

S Y S
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DEUTSCHE GESELLSCHAFT FÜR INTERNATIONALE ZUSAMMENARBEIT (GIZ)
GMBH

**EFFECTIVENESS STUDY ON THE
"JOIN-IN CIRCUIT"
IN ZAMBIA**

|

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U N S E R K O N T A K T

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Study Background

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) commissioned the German consultancy Syspons GmbH to **assess the effectiveness of the “Join-In Circuit on AIDS, Love and Sexuality” (J-IC) in Zambia**, within the scope of the project “Strengthening Girls’ Rights! Reproductive Health, Family planning and HIV prevention for learners, especially girls, in Zambia” (hereafter **Strengthening Girls Rights!**). It implements this project collaboratively with the National HIV/ AIDS/ STI/ TB Council (NAC) and other Zambian stakeholders. The project aims empowering young people in Zambia – in particular girls and young women aged 10 to 24 – to **better exercise their rights**, make use of **counselling services** and **take action on sexual and reproductive health, HIV prevention** and **non-violent gender relations**. In line with this, its objective is to contribute to the **prevention of HIV, early pregnancy and gender-based violence (GBV)**, especially among young people in Zambia.



What is the J-IC?



The “Join-In Circuit on AIDS, Love and Sexuality” (J-IC) is a **learner-centred, interactive behavioural change tool** that engages participants in conversations about HIV/AIDS, sexual and reproductive rights, and healthy gender relations. Its aims are **de-stigmatizing** conversations about “taboo” topics, **encouraging** young people aged 10-24 years old in Zambia to **exercise their rights, and promoting health-seeking behaviours**.

The J-IC is used in various countries around the globe. It was introduced to Zambia in 2005 in a locally adapted version. Since then, the content was further adjusted multiple times to address pressing health needs. Most recently, an adaptation was commissioned by GIZ and NAC to ensure the J-IC is **barrier-free and inclusive** for persons with disabilities and out-of-school participants, more **gender-sensitive** and more focused on sexual and reproductive health **rights**. It was also adapted for safe delivery during the COVID-19 **pandemic**.



The J-IC contains **11 interactive mobile “stations” with different topics** that can be selected and combined based on the target audience and time available. Each station is delivered within 15-20 minutes. Topics are: (1) Ways of Transmission of Sexually Transmitted Infections (STIs), (2) Condom Use, (3) STIs, (4) Body Language, (5) Positive Living with HIV and AIDS, (6) Protection, (7) Contraceptives, (8) Gender and GBV, (9) Sexual and Reproductive Health (SRH), (10) Sexual and Reproductive Health and Rights (SRHR), (11) COVID-19.

Source Pictures: [GIZ \(2022\)](#)

The **study's aim** was to assess if the **J-IC adjusted in 2021 in Zambia is effective**, under which circumstances, and for which target groups and topics. More detailed, its objective was to assess to what extent the adapted J-IC with its newly developed stations on Gender / GBV, SRH and SRHR:

- increases **knowledge** in the thematic fields of Gender, GBV, SRHR as well as HIV/AIDS,
- transforms **attitudes** concerning Gender, GBV and SRHR, and
- changes HIV testing **behaviour** among young people (aged 10-24 years old).

Study Design and Methods

The impact of the adjusted J-IC was assessed in an extensive **randomized controlled trial**. Data was collected through **surveys** carried out in different locations in **Lusaka Province, North-Western Province, and Southern Province** at two points in time:

- **Baseline** data was collected in September 2021.
- **Endline** data was collected in December 2021.

A total of **N=780** persons participated in the baseline, and **N=674** persons in the endline study.

Using the answers given by the study participants, **the effects of participating in the J-IC were measured quantitatively**. This was done by assessing the level of **knowledge, attitudes, and behaviours** of the participants *before* and three months *after* participating in a J-IC run. The study focused on the effects of the three of the newly added stations Gender / GBV, SRH and SRHR. To measure participants' **knowledge** on gender-related topics, the study for example asked whether they had heard of the term "gender" before. For **attitudes** regarding Gender/GBV, the study for example asked about participants' opinions on beating in relationships. To allow for a closer comparability to the prior effectiveness of the J-IC, the impact on participants' HIV knowledge and testing behaviours was also assessed. For knowledge on HIV/AIDS, participants were for instance asked about methods of protection or ways of transmission. Many of the questions were **formulated as statements**, to which they indicated their level of agreement or disagreement.

The study used a **treatment-control-group** design to compare the differences in variable values between **two groups across time**. One part of respondents – the treatment group – participated in J-IC runs right after the Baseline data collection. The control group did not participate in a J-IC run. During the Endline data collection, this was switched: The treatment group was solely interviewed again, whilst for ethical reasons, the control group members did participate in a J-IC run as well (after data was collected).

Responses were analysed along socio-demographic and geographic dimensions. While the main target group were **young people** (especially young women and girls), **parents and guardians** were included, too. The study also assessed if the J-IC had different effects across **age, gender, disability status, implementation settings** (health care facilities and community sites) and **locations** in Zambia.

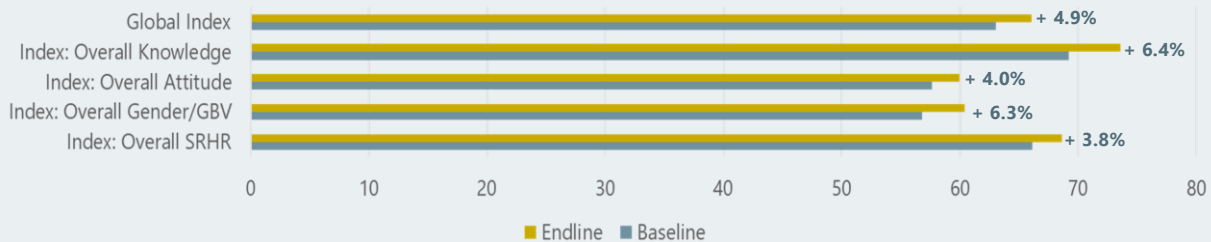
Summary of Study Findings

This study report identifies **overall positive and statistically significant impacts of the tested J-IC stations.**



This study finds that the adapted J-IC:

- ✓ **Improves participants' knowledge** levels on all thematic areas statistically significantly
 - including participants' knowledge about gender and GBV, SRHR, and HIV/AIDS
 - the strongest impact observed in the field of **gender and GBV**, followed by HIV/AIDS, and then SRHR
- ✓ **Leads to more progressive attitudes** if all of the topics covered in the study are taken into account
 - including significantly **more progressive attitudes towards gender roles, beating and GBV in general** (but not towards SRHR-related topics) and
 - generally, attitudinal change is less likely than knowledge improvements
- ✓ **Significantly improves HIV-related behaviours**
 - this mainly includes HIV testing, rather than willingness to get tested or knowledge about testing locations
- ✓ **Leads to a statistically significant rise in all aggregated indices for knowledge, attitudes and themes*** if we compare their levels baseline (September 2021) and endline (December 2021), as shown below**



Source: Syspons 2022

* For the statistical analyses, we created composed indices consisting of questions in the survey that corresponded to knowledge, attitude, and the different themes, as well as one overall index.

** Chart shows scores received before and after participating in a J-IC run on a scale from 0 to 100 points.

Based on the findings of this experimental research study, it can be concluded that there is sufficient evidence to infer that the **new stations of the extended J-IC on Gender / GBV and SRHR are effective in terms of transforming attitudes and knowledge of J-IC participants, as well as in supporting healthy behaviours** regarding HIV testing.

The new J-IC station on **“Gender and GBV”** is highly effective across target audiences. This means it successfully increases participants' understanding of the terms 'gender' and 'GBV', as well as their knowledge of Zambian rules concerning these subjects substantially as well as leading to more progressive attitudes towards GBV as well as gender roles and beating.

We can also conclude that the two other new J-IC stations – **“SRH” and “SRHR”** – have a positive overall impact on participants, even if the effect is not coherent in all sub-topics or groups that were part of this research. Their effects are primarily visible when it comes to participants' knowledge about contraception and sexual intercourse.

Furthermore, the study confirmed that the old J-IC content, in combination with the new material, increases **HIV/AIDS-related knowledge** and the likelihood of getting tested for HIV.

The study highlights that **the J-IC is most effective in conveying knowledge**. Additionally, drawing on the analyses of the different sub-groups, we can conclude that:



- The J-IC is overall most effective among **females** and **younger audiences** as well as for **PWD**. Results for parents and guardians are overall also very promising.
- Moreover, the J-IC reaches its best results in **Lusaka Province** and **North-Western Province**.
- It also emerged from the implementation of this study in both **health care facilities and community sites** that it does not matter where the J-IC is carried out.
- Lastly, besides the effect on participants themselves, the research also showed encouraging **evidence for possible spill-over**, if we recall that most J-IC participants told others about the J-IC.

At the same time, the study has also identified several **points of attention**: there is, overall, a less coherent effect on **male** participants and those **above the age of 20**, as well as in the thematic area of **SRHR**, and in **Southern Province**. In part, these results could be explained by existing levels of knowledge or existing progressive attitudes already at the initial data collection (i.e., before a J-IC run).



- The results from this research are **highly encouraging**, if we consider the centrality of the J-IC within the Strengthening Girls Rights! project on the one hand, and its planned institutionalization in public sector structures in Zambia on the other hand.
- The insights from this experimental study indicate that the **J-IC can indeed contribute to HIV prevention, the uptake of HIV and SRHR services among youth and adults and to a decrease of levels of GBV** in the longer-term.

The following contains a more **in-depth assessment** of the way the J-IC affects participants' knowledge and attitudes in relation to questions on

- Gender and GBV,
- SRHR,
- HIV / AIDS and HIV Testing Behaviour.

Gender and Gender-based violence

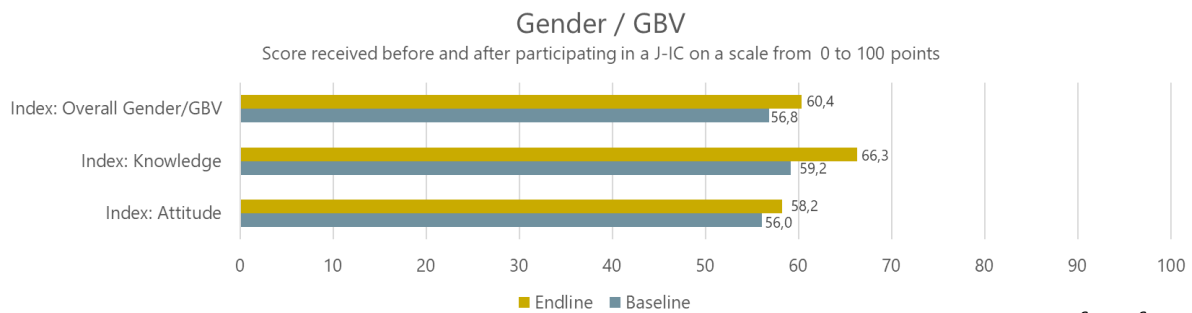
Based on the study results, it can be confirmed that **the new J-IC station on “Gender and GBV” is very effective**. Overall, **participation in a J-IC run substantially increases** the likelihood that participants will **improve their knowledge about different areas of Gender and GBV**. They will also **transform the attitudes they hold towards these topics** in a more progressive and gender-equitable direction, as the Figure below shows.

J-IC participants increased their overall **score** on Gender/GBV-related aspects from an average score of 56.8 (baseline) to 60.4 (endline), which means a rise of **6.3%** (knowledge: +11.9%; attitude: +3.9 points).

The J-IC more likely leads to a **change in knowledge** (covering the sub-topics Gender, GBV understanding, Zambia rules) than attitude (roles, GBV, beating).

The J-IC is effective in **both settings**, meaning that it increases the likelihood of participants in health care facility settings and community settings alike to improve on Gender and GBV knowledge and attitudes.

The J-IC is effective in all **age groups** when it comes to Gender and GBV-related topics. However, **age-related differences do exist**: For participants older than 25 years, and to a lesser degree for those aged 21-25, the J-IC effect is only present for **some of the sub-indices**, especially with regards to attitudes on Gender and GBV.



Disability Status



- Participation in a J-IC run **positively affects** the **knowledge and attitudes when it comes to Gender and GBV**. This effect is stronger for PWD than for persons without a disability.
- PWD especially improved their **understanding of what Gender and GBV respectively mean**.
- While there is a significant effect on all thematic sub-indices for people without a disability, for PWD **the effect is not found** for knowledge about Zambian rules in this field.

Parental Status



- The study data shows that J-IC participation is linked to **significantly more progressive and gender-equitable results** among parents and guardians.
- The effect is stronger on Gender and GBV-related **knowledge** for parents/guardians than for non-parents.
- Those J-IC participants who are neither parents nor guardians were more likely to change their **attitudes** concerning Gender and GBV than parents or guardians.

Genders



- While **both** male and female J-IC participants **significantly increase** their levels of **knowledge and attitudes** in this topic, the effect of the J-IC is overall **stronger for female** than for male respondents.
- For both, the effect is strongest in increasing **GBV understanding**.
- A possible interpretation of the divergence in GBV results connects to the different experiences with GBV in Zambia.

Location



- The effect of the J-IC **differs across the provinces**.
- Participation was found to **effectively** increase all of participants' Gender and GBV-related scores in **Lu-saka Province and North-Western Province**.
- In **Southern Province**, we observe a statistically significant effect on the **attitudes** that participants hold towards GBV, beating and gender roles.
- The findings could relate to the different socio-cultural as well as educational aspects in the regions.

Sexual and Reproductive Health and Rights

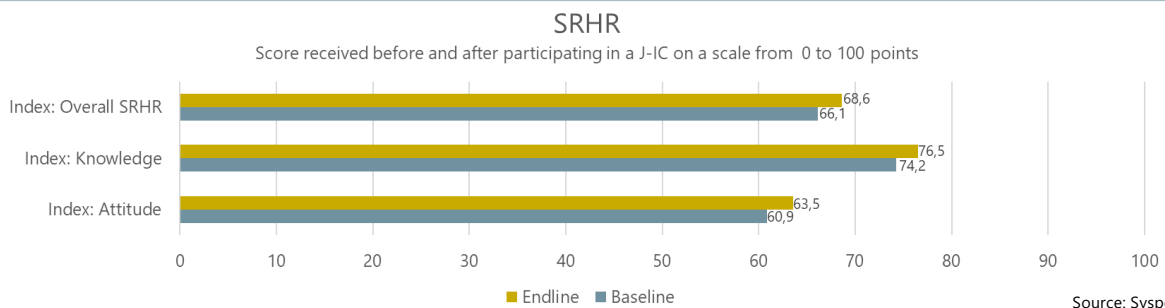
Both when comparing the J-IC effect on participants and non-participants, as well as the development of J-IC participants' scores over time, the study shows that the **J-IC run has a statistically significant positive effect on participants' knowledge on SRHR-topics** (sexual intercourse, contraception).

This clear pattern was not found for topics regarding participants' **attitudes** (sexual intercourse, sexual self-awareness, contraception) in the area of SRHR: Over time the data does indicate that the overall attitudes towards SRHR issues among those who did participate in a J-IC run were transformed into more progressive views. However, this transformation was only reflected in the sub-topics of sexual self-awareness and contraception.

Overall, **scores** on SRHR increased from 66.1 at baseline to 68.6 at endline (**+3.8%**). Knowledge scores increased by 3.1%, attitude scores by 4.3%.

Regarding the **study settings**, the aggregated data indices show that there was a statistically significant effect in **community sites** with regards to increasing knowledge on sexual intercourse. In **health-care facilities**, statistically significant and positive effect on knowledge related to contraception was found.

The J-IC only influenced knowledge on SRHR-topics for respondents that were **younger than 25 years**. The limited effect among older audiences should however be put into perspective as the existing knowledge levels were highest among those older than 25 at baseline.



Disability Status



- For people without disability an effect on **overall knowledge** on SRHR could be detected with a moderate increase of the knowledge about SRHR from baseline to endline.
- Participation in the J-IC did not have an effect on **PWD's** knowledge and attitudes on SRHR.

Parental Status



- For all participants without children, the J-IC had effect on overall SRHR **knowledge** and its sub-topics.
- For parents and guardians, a small positive effect on their **knowledge of sexual intercourse** was found.
- Reflecting the overall findings, for both parents and non-parents alike, there were **no effects for SRHR-related attitudes** when comparing J-IC participants with respondents of the control group at the endline. This could relate to the difficulty of changing deeply entrenched attitudes.

Genders



- Girls and women react to the J-IC's new content on SRHR **differently** than men and boys.
- While boys and men significantly improved their **knowledge** about **contraception**, girls and women also increased their knowledge levels concerning **sexual intercourse**.
- With regards to **attitudes** in the area of SRHR, we find no significant effects, neither among girls and women, nor among boys and men.

Location



- While in **North-Western Province** a positive effect was observed for the **knowledge** about sexual intercourse, in **Lusaka Province** this was also the case for contraception knowledge.
- In **Southern Province**, there was an effect for the **knowledge** of the sub-topic of contraception, and a small effect on sexual intercourse shown when looking only at respondents older than 15.

HIV and AIDS

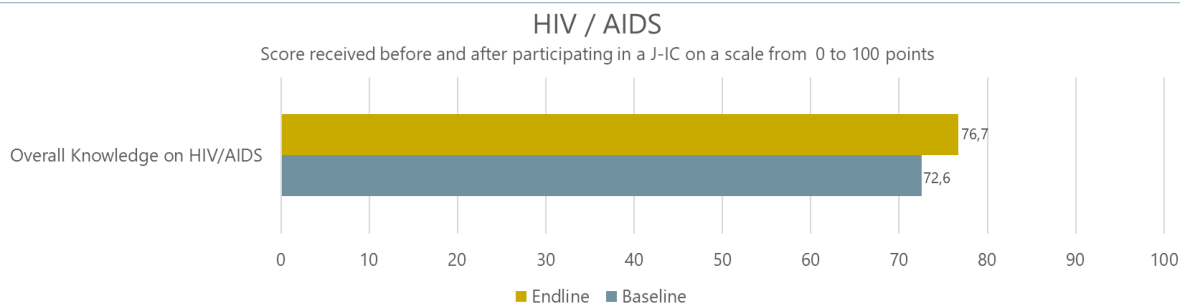
The study finds that participation in a J-IC run is associated with an **increased level of knowledge on HIV/AIDS**. This effect holds true both on the level of **overall knowledge as well as** with regards to the different **sub-topics**, which include HIV-transmission, prevention, and other HIV-related knowledge.

The overall **score** of knowledge on HIV/AIDS at baseline point amounted 72.6 and recorded a small rise to 76.7 at endline time (+5.6%).

The J-IC **effectively increases participants' knowledge of HIV and AIDS in both settings** – community sites and health settings –, with a **slightly larger effect in health care facilities**.

The assessment of the age groups shows that **younger age groups (10-15 and 16-20) stand to benefit most** from the J-IC: Their knowledge on HIV and AIDS increases substantially if they participate in a J-IC run. If we consider change over time, we can identify the same pattern – i.e., **knowledge increases among those** who participated in a J-IC run and who were aged **between 10 and 20 years**.

Moreover, we see that **the J-IC, overall, has a light statistically significant and positive effect** when it comes to HIV testing behaviour.



Source: Syspons 2022

Disability Status



- Study data indicates that there is a statistically significant and positive effect for **PWD's knowledge concerning the prevention of HIV**.
- The strength of this effect is considerably higher for persons who also participated in a J-IC and do not have a disability.
- A possible reason for these differences could relate to the facilitation of the activities in the **STI station** (which focuses mostly on HIV/AIDS).

Parental Status



- The J-IC does **not have any effect** on parents' and guardians' HIV/AIDS-related **knowledge**.
- This stands in stark contrast to the results from the group of non-parents: Here, we do find a **significant effect** overall as well as for most sub-topics.
- The limited effect of the J-IC for parents and guardians could be associated with the **already high knowledge levels** that parents and guardians in this study had about HIV and AIDS (75.4 at baseline data collection).

Genders



- Participating in a J-IC run was associated with a **significantly better result** on questions that concerned HIV and AIDS for **female** study respondents.
- In contrast, this is not the case for the boys and men who participated in a J-IC run: We do **not** find a **significant effect** for **male** participants.
- This is in line with a pattern we observed, namely that the **J-IC tends to be stronger in impacting female J-IC participants** with regards to improving their thematic **knowledge** substantially.

Location



- Overall, J-IC participants in **Lusaka Province** and **North-Western Province** significantly improve their **knowledge** on HIV and AIDS.
- Because respondents in **Southern Province** already had good **knowledge** about HIV and AIDS their participation in a J-IC did not cause a notable improvement.
- The **most coherent and comparatively strongest boost** to participants' knowledge on this topic is found in Lusaka Province.

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