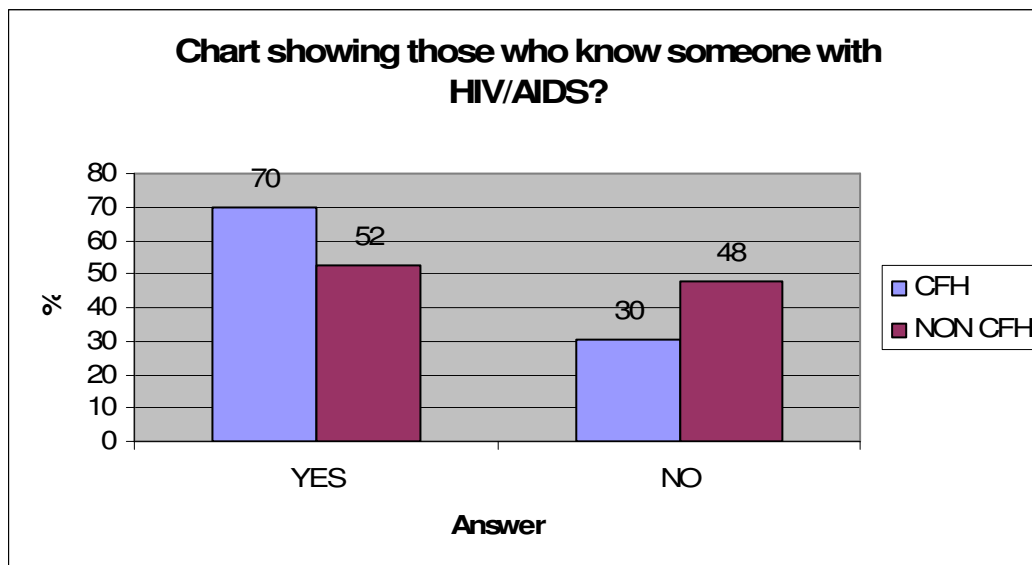
Attitudes towards HIV/AIDS

In addition to analysing the knowledge of the respondents, it is also important to look at the attitude towards the disease in order that a full picture be gained of the barriers to protection against infection.

16. Do you know anybody with HIV/AIDS?

Yes No

Figure 16



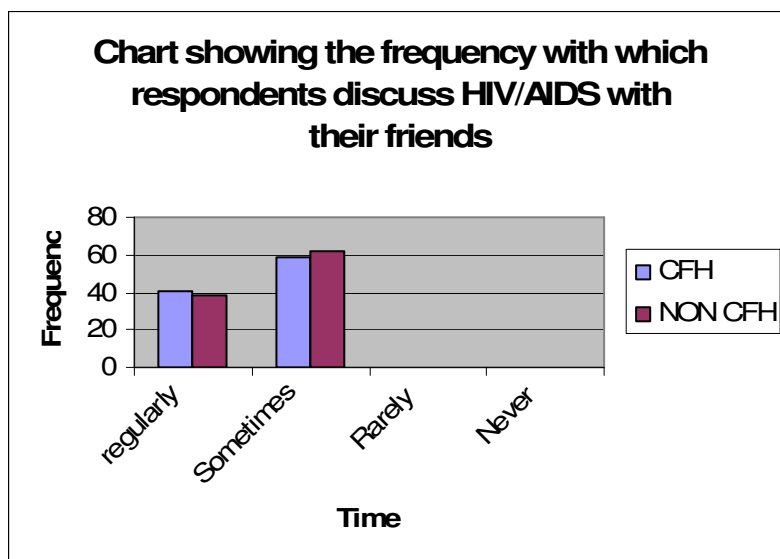
The above chart Fig.17 shows the percentage of who knew somebody with HIV/AIDS is larger for those individuals who had been through the CFH school (70%) compared with the control group (52%).

18.

18. Do you ever discuss HIV/AIDS amongst your friends?

Regularly Sometimes Occasionally Never

Figure 18



The above chart in figure 18 shows that the control group behaves similarly to the CFH group. All respondents discuss HIV/AIDS sometimes or regularly. This result shows the high level of engagement of the entire study group in HIV/AIDS.

19.

19. How does discussing HIV/AIDS make you feel?

Tick all that apply

Shy

Good

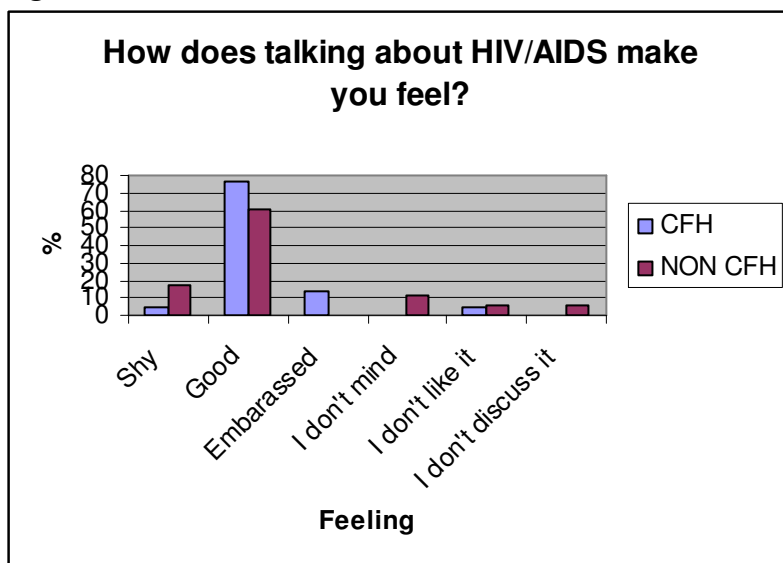
Embarrassed

I don't mind

I don't like it

I don't discuss it

Figure 19



The above chart shows the results to the question of how does talking about HIV/AIDS make you feel. The two groups behaved similarly in the majority as

both groups had the largest majority feeling 'good'. The control group (Non CFH) had a higher proportion that felt shy about discussing HIV/AIDS.

Attitudes towards sex and behaviour

Having examined attitudes and knowledge towards HIV/AIDS it is also crucial to examine respondents' attitudes and sexual behaviour. As this is the area that CFH wants to make an ultimate impact on, as it is the behaviour that ultimately determines HIV/AIDS transmission.

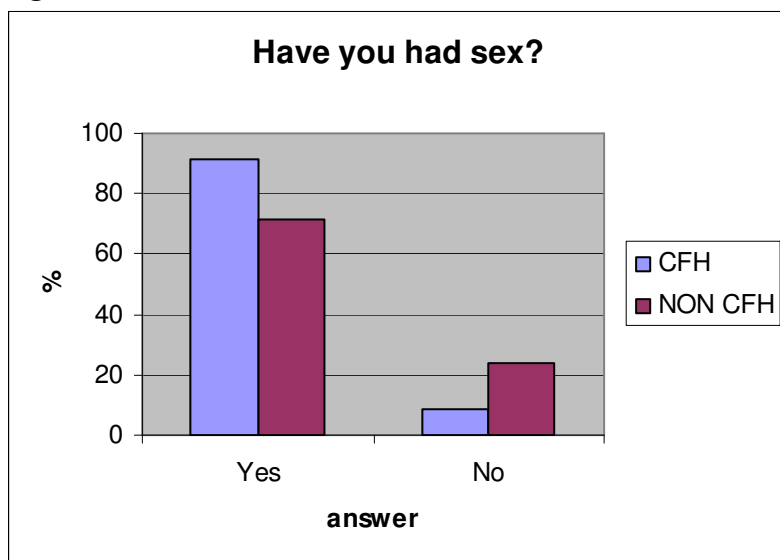
We first needed to ascertain the levels of sexual activity amongst respondents.
20.

20. Have you had sex?

Yes

No

Figure 20



The above chart shows that a higher proportion of the CFH group (91%) were sexually active at the time of the survey compared with that of the control group (71%). A possible reason for this is the higher average age of the CFH group.

21. Did you use a condom the last time you had sex with a . .

regular partner? Yes No

Irregular partner? Yes No

Yes

No

Yes

No

Figure 21

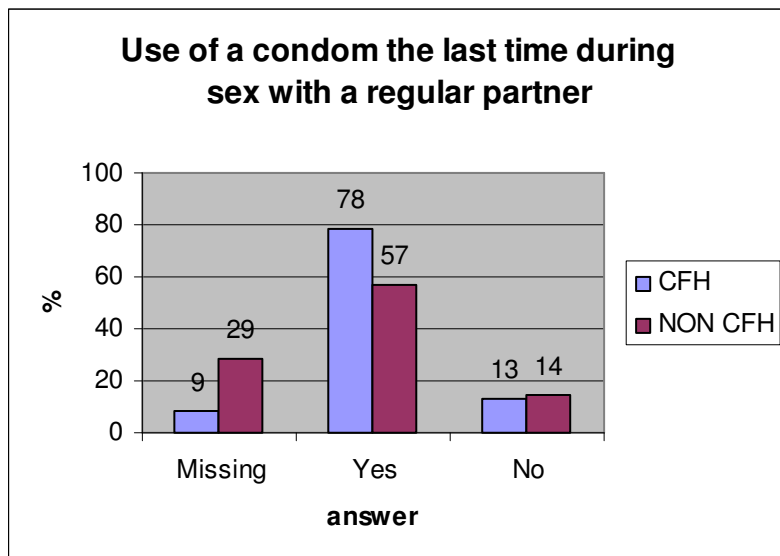


Figure 21.1



The above two charts show the use of condoms by respondents during the last sexual intercourse with regular and non-regular partners. Both questions had a high proportion missing; we should firstly acknowledge that those who were not sexually active did not answer (see results for questions 20 for actual frequency

not percent go to appendix). We should also acknowledge this is a sensitive and probing question; all respondents were informed that they do not have to answer any questions that they do not wish to. High proportions of respondents did not answer for an irregular partner, and reasons stated they were married or in a long-term relationship and therefore had not had an irregular partner for a long time.

More respondents from the CFH group (78%) answered that they used a condom with a regular partner compared with the control group (58%). Those who answered that they did not use one were similar proportion at 13% for the CFH group and 14% for control group. There was therefore a higher proportion from the control group who did not answer this question.

There is also a larger proportion of the CFH group who used a condom with their last irregular partner (30%) compared with the control group (24%). A significantly higher number of the control group answered definitively that they did not use a condom with the last irregular partner (33%) compared with that of the CFH group (13%).

These results are of importance as there is a large difference between the use of condoms in the groups (with the CFH using condoms significantly more) but also there is still a proportion of the CFH group (13%) who stated that they did not use condoms with the last irregular partner..

22.

22. Do you feel confident negotiating the use of a condom when you have sex?

Yes No

Table 22

	Do you feel confident negotiating the use of a condom?		TOTAL (valid %)
	YES	NO	
CFH	100%	0%	100%
NON CFH	84%	16%	100%

All the CFH group answered that they did feel confident negotiating a condom. 16% of the NON CFH group answered that they did not feel confident negotiating a condom. This is an important result for the CFH team as not only does it show

that the CFH group were different to the control group but it emphasizes the importance of condom negotiation in the CFH curriculum.

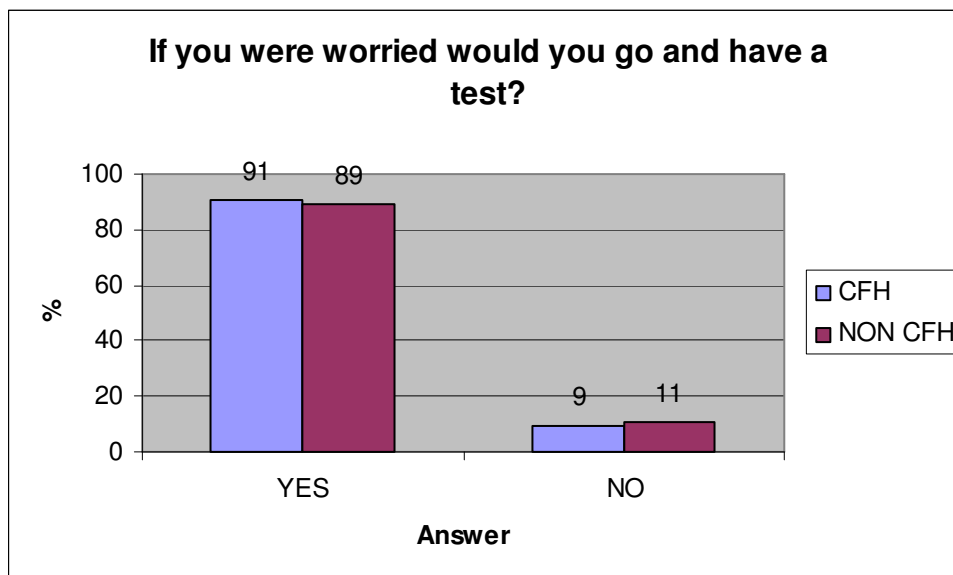
23.

23. If you were worried about it would you go and have a test for HIV/AIDS?

Yes No

We then asked respondents if they were worried would they go and have a test.

Figure 23



This chart displays only a minor difference between the control group and the CFH group. It is encouraging to see that such a high proportion of respondents would go and have a test if they were worried. It does underline the need for work within CFH to encourage people to have a test, and to work to reduce the barriers that prevent them.

We then asked respondents that had answered no to this question to answer why.

24.

24. If no why? Tick all that apply

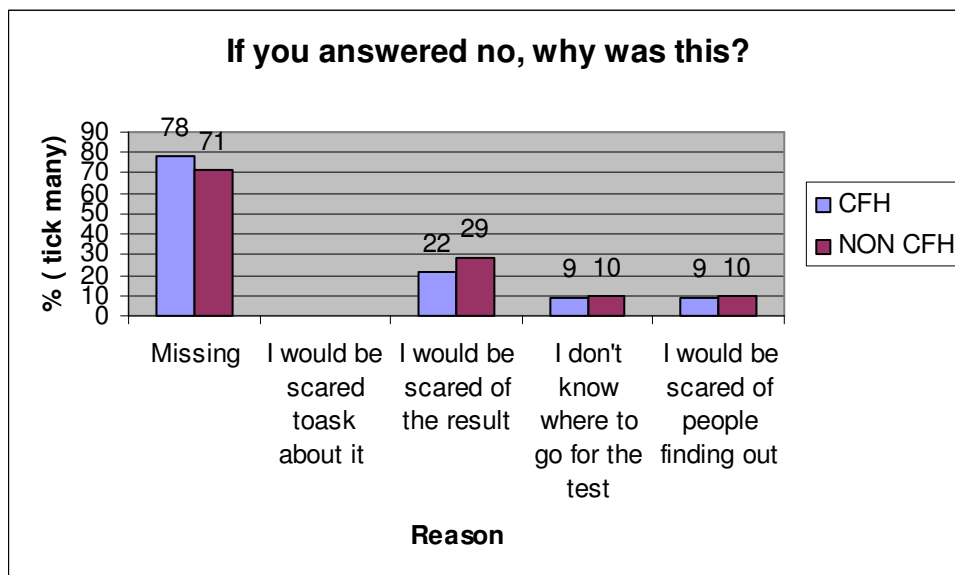
I would be scared to ask about it

I would be scared of the result

I don't know where to go for a test

I would be scared of people finding out

Figure 24



The above chart shows the reasons ticked as to why they did would not go for a test if they were worried. The high levels of missing answers can be explained as only those who answered that they would not go and have a test if they were worried were directed to answer this question. Respondent were instructed to tick all that apply. Both groups answered similarly to this question. The highest proportion would be scared of the result in both groups. Confidentiality is also an issue for both groups as 9% (CFH group) and 10% (Non CFH group) were worried about people finding out.

Conclusions

This evaluation has produced enough encouraging data to convince us that we are on the right track in working with young people at a grass-roots level to raise awareness about prevention of HIV/AIDS. We have also picked up some very useful information about where we need to improve. For example: -

- We need to develop the manual further and look at introducing sections specifically designed for younger people and perhaps for parents
- We need to ensure that we reinforce the learning of the coaches through effective follow up so that they feel confident in delivering the courses in an engaging and confident way
- We need to introduce more sessions which link football and HIV and art and HIV so that we integrate the key messages into every aspect of the project in a holistic fashion
- We need to conduct a mapping exercise so that we can see what else is being delivered on the ground and we can link up with other relevant organisations
- We need to conduct further monitoring and evaluation focussing also on the people (mainly children and their teachers) who are receiving the roll-out courses

Appendix 1
Assessment Indicator 1 for Coaches

Assesment	Indicator	Reponses	Data Collection Method	When
Behaviour:	1. Condom used during last sexual intercourse (regular and irregular partner)	<ul style="list-style-type: none"> ▪ Yes – Why ▪ No - Why 	<ul style="list-style-type: none"> ▪ <i>Quantative Self reporting survey: Q218</i> 	Burkina and Mali comparator/ baseline i

Assessment Indicator 2 for Coaches

Assessment	Indicator	Reponses	Data Collection Method	When
Knowledge:	<p>2 a) What is HIV/AIDS?</p> <ul style="list-style-type: none"> ▪ A virus/disease that attacks the immune system ▪ A virus/disease transmitted in bodily fluids ▪ A Sexually Transmitted Disease <p><i>b) What is the difference between HIV and AIDS?</i></p> <ul style="list-style-type: none"> ▪ <i>AIDS is the later stages when you get sick</i> ▪ <i>HIV is the virus</i> ▪ <i>HIV destroys your immune system</i> ▪ <i>HIV can show no symptoms for up to 10 years</i> <p>c) Can some one with HIV be well-looking?</p> <ul style="list-style-type: none"> ▪ Yes/no 	<ul style="list-style-type: none"> ▪ One of or like stated ▪ Either OR 	<ul style="list-style-type: none"> ▪ <i>Quantative and Qualitative:</i> <p>Self Reporting Survey: Q7 and 8</p>	<p>Burkina and Mali</p> <p>Burkina</p> <p>Mali</p> <p>Burkina and Mali</p>

Assessment	Indicator	Reponses	Data Collection Method	When
Knowledge	<p>3. How can HIV/AIDS be transmitted?</p> <ul style="list-style-type: none"> ▪ Through the passing of bodily fluids between humans ▪ Through unprotected sex or sex without a condom ▪ Through sharing needles ▪ Through mother to child breast feeding 	Any one or more	<ul style="list-style-type: none"> ▪ <i>Quantative and Qualitative:</i> <p>Self Reporting Survey: Q9 and 10</p> <ul style="list-style-type: none"> ▪ Qualitative: <p><i>Retrospective impact of CFH on knowledge Q17-19</i></p> <p>Baseline indicator Q 6-8</p>	<p>Burkina and Mali</p> <p>Burkina</p> <p>Mali</p>

Assessment Indicator 3 for Coaches

Assessment Indicator 4 for Coaches

Assessment	Indicator	Reponses	Data Collection Method	When
Attitude	<p>4. How do you feel</p> <p>a) About discussing HIV/AIDS</p> <p>b) Towards people Living with HIV/AIDS</p> <ul style="list-style-type: none"> ▪ Any embarrassment/ shyness/ feelings of doing something wrong ▪ Any negative feelings 	Measure of any reluctance/ shyness	<ul style="list-style-type: none"> ▪ <i>Quantative</i> 	Burkina and Mali

Appendix

1. Age

Age	CFH	NON CFH
missing		1
16		1
17		3
18		1
19		2
20	1	
21	1	2
23	4	2
24		1
25	1	
26	2	2
27	1	
31	3	2
32	2	1
33		1
34	1	
36	1	1
37	1	1
41	1	
43	1	
47	1	
48	1	
64	1	
N =	23	21

****Please note these are shown in frequencies not percentages due to the small numbers**

2. Religion

	Islam	Other Christian	Catholic	Other	None
CFH	8	3	10	2	
NON CFH	10		11		

3. Gender

	Males		Females	
CFH n=23	20	87%	3	13%

NON CFH n=21	15	75%	5	25%
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7. Do you know what HIV/AIDS is?

	Yes		No	
CFH n=23	23	100%	0	0%
NON CFH n=21	11	52%	10	48%

7a. Please write a description of what HIV/AIDS is

	Missing		Comprehensive definition		Partial definition	
CFH	22%	5	78%	18	0%	0
NON CFH	14%	3	71%	15	14%	3

8. Do you know the difference between HIV/AIDS

	Yes		No	
CFH N=23	23	100%	0	0%
NON CFH N=21	11	52%	10	48%

8a. Please write a description of the difference between HIV and AIDS

	MISSING		COMPREHENSIVE ANSWER		WRONG	
CFH	3	13.0%	20	87.0%	0	0%
NON CFH	10	47.6%	5	23.8%	6	28.6%

9. Can HIV/AIDS be transmitted by the following actions?

Situation	CFH		NON CFH	
Sex no condom	100%	23	100%	21
Touching	39.1%*	9	38.1%*	8
Sharing cutlery	0	0	0	0
Sex and condom	0	0	0	0
Toilet seats	0	0	0	0
Mosquito bites	0	0	0	0
Kissing	39.1%	9	0	0
Sharing needles	95.7%	22	81%	17
Mother to child	65.2%	15	71.4%	15
Breathing close	4.3%	1	0	0

Toothbrushes	69.6%	16	38.1%	8
Blood transfusions	91.3%	21	85.7%	18

10. The effect of 4 actions on HIV transmission

Action	Group	Missing		Significantly reduces		Slightly reduces		Has no effect		Slightly increases		Significantly increases	
Using a condom	CFH	2	9%	18	78%	1	4%	0	0%	0	0%	2	9%
	NON CFH	3	10%	8	38%	3	14%	2	10%	1	5%	4	19%
Being faithful	CFH	3	13%	6	26%	9	39%	1	4%	1	4%	3	13%
	NON CFH	2	10%	13	62%	1	5%	3	14%	1	5%	1	5%
Washing cutlery	CFH	5	22%	3	13%	2	9%	13	57%				
	NON CFH	3	14%	2	10%	1	5%	7	33%	6	29%	2	10%
Never sharing a toothbrush	CFH	3	13%	8	35%	2	9%	5	22%	2	9%	3	13%
	NON CFH	3	14%	6	29%	4	19%	5	24%	1	5%	2	10%

11. Where would you go to find out information about HIV/AIDS?

	CFH		NON CFH	
Health Worker	22	95.7%	20	95.2%
Parent	4	18.2%	7	33.3%
Brother/Sister	3	13%	5	23.8%
Grandparent	1	4.3%	5	23.8%
Teacher	2	8.7%	6	28.6%
Youth Worker	4	17.4%	8	38.1%
Friend	12	52.2%	11	52.4%
Religious	5	21.7%	8	38.1%
Other	2	8.7%	3	14.3%
Nobody	1	4.3%	3	14.3%

12. Do you know where to go to get an HIV/AIDS test?

	Yes		No	
CFH	91%	20	9%	2
NON CFH	81%	17	19%	4

12a. Where would you go for an HIV test?

	Missing		Hospital		Health Centre		Doctors	
CFH	22.7%	5	13.6%	3	63.6%	14	0%	0
NON CFH	33.3%	7	19.0%	4	42.9%	9	4.8%	1

13. Can a healthy looking person have HIV?

	Yes		No	
CFH	22	95.7%	1	4.3%
NON CFH	19	90.5%	2	9.5%

14. How long do symptoms of HIV/AIDS take to develop?

	1 Year		2 Years		3 Years		No specific time period	
CFH	13.6%	3	0	0	0	0	77.3%	17
NON CFH	8.7%	2	4.3%	1	4.3%	1	60.9%	14

15. What can be done to help alleviate the symptoms of HIV/AIDS?

	Missing		Medicine		Keeping in good health		Traditional methods		Religious beliefs	
CFH	13%	3	13%	3	0	0	0	0	73.9%	17
NON CFH	14.3%	3	9.5%	2	1	4.8%	1	4.8%	66.7%	14

16. Do you know anybody with HIV/AIDS?

	Yes		No	
CFH	16	69.6%	7	30.4%
NON CFH	11	52.4%	10	48%

17. In your community who would care for someone who is unwell with HIV/AIDS?

The answers to this free text question were varied and therefore difficult to code

18. Do you ever discuss HIV/AIDS amongst your friends?

	Regularly		Sometimes		Rarely		Never	
CFH	41%	9	59%	13	0	0	0	0
NON CFH	38%	8	62%	13	0	0	0	0

19. How does discussing HIV/AIDS make you feel?

	Missing		Shy		Good		Embarrassed		I don't mind		I don't like it		I don't discuss it	
CFH	8.7%	2	4.3%	1	69.6%	16	12.9%	3	0	0	4.3%	1	0	0
NON CFH	14.2%	3	14.2%	3	52.3%	11	0	0	9.5%	2	4.75%	1	4.75%	1

20. Have you had sex?

	Yes		No	
CFH	91.3%	21	8.7%	2
NON CFH	75%	15	25%	5

21. Did you use a condom the last time you had sex with a . .

a) Regular partner?

	Missing		Yes		No	
CFH	8.7%	2	78.3%	18	13%	3
NON CFH	28.6%	6	57.1%	12	14.2%	3

b) Non-regular partner?

	Missing		Yes		No	
CFH	56.5%	13	30.4%	7	13%	3
NON CFH	42.9%	9	23.8%	5	33.3%	7

22. Do you feel confident negotiating the use of a condom?

	Do you feel confident negotiating the use of a condom?		TOTAL (valid %)
	YES	NO	
CFH	100%	0%	100%
NON CFH	84%	16%	100%

23. If you were worried about it would you go and have a test for HIV/AIDS?

	Yes		No	
CFH	91%	21	9%	2
NON CFH	89%	19	11%	2

24. If no why? Tick all that apply

	Missing		I would be scared to ask about it		I would be scared of the result		I don't know where to go for the test		I would be scared of people finding out	
	%				%		%		%	
CFH	78%	14	0	0	22%	5	9%	2	9%	2
NON CFH	71%	12	0	0	29%	5	10%	2	10%	2