



USAID SOUTH AFRICA SCHOOL-BASED SEXUALITY AND HIV PREVENTION EDUCATION ACTIVITY

SGB SENSITIZATION WORKSHOP ASSESSMENT REPORT, GAUTENG

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Rapid assessment of CSE sensitization workshops with SGB representatives

Johannesburg West
(SGB_6, September 2016)

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1. Introduction

The South Africa School-Based Sexuality and HIV Prevention Education Activity is a PEPFAR-Funded USAID Activity aimed at reducing new HIV infections in learners and educators by assisting the Department of Basic Education (DBE) to implement high quality, evidence-informed sexuality and HIV prevention education programmes. The project's activities are specifically designed to strengthen, link and consolidate South African Government (SAG) efforts to link education sector initiatives and health sector initiatives that share a common purpose: a reduction in the incidence of new HIV and TB infections among young people and improved linkages to HIV care and SRH services for learners. The Health Economics and HIV and AIDS Research Divisions (HEARD), Society for Family Health (SFH) and MOTT McDonald are providing technical support to EDC SLP development and implementation, as well as other complementary, supporting activities.

SFH are leading the complementary activities which involve engaging with the broader school community (school governing bodies (SGB) and senior management teams (SMT)) to advocate for CSE in schools as well as ensuring that the necessary linkages between schools and health services are in place. In order to achieve this, SFH are conducting sensitization workshops in the districts where EDC is working to strengthen SGB members' advocacy skills for CSE, including SGBV and the Integrated School Health Policy (ISHP). These workshops consist of 2-day discussions which cover information on the comprehensive sexuality education package that is offered in schools, as well as aim to equip SGBs and SMTs with skills to advocate for schools based comprehensive sexuality and HIV education activity amongst parents in the community.

The sensitization workshops fall under objective three in the overall scope of work: "Improved quality of school-based sexuality and HIV education programs – evidence informed and effective to reduce risky behaviours amongst school-going youth; improved learner knowledge and achievement in targeted areas of the life skills program"; Task 3.1 "Implement sexuality and HIV education activity in target schools".

These workshops are being assessed to determine whether or not they are effective in improving the knowledge of and generating positive attitudes among the participants towards comprehensive sexuality education, as well as for identifying the extent to which an enabling environment exists for the roll out of comprehensive sexuality education. Reports such as this one are generated regularly on the basis of data collected at one or more workshops. The report is primarily intended to give feedback to the Activity on whether or not the workshops are having the intended effect, or if the messaging or mode of presentation should be revised to generate greater effect. It provides EDC and partners with a snapshot of the research findings to guide internal planning processes.

This report relates to Activity 3.1.3 which aims to improve the knowledge and attitudes of SMT and SGBs towards comprehensive sexuality education in schools.

2. Methodology

A total of 45 SGB representatives took part in the sensitization workshop that is included in this analysis. The participants represented the SGBs in 27 schools in the district. The workshop took place on the 24th of September 2016 in the district of Johannesburg West.

Of the 45 participants, a majority (67%) were female. The age of participants varied from 22 to 79 years, with the average age of participants being 44 years. A majority (58%) of participants had only been at the school for one (37%) or two (21%) years.

The information was collected from the participants through a self-administered paper-based structured questionnaire administered pre and post training. Respondents were asked to respond questions along four themes:

1. the degree of parental involvement in their respective schools;
2. sexuality education at school;
3. knowledge about HIV & AIDS and sexuality and;
4. HIV stigma.

The questionnaire asked participants to respond to statements of value or opinion by indicating whether they *strongly agree*, *agree*, *neutral*, *disagree* or *strongly disagree* with the statement. The section on parental involvement asked respondents to indicate whether the statements were *true* or *false*.

The questionnaires were anonymous, but each participant entered their dates of birth into the questionnaire in order to allow for the pre- and post-training questionnaires to be linked so as to test the statistical significance of any changes in responses between the two questionnaires.¹

The data was entered into the SPSS statistical software (version 24) and analyzed by means of descriptive statistics and paired sample t-tests to determine the statistical significance of any change in answers between the first and second round of responses. As the findings are reported in a table below, one asterisk (*) signifies statistical significance at ($p < .05$), two indicates significance at ($p < .001$).

Since this rapid assessment report is intended as a 'diagnostic' tool for EDC and the partners involved in the training, we suggest that attention is paid to the changes even if they are not statistically significant. While such changes could not be relied upon to draw any general conclusions, they may still hold important information to those who conducted the training.

¹ Since there was a small number of respondents, a change of opinion or attitude by one single participant resulted in a shift of one or more percentage points. For this reason, as we are only interested in more general shifts as a result of the training, we will only pay attention to larger shifts in the data. It is, in any case, only such major shifts that may be statistically significant. As a rule-of-thumb we will note relevant changes by 7 or more percentage points, as this would mean that about 5 or more respondents had shifted their answer.

3. Results

3.1 Parental involvement in schools

The following are the main results relating to parental involvement:

1. **SGB activity.** A large majority of respondents (92%) said that their school has an active SGB, with 84% of participants saying that the SGB in their school meets either once a month or once ever quarter.
2. **Parental and community support.** A majority (52%) say that their school has strong support from the parents in the community, and 60% say that parents actively encourage learners to take their education seriously. We should note that although both these numbers indicate majority support, the size of the majority is considerably less than in previous reports.
3. **School communication.** Again, a large majority (84%) say that their school keeps the community informed of activities and events at the school, and the same-size majority say that their school communicates well with the family of a learner who is not doing well in school in order to find solutions that will help the learner.

One way to interpret these result would be to say that since communication and support seems to work this well, the views and opinions of the SGB members are more likely than not to represent the views and opinions held by the broader community of parents.

3.2 Sexuality education and HIV and AIDS

In this section and in the table below we will identify what change, if any, occurred in how participants responded to the same question in the pre- as opposed to the post-training questionnaire. In order to conduct this analysis we could only include and match the 38 participants that had stated their date of birth in both questionnaires, as requested. While this is unfortunate, it does not invalidate the analysis.

The table below provides the percentage of participants who responded 'correctly' in the pre-training questionnaire in the sense that their response was either factually correct or in line with the values of the sexuality education that is advocated by the Activity. The percentage of respondents who gave the correct answer in the post-training questionnaire is reported if there was an increase of 7 or more percentage points, and will be highlighted in green. Responses that did not see an increase are reported in the table as '—'.

Compared to the findings in previous reports, these are more positive and strong in three ways: (1) we can see a substantial increase in the post-workshop answers to more questions; (2) many more of these increases are statistically significant, and (3) there were no instances of a reduced percentage of correct answers after the workshop.

Statement according to themes		Correct answer (%)	
		pre-training	post-training
A	Sexuality Education		
1	Teaching young people about sexuality encourages them to have sex at an early age	60	90
2	Teaching young people about HIV prevention encourages them to have sex at a young age	60	90
3	Scripted lesson plans on sexuality education in schools will help LO educators teach HIV/AIDS and sexuality education	76	95
4	Schools should refer children for regular health screenings for STIs	60	79*
5	Healthy parent child relationships are based on children who are seen and heard	32	--
6	It is only the responsibility of the parent to talk to their child about sexuality and HIV prevention	63	--
7	Boys should be encouraged to register for MMC at school	76	92*
8	Children should be able to access condoms in schools	21	45
9	It is important for learners to be taught about HIV & AIDS and sexuality within schools	76	100*
10	It is important for learners to be taught Life Orientation	82	100*
11	I support the roll out of a School Based Sexuality Education and HIV prevention activity	87	97
12	School children should be taught only about abstinence as a form of birth control and prevention of STIs	29	47
13	Learners who have had sexuality education are more likely to get pregnant	64	74
14	Parents need to be equipped in discussing sexuality education and HIV with their children	94	--
B	Sexuality and HIV/AIDS Literacy		
1	STIs can be treated easily and effectively if detected early	87	100
2	HIV can be transmitted through oral sex	58	92
3	HIV cannot be transmitted to an unborn child by the mother	21	37
4	HIV cannot be transmitted to a baby who is still breastfeeding	66	79
5	Using condoms correctly and consistently is the only form of HIV prevention	58	--
6	HIV is not curable but it is treatable	95	--
7	STIs cannot be transmitted through anal sex	60	76
8	If someone is engaging in sex they need to be tested for HIV and other STIs	89	--
9	Puberty is a normal process of physical, social, emotional and spiritual growth	74	84*
10	HIV positive people need to take ARVs for the rest of their lives	79	97
11	ARVs increases the progression and reproduction of HIV in the body	53	--
C	HIV Stigma		
1	HIV is a punishment from God	76	97*
2	People with HIV/AIDS are sexually immoral	76	87*
3	HIV/AIDS is a punishment for bad behaviour	79	95*
4	I would be willing to be friends with someone who is HIV positive	74	87
5	People with HIV/AIDS should be ashamed of themselves	79	95*
6	I would be ashamed if I were infected by HIV	58	84*
7	I would be ashamed if someone in my family had HIV or AIDS	71	95*
8	HIV positive children should be allowed to play with HIV negative children	94	--

One reason why we found a substantial increase in correct responses to more questions is that a lower percentage than in previous reports of correct answers in the pre-workshop questionnaire. In other words, among these respondents, there was more 'room for improvement'.

On a more critical note, this analysis makes a problematic finding that is similar to previous reports in relation to statement B11 (see above). Only a small majority (53%) knew, before the workshop, that ARVs reduce the effects of HIV in the body; a misconception that the workshop did not change substantially.

4. Highlighted findings

We wish to highlight the following findings:

1. In 25 of the 33 cases, the workshop seems to have had the intended effect to increase the knowledge and/or improve the attitudes of the participants, and in 11 of these cases the improvement was sufficiently strong to be statistically significant. This is a good result for this training.
2. In response to four statements there was no or a very small improvement even though the percentage of correct answers in the pre-workshop questionnaire was lower than 65% (see statements A5, A6, B5 and B11 above). The response to B11 will be commented on below. Statements A5 and A6 both refer to parent-child relationship, and B5 to the effectiveness of condoms in reducing both pregnancies, STIs and HIV.
3. One result was particularly concerning since we found the same poor result in the previous report on SGB workshops:
 - a. It is a particular concern that some 47% do not correctly understand the role of ARVs in the treatment of AIDS and prevention of HIV. The Activity should reflect on how this issue is discussed during the workshop and consider the need somehow revise the information that is provided in the workshop or how it is conveyed so as to improve on this finding.