



# Life and Knowledge training evaluation

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## SUMMARY

*Life and Knowledge* is a collaboratively developed toolkit for use when training local Muslim faith leaders, stakeholders and service providers to better inform their own community members about issues related to HIV and Islam. This outcome evaluation report describes the extent to which the training associated with the *Life and Knowledge* toolkit met its aims.

- The majority of attendees were Community Health Workers (30%) or Service co-ordinators (13%), while just under half (47%) of all those attending worked either at a Mosque or an Islamic Community Centre.

### **Prior to undertaking the training:**

- Over half of attendees (57%) felt they already knew some information about HIV and AIDS, whilst a quarter of attendees (26%) felt they already knew a lot of information about HIV and AIDS.
- Just under half of attendees (44%) had not raised the issue of HIV and AIDS whilst engaged in community work in the past year.
- 65% of attendees identified that they had never delivered HIV education events in their community.
- 67% of attendees stated that they were hoping to get more knowledge and understanding about HIV and AIDS out of the training session. In addition, 24% identified a desire to gain knowledge to educate others.
- 84% of attendees indicated that they knew little (54%) or nothing (30%) about factors that impact on the health of Muslims in Britain.

### **After the training:**

- 81% of attendees felt they knew more about HIV and AIDS as a result of attending.
- 95% felt they had a more positive attitude to Muslims with HIV and AIDS after the training.
- 93% said they intended to carry out more HIV and AIDS education within the community. In addition to this, 87% felt that as a result of the training they were more able to carry out HIV and AIDS education in the community.

# 1 INTRODUCTION

## 1.1 The Life & Knowledge Toolkit

Life and Knowledge is a pack of educational materials for use by 'popular opinion leaders' within Muslim communities that was developed, written and produced through a collaborative process between the following agencies:

- African Health Policy Network
- African Advocacy Foundation
- North Brixton Islamic Cultural Centre (NBICC)
- Health First
- Lambeth Primary Care Trust
- Southwark Primary Care Trust
- Lewisham Primary Care Trust

The toolkit consists of an A4 handbook, some single-sided fact sheets, a flash drive containing PowerPoint slides and electronic copies of potential hand-outs, and a ball of string (for one of the exercises). 180 copies of the toolkit were produced. The toolkit was launched in June 2009.

The aim of the toolkit was to make available a resource both for the training of the faith leaders to deliver HIV awareness and education interventions pertaining to Islam and HIV, and as a toolkit for the faith leaders to deliver those interventions subsequently.

## 1.2 Evaluating the Life & Knowledge training

This evaluation was designed to assess the outcomes of the *Life and Knowledge* training intervention, and does not provide outcome evaluation of the subsequent use of the toolkit by the trainees. The targets for recruitment to the training included Muslim faith leaders in England who may benefit from the training, and those who provide and plan health and HIV service provision for Muslim people. Recruitment aimed to ensure that potential participants would know: the training was occurring and what it would cost them; how they and the communities they care for might benefit from it; that there were limited places on the training courses; and that the training was supported by other Muslim faith leaders.

North Brixton Islamic Cultural Centre (NBICC) drew up a list of 95 people (mosque directors, sheiks and imams) known to be interested in HIV education. An invitation to the training was sent to all people on the list on 23<sup>rd</sup> February 2010 inviting them to a training event on 20-21 March in London. The invitation was also sent to 146 mosques in London on 16<sup>th</sup> March informing them of the training. No one was denied access to the training. Everyone who registered agreed to be contacted.

Recruitment was intended to ensure sufficient numbers of people applied for the training, such that 120 people (60 men and 60 women) could be invited.

The training was originally intended to occur multiple times in London with a maximum of 20 trainees in each training group, however, due to the limited number of registrants the training was drawn back to one event in London. Manchester was explored as another potential location where training could be carried out, although due to lack of local contacts, this option was set aside. However, there was significant interest expressed in training delivery in Leicester (a city with a large Muslim population), with funding ultimately being provided by the PCT for the one training session that was delivered there.

The aims of the training were for those attending were to raise awareness of and understanding about HIV and AIDS; to foster positive attitudes towards Muslims with HIV; to increase motivation and ability to initiate and develop HIV prevention interventions and other HIV services in faith based settings.

All attendees were given a copy of the *Life and Knowledge Toolkit* so they had a resource to help plan HIV education events in the future.

#### *In London*

The training event was carried out by pairs of trainers drawn from a group of five people who were trained by a specialist health promotion officer at Lambeth PCT.

The training consisted of two sessions of four hours each, on consecutive days.

- 36 people attended the first day of training and 34 attended the second day (the two people who did not return had informed the trainers they were unable to attend the second day). There was no unplanned attrition on either day.
- All 36 completed before-and-after evaluation forms.

#### *In Leicester*

There were severe limitations in data collection at this event. The analysis reported here includes 10 before-and-after evaluation forms that were returned from the training event held in Leicester. No other details of the training were made available.

## **2 FINDINGS: PRIOR TO PARTICIPATION**

### **2.1 Description of those taking part**

The first few questions on the evaluation form completed at the start of the training asked participants to give some information about themselves and their work.

<b>Q1: How much contact have you had in the past with AHPN (n=46, missing 0)</b>	<b>%</b>
Little or none	56
Some	39
A lot	4

<b>Q2: What kind of organisations do you work for? (tick all that apply)</b>	<b>%</b>
Mosque	26
Islamic centre	21
Social Services or education organisation	26
NHS health care trust	7
Other	48

Of the twenty-two people who said 'Other', seventeen provided further detail which included: Student (3), ethnic minorities organisation (1), charity sector (6), I'm only 14 (1), engineering (1), housing related support (1), development & training (1), attend mosque on Fridays (1), civil service (1) and communities schools and colleges (1).

<b>Q3. What is your role? (tick all that apply)</b>	<b>%</b>
Imam	4
Scholar	2
Community health worker	30
Service co-ordinator	13
Health commissioner	0
Other	59

Twenty five people indicated 'Other' of which 22 added: advisory teacher (1), assistant secretary (1), civil servant (1), community development (1), community leader – female (1), female youth secretary (1), graduate (1), member (1), member of the mosque (1), mentor (student support) (1), Muslim (1), none (1), prevention event (1), student (4), student support mentor (1), Trainee housing support related worker (1) and volunteer (3).

## **2.2 HIV and AIDS awareness and engagement**

Prior to taking part in the training, participants were also asked several questions about the extent of their awareness and knowledge about HIV and AIDS, and the extent to which it relates to their work activities.

<b>Q4. How much do you feel you already know about HIV and AIDS? (n=46, missing 0)</b>	<b>%</b>
Little or nothing	<b>17</b>
Some	<b>57</b>
Lots	<b>26</b>
Expert	<b>0</b>

<b>Q5. How often have you raised HIV and AIDS in community work? (n=46, missing = 0)</b>	<b>%</b>
Never	<b>44</b>
Rarely	<b>15</b>
Occasionally	<b>20</b>
Often	<b>21</b>

<b>Q6. Over the last year, have you organised or delivered HIV education events in your community? (n=46, missing = 0)</b>	<b>%</b>
No, not at all	<b>65</b>

Yes, a little	<b>26</b>
Yes, a lot	<b>9</b>

In Question 7, participants were asked to indicate their level of agreement with a range of statements about HIV knowledge and engagement.

<b>Q7a. "I would like to know more about HIV/AIDS among Muslims in Britain." (n=46, missing 0)</b>	<b>%</b>
Disagree	<b>2</b>
Slightly disagree	<b>2</b>
Neither agree nor disagree	<b>11</b>
Slightly agree	<b>20</b>
Agree	<b>65</b>

<b>Q7b. "There is a lot of confusion and misinformation about HIV/AIDS among Muslims in Britain." (n=46, missing 0)</b>	<b>%</b>
Disagree	<b>2</b>
Slightly disagree	<b>2</b>
Neither agree nor disagree	<b>41</b>
Slightly agree	<b>24</b>
Agree	<b>30</b>

<b>Q7c. "A lot more needs to be done to educate Muslims in Britain about HIV/AIDS." (n=46, missing 0)</b>	<b>%</b>
Disagree	<b>0</b>
Slightly disagree	<b>0</b>
Neither agree nor disagree	<b>13</b>
Slightly agree	<b>20</b>
Agree	<b>67</b>

<b>Q8. How much do you already know about the factors that impact on the health of Muslims in Britain? (n=46, missing 0)</b>	<b>%</b>
Little or nothing	<b>30</b>

Some	<b>54</b>
Lots	<b>15</b>
I am an expert	<b>0</b>

In the final question asked prior to the training, participants were given a space in which to write their own response.

### **2.3 Expectations of the event**

**Q9. What are you hoping to personally get out of this training event?** (n=45, missing=1)

Participants' responses were categorised into the three broad themes given below, with examples provided for each:

#### ***Knowledge and understanding about HIV and AIDS***

67% of respondents (n=30) identified that they personally hoped to gain more knowledge or awareness.

*A deeper understanding of HIV & AIDS.*

*Empowerment, knowledge and awareness.*

*Enhance my knowledge of HIV/AIDS.*

*Updated information on the pandemic disease AIDS and the attitude of Muslims towards it.*

#### ***Educate others***

24% of respondents (n=11) identified a desire to strengthen their capacity to educate others about HIV and AIDS.

*More info so I can deliver a workshop.*

*To be able to raise awareness to the community according to Sharia law.*

*Education for community regarding health.*

*To be competent to deliver training and to educate about HIV/AIDS.*

#### ***Other***

9% (n=4) identified something else they wanted to get out of the event.

*Set up an NGO with skills here and work experience.*

*To know how Islamic values / teaching could explain the HIV /AIDS concept.*

*To understand the practical policy and religious ethics of Muslims and HIV and its stance in the community.*

### **3 OUTCOMES: AFTER THE TRAINING**

Prior to leaving the training event, participants were asked to complete a short set of questions focussing on what they felt had been the strengths and weaknesses of the intervention, and to what extent it had influenced them.

#### **3.1 Learning Outcomes**

In Question 10, participants were given a space in which to write their own responses.

#### **Q10a. One thing I learnt in this event was...** (n=38, missing 8)

Responses to this question were categorised into the five key themes given below, accompanied by examples.

##### ***Awareness and understanding about HIV and AIDS***

42% of respondents (n=16) identified that they had learnt more about HIV and AIDS:

*HIV can be passed on to Muslims.*  
*That HIV is my problem as well not just in Africa.*  
*That women had [a] high[er] rate of HIV than men.*  
*The difference between HIV and AIDS.*  
*Awareness understanding and advocacy of HIV/AIDS.*

##### ***New skills***

5% (n=2) identified learning new skills to use within the Muslim community:

*How to educate the community.*  
*Necessity to advocating the issue of HIV in Muslim community.*

##### ***Islam & HIV***

21% (n=8) Identified Islam and HIV as being something they learned about.

*Aims of the sharia.*  
*Islam & HIV.*  
*The Islamic context to HIV and its surroundings.*  
*The sharia principle on HIV.*

##### ***Stigma***

18% (n=7) Identified learning about stigma and discrimination and HIV:

*Not to be judgemental in words, actions because it can easily happen without your knowledge.*  
*Not to be prejudiced towards someone with HIV. To prevent stigma and to help Muslim brother[s] and sister[s] going through HIV.*  
*Respecting each other regardless colour, sickness, age.*  
*Tolerant and respectful to others feelings.*

## **Other**

The 'Other' category represents 13% (n=5) of responses which did not fit into the previous four themes:

*Different articles and stories told.*

*That a Muslim organisation has taken the lead in spreading awareness to Muslims in Britain. There are some sexual practices in the community that are prevalent "anal sex" among our youth.*

*There is toolkit developed to address the need of the Muslims.*

## **3.2 Favourite aspects**

### **Q10b. One thing I enjoyed in the event was...** (n=38, missing 8)

Responses were categorised into five main themes:

#### ***Learning and Interaction***

59% (n=23) identified enjoying the activities & learning:

*The engaging learning activities. True, false, high risk, low risk, no risk.*

*The mode and manner of presentation.*

*The group work.*

*The learning and training experience.*

*Lots of teaching and communicating.*

*Cooperation and good communication - How we can educate our Muslim community.*

*Honest and open discussions.*

*Discussions and exchange of ideas.*

*The team and group interaction.*

*You can get your point across.*

#### ***Islam & HIV***

23% (n=9) identified Islam & HIV:

*Knowing the Islamic principle on HIV.*

*Understanding the Muslim values and yet reaching out on this issue of HIV.*

*Linking to stories of the prophets & individual views on HIV & Islam.*

*It was more Islamic.*

*Islam & HIV.*

#### ***Instructors***

8% (3) identified instructors:

*The trainers simplified the theme and gave better instructions.*

*The way the instructors moderators delivered the topic.*

#### ***Other***

The 'Other' category represents 12% (n=10) of respondents whose answers did not fit into the previous categories.

*Everything.*



*Exercise.*  
*Working with the wonderful participants.*  
*Choosing one person to administer an HIV medication.*

### **3.3 Constructive feedback**

#### **Q10c. One thing I would have changed was... (n=28, missing = 18)**

Four thematic categories that emerged from what respondents said they would like to have changed:

##### ***Training structure (including length of course)***

21% (n=6), identified the training structure:

*Duration of the conference or training.*  
*1/2 day over a period of 1 week to weekday's evenings it should have come earlier.*  
*Duration of the conference or training.*  
*Instead of two days course make it longer.*  
*To make more day or have a lot of time.*

##### ***Organisation of event***

25% (n=7) identified organisation as a key theme:

*A little more longer notice before attending programme.*  
*The caterers (food). Hot water had foreign bodies.*  
*The food - we need more variety the food was bland.*  
*Get some tables so we have something to write on.*  
*Location for prayer best to provide mats.*

##### ***Training Content***

28% (n=8) identified content:

*I would have changed the methods, more competition e.g. quizzes.*  
*Little less free mixing.*  
*Getting more information on sharia law regarding HIV.*  
*Solving the dilemma around use of condoms by sex workers among Muslim community.*  
*To have more engagement with the rest of the participants & refreshment.*  
*The denial that HIV/AIDS does not exist.*  
*Ways of teaching.*

##### ***Nothing to change***

25% (n=7) said that there was nothing about the training that needed to be changed:

*Nothing (x3)*  
*None.*  
*Nothing I thought it was brilliant.*  
*Nothing, very informative.*

### **3.4 Achievement of course aims**

Participants were also asked a series of questions to ascertain which the aims of the training had been met, and whether their own self-identified needs had also been met.

<b>Q11: Do you feel you know more about HIV/AIDS than when you arrived?</b> (n=37, missing 9)	<b>%</b>
<b>No more</b>	5
<b>A little more</b>	14
<b>Much more</b>	81

In Question 12, respondents were asked to indicate their degree of agreement with several statements.

<b>Q12a: "I have a more positive attitude to Muslims with HIV/AIDS."</b> (n=40, missing 6)	<b>%</b>
<b>Disagree</b>	0
<b>Neither agree nor disagree</b>	5
<b>Agree</b>	95

<b>Q12b. "I intend to carry out more HIV/AIDS education within my community."</b> (n=40, missing 6)	<b>%</b>
<b>Disagree</b>	0
<b>Neither agree nor disagree</b>	7
<b>Agree</b>	93

<b>Q12c. "I feel more able to carry out HIV/AIDS education within my community."</b> (n=40, missing 6)	<b>%</b>
<b>Disagree</b>	3
<b>Neither agree nor disagree</b>	10
<b>Agree</b>	87

### **3.5 Getting expectations met**

Participants were also asked about the extent to which their expectations of the training had been met.

<b>Q13. Looking back at your answer to question 9, did you get what you were looking for from this event?</b> (n=39, missing 7)	<b>%</b>
A little	3
Somewhat	8
Mostly	67
Completely	23

<b>Q14. The overall aim of the training was a better understanding of the situation of Muslims living in Britain with HIV. Do you think it achieved this aim for you?</b> (n=40, missing 6)	<b>%</b>
Yes, a lot	90
Yes, a little	10
No, not at all	0

### **3.5 Delivery and organisation of the intervention**

The final set of questions related to the organisation and delivery of the training intervention.

<b>Q15a. "I would have liked more information about the training day beforehand."</b> (n=39, missing 7)	<b>%</b>
Disagree	10
Slightly disagree	3
Neither agree nor disagree	28
Slightly agree	18
Agree	41

<b>Q15b. "The trainer(s) listened carefully to what I said."</b> (n=40, missing 6)	<b>%</b>
Disagree	0
Slightly disagree	3
Neither agree nor disagree	7
Slightly agree	22
Agree	68

<b>Q15c. "I was treated with courtesy and respect." (n=40, missing 6)</b>	<b>%</b>
Disagree	0
Slightly disagree	0
Neither agree nor disagree	0
Slightly agree	23
Agree	77

<b>Q15d. "The trainers knew what they were doing." (n=40, missing 6)</b>	<b>%</b>
Disagree	0
Slightly disagree	0
Neither agree nor disagree	0
Slightly agree	23
Agree	77

<b>Q15e. "The organisation of the training was good." (n=40, missing 6)</b>	<b>%</b>
Disagree	0
Slightly disagree	0
Neither agree nor disagree	8
Slightly agree	15
Agree	77

### **3.6 Final comments**

Finally, at the end of the evaluation form, participants were asked if they had anything further they wanted to say about the training intervention. They were given a blank space in which to write their thoughts.

#### **Q16. What other comments do you have about this event? (n=32, missing 14)**

Responses to this question were categorised into four themes, for which examples are provided:

##### ***Suggestions for improvement***

31% (n=10) indicated that there was some room for improving the training:

*The food could do better.*

*It was a fruitful event but found it lacked participation from important sectors of the voluntary & statutory sectors.*

*More workshops in a regular basis. Variety of food & desert please the food was burnt.*

*They should prolong the time.*

*The only problem was the rush rush sense and I was not able to elaborate.*

### **Support and thanks**

41% (n=13) indicated generally positive comments:

*Excellent workshop.*

*It was well presented, perfect and very informative.*

*May Allah bless you and continue doing the good job you've done.*

*Please continue with this project for as long as you can. The food was good and suitable for everyone because we are all from different communities.*

*Thank you both for a really useful day, please can we have the flip charts typed and sent out?*

### **Information gained**

19% (n=6) indicated some form of new knowledge gained as a result of their participation:

*For the Muslim advocates, we should always try to cure by Islam then live with Islam and try to solve the dilemma in propagating use of condoms by sex workers in the Muslim community.*

*Having more information on Islam and HIV.*

*The training was fantastic - would recommend it to any one. I really learnt things that I did not know.*

*It was very good at educating me about HIV/AIDS and the part I can play in educating and supporting others.*

*Ways and method of (illegible) the programme in the community.*

### **Other**

6% (n=2) of responses did not fit into the other categories, so have been collated here under 'Other':

*[The trainers] were very knowledgeable.*

*Spread it to different cultural community.*

## **4 CONCLUSIONS**

The findings demonstrate that the majority of participants felt that the training had greatly improved their knowledge of HIV and its intersection with the Islamic faith. Following on from low levels of information and awareness about HIV at the prior to participation, there were strong gains in knowledge reported by almost all participants. In addition, most said that taking part in the training had prepared and motivated them to either discuss HIV or undertake HIV health promotion interventions among Muslims with whom they engage in work and social life.

[ENDS]

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