

Protecting the Sexual Health of Young South Africans

Midline Results from the Impact Evaluation of a Sexuality and HIV Prevention Education Activity

Background

In 2015, the South Africa Department of Basic Education (DBE), with support from the United States Agency for International Development (USAID), invested in developing and piloting scripted lesson plans (SLPs) to increase the rigor and uniformity of a Life Orientation (LO) curriculum for learners. The Education Development Center began to pilot the SLPs in the 2016 school year. With support from USAID and in partnership with the DBE, MEASURE Evaluation is conducting an impact evaluation of the activity before it is rolled out nationally. The evaluation examines the effect of the SLPs on herpes simplex virus 2 incidence, and the change in prevalence of pregnancy among a cohort of Grade-8 female learners as they progress to Grade 10. The evaluation also examines whether the activity is related to the secondary outcomes of school retention, knowledge, attitudes, and risk behaviors of female and male learners in Grades 8, 9, and 10. The study employs a two-arm, stratified, cluster design with quantitative data collection at baseline, midline, and end line. Quantitative data are being collected from five education districts in Mpumalanga (MP) and KwaZulu-Natal (KZN). The evaluation also had a qualitative component at midline, examining the perceptions and acceptance of and comfort with the curriculum materials and supportive activities by different stakeholders, and identifying barriers and facilitators to implementation of the activity. Data from in-depth interviews and focus group discussions were collected from three education districts in MP and KZN.

This brief presents the quantitative midline results from 4,123 Grade-9 female learners and 3,988 Grade-9 male learners enrolled in 105 study schools in the third quarter of the 2017 school year. It presents qualitative results from 36 Grade-10



High school students attend a DramAidE forum theater performance at a high school in KwaZulu-Natal, the province in South Africa with the highest HIV/AIDS prevalence. Photo: © 2000 Patrick Coleman, courtesy of Photoshare

female and 36 Grade-10 male learners enrolled in six study schools (one intervention and one matched control school in MP and two intervention and two matched control schools in KZN) in the first quarter of the 2018 school year, plus interviews with five LO teachers and focus group discussions with eleven groups of parents.

Key Findings

Learner Demographics

Grade-9 male learners were older than Grade-9 female learners by approximately eight months. Both female and male learners most commonly lived with their mothers. The next most common person for a learner to live with was a father or grandparent. About one-third of learners were single orphans and one-tenth were double orphans.

Table 1. Demographics, 2017

	KwaZulu-Natal		Mpumalanga	
	Grade-9 girls (n=2292)	Grade-9 boys (n=2325)	Grade-9 girls (n=1831)	Grade-9 boys (n=1663)
Age (mean)	14.7	15.4	14.6	15.3
Primary caregiver (%)				
Mother	73.2	69.5	73.8	68.8
Father	6.0	12.6	6.3	11.8
Grandparent	12.9	10.6	11.4	10.0
Orphanhood (%)				
Single orphan	33.3	32.7	28.6	28.4
Double orphan	12.0	11.2	9.2	9.3

Learners’ Perceptions of the LO Curriculum

Quantitative data show that most learners had positive perceptions and experiences with the LO curriculum.

Table 2. Participation in and perception of the LO curriculum, 2017

Percentage of respondents who indicated that the following statements are mostly true or very true	KwaZulu-Natal		Mpumalanga	
	Grade-9 girls (n=2292)	Grade-9 boys (n=2325)	Grade-9 girls (n=1831)	Grade-9 boys (n=1663)
The things we learn about gender roles, sexuality, and HIV in the LO class are similar to what I experience in my life.	51.9	55.1	54.7	57.7
I have learned a lot about sexuality and HIV-related topics in my LO class.	77.7	74.1	80.8	73.9
I am able to apply some of the things I have learned about gender roles, sexuality, and HIV in the LO class to my personal life.	62.6	64.1	67.6	65.5

These results were echoed in the qualitative interviews in which learners generally reported enjoying and being interested in the LO classes. The interviews also revealed that:

- In MP, learners in the intervention school expressed more interest in the LO curriculum compared with learners in the control school.
- Learners’ recollections of specific LO topics differed by school and gender. In KZN, male learners in the intervention schools remembered specific lessons, such as “prevention and

symptoms” and “pregnancy prevention,” whereas male learners in the control schools more generally reported what they recalled learning (e.g., “how to protect myself when having sex”). In MP, female learners in the intervention school could name HIV and pregnancy prevention as specific topics they enjoyed, whereas females in control schools could not recall topics covered in the LO classes.

- A few learners noted aspects of how the LO curriculum was taught that they did not enjoy. In the MP intervention school, some learners reported disliking instances when teachers shamed or used specific learners as examples of the negative consequences of having sex or not using protection. Learners at the same school also stated that lessons were not always clearly explained by the LO teacher.
- Although results from the quantitative survey showed that the majority of learners reported being able to apply some things they learned in the LO class in their personal lives, the qualitative findings revealed that many learners struggled to share specific examples of applying knowledge and skills gained from the LO class.

Learners’ Sexual Behavior

In comparison with female learners, a larger proportion of male learners reported ever having sexual intercourse and having a girlfriend or boyfriend at the time of the quantitative survey. Males were more likely than females to report having used a condom at last sex and using a condom during every sexual encounter in the previous three months. Males were also more likely than females to report ever having sex with a person five or more years older.

Figure 1. Percentage of learners who reported ever having sexual intercourse, 2017

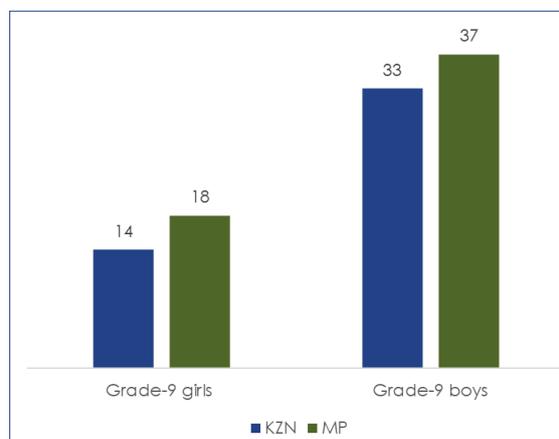


Figure 2. Percentage of learners who currently have a boyfriend or girlfriend, 2017

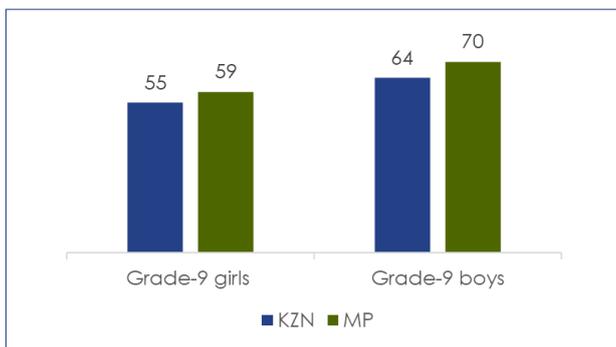


Table 3. Select sexual behavior indicators among adolescents who had ever had sex, 2017

	KwaZulu-Natal		Mpumalanga	
	Grade-9 girls (n=296)	Grade-9 boys (n=765)	Grade-9 girls (n=310)	Grade-9 boys (n=603)
Age at first sex (mean)	13.5	13.3	13.8	12.6
Used a condom at last sex (%)	65.8	77.1	75.3	79.3
Used a condom every time they had sex in past three months (%)	65.6	70.9	66.1	72.1
Ever had sex with a person five or more years older (%)	29.0	34.3	22.9	35.0

Self-Efficacy and Sexual Consent among Learners

In the quantitative survey and the qualitative interviews, learners reported moderate to high levels of perceived self-efficacy to refuse sex. In the interviews, female learners often stated that they would refuse sex with a boyfriend by telling him that she was not ready; male learners often said that they would fabricate a story, such as being sick, being tired, or not having protection.

Table 4. Self-efficacy, 2017

	KwaZulu-Natal		Mpumalanga	
	Grade-9 girls (n=2292)	Grade-9 boys (n=2325)	Grade-9 girls (n=1831)	Grade-9 boys (n=1663)
Could refuse to start having sex if he or she did not want to even if friends were having sex.	60.6	60.8	60.4	57.7
Could refuse to have sex with a boyfriend (b/f) or girlfriend (g/f), even if b/f or g/f was pressuring them.	65.3	59.3	69.0	58.6
Would be able to talk about condoms with b/f or g/f if b/f or g/f was asking him/her to have sex.	65.9	74.5	73.6	77.5

The qualitative interviews revealed that KZN learners were better able to define and explain sexual consent than those in MP. Learners’ understanding of sexual consent in MP was occasionally the opposite of the actual concept. One female respondent in an intervention school stated that sexual consent was when one was in love and that meant that a male partner could do anything he wanted to her. When male learners were asked how they would seek a girlfriend’s permission to have sex, they often shared strategies involving pressure or deceit.

Clinical Services Accessed by Learners

The quantitative survey showed that more males than females had ever been tested for HIV and had been to a service delivery point in the past 12 months for sex-related information or to get condoms or contraceptives.

Figure 3. Percentage of learners ever tested for HIV, 2017

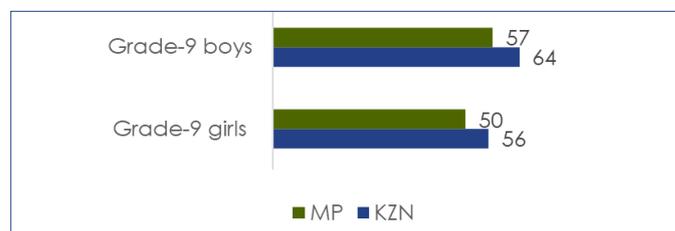
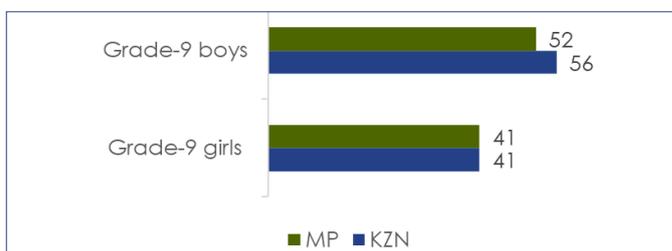


Figure 4. Percentage of learners who visited a clinic or hospital in the past 12 months for sex-related information or to get condoms/contraceptives, 2017



The qualitative interviews revealed that male learners were often encouraged by nurses or other staff to get an HIV test when they went to the clinic for circumcision. Some males also got tested after unprotected sex. Female learners often reported deciding to get tested when they became sick with the flu or another illness.

Parents' Perceptions of and Comfort with the LO Curriculum

The focus group discussions showed that parents were generally comfortable with their children being exposed to sexuality and HIV prevention education through the LO curriculum, with some parents stating that this activity offered an opportunity to talk about pregnancy and HIV prevention with their adolescents at home. Most learners were aware of their parents' support of the curriculum; over 80 percent of surveyed Grade-9 learners stated that their parents/caregivers thought it was good to be learning about HIV/AIDS in school. However, some parents expressed discomfort with certain lessons. Male parents in the control school in MP were not comfortable with the lessons on hormonal contraceptives and female condoms, because they felt it could lead to female promiscuity. Some male parents in intervention and control schools in KZN debated whether exposure to sexuality education would encourage learners to experiment sexually.

The quantitative data showed that 44 percent to 77 percent of learners reported that they could talk to their parents about curriculum topics. However, parents in the focus groups from the intervention and control schools in both provinces stated that their children generally did not talk to them, and they did not know the information that their children were receiving in the LO class.

LO Teachers' Comfort with the LO Curriculum

The level of comfort with the LO curriculum differed significantly among LO teachers in KZN. In one district, the LO teacher in the intervention school expressed complete comfort in teaching the curriculum and the sexual education lessons. In contrast, the teacher at the control school in the same district expressed discomfort, especially using certain words with learners, considering them culturally inappropriate for adults to use with children. In another KZN district, the LO teacher at the intervention school reported that she was only "50 percent comfortable" teaching the new SLPs. There was no interview with the control school LO teacher in the same district.

Table 5. Learners ability to communicate about sex education with parents, 2017

Learner respondent indicated the following is mostly true or very true	KwaZulu-Natal		Mpumalanga	
	Grade-9 girls (n=2292)	Grade-9 boys (n=2325)	Grade-9 girls (n=1831)	Grade-9 boys (n=1663)
My parent/caregiver thinks it is a good thing that I am learning about HIV/AIDS in school.	84.1	80.2	88.6	81.5
I can talk to my parent/caregiver about HIV- and AIDS-related topics.	56.0	53.3	65.5	55.9
I can talk to my parent/caregiver about topics on how to make healthy sexual choices.	51.0	52.0	62.0	54.6
I can talk to my parent/caregiver about pregnancy related topics.	62.3	53.0	66.9	51.4

MP LO teachers from both the intervention and control schools said they were very comfortable teaching the curriculum, but the topics with which they were comfortable differed. The intervention school LO teacher said she was comfortable with the sexuality topics, and the control school LO teacher in the same district said she was more comfortable with the nonsexuality part of the curriculum. (Learners in both the intervention and control schools in MP reported that the LO teachers seemed uncomfortable with the sexuality education topics.)

LO teachers in both the intervention and control schools requested more job aids, such as DVDs and pictures, as part of the teacher's guide to help them teach the LO lessons.

Conclusions

KZN and MP learners who received the Grade-9 LO lessons enjoyed and were interested in them. Greater use of the curriculum's interactive activities may help learners relate the knowledge and skills to their own lives and internalize the importance of practicing healthy behaviors. The LO teachers may need to spend more time on the lesson on sexual consent, increasing their use of role-playing and other applied learning strategies. Follow-up training and putting supportive mechanisms in place may make LO teachers more comfortable with the sexuality education and HIV prevention lessons. Parents' positive perceptions of the LO curriculum are encouraging, and suggest that young people in South Africa who are receiving the new SLPs are well-positioned to improve their knowledge, attitudes, and behaviors around sexual health and HIV and pregnancy prevention.