2018 EVALUATION OF LIFE SKILLS PROGRAMME GRADE 10

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 28 knowledge questions. Thus, all learners obtaining a score of 0–14 were classified as <50% and those with 15 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 15–21) and ≥75% (score of 22–28).

RESULTS

Demographics

Number of learners:

There were two schools, Dr JL Dube High School and Umlazi Commercial High School that were incorporated in the Life Skills programme (Table 1). A total of 244 learners were enrolled into the programme at the beginning of the year and completed the pre-assessment questionnaire. Of these, 238 (97.5%) 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.

Gender:

There were more female than male learners at pre-assessment (56.2% vs 43.9%) and post-assessment (55.9% vs 44.1%), respectively.

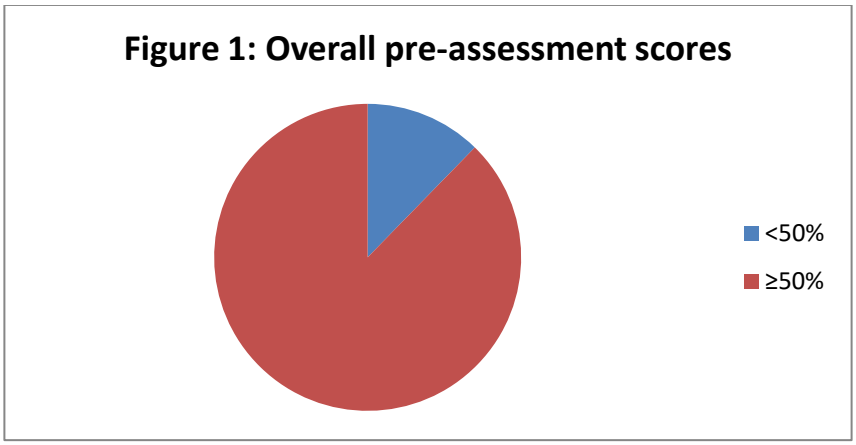
Age:

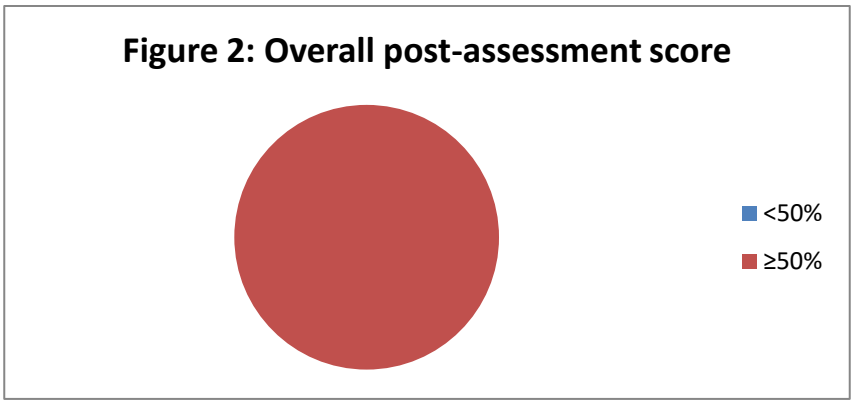
The age of the learners ranged from 14 to 20 years with a mean age of 16 (SD ± 1.15) years. The majority (86.5%) of the learners were aged 15–17 years at the beginning of the year.

Overall result:

While the pre-intervention knowledge of learners was high, there was still 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, 214/244 (87.7%) of the learners scored 50% and above, while all 238(100%) scored 50% and above at post-assessment (Table 1; Figures 1 and 2). Although the pre-assessment scores were marginally different between the two schools, the proportion achieving a score of ≥50% was 100% at both schools (Table 2).

While half of the learners (106/214; 49.5%) scored ≥75% at pre-assessment, three-quarters (179/238; 75.2%) scored ≥75% at post-assessment.





The proportion of learners attaining ≥50% improved significantly from pre- to post-assessment at both schools (Table 2). Dr JL Dube High School improved from 89.8% to 100% and Umlazi Commercial High School from 85.7% at pre-assessment to 100% at post-assessment.

Female learners performed better than their male counterparts at pre- assessment (91.2% and 83.2%, respectively) while both sexes performed equally well at post-assessment, achieving 100% (Table 3).

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

SECTION 1: General Life skills

Gender role: 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 51.2% at pre-assessment increasing to 81.5% at post assessment ($p<0.001$). At pre-assessment, 29.1% regarded gender roles to be the

rights and responsibilities of young people. This proportion reduced by more than half at post-assessment to 12.2%.

Responsible behaviour that can protect someone from being infected with HIV: A large proportion of learners at pre-assessment (82.8%) and a significantly larger proportion at post-assessment (92.9%; p=0.001) indicated sexual abstinence as responsible behaviour that can protect someone from being infected with HIV. Only a small proportion at pre- and post-assessment indicated that not using a public toilet or not using a public swimming pool or having sexual intercourse with a virgin were responsible behaviours that can protect someone from being infected with HIV. The proportion of learners that indicated having sexual intercourse with a virgin as the responsible behaviour reduced from 10.3% from pre-assessment to 2.5% at post-assessment.

Section 2: General Health Information (TB, HIV, STIs and Leadership)

High risk of TB: Only 38.5% 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 ($p<0.001$) at post-assessment, and more than two-thirds (69.8%) indicated this fully. Almost a quarter of the learners (23.5%) at post-assessment still felt that only TB contacts were at high risk of contracting TB.

TB default risk: At pre-assessment, half (53.3) 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 (72.3%; $p<0.001$) knew this at post-assessment. A quarter of the learners at post-assessment still indicated that one could only infect others (19.3%) or only develop drug-resistant TB (7.6%).

Main symptoms of TB: While two-thirds (65.6%) of learners at pre-assessment correctly indicated that cough, fever, night sweats and weight loss were the main symptoms of TB, significantly more (83.2%) at post-assessment indicated this correctly ($p<0.001$). A further 12.2% at post-assessment indicated only cough for ≥2 weeks duration as the main symptom.

How sexually transmitted infections are spread: At pre-assessment, 29.1% of learners knew that STIs could be spread by kissing an infected person, having unprotected sexual intercourse, and sharing needles and injections. This proportion doubled to 61.8% at post-assessment ($p<0.001$). While most learners at pre-assessment (60.7%) indicated unprotected sexual intercourse only as how STIs were spread, this proportion reduced to 31.5% at post-assessment.

Symptom of an STI: At pre-assessment, more than two-thirds of the learners (68.9%) identified discharge from the penis or vagina as a symptom of an STI, and a significantly larger proportion correctly identified this at post-assessment (89.9%; $p<0.001$).

How to protect oneself from being infected with STIs: Most learners at pre-assessment (79.9%) 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 further increased significantly 90.3% at post-assessment ($p=0.002$). Taking a shower immediately after having sex was mentioned by16.4% and 7.1% at pre-assessment ad post-assessment, respectively, as a way of protecting oneself from being infected with an STI.

Male medical circumcision definition: Most learners pre-assessment (85.3), correctly defined male medical circumcision as removal of the foreskin of the penis. This proportion rose significantly to 93.3 ($p<0.001$) at post-assessment.

Who could undergo male medical circumcision (MMC): At pre-assessment, 53.3% of learners indicated that any healthy HIV-negative or HIV-positive male could undergo MMC. This proportion rose significantly to 83.2% ($p<0.001$) at post-assessment.

Percentage risk reduction from HIV by MMC: While almost half (48%) of learners at pre-assessment knew that MMC reduces the risk of acquiring HIV by 60%, the majority (83.2%; $p<0.001$) of learners knew this at post-assessment.

Identifying strengths and improving weaknesses: Significantly more learners at post-assessment (91.2%) than pre-assessment (79.5%) ($p<0.001$), indicating 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 (86.6%) than pre-assessment (73%) ($p=0.002$) 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 14.7% at pre-assessment to 8.4% at post-assessment.

Risk for HIV by dating older persons: A high proportion (78.3%) of learners at pre-assessment indicated that dating an older person put themselves at risk of contracting HIV. This proportion increased significantly at post-assessment (87.0%; $p=0.016$).

Safety of using washed condom twice: 96.3% of learners at pre-assessment and 99.2% at post-assessment felt that a male condom that has been washed cannot be used safely twice. However, the increase was not statistically significant (p=0.07).

Telling if a person is HIV-infected just by looks: A large proportion (88.9%) of learners at pre-assessment and a slightly larger proportion (93.7%) at post-assessment indicated that one could not tell whether a person was infected with HIV just by looking at the other person (p=0.09).

Cure for AIDS: Two-thirds (66.8%) of learners at pre-assessment indicated that there was no cure for AIDS. This proportion rose significantly 83.6% at post-assessment (p<0.001).

Rights of people living with HIV: Most of the learners at pre- and post-assessment (95.1% and 99.2%; p=0.016) felt that people living with HIV have the same rights as all other South Africans.

Infected for ≥5 years with HIV without getting AIDS: The proportion of learners who indicated that a person can be infected with HIV for 5 years or longer without getting AIDS increased significantly from 74.2% at pre-assessment to 82.8% at post assessment (p=0.029).

Multiple partners increase HIV risk: A very high proportion of learners at pre- and post-assessment (91.8% and 92.9%, respectively) 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: The proportion of learners who knew that TB treatment can be taken at the same time with ARVs (HIV treatment) increased from pre-assessment (70.5%) to post-assessment (83.2%; p=0.001).

Setting goals when one is already working: The proportion that indicated that goals are allowed to be set when one is already working was high at pre-assessment (79.9%). However, this decreased at post-assessment (63.5%).

Developing career plans: A high proportion of learners at pre- and post-assessment (93% and 96.6%, respectively) indicated developing their career plan can help them to realise their dreams and reach their destination in a defined time.

Boy to provide condoms: 77.5% of learners at pre-assessment felt that it was both the boy's and girl's responsibility to provides condoms. This proportion rose significantly to 87% at post-assessment (p=0.009).

Condoms provide good protection: A very high proportion of learners at pre- and post-assessment (93.9% and 96.6%, respectively) indicated that condoms provide good protection against getting HIV during sexual intercourse.

Sex and love: Most learners at pre- and post-assessment (84.4% and 90.3%, respectively) indicated that they do not have to have sexual intercourse to show that they love their partner. However, the increase was not statistically significant (p=0.07)

Section 3: Sexual and reproductive health and rights

Human rights: A large proportion of learners at pre-assessment (74.6%) and a significantly larger proportion at post-assessment (8.6; p=0.02) indicated that they have a right to access to clean water and sanitation.

Effective methods of preventing pregnancy: At pre-assessment, almost half (47.1%) 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 65.6% at post-assessment (p<0.001).

Section 4: Attitudes and Practices

Handling sores, genital discharge or pain: There was a significant increase from pre- to post-assessment in the proportion of learners who would go to the clinic or hospital (51.2% and 70.6%) if they had sores on or in their private parts, unusual genital discharge or pain when urinating. A large proportion of children at pre-assessment indicated that they would go to their parents (38.5%). This proportion decreased to 23.1% at post-assessment.

Who makes decision to use condom: Most of the learners at pre- and post-assessment (87.7% and 96.7%, respectively; p=0.035) indicated that both male and female would make the decision whether or not to use a condom during sex.

Condom use at last sex act: The majority of learners at pre- and post-assessment (71.3% and 72.7%; respectively) indicated that they did not have sex as yet. Of the total number of learners, a higher proportion at post-assessment (16.4%) indicated that they used a condom at their last sex act compared to pre-assessment (14.8%); however, the increase was not statistically significant (p=0.7). Of those who engaged in sex, 51.4% and 60% at pre- and post-assessment, respectively, used a condom the last time they had sex.

Someone wants to have sex and you don't: At pre-assessment, 42.2% 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 non-significantly, to 39.9% at post-assessment. There was a higher proportion of learners who indicated that they would explain that they don't

want to have sex and would then not have sex; however, there was no change from pre- to post-assessment (42.2% vs 50.8%; p=0.07).

Tested for HIV: There was little change in the proportion of learners from pre- to post-assessment who tested for HIV in the past 6 months (61.9% vs 58.8%, respectively).

Section 5: Attitudes and Practices (Part 2)

Why buy gifts: With respect to the reason for buying gifts, half of the learners at pre-assessment (49.6%) knew that if he gave her the gifts, then she will find it difficult to refuse to have sex with him. The proportion of children at post-assessment who indicated this increased significantly to 64.3% (p=0.002).

Accept/refuse gifts and/or sex: When learners were asked to place themselves in the role of the female, the majority of them indicated that they would refuse the gifts or accept the gifts but refuse to have sex. However, there was no difference at pre- and post-assessment (43.9% and 46.24%, respectively) among learners who said they would refuse the gifts. Similarly, there was no significant change in the proportion of learners between pre- and post-assessment that they would accept the gifts but refuse to have sex (46.7.1% and 46.2%).

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 at both 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. A smaller proportion of the learners still regarded gender roles to be the rights and responsibilities of young people, which could indicate that they would want to have some independence in determining their role.

Most learners displayed an understanding of responsible behaviour in that they indicated sexual abstinence as a responsible behaviour that can protect someone from being infected with HIV. Interestingly, the proportion of learners that indicated having sexual intercourse with a virgin as the responsible behaviour reduced substantially from pre-assessment to post-assessment.

Section 2: General Health Information (TB, HIV, STIs and Leadership)

Most of the learners at post-assessment improved their knowledge about the main symptoms of TB and knew that one could infect others and develop drug-resistant TB as risks of defaulting on TB medication. Moreover, the majority knew that all three groups (HIV positive people or HIV negative people with weak immune systems, TB contacts, the elderly and children) were at high risk of contracting TB. Understanding persons at risk is critical for one's own health and for those at home or in the community towards prevention and control. Learners also showed a greater understanding about TB and HIV medication, in that these could be taken together.

At pre-assessment, almost two-thirds of the learners indicated that STIs could be spread by having unprotected sexual intercourse. This is understandable to an extent from the point of view of the term used ("sexually transmitted"). However, at post-assessment, a significantly higher proportion of learners knew that there were routes/methods other than what the term implied, namely, kissing an infected person, or sharing needles and injections, in addition to having unprotected sexual intercourse, by which STIs could be spread from person to person. It is important for learners 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), as well as what MMC was, who could undergo MMC and the extent to which it could prevent acquisition of HIV. Engaging in sex with an older was also identified by more learners at post-assessment as a risk for acquiring HIV. 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 be infected with HIV and pose a risk of transmitting HIV. The higher proportion of learners at post-assessment indicating that it is the responsibility of both boys and girls to provide condoms has the potential to lead to reduction in the transmission of STIs as well as fewer pregnancies.

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, their greater understanding of 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 and rights

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, there was a large shift from pre- to post-assessment in the proportion of learners who indicated that all three above measures as effective. The shift indicating all three measures was from less than half to two-thirds. However, this still poses some risk for pregnancy as learners do know not all the methods that can be employed and leaves some room for knowledge in this regard.

Learners developed a greater knowledge about what was considered to be a human right in that access to clean water and sanitation was their human right.

Section 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 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, both male and female 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.

Over 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 or falling pregnant, there was little change in condom usage over the assessment period amongst these learners. It is of concern that 40% of these learners did not use a condom at their last sexual act, exposing themselves or their partners to STIs and/or pregnancies.

The increase at post-assessment about how 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 the real intention behind the gifts being offered and that they will be putting themselves in a vulnerable position and potentially exposing themselves into being influenced to have sex. The ability to see 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. The high proportion of learners at pre- and post-assessment that would either refuse the gifts outright or accept the gifts but refuse to have sex indicate that learners realise that 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 most of the knowledge questions. Although the pre-assessment scores were high, the programme still managed to make an impact. The high pre-assessment scores are probably the result of learners being exposed to the programme when they were in grade 8. This is a good reflection of the initial programme in grade 8 in that it was delivered in a manner that allowed learners to retain the knowledge that was imparted. However, there is a gap between knowledge and practice as some of the knowledge does not appear to have resulted in significant change in the attitude or behaviour in critical areas, e.g., while 82.8% and 92.9% at pre-and post-assessment, respectively, indicated sexual abstinence as responsible behaviour to protect oneself from acquiring HIV, over a quarter of them were already engaging in sex. Similarly, a very high proportion of learners at pre- and post-assessment (93.9% and 96.6%, respectively) indicated that condoms provide good protection against getting HIV during sexual intercourse; however, over a third of those who were sexually active at post-assessment indicated that they did not use a condom at the last sexual act. The under-use of condoms is of concern as this impacts directly on transmission/acquisition of STIs and becoming or making someone pregnant. Thus, greater emphasis needs to be placed on how this knowledge can be translated into behaviour modification. Other related factors, such as access to condoms and barriers to condom usage, also need to be explored and incorporated into the programme.

The greater understanding around aspects related to TB is encouraging, given that TB is among the leading causes of morbidity and mortality in this country. This is particularly important amongst those who are sexually active since their risk for acquiring HIV increases if they contract TB.