

2016 UMLAZI GRADE 10 REPORT

By OVSA

Number of learners completing pre- and post-assessments

The participation of learners at pre-assessment was excellent, as there was a 100% participation rate. All 193 learners who were registered in the programme at the beginning of the year completed the pre-assessment. While not all learners completed the post-assessment, the participation rate was still high. Of the 193 learners, 171 (88.6%) participated in the post assessment. Possible reasons for non-participation of the 22 learners could be general absenteeism, priorities being given to year-end examinations/tests, administrative issues at school/home or community-related issues such as taxi violence that could impact attendance.

Overall Assessment

The significantly higher score obtained at post assessment indicates that the programme was successful overall in improving the knowledge of learners concerning general life skills, sexuality, HIV/AIDS and TB knowledge, sexual and reproductive health, general health information, as well as gender issues.

General life skills, sexuality, HIV/AIDS and TB Knowledge

The indication by most learners at pre-assessment and an even higher proportion at post-assessment that they don't have to have sexual intercourse to show that they love their partner is important in that recognising the distinction between showing love and having sex will have some impact on reducing unwanted pregnancies and the acquisition of STIs. A very high proportion of learners at pre- and post-assessment indicated that condoms provide good protection against getting HIV during sexual intercourse. Accordingly, the significant increase in the proportion of learners at post assessment who felt that it was both the boys' and girls' responsibility to provide condoms reflects recognition of greater empowerment for females and that females must take control of their health and lifestyle.

Learners displayed greater knowledge at post-assessment about sex being the major route of transmission of HIV. The higher proportion of learners at post assessment correctly indicates that sexual abstinence, not sharing needles for any reason and using condoms at every sexual act as effective ways to protect themselves from being infected with HIV, reflecting an increased understanding of routes of transmission and means of prevention.

More learners at the post assessment understood that a person could get HIV even if he or she had unprotected sex with another person only once, and that the risk increased if they had multiple partners. A higher proportion at post assessment also indicated other risks of acquiring HIV, such as dating an older person, which is related to the sugar daddy concept.

The higher proportion of learners at post assessment indicating that one could not tell whether a person was infected with HIV just by looking at the other person or that an HIV-infected person may not show

symptoms early or that a person can be infected with HIV for 5 years or more without getting AIDS suggests that learners are aware that a healthy looking person may still pose a risk of transmitting HIV.

The understanding by learners of risks related to TB increased from pre- to post-assessment. At post assessment, more learners knew that HIV positive people or HIV negative people with weak immune systems, TB contacts, the elderly and children were at high risk of contracting TB. More learners at post assessment also knew that one could infect others and/or develop drug-resistant TB as risks of defaulting on TB medication. Their understanding of curing TB was good, in that specific anti-TB medication was required.

Sexual and Reproductive Health Knowledge

While a slightly higher proportion of learners at post assessment indicated that a girl can get pregnant before her first menstruation, this proportion was just over half. Thus, this still poses a fair risk of pregnancy at an early age if unprotected sex takes place.

While some learners at pre- and post assessment indicated pills, sexual abstinence and consistent and correct condom use individually as effective methods of preventing pregnancy, the biggest shift from pre- to post assessment was seen in learners who indicated that all 3 above measures as effective. This knowledge will lead to a reduced risk of pregnancy.

Water access, sanitation, hygiene and environmental issues

While half the learners at post assessment were able to correctly define WASH as Water Access, Sanitation and Hygiene, a further third came close by stating that it had to do with Water, Sanitation and Health/Hygiene. There wasn't a significant change from pre- to post-assessment in the proportion of learners indicating which diseases were WASH preventable and which were not. Greater awareness needs to be created about this, with particular attention to diarrhoea.

Gender and gender-based violence issues

The significant shift in the understanding of gender roles to be the rights and responsibilities of young people could indicate that they would want to have a large degree of independence in determining their roles. However, a fair proportion of learners felt that gender roles were what parents wanted done or what society decided for boys and girls. This may reflect that learners were still open to being guided by their parents and/or society. Just a few learners associated gender roles with violence against women and children. Furthermore, almost all the learners at pre- and post-assessment felt it was not acceptable for a boy to hit a girl.

Attitudes and Practices

There was a significant shift from pre- to post-assessment in the proportions of learners in the way they would deal with sores on or in their private parts, unusual genital discharge or pain when urinating. Most would go to the clinic/hospital. While some would go to their parents, very few or none of them

would go to their teacher, a friend or a traditional healer. Seeking proper medical care is critical in early diagnosis and correct treatment.

Concerning condom use, many more learners at the post assessment felt that the partner should have a greater say in this regard. Learners indicated that both males and females should decide whether or not to use a condom during sex. The higher proportion of learners at post assessment indicating that they would not have sex if they wanted to use a condom, but their partner did not want to do so, is encouraging for the prevention of pregnancy and transmission of STIs.

While a very high proportion of learners at pre- and post-assessment indicated that condoms provide good protection against getting HIV during sexual intercourse, there is still room for a change in their behaviour. There was little change in condom usage over the assessment period amongst learners who indicated that they had sex. It is of great concern that close to half of these learners did not use a condom at their last sexual act, exposing themselves to unwanted pregnancies and STIs. Furthermore, there was no change in HIV testing from pre- to post-assessment. Thus, learners may acquire HIV as a result of unprotected sex and may be unaware of it.

The shift at post assessment, where more female learners felt that they would not be able to refuse having sex with him if he gave them the gifts, shows that these learners realise that they will be putting themselves in a vulnerable position. Thus, when learners were asked to place themselves in the role of the female, most of them indicated that they would refuse the gifts.

The high proportion of learners who felt that Zazi could become pregnant by having unprotected sex just once shows that learners have a good understanding of pregnancy and are aware of the dangers of unprotected sex. The awareness extended to STIs, where significantly more learners at post assessment indicated that both could become infected with STIs.

Conclusion and Recommendations

This programme was successful overall in improving the knowledge of learners concerning general life skills, general health information, as well as sexual and reproductive health, as suggested by the significantly higher scores obtained at post assessment for most questions. Going forward, continued emphasis needs to be placed on how this knowledge can be translated into behaviour modification. This may require revisiting several aspects of the programme, particularly concerning increased condom usage. A greater uptake of HIV testing needs to be encouraged as well, so that those who test positive act responsibly and those who test negative modify their behaviour to ensure that their status remains negative.