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ANYTHING IS POSSIBLE.

Reducing HIV in Adolescents Baseline Study Report March 2012



Kingdom of the Netherlands



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List of Abbreviations

RHIVA	Reducing HIV in Adolescents
EKN	Embassy for the Kingdom of the Netherlands
EP	Essential Package
SLP	Sustainable Livelihood Programme
STI	Sexually transmitted infection
VCT	Voluntary counselling and testing

Executive Summary

This baseline study is part of an evaluative research project seeking to assess the impact of the Reducing HIV in Adolescents (RHIVA) intervention. It aims to capture the 'pre-operation exposure' conditions for the set of indicators that will be used to assess achievement of the outcomes and impact expressed in the programme's logical framework.

The RHIVA programme is being implemented by the KwaZulu-Natal Department of Education (KZNDoE) in partnership with MIET Africa and is being funded by the Embassy for the Kingdom of the Netherlands (EKN).

The RHIVA programme was developed as a response to the high prevalence rate of HIV and AIDS in the Vulindlela educational district of KwaZulu-Natal, particularly among adolescent girls. The purpose of the programme is to assess the impact of a cash-incentivized, school-based, HIV-prevention intervention on HIV incidence rates among learners enrolled in secondary schools.

This baseline study focused on the 14 programme schools and on a further seven schools for control purposes (4435 male and female learners in Grades 10 and 11). The overarching research question posed in this baseline study was: **What are the learners' perceptions and self-reported behaviours related to sexual health, substance use, school safety, planning for the future and financial management?**

Quantitative data was collected by means of a survey questionnaire completed by all learner respondents. Qualitative data was gathered through six structured focus group discussions conducted in three schools, two from each research category (RHIVA-intervention, RHIVA-control, and pure-control groups).

The findings align the results of the qualitative information and the quantitative surveys. Results showed that there was no significant variation in results across the intervention, control and pure-control groups, that is, there is remarkable uniformity in reported experiences. Results of the study shed light on several key research questions:

1. What level of confidence do learners report in standing up for themselves (i.e. with regard to sex and substance abuse)?
2. Do learners have clear plans for the future? If so, what are these and to what extent do they have the resources necessary to realize these plans?
3. To what extent do learners recognize the importance of saving money and do they actually save money?
4. What are the principal health concerns of learners?

The following summary of results provides ways of understanding these questions:

Poverty: Most learners said they came from poor households or poor communities and believed that coming from a poor family negatively impacted their school performance, their social behaviour and their opportunities for the future. Children residing in child-headed households are particularly compromised in their ability to proceed and succeed at school and after, and are more likely to be engaged in inappropriate relationships.

Parenting: Many learners said households were often headed and run by elderly grandparents. Some children are without adequate parental control; some children are victims of poor parenting practices. Sexual and physical abuse is present in some homes and is often unreported. Some parents are known to pressure

children into criminal behaviours, and girls into forced sexual relationships with adults, for financial reward. These things, too, compromise a child's ability to stay in and succeed at school.

Household income: There is a relatively high uptake of government grants (pensions and child support grants) in these communities. Unemployment rates exceed the 2011 national unemployment rate by 10.8 percent. Household income is boosted by a range of small-scale, informal means. Drug selling, was found to provide an income stream in parts of these communities.

Criminal activities: Learners linked the high rate of crime to the high levels of poverty in their communities. Alcohol and substance abuse, both said to be rife in the study communities, were said to be important factors in the high rate of crime.

School environment: Learners expressed concern about the prevailing lack of cheap and safe transportation to school, without which some learners have been known to be led away from school and into anti-social behaviours. The biggest area of concern was school safety. Most learners reported feeling safe at school. Yet many referred to the problem of some learners carrying various kinds of weapons. Most learners stated that toilets were not safe at schools. Not only are they poorly constructed, barely reaching adequate levels of hygiene, but, situated some distance away from other school buildings, they have become a place where learners smoke, drink, deal in and use drugs, show their weapons and engage in other harmful behaviours. All three research groupings in the focus groups reported high levels of substance abuse, with both boys and girls reported to have abused drugs and alcohol. Some teachers have also been known to sell and use drugs at school.

Relationship norms and practices: In general, learners said they believed that many of their teenage peers were sexually active, although relatively few said they themselves were. More boys than girls admitted to being sexually active. Some boys admitted to having multiple concurrent relationships. Condoms are not routinely used in sexual encounters. More girls than boys said they were able to say no to sex when under pressure to have sex. Many learners appeared to equate being in love with having sex. Males appear to be dominant in relationships and accounts were received of violence and aggression used in settling disputes over and in relationships. All learners appeared alert to the risks of sexual relationships, including the loss of respect for adults, the potential for pregnancy, skipping school and losing concentration on school work. Inter-generational relationships ('sugar-daddy relationships') were said to be common and extremely damaging to a learner's education. Some teachers have been known to be in such relationships with learners. These relationships, according to learner respondents, generally involve a form of payment or other material benefits and put the learner at risk of abandonment, pregnancy and/or abuse.

HIV and STIs: The majority of learners are aware of the spread of STIs including HIV. Most said that HIV testing was not common at schools. However, around two-thirds of learners said they had been tested at least once, with RHIVA-intervention learners showing higher rates of testing than other groups. This they attributed to the start of the RHIVA intervention.

Mental health: All learners appeared to be sensitized to the mental health problems associated with low self-esteem. While most said they feel confident and able to stand up for themselves, most acknowledged the difficulty of asserting themselves in the peer group, especially with more aggressive learners.

Financial management: All learners said they recognized the importance of saving money. However, few have money saved and what little money is available to them is frequently spent on quick consumables, including airtime, clothes, and, in some cases, alcohol and drugs.

Future planning: All learners said they had a plan for their future and a desire to become someone important in society. Most believed that bursaries would be available to them for further study after matric. However, many said they would try to find a job after school. There was a noticeable difference in learners' stated plans for the future and what they said learners often do after matric, that is, stay at home or seek low-paying jobs. What appear to be missing are practical, goal-planning processes that would provide enough support for learners to pursue and progress on an intended career path.

The baseline study process revealed several '**burning issues**' according to learners:

- Learner use and abuse of drugs and alcohol, with boys and girls disputing their levels of engagement
- Sexual relationships with teachers, with the concern expressed that these go unpunished whereas many schools observe strict rules about such relationships between learners
- Sources of income and the role of prostitution in the household economy
- Abuse of various types happening in some homes.

Discussion leaders identified the following topics as arousing the least discussion (potentially the most pressing of all):

- Plans for the future and career options
- HIV testing and related health concerns.

The study report concludes with suggestions for a refinement of the key research questions with the aim of enhancing the impact evaluation of the RHIVA programme.

1. Introduction

This baseline study is part of an evaluative research project seeking to assess the impact of the Reducing HIV in Adolescents (RHIVA) intervention.

It aims to capture the 'pre-operation exposure' conditions for the set of indicators that will be used to assess achievement of the outcomes and impact expressed in the programme's logical framework. This information will be extremely useful when compared with the conditions of the same indicators post-programme implementation.

The baseline study therefore forms the basis for a 'before and after' assessment that evaluates the effects of the RHIVA programme. The baseline data establishes pre-operation conditions for outcome and impact indicators to establish whether change at the outcome level has in fact occurred.

2. The RHIVA Programme

The Reducing HIV in Adolescents (RHIVA) programme is being implemented by the KwaZulu-Natal Department of Education in partnership with MIET Africa, and is being funded by the Embassy for the Kingdom of the Netherlands (EKN).

The RHIVA Programme was developed as a response to the high prevalence of HIV and AIDS in the Vulindlela educational district of KwaZulu-Natal, particularly among adolescent girls. The purpose of the programme is to assess the impact of a cash-incentivized, school-based, HIV-prevention intervention on HIV incidence rates among learners enrolled in secondary schools. RHIVA will be implemented in the 14 project schools from the end of 2010 to the end of 2012.

2.1 THE ENHANCED ESSENTIAL PACKAGE (EP)

As part of the intervention, educators from schools in both the intervention and control groups receive training on the Department of Education's standardized Enhanced Essential Package (EP), which includes a seven-module package comprising:

- Adapted chapters 1–5 and 7 of *Education for All: A guide to building schools as inclusive centres of learning, care and support* with additional focus emphasizing HIV and AIDS
- Material on HIV prevention and sexual reproductive health to be incorporated into the Life Skills programme
- Information on local resources and sites where condoms, VCT and circumcisions can be accessed
- Informational materials, such as posters, pamphlets and AIDS hotline details.

2.2 CASH INCENTIVES

Participating learners in the intervention schools also receive cash incentives paid on achievement of the following milestones:

2.2.1 Academic progression:

- An incentive paid to learners who pass (with an average mark of at least 50%) their June and November examinations (R150 half-yearly).

2.2.2 Participation in a sustainable livelihood programme (*My Life! My Future!*):

- An incentive paid to learners based on attendance (80%) (R50 per quarter)
- An incentive paid to learners upon completion of a portfolio, which includes a community audit report, business plan and evidence of having implemented a project (R200 yearly).

2.2.3 Knowing their HIV status:

- An incentive paid to learners who voluntarily undergo an HIV test to find out their status (R200 once annually).

These incentives serve as a catalyst for engaging young learners in healthy lifestyle behaviours.

2.3 ADDED COMPONENTS

Learners also receive the following components to ensure that the environment is conducive to their achieving the milestones:

- On-site teacher support to ensure a supportive environment for academic achievement by learners
- Financial management training through the Sustainable Livelihoods Programme (SLP)
- A family-based intervention to support desired behaviour.

3. Methodology

The focus of the baseline study was on 21 high schools in Vulindlela educational district of KwaZulu-Natal, where the programme is being implemented. Seven of these schools are project intervention schools, where learners receive cash incentives in addition to the other RHIVA components. Seven schools are 'control', where learners do not receive cash incentives but do participate in the other programme components. And the final seven schools are 'pure-control' and are not involved with the RHIVA programme at all.

3.1 RESEARCH QUESTIONS

The overarching research question posed in this baseline study was:

What are the learners' perceptions and self-reported behaviours related to sexual health, substance use, school safety, planning for the future and financial management?

Key research questions were framed to help examine several aspects of self-reported learner perceptions and behaviour:

1. **Self-esteem:** What level of confidence do learners report in standing up for themselves?
2. **Plans for the future:** Do learners have clear plans for the future and the motivation to seek and commit to new opportunities?
3. **Financial management skills:** To what extent do learners recognize the importance of saving money?

4. **Health understanding and behaviour:** What are the main issues in sexual and reproductive health?
5. **School safety:** Do learners feel safe at school?
6. **Entrepreneurial skills and behaviours:** How do learners source and spend money?

3.2 RESEARCH IMPLEMENTATION PLAN

The baseline questionnaire and focus group discussion guides were finalized in September-October 2010. Questionnaires and focus group discussions were then implemented between the end of 2010 and the beginning of 2011. It was not possible to complete all baseline activities at the end of 2010 due to the commencement of exams. Thus, learners were in Grades 9 and 10 in 2010, and then were in Grades 10 and 11 in 2011.

Analysis and writing up of data began in 2011 and was completed during the first quarter of 2012.

3.3 STUDY POPULATION

The baseline study population comprised approximately 4000 learners in Grades 9 and 10 (at the end of 2010), in 14 secondary schools in the Vulindlela district. The following table contains a list of schools, enrolment figures and percentages of learners who participated in the baseline study.

Table 1: Schools participating in baseline study

	School	Total enrolment	Number of baseline learners	Percentage of enrolment (%)
RHIVA-INTERVENTION SCHOOLS				
1	Shakyabantu	159	107	67%
2	Ingqwangele	181	126	70%
3	Matomela	279	175	63%
4	Bhekuximba	314	177	56%
5	KwaMncane	343	199	58%
6	Siyanda	410	168	41%
7	Huba	269	211	78%
Totals		1955	1163	60%
RHIVA-CONTROL SCHOOLS				
1	Asande	140	141	100%
2	Siyazama	199	123	62%

3	Langalakhe	293	165	56%
4	Mconjwana	324	211	65%
5	Imvumulo	327	209	64%
6	Ngcedomhlophe	377	314	83%
7	Sikhululiwe	249	193	78%
Totals		1909	1356	71%
PURE-CONTROL SCHOOLS				
1	Indala	600	543	91%
2	Congco	139	117	85%
3	Mazwendoda	185	132	72%
4	Emzamweni	450	387	86%
5	Umlungisi	248	226	92%
6	Phayiphini	350	301	86%
7	Kuhlekonke	255	217	85%
Totals:		2227	1916	86%
Grand total:		6091	4435	73%

3.4 DATA COLLECTION

Quantitative data was collected between November 2010 and February 2011 in 21 schools. Of these schools, seven were RHIVA-intervention schools, seven were RHIVA-control schools, and seven were pure-control (non-RHIVA) schools.

The chief data-collection instrument was a questionnaire (Annexure 7.1). This was completed by 4435 male and female learners in Grades 9 and 10 (at the end of 2010).

Questionnaires were completed by the learners in English, with the guidance of a Zulu-speaking fieldworker, who explained each question to learners as they filled it out in the classroom setting.

Qualitative data was gathered through 12 focus group discussions that were conducted in six schools (two RHIVA-intervention schools, two RHIVA-control schools and two pure-control schools).

At each school there were two discussion groups: one for Grade 10 and one for Grade 11 (as of the beginning of 2011). Each group contained 14 randomly selected learners, with even numbers of male and female (n.28) learners.

An instrument was designed to help facilitators guide the discussion process and record the proceedings (Annexure 7.2). The discussions were conducted in Zulu.

Facilitators received training in running the focus group meetings. Part of the training included ensuring the confidential and anonymous nature of the process, completing a consent process with learners, allowing learners to question the process, and leading the discussion with clearly phrased questions and discussion probes.

3.5 DATA ANALYSIS

Quantitative information gathered through the questionnaires was captured and processed in a Microsoft Access database, then analysed using STATA software.

Qualitative information yielded through focus group discussions was recorded. Discussion findings were summarized and translated into English by the facilitators.

4. Findings

4.1 DEMOGRAPHIC INFORMATION

A total of 4435 learners were sampled in the baseline research. In all research groups, male (49.1%) and female (50.9%) learners were represented more or less equally. The following table gives a breakdown of gender representation in each of the research groups:

Table 2: Gender breakdown by schools' status

	Pure-control	RHIVA-control	RHIVA-intervention	
	1	2	3	Total
	%	%	%	%
Male	50.6	46.1	50.1	49.1
Female	49.4	53.9	49.9	50.9
Total	100	100	100	100

As of 2011 when the data was collected, the Grade 10 and 11 learners enrolled with RHIVA ranged in age from 13 to 25. The average age of learners was 16.7 years old. In 12 of the 14 RHIVA schools the average age of females was lower than that of males, indicating that on average males are older than females in the project schools.

4.2 FAMILY AND COMMUNITY LIFE

Household poverty

Learners gathered in focus groups were invited to talk about their homes and social environments.

Across all research groups, learners spoke of coming from poor households and of conditions of dire poverty in their communities. There was no appreciable difference in emphasis across the three research groupings, namely the RHIVA-intervention focus groups, the RHIVA-control focus groups and the pure-control focus groups.

Some individuals in the focus groups mentioned that there was some variation in the socio-economic circumstances of households with some families being comfortably situated, some being less well off and others being extremely poor.

All learners said that poverty negatively affected learners' school performance, compromised their opportunities for further study, and led many youths into unhelpful and unhealthy social behaviours. Survey data revealed that an average of 75.5 percent of learners across all research groups believed that there was no money available in the household to enable them to further their studies after matric. An average of 66.3 percent of all learners surveyed believed that they needed to get a job after matric. More of these learners fell into the RHIVA-intervention group (71.9%) and fewer into the pure-control group (64.3%). The table below illustrates this trend, which is true for both boys and girls. In all three groupings, male learners were more likely than female learners to say that they needed to get a job after matric.

Table 3: Must get a job after matric (%)

	Pure-control			RHIVA-control			RHIVA-intervention			Total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
No	34.1	37.5	35.7	30.1	40.7	35.8	25.9	29.9	28.1	33.7
Yes	65.9	62.5	64.3	69.9	59.3	64.2	74.1	70.1	71.9	66.3

All learners associated high levels of poverty with household overcrowding, an unchanged HIV-infection rate, unemployment and crime. Learners spoke of poverty negatively affecting academic performance. One learner from a Grade 10 focus group from the pure-control schools said:

'Some have to look after their sick mothers and [lose time to] focus on their school work. Others are abused at home and end up leaving home and resort to prostitution in order to survive. It is mostly girls who are affected by this phenomenon of prostitution while boys usually resort to theft.'

All focus group discussions mentioned a high rate of school drop-out and a lack of opportunities for those who do succeed to take their studies further. It was also reported that there was a stigma attached to being from a poor family (Grade 11 RHIVA-intervention and pure-control discussion groups). Being on a school feeding scheme, for example, carried a stigma. Learners in these focus group discussion said that it was believed that all those partaking of the feeding programme were 'betraying their poor household backgrounds'.

While learners spoke of behaviour controls in communities, with adults not tolerating improper behaviour from young people, it was felt that boys and girls from poor backgrounds were particularly vulnerable. One learner

in a Grade 10 pure-control group said that 'girls usually spend most of their time in taverns and end up being raped'.

The prevalence of child-headed households was also identified by all learner focus groups as compromising educational outcomes. Learners in a pure-control focus group attributed poor educational performance to learners who 'behave inappropriately and disrespectfully, such as deciding to reside with their boyfriends'. Likewise, learners in a RHIVA-intervention focus group discussion associated poor behaviour with orphaning: 'Some learners behave in aggressive manner from anger of being orphaned, and as a result, they engage in risky activities, such as engaging in relationships with HIV-infected adults.'

Many families are reportedly headed and run by elderly grandparents. Learners in the RHIVA-control focus group referred to the frequent need for children to care for sick and dying members of the household. Learners in the pure-control groups referred to the disruption to family life resulting from the death of parents. These factors were thought to contribute to poor educational outcomes.

Learners referred to abuse in the home, saying that this (incest, sexual and physical abuse) was often not reported and caused learners 'to be depressed and perform poorly at school'. Sexual abuse at home, according to a Grade 11 pure-control focus group, is a common occurrence, which is kept secret in family circles. This view was also expressed in two RHIVA-intervention discussion groups, with one group referring to abusive step-parenting practices which may be prevalent and are usually unreported. Other forms of parental abuse were said to affect 'some learners who are forced into crime by parents who threaten them, and say there is no other way to live except by doing crime', and others who were forced into sexual relationships with adults for financial reward.

Sources of income in communities

Learners in all school focus groups said that government grants (pensions and child support grants) formed the dominant streams of income in their home community. Research results showed that around 69.3 percent of learners surveyed said they knew of someone at home who received a grant. Around 11.5 percent of respondents said they were unsure if their home was supported by any government subvention.

Survey data showed that, across each research group, an average of 36.5 percent of households comprised one or more adults who were not working. This figure exceeds Statistics SA's July 2011 national unemployment estimate of 25.7 percent¹.

A range of employment income sources was cited in the learner focus group discussions, including:

- small-scale entrepreneurship endeavours (hairdressing, selling roadside foodstuffs, breeding chickens, collecting firewood, crafts, tuck shops, brewing traditional beer, selling alcohol in taverns, recycling metals and bottles, and small-scale commercial agriculture)
- uptake of local government infrastructure delivery opportunities (road maintenance (*'gobiqolo'*), fencing)
- some formal employment opportunities (domestic work, farm work)
- some informal, extra-legal economic activities (selling stolen goods, theft and resale of electricity cables, selling drugs, child prostitution).

¹ <http://mg.co.za/article/2011-07-28-unemployment-rate-rises-to-257>

The RHIVA-control focus group offered the information that drug-selling generates more income than all other activities. There is a big market for drugs and a drug cartel, posing as a garden maintenance project, operates unhindered. Girls taking on 'sugar daddies' (and, to a lesser extent, boys taking on 'sugar mommies') was also cited by all focus groups as a viable economic activity. This is discussed further under 4.5 below.

Of concern, an average of 5.4 percent of learners participating in the survey said they were the main income earner in the home (4.2% girls, 6.5% boys). This could be a reflection of a child believing that a government childcare grant is the only source of income in a household. No direct data was sought for evidence of child labour practices in these school communities. An average of 34.9 percent of children said they handed over all the money they get to the household. The RHIVA-intervention group showed the largest percentage of respondents for whom this was the case (40.4%), while pure-control group showed the smallest percentage (30.4%).

Community infrastructure

Whereas learners in the RHIVA-intervention focus group referred to the lack of proper housing and infrastructure in communities, learners in the other focus groups concentrated their discussions on access to healthcare and clean water in communities. Clinics were said to be 'far away' by all groups. This has implications for girls, it was said, who do not get the medical attention they need in cases of rape and sexual abuse. In a RHIVA-control group, learners said:

'In the community, development is very slow. There is only one clinic providing basic health care to a very large population, roads are in a terrible condition, there is no electricity and clean water, unlike in other neighbouring villages.'

For learners in the RHIVA-intervention group, the perception exists that the government is not keeping up with its promises of service delivery to communities.

Community crime and violence

Learners in all focus groups discussed at length the nature and causes of crime in their communities. They were able to identify particular hotspots in communities (roads, tuck shops) and attributed the high rate of crime to poverty. Daytime was said to be more peaceful; most criminal activities occur after dark.

Important factors in criminal activities were said to be alcohol and substance abuse, both of which learners feel are rife in their communities. Reference was made by a RHIVA-control focus group to the use of a drug called '*whoonga*' to fuel criminal activities. Others referred to gang-related activities and conflicts between sub-groups in communities ('faction fighting'). One group felt that gender played a part in criminal activities in that male domination over and ownership of women lead to inter-group rivalry and conflict. Hunger and poverty, however, were perceived to be the main driving influences of the high levels of crime and violence in these communities.

4.3 THE SCHOOL ENVIRONMENT

Transportation

Learners in all focus groups said that transportation to school presented a major challenge. Learners in the pure-control focus groups were more vocal than others about the way poor communities are affected by the lack of affordable and regular transport systems. They referred to the long distances and costs involved in taking public transport to school. For some learners, the distance to school means some have to rent rooms

nearer to the school (pure-control focus group, Grade 10). Not having easy and cheap access to transportation was said to be a factor in the tendency for learners to 'misbehave'. According to a Grade 11 pure-control focus group discussion, 'Lack of transport to get learners to school on time causes learners to be in unintended relationships in order just to be transported.'

Uniforms

The RHIVA-intervention and RHIVA-control groups stated that the state of a learner's school uniform conveys signs of poverty in the home. As such, school uniforms have become associated with social stigma. Some learners mentioned that they would skip classes rather than come to school without the full school uniform, in good condition.

School safety

All focus groups said that the school yards, classrooms, passages and surrounds are, by and large, safe for learners. Survey data does not fully bear out the confidence with which learners declared that their schools were safe places. An average of 48.3 percent of learners said they felt safe at school. On average, 24.2 percent of learners said they were not sure if they felt safe at school. These averages are similarly reflected in a breakdown of this data by gender, as illustrated in the following table:

Table 4: Learners feel safe at school (%)

	Pure-control			RHIVA-control			RHIVA-intervention			Total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
No	37.1	32.8	35.1	21.2	14.9	17.8	28.3	23.7	26.1	27.4
Yes	39.2	41.4	39.3	57.4	61.1	59.4	48.8	49.6	49.1	48.3
Unsure	23.7	26	24.9	21.5	23.9	22.8	22.9	26.7	24.8	24.2

Pure-control school learners were most likely to report that they did not feel safe at school, whereas RHIVA-control learners were the least likely to report this. In all three groupings, males were more likely than females to feel unsafe at school.

When school gates are left open and unmonitored, many learners said they felt less safe. Incidents of trespassers entering the school premises were reported in the focus groups. Two RHIVA-intervention focus groups reported stabbing incidents at school. Reports of learners carrying weapons came from all three research groups. Both boy and girl learners have been known to carry spray guns, knives, firecrackers and home-made guns (*oqhwasha*). A Grade 11 RHIVA-intervention focus group suggested that girls could be very violent and aggressive, especially when suspecting other girls of cheating with their boyfriends. The school was viewed as 'a battleground', especially when dangerous weapons were used.

All learners in focus groups stated that the toilets at schools were not safe. Survey data shows that the majority of learners (73.4%) feel unsafe using school toilets. This is true for boys (75.3%) and girls (71.4%), as reflected in the following table. Learners in pure control schools were least likely to feel safe using school toilets, whereas the findings were similar between RHIVA-control and -intervention schools.

Table 5: Learners feel safe using school toilets (%)

	Pure-control			RHIVA-control			RHIVA-intervention			Total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
No	81.2	75.8	78.6	69.5	69.2	69.4	66.9	66.9	69.2	73.4
Yes	18.8	24.2	21.4	30.5	30.8	30.6	28.9	33.1	30.8	26.6

According to learners in all focus groups, school toilets are frequently structurally unstable, have no doors and are not designed to promote hygiene, privacy, dignity and the separation of the sexes. School toilets are often some distance from other school buildings, in secluded spots, and are unmonitored by school staff members. All focus groups said that some learners have a habit of smoking cigarettes and taking other drugs in school toilets. Learners from a pure-control focus group said learners have been known to show off their weapons in secluded places like school toilets. Intruders were reported to have hidden in school toilets. According to learners in a RHIVA-control focus group, outsiders would sneak into toilets:

'Stabbings also occur as there are outsiders who sneak in and wait in the toilets for the adversaries in order to pay revenge for quarrels that happen outside the school premises.'

A further concern noted by a Grade 10 pure-control discussion group was the location of food preparation and serving facilities next door to unhygienic toilets.

4.4 SUBSTANCE ABUSE

All three research groupings in the focus groups reported high levels of substance abuse, with both boys and girls reported to have abused drugs and alcohol. Learners reported that boys were more likely to use drugs. In a Grade 10 pure-control focus group, male learners claimed it was not a problem, whereas females said it was a problem. Similarly, both boys and girls have been known to engage in smoking and drinking. In the RHIVA-control group, one report was made of school festivities being cancelled because of the high consumption of alcohol at these events. Learners felt that alcohol and substance abuse leads to aberrant social and sexual behaviour. Drugs cause learners to be violent and abusive towards their partners.

Drugs were reportedly used in school toilets, as suggested above, and some learners have been known to attend classes under the influence. Learners who were active alcohol and drug users were more likely to skip classes and their behaviour negatively affects the lives of other learners, causing disruption and making it difficult for them to focus on their studies. Some of the comments made by learners about the effects on others of substance abuse include:

'We are exposed to risk by being near drug-intoxicated learners because their actions are unpredictable.'

'It is a problem when drug dealers and buyers disrupt the school day.'

'Second-hand smoke makes it difficult for other learners to focus.'

'You cannot expect proper behaviour from a learner who uses drugs, that is why we feel unsafe to use to toilets.'

Learners in all three groupings were vocal in advancing their understanding of the problem. Worryingly, learners in the RHIVA-control focus group discussion estimated that 99.9% of learners in schools are involved in substance abuse. This high figure is somewhat endorsed by the survey results in which an average of 89.1 percent of learner respondents said that learners at school do use drugs and alcohol. Girls were more likely to say this was true than were boys, as reflected in the following table:

Table 6: Learners who use drugs/alcohol (%)

	Pure-control			RHIVA-control			RHIVA-intervention			Total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	M/F
No	14.4	7.5	10.9	13.1	10.7	11.8	10.4	9.4	9.8	10.9
Yes	85.6	92.5	89.1	86.9	89.3	88.2	89.6	90.6	90.2	89.1

The abuse of drugs and alcohol is linked to the poor standard of living, according to learners in the pure-control focus group discussions. Learners in all groups said that drug abuse peaks at exam time and during school festivities, leading to bad behaviour.

Learners in Grade 10 and 11 pure-control focus groups provided a wealth of information about the procurement of alcohol and drugs. Dagga (marijuana), costing R2.00, is commonly available. Other substances used include Ecstasy (usually costing R3.00, but as much as R135.00 during December) benzene, *whoonga*, 'space muffins', 'kubhe', glue, 'umgwinyo' and another substance known colloquially as 'Nigerian mud'. Girls are said to prefer 'Cuban' and snuff cigarettes. Boys are said to prefer smoking dagga and *isibhawubhawu* (use of apples and water bottles to smoke dagga). Females are used to transport the drugs as they are 'the unusual suspects', according to the Grade 10 group. The Grade 11 focus group said that the availability of these drugs is usually signalled on sellers' houses by the different colours of 'All Star tekkies' (track shoes) hanging on electricity lines, each colour representing a particular substance available.

Learners in the RHIVA-intervention group made reference to the role played by teachers. While learner abusers frequently 'disrespect teachers and disrupt lessons', educators are believed also to abuse substances.

'Teachers both sell and use drugs and they sometimes teach lessons while being intoxicated by alcohol. They also provide learners with alcohol during school festivities.'

'When educators confiscate alcohol, learners can see that the bottle is lower because educators drink it.'

4.5 RELATIONSHIP NORMS AND SEXUAL EXPERIENCE

Learners in all focus group discussions were outspoken in their views on the sexual activities of teenagers. Learners in the pure-control focus groups suggested that most teenagers are sexually active. In the RHIVA-intervention focus groups, it was suggested that teenagers are frequently in multiple concurrent relationships.

Survey results show that 55 percent of female learners believe that *none* of their own friends are sexually active; 34.1 percent of male learners believe this to be true of their own friends. On the other hand, 15.7 percent of female learners believe that *all* of their friends have been sexually active; 19.9 percent of male

learners believe this to be true of their own friends. The following table presents findings of learners' perceptions of how many of their friends have been sexually active. It conveys an uneven picture – more learners (20.8%) in the pure-control groups said they believed *all* their friends to be sexually active; more learners (35.2%) in the RHIVA-intervention groups believed that *some of* their friends have been sexually active. What seems to be the case is that, informally, most learners declare that the numbers of sexually active learners in general is high. Yet, asked their perceptions of whether their own friends have been sexually active, a more variable picture emerged.

Table 7: Learners' friends who have had sex (%)

	Pure-control			RHIVA-control			RHIVA-intervention			Total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
None of them	28.6	51.7	39.9	40.8	58.3	50.2	32.9	55.1	43.8	44.1
Some of them	31.8	26.9	29.4	32	27.1	29.4	37.2	33.1	35.2	30.9
Most of them	12.6	7	9.9	11.7	5.5	8.3	12.6	6.2	9.5	9.3
All of them	27	14.3	20.8	15.5	9.1	12	17.3	5.6	11.5	15.7

All learners suggested that male and female learners hold different views on the matter. In the RHIVA-intervention focus group, learners said that males in communities try to seduce girls when they are under the influence of drugs and alcohol. Most girls said they would not agree to engage in sex when influenced to do so; it is a matter of protecting their pride.

Girls in the RHIVA-control focus group discussions said they were not ready for sex. Some learners said they don't have sex. One male learner, known to be of the 'naughty ones', was ridiculed for this. Whereas girls in this group said they would only have sex with someone with whom they are in a relationship, boys said it would depend on the girl's conduct whether they have sex with her.

Yet most survey respondents (72.6%) said they had not themselves had sex. In all research groups, more boys than girls said they had had sex. More learners in the pure-control schools (31.6%) reported being sexually active than in the RHIVA-intervention (26.9%) and RHIVA-control schools (22.5%).

Table 8: Learners who had had sex themselves (%)

	Pure-control			RHIVA-control			RHIVA-intervention			Total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	M/F
No	56.9	78.7	68.4	73.8	80.4	77.5	66	79.3	73.1	72.6
Yes	43.1	21.3	31.6	26.2	19.6	22.5	34	20.7	26.9	27.4

Of those who said they had had sex, an average of 86.1 percent of respondents said they had had sex only once. An average of 13.9 percent said they had had sex more than once.

Of those who stated that they had had sex, an average of 23.9 percent of respondents said they had had just one partner; 8.9% of respondents said they had had two or three partners; 7.4 percent of respondents said they had had more than three partners.

Girls in the Grade 11 pure-control focus group highlighted the importance of trust in a potentially sexual relationship. They said that there should be mutual agreement. Some said that if they were with a handsome male, they felt safer 'because he doesn't look sick'. Some said that males should be the ones to request sex. If a female does this, her behaviour is viewed as 'scandalous'.

If learners are in agreed relationships, the accepted norms of behaviour can include kissing, 'holding', and exchanging gifts, with some learners staying behind after school to be together. All focus group learners suggested that love equates with sex in some way. A male learner in the RHIVA-intervention focus group said that 'without sex, there is no love', and a male learner in the RHIVA-control focus group said that 'love means having sex'. One learner from a pure-control focus group said: 'In our area it is commonly believed that you cannot be in a relationship and not have sex.'

Males appear to control the relationships. In both the RHIVA-intervention and RHIVA-control research groups, males were said to deal with lovers' disputes aggressively. Both groups said that male partners beat their female partners if they suspect them of 'cheating'. One report from a Grade 11 RHIVA-intervention group illustrated this phenomenon thus:

'On Valentine's Day, one boy bought a flower for another boy's girlfriend. When the boyfriend heard about this he was angry and beat up the girl in front of the class.'

Learners in a Grade 11 RHIVA-intervention focus group discussion referred to a form of witchcraft used by boys competing for the 'love of girls'. Such practices could result in sicknesses like 'drop' and 'ilumba', a sex-related form of witchcraft.

Survey results show that around 19.1 percent of all respondents felt they could NOT say no if a partner wanted sex and she/he didn't. An average of 9.2 percent of girls said this is true; an average of 27.9 percent of boys said that this was true. Survey results revealed also that boys and girls think differently on whether or not you must have sex to prove your love. An average of 87.6 percent of female respondents said they did NOT believe you should have sex to prove your love; on the other hand, an average of 59.9 percent of male respondents felt the same way.

Most respondents (65.2%) thought that their friends used condoms when they had sex. For those learners who said they were sexually active (48.9% of respondents), 11.6 percent said they never used condoms, 17.8 percent said they sometimes used condoms, and 19.4% said they always used condoms.

Table 9: How often sexually-active learners use condoms (%)

	Pure-control			RHIVA-control			RHIVA-intervention			Total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	M/F
Never	12.8	11.1	12.3	11	11	11	11.7	11	11.2	11.6
Sometimes	28	13.6	20.8	18.3	11.3	14.5	20.6	13.3	16.9	17.8

Always	29.1	13.3	21.3	22.4	13.5	17.6	27.1	9.9	18.6	19.4
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All learners were alert to the implications of having sexual relationships while they are still at school. Some of the risks suggested include: a loss of respect for adults, the potential for pregnancy, skipping school, and losing concentration and focus on studies, thereby compromising academic performance. Kissing and cuddling in public is socially unacceptable, especially in the presence of adults. This theme emerged from the Grade 10 pure-control groups, one of which reported:

'There is a place called Jola Park where lovers meet and do all sorts of 'love' things. Some of these learners who are involved have been reported to the traditional leaders and punishment meted out, but others still continue. After school these learners often walk two-by-two, and sometimes they kiss in public.'

'Some girls accept any request for sex and these are called "amakats" (pussy cats). Similarly, there are boys who specialise in having sex with those pussy cats who accepted every request for sex and these boys are known as "izimbodla" (wild cats).'

Most learners in focus groups demonstrated an awareness of how sexual norms across age groups change. A male learner in the RHIVA-control group said:

'If it is someone I desire to have sex with – [an] older lover – then I can agree [to have sex] but if it's someone I am not in a relationship with, and mostly a girl learner, I would disagree.'

Another said:

'If it's a mini skirt then I would agree, but if it's a long skirt, I wouldn't agree.'

Sugar daddies

All focus groups raised the issue of 'sugar daddies' and suggested that the phenomenon was widely prevalent, mostly motivated by poverty. Survey results showed that most respondents (82.6%) did not think it was acceptable to have sex with someone fifteen years older than themselves. More girls than boys agreed with this statement, as reflected in the following table:

Table 10: Learners who believe it is ok to have sex with someone fifteen years older than them (%)

	Pure-control			RHIVA-control			RHIVA-intervention			Total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	M/F
No	74.9	88.5	81.6	80.8	88.7	85.1	76	86.3	81.2	82.6
Yes	14.2	3.3	8.8	7.9	1.8	4.6	10.5	2.1	6.3	6.8

Two focus groups in the RHIVA-intervention research group identified taxi drivers as sugar daddies.

Learners across the research groups were outspoken about the problems associated with girls being sexually involved with older men. Their principal concerns were that girls are exposed to HIV infection and possible

pregnancy. Having money gives girls various economic benefits, which enable them to afford alcohol. They are more likely to drop out of school and to lose focus on their studies.

Learners' views and stories demonstrated that the issue of sugar daddies looms large in their lives. Some felt that orphaning is a cause of individuals becoming sexually involved with adults. In one group (Grade 11 RHIVA-intervention), the opinion was expressed that 'some learners behave in an aggressive manner from anger of being orphaned, and as a result, they [participate] in risky activities such as engaging in relationships with HIV-infected adults'. In one such group, the following personal testimony was given:

'Please do not judge me once you hear my story ... My friend is 16 years old and her boyfriend is 51 years old. One day her boyfriend came with his 48-year-old friend to see us. This 48-year-old enticed me into a relationship with him and I accepted. All I can say is that being in a relationship with an older man is not good at all, because older people know too much and are controlling.'

Testimonies from the focus groups reveal that the sugar-daddy relationship is deeply one-sided, allowing the adult abuser a great deal of say and power in the relationship.

'Relationships with adults are one-sided with adults always telling young girls what to do and the girls obliging because they want money to survive.'

'While some sugar daddies tell you what to do and prevent you from attending school, some are encouraging and motivating learners to study so that they can have a brighter future. For instance, when you are in a relationship with a doctor, you become motivated to be one in the future.'

'Some of the girls come back after having been dropped by their adult friends and having given birth, and find themselves behind their peers and they drop out again.'

Sugar-daddy relationships are also understood to be deeply exploitative. One person in a Grade 11 RHIVA-intervention focus group said that sugar daddies have the attitude that, 'If you "eat" my money, then I must "eat" you'. Learners involved in such relationships easily become disposable.

'Girls get pregnant and their boyfriends abandon them as they have their families to worry about. They are exposed to HIV as they do not practise safe sex. Boys involved with older women are more likely to contract HIV, as such relationships also involve many partners.'

Sugar-daddy relationships are also detrimental to a learner's education, with learners losing focus on their studies and skipping school. One opinion expressed by a Grade 11 pure-control focus group, was that teachers could be acting as sugar daddies themselves. In fact, this practice was raised in this group as the main health concern. The majority (84%) of survey respondents said it was not acceptable to have sex with a teacher, with more girls (94.9%) agreeing than boys (62.6%).

Most worrying was a view expressed in a pure-control focus group, that, at times, some parents act in complicity with sugar daddies, encouraging their children to have relationships with older partners who are employed and can offer financial assistance.

4.6 SEXUAL ABUSE

Whereas learners in RHIVA-control focus groups said sexual abuse was not prevalent at their schools, learners in the RHIVA-intervention and pure-control schools said that sexual abuse does take place at school. The attitudes of male and female learners, as expressed in the focus group discussions, appear to be at variance. For girls in the RHIVA-intervention focus group schools, sexual abuse is a problem. According to boys, it is not a problem. Survey results show that around a third of learners, both boys and girls, think that

sexual abuse is prevalent and occurring at their school. Learners in RHIVA-intervention schools were most likely to think sexual abuse occurred in their school, and learners in RHIVA-control schools were least likely to think this was the case.

Table 11: Learners' belief that sexual abuse occurs at school (%)

	Pure-control			RHIVA-control			RHIVA-intervention			Total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	M/F
No	67.1	64.8	66.4	73.6	77.9	75.9	58.4	56.5	57.7	66.6
Yes	32.9	35.2	33.6	26.4	22.1	24.1	41.6	43.5	42.3	33.4

Survey results suggest that, overwhelmingly, learners do not think it is acceptable for anyone to force sex on another person. The following table illustrates these sentiments, expressed by boys and girls alike:

Table 12: Learners' belief that forced sex is acceptable (%)

	Pure-control			RHIVA-control			RHIVA-intervention			Total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	M/F
No	92.2	97.8	95	91.5	96.8	94.4	92.7	95.4	93.9	94.5
Yes	4.8	0.5	2.7	4.3	1.2	2.7	3.3	0.7	2.1	2.5

Learners described sexual abuse as being forced into activities of a sexual nature – forced kissing, forced touching and fondling (*'ukumpansa'*), voyeurism, sexual flashing and sexually explicit language – which take place inside the classroom and elsewhere on the school premises, notably in the toilets. Reports were given by the RHIVA-intervention and RHIVA-control groups of girl learners being beaten into agreeing to have sexual intercourse. One example of rape was given during a RHIVA-intervention focus group discussion, the perpetrator being an educator. In this case, 'all acknowledged that the teacher was in a relationship with the learner', but not all saw this as abuse.

Learners in the pure-control focus groups suggested that sexual abuse of women and girls goes unreported in communities 'because they mostly occur between partners, therefore making it complicated to report'.

4.7 PREGNANCY

Learners in all focus groups spoke of a high rate of teenage pregnancy in their school communities. Survey results show that, on average, 85.4 percent of learners know another learner who has been pregnant or had a baby during the last two years. The majority of learners (90.4%) also stated that teenage pregnancy was a problem at their school.

In focus groups, all learners (across all three research groupings) attributed this, in part, to the availability of the child support grant (R270.00 per month) and the relative ease with which abortions are available. Learners

also expressed the view that teen pregnancies cause school dropout, even though pregnant learners are legally protected by the education legislation in this country.

'Relationships (according to some learners, with older partners) result in unplanned pregnancy and dropping out of school by girls. Teenage pregnancy has increased due to unprotected sexual practices by learners.'

4.8 HIV AND STIs

According to survey results, most learners (85.4%) said they knew what a sexually transmitted infection (STI) was. The majority (86.2%) of learners were able to correctly link the spread of STIs with having unprotected sex. Around 11.6% of learners said they didn't know what an STI was, with more boys than girls appearing ignorant, as shown in the following table:

Table 13: Learners' knowledge of the spread of STIs (%)

	Pure-control			RHIVA-control			RHIVA-intervention			Total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	M/F
I don't know	12.5	7	9.7	13.2	12.9	13	17.4	9	13.1	11.6
Shaking hands	1	0.2	0.6	0.5	0.1	0.3	0.5	0.2	0.3	0.5
Coughing	2.8	1.1	1.9	1	0.7	0.8	1.8	0.5	1.1	1.4
Having sex without a condom	83.5	91.5	87.5	85	86.3	85.7	79.9	89.6	84.9	86.2
Going outside in the cold	0.3	0.2	0.3	0.3	0	0.1	0.4	0.7	0.5	0.3

Across the board, learners said that HIV testing was not that common at schools. However, around two-thirds of learners stated that they had tested for HIV at least once. Learners in the RHIVA-intervention and RHIVA-control schools showed higher rates of HIV testing than learners in the pure-control group, as reflected in the following table. These results are most likely due to the fact that the baseline was conducted slightly after the start of RHIVA and the introduction of HIV testing at schools.

Table 14: Number of times learners have tested for HIV (%)

	Pure-control			RHIVA-control			RHIVA-intervention			Total
	Male	Female	Total	Male	Female	Total	Male	Female	Total	M/F
Never	51.6	43.1	47.3	35.3	20.9	27.5	28.2	10.9	19.5	
Once	29.5	29.2	29.3	41.7	37.9	39.7	39	43.4	41.2	

More than once	18.9	27.7	23.4	23	41.2	32.7	32.9	45.7	39.3
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LoveLife (in the RHIVA-control school context) encourages learners to test, and since the start of RHIVA and 'New Start', the monetary incentives have changed the culture of testing in the intervention schools. Tests in these schools are conducted once a year. As expected, there are issues around VCT, with some learners not wanting to know their status and refusing to be tested. There are also persistent myths about the spread of HIV. In a Grade 10 pure-control school focus group, learners spoke of boys believing themselves to be immune to HIV because they are circumcised.

'Circumcision was being done in the community and this was coupled with HIV/AIDS testing. In our experience, no circumcised person has ever contacted HIV.'

Learners also provided ideas for suggested interventions including: awareness-raising talks in schools, the provision of condoms, and regular VCT visits from the Department of Health. Learners in the RHIVA-intervention focus groups suggested that parents could play a significant role in monitoring learners' behaviour. Parents should be role models in their conduct. Schools also have a role to play. It was suggested that by banning the 'pass-out system', girls could be prevented from leaving school to have sex with adults. Learners in these focus groups also suggested that sports activities should be promoted and sports facilities provided.

Learners in the Grade 10 pure-control groups felt that schools should promote sexual abstinence. Virginity testing encourages learners to abstain from sex, it was argued. Schools should strengthen their security systems and 'separate sexually active learners from those who are still virgins, and also facilitate virginity testing at school to identify those learners who are sexually active'. It was also suggested in this focus group that initiatives to promote awareness and testing should be encouraged and that 'everybody must check their HIV status every three months and those found to be infected must be expelled from school'.

4.9 OTHER HEALTH MATTERS

Learners in all focus groups itemized several factors that potentially threaten their overall health and well-being. Chief among these concerns was the unhygienic conditions of toilets. Toilets, as already discussed, are not a place of safety for learners. Learners in all of the focus groups referred to toilets being used to brandish weapons, use drugs, engage in improper sexual activities, smoke cigarettes and take drugs.

The pure-control focus group learners associated poor academic performance with hunger. One said:

'We have learners who sleep in class and it is evident that they are hungry and teachers do not care about this situation. Nobody listens to us. As you are here at school, it is the first time that we have people to talk to, people who are listening to our story.'

By and large, learners consider themselves to be healthy. However, learners in the Grade 11 RHIVA-control focus groups suggested that untidy and littered school premises were a problem, as was the poor supply of clean drinking water at schools.

Interestingly, no learners highlighted HIV and AIDS as a major health concern. Learners in the RHIVA-control focus groups said:

'Some young people are not afraid of HIV and do not condomize. They are careless because condoms are available free of charge.'

Mental health

All learners in the focus groups said that, in general, boys and girls have good self-esteem and an ability to stand up for themselves. Many noted, however, that boys have to withstand more peer pressure than girls and it is difficult to assert themselves with more aggressive peers. As one learner noted:

'Standing up for yourself is difficult because as a young person you are mostly tempted by what you see other popular learners at school do.'

One comment from the RHIVA-control group suggested that aggressive teens may, in fact, be carrying weapons. Standing up for oneself is seen, however, as a means of improving conditions at home and upholding the values of the family. All learners expressed the need to feel confident and decisive in life.

Feeling peer pressure, learners in the Grade 11 pure-control focus group discussion said it was easier to refuse to become involved in corrupt practices than it was to refuse to go along with friends at, for example, parties and festive occasions when alcohol would be consumed.

Depression and suicide were raised by learners in the RHIVA-intervention and RHIVA-control focus groups as being related to the stress of poor performance and its impact upon the family.

4.10 FINANCIAL MANAGEMENT

Across the board, learners in all focus groups said they recognized the importance of saving money. This was confirmed in the survey results, which show that 98.4 percent of all learners agree that it is important to save money. They reported that this lesson has been imparted to them by parents, teachers, grandparents and older siblings. A learner in a Grade 10 pure-control focus group discussion said:

'One can see how desperate the situation is at home and learn from it and contribute to salvaging the situation by using the money that has been saved.'

The majority (78.4%) of learners, however, have no money saved up. Pressures to spend money when they have it are experienced by all learners. Some in the RHIVA-intervention focus group said their short-term 'appetites' (for airtime and entertainment, for example) prevented them from saving in the long term. For some, the appetite extends to drugs. One learner in the RHIVA-control group said:

'It is impractical to save money because on Fridays, I have to spend it either on drugs or on alcohol with my friends.'

There was agreement among learners that it is possible to save money through a stokvel (rotational group saving scheme) and through available saving facilities at banks and the post office. Learners also said they used plastic cool drink bottles to save money. Some learners have bank accounts (RHIVA-intervention learners particularly, because these had been opened when learners enrolled in the programme). Outside of the RHIVA-intervention groups, learners said that they couldn't save money they didn't have in the first place.

4.11 PLANNING FOR THE FUTURE

All learners referred to the importance of having a vision for the future, achieving a good matric pass and securing employment. The learner survey showed that around 95.8 percent of learners (female: 97%; male: 94.5%) said they had a plan for the future. Again, the great majority of learners (96.9% – female: 97.8%; male: 95.9%) said they planned to become an important person in society.

Encouragement to pursue dreams of a successful life is given vigorously by teachers and parents. According to Grade 10 learners in a pure-control focus group discussion, teachers inculcate a competitive spirit among learners by using Top Ten competitions when it comes to school performance. During school assemblies, they said, teachers instil in the learners that 'whatever you do, you are doing it for your own future'. Learners in the Grade 10 and 11 RHIVA-intervention and RHIVA-control groups referred to a R5.00 incentive offered by some teachers when learners get answers right. The RHIVA-control group also referred to corporal punishment as a 'positive' incentivizing device:

'Sometimes they (teachers) beat us with pipes and these pipes motivate us to work harder and thus succeed.'

The same learners said that they had seen those who don't succeed go on to vandalize the school.

Learners in the pure-control groups said they are motivated by their parents, who tell them they should do better than themselves. They should not have children early. One contributor to the RHIVA-intervention discussion group said s/he was motivated by seeing symbols of wealth:

'There is one teacher who has my dream car. Even when I feel like giving up, when I see his car, I get motivated to continue because I want to own a car like that one day.'

Grade 11 learners in the pure-control focus groups said that other motivational sources in their lives were the radio (Ukhozi FM) and preaching in local churches.

Regarding perceived opportunities available to learners, most hope to be able to secure employment after matric. Learners in the RHIVA-intervention group made reference to the availability of bursaries and the importance of continuing education. Learners in the RHIVA-control group and the Grade 11 pure-control discussion group referred to career guidance and obtaining information from the internet. The discussion leader in this latter focus group observed that it was apparent that learners at the school, through initiatives of their own, have opportunities for a better education and make use of opportunities such as visits to the university and visits from careers guidance counsellors.

There was a noticeable difference in learner's stated plans for the future and what they said learners often do after matric.

Across all focus group, vocational and professional dreams are many and varied.

I want to become: a chartered accountant, a doctor, a traffic officer, a lawyer, a social worker, a wealthy business person, a psychologist, a nurse, a journalist, a farmer, a sound engineer, a shop owner, a taxi owner, an engineer, a police officer, part of the family business (RHIVA-intervention).

I want to become: an environmentalist, a journalist, a soccer player, a singer, a teacher, a police officer, a social worker, a pilot, a DJ, a lawyer, a prison warden, a receptionist, a business owner, a land surveyor, a traffic officer, a soldier, an office manager, a paramedic, a store manager, a TV presenter, an engineer, a tour guide, a nurse, a musician, an accountant (RHIVA-control).

I want to become: a teacher, a driver, an IT specialist, a social worker, an engineer, a soldier, a social worker, a journalist, a scientist, a lawyer, an accountant, a bank teller, a DJ, a paramedic, a doctor, a climatologist, a police officer, a traffic officer, a sexologist, a manager (pure-control).

Learners in all focus groups said that, in reality, many learners 'stay at home' after school. They accept low-paying jobs when these are available. In a Grade 11 pure-control focus group, low-paying jobs were specified as security guarding, waste disposal, police reservist, farm worker, building worker and road maintenance worker (*'gobiqolo'*). Many males become taxi assistants (*'osicabha'*).

All groups referred to the tendency for despondent, out-of-work, post-school learners to become involved in crime (housebreaking, robbery, theft, selling stolen goods) and in substance abuse.

Although some reference was made to furthering one's studies at an FET college after school, this did not appear high on the list of likely possibilities for what learners do when they leave school. Learners in a Grade 11 RHIVA-intervention focus group discussion said they thought bursaries were the main avenue of accessing funds for higher education. The same group, however, gave a bleak portrait of what most learners end up doing after matric:

'Most girls stay at home with their love partners, usually 'osicabha'. Others stay at home without furthering their studies or looking for a job. Others are considered lucky because they get married soon after completing matric.'

5. Discussion

The findings above align the results of the qualitative information gathered through focus group discussions and a quantitative survey of the three respondent categories of learners (RHIVA-intervention, RHIVA-control and pure-control).

The results of the quantitative survey show a remarkable degree of consistency and uniformity in self-reported behaviours of learners across the three research categories. The same could be said of the results of the qualitative information available. Although focus group discussions were held in different schools and led by two trained facilitators, the themes emerging from them showed a remarkable consistency in emphasis and, to a large extent, in urgency also.

The overarching research question posed in this baseline study was: **What are the learners' perceptions and self-reported behaviours related to sexual health, substance use, school safety, planning for the future and financial management?** This research aimed to answer this question by examining the main themes in the perceptions and self-reported behaviours of learner respondents. To present these themes, this report has preserved, in many cases, learners' voices as a way of illustrating the survey information and putting a human face to the statistics emanating from the sizeable quantitative enquiry.

This section distils these important themes. It also attempts to answer some of the key research questions.

5.1 LEARNER FOCUS GROUPS – LEVELS OF PARTICIPATION

Reports from discussion leaders suggested that, for the most part, learners seemed free to speak openly in the groups, seemed trusting of the discussion process and of each other, seemed interested, and participated actively. Evidently, very few topics made learners feel uncomfortable.

Boys and girls participated equally and vigorously, albeit, at times, in spirited disagreement with each other. One discussion leader noted: 'Whenever one gender group was said to be involved in an issue that may be embarrassing, they would defend themselves without actually denying involvement.' Two of the areas where this seemed to be pertinent were: learner involvement in alcohol and drug abuse and learner involvement in sexual activities.

A trusting and safe discussion process clearly contributed to the sharing of a wealth of information about the use of alcohol and drugs. It also secured full participation from all learners. No group of learners appeared eclipsed by another. This is a testimony to the skilfulness with which discussion leaders facilitated the group processes.

5.2 THE 'BURNING ISSUES' FOR LEARNERS

Discussion leaders identified the following 'high-temperature topics':

- Learner use and abuse of drugs and alcohol, with boys and girls disputing their levels of engagement
- Sexual relationships with teachers, with the concern expressed that these go unpunished, whereas many schools observe strict rules about such relationships between learners
- Sources of income and the role of prostitution in the household economy
- Abuse of various types happening in some homes.

Discussion leaders identified the following topics as arousing the least discussion:

- Plans for the future and career options
- HIV testing and related health concerns.

The 'high-temperature' topics appeared to be those that elicited the most vigorous debate between male and female learners. In some cases, discussion leaders reported boys and girls flinging accusations and counter-accusations at each other. Leaders reported some success in assisting groups to come to some consensus on the views they expressed. Consensus usually involved a group qualifying arguments (for example, girls arguing that, while they indulged in alcohol consumption, they did so 'responsibly', that is, off the school premises).

Discussion leaders also reported that the 'high-temperature' topics were those around which there may be a strong element of secrecy. Abusive practices (including sexual abuse in the home and sexual abuse involving teachers) and household socio-economic status (including child prostitution from the home and harmful parenting practices) appeared to be present, but unreported, and, to some extent, covered up in school communities.

It could be argued that those topics arousing little discussion (future careers and HIV testing) have inverted significance in the lives of learners. While they appeared to be of little concern to learners, they may in fact carry some residual and unacknowledged anxiety for learners. Researchers and programme implementers may do well in the future to be alert to these potential areas of anxiety.

5.3 SELF-ESTEEM

What level of confidence do learners report in standing up for themselves (i.e. with regard to sex and substance abuse)?

As shown above (4.9) learners said they felt confident about expressing themselves and standing up for themselves. This was also demonstrated visibly in the focus group discussions. It is of concern, however, that some learners said there are those who assert themselves by aggressive means, for example in carrying and concealing weapons at home and at school. Yet assertiveness is felt by most learners to be a necessary and positive way of upholding the values of the family, progressing at school and improving conditions at home.

All learners demonstrated an understanding of the negative consequences of bowing to peer pressure – failing to resist succumbing to drugs and alcohol consumption, failing to resist forced and otherwise inappropriate sexual advances. The majority of learners said they could say no to a sexual proposition. More girls than boys said they could say no if a partner wanted sex and she/he didn't. Yet individual respondents perceive that many learners are engaging in inappropriate sexual relationships. Many respondents expressed concern that

learners, girls in particular, are forced into unequal and unlawful sexual relationships with older partners. In these relationships, older (or paying) partners hold the balance of power. As a result, affected learners suffer blows to their sense of self-esteem and this has an impact on all areas of their lives, particularly on their educational advancement at school.

5.4 PLANS FOR THE FUTURE

Do learners have clear plans for the future? If so, what are these and to what extent do they have the resources necessary to realize these plans?

As demonstrated in 4.11, most learners expressed an ambitious and somewhat idealized view of their plans for the future. Most hope or expect to become important people in life. In aiming for success, they are backed strongly by parents and teachers who sometimes offer achievement incentives for doing well. Interestingly, it was in a pure-control research group that the most coherent methods and means of pursuing career goals were demonstrated. The **majority** of learners said they come from families and households that do not have the resources for them to pursue post-matric career goals. Instead, learners rely rather loosely on their belief that bursaries for further study and training are available. What appear to be missing are practical, goal-planning processes that would provide enough support for learners to pursue and progress on an intended career path.

No discussion was forthcoming from groups about the quality of their education and the integrity of the matriculation certificate. These are serious and important factors relating to how the education system in South Africa succeeds and fails in setting children up for their career futures. Most respondents noted that, in reality, learners who have finished school seek low-paying jobs. Otherwise, they stay at home. Many learners saw that school-leavers often become embroiled in criminal activities as a way of dealing with socio-economic deprivation and the apparent absence of opportunity.

The potential for these learners to pursue vocational paths is therefore compromised.

5.5 FINANCIAL MANAGEMENT SKILLS

To what extent do learners recognize the importance of saving money and do they actually save money?

As discussed in 4.10, most learners recognize the importance of saving money. In this, they are counselled and guided significantly by teachers and parents. However, very few (around 20%) learners have money saved. Respondents were not explicit about their sources of income. No information was received of learners doing paid piece-work or receiving pocket money. Some reference was made to small monetary incentives for doing well at school. Reference was also made to child prostitution as a means of raising a household's or individual's income, and to the buying and selling of drugs. While these practices are clearly evident from the testimonies of learners, this study has not been able to assess their scale.

Sums of money received by learners are, more often than not, funnelled into satisfying their short-term 'appetites' (for airtime, clothes, and, in some cases, drugs and alcohol). Without formal streams of income, it is difficult for learners to plan and budget their money; it is extremely difficult for them to save money.

5.6 UNDERSTANDING OF HEALTH, AND BEHAVIOUR RELATED TO THIS UNDERSTANDING

What are the principal health concerns of learners?

As described in Section 4, there are several major health concerns that preoccupy learners. The first is the **safety and cleanliness of toilet facilities** at schools. Both girls and boys (around 75%) reported that toilets were not safe, did not promote hygiene, privacy, dignity and the separation of the sexes. Because they are often at a distance from the main school buildings and sometimes in secluded places, school toilets are places where learners engage in anti-social behaviour (drug-taking, drinking, smoking), including showing off weapons.

Sexual abuse of learners is another major concern. Information from both the surveys and the focus group discussions showed repeatedly that learners are concerned about the issue of 'sugar daddies', affecting girls mainly, though not exclusively. Learners expressed great anxiety about teachers being sexually involved with learners and about this practice going unpunished. Teachers are not the only adults known to be engaging in inappropriate sexual relationships with learners. Taxi drivers were also identified, as were numerous other adults, some of them even fathers of learners themselves. Sexual abuse in the home was also said to be serious and prevalent. However, this practice is said to be well concealed and unreported.

Learner pregnancy was also a source of concern for learners. The majority stated that it was a problem in their schools and knew of at least one learner who had been pregnant or had borne a child in the previous two years. Related to this was the issue of abortion. It is to be noted that learners widely believe that the availability of a child support grant stimulates and, to some extent, condones the high levels of teenage pregnancy. It is also significant that pregnancies were largely associated with learners having sexual relationships with adults.

As noted earlier, the issues of **HIV testing** and related health concerns were met with some reticence from learners. The topics did not appear to excite much enthusiasm in the focus group discussions. As discussed in 4.8, most learners are aware of STIs and the importance of testing for HIV. Learners are able to recite the ABC (abstain, be faithful and condomize) as a strategy they use to prevent contracting an STI.

Although learners said that HIV testing was not common at schools, around one-third of respondents stated that they had tested at least once. Learners in the RHIVA-intervention schools showed higher rates of testing than others. (Whereas 19.5 percent of RHIVA-intervention learners said they had never been tested, 43.1 percent of pure-control group learners and 27.5 percent of RHIVA-control group learners said they had never been tested.) RHIVA-intervention respondents linked the higher rates of testing to the monetary incentive. However, it seems evident that some myths and stigma continue to attend the matter of HIV testing in all schools.

Grade 10 RHIVA-intervention focus group learners said they thought HIV testing would make their school HIV-free. Those that were HIV-positive would be taking their medication according to doctor's instructions. To achieve this, they said, learners should be educated and motivated to abstain from sex. This is a positive signal that even at this early stage of implementation, the RHIVA programme may be influencing the culture of testing in the RHIVA-intervention schools.

While learners were eager to discuss the sexual activities of teenagers, a somewhat uneven picture emerged on the self-reported **sexual experience of learners**. Whereas some learners felt that MOST of their peers were sexually active, others reported that less than half of their friends had been exposed to sex, and most survey respondents said they had not themselves had sex. Yet more boys than girls were said to be sexually active and often to be in numerous concurrent relationships. As described in 4.5, most learners believed their sexually-active friends to use condoms. However, relatively few self-reporting, sexually-active learners said they routinely used condoms themselves. Bearing in mind that facilitators reported that this was an area of heated debate for boys and girls in all focus groups, it is likely that participants moulded their views as discussion progressed and allowed themselves to be influenced by group consensus. It is clear that the focus

group discussion can have very positive outcomes in this respect. It allows learners to exchange views, and to moderate their views as they get to know more about each other.

6. Conclusions

This baseline study was conducted in the earliest phases of implementation of the RHIVA programme, with Grade 10 and 11 learners in 14 Vulindlela schools. To achieve a picture of learners' perceptions and self-reported behaviours related to sexual health, substance use, school safety, financial management and planning for the future, the baseline was expanded to include 3272 Grade 10 and 11 learners from 14 further schools (RHIVA-control and pure-control). Survey results showed no appreciable statistical variation in most of the questions canvassed.

This study forms the basis of ongoing **evaluation** of the RHIVA programme. The desired outcomes of the programme are for learners to:

- Improve their self-esteem
- Gain a more positive view of the future and set goals for the future
- Gain the ability to identify new opportunities and the commitment and drive to pursue them
- Improve their basic financial management skills
- Improve their understanding of their health
- Gain basic entrepreneurial skills
- Improve their knowledge and understanding of community resources.

Arising from this baseline, the following key questions can be used to inform the ongoing RHIVA evaluation process:

- How do learners now rate their sense of self-esteem? Can they provide concrete evidence of how a stronger self-esteem has contributed to improved educational outcomes? Can they provide examples of where a stronger self-esteem has contributed to their saying no to harmful behaviour, abuse and negative peer pressure?
- How do learners see the future? Can learners demonstrate the exposure to practical goal-setting and planning processes?
- Can learners identify life and career opportunities in a realistic, yet positive way? Can learners motivate strongly for their life and career aspirations?
- Can learners demonstrate basic financial budgeting and planning skills?
- Can learners demonstrate rights-based problem-solving strategies for dealing with their main health concerns? These concerns were identified in the baseline study as:
 - School safety, in particular, toilets safety
 - Sexual abuse, in particular, inappropriate, unlawful sexual behaviour between adults and children
 - Learner pregnancy
 - HIV testing and promoting awareness of STIs

- Can learners demonstrate basic entrepreneurial skills through work experience?
- Can learners apply basic principles of social analysis to improve their knowledge and understanding of community resources?

7. Annexures

7.1 BASELINE SURVEY

Learner Baseline Questionnaire

0. Introduction

This baseline questionnaire will help us to improve the RHIVA programme and to determine if it is successful. Filling out this form is voluntary. Please answer honestly. Your answers are confidential; your teachers, families and friends will not know how you answer. Your participation is very important to the success of the programme and we appreciate you taking the time to answer these questions.

1. Biographical Data

1.1	What grade are you in now?	9	10	11
-----	----------------------------	---	----	----

1.2	What is your sex?	Boy	Girl
-----	-------------------	-----	------

1.3	What is your age?	12	13	14	15	16	17	18	19	20	21	Older than 21
-----	-------------------	----	----	----	----	----	----	----	----	----	----	---------------

1.4	What school do you attend?	
-----	----------------------------	--

2. Finance Issues

2.1 Is there an adult at home who works?

Yes	
No	

2.2 Does someone at home receive a grant?

Yes	
No	
I don't know	

2.3 Do you think it's important to save money?

Yes	
No	

2.4 Do you have any money saved up?

Yes	
No	

2.5 Where do you get money from? Tick all the boxes that apply.

I don't have money	
My caregivers/parents give me money	
Another family gives me money	
I have a job	
I sell things (example: chickens , sweets, chips)	
My boyfriend/girlfriend gives me money	
A friend gives me money	
A church or community organization gives me money	
Other – please explain	

2.6 How do you spend your money? Tick all boxes that apply.

I don't have money	
I buy airtime	
I buy food and snacks for myself	
I buy food for my family	
I give my money to my parents/family/caregiver	
I buy clothing for myself	
I spend money on entertainment (for example I watch a movie at the cinema or go to a soccer game)	
I buy alcohol	
I buy drugs	
I spend money on transport (for example taxi rides)	
I buy my school uniform, stationery and other school supplies	
I pay my school fees	
Other – please explain	

2.7 Are you the main income earner at home?

Yes	
No	

2.8 Do you often give all your money to your parents/family?

Yes	
No	

I don't have any money	
------------------------	--

3. Future Plans

3.1 Do you have a plan for your future?

Yes	
No	
I'm not sure	

3.2 What do you plan to do after you finish school?

I don't plan on finishing school	
I will get a job	
I will learn a trade (for example hairdresser, plumber, electrician)	
I will further my education (for example a diploma or degree, or attend an FET college)	
I will start my own business	
I will join the army	
I don't know	
Other – please explain	

3.3 Do you plan to become an important person in society?

Yes	
No	
I'm not sure	

3.4 Is there money at home for you to continue studying after finishing matric?

Yes	
No	
I don't know	

3.5 Do you have to get a job as soon as you finish Matric in order to support your family?

Yes	
No	
I don't know	

4. School Context

4.1 Do you feel safe at school?

Yes	
No	
I'm not sure	

4.2 Do learners use drugs and/or alcohol at your school?

Yes	
No	
I don't know	

4.3 Do you feel safe using toilets at school?

Yes	
No	
I'm not sure	

4.4 Do you know another learner at school who has been pregnant or had a baby during the last 2 years?

Yes	
No	

4.5 Is teenage pregnancy a problem at your school?

Yes	
No	
I'm not sure	

4.6 What is sexual abuse? Please tick all of the boxes that are correct.

A person touching someone who doesn't want to be touched in that way	
Forcing someone to have sex	
Shaking hands with someone	
A boy forcing a girl to kiss him	
A boy forcing another boy to kiss him	
A girl forcing another girl to kiss her	
A girl forcing a boy to kiss her	
Teasing someone about their body	
Sharing lunch with someone	

Telling someone a secret	
An uncle asking his niece to have sex with him in exchange for food	
Helping at home with chores	

4.7 Is there sexual abuse at your school?

Yes	
No	
I don't know	

5. Health Issues

5.1 Do you know what a sexually transmitted infection (STI) is?

Yes	
No	
I'm not sure	

5.2 How do you get an STI? Only tick one box.

I don't know	
Shaking hands	
Coughing	
Having sex without a condom	
Going outside in the cold	

5.3 How many boyfriends/girlfriends do most of your friends have at one time?

None	
One	
Two or three	
More than three	

5.4 How many of your friends have had sex?

None of them	
Some of them	
Most of them	
All of them	

5.5 Have you had sex? Tick the most accurate box.

I never have sex	
I had sex once	
I had sex more than once in the last six months	

5.6 How many different people have you had sex with?

None	
One	
Two or three	
More than three	

5.7 Can you say no to sex if your partner wants sex and you don't?

Yes	
No	
I never have sex	

5.8 Do you think most of your friends use condoms when they have sex?

Yes	
No	
I'm not sure	

5.9 If you have had sex, how often do you use condoms? Tick only one box.

Never	
Sometimes	
Always	
I never have sex	

5.10 Do you believe that you must have sex to prove your love?

Yes	
No	
I'm not sure	

5.11 Do you think it's ok to have sex with a teacher?

Yes	
No	
I'm not sure	

5.12 Do other learners think it's ok to have sex with a teacher?

Yes	
No	
I'm not sure	

5.13 Do you think it's ok to have sex with someone who is fifteen years older than you?

Yes	
No	
I'm not sure	

5.14 Do other learners think it's ok to have sex with someone who is fifteen years older than them?

Yes	
No	
I'm not sure	

5.15 Do you think it's ok to force someone to have sex with you?

Yes	
No	
I'm not sure	

5.16 Have you used drugs?

Yes	
No	

5.17 Have you had alcohol?

Yes	
No	

5.18 Are you able to say no to drugs and alcohol even if your friends are using them?

Yes	
No	
I'm not sure	

5.19 How many times have you tested for HIV?

Never	
Once	
More than once	

Thank you for your help!



7.2 FOCUS GROUP DISCUSSION GUIDING QUESTIONS

Focus Group Interview for Learners

1. Introduction and Context

The focus group discussion will be taking place in 4 schools: 2 intervention and 2 control. In each of these schools, there will be two discussion groups: Grade 10s and 11s with even number of females and males. Thus there will be a total of 8 focus group discussions conducted. Each group should contain 10-14 randomly selected learners from both Grade 10 and 11.

The process is as follows:

Thank the learners for their participation. Introduce yourself and explain your role in the research. Explain the purpose of the conversation. Note that the learners should feel free to raise their own relevant issues if they are not covered in the questions. Note that all information provided will be treated confidentially and anonymity will be respected. Go through the consent form with learners and assist them to fill it in. Ask if you may proceed with the interview; allow the learners to leave if they prefer. Please phrase the questions in such a way that they are clearly understood and, where possible, in the learners' own language(s). Please note that possible probing questions are in italics.

1.1 Please tell me about your home and social environment.

Prompts: Where do you stay? How do you get to schools? Do all your friends/siblings go to school? Is there a lot of crime in the area?

2. Financial Issues

2.1 What are the most common sources of income in the households where you come from?

2.2 What are some of the ways in which you obtain money?

Prompts: Provided by parents, other families, working, selling, boyfriend/ girlfriend, other

2.3 What is your understanding of the importance of saving money?

Prompts: Do most learners save money? How do they do this? Where do they learn to do this? What are some of the barriers to saving that affects most learners in your school?

3. School Context

3.1 Are you motivated to succeed at school? What happens if you do not succeed at school?

Why? Why not?

3.2 Where do you feel safe (and unsafe) at school? What makes you feel unsafe?

Examples of prompt concepts: Bullying, Sexual harassment, Alcohol and other drugs, Weapons

If you feel it will stimulate discussion, encourage the learners to draw a map of unsafe places in and beyond the school grounds using a flip chart. Please probe to ascertain whether they feel unsafe often, seldom or never.

3.3 To what extent are drug and alcohol use a problem at your school?

In what ways? Please give examples

3.4 Do you feel confident in standing up for yourself?

Prompts: What if someone offers you drugs or alcohol but you're not sure about using it? Who is someone you respect that stands up for their rights? In what ways do you think they are standing up for themselves?

4. Health Issues

4.1 What are the most significant health concerns at your school?

Prompts: Poverty, Crime, Violence, Physical disability, Learning disability, Pregnancy among girl children, HIV/AIDS, OVCs, Child labour, Gender-based discrimination, Nutrition, Health, Mental health, Referral to relevant external services

4.2 Do you think your school is a healthy place to learn?

Prompts: When you are sick (at school and at home) what happens? Who looks after you? Water, Sanitation, Nutrition, Prevalent diseases (mention HIV/AIDS and probe relevant policies and practices)

4.3 Do you consider yourself healthy? How could you improve your health? What are your health concerns?

4.4 To what extent do learners test for HIV infection? Why or why not?

5. Sexual Issues

5.1 How do learners handle sexual relationships?

Prompts: Do learners have more than one boyfriend/ girlfriend and sexual partners? Do learners have sexual relationships with older partners? WHY? Create two role plays: one about two learners in a relationship and another one about a learner who is involved in a relationship with an older partner. Then get the participants to articulate what is normative within their school context, and what factors influence learners' decisions on sexual partnering.

How do learners show their partners that they love them? What are different ways that are acceptable to the learners? Is sex a good way to show your love?

5.2 What is sexual abuse? To what extent are learners concerned about sexual abuse? What are some of the examples of sexual abuse that have been witnessed at your school?

5.3 If someone wants to have sex with you but you're unsure, how would you react?

What are different ways of saying no to sex?

5.4 Are you worried about contracting an STI? What can you do to prevent it from happening? What are some of the consequences of getting an STI?

6. Future Plans

6.1 What are some of the opportunities available to you in planning for your future?

6.2 What do most learners end up doing after finishing Matric?

Prompts: doing nothing, working, learning a trade, at tertiary, etc.

6.3 What are your plans for the future? Describe how you would go about achieving these goals? What are some of the resources you know that are available to assist you?

7. General

7.1 Do you have any additional comments?

E.g. what interventions would help your school to become safer, more caring and more child-friendly, and HIV-free?

THANK YOU FOR YOUR COOPERATION!

7.3 FOCUS GROUP FACILITATOR REFLECTION FORM

Focus Group Discussion Reflection Guide

1. Logistics

Date: _____

School: _____

Grade: _____

Facilitator: _____

Note-taker: _____

Start time:		End time:	
-------------	--	-----------	--

	Yes	No
a) Was the length of the focus group discussion appropriate?		
If no, please explain. Did the discussion last too long? Or was there not sufficient time to cover all of the questions/topics?		

	Male	Female	Total
b) How many learners participated in the focus group discussion?			
Was this number appropriate? Was it too many or too few?			

c) Where did the focus group discussion take place?		
	Yes	No
d) Was the venue used appropriate?		
e) Did the venue provide the necessary privacy?		
f) Was the venue comfortable for learners?		

g) If necessary, please expand on any of the above answers with regard to the venue:

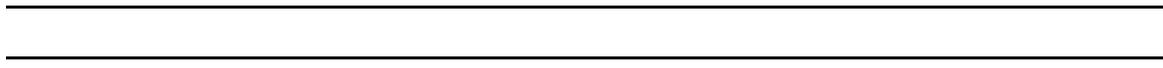
h) Explain the seating arrangement. Did learners sit in chairs? In what formation? Did learners group in a particular way (i.e. by gender, by age, by the type of responses they gave)?

2. Content

a) Which topics/questions caused the **most** discussion/animation?

b) Which topics/questions caused the **least** discussion/animation?

c) Which topics/questions led to debate or arguments?



d) Were there any topics/questions that made learners feel uncomfortable?

e) Were there any issues that came up which will need to be addressed further with these learners (i.e. instances where learners may need counselling or medical attention?)

3. Learner participation

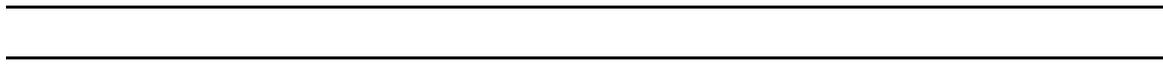
Please answer on a scale of 0-3 the following questions according to gender, and then also as an overall reflection of the group.

0 = No, not at all; 1 = Somewhat; 2 = Mostly; 3 = Yes, always; U = Unsure

	Males	Females	Overall
a) Did learners seem free to speak openly in the group?			
b) Did learners seem to trust you as the facilitator?			
c) Did learners seem to trust each other?			
d) Did learners seem interested in the discussion?			
e) Did learners actively engage in the discussion?			

f) Were there many contradictory opinions? Or was there general agreement on most topics?

g) When learners did disagree, were opinions usually divided by gender? By age? In another pattern?



4. General comments/reflections

a) Were there any surprises?

b) Were there any patterns or trends that you noticed in this group?

c) Were there any patterns or trends that you noticed about this group in comparison to other groups?

Other comments?



7.4 BASELINE CONSENT FORM

Information Sheet for Baseline Participants

Study title

Reducing HIV in Adolescents (RHIVA) Baseline Study

Invitation to participate in a study

You are invited to participate in a research study. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

This baseline study will give us a better understanding of learner behaviour and perceptions related to financial management, future planning and health decisions. It will also help us measure the effects of RHIVA at the end of programme implementation.

Do I have to take part?

No, you do not have to participate in this study. It is voluntary.

What will happen to me if I take part?

You will be asked to fill out a questionnaire.

Will anyone know what I answer?

Your answers will be confidential and anonymous. Your name will not be written on the questionnaire and no one will know how you individually answered. The questionnaires will be stored in a safe place and destroyed after they have been analysed.

What will happen to the results of the study?

From the baseline questionnaire, we will write a report on learner behaviour and self-perceptions. In the future we will write a report on the effects of the RHIVA programme.

Who do I contact for further information?

You may contact the following people for further information about the study:

- Jaime Mchunu at 078 368 3197 or 031 273 2300
- Sandile Mbokazi at 083 531 4216

Thank you for taking part in the study.

You will be given a copy of this Information Sheet and asked to sign a consent form after reading it.

RHIVA Baseline Consent Form

The participant should complete the whole of this sheet him/herself or with the help of an interviewer where appropriate.

	<i>Please circle:</i>	
Have you read the information sheet?	<i>Yes</i>	<i>No</i>
Have you had the opportunity to ask questions?	<i>Yes</i>	<i>No</i>
Have you received answers to your questions?	<i>Yes</i>	<i>No</i>
Do you understand that filling in the questionnaire is voluntary?	<i>Yes</i>	<i>No</i>
Do you understand that you are free to stop filling in the questionnaire at any time?	<i>Yes</i>	<i>No</i>
Do you understand that a report may be written based on the findings of this study?	<i>Yes</i>	<i>No</i>
Do you agree to fill in this questionnaire?	<i>Yes</i>	<i>No</i>

Print your name:

Sign your name:

Date:

~~~~~

*Name of person obtaining consent:* \_\_\_\_\_

*Signature of person obtaining consent:* \_\_\_\_\_

## 7.5 FOCUS GROUP CONSENT FORM

### **Information Sheet for Focus Group Participants**

#### **Study title**

Reducing HIV in Adolescents (RHIVA) Baseline Study

#### **Invitation to participate in a study**

You are invited to participate in a research study. Ask us if there is anything that is not clear or if you would like more information.

#### **What is the purpose of the study?**

This baseline study will give us a better understanding of learner behaviour and perceptions related to financial management, future planning and health decisions. It will also help us measure the effects of RHIVA at the end of programme implementation.

#### **Do I have to take part?**

No, you do not have to participate in this study. It is voluntary.

#### **What will happen to me if I take part?**

You will be asked to take part in a group discussion with 10–14 of your classmates. The discussion will be led by a fieldworker from MIET Africa. The discussion is around financial management, planning for the future and health decisions. It should last about an hour. You are asked to be honest and open in contributing to the conversation.

#### **Will anyone know what I answer?**

Your discussion will be confidential and anonymous. Although we are recording the discussion, your name will not be recorded and no one will know how you individually answered. The recording will be stored in a safe place and destroyed after it has been analysed.

#### **What will happen to the results of the study?**

From the baseline questionnaire, we will write a report on learner behaviour and self-perceptions. In the future we will write a report on the effects of the RHIVA programme

#### **Who do I contact for further information?**

You may contact the following people for further information about the study:

- Jaime Mchunu at 078 368 3197 or 031 273 2300
- Sandile Mbokazi at 083 531 4216
- One of the MIET Africa trainers who visit your school

Should you decide to participate, we would like to thank you for that, and ask you to sign the consent form on the next page.



## RHIVA Focus Group Consent Form

Each learner who agrees to participate in the focus group discussion must answer the following questions:

|                                                                                     | <i>Please circle:</i> |           |
|-------------------------------------------------------------------------------------|-----------------------|-----------|
| Have you read the information sheet?                                                | <i>Yes</i>            | <i>No</i> |
| Have you had the opportunity to ask questions?                                      | <i>Yes</i>            | <i>No</i> |
| Have you received answers to your questions?                                        | <i>Yes</i>            | <i>No</i> |
| Do you understand that participating in the focus group discussion is voluntary?    | <i>Yes</i>            | <i>No</i> |
| Do you understand that you may stop participating in the discussion at any time?    | <i>Yes</i>            | <i>No</i> |
| Do you understand that a report may be written based on the findings of this study? | <i>Yes</i>            | <i>No</i> |
| Do you agree to participate in the study?                                           | <i>Yes</i>            | <i>No</i> |

Print your name:

Sign your name:

Date:

~~~~~  
Name of person obtaining consent: _____

Signature of person obtaining consent: _____

