



Report:
The Effectiveness of the
OVSA Life Skills Programme
2023

Report Compiled by:
Next Level Outcomes

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Life Skills Programme Overview

The aim of OneVoice South Africa (OVSA) Life Skills Programme is to improve learners' knowledge and understanding of sexual health issues to encourage positive sexual behaviour, attitudes, and practices. Ultimately, young people will be empowered to develop positive responses to critical health and lifestyle issues. The programme content includes HIV/AIDS and TB prevention and transmission, sexual and reproductive health and rights, changes associated with puberty, delaying sexual debut, gender roles, healthy relationships, human rights and Water Access, Sanitation and Hygiene (WASH).

The programme is aimed at Grade 8 learners and is delivered by OVSA facilitators during curriculum time as part of the Life Orientation module, which is aligned with the Curriculum Assessment Policy Statements (CAPS). Programme delivery is participatory and interactive in nature, involving group activities to keep learners engaged and to make content relatable to them. This year the programme was implemented in thirteen schools located in four school districts in KwaZulu-Natal, namely eThekweni, Pinetown, Umlazi, Ilembe and King Cetshwayo. (These were the same schools that received the programme last year).

Methodology

Programme effectiveness was assessed by means of a one-group quasi-experimental pre and post-test design, which means that one group of learners was assessed at two time points. Quasi-experimental designs aim to determine whether there is a causal relationship between an intervention and observed outcomes or changes. Learners' knowledge, attitudes and practices were assessed before the delivery of the Life Skills Programme (at pre-test) and again after completion (at post-test) to assess knowledge gain and changes in behaviour, attitude, and practices resulting from the programme. The same assessment was used at both time points to enable direct comparisons. The pre and post data was made available for analysis in Excel spreadsheets and learners' names and schools were used to match the pre and post-test scores for comparison.

Research Participants

A total of 2 185 learners were assessed at pre-test and 1 910 learners completed the post-test. There were thus several learners who completed the pre-test but did not complete the post-test and it was assumed that these learners were absent or had left the school. The dataset was cleaned by removing duplicates and incomplete records that could not be matched. A total of 1 881 cases could be matched and were included in the analysis ($n=1\,881$). The sample consisted of 911 males (48%) and 970 females (52%).

Learner age ranged between 12 and 21 years old, most learners being between 13 and 15 years old, as shown in Table 1.

Table 1: Age Range of Study Participants Across Schools.

School	Number of Learners by Age (Years)								Total
	12	13	14	15	16	17	18	21	
Bagibile High School	1	36	33	15		2			87
JG Zuma High School	17	108	52	8					185
King Zwelithini High School	4	59	33	8					104
KwaMgaga High School		96	71	46	19	8	2	1	243
Lockhat High School	4	54	39	12	6		1		116
Ndukwenhle High School		36	105	14	2				157
Nkosibomvu Secondary School	4	69	71	21	3	1			169
Nomavimbela High School		30	15	2					47
Ntabantuzuma High School	6	61	41	17	4	4			133
Our Lady of the Rosary	11	76	45	2					134
Swelihle High School	7	52	50	23	4	2			138
Zakhe High School	14	103	116	23	12				268
Zwelibanzi High School	2	32	58	6	2				100
Total	70	812	729	197	52	17	3	1	1 881

The Grade 8 age-norm is 13-14 years old, but grade repetition is common in South Africa. Classes often consist of learners ranging widely in age, which poses significant teaching and learning challenges. Accommodating a 13-year-old and a 21-year-old in the same class, such as at KwaMgaga High School, is also a challenge from a child development perspective, as younger learners will have a very different level of maturity and way of engaging compared with a much older 21-year-old.

Data Analysis

A one-tailed, paired sample t-test analysis was applied to the knowledge-based questions to detect whether there were significant differences (knowledge gain) between learners' pre and post-test scores ($p=0.05$). This analysis included a comparison of learners' combined overall scores for the knowledge-based questions at pre and post-test as well as an overall analysis by school. This was followed by an analysis of the percentage of correct responses, per question, at pre and post-test. Lastly, the combined responses to the behavioural and attitudinal questions were considered per question.

Findings

Knowledge Gain Overall

The change in learners' combined average overall scores at pre and post-test (actual score and percentage) 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=1 881)	18.3 (52%)	25.8 (74%)	+7.5 (+22%)	Yes

As shown in the Table, the average total score at pre-test was 52% and at post-test it was 74%, indicating a 22% improvement in scores. The difference was found to be statistically significant (using

a one-tailed, paired sample t-test), indicating that the improvement in scores did not occur by chance but was because of the Life Skills programme.

A similar analysis was performed at school level, comparing the average overall pre and post-test scores by school to detect whether there were differences between the performance (knowledge gain) of learners at different schools (Table 3). The **highest average difference in scores (>30%)** is highlighted in blue, and the **lowest average differences are highlighted in orange (>20%)**.

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	JG Zuma High School	18.5	27.5	9.0 (26%)
	Nkosibomvu Sec School	20.1	28.7	8.6 (25%)
	Zakhe High School	15.4	22.5	7.1 (20%)
Umlazi	KwaMgaga High School	18.3	22.4	4.1 (12%)
	Ndukwenhle High School	17.4	24.1	6.7 (19%)
	Nomavimbela High School	19.6	25.8	6.2 (18%)
	Swelihle High School	18.6	26.7	8.1 (23%)
	Zwelibanzi High School	19.4	24.5	5.1 (15%)
Ilembe	Lockhat High School	16.7	29.1	12.4 (35%)
	Our Lady of the Rosary	22.3	30.7	8.4 (24%)
King Cetshwayo	Bagibile High School	18.2	26.2	8.0 (23%)
	King Zwelithini High School	18.7	27.2	8.5 (24%)
	Ntabantuzuma High School	17.6	25.9	8.3 (24%)

There was an increase in scores across provinces and schools, with Lockhat High School achieving the greatest increase (35%) in overall average scores this year. Ndukwenhle, KwaMgaga, Nomavimbela and Zwelibanzi demonstrated the smallest shift in scores (indicated in orange), KwaMgaga High School having fallen into this category last year as well. As highlighted in the previous section, KwaMgaga is the school with the widest age range and the largest number of learners aged 16-21 years. This is likely to mean that many learners have been held back in Grade 8 or in primary school years and that these are learners are struggling academically. Interestingly, all four 'orange schools' were located with the Umlazi district, which could speak to the standard of education in the district, although further investigation would be required before conclusions of this nature could be drawn.

Knowledge Gain per Content Area

Table 4 presents the percentage of correct responses per question and content area at pre and post-test. The percentage differences between correct responses at pre and post-test are included, as well as the learning gap i.e., the percentage of learners who had not gained the required knowledge at post-test. A **learning gap of >=30%** is indicated in red as this was considered too high at post-test, and a learning gap of **<15%** is indicated in blue, as this was considered acceptable given the number of learners.

Table 4: 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.

	Content	Questions	Correct Responses		Difference	Learning Gap
			Pre-test	Post-test		
Life Skills	Introduction to WASH	Question 3: WASH stands for...?	52%	76%	24%	24%
		Question 4: In which of the following situations should we wash our hands?	55%	85%	29%	15%
	Personal Values and Finances	Question 2: Values are...?	60%	81%	21%	19%
		Question 17 (True/False): Supportive Faith Community demonstrates a warm loving community where God is seen as all loving and accepting.	69%	78%	9%	22%
		Question 35: How can you make sure you are financially independent?	49%	67%	18%	33%
	Sexual Orientation, Gender Roles and Stigma	Question 1: Gender Roles are...?	36%	75%	38%	25%
		Question 16 (True/False): Homosexual is a person who is sexually attracted to people of the same sex as theirs.	60%	78%	17%	22%
		Question 21 (True/False): Sexual stigma is a form of discrimination against people who are lesbians, gays etc.	57%	74%	17%	26%
		Question 23 (True/False): It is possible for someone to look heterosexual (straight) while his is gay or she is a lesbian.	64%	78%	14%	22%
	Identifying Your Strengths and Exploring Leadership	Question 13: Identifying your strengths and improving your weaknesses will help you in future to:	58%	82%	24%	18%
		Question 14: What does YOUTH LEADERSHIP means?	54%	78%	23%	22%
		Question 26 (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	75%	79%	5%	21%
Sexual and Reproductive Health and Rights	Teenage Pregnancy	Question 27 (True/False): You can get pregnant before your first menstruation (periods).	51%	52%	1%	48%
		Question 28 (True/False): It is the responsibility of a boy only to provide condoms during sexual intercourse.	42%	62%	20%	38%
		Question 31: If a learner falls pregnant while she is a learner at school, the school has a right to expel her.	35%	59%	25%	41%
		Question 32: Which of the following is a risky behaviour that can lead to teenage pregnancy?	52%	73%	20%	27%
		Question 34: Which of the following is/are effective method(s) of preventing pregnancy?	41%	65%	24%	35%

	Healthy Relationships and Human Rights	Question 15 (True/False): Having sex with an older person can put you at higher risk of contracting HIV.	84%	93%	9%	7%
		Question 20 (True/False): People living in different countries have different human rights.	68%	74%	6%	26%
		Question 33: From the following statement, identify what can be considered as a human right.	50%	69%	18%	31%
	HIV/AIDS Prevention and Management	Question 11: Who qualifies to undergo the process of Medical Male Circumcision?	33%	64%	31%	36%
		Question 12: By how much percentage does Medical Male Circumcision reduce the risk of HIV?	23%	68%	45%	32%
		Question 18 (True/False): You can tell if a person is infected with HIV by looking at him/her.	60%	83%	22%	17%
		Question 19 (True/False): There is a cure for AIDS.	46%	70%	24%	30%
		Question 22 (True/False): A person can be infected with HIV for 5 years or more without getting AIDS.	45%	69%	24%	31%
		Question 24 (True/False): Having unsafe sex with one or more than one partner can increase a person's chance of being infected with HIV.	78%	88%	9%	12%
		Question 29 (True/False): Using a condom is good protection against getting HIV during sexual intercourse.	86%	87%	1%	13%
		Question 30 (True/False): A lack of finance (particularly in young females) has a potential of increasing Gender Based Violence and HIV stats.	57%	79%	21%	21%
	Exploring STI's	Question 8: How do STIs spread from one person to another?	30%	44%	14%	56%
		Question 9: Which of the following is a symptom of an STI?	45%	76%	31%	24%
		Question 10: How can you protect yourself from beings infected with STIs?	71%	83%	11%	17%
TB	TB, TB Treatment and TB-HIV Co-infection	Question 5: Who is at <i>high risk</i> of contracting TB?	30%	61%	32%	39%
		Question 7: What are the main symptoms for infectious active TB disease?	45%	78%	33%	22%
		Question 25 (True/False): It is not allowed to take TB treatment at the same time with ARVs (HIV treatment).	50%	54%	4%	46%
		Question 6: What are the risks of defaulting on TB medication?	42%	66%	25%	34%

There was an increase in the percentage of correct responses to the questions between pre and post-test, which is a significantly positive finding overall and indicates the effectiveness of the OVSA programme.

For most questions there was at least a 20% increase from pre to post-test in the percentage of learners who knew the correct answer. In some cases, however, the learning gap (i.e., the percentage of learners who had not gained the required knowledge at post-test) was still large and warrants further investigation. There was a learning gap of between 35% and 48% for four out of the five questions relating to teenage pregnancy, which was a finding of concern as this indicated that many learners still did not have the required knowledge after the programme. This indicates that further engagement and advocacy campaigns are required to ensure that learners gain more knowledge around teenage pregnancy issues and stay alert and protected from unplanned pregnancies.

There were also a significant number of HIV/AIDS and TB-related questions that were not accurately answered at post-test. For example, for Question 11: "Who qualifies to undergo the process of Medical Male Circumcision?", approximately one third of learners already knew the answer at pre-test, one third gained the knowledge to answer the question correctly at post-test, but the last third exhibited a learning gap i.e., got the answer wrong at post-test. Whilst knowledge gain amongst 100% of learners cannot be expected, it could be worth exploring the questions where bigger learning gaps were found, particularly where there is a pattern of larger learning gaps year-on-year. This could indicate that the content is difficult for learners to grasp, or that the questions are confusing in some way and there is an opportunity for question revision.

The following questions had notable learning gaps year-on-year (in 2022 and 2023):

Teenage pregnancy questions:

- Question 27 (True/False): "You can get pregnant before your first menstruation (periods)."
- Question 28 (True/False): "It is the responsibility of a boy only to provide condoms during sexual intercourse." (When this question is asked in a different way in the attitudinal section of the assessment the answers are different i.e., both the male and female partner should decide whether or not to use a condom. This indicates that there could be an issue with the way Question 28 is phrased, such as learners not picking up on the word 'only' in the question.)
- Question 34: "Which of the following is/are effective method(s) of preventing pregnancy?"

HIV/AIDS questions:

- Question 11: "Who qualifies to undergo the process of Medical Male Circumcision?"
- Question 12: "By how much percentage does Medical Male Circumcision reduce the risk of HIV?"
- Question 19 (True/False): "There is a cure for AIDS." (This relates to attitudes and myths that people circulate about an HIV cure in communities.)
- Question 22 (True/False): "A person can be infected with HIV for 5 years or more without getting AIDS."

STI question:

- Question 8: "How does STIs spread from one person to another?"

TB question:

- Question 25 (True/False): "It is not allowed to take TB treatment at the same time with ARVs (HIV treatment)."

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

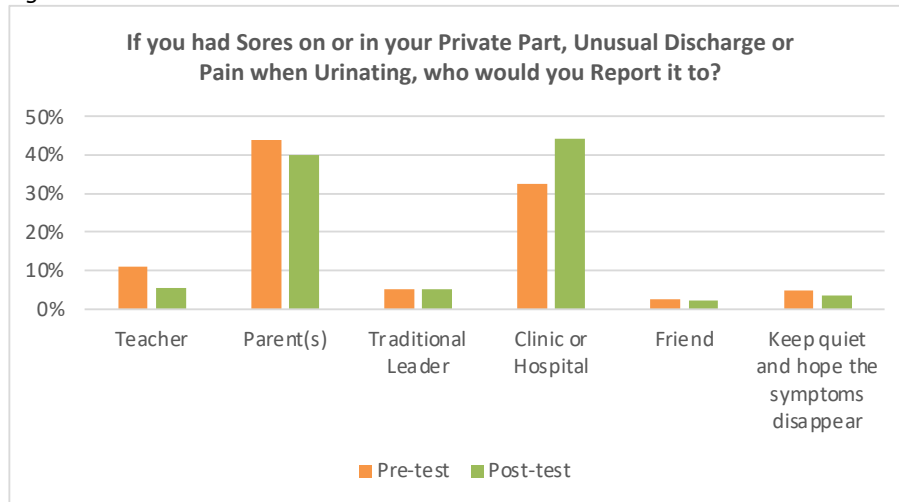


Figure 1 indicates that the programme may have influenced where learners would go for help if they suspected that they had an STI or other health issue. More learners noted that they would seek help from a clinic or hospital at post-test than at pre-test, which is consistent with intended outcome of the programme in this regard. There was also a decrease in the percentage of learners who would "Keep quiet and hope the symptoms disappear".

Figure 2

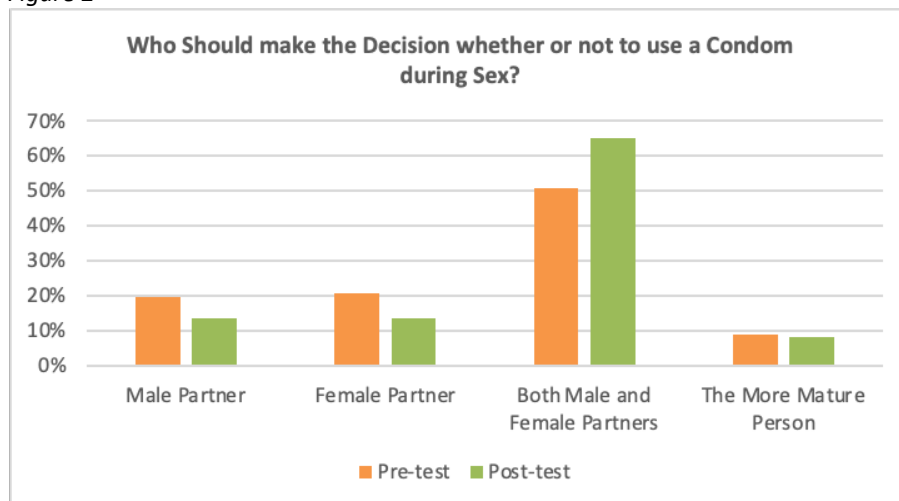


Figure 2 indicates the effectiveness of the OVSA programme in encouraging communication and healthy sexual relationships, as demonstrated by an increase in the response that both male and female partners should be involved in the decision as to whether to use a condom during sex.

Figure 3

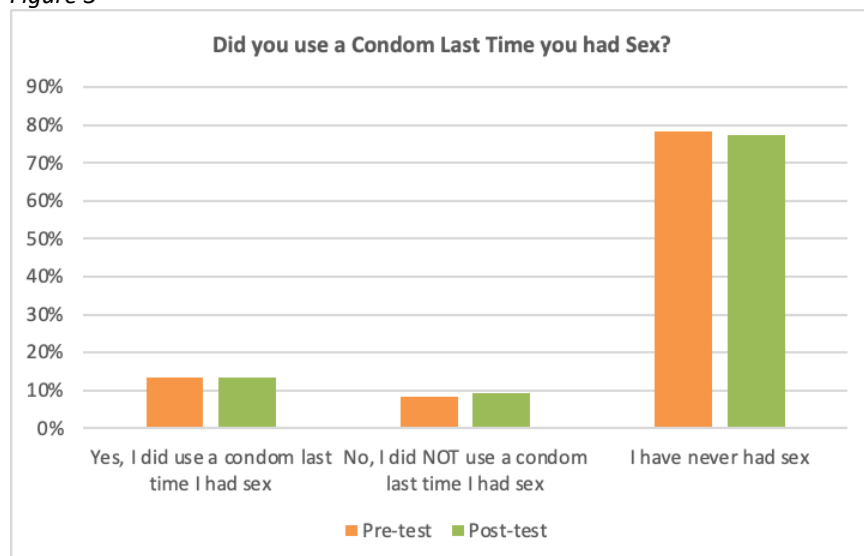
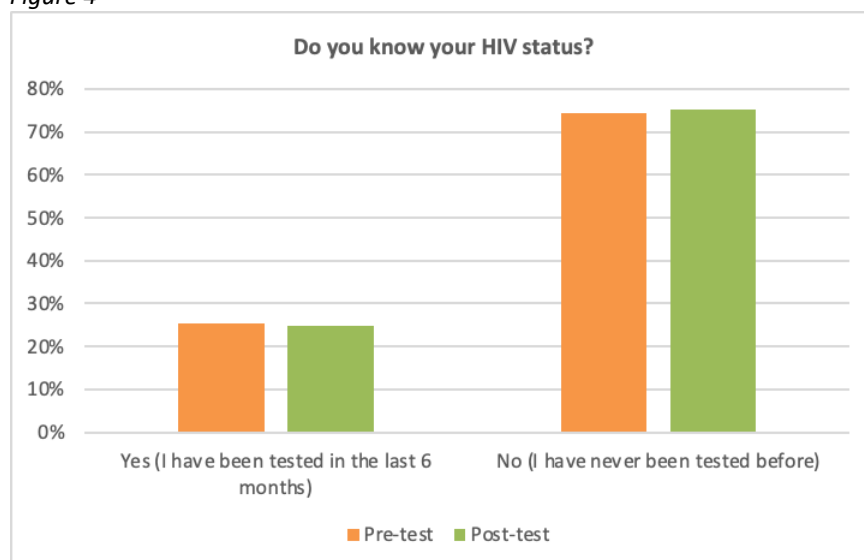


Figure 3 indicates that the majority of learners claimed that they had never had sex. There was little change in responses from pre to post-test, however.

Figure 4



Again, there was little change from pre to post-test to the question, “Do you know your HIV status?” (Figure 4). As the majority (>75%) of learners indicated that they were not yet sexually active, it follows that most of them would not yet have tested for HIV. Approximately 21% (425 learners) indicated that they were sexually active in the last question (Figure 3), by choosing one of the options regarding condom usage at their last sexual encounter i.e., they did not choose the option “I have never had sex”. Of that group of learners, only 37% (158 learners) indicated that have been tested for HIV in the last 6 months in the following question (Figure 4). This means that more than 60% of sexually active learners had not been tested for HIV, and the percentage did not decrease after the programme, which is of concern. Learners should be further consulted as to why they have not been tested, as well as whether access to testing could be an issue.

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 (and the findings are presented in Figures 5 and 6):

“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

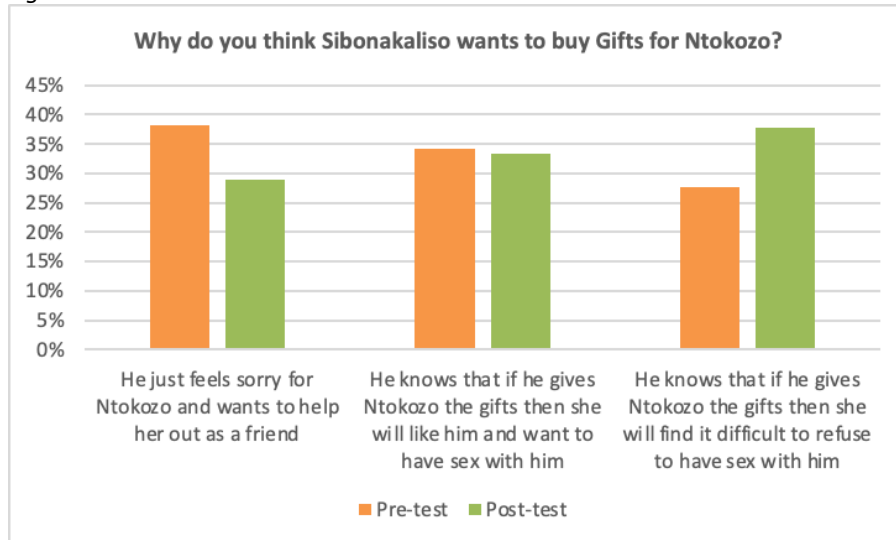


Figure 6

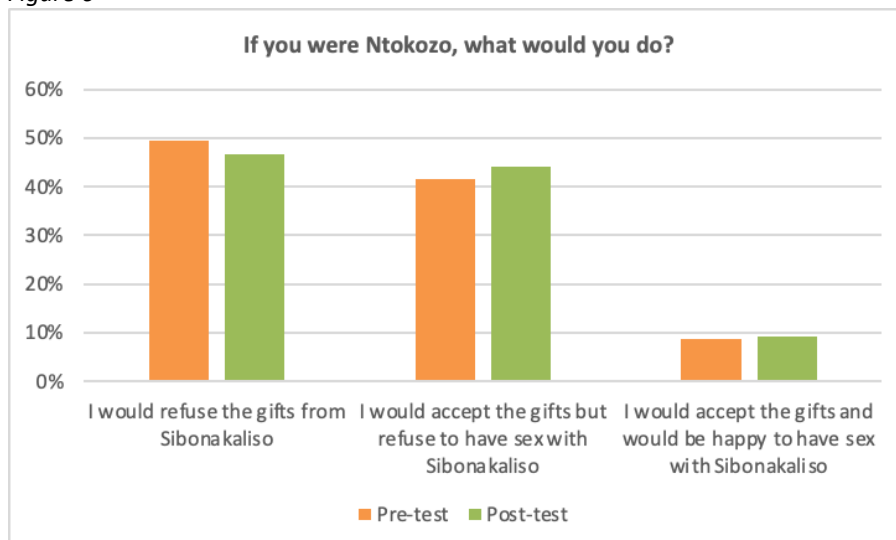


Figure 5 indicates that, at post-test, notably more learners chose the third response to the question (“He knows that if he gives Ntokozo the gifts she will find it difficult to refuse to have sex with him”) than the first response (“He just feels sorry for Ntokozo and wants to help her out as a friend”). This shows that learners have developed an understanding from the programme that ‘blessers’ do not give gifts simply to ‘help young people out as a friend’, but expect something, usually something of a sexual nature, in return. This awareness is crucial in communities where blessers are commonplace, which is likely to include communities from which these learners are from. next year.

Figure 6 indicates some change in responses from pre to post-test, mainly in that more learners would accept the gifts from Sibonakaliso but would refuse to have sex him, than refuse to accept the gifts altogether. This could indicate a higher rate of confidence among learners about the situation and thus

their ability to deal with it i.e., learners from poor socio-economic backgrounds would naturally be inclined to accept gifts or items of value when offered, and perhaps if learners are educated about the true intent of the 'gift giver', they feel they can deal with the situation and benefit from the items without having to perform a sexual favour. This situation could prove dangerous for a young learner, however, and the best outcome would be for them not to engage with 'blessers' at all.

Recommendations

It is recommended that the questions where large learning gaps persist at post-test be re-examined to determine whether there is an opportunity to review the way in which the content is delivered to improve learner understanding, or whether the questions could be updated to ensure there is no confusion when learners are completing the assessments. It would be helpful to engage learners in this review to better understand the factors that might be involved.

The misalignment found between the percentage of learners who claim that they are sexually active and the percentage who indicated that they know their HIV status requires follow up (i.e., a large percentage of sexually active learners claimed that they had not been tested for HIV). As mentioned, there could be a testing access issue or there could be issues of stigma or embarrassment associated with being tested. Again, it would be beneficial to engage with learners (perhaps in a small focus group setting) to discuss these issues.

It may be beneficial to expand the range of attitudinal and behavioural questions included in the assessment to gather more insight into learner sexual practices and to capture data on other habits and behaviours relevant to hygiene and other health issues covered in the Life Skills programme. Further insight could assist the programme facilitators in addressing remaining gaps and areas that remain a challenge year on year.

OVSA compiled a Behaviour Change Survey for administration to learners in two rural schools that were part of a different funding cycle in 2022 and 2023. (The Behaviour Change Survey is included in Appendix A (page 12) of this report). In addition to the survey, OVSA facilitators engaged with Learner Support Assistants (LSAs) based at the schools as well as staff working at the clinic in the area, to collect data on learner health-related practices. The findings were further contextualised by examining teenage pregnancy and school dropout rates in the last five years at the two schools. An extract from the report on these schools, highlighting the findings related to the Behaviour Change Survey and teenage pregnancy rates, is included in Appendix B (page 14).

Conclusion

The overall findings of this report are positive, with a statistically significant improvement in results between pre and post-test. This is indicative of the effectiveness of the Life Skills programme in improving learner understanding in the content areas covered. The engagement of learners on recurring learning gaps and issues around HIV testing would be beneficial to the programme as it would assist with the refinement of programme delivery to better address learning gaps, and/or refinement of the assessment questions, which could be affecting the size of learning gaps if the phrasing of questions is confusing to young learners.

APPENDIX A: OVSA Behaviour Change Survey 2022-2023

1. Which of the following best describes your hand washing practices on a normal day?
 - a. I wash my hands before eating something.
 - b. I wash my hands after going to the toilet.
 - c. I wash my hands when they feel dirty.
 - d. Both a and b
2. Do you cover your mouth when you cough in public?
 - a. Yes
 - b. Sometimes
 - c. No
3. Do you feel comfortable and free to talk about your problems with other people, such as a friend or family member?
 - a. Yes, I feel comfortable talking about my personal problems with others because it helps me to deal with my problems.
 - b. No, I don't like others to know about my personal problems.
4. Have you thought about what your personal strengths and weaknesses are, and how they might affect your career choice after school?
 - a. I have thought about my career choices, but I haven't thought about my strengths and weaknesses.
 - b. I have thought about which careers would suit me based on my strengths and weaknesses.
 - c. I haven't thought about my career or strengths and weaknesses yet.
 - d. I know what my strengths and weaknesses are, but I don't know which career I am going to choose yet.
5. Do you think that girls who get pregnant should continue to go to school?
 - a. Yes, they should go to school while they are pregnant.
 - b. Yes, but they should only go back to school after they have had their baby.
 - c. No, they don't need to go to school once they become a mother.
6. Do you know how to use a condom?
 - a. Yes
 - b. No
7. Do you use condoms when you have sex?
 - a. I use a condom every time I have sex.
 - b. Sometimes I use a condom when I have sex.
 - c. I don't use condoms when I have sex.
 - d. I have decided to wait to start having sex.
8. Do you know how to self-screen for TB?
 - a. Yes
 - b. No
9. Have you ever been tested for HIV?
 - a. Yes
 - b. No

10. If you needed to take HIV treatment (ARVs), where would you collect it?
- a. From the traditional healer (enyangeni)
 - b. From the clinic or hospital
 - c. From the supermarket

APPENDIX B: Report Extract: Behavioural Change and Teenage Pregnancy

The Life Skills programme was administered at two schools based in a rural area in Zwelibomvu, namely Dick Ndlovu High School and Zwelinjani High School, with the support of additional funding. The programme started in June 2022, when learners were in Grade 8, and ran into the following year as learners moved into Grade 9, with completion in May 2023.

The two schools are poorly resourced, in terms of access to basic infrastructure and services, including roads, electricity and water. The schools' water has been cut off and sometimes they are without electricity for up to a week at a time, which negatively impacts learning. These challenges make programme implementation difficult, and less efficient than it might be when working in better resourced schools, situated in an urban environment.

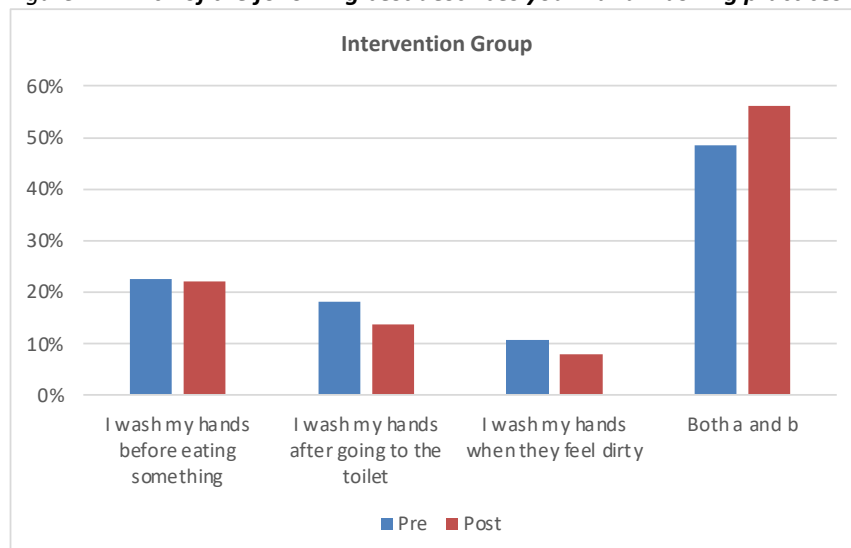
In addition to the traditional Pre and Post assessments to assess knowledge gain, learners were administered a Behaviour Change Survey (also in a Pre and Post format) to assess whether there were any shifts in behaviour as a result of the programme. Learner Support Assistants (LSAs) based at the schools, and staff working at the clinic, in the Zwelibomvu area, were interviewed about learners' sexual practices and sexual health, and the frequency with which learners access the clinic.

Findings

Behaviour Change

The pre and post-test responses (%) to the behaviour change survey questions were compared to examine changes in learners' behaviour from pre to post-test. The findings are reported in this section, followed by a discussion.

Figure 7: Which of the following best describes your hand washing practices on a normal day?



Analysis of Figure 7 revealed that there was a shift in learner behaviour, with more learners choosing option D at post-test than at pre-test i.e., that they wash their hands both before eating something and after going to the toilet.

Figure 8: Do you cover your mouth when you cough in public?

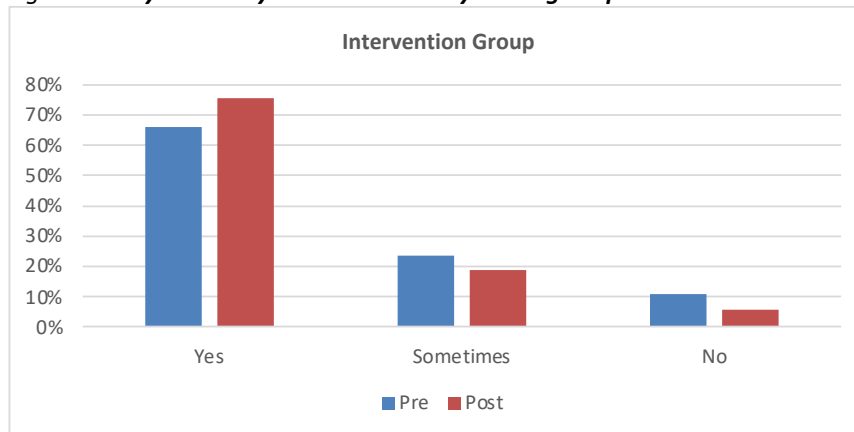
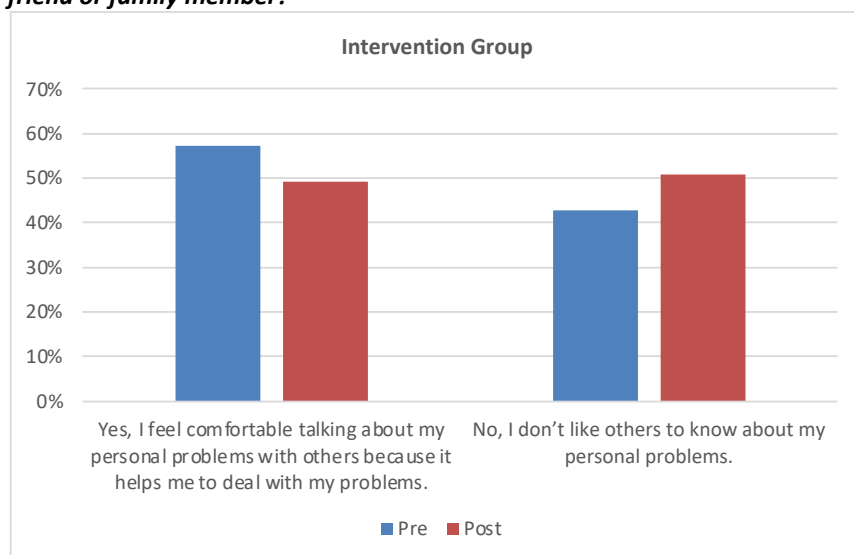


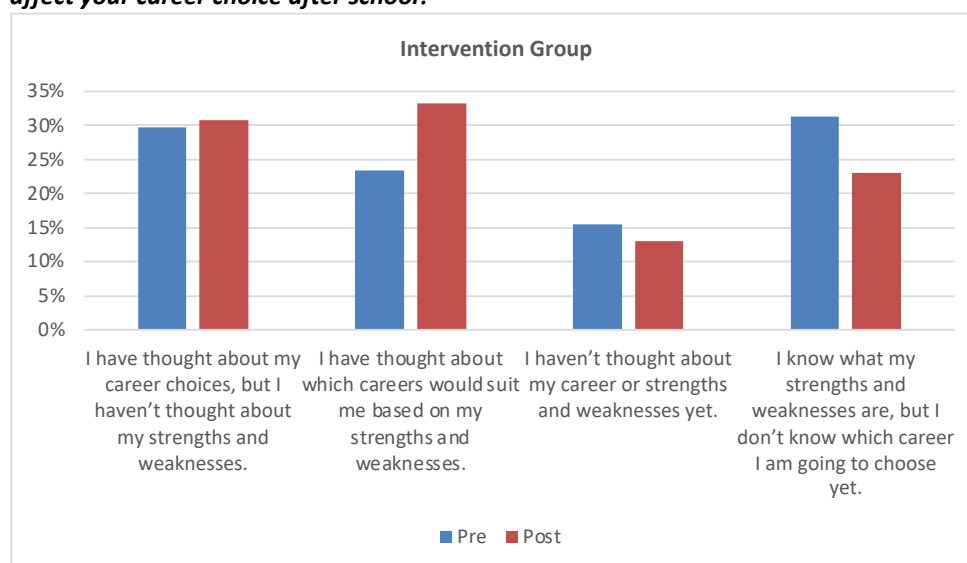
Figure 8 shows that learners who indicated that they did not cover their mouth when coughing in public before the programme, indicated a change in behaviour (covering their mouth) after the programme (post-test), as more learners chose option A (Yes) and fewer chose option B (Sometimes) or C (No).

Figure 9: Do you feel comfortable and free to talk about your problems with other people, such as a friend or family member?



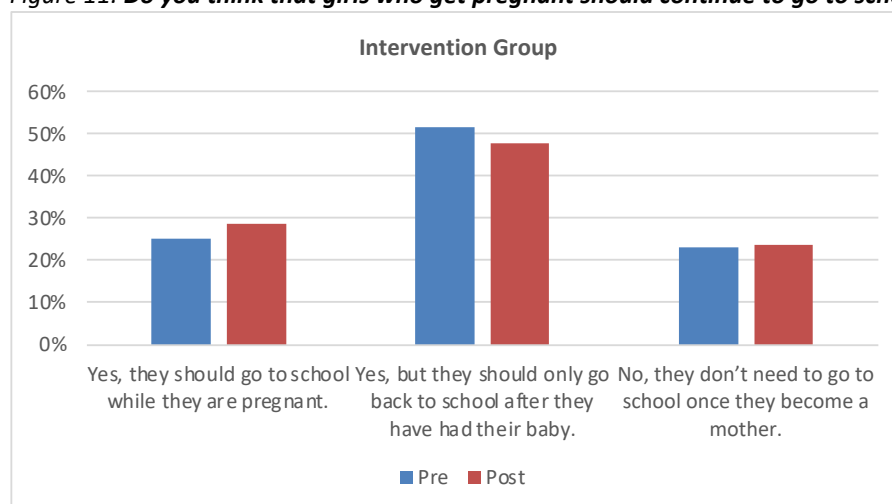
The feedback associated with feeling comfortable to talk about one's problems with family or friends indicated that after the programme learners still did not feel able to do so. This finding indicates that further focus in this area is necessary, perhaps including some techniques during the programme to encourage open communication among peers at school and a re-focus on addressing perceived stigma.

Figure 10: Have you thought about what your personal strengths and weaknesses are, and how they might affect your career choice after school?



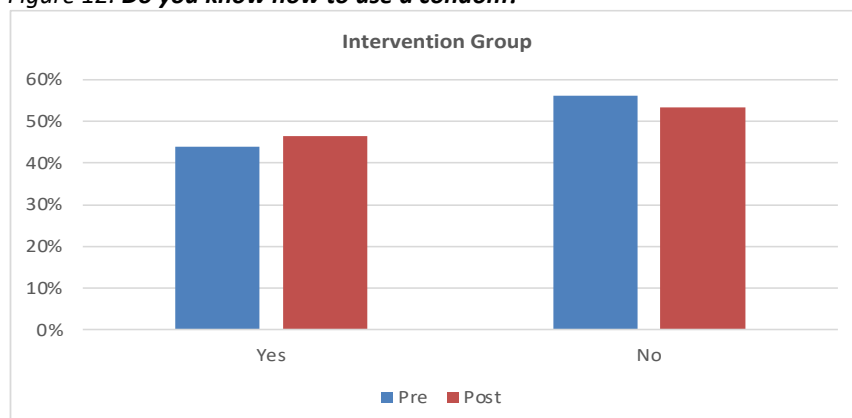
There is a clear shift evident in learners' choice of option B at post-test i.e., indicating that during the Life Skills programme they had been encouraged to think about their strengths and weaknesses and how these could relate to their career choice one day.

Figure 11: Do you think that girls who get pregnant should continue to go to school?



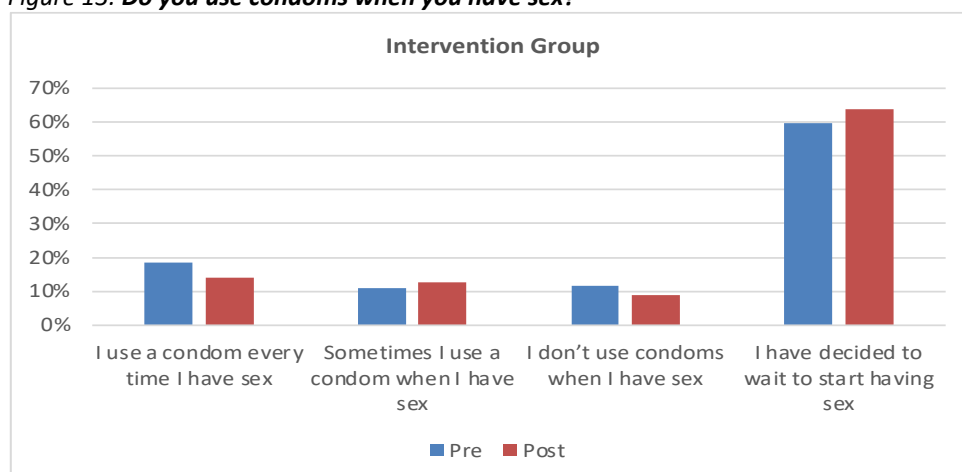
While 80% of the learners agreed that pregnant girls should complete their schooling, more than 20% of learners still felt that pregnant girls don't need to go to school once they become mothers at post-test. This is very concerning, and teenage pregnancy and teenage mothers need to receive a priority focus in future interventions.

Figure 12: Do you know how to use a condom?



There was an increase, albeit small, in the percentage of learners who had learned how to use a condom between pre- and post-test. It would be worthwhile to provide more in-depth education and training for correct condom use, as this has the potential to increase condom efficacy, both for HIV and other STI prevention, as well as the prevention of teenage pregnancy.

Figure 13: Do you use condoms when you have sex?



The analysis presented in Figure 13 appears to indicate that a small percentage of learners have now decided to wait to start having sex (delayed sexual debut) during the course of the programme (between pre- and post-test). This finding was a positive start, for the Life Skills programme and needs to be built on during future interventions.

Figure 14: Do you know how to self-screen for TB?

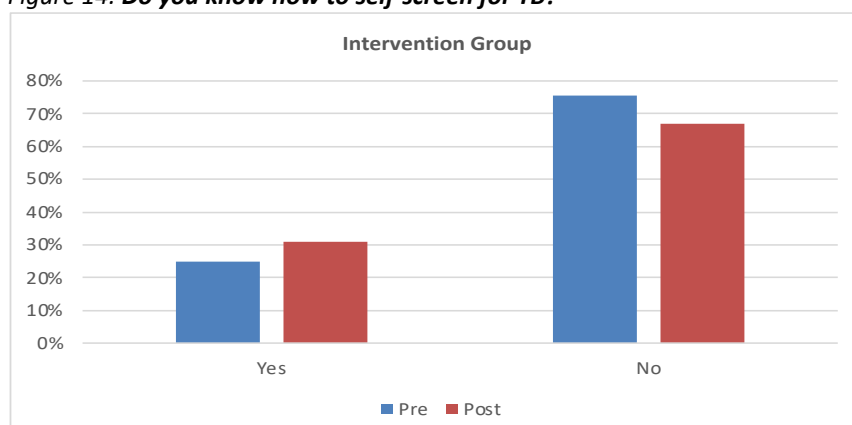
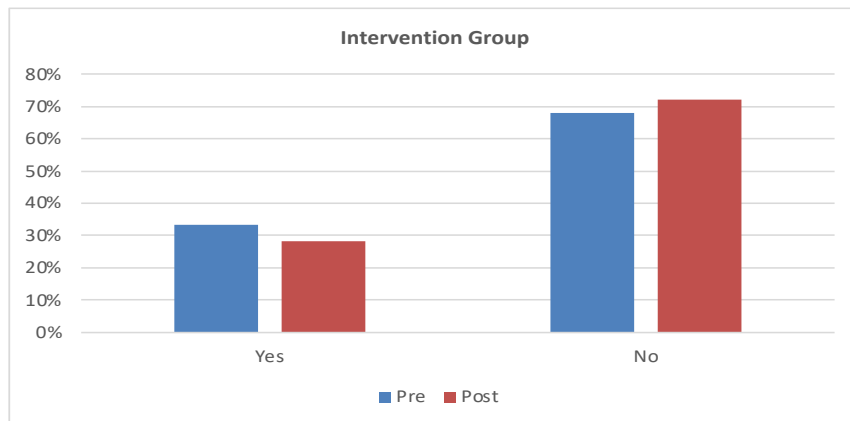


Figure 14 shows that there were learners who had learned how to self-screen for TB over the course of the programme period. This is a positive outcome, as it means that learners will not only be able to self-screen, but also be able to identify TB symptoms at home and in their communities, and then advise those individuals to access the clinic for further diagnostic testing.

Figure 15: Have you ever been tested for HIV?



There were *no notable differences* (behaviour changes) reported in terms of HIV testing. This is of concern and needs to be further unpacked to understand.

It is expected that in this rural setting there might be more stigma attached to testing for HIV, but this would need to be examined in its own right.

Figure 16: If you needed to take HIV treatment (ARVs), where would you collect it?

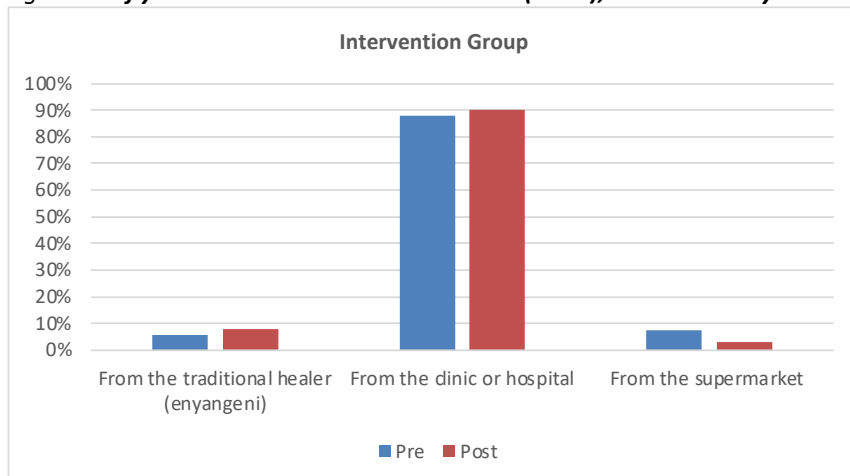


Figure 16 shows that more learners would collect ARVs from the clinic or hospital at post-test, but also that more of them would collect from a traditional healer.

Teenage Pregnancy and Sexual Health

The teenage pregnancy rate within the community is extremely high, as high as 40% according to clinic staff. Table 5 shows the teenage pregnancy and school dropout rates provided by the schools.

Table 5: Teenage pregnancy and dropout rates in the last five years.

School	Statistics	2018	2019	2020	2021	2022
Dick Ndlovu High School	Teenage pregnancy	12	10	16	6	5
	Dropouts	4	3	5	0	2
Zwelinjani High School	Teenage pregnancy	27	19	23	16	13
	Dropouts	42	33	29	31	27

There has been a drop in teenage pregnancy rates at both schools in the last two years. Zwelinjani has a higher dropout rate, although it appears to have decreased over the last three years. These changes in statistics cannot be directly attributed to OVSA's relatively recent intervention (the Life Skills programme having only been implemented in the last year), but it may have had a positive impact.

LSAs indicated that learners are educated about HIV, STIs and TB, but that they are "careless" and do not appreciate the importance of adhering to their medication. The clinic staff reiterated that most of the learners they treat do not adhere to their medication and thus need further support. OVSA has started providing lay counselling in schools, where there was none before, to provide support on this, and related, issues.

The suggested ways in which to decrease teen pregnancy (provided by LSAs and clinic staff) included reinforcing the importance of the use of condoms, continuing with sexual reproductive health programmes (such as OVSA's Life Skills programme) and encouraging dialogue on early marriage and its impact on personal growth. There was also a suggestion to increase recreational programmes in the community to give learners something positive to focus on their energies, e.g., netball and soccer.

LSAs suggested focusing more on the education of males around the issues of teenage pregnancy, as females are always the focus, but males also have a role to play in reducing the high rates within the community and should take responsibility.

An important observation was that parental support and involvement are essential in addressing the issue of teenage pregnancy. Parents should be enlisted to educate and support learners at home, rather than relying on schools to do so. LSAs noted that the whole community should be involved in addressing the issues, including religious leaders, as many learners are taught to get married at a young age. This comment insinuated that the practice of early marriage, and teenage pregnancy, has cultural roots and will thus take time to address and change.

Recommendations

The following recommendations are made in light of the findings:

- The formation of a girls' club (per grade) consisting of female learners and particularly pregnant girls, young girls with babies, LSAs, OVSA Facilitators and nurses and or social workers, if available. The club would conduct dialogues about issues that young females are facing in schools and in the broader community, especially teenage pregnancy, and identify resolutions together. In addition, clubs in each grade could choose a grade representative who would go on to form a Youth Advisory Board (YAB) representative of the whole school.

- Support a girl child campaign. Most young girls enter into relationships because of benefits that they receive from those relationships, especially cash to purchase things that they need (when in relationships with 'blessers'). This group would raise funds for girls to provide for their needs, such as sanitary towels, school uniforms etc.
- The formation of a brotherhood team, which would involve a group of boys supporting each other, sharing ideas on how they can make their school better and inclusive of everyone. This group could also discuss correct and consistent condom use and how boys (young men) can address the issue of teenage pregnancy at their schools and in their communities, and how they can be part of a solution going forward. The structure of this group could be similar to the girls' group discussed above, with groups in each grade and representatives forming a YAB representing the whole school. The YAB could consist of girls and boys from the individual grade groups.