ONEVOICE SOUTH AFRICA:
EVALUATION OF LIFE SKILLS PROGRAMME GRADE 8: 2018
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METHOD OF ANALYSIS

Frequencies for the responses to each question (variable) were done at Pre-Assessment and Post-Assessment. Proportions for the responses to each variable at post-Assessment were compared with that 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 knowledge 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:

There were 16 schools that were incorporated in the Life Skills programme (Table 1). A total of 3005 learners were enrolled into the programme at the beginning of the year that completed the Pre-Assessment questionnaire. Of these, 2838 (94.4%) learners participated in the post-Assessment. The reasons for non-participation in the post-Assessment included: transfers to other schools during the course of the year and absenteeism on the day of the assessment. The number of learners at post-Assessment at the different schools ranged from 70 to 393.

Gender:

There were almost equal proportions of female and male learners at Pre-Assessment (48.2% vs. 51.7%) and post-Assessment (49.9% vs. 50.1%).

Age:

The age of the learners ranged from 10 to 23 years with a mean age of 13.8 years (SD ± 1.17). The majority (71.5%) of the learners were aged 13–14 years at the beginning of the year, 2018.

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, 1945/3005 (64.7%) scored 50% and above, while 2510/2838 (88.4%) scored 50% and above at Post-Assessment (Table1; Figures 1 and 2).

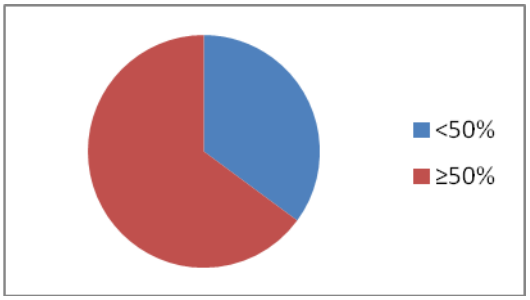

Figure 1: Overall Pre-Assessment scores

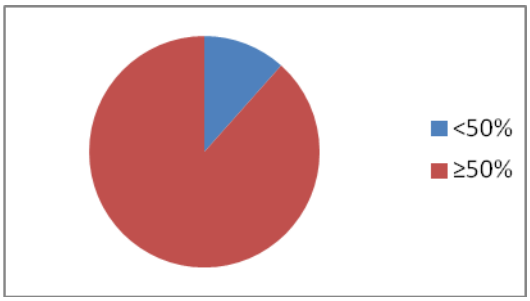

Figure 2: Overall Post-Assessment scores

While only 255/1945 (8.5%) scored ≥75% at Pre-Assessment, 1280/2510 (51.0%) scored ≥75% at post-Assessment.

The proportion of learners attaining ≥50% improved significantly from Pre- to Post-Assessment at 15 of the 16 schools (Table 2). Although there was one school that did not show an improvement from Pre- to Post-Assessment (Zwelibanzi High School), the score was nonetheless high (70%) at both Pre- and Post-Assessment. The top three performing schools (proportion ≥50% at post-Assessment) were Ntabantuzuma High School (100%) in King Cetswayo District, and Swelihle (97.5%) and KwaMgaga High Schools (96.6%) in eThekwini District.

Female learners generally performed better than their male counterparts. The proportion of female and male learners attaining ≥50% were 71.1% and 58.2% at pre- assessment and 90.4% and 86.5% at post-Assessment, respectively (Table 3).

Tables 4 and 5 present more detailed results by school and gender among those achieving ≥50%.

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 35.8% at Pre-Assessment increasing to 51.4% at post assessment ($p<0.001$). At Pre-Assessment, 31.2% regarded gender roles to be the rights and responsibilities of young people. This proportion reduced a little at post-Assessment but remained high (28.7%). A smaller proportion at Pre-Assessment (24 %) associated gender roles with what teachers wanted them to be in the future, the proportion decreasing to 14% at post-Assessment. Only a small proportion at Pre-Assessment (8.9 %) associated gender roles with violence against women and children, reducing to 5.9% at post-Assessment.

Values: The majority (62.7%) of learners at Pre-Assessment regarded values to be that which were important to them and guided them to make decisions. Significantly more (73.3%; $p<0.001$) felt the same at post-Assessment. Fewer learners at post-Assessment (16.5%) indicated that values were things that boys and girls can do compared to Pre-Assessment (23.5%). 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, 40.7% of learners correctly defined WASH as Water Access, Sanitation and Hygiene, a significantly higher proportion (67.2%; $p<0.001$) were able to define this correctly at post-Assessment.

Hand hygiene: At Pre-Assessment, less than half (46.6%) of the learners indicated that hand hygiene should be performed after going to the toilet, before and after having direct contact with a patient/sick person and before preparing and eating food, breastfeeding, or feeding children. This proportion rose significantly to 73.2% at post-Assessment ($p<0.001$).

Human Right: Significantly more learners at post-Assessment (75.5%; $p<0.001$) than Pre-Assessment (60.3%) correctly identified that a Human Right is access to clean water and sanitation.

High risk of TB: Only 23.3% 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 (38.7%) 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 (59.6%; $p<0.001$) knew this at post assessment. Some learners at post-Assessment still indicated that one could only infect others (21.1%) or only develop drug resistant TB (12.8%).

Main symptoms of TB: While less than half (41.6%) of learners at Pre-Assessment correctly indicated that cough for ≥2 weeks, night sweats and weight loss were some of the main symptoms of TB, the majority (68.7%) at post-Assessment indicated this correctly ($p<0.001$). A further 13.3% at post-Assessment indicated cough for ≥2 weeks duration as the main symptom.

How sexually transmitted infections are spread: At Pre-Assessment, only 25.3% 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 (44.2%). While most learners at Pre-Assessment (55.4%) indicated unprotected sexual intercourse only as how STIs were spread, this proportion remained high (43%) at post-Assessment.

Symptom of an STI: At Pre-Assessment, less than half (39.9%) identified discharge from the penis or vagina as a symptom of an STI. However, a significantly larger proportion correctly identified this at post-Assessment (61.7%; $p<0.001$).

How to protect oneself from being infected with STIs: Most learners at Pre-Assessment (76.3%) 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 82.5% ($p<0.001$) at post-Assessment.

Who could undergo male medical circumcision (MMC): At Pre-Assessment, only 38.7% or learners indicated that any healthy HIV-negative or HIV-positive male could undergo MMC. This proportion rose significantly to 61.5% ($p<0.001$) at post-Assessment. However, a quarter (23.4%) of learners 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 (30.4%) at Pre-Assessment knew that MMC reduces the risk of acquiring HIV by 60%, this proportion doubled (60.7%; $p<0.001$) at post-Assessment.

Identifying strengths and improving weaknesses: Significantly more learners at post-Assessment (79.4%) than Pre-Assessment (64.4%) ($p<0.001$), 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 (76.2%) than Pre-Assessment (63.2%) ($p<0.001$) indicated that Youth Leadership referred to young people with 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 23.3% at Pre-Assessment to 13.5% at Post-Assessment.

Risk for HIV by dating older persons: A high proportion (80.8%) of learners at Pre-Assessment indicated that dating an older person put themselves at risk of contracting HIV. This proportion increased further at post-Assessment (86.9; $p<0.001$%).

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 from 56.6% at Pre-Assessment to 69.7% at post assessment ($p<0.001$). However, almost a third (30.3%) of the learners at post-Assessment still did not understand this.

Safety of using washed condom twice: Most learners at Pre-Assessment (83.8%) felt that a male condom that has been washed cannot be used safely twice. Nonetheless, this proportion increased further to 91.2% at post-Assessment ($p<0.001$).

Telling if a person is HIV-infected just by looks: A large proportion (74.2%) of learners at Pre-Assessment and an even larger proportion (85%) 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 64.2% at post assessment ($p<0.001$). However, a third (35.8%) at post-Assessment still believed that there was a cure for AIDS.

Rights of people living with HIV: While most of the learners at Pre-Assessment (80.1%) felt that people living with HIV have the same rights as all other South Africans, significantly more learners at post-Assessment (88.4%; $p<0.001$) felt that way.

Sexual stigma against lesbians, gays, etc.: Just over half (54.7%) 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 66.1% ($p<0.001$) at

post-Assessment, almost a third of the learners at post-Assessment still did not understand or accept this.

Infected for 5 years with HIV without getting AIDS: While the proportion of learners who indicated that a person can be infected with HIV for 5 years or more without getting AIDS increased from 51% at Pre-Assessment to 64.6% at Post-Assessment ($p<0.001$), there was still a large proportion (35.3%) at post-Assessment that did not understand this.

Heterosexual-looking gay/lesbian: More than half (57.6%) of the learners at Pre-Assessment indicated that it is possible for someone to look heterosexual (straight) while he is gay, or she is a lesbian. At Post-Assessment, this proportion increased to 70.4% ($p<0.001$).

Multiple partners increase HIV risk: A high proportion of learners at Pre-Assessment (82.1%) and post-Assessment (86.1%) ($p<0.001$) 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 with ARVs: While more than half of learners at Pre-Assessment (52%) and post-Assessment (56.5%; $p<0.001$) knew that TB treatment can be taken at the same time with ARVs (HIV treatment) increased from, a large proportion (43.5%) still did not know this at post-Assessment.

Developing career plans: A high proportion (78.1%) of learners at Pre-Assessment and an even higher proportion (82.8%; $p<0.001$) at post-Assessment indicated 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 (52.2%; $p<0.001$) indicated that a girl can get pregnant before her first menstruation compared to Pre-Assessment (37.9%). However, almost half (47.8%) of the learners at post-Assessment still did not know this.

Boy to provide condoms: At Pre-Assessment, one half of the learners felt that it was only the boy's responsibility to provide condoms while the other half felt that it was both the boy's and girl's responsibility to provide condoms . However, at Post-Assessment, the majority (71.2%; $p<0.001$) felt that it was both the boy's and girl's responsibility to provide condoms.

Condoms provide good protection: A very high proportion of learners at Pre- and Post-Assessment (88.4% and 88.2%, respectively; $p=0.8$) indicated that condoms provide good protection against getting HIV during sexual intercourse.

Sex and love: Two-thirds of the learners at Pre-Assessment (65.1%) and an even higher proportion (76.2%) 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 higher (86.3%) than at Pre-Assessment (79.9%), ($p<0.001$).

Effective methods of preventing pregnancy: At Pre-Assessment, 27% 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 55.4% at post-Assessment ($p<0.001$). However, at Post-Assessment, other learners still indicated consistent and correct condom use only (18.2%), birth control pills only (14%), and sexual abstinence only (12.3%) as effective methods of preventing pregnancy.

Section 4: Attitudes and Practices

Handling sores, genital discharge or pain: There was an increase in the proportion of learners from pre- to post-Assessment (41.5% vs. 45.4; $p=0.003$) who indicated that they would go to the clinic or hospital 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 teacher, or a traditional healer, or a friend, or keep quiet and hope that the symptoms would go away. A large proportion of children (37.3%) at post-Assessment still indicated that they would go to their parents.

Who makes decision to use condom: At Pre-Assessment, 62.1% of learners indicated that both male and female would make the decision whether or not to use a condom during sex. This proportion increased at post-Assessment to 74.3% ($p<0.001$).

Condom use at last sex act: Three-quarters of learners indicated that they did not have sex as yet. Of all the learners, a lower proportion at post-Assessment (15.1%) indicated that they used a condom at their last sexual act compared to Pre-Assessment (17.9%; $p=0.004$). Of those who were sexually active, over a third (267/694; 38.5%) indicated at post-Assessment that they did not use a condom.

Someone wants to have sex and you don't: At Pre-Assessment, 44.9% 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 increased to 50.2% at post-Assessment ($p<0.001$). In addition, a large proportion of learners at pre- and post-Assessment indicated that they would explain that they don't want to have sex and would then not have sex (41.6% vs. 39.1%, respectively).

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 (38.4% vs. 44.5%), respectively ($p<0.001$), i.e., an additional 6.1% of learners tested in the past 6 months.

Section 5: Attitudes and Practices (Part 2)

Why buy gifts: With respect to the reason for buying gifts, a third of the learners at pre- and Post-Assessment (36% vs. 33.7%) thought that he felt sorry for her and wanted to help out as a friend, 32.2% at Pre-Assessment and 30.1% at Post-Assessment felt that she will like him and want to have sex with him; however, 31.7% 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 (36.2%) understood that if he gave her the gifts, she will 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 learners (90.1%) indicated that they would either refuse the gifts or accept the gifts but refuse to have sex. However, there were no significant differences in the proportions between pre- and post-Assessment.

INTERPRETATION

Overall Scores

The significantly higher score obtained at post-Assessment indicates that the 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. The improvement was seen over all schools.

The higher score obtained by female learners is probably a reflection of a greater concern for their own 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 be 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 things that were important to them to guide them to make decisions.

Section 2: General Health Information and human rights

Two-thirds of the learners at post-Assessment were able to correctly define WASH as Water Access, Sanitation and 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. However, there is still room for improvement in this area as only half of the learners at post-Assessment indicated all groups at risk. 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 prior to testing and being treated in diagnosis is confirmed.

While there was an increase at post-Assessment 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, the proportion of learners at post-Assessment who indicated these was less than half and almost the same as that who indicated only 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 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 persons 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 indicating 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 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.

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 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

The majority of 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 can 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 know not all the methods that are available and effective and leaves much room for knowledge in this regard.

Section 4 and 5: Attitudes and Practices

While there was a 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 the majority 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.

With respect to who should make the decision to use a condom, 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 their partner did not want to use a condom is encouraging with respect to 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 learners felt that she will find it difficult to refuse having sex with him if he gave her 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 into 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 a gap between knowledge and practice as some of the knowledge does not appear to have resulted in change in the attitude or behaviour in critical areas. Of concern is the under-use of condoms as this impacts directly on transmission/acquisition of STIs, and pregnancies. Thus, greater emphasis needs to be placed on how this knowledge can be translated into behaviour modification. Other factors, such as access to condoms and barriers to condom usage, 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 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 that TB is among the leading causes of morbidity and mortality in this country, and the high HIV-TB co-infection rate in this country. Thus, greater focus is needed in this area.