2017 EVALUATION OF LIFE SKILLS PROGRAMME GRADE 8

METHOD OF ANALYSIS

Frequencies for the responses to each question (variable) were obtained at pre-assessment and post-assessment. Proportions for the responses to each variable at post-assessment were compared with those at pre-assessment. Statistical significance was determined using a p-value of <0.05.

The overall performance of learners was assessed by the difference in the group score between pre- and post-assessment. The primary assessment of the performance was based on a group score that was delineated at 50% i.e. either <50% or ≥50%. The assessment was based on 33 questions. Thus, all learners obtaining a score of 0–16 were classified as <50% and those with 17 and over were classified as ≥50%.

A secondary assessment of the performance was done by further categorising those who obtained a score of ≥50% into 50–74% (score of 17–24) and ≥75% (score of 25–33).

RESULTS

Demographics

Number of learners:

15 schools were incorporated in the Life Skills programme. A total of 2600 Grade 8 learners were enrolled into the programme at the beginning of the year and completed the pre-assessment questionnaire. Of these, 2450 (94.2%) learners participated in the post-assessment. The number of learners at the different schools ranged from 31 to 352.

Gender:

There were almost equal proportions of male and female learners at pre- and post-assessment, though there was a marginally higher proportion of female than male learners at pre-assessment (51.6% vs 48.4%) and post-assessment (52.5% vs 47.5%).

Age:

The age ranged from 11 to 23 with a mean age of 13.4 years (SD ± 2.76). The majority (67.7%) of the learners were aged 13–14 years at the beginning of the year.

Overall result:

There was a significant improvement ($p<0.001$) in the scores from pre- to post-assessment overall for all schools combined for both the primary and secondary performance assessments. At pre-assessment, 1792/2600 (68.9%) scored 50% and above, while 2282/2450 (93.1%) scored 50% and above at post-assessment. While only 290/2600 (11.2%) scored ≥75% at pre-

assessment, 1143/2450 (46.7%) scored ≥75% at post-assessment. The proportion of learners attaining ≥50% improved significantly from pre- to post-assessment at every school (Table 1).

The top performing schools (proportion ≥50% at post-assessment) were Our Lady of the Rosary (100%), Zwelibanzi High School (99.5%), Nkosibomvu High School (98.6%) and Umlazi Commercial (98.6%). The worst performing schools were Zakhe (72.4%), Waterloo (79.7%) and Swelihle (85.5%).

Female learners performed better than their male counterparts at pre-assessment (75.8% and 61.6%, respectively) and at post-assessment (97.1% and 88.8%, respectively).

SECTION 1: General Life Skills

Gender roles: There was a significant shift in the understanding of gender roles by learners, in that this was what society decided for boys and girls. This was 34.8% at pre-assessment, increasing to 46.9% at post-assessment ($p<0.001$). At pre-assessment, 32.9% regarded gender roles as the rights and responsibilities of young people. This proportion reduced a little at post-assessment but remained high (29.3%). A smaller proportion at pre-assessment (24.2 %) associated gender roles with what teachers wanted them to be in the future, the proportion decreasing to 17.4% at post-assessment. Only a small proportion at pre-assessment (7.9 %) associated gender roles with violence against women and children, reducing to 6.3% at post-assessment.

Values: The majority (63.9%) of learners at pre-assessment regarded values to be that which was important to them and guided them to make decisions. Significantly more (73.5%; $p<0.001$) felt the same at post assessment. Fewer learners at post assessment (17.5%) indicated that values were things that boys and girls can do, compared to pre-assessment (22.1%). Much smaller proportions of learners felt that values were things that people wanted them to do by force, or just what boys were allowed to do.

SECTION 2: General Health Information and Human Rights

WASH definition: While at pre-assessment, 42.2% of learners correctly defined WASH as Water Access, Sanitation and Hygiene, a significantly higher proportion (68.70%; $p<0.001$) were able to define this correctly at post-assessment. A further 16% of learners at post-assessment had a partial understanding, indicating that it stood for Water, Sanitation and Hygiene or Water, Sanitation and Health.

Human Rights: Significantly more learners at post-assessment (79.3%; $p<0.001$) than pre-assessment (68.4%) correctly identified that a human right is access to clean water and sanitation.

Hand hygiene: At pre-assessment just half (51.4%) of the learners indicated that hand hygiene should be performed after going to the toilet, before and after having direct contact with a patient or with items near the patient and before preparing and eating food, breastfeeding, or feeding children or people living with HIV. This proportion rose significantly to 74.8% at post-assessment ($p<0.001$).

High risk of TB: Only 27.3% of learners at pre-assessment knew that those at high risk of contracting TB were HIV positive people or HIV negative people with weak immune systems, TB contacts, the elderly and children. While this proportion rose significantly ($p<0.01$) at post-assessment, only half (49.3%) indicated this fully. A third of the learners at post-assessment still felt that only TB contacts were at high risk of contracting TB.

TB default risk: At pre-assessment, less than half (42.1%) of the learners knew that one could infect others and develop drug-resistant TB as risks of defaulting on TB medication. A significantly higher proportion (65.7%; $p<0.001$) knew this at post-assessment. Some learners at post-assessment still indicated that one could only infect others (15.2%) or only develop drug-resistant TB (13.1%).

Main symptoms of TB: While less than half (45.1%) of learners at pre-assessment correctly indicated that cough, fever, night sweats and weight loss were the main symptoms of TB, the majority (70.9%) post-assessment indicated this correctly ($p<0.001$). A further 12.9% at post-assessment indicated cough of ≥2 weeks duration as the main symptom.

How sexually transmitted infections are spread: At pre-assessment, only 29.3% of learners knew that STIs could be spread by kissing an infected person, having unprotected sexual intercourse, and sharing needles and injections. While this proportion increased significantly ($p<0.001$) at post-assessment, the proportion was less than half. While most learners at pre-assessment (53.5%) indicated unprotected sexual intercourse only as how STIs were spread, this proportion remained high (47.7%) at post-assessment.

Symptom of an STI: At pre-assessment, less than half (43.5%) identified discharge from the penis or vagina as a symptom of an STI, a significantly larger proportion correctly identified this at post-assessment (69.1%; $p<0.001$).

How to protect oneself from being infected with STIs: Most learners at pre-assessment (74.5%) indicated that getting tested negative for STIs and using a condom every time they had sex were ways to protect themselves from being infected with STIs. This proportion increased further to 82% ($p<0.001$) at post-assessment. Only a small proportion at pre- and post-

assessment (10.4% and 6.4%, respectively) indicated that having unprotected sex with one partner was a way to protect themselves from acquiring infection.

Who could undergo male medical circumcision: At pre-assessment, only 36.2% of learners indicated that any healthy HIV-negative or HIV-positive male could undergo MMC. This proportion rose significantly to 60.2% ($p<0.001$) at post-assessment. *However, 28.7% at post-assessment still felt that only young boys who were at school could undergo MMC.*

Percentage risk reduction from HIV by MMC: While less than a third (28.2%) at pre-assessment knew that MMC reduces the risk of acquiring HIV by 60%, about two-thirds (64.7, $p<0.001$) of learners knew this at post-assessment.

Identifying strengths and improving weaknesses: Significantly more learners at post-assessment (78.3%) than pre-assessment (68%) ($p<0.001$), indicated that identifying their strengths and improving their weaknesses will help them in future to find potential opportunities that can be used for success (e.g. career path).

Youth Leadership: Significantly more learners at post-assessment (75.5%) than pre-assessment (60.1%) ($p<0.001$) indicated that Youth Leadership referred to young people with the power/ability to guide (direct) other people. The proportion of learners who thought that Youth Leadership referred to a person who made decisions on behalf of others without involving them decreased from 24.1% at pre-assessment to 15.3% at post-assessment.

Risk for HIV by dating older people: A high proportion (84.4%) of learners at pre-assessment indicated that dating an older person put them at risk of contracting HIV. *This proportion was marginally lower, though statistically insignificant at post assessment (82.7%).*

Homosexuality: The proportion of learners who correctly defined a homosexual person as one who is sexually attracted to people of the same sex as theirs increased dramatically from 13.2% at pre-assessment to 68.1% at post-assessment ($p<0.001$). *However, a third of the learners at post-assessment still did not understand this.*

Safety of using a washed condom twice: 86.6% of learners at pre-assessment and 92.6% at post-assessment felt that a male condom that has been washed cannot be used safely twice ($p<0.001$).

Telling if a person is HIV-infected just by looks: A large proportion (72.7%) of learners at pre-assessment and an even larger proportion (83.7%) at post-assessment indicated that one could not tell whether a person was infected with HIV just by looking at the other person ($p<0.001$).

Cure for AIDS: Less than half (44.9%) of learners at pre-assessment indicated that there was no cure for AIDS. This proportion rose significantly to 65.3% at post-assessment ($p<0.001$). *However, sit bears noting that this equates to a third (34.7%) at post-assessment still believing that there is a cure for AIDS.*

Rights of people living with HIV: While most of the learners at pre-assessment (80.9%) felt that people living with HIV have the same rights as all other South Africans, significantly more learners at post-assessment (89.4%; $p<0.001$) felt that way.

Sexual stigma against lesbians, gays, etc.: Just over half (55.8%) of the learners at pre-assessment understood that sexual stigma is a form of discrimination against people who are lesbians, gays, etc. While this proportion increased significantly to 68.2% ($p<0.001$) at post-assessment, *almost a third (31.85%) at post-assessment still did not understand or accept this.*

Infected for five years with HIV without getting AIDS: While the proportion of learners who indicated that a person can be infected with HIV for five years or more without getting AIDS increased from 50.9% at pre-assessment to 61.7% at post assessment ($p<0.001$), *there was still a large proportion (38.3%) at post-assessment that did not understand this.*

Heterosexual-looking gay/lesbian: Just over two-thirds of the learners at pre-assessment (67.3%) and post-assessment (70.1%) ($p=0.03$) indicated that someone can look heterosexual (straight) while he is gay or she is a lesbian.

Multiple partners increase HIV risk: A high proportion of learners at pre-assessment (83.9%) and post-assessment (86.9%) ($p=0.002$) indicated that having unsafe sex with more than one partner can increase a person's chance of being infected with HIV.

TB treatment at the same time as ARVs: While the proportion of learners who knew that TB treatment can be taken at the same time with ARVs (HIV treatment) increased from pre-assessment (49.2%) to post-assessment (58%; $p<0.001$), *a large proportion (42%) still did not know this at post-assessment.*

Developing Career Plans: A high proportion (81.2%) of learners at pre-assessment and an even higher proportion (87.3%; $p<0.001$) at post-assessment indicated that developing their career plan can help them to realise their dreams and reach their destination in a defined time.

Pregnancy before first menstruation: A significantly higher proportion of learners at post-assessment (49.3%; $p<0.001$) indicated that a girl can get pregnant before her first menstruation compared to pre-assessment (35.9%). *However, half of the learners at post-assessment still did not know this.*

Boy to provide condoms: Almost half (47.1%) of learners at pre-assessment felt that it was both the boy's and girl's responsibility to provide condoms. This proportion rose significantly to 66.1% at post-assessment ($p<0.001$). *However, a third at post-assessment still felt that it was the boy's responsibility to provide condoms.*

Condoms provide good protection: A very high proportion of learners at pre- and post-assessment (88.9% and 91.8%, respectively; $p<0.001$) indicated that condoms provide good protection against getting HIV during sexual intercourse.

Sex and love: Two-thirds of the learners at pre-assessment (67.7%) and an even higher proportion (79.5%) at post-assessment indicated that they don't have to have sexual intercourse to show that they love their partner ($p<0.001$).

SECTION 3: Sexual and reproductive health

Puberty: The majority of learners at pre- and post-assessment knew that puberty is a stage that a boy and girl go through as they change into adults, the proportion at post-assessment being a little higher (87.1%) than at pre-assessment (80.5%) ($p<0.001$).

Effective methods of preventing pregnancy: At pre-assessment, 30.7% of learners indicated that consistent and correct condom use, birth control pills and sexual abstinence were all effective methods of preventing pregnancy. This proportion increased significantly to 54.5% at post-assessment ($p<0.001$). *However, at post-assessment, other learners still indicated consistent and correct condom use only (20.7%), birth control pills only (8.7%), and sexual abstinence only (16.1%) as effective methods of preventing pregnancy.*

SECTION 4: Attitudes and Practices

Handling sores, genital discharge or pain: There was a marginal increase in the proportion of learners from pre- to post-assessment who would go to the clinic or hospital (43.7% vs 46.5; $p=0.045$) if they had sores on or in their private parts, unusual genital discharge or pain when urinating. There was little change from pre- to post-assessment in the proportions of learners who would go to their parents, or a teacher, or a traditional healer, or a friend, or keep quiet and hope that the symptoms would go away. *A large proportion of children (39.6%) at post-assessment still indicated that they would go to their parents*.

Who decides to use a condom: The majority (66.3%) at pre-assessment indicated that both males and females would decide whether to use a condom during sex. This proportion increased at post-assessment to 73.4% ($p<0.001$).

Condom use at last sex act: *Most learners at pre- and post-assessment (73.4% and 75.7% respectively) indicated that they had not had sex yet.* There was no difference between pre- and post-assessment (10.6% and 8.9% respectively) of all learners who indicated that they did not use a condom at their last sex act. However, although slightly lower than the 40.5% at pre-assessment, *over a third of those who were sexually active (218/595; 36.6%) indicated at post-assessment that they did not use a condom*.

Someone wants to have sex, and you don't: At pre-assessment, 42.9% of learners indicated that they would say NO firmly and leave straight away if someone wanted to have sex, but they did not want to. This decreased slightly, though not significantly, to 40.7% in the post-assessment. However, there was an increase in the proportion of learners from pre- to post-assessment who indicated that they would explain that they don't want to have sex and would then not have sex (42.7% vs 47.3%; $p<0.001$).

Tested for HIV: There was a significant increase in the proportion of learners from pre- to post-assessment who tested for HIV in the past 6 months (30.9% vs 46.1%), respectively ($p<0.001$).

SECTION 5: Attitudes and Practices (Part 2)

Why buy gifts: Concerning the reason for buying gifts, just over a quarter of the learners at pre- and post-assessment (28.8% vs 26.5%) thought that he felt sorry for her and wanted to help out as a friend, 33.5% at pre-assessment and 27.2% at post assessment felt that she will like him and want to have sex with him; *however, 37.2% at pre-assessment understood that he knew that if he gave her the gifts, then she will find it difficult to refuse to have sex with him*. At post assessment, more learners (46.2%) understood that if he gave her the gifts, she would find it difficult to refuse to have sex with him ($p<0.001$).

Accept/refuse gifts and/or sex: When learners were asked to place themselves in the role of the female, most of them indicated that they would refuse the gifts or accept the gifts but refuse to have sex. There was no difference at pre- and post-assessment (44.2% and 44.1%, respectively) among learners who said they would refuse the gifts. There was a very small, non-significant change in the proportion of learners between pre- and post-assessment that they would accept the gifts but refuse to have sex (47% to 48.9%) or have sex willingly (8.2% to 6.9%).

INTERPRETATION

Overall Scores

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, general health information and human rights, as well as sexual and reproductive health. The

improvement was seen across all schools. The higher score obtained by female learners is probably a reflection of a greater concern for their health compared to male learners.

SECTION 1: General life skills

The significant shift in the understanding of gender roles seen by learners as what society decided for boys and girls may reflect that learners were open to being guided by society. However, the large proportion that still regarded gender roles to be the rights and responsibilities of young people could indicate that they would want to have some independence in determining their role. The independence in decision-making is also reflected in the shift in more learners indicating that values were important to them to guide them in making decisions.

SECTION 2: General Health Information and Human Rights

While over two-thirds of the learners at post-assessment were able to correctly define WASH as Water, Sanitation and Hygiene, a small proportion came close by stating that it had to do with Water, Sanitation and Health/Hygiene. Their understanding of performing hand hygiene after going to the toilet, before and after having direct contact with a patient and before preparing and eating food, breastfeeding, or feeding children was average at pre-assessment and improved significantly at post-assessment.

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 knowledge about the main symptoms of TB improved greatly. This is the critical first step in recognising oneself or others at home or in the community as a TB suspect before testing and being treated once diagnosis is confirmed.

While there was an increase in the proportion of learners who indicated that STIs could be spread by kissing an infected person, having unprotected sexual intercourse, and sharing needles and injections, more learners at pre- and post-assessment only indicated sexual intercourse as the method by which STIs were spread from person to person. While this is understandable to an extent from the point of view of the name ("sexually transmitted"), *learners need to be aware that there are STIs such as herpes and hepatitis that can also be transmitted by other routes, particularly infected people with sores in their mouths or bleeding gums and sharing unsterile needles.*

Learners increased their knowledge on symptoms of STIs in terms of identifying discharge from the penis or vagina as a symptom of an STI. They also demonstrated a better understanding of the risks of acquiring HIV (multiple sexual partners, use of washed condoms) and how to protect

themselves (getting tested negative for STIs and using condoms at every sexual act, one partner, MMC). Dating older people was identified as a risk factor for HIV by a high proportion at both pre- and post-assessment. The higher proportion of learners at post-assessment indicates that one could not tell whether a person was infected with HIV just by looking at the other person or that a person can be infected with HIV for five years or more without getting AIDS suggests that learners are aware that a healthy-looking person may still pose a risk of transmitting HIV.

Learners developed a greater understanding of the concept of WASH as Water, Sanitation and Hygiene or Water, Sanitation and Health, and further, that it was their human right to have access to clean water and sanitation. In addition, they improved their knowledge on when to perform hand hygiene.

Learners developed a clearer understanding of Youth Leadership in that it referred to young people with the power/ability to guide (direct) other people. This is important so that they develop the correct attitude in themselves as potential leaders, as well as know which leaders to follow. Furthermore, understanding the importance of identifying their strengths and improving their weaknesses will help them in future to find potential opportunities that can be used for success.

SECTION 3: Sexual and reproductive health knowledge

Most learners at pre- and post-assessment knew that puberty is a stage that boys and girls go through as they change into adults. While a significantly higher proportion of learners at post-assessment indicated that a girl could get pregnant before her first menstruation, this proportion was only 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 consistent and correct condom use, birth control pills, and sexual abstinence individually as effective methods of preventing pregnancy, the biggest shift from pre- to post-assessment was seen in learners who indicated that all THREE above measures as effective. *However, the proportion indicating all THREE measures was only just over half. This still poses a fair risk for pregnancy as learners do not know all the methods that can be employed, and leaves much room for knowledge in this regard.*

SECTIONS 4 and 5: Attitudes and Practices

While there was little change 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, almost all the learners would seek help from someone instead of keeping quiet and hoping that the symptoms go away. Most would go to the clinic/hospital or their parents. As

most of the learners are still relatively young, it is understandable that they would go to their parents. *Few would go to their teacher, a friend or a traditional healer*.

Concerning condom use, more learners at post assessment felt that it is not just the boy's responsibility to provide condoms and that both males and females should make the decision 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 concerning the prevention of pregnancy and transmission of STIs. These indicate that females are becoming more empowered in a sexual relationship, thereby reducing the risks of acquiring STIs or becoming pregnant.

A quarter of learners indicated that they had engaged in sex. 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 was little change in condom usage over the assessment period amongst these learners. It is of great concern that over a third of these learners did not use a condom at their last sexual act, exposing themselves or their partners to STIs and/or pregnancies.

The shift at post-assessment, where more girls felt that they would find it difficult 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. *However, more than half the learners did not understand the real intention behind the gifts being offered, thereby potentially exposing themselves to being influenced to have sex.* The lack of seeing through the real intention of offering the gifts is also borne out by the scenario where learners were asked to place themselves in the role of the female; in that instance, there was no change from pre-to post-assessment in the proportion of learners that would refuse the gifts. While they indicated that they would refuse to have sex, the very act of accepting the gifts opens the door to negotiating sex by the offeror.

CONCLUSIONS AND RECOMMENDATIONS

This programme was successful overall in improving the knowledge of learners with respect to general life skills, general health information and human rights as well as sexual and reproductive health, as suggested by the significantly higher scores obtained at post-assessment for almost all knowledge questions.

However, there is still a gap between knowledge and practice as *some* of the knowledge does not appear to have resulted in a change in attitude or behaviour in critical areas. Of concern is the suggested inconsistent and under-use of condom usage as this directly impacts transmission/acquisition of STIs, and pregnancies.

Thus, it is my recommendation that greater emphasis needs to be placed on *how* this knowledge can be translated into behaviour modification. Other factors, such as access to condoms, also need to be explored and incorporated into the programme. Another aspect that needs greater attention has to do with those at high risk of TB, as only half of the learners at post-assessment knew that those at high risk of contracting TB were HIV positive people or HIV negative people with weak immune systems, TB contacts, the elderly and children. This is important given the high HIV-TB co-infection rate in this country. Thus, greater focus and emphasis are needed in this area.

Learners at most schools had high baseline knowledge, much higher than that in learners' previous years. However, this could be due to specific exposures, such as better champions, which could have contributed to this. Thus, the baseline knowledge in the next few cohorts should be assessed thoroughly to determine whether it is consistently high or whether this was just a spike.

It will also be interesting to conduct a pilot study of the programme at Grade 7 to assess their baseline knowledge. Based on the findings of the pilot study, consideration should be given to whether it should commence at Grade 7. In support of this is that a quarter of the learners in Grade 8 were already engaging in sex. Thus, it seems reasonable to commence with this programme in Grade 7, before as many learners as in Grade 8 begin engaging in sex.