



Impact of a Life-Planning Skills Training Program in Harbin

The purposes of this study were to (1) evaluate the impact of life-planning skills (LPS) training on senior high school students aged 15 to 16 years in an urban setting and (2) document the institutionalization of the training within the school system, including the use of school teachers in participatory interventions.

Methods

To document teacher training and institutionalization, the project team used qualitative methods including document review, stakeholder interviews, and observational visits to facilitator training sessions and school activities. To evaluate the impact of the activities, the researchers measured changes in students' knowledge, attitudes, and behaviors through three surveys conducted in intervention and control schools before, shortly after, and three months after the intervention. The surveys were conducted in four intervention schools and two control schools. Researchers also conducted focus group discussions with participating students and interviews with teachers to complement the survey data. In all, 800 students in the Harbin city education system participated in this study (400 in each group).

Findings

Institutionalizing the LPS training

The key components of successfully institutionalized LPS training included establishing a special project office under government leadership (and with active multisectoral participation); obtaining matching funds from the local government; signing formal agreements outlining responsibilities and commitments; and integrating content into established school curricula, annual work plans, and budgets.

Impact on knowledge, attitudes, and behaviors

Survey results show that most respondents in both the intervention and control groups discuss school issues with parents, particularly mothers, although they do not often discuss sex with parents, siblings, cousins, classmates, or friends. Nearly one-third of respondents said that they would discuss concerns about sex with a friend of the same sex. The communication responses did not change significantly between surveys.

Compared to results from the baseline survey, a significantly higher number of participants from the intervention group correctly answered questions on a number of topics—including reproduction and contraception, correct condom use, sexually transmitted infections (STIs), and intention to use contraception—in the follow-up and/or endline surveys. They also showed a more positive attitude toward adolescence. However, the correct response rates were below 50 percent for a range of topics, which implies a need to improve program quality and ensure that the complete package of messages is delivered during trainings.

At baseline, most students had heard about STIs and HIV/AIDS and were knowledgeable about HIV transmission through sexual intercourse. After the training, more students in the intervention group knew more about possible risk behaviors. One surprising finding was that a majority of students in both the intervention and control groups believed that insect bites can transmit HIV.

Some attitudes toward condom use changed more significantly than others. Unfortunately, both the intervention and control groups showed a significant

Knowledge related to reproduction (% agreeing with statement)*

| | Baseline | | Endline | | Follow-up | |
|---|----------|------|---------|------|-----------|------|
| | I | C | I | C | I | C |
| A girl is fertile after she has had her period. | 50.4 | 43.8 | 63.9 | 40.4 | 59.2 | 40.4 |
| A girl can become pregnant the first time she has sexual intercourse if she has already had her period. | 34.9 | 28.1 | 48.4 | 27.3 | 46.9 | 28.0 |
| A girl can only get pregnant during the days in the middle of her menstrual cycle. | 12.7 | 11.4 | 22.9 | 10.2 | 24.4 | 14.2 |
| A boy who has experienced wet dreams can make a girl pregnant the first time he has sexual intercourse. | 34.4 | 30.5 | 51.0 | 23.8 | 49.3 | 28.0 |
| A girl can avoid pregnancy by urinating or washing her genitals immediately after intercourse. | 8.4 | 7.8 | 15.8 | 7.9 | 18.6 | 7.7 |

Note: C, Control; I, Intervention.

* The differences are significant for all items between intervention and control groups at the follow-up survey ($P < .0005$) and endline survey. The changes are significant for all items at the endline survey and follow-up survey for the intervention group (with an increased percentage of agreement). None of the group differences is significant for all items at the baseline survey.

increase in their agreement with the following statements: “A girl would make her boyfriend unhappy if she insisted on him using a condom” and “If your partner does not want to use a condom, you can do nothing to change his/her mind.” Unlike the control group, however, the intervention group had significant improvements in the percentage of students who disagreed with the statement that “using condoms is very difficult the first time you have sex,” and more agreed that “most people use condoms for sex before marriage.”

Regarding attitudes toward people living with HIV/AIDS (PLWHA), results show some positive, though small, changes among the intervention group across surveys. However, in response to a statement that “PLWHA should be separated from society,” the proportion of respondents in agreement increased over time.

Conclusions

The evaluation documented the successful process of institutionalizing LPS training within an urban school system, where each participating school

developed a specific work plan and budget to sustain the program in the future. The most important factors include the government support and leadership; policy support (including official documents outlining responsibilities and commitments); a multisectoral project leadership group, which was chaired by the city government; matching funding that expanded ownership of the program; good intersectoral cooperation; and three years of pilot experience with technical support from the project.

The survey results show a positive impact on students’ knowledge and attitudes about a variety of adolescent and sexual health themes. However, they also reveal some unexpected responses and some knowledge areas that did not improve significantly, indicating a need to strengthen both the content and delivery of the program.

For more information

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