

Limited long-term effects of school based sexual health education

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An intensive sexual health education programme in schools had only a small effect on reported sexual behaviors among African adolescents and no effect on the prevalence of HIV and genital herpes (HSV2) 9 years after the start of the intervention. This was despite evidence of some long-term effects on sexual and reproductive health knowledge. These new long term findings are published in this week's *PLoS Medicine* and raise questions about the effectiveness of school-based sexual health education.

Researchers from the London School of Hygiene & Tropical Medicine (LSHTM), the Tanzanian National Institute for Medical Research's Mwanza Research Centre (NIMR Mwanza) and AMREF Tanzania studied the impact of the MEMA kwa Vijana ("Good things for young people") program in rural Tanzania, which included in-school sexual and reproductive health (SRH) education for pupils in their last three years of primary education (12-17+-year olds). The program was designed to provide the students with the knowledge and skills needed to delay sexual debut and to reduce sexual risk taking. Between 1999 and 2008, the program was trialed in 10 randomly chosen rural communities in the Mwanza Region of Tanzania; 10 similar communities that did not receive the intervention acted as controls. A survey in 2002 showed that the interventions had a substantial impact on SRH knowledge, reported attitudes, and on some reported sexual risk behaviors, but no consistent significant impacts on pregnancies or sexually transmitted infections.

Aoife Doyle, David Ross, and colleagues report in [PLoS Medicine](#) their

follow up study that investigated the long-term impact of the MEMA kwa Vijana intervention on HIV and HSV2 prevalence and asked whether the improvement in knowledge and attitudes seen at the 3-year follow up has persisted. In 2007/2008, they surveyed nearly 14,000 young people who had attended the trial schools between 1999 and 2002, determining their HIV and HSV2 status and their knowledge and attitudes about sexually transmitted infections, HIV and pregnancy. 1.8% of the male and 4.0% of the female participants were HIV positive; 25.9% and 41.4% of the male and female participants, respectively, were HSV2 positive, report the authors. These prevalences were similar in the young people who had received the interventions and in those who had not, indicating that the intervention had not reduced the risk of HIV or HSV2. However, the researchers did find an association between the intervention and a reduction in the proportion of young men who reported having more than four sexual partners in their lifetime, and increased reported condom use at last sex with a non-regular partner among young women. In addition, although the intervention consistently increased SRH knowledge, it was found to have no impact on the students' reported attitudes to sexual risk, reported pregnancies, or other reported sexual behaviors.

On the basis of their long-term follow up study, the authors conclude that such youth interventions may be more effective if they are integrated "within intensive, community-wide risk reduction programmes."

In an accompanying Perspective article, Dr. Rachel Jewkes from the Medical Research Council in South Africa (uninvolved in the study) writes that the long term research results are disappointing. She highlights the importance of developing other interventions, especially those that are participatory, emphasise critical reflection and communication skills, and focus on gender.

More information: Doyle AM, Ross DA, Maganja K, Baisley K, Masesa C, et al. (2010) Long-Term Biological and Behavioural Impact of an Adolescent Sexual Health Intervention in Tanzania: Follow-up Survey of the Community-Based MEMA kwa Vijana Trial. PLoS Med 7(6): e1000287. [doi:10.1371/journal.pmed.1000287](https://doi.org/10.1371/journal.pmed.1000287)

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