Report:

Life Skills Schools Programme

Learner Knowledge Retention

1 Year Post Intervention

Report Compiled by:

Next Level Outcomes

Date:

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Table of Contents

List of Tables

List of Figures

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CAPS	Curriculum Assessment Policy Statements
HIV	Human Immunodeficiency Virus
LO	Life Orientation
OVSA	OneVoice South Africa
STI	Sexually Transmitted Infection
TB	Tuberculosis
WASH	Water Access, Sanitation and Hygiene
YAB	Youth Advisory Board

Schools Programme Overview

The OneVoice South Africa (OVSA) Schools Programme intends to educate young people on critical health and lifestyle issues, including HIV/AIDS and TB. The project is aimed at Grade 8 learners and is administered during the Life Orientation subject lessons at schools by OVSA Facilitators. The aim of the programme is to improve learners' knowledge and understanding of sexual health issues, and to encourage positive sexual behaviour, attitudes and practices.

Programme Content

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, heathy relationships, human rights and Water Access, Sanitation and Hygiene (WASH).

The programme is organised into six parts and includes 12 workshops as well as additional practical activities, which are presented over the course of 16 sessions, as presented in Table 1. The learner outcomes associated with the content are also included in the table.

Table 1: Overview of the Grade 8 Life Skills Programme.

	Session no.	Workshop no.	Content	Learner Outcomes
Part 1: Starting the Journey	1	1	Introduction and Consent	
	2	2	Pre-assessment	
Part 2: Life Skills	3	3	Introduction to WASH	• Define what WASH is; • Understand some of the WASH access issues; • Engage on the link between WASH and disease burden; • Understand WASH as a Human Right.
	4	4	Personal Values	• Identify personal values and recognise where they come from; • Understand what influences personal values; • Know that people have different values, and that these should not be judged as right or wrong; • Recognise how personal values influence decisions in life, including sexual and reproductive health and rights issues.
	5	4.1	Sexual Orientation, Gender Roles and Stigma	• Discuss and understand Sexual Orientation; • Discuss and understand Sexual Identity; • How this ties into Gender and Gender Roles; • How stigma impacts on Sexual Orientation and Identity; • Understand the difference between sex and gender; • Understand what gender roles are and the consequences of stereotyping.
	6	5	Problem Solving	• Identify a problem; • Find a range of solutions to a problem; • Analyse the applicability of each solution, and understand the consequences of the solutions; • Identify how to apply the solution to the problem; • Identify people and places where they can seek help for their problems; and • Solve personal problems related to sexual and reproductive health and rights issues.
	7	6	Identifying Your Strengths and Exploring Leadership	• Compile a personal SWOT (Strengths, Weaknesses, Opportunities, Threats) profile; • Identify opportunities based on strengths;

				• Explain the importance of managing your Career Aspirations; • What is Youth Leadership?
Part 3: Sexual and Reproductive Health and Rights	8	7	Puberty	• Define puberty; • Identify the physical changes that girls go through during puberty; • Identify the physical changes that boys experience during puberty; • Identify the emotional and social changes that occur during puberty; and • Identify strategies that they can use to negotiate safer sex and delay sexual debut.
	9	8	Healthy Relationships and Human Rights	• Discuss some of the different types of relationships that people have; • Identify the four qualities of a good relationship; • Critically analyse their own relationships to see if they are 'healthy' or 'unhealthy'; and • Make a personal plan for creating and maintaining healthy relationships in their lives. • Describe what human rights are and how they relate to their lives and personal values.
	10	9	HIV/AIDS Prevention and Management	• Understand HIV; • Understand AIDS; • Understand how HIV is transmitted; • List and understand prevention methods; • Link the five aspects of healthy living to living positively with HIV/AIDS.
	11	9.1	Exploring STI's	• Understand the types of STIs; • Understand how STIs are spread; • Identify some common STI symptoms; • Develop strategies to protect themselves against STIs.
Part 4: TB	12	10	TB and TB-HIV Co-infection	• Explain what TB is; • Identify the symptoms of TB infection; • Explain how TB is transmitted; • Identify ways to prevent the transmission of TB; • Identify the different types of TB (MDR TB and XDR TB); and • Explain the link between TB and HIV.
	13	11	TB Treatment Adherence and Support	• Talk about the importance of TB treatment; • List the reasons for people discontinuing TB treatment; • Discuss the difficulties of continuing TB treatment; and • Understand what it means to become an advocate for TB treatment.

Part 5: Advocacy Projects and Practical Tasks	14	-	Project Planning and Design with the Youth Advisory Board (YAB)	• Identifying a problem that the project will focus on; • Deciding on activities for the project; • Creating a time-line for the project; • Assigning tasks for the project; and • Working together in a democratic environment to complete a task.
	15	-	Project Monitoring, Implementation and Evaluating	• Identify the tasks that are still outstanding for the project; • Finalise the plan of action for the project; • Plan publicity for the project; and • Assess their ability to work together to achieve a goal.
Part 6: Continuing the Journey	16	12	Evaluating the Programme and Post-assessment	• Identify what they have learnt throughout the OVSA Schools Programme; • Identify how they grew and changed as a result of what they learnt; and • Do a plan for continuing to learn and grow, even without the support of the OVSA Facilitator.

Programme Delivery

In 2019 the programme was implemented in 15 schools located in four KwaZulu-Natal school districts, including Pinetown and Umlazi (both located in eThekwini Municipal District), Ilembe (Ndwedwe Municipality) and King Cetshwayo (Umlalazi Municipality).

In 2020, the same schools were targeted, however, the COVID-19 pandemic negatively impacted the programme, as schools were closed and Facilitators were forced to work remotely. Programme implementation was therefore limited, and Facilitators were unable to deliver the majority of the content.

Research Approach and Methodology

In 2019, a pre- and post-test design was used to assess learners' knowledge gain and to determine changes in behaviour, attitudes and sexual health practices, as a result of the programme. The pre-post assessment tool was designed by OVSA and has been used for a number of years.

Due to the abovementioned challenges associated with the delivery of the 2020 programme during the pandemic, an alternative research approach was required this year. The administration of the post-test to learners would not have provided useful data, as OVSA was unable to deliver the full programme. Instead, the 2020 approach involved an examination of learners' knowledge retention one year after completion of the programme. In other words, the Grade 8 learners who completed the programme in 2019 (the 2019 cohort), took the test again, at the end of their Grade 9 year. The same learners were thus tested (using the same assessment tool) at three time points as shown in Figure 1.

Figure 1: Research Design.

The 2019 post-test results were then compared with the 2020 follow-up test results, to determine whether learners retained knowledge a year post programme. The pre-test results were also included in the analysis.

This design provided a unique opportunity to investigate knowledge retention, a major indicator of long-term programme success.

Data Collection

School Selection

Due to budgetary constraints, 6 out of the 15 schools (two schools per district) were included in the study. The distribution of the schools by municipal and school district, as well as by quintile, is presented in Table 2.

Table 2: School Distribution by Municipal and School District.

Municipal District	School District	Quintile	School Name
eThekwini (Urban)	Pinetown	3	Mvaba High School
	Umlazi	4	Zwelibanzi High School
Ilembe (Peri-urban)	Ilembe	3	Lockhat High School
		2	Our Lady of the Rosary Secondary School
King Cetshwayo (Rural)	King Cetshwayo	2	Bagibile High School
		2	Ntabantuzuma High School

Quintiles categorise public schools based on the financial resources required by the schools in order to support the education of children in their surrounding communities. Schools that fall into quintile 1 are considered the poorest schools, whilst quintile 5 schools are the least poor. Schools in quintiles 1 to 3 do not charge school fees and learners are provided with a daily meal through the school feeding scheme.

Test Administration

The post-test was administered by OVSA Facilitators between August and October 2019, which was during the third term or the first two weeks of the fourth term. The same Facilitators administered the follow-up test in October and November 2020.

OVSA was concerned about the scores at Zwelibanzi High School at follow-up, as the standard was not in line with staff expectations given the perceived quality of teaching and learning at this school, notwithstanding the fact that it is the only school in quintile 4, making it the school with the most resources.

As a first step, the OVSA programme manager performed data verification and validation checks on the raw data collected, in order to determine whether there had been an issue with data capturing. No errors were found, and an investigation into test administration at the school was conducted.

The test was administered by a member of staff shortly before she left the organisation following her resignation. OVSA management noted that the work ethic of this staff member had deteriorated in the lead up to her exit, and that it was likely that this had compromised testing at Zwelibanzi. Test administration factors that were likely to have affected the quality of results include, poor explanation of the test prior to writing i.e., not reading through the questions with the learners; not giving the learners enough time to complete the test; and not being available to monitor test conditions or to answer questions.

It was not possible to determine which of these factors, or combination of factors, had impacted most heavily on the results, however, OVSA concluded that there was enough evidence to warrant re-testing at this school. Re-testing took place on the 23rd of March 2021.

Re-testing was undertaken under careful testing conditions. The venue was booked as early as possible and the test was administered at 07h00 in the morning before the start of school in order to ensure that learners were fresh and at full concentration. The OVSA Project Officer, who is also a Senior Facilitator, assisted the Facilitator with test administration and invigilation. The scripts were marked by both the Facilitator and the Project Officer, and the data was captured by both, before the acting Schools Programme and Research Manager moderated the scripts and validated the assessment data.

Data Analysis

OVSA Facilitators were responsible for data capture and cleaning. The cleaned data was made available for analysis in three separate Excel spreadsheets. Learners' names were used to match scores for comparison.

Analysis of the data included comparison of the combined overall scores for knowledge-based questions, followed by comparison of combined scores per question for questions 1 to 33. In addition, the influence of gender, age and school variables was examined. Combined responses to the questions concerning attitudes and practices (questions 34 to 40) were considered per question.

Study Participants

A total of 917 learners were assessed in 2019, at the five schools included in the 2020 study. Of these, 643 learners completed the follow-up assessment. The difference of 274 learners is explained by a combination of three factors, including, absenteeism on the day of testing, learners having left the school in the last year, or learners not returning to school after the COVID-19 lockdown. A total of 605 learners scores could be matched across all three tests and were thus available for analysis (*n*=605).

The study group consisted of 277 males (46%) and 328 females (54%) and learners ranged in age from 11 to 18 years old. The age range per school is presented in Table 3.

Table 3: Age Range of Study Participants Across Schools.

	Number of Learners by Age (Years)								**Total**
School	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	
Mvaba High School		6	33	100	56	8	1		**204**
Zwelibanzi High School		17	38	38					**93**
Lockhat High School		2	15	19	2	2	3		**43**
Our Lady of the Rosary Secondary School		9	28	19	12				**68**
Bagibile High School	1	20	31	22	9	4	1	1	**89**
Ntabantuzuma High School	1	21	45	21	10	8	1	1	**108**
Total	**2**	**75**	**190**	**219**	**89**	**22**	**6**	**2**	**605**

Findings

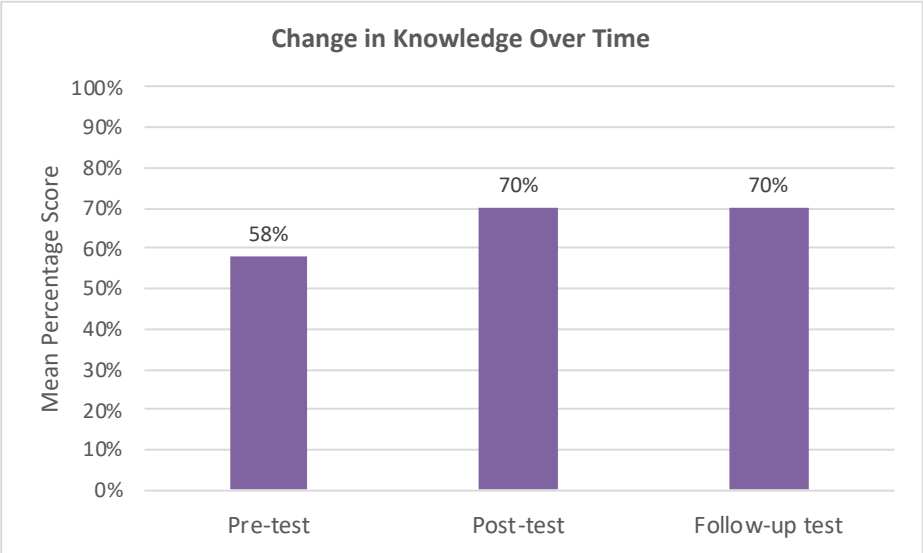
The analysis findings are presented in accordance with the sections and questions included in the assessment tool, using tables and figures where appropriate.

Knowledge Retention: Overall

Learner knowledge retention is examined in overall terms, and then according to the variables: gender, age and school. Knowledge retention in specific content areas is then presented.

Figure 2 presents the change in learners' overall mean (average) scores over time. Learners' overall mean scores increased from 58% to 70% from pre- to post-test, and remained at 70% at follow-up. This means that not only did learners' knowledge improve after implementation of the programme, i.e., from pre- to post-test, they retained the knowledge they had gained a year later i.e. at follow-up.

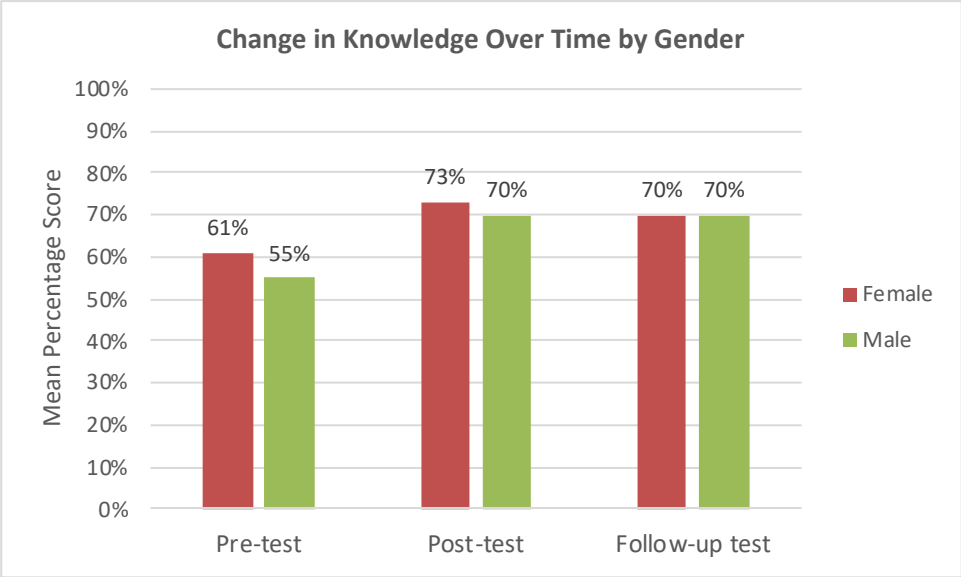
Figure 2: Change in Mean Scores over time.



Knowledge Retention: Gender

The influence of gender on the change in mean scores is presented in Figure 3. Females performed better than males did at post-test, but also started from a higher knowledge base at pre-test (61% compared to 55%). Gender-based performance over time was aligned with the overall change in mean scores over time, however male learners' knowledge retention was slightly better than female learners'. Males maintained a 70% score from post-test to follow-up, whilst female learners' scores decreased slightly (from 73% to 70%).

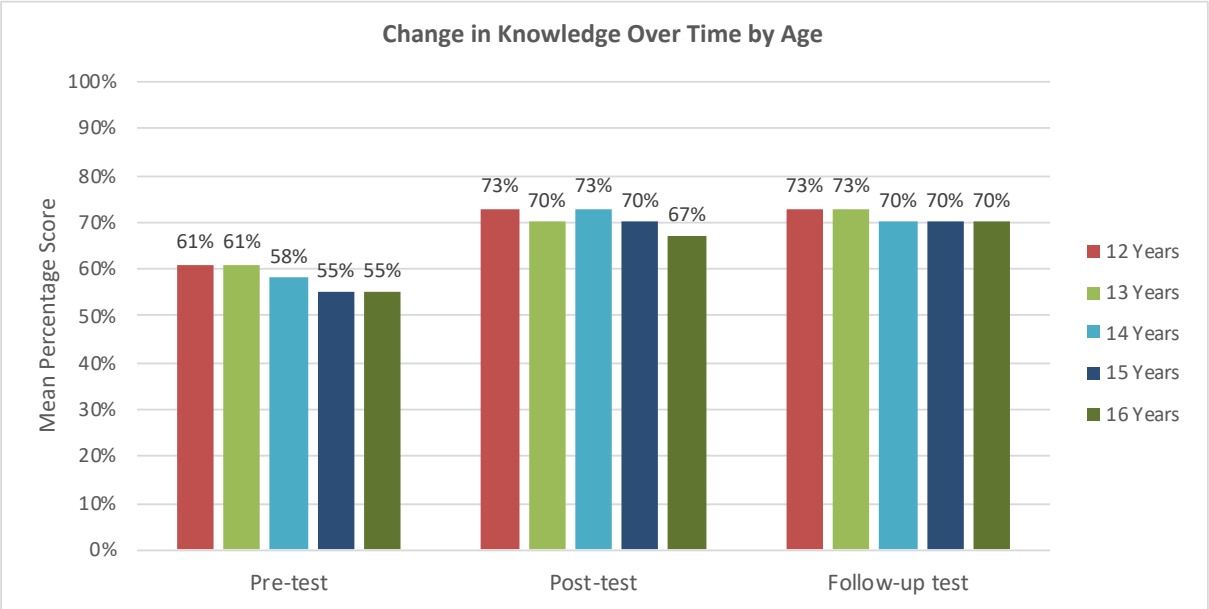
Figure 3: Change in Mean Scores over time by Gender.



Knowledge Retention: Age

The impact of learners' age on their knowledge gain and retention was investigated for learners aged 12 to 16 years. The sample size of 11-, 17- and 18-year-olds was considered too small to warrant examination (refer to Table 3). The results are shown in Figure 4.

Figure 4: Change in Mean Scores over time by Age.



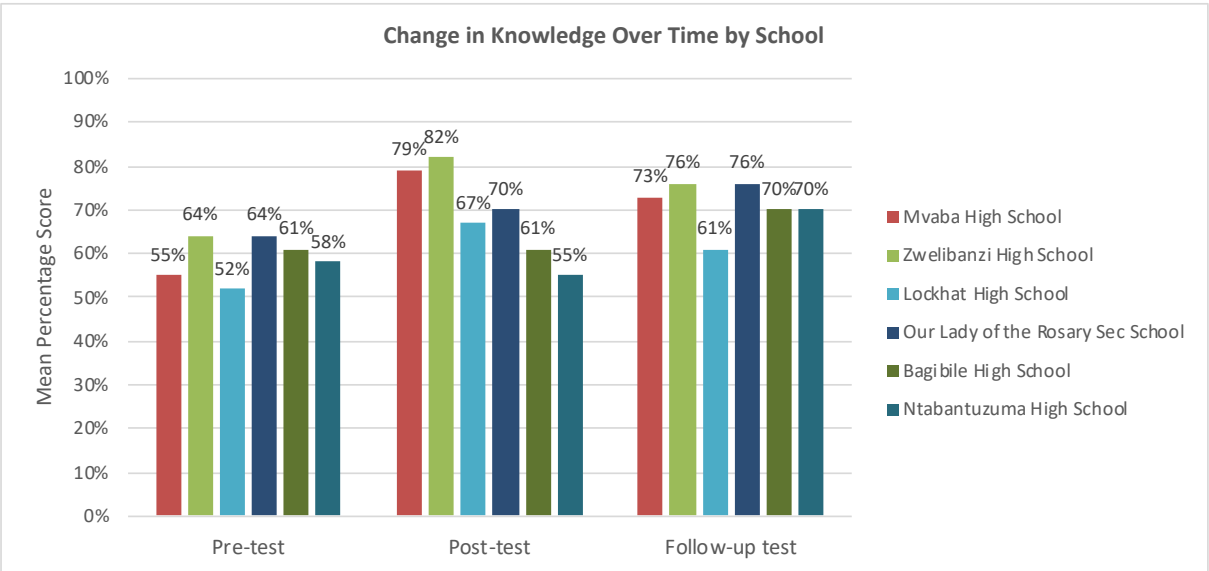
Learners in the 12-, 13- and 14-year-old age groups showed improvement from pre- to post-test, and retention of much of the knowledge gained when tested one year later. These learners scored between 9% and 12% higher at follow-up than they had at pre-test, indicating sufficient knowledge retention.

A significant finding was that learners aged 15 and 16 years old not only improved from pre- to post-test, but maintained their scores at follow-up. This could indicate that learners in this age group are most receptive to the programme content, as they retain the knowledge gained over time.

Knowledge Retention: School

The change in knowledge over time demonstrated by learners at each school is presented in Figure 5.

Figure 5: Change in Mean Scores over time by School.



Mvaba, Zwelibanzi and Lockhat High Schools' data followed a similar trend, in that learners' knowledge increased from pre- to post-test, followed by a decline in knowledge at follow-up, which indicates that learners retained some but not all of the knowledge that had initially gained. Mvaba learners demonstrated the greatest knowledge shift, their average scores improving by 24% initially and then maintaining an 18% improvement one year later. Lockhat exhibited a similar pattern although the gains were not as large, learners improving by 15% at post-test and retaining 9% of their gains at follow-up. Zwelibanzi learners achieved the highest average score at post-test (82%) and exhibited a high rate of knowledge retention at follow-up (76%).

Our Lady of the Rosary Secondary School and Bagibile and Ntabantuzuma High Schools displayed an unexpected pattern, their follow-up test results outperforming their post-test scores. While this appears to indicate that they had better knowledge of the content one year after they were exposed to the programme than directly thereafter, a more likely explanation, which was supported by programme staff, is that learners at these schools did not understand English well enough to answer the questions.

English language proficiency is a significant issue in South African schools, particularly those located within rural areas. Whilst English is required as the medium of teaching and learning from Grade 4 onwards, home language instruction, isiZulu in this case, is often used to supplement teaching where learners struggle with English. This negatively impacts learners when it comes to assessments and examinations, where they are expected to answer questions and express themselves in English exclusively. Whilst OVSA is not in a position to address the language issue through their programmes, an understanding of the negative impact thereof means that they can mitigate against it. Staff noted that reading through assessment questions and explaining what the questions were asking in isiZulu, before the assessment started, had helped in the past. It is recommended that this strategy be used and standardised across all schools in the future.

Knowledge Retention: Content Area

Table 5, on page 16, presents the percentage of correct responses per question at the three testing intervals, as well as an indication of the acceptability of learners' knowledge level per question and per content area. The follow-up test data is colour-coded according to the key presented in Table 4 below.

Table 4: Colour-coding Key for Follow-up Test Scores

Colour	Explanation
Green	The number of correct responses increased from pre- to post-test and exhibited a slight dip at follow-up i.e., there was good knowledge retention one year after programme implementation as knowledge levels were better than what they had been at pre-test.
Red	There were fewer correct responses at follow-up than there had been at pre-test, which means learners' knowledge in these areas had deteriorated significantly.
Blue	The number of correct responses at follow-up was greater than at post-test, indicating that learners' knowledge had improved in the last year i.e., without intervention from the programme. This is likely to indicate that learners were exposed to the relevant content in Grade 9 and/or as they matured.

Knowledge level acceptability is indicated by a tick or a cross per question, as well as per content area. Knowledge levels were considered acceptable where more than 50% of learners chose the correct response at follow-up test, and unacceptable where less than 50% of learners were able to indicate the correct answer at follow-up.

Table 5: Percentage of Correct Responses per Question at the Three Testing Intervals, and Indication of Acceptability of Knowledge Level (n=605).

	Content	Questions	Correct Responses			Acceptable Knowledge Level?	
			Pre-test	Post-test	Follow-up test		
Life Skills	Introduction to WASH	Question 3: WASH stands for…?	51%	67%	67%	✓	✓
		Question 4: In which of the following situations should we wash our hands?	53%	76%	80%	✓	
	Personal Values	Question 2: Values are…?	62%	71%	78%	✓	✓
	Sexual Orientation, Gender Roles and Stigma	Queston1: Gender Roles are…?	36%	55%	55%	✓	✓
		Question 16 (True/False): Homosexual is a person who is sexually attracted to people of the same sex as theirs.	59%	69%	66%	✓	
		Question 20 (True/False): People living with HIV have the same rights as all other South Africans.	85%	90%	80%	✓	
		Question 21 (True/False): Sexual stigma is a form of discrimination against people who are lesbians, gays etc.	49%	60%	59%	✓	
		Question 23 (True/False): It is possible for someone to look heterosexual (straight) while his is gay or she is a lesbian.	60%	70%	75%	✓	
	Identifying Your Strengths and Exploring Leadership	Question 13: Identifying your strengths and improving your weaknesses will help you in future to:	68%	79%	76%	✓	✓
		Question 14: What does YOUTH LEADERSHIP means?	69%	80%	70%	✓	
		Question 26 (True/False): Developing your career plan can help you to realise your dreams and reach your destination in a defined time.	76%	79%	78%	✓	
Sexual and Reproductive Health and Rights	Puberty	Question 27 (True/False): You can get pregnant before your first menstruation (periods).	43%	43%	38%	✗	✓
		Question 28 (True/False): It is the responsibility of a boy only to provide condoms during sexual intercourse.	56%	76%	65%	✓	
		Question 29 (True/False): Using a condom is good protection against getting HIV during sexual intercourse.	92%	90%	80%	✓	
		Question 30 (True/False): You must have sexual intercourse to show that you love someone.	73%	82%	72%	✓	

		Question 31: What is puberty?	86%	88%	82%	✓	
		Question 33: Which of the following is/are effective method(s) of preventing pregnancy?	35%	59%	61%	✓	
	Healthy Relationships and Human Rights	Question 15 (True/False): Having sex with an older person can put you at higher risk of contracting HIV.	79%	85%	79%	✓	✓
		Question 32: From the following statement, identify what can be considered as a human right.	64%	71%	75%	✓	
	HIV/AIDS Prevention and Management	Question 11: Who qualifies to undergo the process of Medical Male Circumcision?	43%	59%	57%	✓	✓
		Question 12: By how much percentage does Medical Male Circumcision reduce the risk of HIV?	29%	47%	36%	✗	
		Question 17 (True/False): One male condom can be used safely twice if you wash it.	83%	94%	80%	✓	
		Question 18 (True/False): You can tell if a person is infected with HIV by looking at him/her.	75%	87%	79%	✓	
		Question 19 (True/False): There is a cure for AIDS.	42%	65%	64%	✓	
		Question 22 (True/False): A person can be infected with HIV for 5 years or more without getting AIDS.	46%	62%	65%	✓	
		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.	77%	84%	81%	✓	
	Exploring STI's	Question 8: How do STIs spread from one person to another?	28%	41%	46%	✗	✗
		Question 9: Which of the following is a symptom of an STI?	39%	63%	65%	✓	
		Question 10: How can you protect yourself from beings infected with STIs?	82%	85%	75%	✓	
TB	TB and TB-HIV Co-infection	Question 5: Who is at *high risk* of contracting TB?	26%	50%	51%	✗	✗
		Question 7: What are the main symptoms for infectious active TB disease?	42%	70%	59%	✓	
		Question 25 (True/False): It is not allowed to take TB treatment at the same time with ARVs (HIV treatment).	52%	63%	47%	✗	
	TB Treatment Adherence & Support	Question 6: What are the risks of defaulting on TB medication?	40%	62%	64%	✓	✓

Learners' knowledge levels were considered acceptable in the Life Skills content area, which includes WASH, personal values, sexual orientation, gender roles and stigma, identifying your strengths and exploring leadership.

Sexual and reproductive health and rights was broken down into a number of content areas. Learners demonstrated an acceptable level of knowledge around puberty, however there was one question that was of concern, which dealt with whether a woman can get pregnant before her first menstruation. Just 38% of learners indicated the correct response (True) to this question at follow-up test, which is considered too low.

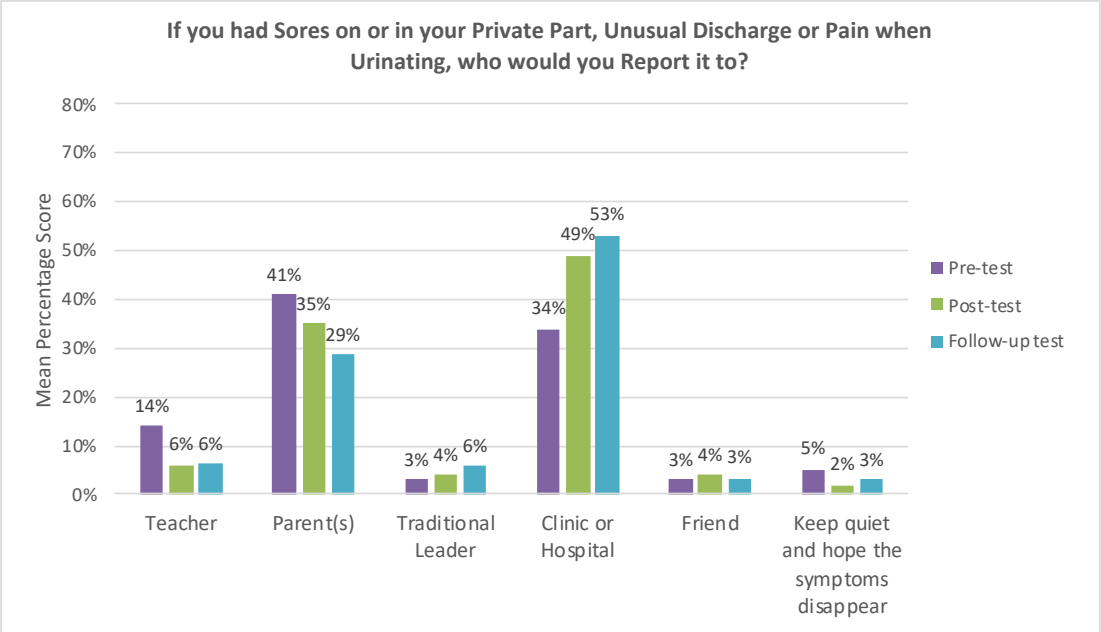
HIV/AIDS prevention and management was well understood. The only question with a low correct response rate asked for the percentage reduction in HIV risk associated with medical male circumcision. Although 36% of learners responded correctly, this was not considered an area of major concern, as the question involved the recall of a statistic. STIs knowledge retention was considered acceptable, however, the question on STI transmission was not well answered with just 46% of learners getting the question correct at follow-up.

There was knowledge retention around TB and TB-HIV co-infection, however knowledge levels remained low and were considered unsatisfactory on the whole. Half (51%) of the learners in the sample group were able to indicate the characteristics of someone who is at high risk of contracting TB, and only 47% of learners knew that one is able to take ARVs at the same time as TB treatment. It could be that the section on TB is more difficult to understand than other content areas of the training, or that this information is not as relevant to learners as other content might be, so they retain less of it.

Change in Personal Attitudes towards Sex and Sexual Practices

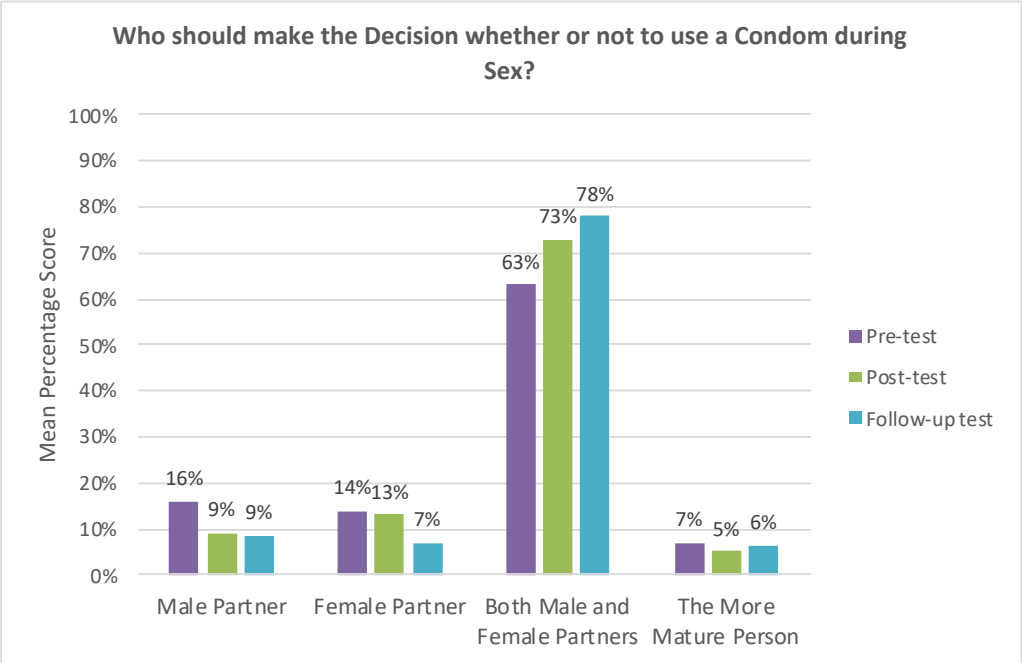
The second section of the assessment tool was designed to elicit information about learner attitudes and sexual practices. Learner responses were compared across the three testing intervals and are presented in Figures 6-11.

Figure 6: Comparison of Responses to "If you had sores on or in your private part, unusual discharge or pain when urinating, who would you report it to?"



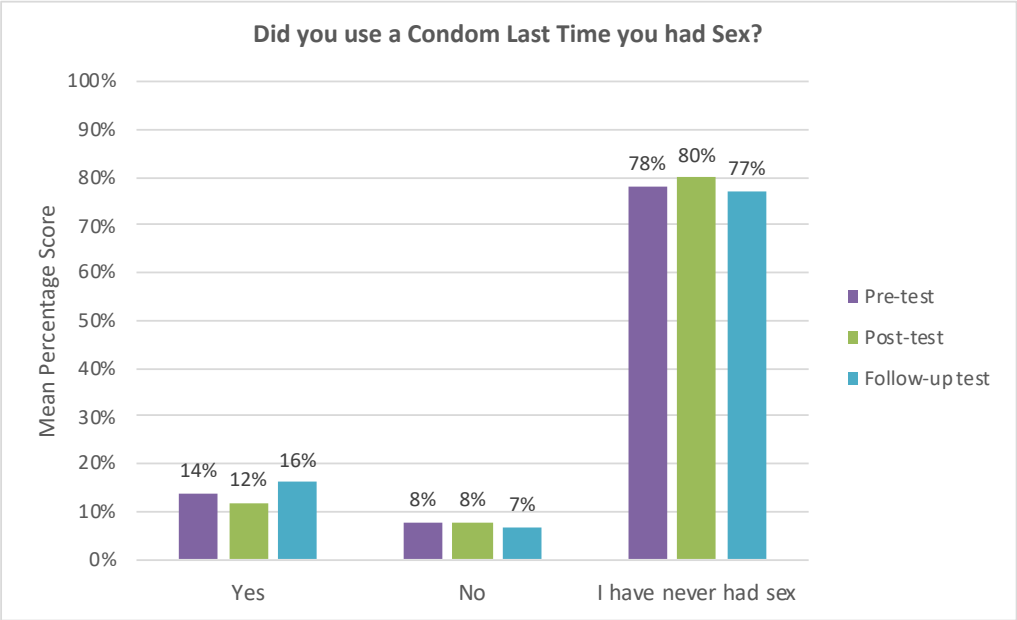
The key finding here is that over time, learners were less and less likely to approach their parents in this uncomfortable situation, and more likely to seek help from a clinic or hospital. The increase in responses indicating that help would be sought from a professional (at the clinic or hospital) is encouraging, as this means that learners would be more likely to receive the correct information about how to deal with the problem, as well as the necessary medication.

Figure 7: Comparison of Responses to "Who should make the decision whether or not to use a condom during sex?"



The desired response to this question is the response chosen by the majority of learners across the three testing intervals i.e., that the decision as to whether or not to use a condom during sex should be made by both partners (Option C). The post-test and follow-up test data indicates a positive change in attitudes over time, with an increased percentage of learners choosing the desired response at these testing intervals. At follow-up, the majority of learners (78%) chose this response.

Figure 8: Comparison of Responses to "Did you use a condom last time you had sex?"



The data presented in Figure 8 infers that a significant proportion of learners had had their sexual debut in the last year. At post-test, 80% of learners indicated that they had never had sex, while at follow-up a year later, this figure had decreased to 77%. Of those who were sexually active, a larger percentage had used a condom the last time they had had sex, than had not. There were, however, still 41 learners (7%) who had not used a condom after their most recent sexual encounter.

Figure 9: Comparison of Responses to "What would you do if someone wants to have sex with you and you don't want to?"

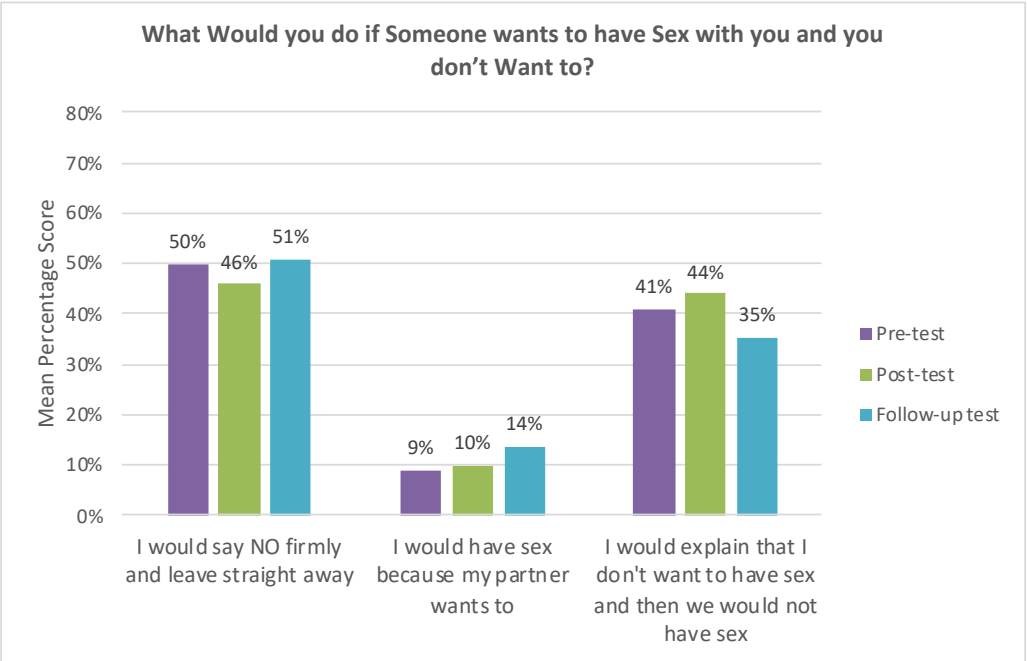
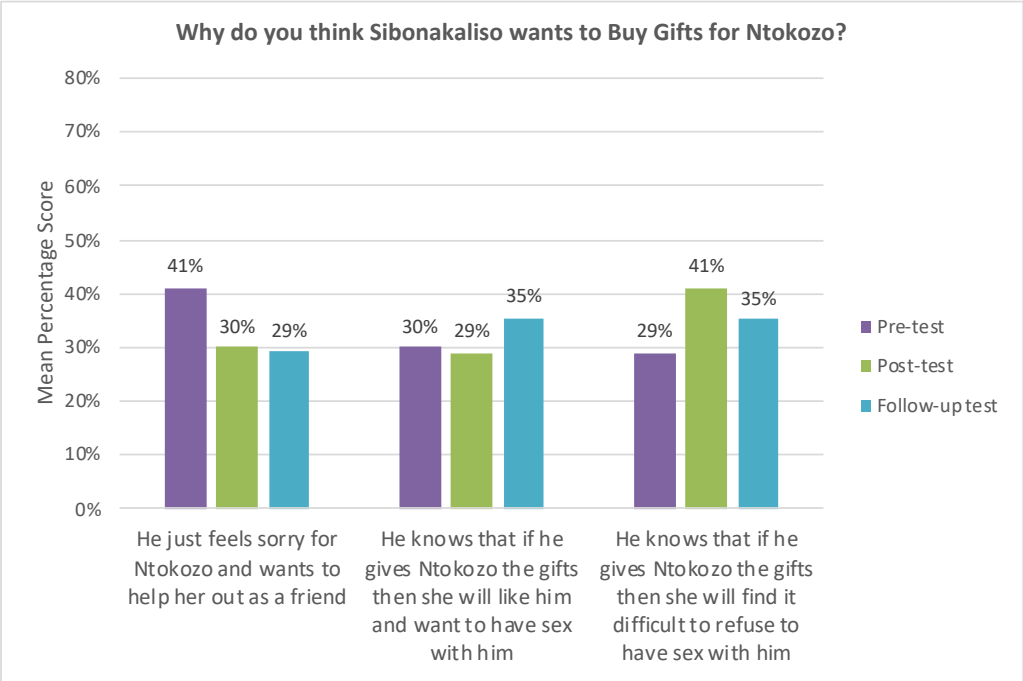


Figure 9 indicates that an increased percentage of learners indicated Option B "I would agree to have sex because my partner wants to" at follow-up (14%) than at post-test (10%).

Change in Community Attitudes and Practices

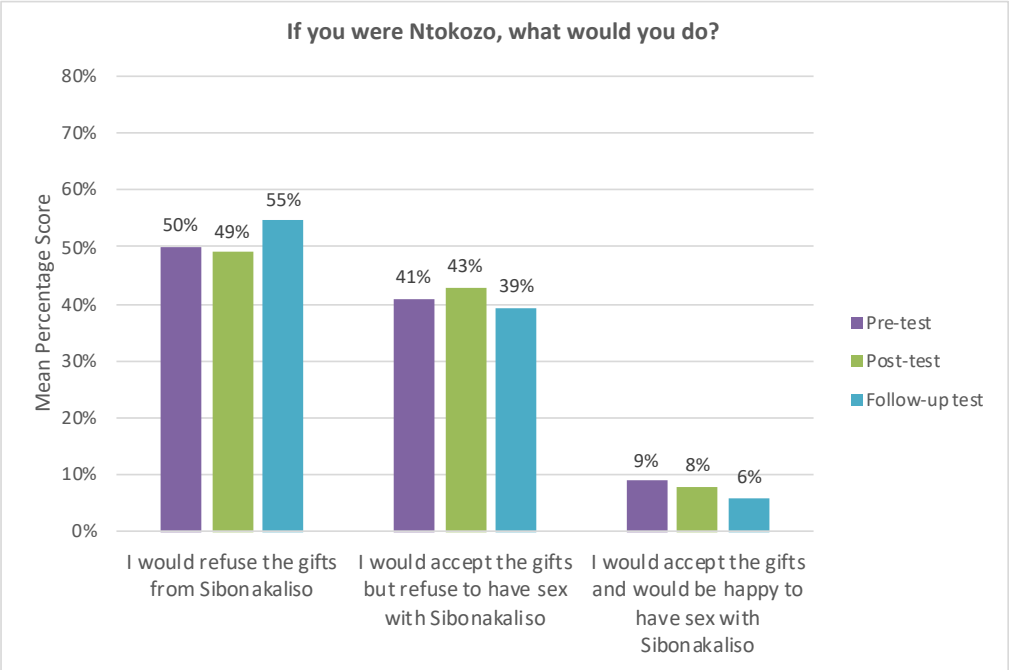
A scenario was presented in this section in order to elicit information about the practices within learners' communities. The scenario involved a young girl, Ntokozo, who is from a poor family and who is approached by a man, Sibonakaliso, who offers to buy her gifts.

Figure 10: Comparison of Responses to "Why do you think Sibonakaliso wants to buy gifts for Ntokozo?"



A decrease in the percentage of learners who indicated Option A across the three testing intervals is indicative of an increased understanding of the likely motivations of an older man offering gifts to a young girl. At pre-test, 41% of learners chose Option A, which states that the man just feels sorry for Ntokozo and wants to help her out as a friend, and by follow-up only 29% of learners chose this option. The increase in Option B responses, particularly at follow-up, that the man knows that Ntokozo will like him and want to have sex with him if he gives her gifts, supports the increase in awareness of the motivations of 'sugar daddies'.

Figure 11: Comparison of Responses to "If you were Ntokozo, what would you do?"



The increase in the rate of Option A responses, that the learner would refuse the gifts from Sibonakaliso, is encouraging, as this is the most desirable answer should a learner be faced with this situation.

Recommendations

There were two important content areas where learners did not perform as well as the programme would have liked. Learners did not exhibit a good understanding of STI transmission, and their retention of TB knowledge required further improvement. It is recommended that these content areas receive additional focus during training in 2021.

There was an acceptable level of reported condom use among learners, however 7% of learners had not used a condom the last time they had had sex. While this percentage is low, it is still significant, and it is recommended that a follow-up workshop on condom use and where to obtain condoms is conducted with Grade 9 learners.

Conclusion

Learners retained knowledge from the programme relatively well, although there were some areas where knowledge retention could be improved, particularly STI and TB knowledge. Learners' responses to the behavioural and attitudinal questions at the end of their Grade 8 year (at post-test) differed from their responses at the end of Grade 9 (at follow-up). The findings suggest that there is an increase in sexual activity in the Grade 9 year and that programme delivery in Grade 8 is thus well timed. Continued support in subsequent years would be beneficial, as learners mature and are faced with new issues pertaining to sexual health throughout their high school years.