ENDLINE PROJECT EVALUATION REPORT
MASA-YOUTH PROJECT

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Abstract

This evaluation aims to document the effect of Make Art Stop AIDS (MASA) youth project, implemented by Art and Global Health Centre Africa (ArtGlo) with technical support from Dignitas International (DI), on sexual and reproductive health knowledge, attitudes, and practices among secondary school and college students in Zomba, Phalombe and Machinga districts. The MASA Youth project used participatory arts to encourage dynamic learning and discussion of sexual and reproductive health (SRH) issues, including preventing and living with HIV. Project participants included secondary school and university students from three districts of Malawi’s South Eastern Zone. The evaluation used a mixed methods cohort study design to compare students’ sexual and reproductive health knowledge, attitudes, and practices before and after project participation. The project collected quantitative data using pre-test, post-test and qualitative data from focus group discussions and interviews. Quantitative analysis using a paired-sample t-test found students had significantly improved scores in the post test, revealing positive change in SRH knowledge, attitudes, and practices upon project completion. Thematic analysis of the qualitative data showed that Students felt they did not previously have access to detailed and honest sexual and reproductive health information, and this education (provided by MASA) is essential for their health and well-being. Students felt equipped, confident, and passionate about sharing their learning with not only peers, but also siblings and parents. Students expressed great interest in scale-up efforts including increasing the number of topics, expanding to rural communities, and ensuring greater inclusivity for students with disabilities. A planned versus actual analysis of the project revealed that the project achieved the vast majority of its set targets. Replication and scale-up of the MASA project is recommended in order to reach more students and achieve expanded and sustainable improvements in students’ sexual and reproductive health knowledge, attitudes, and practices.

Key words:
Evaluation, reproductive health, youth, knowledge, practices, students
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List of Acronyms

SRH: Sexual and Reproductive Health
AIDS: Acquired Immune Deficiency Syndrome
HIV: Human Immunodeficiency Virus
LS: Life Skills
CSE: Comprehensive Sexuality Education
YFHS: Youth Friendly Health Services
MASA: Make Art Stop Aids
DI: Dignitas International
ArtGlo: The Art and Global Health Centre Africa
PEP: Post-Exposure Prophylaxis
HTC: HIV Testing and Counseling
HTS: HIV Testing Services
NAC: National AIDS Commission
DEM: District Education Managers
DHO: District Health Officers
SAPs: School Action Plans
YLHIVs: Youth Living With HIV
FGDs: Focus Group Discussions
CDSS: Community Day Secondary School
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**Introduction**

Although Malawi has made significant progress in its national response to HIV and AIDS, the country continues to have one of the highest HIV prevalence rates in the world (at around 10%).1 AIDS remains one of the leading causes of death among the Malawian population.2

Youth under 25 are two-thirds of the country’s population3 and account for 50% of new HIV infections, with HIV prevalence higher among certain subgroups, including 15-17 year olds.4 3.6% of young women and 2.5% of young men (aged 15-24) are living with HIV.5 Young women are especially vulnerable. “The pervasive social, legal and economic disadvantages faced by girls and women” according to the *The National HIV and AIDS Strategic Plan: 2015-2020*, “reduce their ability to protect themselves from HIV infection.” In fact, more than *three* times as many females than males aged 15-19 and more than *two* times as many females than males aged 20-24 were HIV positive.6 For young women ages 15-24, the highest HIV prevalence rate is in urban areas (11%) and in the Southern region (8%).7

While critical Life Skills (LS) and Comprehensive Sexuality Education (CSE) classes are now part of secondary school education across Malawi, less than one-third of youth report knowledge of youth friendly health services (YFHS) and only 13% report having accessed them.8 Comprehensive knowledge of HIV among youth (ages 15-24) stands at 55% for boys and 44% for girls, well below the 75% universal access targets.9 Condom use is low among

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2. HIV & AIDS in Malawi, Avert (2012).
5. Avert
6. A Vision for the Health and Well-Being of Malawi’s Young People, 2014
9. HIV in Malawi, NAC with UNAIDS (2015):
sexually active 15-to-19-year-olds, with 40% of sexually active males, 30% of sexually active unmarried females.¹⁰

Art and Global Health Centre Africa (ArtGlo) partnered with Dignitas International (DI), a medical and research organization offering health services which include HIV/AIDS care and treatment in the South Eastern Zone of Malawi. The organizations identified gaps in sexual and reproductive health education and services targeted to students in secondary and tertiary education. DI serves many youth clients through Zomba’s Chancellor College health facility and Zomba Central Hospital, antenatal clinics, and “Teen Clubs” for adolescents living with HIV/AIDS. Through these services, DI observed high numbers of teen pregnancies at the ANC clinics and a need for post-exposure prophylaxis (PEP) for students.

Barriers to safe sexual practices include gender inequality, multiple and concurrent sexual partnerships, low and inconsistent condom use, suboptimal implementation of HIV Testing and Counseling (HTC), late initiation of HIV treatment, harmful cultural practices; and stigma and discrimination.¹¹ This calls for prevention programs that are community-based and that create an open forum for discussion of sensitive socio-cultural issues. Improving access to and quality of prevention, testing, treatment and care for youth will only be effective if contextual and societal attitudes are addressed. Information needs to be delivered in contextually appropriate and engaging ways. Because of the pervasive disparity in power balance between genders when negotiating sexual activity¹², SRH education initiatives and HIV prevention programs must target both young women and young men.

Program Overview

ArtGlo and DI received funding from Malawi’s National AIDS Commission (NAC) to implement a project called Make Art Stop Aids (MASA) Youth- a participatory, arts-based,

¹⁰ Avert: https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/malawi


near-peer SRH education project in South East Zone. MASA Youth ran for 12 months in three districts (Zomba, Phalombe and Machinga) commencing in July 2017. The primary target populations were secondary school and university students. ArtGlo and DI worked closely with other stakeholders such as District Education Managers (DEMs), District Health Officers (DHOs), local youth friendly health services (YFHS), DI Teen Clubs and other local support groups, college administration, secondary school teachers, school administration, and PLHIV.

During the first phase of the project, MASA Squads were formed at Chancellor College and Domasi College of Education. College students participating in squads were trained to use participatory, arts-based approaches to SRH education. Each Squad created a performance dealing with SRH issues, including preventing and living with HIV. With an emphasis on peer education, MASA Squads performed on their respective college campuses, complemented by facilitated discussions and HTS.

In the second phase of the project, at eight secondary schools in Zomba, Phalombe, and Machinga, MASA Squads ran a series of SRH workshops using the participatory, arts-based approaches they learned. Each series constituted intensive workshops that encouraged secondary school students to engage critically with issues of sexual reproductive health, share personal stories, and express themselves through the arts. Workshops culminated into MASA Festivals, in which secondary school students performed along with the MASA Squads and displayed their work to spark an open dialogue on SRH in their schools and communities. Workshops were complemented by facilitated discussions, HTC, and the development of School Action Plans (SAPs) in which secondary school students collaborated with teachers, staff and community members to address issues raised during the discussions. Nearly eighty secondary school teachers from participating schools were trained in using participatory, arts-based approaches to SRH education, so that they can bolster the work of MASA Squads and provide support to youth living with HIV (YLHIVs).
**Objective of the Project**

The project aimed to empower Malawian youth to take control of their sexual and reproductive health rights, contributing to reduced HIV incidence and higher quality of life. Specifically, the project aimed to:

1. Create a peer support network and a safe, positive environment for secondary and tertiary education students to openly discuss SRH issues and improve SRH knowledge, attitudes and practices.
2. Facilitate knowledge of and access to HTS and YFHS services, among secondary and tertiary education students and members of the wider community.
3. Equip secondary school teachers with the knowledge and skills needed to use participatory arts-based approaches to educate students on SRH and provide support to students living with HIV.
Evaluation Objectives

In line with the project goals, the goal of this evaluation is to measure the effect of MASA Youth Project on sexual and reproductive health knowledge, attitudes, and practices among secondary school students. Specifically, this evaluation seeks to

A. To determine knowledge, attitudes and practices about sexual and reproductive health among secondary school students in the program intervention.

B. To determine change overtime in knowledge, attitudes and practices about sexual and reproductive health among secondary school students in program intervention

C. To understand and document program activities and strategies that empower MASA Squads to lead the conversations on sexual and reproductive health with their peers and near-peers.

Study questions

In pursuit of the above objectives, the following research questions were answered;

1. Do students who have been exposed to participatory arts methods show improved knowledge, attitudes, and practices concerning sexual and reproductive health after the intervention?

2. To what extent do participatory arts methods improve engagement, dialogue, and confidence concerning reproductive health among students and teachers of SRH courses?

Methodology

Study design

This study adopts a mixed-methods cohort study design. Thirty secondary school students were recruited at each of the eight schools to participate in the intervention. These students were followed throughout the life of the project. A pre-test and post-test in all the eight
schools, and a post-intervention test in two of the schools were used to measure change in knowledge, attitudes, and practices at baseline, after the project had ended, and at a two-month follow up to evaluate retention, respectively. Quantitative data were collected using numerically coded KAP surveys.

The evaluation captured qualitative data using focus group discussions and in-depth interviews. Focus groups took place at the end of the project and explored themes such as confidence, empowerment, ownership, interest, and comfort level in discussing sexual and reproductive health, accessing services, and changing health practices.

Focus groups were conducted for a sample of squad members in the eight secondary schools, two universities, one group of audience members from a secondary school festival. Secondary school focus groups had mixed-gender and gender-separated sessions. Mixed and separated groups were included to observationally analyze the discussion of girls and boys with just their same gendered peers, and in a mixed gender environment. The MASA project aims to empower youths to take control of their sexual and reproductive health by creating open dialogue where they are comfortable discussing SRH issues with their peers and other groups. Therefore, observing the comfort-level, group dynamic, and flow of conversation in different gendered environments was a valuable tool for analysis.

Secondary school teachers and university students were interviewed to discuss how feasible and valuable participatory arts methods could be for sexual and reproductive health education in their classrooms.

All data were collected from January 2018 to 30th June 2018

**Survey Population**

In these schools the age range was 12-23 years old. The survey took place in all eight schools that were part of the project. With 30 students participating from each school the cohort included 240 students.
Survey Place

The MASA Youth project was implemented in three districts: Zomba, Phalombe, and Machinga. Eight secondary schools were involved including: four in Zomba district (Kabadwa Private Secondary School, Chirunga CDSS, Chinamwali Girls Private Secondary School and Domasi Demonstration Secondary School); and two each in Phalombe (New Foundation Private School and Mpasa CDSS); and Machinga (Mawira Private Secondary School and Mbenjere Secondary School). At least one secondary school in each catchment area was a private school. The following table categorises the schools into public versus private schools and rural versus urban schools.

Table 1: Categorisation of Secondary schools

<table>
<thead>
<tr>
<th></th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>Chirunga CDSS,</td>
<td>Domasi Demonstration,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mpasa CDSS, Mbenjere Secondary,</td>
</tr>
<tr>
<td>Private</td>
<td>Chinamwali Girls PVT,</td>
<td>Kabadwa PVT, Mawira PVT,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>New Foundation PVT</td>
</tr>
</tbody>
</table>

Participant information

Eleven focus groups were conducted at the different secondary schools with 10 participants each. In some secondary schools we conducted the FGDs separately for boys and girls in order to ensure that the participants were comfortable to talk about SRHR issues openly. In addition, 2 FGDS were also conducted at Domasi College of Education and Chancellor College with 6 participants from the MASA squads.

Table 2. Focus Group Discussions

<table>
<thead>
<tr>
<th>Institution</th>
<th>Type of FGD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chancellor College</td>
<td>Mixed</td>
</tr>
<tr>
<td>Domasi College of Education</td>
<td>Mixed</td>
</tr>
<tr>
<td>Chinamwali Secondary School</td>
<td>Girls (Girls only boarding school)</td>
</tr>
<tr>
<td>School Name</td>
<td>Gender</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Chirunga Secondary School</td>
<td>Mixed</td>
</tr>
<tr>
<td>Chirunga Secondary School (Audience)</td>
<td>Mixed</td>
</tr>
<tr>
<td>Domasi Demonstration Secondary School</td>
<td>Mixed</td>
</tr>
<tr>
<td>Kabadwa Private Secondary School</td>
<td>Girls, Boys</td>
</tr>
<tr>
<td>Mawila Private Secondary School</td>
<td>Mixed</td>
</tr>
<tr>
<td>Mbenejere Secondary School</td>
<td>Girls, Boys</td>
</tr>
<tr>
<td>Mpasa Secondary School</td>
<td>Girls, Boys</td>
</tr>
<tr>
<td>New Foundations Secondary School</td>
<td>Mixed</td>
</tr>
</tbody>
</table>

**Data Sources and Measurement**

**Qualitative**

Two research assistants were present at each focus group, including one facilitator and one note taker. All focus groups were recorded and transcribed by research assistants. Transcriptions were uploaded and analyzed in Nvivo 10. A list of all key nodes and sub-nodes identified from the transcripts can be found in Appendix E.

**Quantitative**

Knowledge, Attitudes and Practices (KAP) surveys were used to collect data from before and soon after the project was implemented. The survey covered a number of themes including: HIV/AIDS knowledge and awareness; HIV/AIDS attitudes and beliefs; STI knowledge; Behaviour and attitudes towards condoms; and reproductive health and family planning. Scores for each of these themes were calculated separately and all the questions falling under a particular theme were given equal weights. Surveys were developed from the UN Art and Global Health Center UCLA and multiple external sources including World Health Organization survey resources.

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13 Advocacy, communication and social mobilization for TB control: a guide to developing knowledge, attitude and practice surveys. WHO/HTM/STB/2008.46
To evaluate the project, the study used descriptive statistics to provide a clear picture of the data. In order to analyze the improvements or strides made in students' knowledge, attitudes and practices, aggregate scores from each theme were compared from pre- and post-tests. A paired-sample t-test was used to measure significant change in mean score from each participant's respective tests.

**Bias**

The students involved in the programme were chosen by teachers from their respective secondary schools. It is possible that they may have identified more outspoken students, or students that performed better in the subjects of interest. This is likely to affect the scores observed. Additionally, the students were evaluated before and after the project. Given students had been previously exposed to the questionnaire, they were more likely to perform better upon taking the post-test.

**Results and Discussion**

**Descriptive statistics**

Using de-identified student codes, 174 matched pairs from pretests and post-tests were used in the analysis, providing a total of 348 observations. Some of the students joined the project late and therefore did not have a pretest to compare with their posttests. Further, invalid identity codes for eight surveys also required exclusion of their results. Furthermore, some of the students dropped out of the project. This resulted in a total of 66 (27.5%) students who participated in the project being excluded from the analysis. In addition, 11 FGDs and 5 in-depth interviews were done.

Table 1 below presents summary statistics for the sample.

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14 Knowledge, attitude, and practices survey: Healthy lifestyles. UNICEF/2011
15 Checklist for cohort studies, Strengthening the reporting of observational studies in epidemiological studies/ 2007
### Table 3. Descriptive statistics

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Number of observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average age</td>
<td>16.5</td>
</tr>
<tr>
<td>Girls</td>
<td>59.77%</td>
</tr>
<tr>
<td>Boys</td>
<td>40.23%</td>
</tr>
<tr>
<td>Form 1</td>
<td>32.4%</td>
</tr>
<tr>
<td>Form 2</td>
<td>36.4%</td>
</tr>
<tr>
<td>Form 3</td>
<td>31.2%</td>
</tr>
<tr>
<td>Taken life skills</td>
<td>94.73%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sexual Activity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever had sex</td>
<td>22.54%</td>
</tr>
<tr>
<td>Have a current sexual partner</td>
<td>14.94%</td>
</tr>
</tbody>
</table>

The average age of the participants was 16.5. Among these participants, 59.8% were girls and 40.23% were boys. This shows that there were a lot of girls more than boys who were involved in the activity. This is so because one of the eight secondary schools was a girls’ only school. The participants were from different forms except for form four. Out of this, 36.4% were from form two, 32.4% were from form one, and 31.2% were from form three. Majority (94.73%) of these secondary school students had taken Life Skills subject before.

When asked if they had ever had sex or any sexual activity, 22.5% responded that they had. 13.3% responded that they had a current sexual partner.

### Testing for improvements in knowledge, attitude and practices

A paired sample t-test was conducted in order to test if the difference in the pre-test and post-test scores is statistically significant. As seen in the table below, the results show that
the average scores after the intervention were significantly higher than the average scores before the intervention, at 1 percent level of significance. The average score on knowledge before the intervention was 63.9%. After the project, this score increased to 74.4% signaling an increase in knowledge.

Similarly, there was an improvement in attitude scores. Before the intervention, the average score on attitudes was 68.4% whereas after the intervention this score increased to 71.1%. The increase in scores was highly significant at 1% significance level.

On a similar note, there was an improvement in practice scores. The average score before the intervention was 41%. After the implementation of the MASA project, these scores increased to 46.2%. The improvement in practice scores was statistically significant at 5 percent level of significance.

All in all, the results point to improvements in knowledge, attitudes and practices of the participants of the MASA project. Further analysis shows that the overall KAP score significantly improved from 68.5% to 75.76%. This conforms to our expectations and theory.
Table 4. Testing for changes in KAP

| Variable       | Mean before | Mean after | Mean change | p-value (T>t) | p-value (|T|>|t|) |
|----------------|-------------|------------|-------------|---------------|----------------|
| Knowledge score| 63.9        | 74.4       | 10.4        | 0.0000        | 0.0000         |
| Attitude score | 68.4        | 71.1       | 2.7         | 0.0023        | 0.0046         |
| Practice score | 41.0        | 46.2       | 5.2         | 0.0004        | 0.0008         |
| Total score    | 68.5        | 75.8       | 7.3         | 0.0000        | 0.0000         |

Disaggregating results by sex

The sample was further disaggregated into males and females in order to assess how the project affected the different sexes. Error! Reference source not found. below presents our findings for the female students. The results show that the girls' knowledge, attitude and practices significantly improved from 63.2%, 67.0% and 34.8% to 73.1%, 69.4% and 41.9% with the intervention, at 0.05 level of significance.

Table 5. Testing for changes in girls' KAP

| Variable       | Mean before | Mean after | Mean change | p-value (T>t) | p-value (|T|>|t|) |
|----------------|-------------|------------|-------------|---------------|----------------|
| Knowledge score| 63.2        | 73.1       | 9.9         | 0.0000        | 0.0000         |
| Attitude score | 67.0        | 69.4       | 2.4         | 0.0202        | 0.0403         |
| Practice score | 34.8        | 41.9       | 7.1         | 0.0002        | 0.0003         |
| Total score    | 67.1        | 74.1       | 7.0         | 0.0000        | 0.0000         |
below presents results on changes in the KAP scores of the boys' participants. The results show that there was a significant improvement in the boys' knowledge and attitude at 0.05 level of significance. The boys’ knowledge and attitude improved from 65.1% and 70.4% to 76.2% and 73.5%, respectively. On the contrary, the boys' practice score improved from 50.3% to 52.6%. However, we find that there is no statistically significant improvement in the boys' practices.

Table 6. Testing for changes in boys' KAP

| Variable          | Mean before | Mean after | Mean change | p-value (T>t) | p-value (|T|>|t|) |
|-------------------|-------------|------------|-------------|---------------|----------------|
| Knowledge score   | 65.1        | 76.2       | 11.1        | 0.0000        | 0.0000         |
| Attitude score    | 70.4        | 73.5       | 3.1         | 0.0266        | 0.0532         |
| Practice score    | 50.3        | 52.6       | 2.3         | 0.1780        | 0.3561         |
| Total score       | 70.6        | 78.3       | 7.7         | 0.0000        | 0.0000         |

Project performance indicator analysis

A planned versus actual analysis of the project indicators was conducted in order to evaluate the project's achievements vis-à-vis the targets that were set a priori. Table 5 below presents how the project fared on the different performance indicators. As can be seen from the table, the project fared very well on objective 1 (Tertiary education students are empowered to lead the conversation on SRH with their peers and near-peers) and was able to reach its target. It even surpassed its targeted number of workshops led by MASA squads.
## Table 7. Project performance indicator analysis

<table>
<thead>
<tr>
<th>Objective/Outcome</th>
<th>Indicator</th>
<th>Target</th>
<th>Achievement</th>
<th>% of the target achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Tertiary education students are empowered to lead the conversation on SRH with their peers and near-peers.</td>
<td># of tertiary school students trained in participatory, arts-based approaches and SRH # of workshops led by MASA Squads # of performances led by MASA Squads</td>
<td>40</td>
<td>48</td>
<td>150</td>
</tr>
<tr>
<td></td>
<td></td>
<td>32</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>12</td>
<td>12</td>
<td>100</td>
</tr>
<tr>
<td>2-There is increased knowledge and awareness of key sexual and reproductive health issues, with an emphasis on HIV, among participating students in secondary and tertiary education institutions.</td>
<td>% of students in secondary and tertiary institutions who reported an increase in knowledge and awareness of key sexual and reproductive health issues, with an emphasis on HIV.</td>
<td>80%</td>
<td>75.2</td>
<td>93</td>
</tr>
<tr>
<td>3-There are improved attitudes towards PLHIV, reducing stigma and discrimination, among participating students in secondary and tertiary education institutions.</td>
<td>% of students in secondary and tertiary institutions who reported improved attitudes towards PLHIV.</td>
<td>70%</td>
<td>39</td>
<td>56</td>
</tr>
<tr>
<td>4-There is increased knowledge and awareness of youth friendly health services, including HIV-specific services, among students in secondary and tertiary education institutions</td>
<td>% of students in secondary and tertiary education institutions who reported having increased knowledge and awareness of youth friendly health services, including HIV-specific services.</td>
<td>70%</td>
<td>40</td>
<td>57</td>
</tr>
</tbody>
</table>
There is increased HIV testing and counselling in the targeted communities.

<table>
<thead>
<tr>
<th>tertiary education institutions.</th>
<th>% of people receiving HTC at: tertiary school performances; and festivals</th>
<th>10%</th>
<th>13%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total figure 445</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total audience 3400</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6- Teachers in targeted secondary schools have increased capacity to provide sexual and reproductive health education to all students and support to YPLHIV.

| # of secondary school teachers trained in SRH and participatory methods | 60 |
| % of trained teachers who reported learning new participatory methods of providing SRH education and support | 90% | 100 |

7- Secondary school students, in collaboration with teachers, staff, and community members, develop contextually-specific School Action Plans proposing solutions to SRH-specific challenges identified in discussion

| # of schools that developed School Action plans | 8 |

On objective 2 (There is increased knowledge and awareness of key sexual and reproductive health issues, with an emphasis on HIV, among participating students in secondary and tertiary education institutions) the project fell 5 percentage points short.

The project achieved its 7th objective (Secondary school students, in collaboration with teachers, staff, and community members, develop contextually-specific School Action Plans proposing solutions to SRH-specific challenges identified in discussion) as 100% of its planned SAPs were developed.
Similarly, the project was able to achieve its 6th objective of increasing capacity of teachers in targeted secondary schools to provide sexual and reproductive health education to all students and support to YPLHIV. 125 of the 135 students included in this dataset who completed the pre and post-test survey already reported having a positive attitude towards PLWHA at baseline, hence the smaller shift than we anticipated. This might explain why the project fell short on objective 3- improved attitudes to PLWHA by 31 percentage points. The qualitative data provided richer data which pointed to more nuanced changes in attitudes towards PLWHA. For example

“I was feeling good because here at school people avoid sharing a desk with those who are HIV positive for fear of contracting it. At MASA I learned that one cannot get infected by just touching or coming into contact with another unless by having sex, blood or vagina fluids etc.”-Student, Kabadwa Private

The standardised questions used for the quantitative survey may have elicited responses where the students were trying to give the 'right' answer, rather than tapping in to deeper attitudes.

Objective 4- improved knowledge of YFHS. The main question used to assess this was asking students to list relevant health services. Space was given to list up to 3 services. 64 out of 135 already reported knowledge of 3 services at the pre-test, meaning there wasn't space within this tool to show an improvement. This leaves us with 72 students who had room for improvement. Of these 72 students 54 improved which translates to a 75% improvement in the knowledge of youth friendly health services amongst those who had room for improvement. For future evaluations, assessment of knowledge of YFHS will be redesigned to give room for more responses instead of limiting them to three.

**Qualitative Analysis**

Qualitative analysis of focus group discussion transcripts found key themes that demonstrated the unique value and learning opportunities provided by the MASA project, as well as informative programmatic feedback from participants. Key themes included; Discussion and Openness, Detailed Information, HIV/AIDS Stigma, Sexual Consent,
Participatory Arts Methods, and Inclusivity of Age and Gender. Focus group feedback was incredibly positive. MASA’s unique goals and topics included; youth empowerment, comfort level in discussing SRH, confidence to share learning with peers, navigating sexual consent, and interest and learning from arts methods such as poetry, music, and theatre.

These topics were best explored in focus group settings where students could describe in detail their experiences from the project, and how it differed or filled gaps in the current status of their sexual and reproductive health education. Observational analysis found that the participants did not significantly alter their conversation style or comfort speaking up when they were in their same gendered versus mixed gendered groups. Boys and girls participated equally when in a mixed gendered setting.

Students explained their excitement and interest in topics they had not previously been exposed to (sexual consent, thorough condom use information, rights and positive treatment of people living with HIV). Students detailed the contacts they are sharing their learning with such as peers, siblings, and parents. Some students mentioned their parents had limited formal education in SRH, and they are sharing their newly acquired knowledge with their parents and elders. This was a positive and unexpected outcome that led the ArtGlo to consider greater inclusion of parents in future project iterations. The following quotes from participants detail their experiences and impressions related to the key themes.

**Discussion and Openness**

One of MASA’s aims was to create a safe, positive environment for secondary and tertiary education students to discuss SRH issues. A safe environment for discussion of SRH issues would provide an opportunity for the youth to freely and openly discuss pertinent SRH issues. This would in turn result in improved knowledge on SRH issues and hopefully result in better sexual behaviours. The study finds that the project led to improved openness and comfort in discussing SRH issues among participating students. Some students generally became more confident and comfortable in talking about SRH issues.

“I couldn’t talk about sex, it was like a taboo, my parents would think ndalowelera (am becoming deviant) but MASA was like an eye opener to say there is nothing wrong with talking about it and I
can now even talk about it with my mother. So I can say the confidence and comfortability wasn’t always there until MASA.” – Chanco MASA Squad member

The participants claimed that they were more comfortable in discussing SRH issues with MASA squads than they usually discuss such issues with their teachers. This is mainly because they were among peers and so they felt they could talk freely and openly.

“I don’t think there was anyone who was not free because the trainers were so open with us so why should we not be comfortable. We could ask the trainers the questions we could not ask our parents because we considered the trainers as our friends/brothers and sisters” – Domasi Demonstration

“What I enjoyed most is the fact that we could bring ourselves to the level of the students as a result they were so open to us. Because of this openness, we were discussing, interacting with them comfortably [...] because they could see that we are on the same level and could relate to what we have been teaching them” – Domasi College MASA Squad member

Further, the participants also expressed confidence and determination to discuss SRH issues with other students.

“Sometimes when discussing with friends they laugh at us but never give up because you want to help them” – Mawila Private student

Detailed Information

MASA project also aimed at improving participants’ knowledge on SRHR issues. In order to achieve sexual behavior change among the youth, it is imperative that they are provided with detailed information about SRH issues. The FGDs provided evidence that the students were being given access to detailed information. The study finds that MASA youth provided more detailed information than their traditional sources of information. The students felt that MASA squads were better placed to give out more detailed information than their teachers did in class as noted below.

“Yes, unlike in class the teachers are not comfortable discussing with student sex related topics and some teachers just read the book for you instead of teaching so they leave you on the surface relative to the detailed means of teaching from MASA” – Mbenjere student

Additionally, some students also felt that MASA offered them more information than other Health personnel. For instance, they are hardly given information on proper usage of condoms. One student for example made the following remarks:

“Health personnel, when giving us these messages, they just say you can prevent contracting HIV by using condoms. They were not open to say how one can handle a condom or what steps to follow
before using a condom while at MASA since they are fellow youths they taught us that before using the condom you have to check the expiry date”.-Secondary School Student, Mawira

Much as the students appreciate how detailed the SRH information from MASA was, they also expressed that they wanted to learn more about; GBV, circumcision, female condoms, menstruation, contraceptive methods (particularly implant), SRH for people with disabilities, peer pressure, and the rights of young people.

HIV Stigma

The study finds that the project led to improvements in people's attitudes towards people living with HIV. Evidence shows that among the targeted students, levels of discrimination and stigma towards HIV have declined with the implementation of the project.

“At my old school we had someone positive with HIV/AIDS and I tried my best not to associate with them but now MASA taught me not to discriminate such people”-Chirunga student

Further, due to the reduction in HIV stigma, others who have been affected by HIV have become more comfortable in talking about HIV/AIDS issues. For instance, one of the Squad Members felt more comfortable to talk openly about the fact that their parents died of HIV/AIDS as illustrated below:

“They brought this young lady, it was an important thing to me and my colleagues because, for example my dad and mum died of HIV/AIDS but I could not freely say it. By then it was a very difficult thing for me to say it but after that inspiration speech that she gave us, she took away my burden and I can now freely speak about it that my parents died of HIV/AIDS and I am HIV negative. I can boldly say it has been a very good program; we can freely speak about things.”- Domasi CE Squad Member

Studies have found that HIV stigma and discrimination affects the psychological wellbeing of people affected by HIV/AIDS (UCSF, 2013). Addressing HIV stigma and discrimination is essential in the fight against HIV as stigma and discrimination can stop people from voluntary counselling and testing and seeking treatment and preventive measures (Stewart, et al. 2002). MASA project also tackled issues of discrimination against people living with HIV.
Sexual Consent

Another issue tackled in the MASA project was the issue of sexual consent. It was noted that majority of the youth did not understand the need for sexual consent in their relationships. Most of the participants believed that it was the man’s place to dictate on sexual activity in their relationships. The study found that MASA activities brought awareness of sexual consent that is reversible, freely given, informed and specific which increased students autonomy in sexual decision making. The FGDs provided evidence that the students understood the need for sexual consent.

“I feel like I am a real man now. At first I thought I was a dictator to my sexual partner and I could just command her that I want to have sex with her but I have learnt that no, the girl has a voice to be heard too. I have to respect her decisions - decisions have to be made by both of us”- Domasi CE Squad Member

“On consent we had some arguments especially for married people. We didn’t know that in a family there is a need for consent. In MASA they taught us that in a family it is possible for married persons to ask for consent.” Chinamwali Girls Sec student

Aside from raising awareness among the students, the project benefits spilled over to other community members. Some of the students talked about sexual consent to their family and friends as noted below:

“When we started learning I called my Mum and explained to her about the issue of consent, when she told my Dad they had some arguments then my Dad called me at night and explained that he learnt something about it”- Chinamwali Girls Sec student

“I talked with my sister about the importance of consent, that one should not be forced to be in a relationship or to have sex with someone without her consent. Everyone has a right to accept or not.”- Domasi Demonstration student

Arts Methods

MASA Youth employed participatory arts methods to engage students on SRH issues. The activities were mostly interactive and ensured participant engagement. We find evidence that most of the students were contented by the participatory arts methods as they were both fun and informative.

“I can choose at MASA because when they are doing things, they are very exciting. Despite the entertainment you also get some good information.”- Chirunga student
“It was a very good experience. We have been doing different activities entertaining people. At the end of the day people learnt something from the dramas we performed, the songs we sang.” - Mawira student

Aside from the fact that students found the ideas to be exciting, captivating and informative, the activities also boosted some of the young artists’ confidence in performing on stage. Some students even realized their talent and also learned that they can use their artistic talent to disseminate important information.

“I have realized my talent that I can use it to disseminate messages to people. I can now perform on stage and people do appreciate.” - New Foundation student

“They say Actions speak louder than words. The idea of involving us in the art was effective and made us more open and the things could easily be remembered by people” - Kabadwa student

Inclusive of Age and Gender

The MASA-youth project focused mainly on youth. Specifically, the project reached out to students between the ages of 12 to 23. Traditionally, discussions about SRHR exclude young people as noted below:

“Culturally in the villages most of these issues were hidden to us because tackling them was like swearing. There was no way you could come and discuss sexual reproductive health issues with the youths it was like swearing but at MASA there is no discrimination against a particular gender, or whether one’s parents are rich or not. MASA helped us doing things as one.” - New Foundation student

Further, in order to tackle the HIV pandemic it is imperative that both males and females understand how to protect themselves from HIV. The project therefore, reached out to both girls and boys. The participants were appreciative of the fact that the project did not discriminate against either of the sexes.

“we worked together with girls in unity which was good” “we used to be with the girls everyday so the feeling of shame was gone” - Mbenjere male student

Feedback

The participants expressed the need for the project to be scaled up so as to reach out to more people. They recommended that the project should reach out to more schools and rural areas.

“I feel that this project should also reach rural areas and not only in town areas, especially those areas were education level is very low. This is so because HIV/AIDS prevalence rate is very high in such rural areas and in colleges” - Chinawali student
Others were of the view that permanent clubs should be formed by the participants in order for them to be able to reach out to some of their peers who were not involved in the project. In fact, some of the schools such as Mawira Secondary School in Machinga district went ahead and formed a permanent MASA club. A student at Domasi Demonstration Secondary School states below:

“MASA should not just end completely; it must be a permanent club here at school so that others who don’t know they should learn from us”. - Domasi Dem

Further others pointed out the need for MASA to reach out to people with disabilities such as those with visual impairments. The previous project did not actively include people with disabilities.

“For those with visual and hearing impairment how will they reach them with SRH messages? For us no problem we can see and hear but those with impairment how will they help them? They are also human beings and they have sexual feelings.” - Domasi Dem

**Graphical representation of theme frequency**

Figure 1 below visualizes the number of references for each theme. The figure shows **openness of discussion** as a theme that was highly referred to. The project provided a safe space for youth to talk about SRHR issues. In addition, the participants were very appreciative of the participatory arts approach that was adopted by the project. **Arts methods** theme was the second frequent theme. We also note that the themes of condom use, sexual consent, transmission, and wanting to know more were equally frequent and followed by HIV stigma, cultural practices and detail. The issue that was least referred to was abortion.
Limitations

One of the limitations faced was the use of English in the pilot surveys in Phalombe. The English surveys were tested on a small group of secondary school students to ensure adequate literacy. The small test group yielded positive results, however when the survey was administered to the study participants in Phalombe, English literacy levels were lower than expected. After the first session of English surveys, the limited literacy levels were observed and addressed by administering the surveys in Chichewa for the remaining sessions. This adjustment greatly improved survey comprehension and completion among the students.

There was also lack of control group for comparison against students who have not taken Life Skills. The majority of the participants were Life Skills students. Due to the lack of control group the evaluation was unable to partial out the impact of the MASA project separately from that of Life Skills. In addition, there was lack of randomization for students.
chosen to join squads. The participants of the project were chosen by teachers. These teachers were more likely to select outstanding and outspoken students to join the project. This bias could potentially affect evaluation findings.

Further, the project timeframe limited the evaluation in a number of ways. The study was unable to make observations on the use of participatory arts in Life Skills classes due to time limitations. In addition, the evaluation did not have enough time to conduct a longer term follow up survey to assess retention of the improved knowledge, attitudes, and practices.

**Recommendations**

For future evaluations conducted in Malawi’s South Eastern Zone, use of Chichewa surveys is recommended. Chichewa language materials will ensure greater comprehension of the subject matter.

The MASA project included participatory arts training for student participants and teachers of sexual and reproductive health courses. In the future, the project would benefit from including parents in trainings, activities, and focus groups. An exciting and unexpected outcome of the project was that students were not only educating their near-peers on the topics they had learned, but students also stated in focus groups that they were able to educate their parents on sexual and reproductive health information. Some students referenced their parents not being formally educated and therefore they learned valuable insights from the MASA youth project from their children. Some participants also mentioned minor disagreements with their parents due to differences in SRH information they were taught in the project, and information they had learned from their parents. Including parents in the project will involve a new and essential audience as well as foster parental support and understanding of the project’s activities, content, and goals.

Some students mentioned the survey environment felt too much like an exam, and this may have compelled participants to produce answers they thought were “correct” as opposed to honest answers regarding their SRH knowledge, attitudes, and practices. A less structured survey may remedy this. As the focus groups were very successful and produced rich,
nuanced, and detailed responses, focusing greater attention on qualitative research methods and data collection may be recommended.

As noted in the limitations section, the project timeframe was too short and this affected the evaluation negatively. Therefore, having longer project timeframes is recommended in order to give enough time for evaluation. Alternatively, donors could factor in a monitoring and evaluation budget that lasts longer than the project implementation timeframe.

In the MASA-Youth project clinical/technical staff from DI would educate tertiary students on SRH and these students would go on to work with secondary students who then went on to educate their peers. In this model, the clinical staff were only able to control the quality of information that went to the tertiary students. However, there was need for oversight at all levels of information flow to ensure better quality of information was passed on at all levels. It is therefore, recommended that in the next iterations of this project clinical/technical staff oversight should be provided at all levels.

The project has resulted in improved knowledge, attitude and practices of the students. Expansion of the project to additional districts is recommended for future iterations. Efforts should be made to randomize project participants during replication. It is also recommended that the future project iterations should place emphasis on the areas that the students expressed interest to learn more about, and topics where there was less change seen in the KAP surveys through this project.

Feedback from focus groups participants revealed sexual and reproductive health topics the students wished to learn more about such as; menstrual health, female condom usage and demonstration, gender based violence, and more (list of topics can be found in Appendix E). Students also felt the project would be essential for people in rural areas with less access to formal education, they wanted the project in more schools, for longer periods of time, and in more regions! Students also recommended greater inclusion for participants with disabilities, hearing, and vision impairment, to ensure everyone could learn and understand these essential subjects.
Conclusion

This study set out to evaluate the MASA project that was implemented between July 2017 and June 2018. The evaluation used both qualitative and quantitative methods for analysis. The study found that the intervention resulted in improved knowledge, attitude and practices among students. These improvements are more likely to result in lower HIV prevalence and incidence rates among the youth.

The study also found that MASA Youth project first exposed participants to essential topics including; sexual consent and thorough condom usage information. Students felt equipped, confident, and passionate about sharing their learning with not only peers, but also siblings and parents. Students revealed that they did not previously have access to detailed and honest sexual and reproductive health information, and this education (provided by MASA Youth) is essential for their health and well-being. Students expressed great interest in scale-up efforts including increasing the number of topics, expanding to more rural communities, and ensuring greater inclusivity for students with disabilities. Therefore, replication and scaling up of this project in order to reach out to more youth is recommended.

The evaluation will be used by ArtGlo for future programing purposes. The evaluation found many strengths of the project as well as areas that can be strengthened and expanded. Student feedback illuminated more sexual and reproductive health topics that youths want to learn, populations that will benefit from more focused inclusion and involvement (parents, rural communities, people living with disabilities), and evaluation measures that will make them feel more comfortable and confident (Chichewa surveys, less structured testing). This evaluation provides valuable insight for ArtGlo’s future projects and for many stakeholders working with youth education and health in Malawi. MASA Youth was found to be an entertaining, innovative, and effective initiative to get young people talking about and taking control of their sexual and reproductive health. Breaking down sexual and reproductive health barriers and stigma to facilitate learning is challenging, but essential for adolescents, and all young people will be affected by these topics. Equipping youth with knowledge is one of their greatest defenses against poor health decisions and outcomes in addition to
encouraging positive relationships and choices. The evaluation found student reviews were overwhelmingly positive. Participants were grateful to MASA for teaching sensitive topics in a fun and interesting way and for being honest and open with them about sexual and reproductive health. The students' enthusiasm to share their learning with peers, parents, and communities may be one of MASA's greatest achievements.
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A Vision for the Health and Well-Being of Malawi’s Young People, 2014

HIV in Malawi, NAC with UNAIDS (2015):

HIV in Malawi, NAC with UNAIDS (2015):
Avert: https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/malawi

UNAIDS Report on the Global AIDS Epidemic, 2010:

### Appendix A: English Questionnaire

**Masa Youth KAP Survey**

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<td>Kabadwa FVT</td>
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<tr>
<td>Data Collection</td>
<td>Pre-Test</td>
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#### Demographic Information

**D101.** How old are you? [ ]

**D102.** What form of school are you in? [ ] (e.g. 1)

**D103.** What is your gender? [ ] Female [ ] Male

**D104.** Have you taken the "Life Skills" class? [ ]
- I have taken the Life Skills class before
- I am currently taking the Life Skills class

#### HIV/AIDS Knowledge and Awareness

**HIVK01.** Is HIV the same as AIDS? [ ] Yes [ ] No

**HIVK02.** HIV can be spread through which of the following bodily fluids? (You can select more than one choice)
- Blood
- Saliva
- Semen
- Vaginal Saliva
- Breast Milk
- Pre-cum

**HIVK03.** What activities can spread HIV? (You can select more than one choice)
- Unprotected vaginal sex
- Sharing drinking glass or plates
- Unprotected oral sex
- Sharing needles for body piercing
- Unprotected anal sex
- Kissing
- Sharing a bedroom
- Mosquito bites

**HIVK04.** Can you tell a person has HIV just by looking at them? [ ] True [ ] False

**HIVK05.** Do you know of a place where people can get tested for HIV in your community? [ ] Yes [ ] No

**HIVK06.** If you wanted to get tested for HIV, where would you go to get a test? (Write in answer)

**HIVK07.** Have you ever had sexual intercourse? [ ] Yes [ ] No

**HIVK08.** Do you have a sexual partner now? [ ] Yes [ ] No

*(If answered 'yes' to HIVK 08)*

**HIVK09.** Did you use a condom the last time you had sex? [ ] Yes [ ] No

**HIVK10.** Have you ever had an HIV Test? [ ] Yes [ ] No
### HIV/AIDS Attributes and Beliefs

**Please select the choice that is closest to how you feel now**

- **HIVB01:** I feel compassion/caring towards people with HIV
  - [ ] Strongly Agree
  - [ ] Agree
  - [ ] Disagree
  - [ ] Strongly Disagree

- **HIVB02:** I would buy fresh fruits or vegetables at the market from a person who has HIV
  - [ ] Strongly Agree
  - [ ] Agree
  - [ ] Disagree
  - [ ] Strongly Disagree

- **HIVB03:** If a member of my family got sick with AIDS, I would want to take care of them in my home
  - [ ] Strongly Agree
  - [ ] Agree
  - [ ] Disagree
  - [ ] Strongly Disagree

- **HIVB04:** I would not mind being in the same class/group with a person I know has HIV
  - [ ] Strongly Agree
  - [ ] Agree
  - [ ] Disagree
  - [ ] Strongly Disagree

### STI Knowledge

**STIK01:** Have you ever heard of a sexually transmitted infection (STIs)? [ ] Yes  [ ] No

**STIK02:** Which sexually transmitted infection have you heard of? *(Write all you have heard of)*

|-------|-------|-------|-------|-------|-------|

**STIK03:** Which sexually transmitted infections can be cured?

|-------|-------|-------|-------|-------|-------|

**STIK04:** Do you think HIV is a sexually transmitted infection? [ ] Yes  [ ] No  [ ] I don't know

**STIK05:** If you had a sexually transmitted infection, who would you tell?

- [ ] Friend
- [ ] Parent
- [ ] Sexual Partner
- [ ] Family Member
- [ ] I would not tell anyone
- [ ] Other, please explain

Last Edited By D.P on 22/03/2018 Ver 1.0
BEHAVIOUR AND ATTITUDES TOWARDS CONDOMS

SBC01. I think condoms are safe
- [ ] Strongly Agree - [ ] Agree - [ ] Disagree - [ ] Strongly Disagree

SBC02. I feel confident talking about safer sex with my partner
- [ ] Strongly Agree - [ ] Agree - [ ] Disagree - [ ] Strongly Disagree

SBC03. I am likely to use condoms with my partner when I have sex
- [ ] Strongly Agree - [ ] Agree - [ ] Disagree - [ ] Strongly Disagree

SBC04. I know where I can get condoms in my community
- [ ] Strongly Agree - [ ] Agree - [ ] Disagree - [ ] Strongly Disagree

SBC05. I feel embarrassed buying condoms
- [ ] Strongly Agree - [ ] Agree - [ ] Disagree

SBC06. I think people who want to use condoms are promiscuous or 'easy'?
- [ ] Strongly Agree - [ ] Agree - [ ] Disagree - [ ] Strongly Disagree

SBC07. When two people have sex, whose decision should it be to use a condom?
- [ ] Strongly Agree - [ ] Agree - [ ] Disagree - [ ] Strongly Disagree

SBC08. A partner can change their mind about wanting to have sex at any point in the sexual activity
- [ ] Strongly Agree - [ ] Agree - [ ] Disagree - [ ] Strongly Disagree

SBC09. If a partner changes his or her mind about wanting to have sex, the other partner must stop the sexual activity
- [ ] Strongly Agree - [ ] Agree - [ ] Disagree - [ ] Strongly Disagree

SBC10. Someone can give consent (give permission) for sexual activity if they are drunk
- [ ] Strongly Agree - [ ] Agree - [ ] Disagree - [ ] Strongly Disagree

REPRODUCTIVE HEALTH AND FAMILY PLANNING

RH01. Can a couple avoid pregnancy by abstaining from sex?
- [ ] Yes - [ ] No - [ ] I don't know

RH02. Can a couple avoid being pregnant by correctly using a condom?
- [ ] Yes - [ ] No - [ ] I don't know

RH03. Can a pregnancy happen the first time a couple had sex?
- [ ] Yes - [ ] No - [ ] I don't know

RH04. Do you know where you can get sexual and reproductive health services/things (condoms, information about sex, family planning, birth control, treatment for sexually transmitted infections) in your community?
- [ ] Yes - [ ] No

RH05. If yes to RH04, where (list all services you know and where you can access them)

**List Here**

RH06. Do you feel comfortable getting sexual and reproductive services/things (condoms, information about sex, family planning, birth control, treatment for sexually transmitted infections) in your community?
- [ ] Yes - [ ] No
## Appendix B: Chewa questionnaire

### Masa Youth Tap Survey

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<th>Machinga</th>
<th>Phalombe</th>
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### Mafunso Omudzana Ndi Ini

1. **DI01.** Muli ndi zaka zingati? | [ ] |
2. **DI02.** Muli mu kalasi yanji? | [ ] |
3. **DI03.** Mdinu wamamuna kapena wamkazi? | [ ] Wamkazi | [ ] Wamamuna |
4. **DI04.** Munayamba mwapunzirapo "Life Skills"? | [ ] Eya | [ ] Ayi |

### Zomwe Mumadziwa Zokhudzana Ndi HIV Edzi

1. **HIVK01.** Kodi HIV ndi chimodzimodzi ndi AIDS? | [ ] Eya | [ ] Ayi |
2. **HIVK02.** HIV ingaperkedwe kudzera mu ziti zochokera mthupi mwa zotetirazi? (Mutha kusankha zoposa chimodzi) |
   - [ ] Magazi |
   - [ ] Umuna |
   - [ ] Mkaka wa mawere |
   - [ ] Malovu |
   - [ ] Madzi otuluka kwa mkazi |
   - [ ] Madzi otuluka kwanamune umuna usanatuluke |

3. **HIVK03.** Ndi machitidwe ati omwe angaperere HIV? (Muntha kusankha zoposa chimodzi) |
   - [ ] Kugonana mosadziteteza |
   - [ ] Kugwiritsa ntchito makapu ndi mbale zimodzi |
   - [ ] Kugonana kudzera kukama mosadziteteza |
   - [ ] Kugwiritsa ntchito ma nido anodzi obayira thupi |
   - [ ] Kugonana kudzera khomo lochitira chimbudzi (kobhibhira) mosadziteteza |
   - [ ] Kukisana |
   - [ ] Kugwiritsa ntchito chipinda chimodzi |
   - [ ] Kulumidwa ndi udzudzu |

4. **HIVK04.** Munatho kumudziwa munthu woti ali ndi kachilombo ka HIV pongo omuna naonekedwe ake? | [ ] Eya | [ ] Ayi |

5. **HIVK05.** Mukudzivapo malo omwe anthu amatha kukayezetsa HIV mu derana lanu? | [ ] Eya | [ ] Ayi |

6. **HIVK06.** Mutati mwafuna kuti kukayezetsa mutha kupita kukayezetsera kuti? (Lembanani yankho lanu) |

| [ ] | [ ] | [ ] | [ ] |

7. **HIVK07.** Munayamba mwagonanako ndi munthu? | [ ] Eya | [ ] Ayi |

8. **HIVK08.** Muli ndi chibwezi chomwe mumagonana nacho? | [ ] Eya | [ ] Ayi |

(Mgati mswomera pa funso HIVK 08) |

9. **HIVK09.** Munagwiritsa ntchito chishango mmene munagonana ulendo watha? | [ ] Eya | [ ] Ayi |

10. **HIVK10.** Munayamba mwapita kukayezetsa magazi? | [ ] Eya | [ ] Ayi |
**ZIKHULUPIRIRO NDI ZIKHALIDWE KWA A HIV/AIDS**

**Chonde sankhani yankho lofanana ndi mmene mukunvera panopa**

**HIV01.** Ndianvetsetsa ndi kwanvera chisoni antu a HIV

- [ ] Ndi kugwirizana nazo kwambiri
- [ ] Ndi kugwirizana nazo
- [ ] Sindikugwirizana nazo
- [ ] Sindikugwirizana nazo konse

**HIV02.** Nditha kugula zipatsa ndi masamba kwa venda ndikudziwa kuti ali ndi HIV

- [ ] Ndi kugwirizana nazo kwambiri
- [ ] Ndi kugwirizana nazo
- [ ] Sindikugwirizana nazo
- [ ] Sindikugwirizana nazo konse

**HIV03.** Munthu wa m’banja latutha atadwala ndi HIV ndikhoza kudzireka ndikumusamalira pakhomo panga

- [ ] Ndi kugwirizana nazo kwambiri
- [ ] Ndi kugwirizana nazo
- [ ] Sindikugwirizana nazo
- [ ] Sindikugwirizana nazo konse

**HIV04.** Sindikugwirizana nazo vuto kuhala kalasi kapena gulu limodzi ndi munthu yemwe ndikudziwa kuti ali ndi HIV

- [ ] Ndi kugwirizana nazo kwambiri
- [ ] Ndi kugwirizana nazo
- [ ] Sindikugwirizana nazo
- [ ] Sindikugwirizana nazo konse

**ZOMWE MIMADZIWA ZOKHUDZANA NDI MATENDA OPATIRANA POGONANA**

**STIK01.** Munayamba mwanampapo za matenda opatsirana pogonana (STIs)? [ ] Eya  [ ] Ayi

**STIK02.** Munawako za matenda ati opatsirana pogonana? *(Lembane onse omwe munanya)*

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**STIK03.** Ndi matendu ati opatsirana pogonana omwe amachizika?

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**STIK04.** Mukuona kuti HIV ndi matenda opatsirana pogonana? [ ] Eya  [ ] Ayi  [ ] Sindikudziwa

**STIK05.** Mutazindikira kuti muli ndi matenda opatsirana pogonana munganudziswile ndani? *(Muli omasuka kusankha yankho loposa limodzi)*

- [ ] Mzanga
- [ ] Makolo
- [ ] Chibwembi changa
- [ ] Achibale ena
- [ ] Sindigaumu alyense
- [ ] Ngati pali ena lembani munsimu

**ZIKHULUPIRIRO NDI MAGANIZIDWE KUMBALI YA KONDOMU**

**SBC01.** Ndimaona ngati kondomu imateze

- [ ] Ndi kugwirizana nazo kwambiri
- [ ] Ndi kugwirizana nazo
- [ ] Sindikugwirizana nazo
- [ ] Sindikugwirizana nazo konse

**SBC02.** Ndimaona kukumbirana mosavuta ndi bwenzi langa zokhudzana kugonana modziteze

- [ ] Ndi kugwirizana nazo kwambiri
- [ ] Ndi kugwirizana nazo
- [ ] Sindikugwirizana nazo
- [ ] Sindikugwirizana nazo konse

**SBC03.** Tikonza kugwiritsa ntchito kondomu kapena njira zamakono zozitezera ndi bwenzi langa pogonana

- [ ] Ndi kugwirizana nazo konse
- [ ] Ndi kugwirizana nazo
- [ ] Sindikugwirizana nazo
- [ ] Sindikugwirizana nazo konse

**SBC04.** Ndi kudziwa komwe ndingathe kukantera ma kondomu mu mdera mwanga

- [ ] Ndi kugwirizana nazo konse
- [ ] Ndi kugwirizana nazo
- [ ] Sindikugwirizana nazo
- [ ] Sindikugwirizana nazo konse

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Last Edited By D.P on 19/04/2018 Ver 1.2
ZIKHULUPHIRO NDI MAGANIZIDWE KU MBALI YA CONDOM

SBC05. Ndimamangika ndikafuna kugula kondomu
☐ Mlikugwirizana nazo kwbambiri ☐ Mlikugwirizana nazo ☐ Sindikugwirizana nazo ☐ Sindikugwirizana nazo konse

SBC06. Ndimaona ngati kugwiritsa ntchito kondomu ndi chizindi kiro cha uhule?
☐ Mlikugwirizana nazo kwbambiri ☐ Mlikugwirizana nazo ☐ Sindikugwirizana nazo ☐ Sindikugwirizana nazo konse

SBC07. Anthu akafuna kugonana, chisanizo choti mugwiritsa kondomu azipanga ndi ndani
☐ Mwamuna ☐ Mkazi ☐ None

SBC08. Aliyense ali ndi ufulu wosintha maganizo ofuna kugonana panthawi yomwe muli mkati mogonana
☐ Mlikugwirizana nazo kwbambiri ☐ Mlikugwirizana nazo ☐ Sindikugwirizana nazo ☐ Sindikugwirizana nazo konse

SBC09. Ngati mmodzi wasintha maganizo ndipo sakufuna kupitiliza kugonanako vinayc ayenera kusiira panjira kugonanako
☐ Mlikugwirizana nazo kwbambiri ☐ Mlikugwirizana nazo ☐ Sindikugwirizana nazo ☐ Sindikugwirizana nazo konse

SBC10. Chilolezo chogonana chitha kuperekedwa munthu ataledzera
☐ Mlikugwirizana nazo kwbambiri ☐ Mlikugwirizana nazo ☐ Sindikugwirizana nazo ☐ Sindikugwirizana nazo konse

UBEREKI NDI MAVENDZEDZWE KABINHO NA BANJA

RH01. Mtshikana angapewo kutenga mimba popewa mchiti dwe ogonana?
☐ Eya ☐ Ayi ☐ Sindikudziwa

RH02. Kodi mnyamata angapewo kupereka mimba kwa mtshikana pogwiritsa ntchito kondomu moyenera?
☐ Eya ☐ Ayi ☐ Sindikudziwa

RH03. Kodi mungathe kupetsa mimba ndi munthu mugonana koyamba?
☐ Eya ☐ Ayi ☐ Sindikudziwa

RH04. Mukudziwa malo omwe mungathe kuperakwakho thandizo lokhuda umoyo wa zogonana ndi ubereki (monga; Zishango, Malangizo, Zotsekera ubereki, Thandizo kumatenda opatsirana pogonana) mu dera lanu?
☐ Eya ☐ Ayi

RH05. Ngati mwavomera pa funso RH04, tchulani malowo(Tchulani malowo ndi thandizo lililonselomwe limaperekedwa)

1. Thandizo
1. Malo

2. Thandizo
2. Malo

3. Thandizo
3. Malo

RH06. Mumakhala omasuka mukafuna zizangizo zopewera kutenga mimba?
☐ Eya ☐ Ayi
Appendix C: MASA Youth Focus Group Guide: MASA Squads

This focus group discussion guide can be used for both undergraduate students involved in the MASA Squad and for secondary school students involved in the MASA Secondary Squad

Introduction

The goal of this focus group is to have an open discussion about the MASA Project activities you have participated in or seen in the past few weeks. Has anyone here ever participated in a focus group? Let me tell you a little more about how it works. A focus group is a type of research in which a group of people are asked about their perceptions and attitudes toward a program or idea. I'll ask several questions to facilitate our discussion, but you should feel free interact and respond to each other too. Remember that there is no right or wrong answer, and it's ok to disagree or to have different opinions. Does anyone have questions? I also want to let you know that I am recording this focus group. However, your responses will be used only for research purposes, and any transcripts of the recording will not include your name. Your responses may be shared with parents, teachers, and administrators, but they will not hear the recording and your name will not be connected with anything you say. Does anyone have questions? Ok, let's get started!

1. Reflecting back on the time you have been part of the MASA Squad, what did you enjoy about being part of the MASA Squad?
2. What was the most challenging part of being a member of the MASA Squad?
3. What are the content areas that you feel were most beneficial to you personally?
4. What changes have you noticed in yourself as a result of being a member of the MASA Squad?
5. What changes have you noticed in your peers as a result of being a member of the MASA Squad?
6. Have you changed any of your own sexual behaviors over the course of the semester?
7. How would you describe your knowledge about sexual health issues?
8. How would you describe your comfort talking about sexual health issues with your peers?
9. What did you most enjoy about bringing the MASA Squad to secondary schools?
10. What was the most challenging part about bringing the MASA Squad to secondary?
11. If you could change any part of the program – the course itself or the intervention – what would you change and why?
12. This concludes our conversation. Are there any other things that you would like to mention or say about the questions you were asked or about the study in general?
Appendix D: MASA Youth Focus Group Guide: Secondary School Student Audience

Introduction

The goal of this focus group is to have an open discussion about the MASA Project activities you have participated in or seen in the past few weeks.

Has anyone here ever participated in a focus group? Let me tell you a little more about how it works.

A focus group is a type of research in which a group of people are asked about their perceptions and attitudes toward a program or idea. I'll ask several questions to facilitate our discussion, but you should feel free interact and respond to each other too.

Remember that there is no right or wrong answer, and it’s ok to disagree or to have different opinions. Does anyone have questions?

I also want to let you know that I am recording this focus group. However, your responses will be used only for research purposes, and any transcripts of the recording will not include your name. Your responses may be shared with parents, teachers, and administrators, but they will not hear the recording and your name will not be connected with anything you say.

Does anyone have questions? Ok, let’s get started!

Participant Feedback

1. Tell us about your experience attending the MASA youth festival
   a. What did you like the most about the experience?
   b. What did you like the least?
2. What did you learn from this experience?
3. Was any of the information or methods new?
   a. What content was new (i.e. sexual consent, proper condom use, etc.)
   b. What methods were new (theatre, song, dance etc.)
4. Is this project different than other ways you’ve learned or received information about SRH? (Such as in a classroom/lecture)
   a. How so?
   b. Which methods do you prefer?
5. How did learning/ discussing the topics make you feel?
   a. Did any of the topics covered in the performance make you feel uncomfortable?
   b. If so, why?
   c. Do you feel more or less comfortable discussing these topics now?
6. Could you relate to any of actors/pieces/ or situations in the performance/ festival?
   a. Which ones? In what ways?
7. How do you feel about discussing SRH with people?
   a. Friends, partners, parents?
8. Should we talk about sexual and reproductive health?
   a. Why? Why is it important or not important?
   b. What areas do you think should be talked about or not talked about?
9. Did you talk with anyone about the performance/festival?
   a. Who did you talk to? (Friends, parents, teachers, siblings, etc.)
   b. If so, what did you talk about?
c. If not, why?

10. Were there other topics you are still curious about, or would like to know more about?
   a. Is there anything you think was left out?

11. We’re almost out of time, but I’d like to be sure we’ve covered everything you want to talk about. Would anyone like to share anything else about the MASA activities?

### Appendix E: Node glossary and number of references

<table>
<thead>
<tr>
<th>Nodes</th>
<th>Node definitions</th>
<th>Sub Nodes</th>
<th>Number of references</th>
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<tr>
<td>Family Planning RH</td>
<td>References family planning and reproductive health</td>
<td>Abortion</td>
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<td></td>
<td></td>
<td>Condom use</td>
<td>7</td>
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<td></td>
<td></td>
<td>Contraceptives</td>
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<td></td>
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<td>Family planning general info</td>
<td>4</td>
</tr>
<tr>
<td>Feedback</td>
<td>Feedback from students on what they wanted to learn more about, what they liked, what they didn't understand etc. Organized into additional folders relating to specific topics (menstration, pregnancy etc)</td>
<td>Didn't like about MASA</td>
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<td></td>
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<td>Liked about MASA</td>
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<td>Other feedback</td>
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<td>Aggregate node of references made about wanting to learn more</td>
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<td>Wanted to learn more about circumcision</td>
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<td>Wanted to learn more about female condoms</td>
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<td>Wanted to learn more about gender based violence</td>
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<td>Methods</td>
<td>Student references to the participatory arts methods used in the project or general methodology of MASA project / Art Glo approach.</td>
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<tr>
<td>Methods</td>
<td><strong>Wanted to learn more about abortion</strong> 1</td>
<td><strong>Wanted to learn more about abortion</strong> 2</td>
<td><strong>Wanted to learn more about oral sex transmission of STIs</strong> 1</td>
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<td>Methods</td>
<td><strong>Student references to the participatory arts methods used in the project or general methodology of MASA project / Art Glo approach.</strong></td>
<td><strong>Age and gender inclusivity</strong> 5</td>
<td><strong>Importance of youth being included in SRH projects/learning</strong> 3</td>
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<tr>
<td><strong>STIs</strong></td>
<td>Node includes references to STIs and HIV topics</td>
<td>HIV stigma and treatment of PLWHIV</td>
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<tr>
<th><strong>Practices</strong></th>
<th>Node refers to practices and beliefs around cultural practices, gender roles, and sexual consent</th>
<th>Students reference cultural practices and things they learned about them</th>
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<td>Reference gender roles</td>
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<td>Reference sexual consent attitudes and topics they learned</td>
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<th>MASA project was honest with students about SRH information</th>
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<td>They mention they spoke with peers about MASA/SRH</td>
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</tr>
<tr>
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