



SCUK- Angola Programme

**‘Knowledge, Attitudes and Practice linked to HIV
Prevention in Young Children and Adolescents’**

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Annex (in Portuguese)

GOA - Government of Angola
SCUK - Save the Children UK

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1.0 Executive Summary

Angolan children face some of the most entrenched and complex rights and protection issues of children in any country in the world. Human Development Indicators are alarming with one in three children dying before they reach five years and one in 50 mothers dying due to complications associated with pregnancy or childbirth. More than half of all Angolan children live with the consequences of chronic poverty and limited access to basic services. An estimated 60% of the population is living below the poverty threshold. The chronic effects of 30 years of conflict have been felt in all sections of society. Traditional community support structures have been undermined, often leaving the most vulnerable without effective assistance and support. The conflict also rendered the economy, notably the rural economy, almost ineffective. The persistent lack of investment in social services has meant an almost complete failure in social assistance systems, education and health. The GOA expenditure on health is between US\$1 to US\$2 per capita per year, most of which goes on salaries and hospitals. The inadequacies of the health sector impact directly on women and children with the worst maternal (1,800/100,000) and infant mortality figures (195/1000¹).

This study covers children and young people living in vulnerable communities in high resettlement areas and a high-density poor peri-urban area in Luanda.

The study carried out over three months highlighted that low levels of awareness and a lack of information in terms of quality reproductive and sexual health, within both rural and urban communities, is compounded by a lack of resources within social sectors. Young girls, the disabled and those involved or impacted upon by conflict are particularly vulnerable. In addition the study identified a range of key challenges that are faced by young people when considering their sexual and reproductive health.

The study has confirmed that children start **first sexual contact as low as eight years old**. Percentages are not known but during the study most children accepted this behaviour as “normal”. Girls tend to start “playing sex” earlier than boys.

Children aged from 11 years are often forced to use sex for their own and family’s survival due to poverty. Children often resort to sex to get goods (clothes), as they want to imitate models they see on television and other media, as well as to access basic services. This ‘income generating’ activity raises child protection and health issues for these young girls.

The relatively low prevalence of HIV/AIDS within Angola offers a window of opportunity to act now to control its transmission and to prepare and plan appropriately for the consequences of its future impact.

The main challenge, which has come out of this study, is how to encourage children (especially girls) to delay sexual debut in order for them to make decisions on sexual relationships when they are psychologically and physically mature and developed to do so.

¹ Instituto Nacional de Estatística, Informaiton Bulletin, based on Multiple Indicators Survey, April 2002

1.1 Background

The study into 'Knowledge, Attitudes and Practice linked to HIV Prevention in Young Children and Adolescents' builds on SCUK's experience in building women and girl's networks in targeted resettlement areas, as well as its child protection and health programmes. In addition, the study was based on the preliminary results of a situation analysis of children carried out by SCUK in four municipalities. The situation analysis highlighted that early sexual activity and under age pregnancy were serious problems, which were not being addressed.

In order to develop strategies and interventions which: target teenagers and pre-sexually active children, facilitate behaviour and attitude change and access to information about sexual and reproductive health, SCUK needed to find out more about children and adolescent's sexual knowledge, behaviour and practices.

Early sexual activity and under age pregnancies present a serious risk in the context of child protection in all areas where SCUK operates. It is known that under age pregnancy can cause not only health problems but can contribute to school abandonment and perpetuate the poverty cycle.² Early sexual activity also presents a serious risk of HIV transmission.

Targeting teenagers and pre-sexually active children is central to HIV/AIDS prevention activities. Enhanced sexual and reproductive health education can also play an important role in ensuring access for young people to appropriate reproductive health services, correct treatment of STDs and reduction of stigma of people living with HIV.

2.0 Study Purpose

To identify more effective approaches to prevent HIV/AIDS in children and adolescents.

2.1 Proposed Outcome

To build on the research to develop a proposal to implement an appropriate HIV/AIDS programme, targeting children and adolescents, which will address stigma, discrimination and behaviour change through information dissemination and education.

2.2 Target Group

The target group was children (aged 8-10 years) and adolescents (aged 11-14 & 15-19 years) living in resettlement areas in rural (Tchicala Tcholoanga and Sanza Pombo municipalities) and in the peri-urban context (Cazenga municipality, Luanda).

A total of 254 children and young people and 88 adults participated in the study.

² Ref: Multiple Indicator Cluster Survey: Assessing the Situation of Angolan Children and Women at the Beginning of the Millennium: UNICEF, Luanda, Angola 2003.

2.3 Methodology

In order to avoid duplication and to identify information gaps a literature review of research in Angola was carried out prior to the fieldwork being implemented. The curriculum of the study was developed detailing the methodology.

The research used mixed methodologies of focus groups, games and activities based on the HIV/AIDS curriculum for children and young people, previously developed in Mozambique. In order to get a perception on aspects influencing sexual behaviour and gender impact, the training manual on HIV/AIDS “Stepping Stones” (for children and adults) was also used. The participatory methodology facilitated participation and ownership of the study and results by all stakeholders, the children and young people, adults and SCUK partners

The curriculum (see annex 1) included:

- Games
- Art and drama
- Dances
- Songs

Given the target group age and the study’s focus, separate meetings with children’s families (parents) were organised. The purpose of the meeting was to obtain permission for the children’s participation, but to also gain an adults’ perspective on HIV/AIDS and sexual and reproductive health. In addition, parents were consulted on how SCUK should implement a programme to address these issues in relation to children in the early years and adolescents.

Each element of the research was addressed separately based on gender and age.

Pre-adolescent children – 8-10 years olds

The following areas were covered:

- HIV-related knowledge, attitudes and factors influencing sexual behaviour
- Knowledge and understanding of puberty and sexual reproduction (using a new curriculum developed by SCUK together with children in Mozambique).
- Who girls and boys talk to about their sexual and reproductive health.
- How girls and boys spend their time when they are not in school or working to contribute to their families
- What motivates girls and boys of this age in rural and urban areas – what they would *like* to do
- Whether the PEC approach would be attractive to girls in this age group. Likewise boys.

The above stimulated discussions about body development, dating, family life, and interpersonal relationships.

Adolescents – 11-14 years old

The following areas were covered:

- HIV-related knowledge, attitudes and behaviour, including factors influencing sexual behaviour

- The views of girls and boys on how to control sexual and gender-based violence and exploitation
- Who adolescent girls and boys talk to about sexual and reproductive health
- How girls and boys spend their time when they are not in school or working to contribute to their families
- What motivates girls and boys of this age in rural and urban areas – what they would *like* to do
- Issues of under age pregnancy and the views of young people
- Young peoples’ HIV-related issues and concerns
- Whether the PEC approach would be attractive to girls and which activities would be especially relevant. Likewise for boys.

The above stimulated discussions about body development, dating, family life, and interpersonal relationships.

Adolescents – 15-19 years

The following areas were covered:

- Barriers and opportunities to accessing VCCT services for HIV and STIs for young women. Likewise men.

Discussion mainly focused on issues related to HIV/AIDS and HIV testing to analyze their understanding, attitudes and perspectives on HIV/AIDS and factors influencing access to HIV testing

Implementation:

Save the Children staff together with local organizations, namely: Save the Children Norway (SC-N) and UAJCA (Angola Association of Young Farmers) in Huambo province implemented the study. In Luanda, Huambo and Uíge provinces Save the Children facilitated the groups’ preparation. All staff had competencies in facilitating and supporting child participation and working with children and young people.

Participants were selected according to two groups: children in and out of the school system.

2.4 Table – Participants

Provinces	Municipalities	Communes	Children aged 08-10 years		Children aged 11-14 years		Adolescents aged 15 -19 years		Adults	
			Fem	Male	Fem	Male	Fem	Male	Male	Fem
Luanda	Cazenga	Hojy –Ya - Henda	14	14	21	14	14	17	10	12
Huambo	Tchicala Tcholoanga	São José and the Municipal Sede	18	17	20	11	16	11	15	11

Uige	Sanza Pombo	Alfandega	13	17	17	20	0	0	25	15
Sub – Totals			45	48	58	45	30	28	50	38
Sum Total: 342 people										

3.0 Results

3.1 Overall Results

The study was limited in its scope and as a result data obtained is qualitative rather than quantitative. The information has been analysed and documented (in Portuguese) by SCUK's HIV/AIDS Project Manager and HIV Project Officer. The findings in this report reflect the main results from the study.

- The study confirmed that children start first sexual contact as young as eight (8) years. Most children accept this as 'normal' behaviour.
- Girls tend to start 'playing sex' earlier than boys.
- Children from the age of 11 often engage in sexual activities due to poverty and economic reasons.
- Children and young people rely on friends for information and guidance and support in relation to sexual and reproductive health issues. In urban areas television and radio are important mediums.
- Lack of access to and awareness of HIV/AIDS and reproductive health issues – how to prevent contracting the virus and methods of transmission.
- Gender plays more of a role in differences in attitude and behaviour than age within each age category.
- Issues around confidentiality with regard to accessing HIV and reproductive health services are important to teenagers.
- Peer education is a key intervention.
- Discrimination and stigma in relation to HIV infected people is a barrier to overcome.

3.2 Results Pre-adolescent children – 8-10 years olds

- In the urban areas 60% (of study group) of boys have knowledge about AIDS, however they have no knowledge of methods of transmission and how to protect themselves from infection.
- In the rural areas 30% (of study group) of girls have knowledge of AIDS but no knowledge about methods of transmission or how to protect themselves from infection.
- In the rural areas 70% of girls had no knowledge about AIDS.
- In the rural areas approximately 50% had some information about AIDS but had no knowledge of methods of transmission or how to protect themselves.
- 80% children in urban areas, especially boys, gain information through the television. The most popular programme is "Nação Coragem" (the first person to publicly announce he was HIV-positive did it on this programme).
- In the rural areas the majority of children heard about AIDS through hearing adult conversations in passing – this included in the street, at the

market or within their family. Most of the children commented that they 'listen about AIDS' (quality of the information they get is questionable).

- 80% of the girls started 'playing sex' at the age of eight or nine years old (urban areas)
- The majority of boys started 'playing sex' at the age of 11 to 13 years (urban areas)
- The majority of children, especially girls, started 'playing sex' between the ages of nine and 12 years old (rural)
- Most of the children commented that sex at an early age is necessary because it 'molester a bola'³ (rural)
- Friends influence 90% of the girls 'and boys' behaviour (rural)
- In Uige the boys were influenced by friends with regard to sexual behaviour and use 'witchcraft' to help them get many girlfriends.
- Majority of urban and rural children said the best place to get information and to meet were 'jangos', children's parks and recreation space. The children suggested combining recreational and other activities with IEC activities.
- The children had no knowledge or understanding of the term 'PEC'.
- 90% of the children (rural and urban) go to friends for advice and counselling. They only ask for advice from their parents on problems about school.
- Majority of girls highlighted the problem of physical violence. Some said this was a disadvantage to being a 'girl' (rural and urban).
- Majority of urban children did not want the 'Sobas'⁴ to be involved in recreational projects or activities citing that the 'Sobas' often 'beat them'.

3.3 Results Adolescents – 11-14 years old

- Overall the majority of children had a basic knowledge about AIDS, but did not know how to protect themselves and about forms of transmission.
- Urban: 85% have knowledge of AIDS. In the girls group one girl out of 15 could identify one mode of transmission of HIV and one mode of prevention; of the boys two boys out of 15 could identify one mode of transmission and one mode of prevention.
- Rural: majority of girls and boys has some information about AIDS but they do not know the methods of transmission or prevention.
- Rural: 90% of adolescents believed they were not at risk of contracting STD/AIDS as it was a 'city disease' and had not yet reached their areas. By choosing carefully the partner to 'make love to' i.e. someone who does not have many partners, it cannot be contracted.
- Rural – out of 20 adolescents (males) one had knowledge of one form of transmission of HIV
- Rural: 35% of male adolescents stated that a man without sexual intercourse feels out of sorts and sometimes falls sick.
- Urban: 85% of male adolescents stated that girls have sex with older people in exchange for goods.
- Rural: the majority of children said they were aware of condoms and what they were used for but did not wear them, as they did not feel pleasure. They felt protected from STD/AIDS, as they did not have sex often.
- Urban: 80% of girls had their first sexual debut at the age of 10 years. It was performed as a joke and entertainment. The girls commented that at

³ Amolecer a bola – is the local term for softening the vagina.

⁴ Sobas – local community leaders

the age of 11-14 they have sex “because it was nice” and for money to be able to dress well like their friends.

- The best age for child-bearing was between the age of 15-18 years (urban adolescents) and in the rural areas it was 14-16 years.
- Urban: 90% of children stated the television and radio provided information. The “Malhação” soap opera was very popular.
- Rural: majority of children receive information about AIDS through their schoolteachers, however there is a lack of information available. 30% of girls said access to information was difficult.
- Urban – majority of boys get information through theatre groups, others get information through ‘palestras’⁵ with groups of people and when distributing condoms.
- Urban – the majority of boys were unaware of the PECs approach. They wanted to develop sports activities in the townships through organised theatre groups.
- Urban – 60% of girls stated that schools, health posts or hospitals could provide access to information and to acquire new skills. Teachers, nurses and physicians had a role to play in this.
- Rural – majority of adolescents (male and female) stated ‘jangos’ and playgrounds were the best places to learn and acquire skills.

3.4 Results Adolescents – 15-19 years

The study focused on adolescents from Huambo, where SCUUK plans to support MINSA (Ministry of Health) to set up and improve Voluntary Counseling and HIV Testing access, and in Luanda where we plan to build on VCT and prevention work with partners. The focus groups discussed barriers and opportunities to accessing VCT services for HIV and STIs for young women. Likewise men.

General results:

- 90% male and female adolescents in this age category had heard of AIDS through radio, television and friends.
- 100 % of the urban youth were not aware of where the Voluntary Testing and Counselling Centres (ATV) in Luanda were situated.
- 60% of the youth stated they wanted to undergo a test because it would enable them to know their status. They acknowledged that AIDS existed and that they could be at risk of being infected due to their sexual history.
- 40% stated they would not undergo a test, as they were afraid of the results and the discrimination and stigma they would be subjected to by family, friends and their community.
- 80% of girls stated that their boyfriend was the best person to accompany them for the test.
- 100% of the boys stated the best person to accompany them for a test was a friend (rural and urban areas).

Barriers:

- Counselors’ attitudes (lack of confidentiality)
- Distance of VCT from residential areas
- Fear of a positive result

⁵ Palestras means chats/conversations

- Fear of stigma, rejection and discriminatory attitudes from close people (friends, family and community)

Opportunities:

- Using peer education as an entry point
- Work through existing partners – both government and NGOs in Huambo and NGO partners in Luanda – to provide HIV/AIDS counselling and change behaviour/attitudes around confidentiality
- Identify and work with the different groups within the church.
- Reach children and adolescents through recreation and other social activities.
- Work with partners and young people to develop a model for child/youth friendly health services, especially reproductive health services (Huambo).
- Build on the research and use this as an entry point with the young people and their parents who participated.

4.0 Lessons learned on research methodology

- Women should lead the process to obtain parents permission guaranteeing more confidence from families (parents)
- Parental consent is an essential and time consuming process
- Participant numbers should not exceed 15 people to ensure meaningful discussion of all themes
- To promote children’s participation it is recommended to use pictures, songs and mapping and to build in time to develop materials.
- Involve children and young people in developing the methodology/materials
- Discussions/focus groups should be over a period of time, particularly for younger children as they get tired and distracted
- Time frame resulted in the research being limited in its scope and the emphasis on collecting qualitative rather than quantitative data.
- Work in different groups in relation to gender and age was crucial to facilitate children speaking freely.

5.0 Conclusions

The study has confirmed that children start **first sexual contact as young as 8 years old**. Percentages are not known but during the study most children have accepted this behaviour as “normal”. In light of this one of the most important challenges in any HIV/AIDS and health programme is to encourage children (especially girls) to delay their sexual activity and providing them with the skills and tools to make more mature decisions with regard to their sexual behaviour and reproductive health.

Peer pressure and influence, attitude and behaviour of friends is very strong. Providing young people with the skills to become peer educators and counsellors could be an important tool in the fight against HIV/AIDS and promoting behaviour change.

“Our friends state that if we have no boyfriends we are out of their group.”

Children aged from 11 years on are often obliged to use sex for their own and their family's survival. Children often resort to sex to obtain goods and basic services for example clothes, as they want to imitate the role models they see on television and other media.

"We are dating to get clothes like the other children"

VCT access has proved to be an effective way to HIV prevention and transmission (people receiving a negative result are more motivated to stay negative).⁶ VCT testing is currently not available in the provinces. However, the Angolan Government, as part of its national HIV/AIDS strategy is planning to implement VCT services in all provinces by the end of 2004. The national strategic plan (through partners) intends to develop activities to reduce stigma and discrimination. SCUUK is working with the Ministry of Health in Huambo to secure resources and technical expertise to develop youth friendly VCT services in Huambo.

6.0 The Way Forward

Recognizing the HIV/AIDS prevalence in Angola, estimates suggest that 5.5% (some 350 thousand people) are HIV positive and given that most are women aged 20 to 29 years we can deduce that they were infected during adolescence; considering the weak knowledge and understanding of HIV/AIDS and sexual and reproductive health, SCUUK intends to work on HIV prevention, with a particular focus given to children. Future actions will include:

- To develop a systematic and sensitive sexual & reproductive health education process for children aged 8 to 16, which takes into consideration the different needs of children of boys and girls of different ages. This will focus on two of the municipalities where SCUUK is operating in the Angola Child recovery Programme (Tchicala Tcholohanga in Huambo, and Hojy-ya-Henda in Luanda).
- Project details to be locally analyzed, but to include the following elements:
 - Youth leadership capability (by gender and age), for example peer education
 - Use of games, recreation and participatory methodologies to encourage children's participation
 - Participation of key community members and groups, particularly churches, in order to support adolescents to take informed decisions regarding their sexual behaviour
 - Continuous assessment on the project impact with children's and communities' participation and development of specific indicators
- Advocacy with and support to Ministry of Health to ensure adolescents' access to VCT services, including mobilization of youth to access services.
- Work with partners (especially churches) to reduce stigma and discrimination, and promote support for people infected and affected by HIV/AIDS in Huambo and Luanda provinces.

⁶ Ref: National Strategic Plan Angola- 2003-2008

- Working in partnership with the Ministry of Health (MINSA), through the Provincial Health Department, SCUUK also intends to continue the health programme in Huambo province, which is working with health committees to increase technicians' knowledge in health issues, including HIV/AIDS and sexual and reproductive health, and making services more accessible to adolescents.
- SCUUK will continue reinforcing HIV integration in all the programmes, namely the Angola Child Recovery Programme (ACREP) in Huambo, K.Sul, Luanda and Uige, and the Luanda Urban Poverty Programme. Thus, groups participating in this study will continue participating in debates and meetings on HIV/AIDS and sexual and reproductive health.
- To share results with all key actors including the Angolan government, national and international NGOs, United Nations agencies, churches and civil society.