



Report:
The Effectiveness of the
OVSA Life Skills Programme
2024

Report Compiled by:
Next Level Outcomes

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Life Skills Programme Overview

The Life Skills Programme is a sexual health and lifestyle intervention that aims to increase Grade 8 learners' knowledge of sexual health issues and in so doing, to encourage positive sexual practices. OVSA would like to see young learners making positive lifestyle choices based on the awareness they have gained through the programme. The content includes HIV/AIDS and TB prevention and transmission, sexual and reproductive health and rights, puberty, delaying sexual debut, gender roles, healthy relationships, human rights and Water Access, Sanitation and Hygiene (WASH). The facilitators use group activities and other participatory methods to keep learners engaged throughout sessions. In 2024, the Schools Programme was implemented in **15 schools**, with the Life Skills project having been implemented in **13 schools** (with the Enterprise Project being delivered across the 15 schools, located in four school districts in KwaZulu-Natal).

Methodology

Programme effectiveness was assessed using a pre- and post-test assessment, with the purpose of comparing learners' overall scores at the two time points to determine whether the Life Skills programme had resulted in increased knowledge and a shift towards positive sexual health behaviour. (i.e. Learners were assessed before the delivery of the Life Skills Programme (at pre-test) and again after completion (at post-test)). The same assessment was used at both time points to enable direct comparisons. The pre and post data was captured in spreadsheets and learners' names and schools were used to match the pre and post-test scores to conduct the analysis.

Grade 8 Learners

A total of 1 916 learners were assessed at pre-test and 1 805 learners out of the original number completed the post-test. Learner age ranged from 11 to 17 years old, as shown in Table 1.

Table 1: Age Range of Learners across Schools.

School	Number of Learners by Age (Years)							Total
	11	12	13	14	15	16	17	
Bagibile High School		7	35	23	7	3		75
Dick Ndlovu High School		1	49	64	19	5	2	140
JG Zuma high School	1	38	185	58	1			283
King Zwelithini High School		3	48	17	5	2		75
KwaMgaga High School			105	67	27	6	2	207
Lockhat High School			56	32	12	4		104
Ndukwenhle High School		3	90	85	31	2		211
Nomavimbela High School			31	22	1			54
Ntabantuzuma High School		1	45	33	12	2	3	96
Swelihle High School		10	65	49	22	2	1	149
Zakhe High School		1	81	96	47	4	2	231
Zwelibanzi High School		8	52	41	29	1		131
Zwelinjani High School		1	22	23	3			49
Total	1	73	864	610	216	31	10	1 805

The majority of learners were within the appropriate age range for Grade 8, which is 13-14 years old. There were relatively few outliers in the 11-12- and 16–17-year-old age groups, but were a large

number (194) 15 year olds in the sample, which could indicate that a significant portion of learners had been held back a year.

Data Analysis

This involved statistical analysis (one-tailed t-test where $p=0.05$) of the knowledge-based questions to determine whether learner knowledge had increased between pre- and post-test. This analysis entailed a comparison of learners' combined overall scores for the knowledge-based questions at pre and post-test (see Table 2). Next, an overall analysis per school was conducted. This was followed by an analysis of the percentage of correct responses, per question, at pre and post-test (Table 4). Lastly, the combined responses to the behavioural and attitudinal questions were considered per question (see graphs).

Knowledge Gain Overall

The change in learners' combined average overall scores at pre and post-test is presented in Table 2.

Table 2: Change in Learners' Pre and Post-test Average Scores.

	Pre-test Average (%)	Post-test Average (%)	Average Difference (%)	Significant
All learners (n=1 805)	19 (56%)	26 (76%)	+7 (+21%)	Yes

The average total score at pre-test was 56% and at post-test 78%, indicating a 22% improvement in scores, which was statistically significant. This means that the improvement in scores is as a result of learners' exposure to the Life Skills programme.

Pre- and post-test averages were also compared at school level, as outlined in Table 3 below. The highest average differences in scores (28-29%) is highlighted in blue, and the lowest average differences are highlighted in orange (>15%).

Table 3: Change in Pre and Post-test Average Scores per School.

School District	School Name	Pre-test Average	Post-test Average	Average Difference (%)
Pinetown	Dick Ndlovu High School	62%	71%	9%
	JG Zuma High School	56%	84%	28%
	Zakhe High School	56%	72%	16%
	Zwelinjani High School	56%	65%	9%
Umlazi	KwaMgaga High School	59%	69%	10%
	Ndukwenhle High School	53%	82%	29%
	Nomavimbela High School	56%	69%	13%
	Swelihle High School	53%	79%	26%
	Zwelibanzi High School	57%	79%	22%
Ilembe	Lockhat High School	58%	86%	28%
King Cetshwayo	Bagibile High School	54%	77%	23%
	King Zwelithini High School	59%	72%	13%
	Ntabantuzuma High School	54%	82%	28%

Learners at all schools started from a similar baseline of between 53% and 59% average pre-test score. Learners at all schools improved their scores, some more significantly than others. There were four schools that achieved a higher shift in scores of 28%-29%. These schools are highlighted in blue in the Table and are JG Zuma, Ndukwenhle, Lockhat (which has consistently been one of the top performing

schools in terms of sizeable shifts from pre- to post-test), and Ntabantuzuma. Learners at these schools achieved average post-test scores of >80%.

There was a smaller improvement of between 9% and 13% at Dick Ndlovu, Zwelinjani, KwaMgaga, Nomavimbela and King Zwelithini High Schools (highlighted in orange in the Table), but an improvement, nonetheless. Possible reasons why the improvements were not as large as at some of the other schools are resource constraints, and socio-economic and/or homelife conditions (external factors).

Resource Constraints: These schools face limitations in terms of teaching materials, technology, and trained educators, which can prevent learners from fully engaging with the curriculum. Limited access to resources results in less comprehensive lessons and fewer opportunities for individualised attention, which restrict improvement. In addition, at some schools there are over 100 learners in a class, which makes teaching and classroom management even more challenging.

External Factors: Socio-economic conditions or challenges outside of the classroom, such as issues at home or in the community, also affect the performance of learners. For instance, some learners are dealing with unstable home environments (such as child-headed households), and find it more difficult to focus on their studies, leading to slower progress.

Language Barriers: Learners at these schools are taught mostly in their home language and in keeping with this, OVSA facilitators deliver the content mostly in isiZulu (the home language) so that they can explain concepts in more depth and promote better learner understanding. Assessment is done in English, however, as is the case with the Life Skills pre- and post-assessment, which means learner performance could be impacted significantly by the language barrier.

Knowledge Gain per Content Area

Table 4 presents the average learner knowledge gain overall per subject and content area. This analysis was based on the number of correct responses at pre- and post-test for the questions applicable to each content area.

Table 4: Average learner knowledge gain overall, per subject and content area, based on the number of correct responses at pre- and post-test.

Subject	Content Areas	Knowledge Gain	
Life Skills	<i>Introduction to WASH</i>	28%	21%
	<i>Personal Values</i>	17%	
	<i>Sexual Orientation, Gender Roles, and Stigma</i>	20%	
	<i>Identifying Your Strengths and Exploring Leadership</i>	18%	
Sexual and Reproductive Health and Rights	<i>Teenage Pregnancy</i>	20%	17%
	<i>Healthy Relationships and Human Rights</i>	10%	
	<i>HIV/AIDS Prevention and Management</i>	20%	
	<i>Exploring STI's</i>	17%	
TB	<i>TB and TB-HIV Co-infection</i>	33%	30%
	<i>TB Treatment Adherence and Support</i>	27%	

The analysis revealed that learners gained knowledge in each of the subject areas covered. There was an improvement of between 17% and 30% across the three key content areas, indicating that the

programme was ultimately effective in improving learners' knowledge in all areas. Knowledge gain in the 'WASH' and 'TB' content areas was particularly high; between 27% and 33%.

(Please see Table 5 in the Appendix at the end of this report for a more detailed analysis per question. The differences between correct responses at pre- and post-test are shown, as well as the learning gap i.e., the percentage of learners who had not gained the required knowledge at post-test.)

Attitudes towards Sex and Sexual Practices

The pre and post-test responses (%) to the questions on sex and sexual practices were compared to examine any changes in attitudes. Figures 1-6 present comparisons of the pre and post-test responses to the indicated questions.

Figure 1

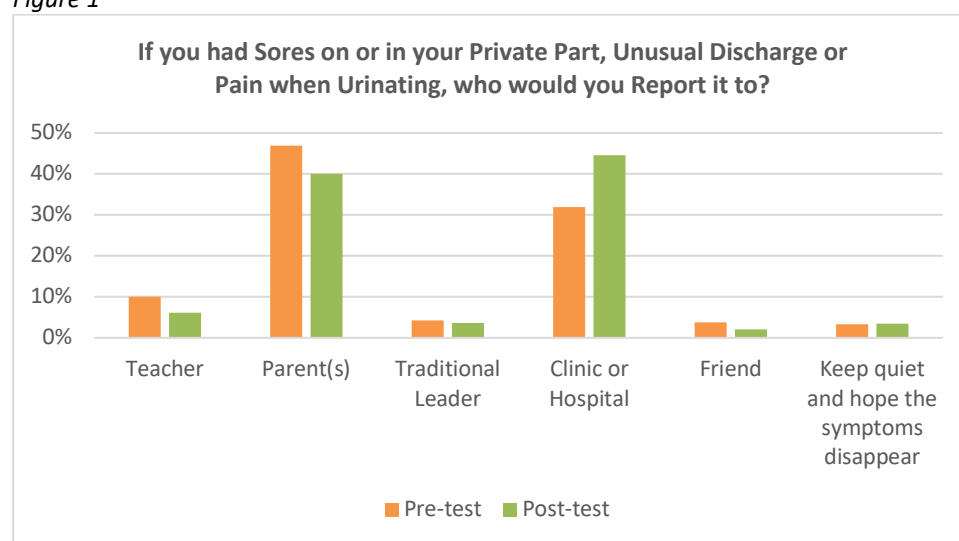


Figure 1 shows that at post-test more learners would choose to go to a clinic or hospital, which is a desirable response. This suggests that the Life Skills programme may have influenced learners' choices when it came to seeking help if they found themselves in this difficult situation and suspected that they could have an STI.

Figure 2

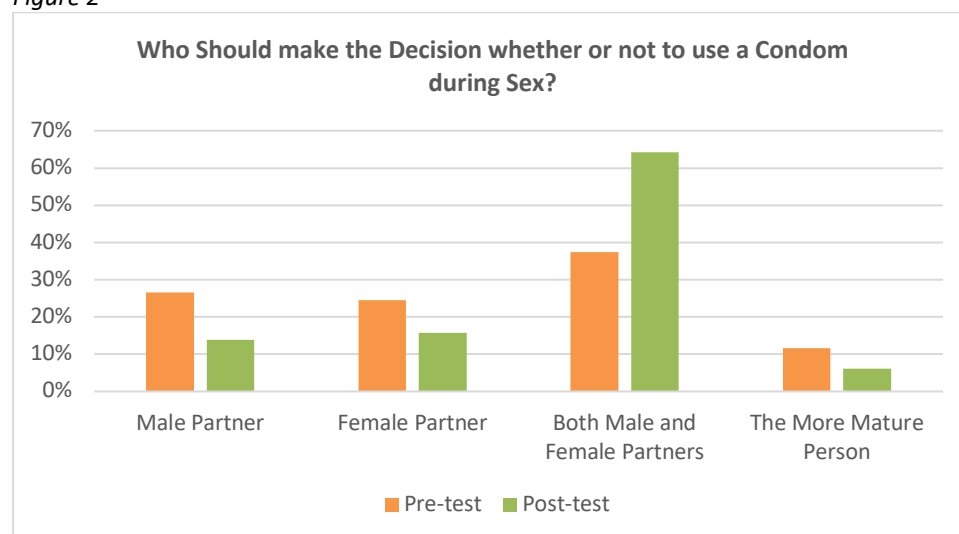


Figure 2 reveals that almost one third more learners chose 'Option C' at post-test, which was that male and female partners should make the decision as to whether to use a condom during sex (rather than the male or female partner only, or the more mature person). This finding provides a clear indication of the impact of the programme on decision making around sex, and who should be responsible for safe sexual behaviour.

Figure 3

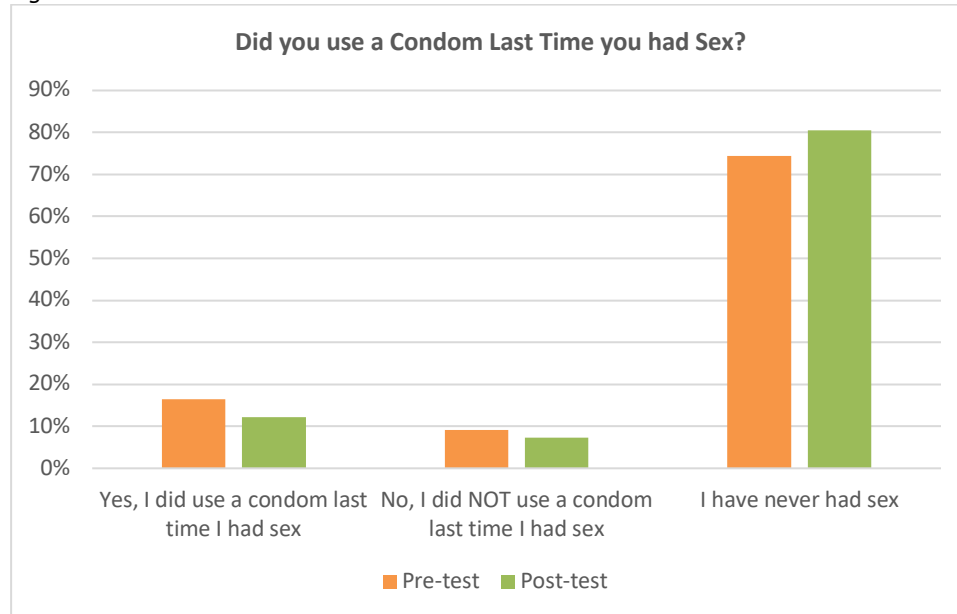


Figure 3 indicates that the majority of learners claimed that they had never had sex. There was little change in responses from pre to post-test, however more learners indicated that they had not had sex at post-test than had done so at pre-test, which is clearly not possible. The data does provide a clear overall indication that the majority of Grade 8 learners (between 70% and 80%) had not yet had their sexual debut.

Figure 4

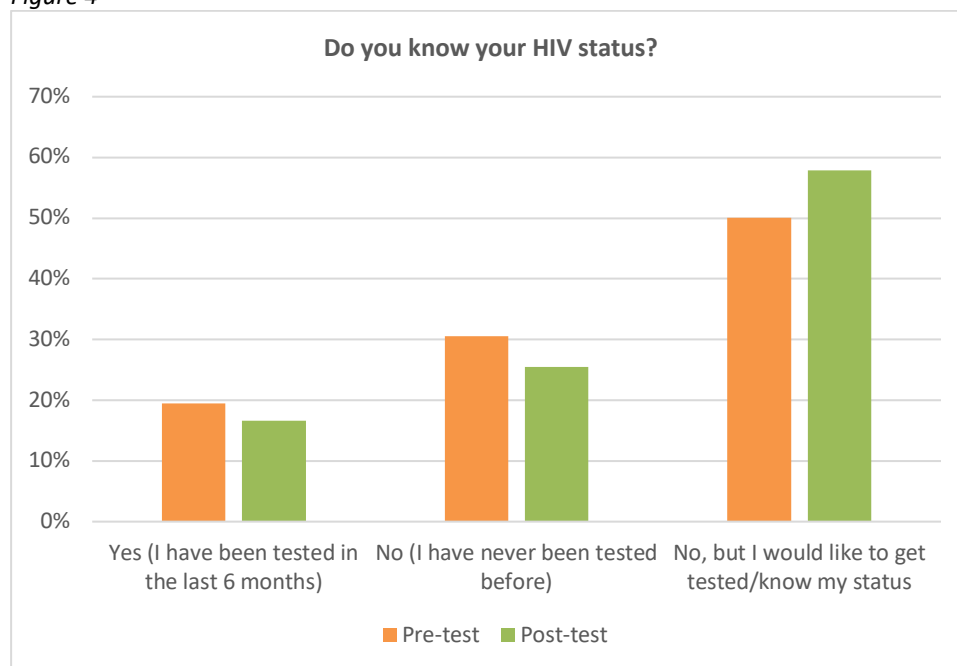


Figure 4 shows that the majority of learners have not yet been tested for HIV but that they would like to get tested, which is an encouraging finding. The willingness to get tested suggests a growing awareness among learners about the importance of knowing their HIV status. This reflects positive attitudes toward health-seeking behaviours, potentially influenced by OVSA’s intervention in schools. Such awareness is critical for early detection and management of HIV, as well as for reducing the stigma often associated with testing. It also provides additional opportunities for general wellness checks and the early detection of other sexually transmitted diseases.

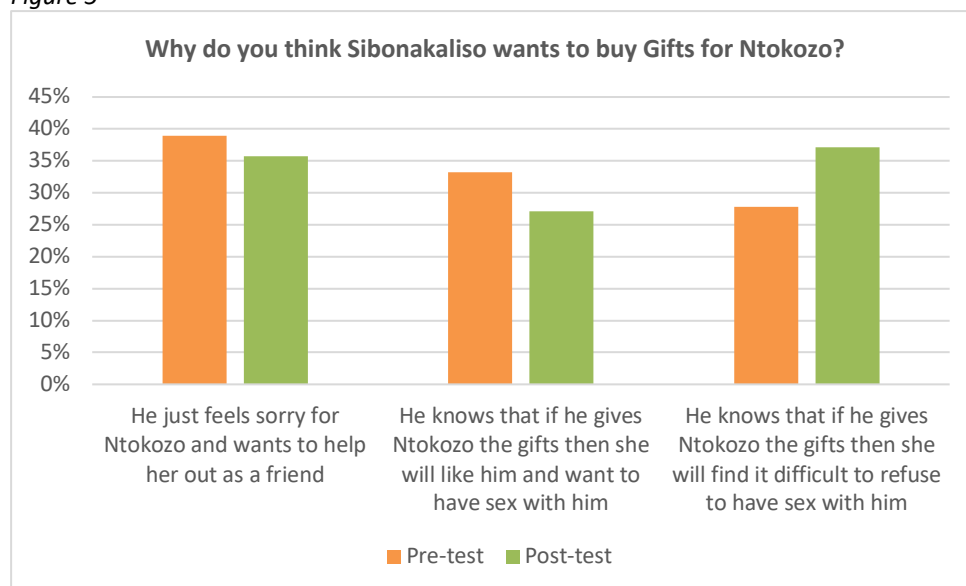
This finding highlights an opportunity for the Department of Health and other organisations to address gaps in accessibility and availability of HIV testing services for young people. While learners are willing to get tested, there may be barriers preventing them from doing so, such as an absence of nearby testing facilities, concerns about privacy, or misconceptions about the testing process. Addressing these barriers through mobile clinics, school-based testing programmes, could help bridge this gap and make testing more accessible and acceptable to learners.

Additionally, the expressed willingness to get tested may indicate that learners are open to discussing and learning more about HIV prevention and treatment. This provides a favourable environment for integrating comprehensive sexual and reproductive health education into school curriculums, equipping learners with the knowledge and skills they need to make informed decisions about their health.

The scenario presented in the final section of the test is intended to elicit information about the practices within learners’ communities, and more specifically in relation to ‘blessers’. The scenario is presented as follows:

“Ntokozo comes from a very poor family and her father died four years ago. Her mother is having trouble paying for Ntokozo’s uniform and school materials. Ntokozo is walking in the village when she meets a man who she does not know, called Sibonakaliso. Sibonakaliso goes to talk to Ntokozo and says that he would like to buy her a soda and some body lotion so she will look good. He says he might also give her some money for her clothes.”

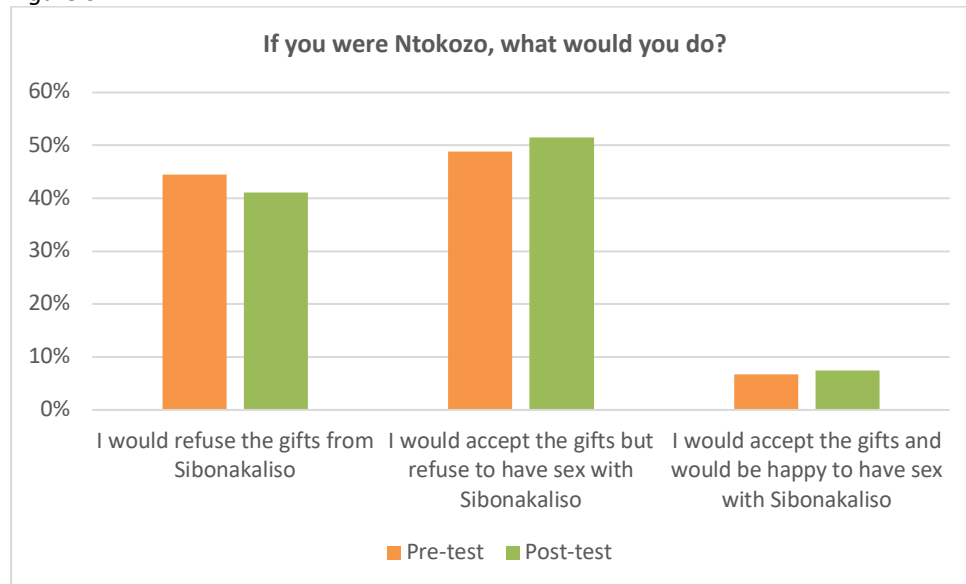
Figure 5



The changes in responses to this question from pre- to post-test are in line with a better understanding of the motivations and strategies used by ‘blessers’ i.e. that gifts are given with the expectation that

sexual favours will be provided in return. In other words, the fact that significantly more learners chose 'Option C' (He knows that if he gives Ntokozo the gifts then she will find it difficult to refuse to have sex with him) at post-test is positive. It would be preferable to see an even smaller percentage of learners choosing the first option, however, as it is very unlikely that the blesser just feels sorry for Ntokozo and learners need to be aware of ulterior motives.

Figure 6



There was little change from pre- to post-test to the final question, however, the fact that few learners indicated that they would be happy to have sex with the blesser (at both pre- and post-test) in exchange for gifts is positive.

The low percentage of learners expressing willingness to engage in such transactions at both pre- and post-test stages reflects a baseline level of awareness and resistance to transactional sexual relationships. This suggests that many learners already understand the potential risks and consequences of engaging in such behaviour, including the risk of exploitation, exposure to sexually transmitted infections (STIs), unintended pregnancies, and negative emotional or psychological effects.

The stability of these responses from pre- to post-test indicates that the OVSA intervention around the topic has reinforced existing attitudes and values. While there may not have been a significant shift in responses, maintaining a low level of willingness to engage in these behaviours is a positive sign that learners are internalising messages about healthy relationships and the importance of self-worth beyond material gain.

Moreover, the data presents an opportunity to further explore and address the underlying factors that contribute to the few learners who still expressed willingness to engage in such exchanges. These factors may include socio-economic challenges, peer pressure, or a lack of alternative means to access resources or opportunities. Interventions aimed at providing economic empowerment, building self-esteem, and fostering critical thinking about the consequences of such relationships does help mitigate these influences.

Recommendations

It would be beneficial to look further into some of the sexual behaviour-related questions. For example, the responses to the question on whether the learner used a condom the last time they had sex were contradictory, with more learners claiming to have never had sex at post-test than at pre-test (which is not possible). The reasons why learners responded in this way could be investigated. In addition, the scenario with the blesser that is presented in the paper and the responses to the related questions warrant further enquiry with learners. Learner responses could indicate that they still do not have a clear understanding of blesser's motivations for giving gifts, or there could be other reasons why learners are accepting gifts, such as raising their status among their peers.

To address resource constraints at the schools, there is an opportunity for OVSA facilitators to start co-facilitating with Learner Support Agents (LSAs), as the LSAs often want to have more direction, and this would assist in managing the very large classes. OVSA could look at a co-facilitation arrangement to ensure that there are at least two people managing the larger classes, which could improve learners engagement and ultimately knowledge gain (and assessment scores).

Conclusion

Learners demonstrated knowledge gain in all content areas and the overall improvement in the pre- and post-test results was found to be statistically significant, indicating the effectiveness of the OVSA programme. Learners also exhibited positive shifts in sexual attitudes and practices in some cases. There is an opportunity to further refine some of the sexual behaviour-related questions to further understand the contextual issues at play by engaging with learners. Finally, OVSA could explore co-facilitation with the LSAs as a way to address large class sizes, which impact teaching and learner engagement and ultimately knowledge gain.

Appendix

Table 5: Percentage of Learners that demonstrated Knowledge Gain and percentage of learners with a remaining Learning Gap Based on the Number of Correct Responses at Pre- and Post-Test. A difference of >25% between pre- and post-test is highlighted in green, and a learning gap of >25% is highlighted in red.

	Content	Questions	Correct Responses		Difference	Learning Gap
			Pre-test	Post-test		
Life Skills	Introduction to WASH	Question 3: WASH stands for...?	48%	75%	27%	25%
		Question 4: In which of the following situations should we wash our hands?	49%	77%	28%	23%
	Personal Values	Question 2: Values are...?	59%	80%	21%	20%
		Question 16 (True/False): Supportive Faith Community demonstrates a warm loving community where God is seen as all loving and accepting.	74%	84%	10%	16%
		Question 34: Why is it important to be financially independent?	60%	80%	20%	20%
	Sexual Orientation, Gender Roles, and Stigma	Question 1: Gender Roles are...?	37%	71%	34%	29%
		Question 15 (True/False): Homosexual is a person who is sexually attracted to people of the same sex as theirs.	63%	80%	16%	20%
		Question 20 (True/False): Sexual stigma is a form of discrimination against people who are lesbians, gays etc.	59%	76%	17%	24%
		Question 22 (True/False): It is possible for someone to look heterosexual (straight) while his is gay or she is a lesbian.	68%	82%	13%	18%
	Identifying Your Strengths and Exploring Leadership	Question 12: Identifying your strengths and improving your weaknesses will help you in future to:	63%	86%	23%	14%
		Question 13: What does YOUTH LEADERSHIP means?	59%	84%	24%	16%
		Question 25 (True/False): Career development plan is a written list of short-term and long-term goals that we set for ourselves when we think about our future.	79%	87%	7%	13%
Sexual and Reproductive Health and Rights	Teenage Pregnancy	Question 26 (True/False): It is NOT MY responsibility to provide condoms during sexual intercourse.	60%	74%	14%	26%
		Question 29 (True/False): If a learner falls pregnant while she is a learner at school, the school has a right to expel her.	35%	64%	29%	36%
		Question 30 (Yes/No): Can you get pregnant before your first menstruation (periods)?	30%	45%	16%	55%
		Question 31: Which of the following is a risky behaviour that can lead to teenage pregnancy?	60%	70%	11%	30%

		Question 33: Which of the following are effective methods of preventing pregnancy?	40%	71%	31%	29%
	Healthy Relationships and Human Rights	Question 14 (True/False): Having sex with an older person can put you at higher risk of contracting HIV.	89%	93%	4%	7%
		Question 19 (True/False): People living in different countries have different human rights.	70%	80%	10%	20%
		Question 32: From the following statement, identify what can be considered as a human right.	57%	72%	15%	28%
	HIV/AIDS Prevention and Management	Question 11: Who qualifies to undergo the process of Medical Male Circumcision?	33%	64%	31%	36%
		Question 17 (True/False): You can tell if a person is infected with HIV by looking at him/her.	61%	85%	24%	15%
		Question 18 (True/False): There is a cure for AIDS.	42%	73%	31%	27%
		Question 21 (True/False): A person can be infected with HIV for years without getting AIDS or being sick.	48%	71%	23%	29%
		Question 23 (True/False): Having unsafe sex with one or more than one partner can increase a person's chance of being infected with HIV.	83%	91%	7%	9%
		Question 27 (True/False): Using a condom is good protection against getting HIV during sexual intercourse.	85%	92%	6%	8%
		Question 28 (True/False): A lack of finance (particularly in young females) has a potential of increasing Gender Based Violence and HIV stats.	65%	83%	18%	17%
	Exploring STI's	Question 8: How do STIs spread from one person to another?	77%	89%	12%	11%
		Question 9: Which of the following is a symptom of an STI?	48%	72%	24%	28%
		Question 10: How can you protect yourself from beings infected with STIs?	71%	86%	15%	14%
TB	TB and TB-HIV Co-infection	Question 5: Who is at <i>high risk</i> of contracting TB?	54%	80%	26%	20%
		Question 7: What are the main symptoms for infectious active TB disease?	40%	80%	40%	20%
	TB Treatment Adherence and Support	Question 6: What are the risks of defaulting on TB medication?	38%	71%	33%	29%
		Question 24 (True/False): You can take TB treatment at the same time as ARVs (HIV treatment).	52%	72%	20%	28%