



ANAVA

Interim report

© KHETH'IMPILO-RDC

10 January 2026

Contents

- ANAVA** 1
- Interim report**..... 1
- I. Background, Justification and Objectives**..... 3
- II. Methodology** 3
 - Study Design and Data Collection..... 3
 - Stakeholder Engagement and Training 4
 - Variables and Data Handling 4
 - Analysis and Partnerships 4
- III. Interim Results** 5
 - Participant Demographics and Sexual Behaviour 5
 - Awareness and Utilisation of HIV Prevention and Related Health Services 5
 - Table 1: Sexual Behaviour Codes (10–24 years, Lualaba & Haut-Katanga, Nov 2025)** 6
- IV. Conclusion and Key Ways Forward**..... 7
 - Integrating HIV Prevention and Health Education in Mathematics Curriculum..... 7
 - Curriculum Adaptation and Stakeholder Engagement 7
 - Empowering Adolescents Through Integrated Learning 7

I. Background, Justification and Objectives

Adolescents and young people (AYP) continue to face significant vulnerability to HIV/AIDS, which remains a persistent public health issue globally. In Central Africa, and notably within the Democratic Republic of Congo (DRC), the prevalence of HIV among youth aged 15–24 was estimated at 3.4% in 2024, exceeding the global average of 2.5%. There are substantial regional disparities in HIV prevalence within this age group, with rates ranging from less than 1% to more than 6%, as reported by UNAIDS (2025) and Gabonactu.com.

Early initiation of sexual activity further increases the vulnerability of young people to HIV infection. This underlines the critical importance of school-based education as a strategic intervention point. Integrating HIV/AIDS education into mathematics curricula is an **innovative strategy** that not only enhances critical thinking and HIV-related data literacy among students but also fosters greater public health awareness. Additionally, this approach addresses key areas such as behavioural change communication, the reduction of stigma, and the correction of misinformation, as highlighted by UNESCO (2021) and WHO (2022).

In response to these challenges, KHETHIMPILO-DRC (KI-DRC), a local non-governmental organisation, implemented a pilot programme integrating HIV/AIDS, gender, and sexuality education into mathematics curricula across secondary schools in two provinces. This initiative is aligned with international recommendations and is designed to strengthen adolescents' abilities to assess their own risk, adopt safe and protective behaviours, and actively engage in self-care. Moreover, it aims to enhance awareness of sexual and reproductive health and rights among students. The current document presents preliminary findings from this ongoing intervention.

II. Methodology

Study Design and Data Collection

A formative descriptive cross-sectional study was undertaken in two specific locations: the Dilala Health Zone in Lualaba and the Sakania Health Zone in Haut-Katanga. The research period extended from October to November 2025, focusing on secondary school students between the ages of 10 and 24, mathematics

teachers, and other education stakeholders. The study encompassed a diverse range of schools, including a private institution, a public school, a missionary establishment, and a medical nursing school, to ensure varied educational settings were represented.

Stakeholder Engagement and Training

Prior to initiating data collection, relevant stakeholders were engaged to facilitate collaboration and support. Data collectors received training in effective communication techniques and in the use of the designated data collection tool, the “Sexual Behavioural Code–help-us-to-help-you” (SBC-h). This semi-structured questionnaire was developed to comprehensively explore key areas such as participant demographics, knowledge and utilisation of HIV prevention services, and sexual behaviour practices.

Variables and Data Handling

The study considered several independent variables, including age, sex, parental status, awareness of HIV, use of pre-exposure prophylaxis (PrEP), access to contraceptives, experience of gender-based or intimate partner violence (GBV/IPV), and mobile phone ownership. The primary dependent variable was the occurrence of high-risk sexual behaviour. Responses were collected anonymously, with participants involved in coding and compiling their data onsite to preserve confidentiality and promote engagement.

Analysis and Partnerships

Data analysis was performed using SPSS version 14. The study benefitted from collaborative partnerships with KI-DRC, relevant Ministries of Education, Health, and Youth, as well as school administrators, teachers’ and parents’ associations, and civil society organisations.

III. Interim Results

Participant Demographics and Sexual Behaviour

The study involved a total of 4,060 adolescents, with females comprising 53.7% of the sample. The majority of participants (64%) fell within the 15–19 year age range, reflecting the target demographic of secondary school students. Notably, 15% of the respondents were orphans, highlighting a vulnerable subgroup within the study population.

Approximately 20% of the adolescents (832 individuals) reported being sexually active. Among these sexually active participants, 61% indicated that they practiced protected sex. Conversely, 39% engaged in unprotected sex, putting themselves at increased risk of HIV infection, other sexually transmitted infections (STIs), and unintended pregnancies.



Fig. 1. A High School Classroom learning session in progress.

Awareness and Utilisation of HIV Prevention and Related Health Services

The interim findings indicate that both awareness and use of HIV prevention and related health services among adolescents remain suboptimal.

HIV Testing Services

Thirty-five percent of adolescents surveyed were unaware of HIV testing services. Among those who were aware (2,640 individuals), a significant majority—91.7%—had not accessed these services. Of the 220 participants who reported having undergone HIV testing, 34% did not receive their test results, underscoring a gap in service delivery and follow-up.

Pre-Exposure Prophylaxis (PrEP) Services

Awareness of PrEP services was particularly low, with 91% of respondents indicating they were unaware of this preventative option. Only 41 students out of the entire sample reported having used PrEP, reflecting minimal uptake.

Gender-Based Violence (GBV) Services

More than half (58%) of adolescents reported being aware of services related to gender-based violence. Of the 163 male respondents, 12% disclosed having experienced GBV, highlighting a need for targeted interventions and support services.

Contraceptive Services

Awareness and use of contraceptive services among girls were especially limited. Seventy-six percent of female participants were unaware of available contraception services, and only 1% reported using them. This low utilisation rate underscores challenges in both education and access regarding contraception.

Table 1: Sexual Behaviour Codes (10–24 years, Lualaba & Haut-Katanga, Nov 2025)

Sexual Behaviour	Female (%)	Male (%)
1. No sexual activity (Abstinence)	91.1	66.0
2. Sex once, condom used	3.3	7.7
3. Multiple encounters, single partner, condom always	2.4	9.1
4. Multiple encounters, multiple partners, condom always	0.7	2.7
5. Sex once, no condom	0.9	2.0
6. Multiple encounters, single partner, no condom	0.1	1.0
7. Multiple encounters, single partner, condom sometimes	0.3	2.6
8. Multiple encounters, never condom	0.4	4.9
9. Multiple encounters, multiple partners, condom sometimes	0.7	4.1

IV. Conclusion and Key Ways Forward

Integrating HIV Prevention and Health Education in Mathematics Curriculum

The study underscores ongoing HIV risk factors and the limited awareness and uptake of prevention services among adolescents across both provinces. In response, KI-DRC and its partners intend to implement interventions rooted in evidence and cultural sensitivity within the next three to six months. The planned approach centres on weaving HIV/AIDS, gender, and reproductive health topics into mathematics lessons, with collaboration from education authorities, health professionals, social scientists, and gender experts.

Curriculum Adaptation and Stakeholder Engagement

Adaptations to the curriculum will consist of teaching modules on human relationships, infectious diseases, regional HIV epidemiology, probability-based risk assessment models, and gender-aware data analysis. Mathematics teachers will receive training to deliver these integrated lessons. Complementary activities—including awareness campaigns, extracurricular programmes, and organised visits to health service centres—will be utilised to encourage greater use of available services. Peer education and participatory learning methods will serve to track student engagement and gather feedback on the programme's effectiveness.

Empowering Adolescents Through Integrated Learning

The initiative does not introduce new mathematical concepts but instead incorporates health-related messages into existing mathematics content. The primary objectives are to enable adolescents to recognise and assess their own risk, support informed decision-making regarding behaviour change or maintenance, reduce stigma associated with HIV, and foster safer practices within the community.