

Research Brief 5: Challenges of maintaining high attendance and long-term involvement in psychosocial interventions for vulnerable rural Zambian children*

This is no 5 of a series of briefs providing new insights on the wellbeing of rural children in Sub-Saharan Africa, a previously much under-researched population. Findings are derived from a longitudinal (2008-2010) controlled study in 5 communities of Kafue District, Zambia. This study was aimed at evaluating and developing a results-based intervention programme focussed on the interface between psychosocial wellbeing and livelihood. In addition, the study identified particular risk and protective factors for the psychosocial wellbeing of vulnerable children.

Many psychosocial programmes directed at children are designed as long-term interventions, requiring months or years for their full effect to take place. These programmes require especially intense engagement with the contents over an extended period of time in order to allow children to process information and emotions in between the sessions. Monitoring data from this longitudinal Zambian intervention study highlight that regular and sustained attendance over the course of 2 years can be challenge in rural communities where many vulnerable children are affected by frequent household changes and have concurrent duties at home and at school.

Research Questions

- What are the main reasons for dropping out of a rural youth club?
- What level of attendance can be expected?
- What are the main reasons for non-attendance?
- What percentage of the originally enrolled participants were sufficiently exposed to the programme?
- What factors influence attendance?

Programme

- Peer facilitated, bi-weekly Children's Committees, which focused on recreational activities, sensitisation for health-related issues, children's rights & advocacy and psychosocial support

Research Methodology

- 689 children initially enrolled ("intent-to-treat sample"): Aged 10-18; 50% orphans, 13% vulnerable non-orphans (elderly and/or chronically ill caregiver) and 37% non-vulnerable; 50% were girls
- Children were followed-up across 2.5 years, with 5 standardised interviews
- Monitoring with attendance lists

Key Findings

1. Relocation is a main cause of drop-out

- 26% of all participants initially enrolled had migrated 2.5 years later at the time of the final survey.



Figure 1: Youth club cultural activity, Chikupi, Kafue District, Zambia, 2009

- These vulnerable children are heavily affected by migration: 47% of the participants were born in a different district than their current place of residence, and only 21% were born in the same village as they live in currently.
 - Orphans and children living with an elderly and/or chronically ill caregiver were significantly more likely to migrate and drop out of the programme than non-vulnerable children.
- #### 2. Attendance can be increased by simple measures but is unlikely to exceed an average of two thirds of the participants per meeting
- The attendance of participants that did not drop out was measured in two monitoring phases of about 8 months each. In the first phase, participants attended on average 37% of the sessions offered. The average number of sessions visited per participant was increased to 64% in the second phase.
 - The improvement in the second phase is attributable to intense efforts to increase pro-

* In this study, participants were aged 10-20

programme participation by sensitising participants, guardians, community leaders, schools, creating adult support structures, and keeping activities interesting by regular inputs and training of facilitators.

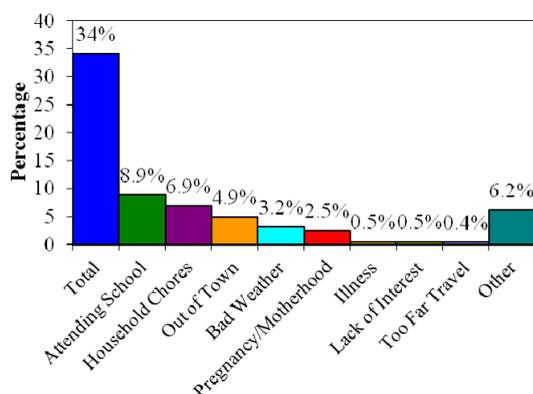


Figure 2: Reasons given for not attending and average absences per session (non-migrated)

3. Main reasons given for non-attendance were attending school, household chores and outside commitments

- Despite efforts to coordinate with schools, the most frequent reason given for not attending a youth club session was **concurrent school attendance** (figure 2). Shortages of space in rural school hinders coordination for activities that unite children from different age groups.
- **Household chores and being temporarily 'out of town'** are other important reasons for non-attendance, reflecting that both caregiver and participant sensitisation might have been insufficient.
- **Teenage pregnancies and motherhood** negatively affects the participation of girls (5% of the females).

4. Only 39% of children met the minimum criteria for programme exposure

- Prior to the study, a criteria for sufficient exposure to the intervention was defined as attending 30% of all sessions.
- From the initial intent-to-treat sample 39% met these criteria over the 2 years. 26% dropped out due to relocation and 45% had low attendance (<30% sessions).

5. Social support, school enrolment, and hunger predict attendance frequency in a multivariate regression model:

- School drop outs had lower attendance than those enrolled in a school, probably

because the sessions often happened after classes and in the school grounds.

- Social support by teachers, friends and siblings at the beginning of the programme predicted later attendance.
- Participants who reported being hungry, also had lower participation rates.

Conclusions

- **Keeping vulnerable rural children in a long-term programme is a major challenge, and high attendance over a long period of time is unrealistic in a rural set-up. Evidence from other psychosocial interventions of this programme (see Brief 3) indicate that short-term interventions (2 weeks) can achieve much higher levels of attendance.**
- **Given that programme reach is important, it is recommended that programmes use simple monitoring measures to ensure beneficiary targets are continuously met.**

Proposed measures to improve retention and attendance are:

1. **Strengthening the role of schools as multifunctional centres, since school enrolment can also positively influence attendance in extra-curricular activities; reducing barriers for school drop outs to take part in non-school activities.**
2. **Sensitising communities, caregivers and participants to the need of regular attendance; addressing other commitments (household chores, work, church); fostering community support.**
3. **Preventing relocations of vulnerable children. Orphans and other vulnerable children who remain in the community do not have lower attendance. But they are affected by frequent household changes.**
4. **Providing a meal for participants may assist those who lack sufficient food at home. This may also motivate guardians to send their children.**

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