

Regional Baseline Survey to Establish Children's KAPB in Relation to Sexuality and Gender, Access to Sexuality and HIV Information and Sexual and Reproductive Health Services in South Africa

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Terms of Reference

- To conduct baseline and KAPB survey KAPB of children 5 to 17 years of age in relation to sexuality and gender as well as their access to sexuality and HIV information and sexual and reproductive health services (SRH) including a range of related services in Save the Children Sweden supported project areas in Zambia and South Africa.
- **Specifically, the KAPB survey will be used to:**
 - identify the situation of all children, including those affected by HIV and AIDS, and the range of SRH and HIV services available to them in project areas;
 - establish children's views and experiences of sexuality and sexuality information and education;
 - assess the levels of children's knowledge, attitude, practice and behaviour in relation to sexuality and gender as well as their access to sexuality and HIV information and sexual and reproductive health services (SRH) including a range of related services in the project areas.

Rationale

- Younger children are rarely targeted in HIV prevention and sexual and reproductive health initiatives and are rarely asked their opinions about the services they receive. (2007 lit review Save the Children 'Tell Me More')
- Parents, teachers and health services seldom openly discuss sexuality issues with children.
- Previous research shows that children perceive sexuality education currently taught in schools, church and communities as too technical, negative and moralistic, negative perspectives of sex.

Rationale

- Teachers were embarrassed and lacked capacities to engage children on sexuality issues often denying them opportunities to participate in open discussions.
- Education has a gender bias which reinforce stereotypes.

Importance of Sexuality Education

- Inadequate preparation for sexual lives leaves children and young people vulnerable to coercion, abuse and exploitation, unintended pregnancy and sexually transmitted infections, including HIV
- Effective sexuality education can provide children and youth with age-appropriate, culturally relevant and scientifically accurate information.
- Structured opportunities for sexuality education provides the best opportunity to reduce misinformation, increase correct knowledge; clarify and strengthen positive values and attitudes

Goals of Sexuality Education

- In order to make responsible choices about sexual and social relationships, several mutually reinforcing objectives stand out:
 - To increase knowledge and understanding
 - To explain and clarify feelings, values and attitudes
 - To develop or strengthen skills
 - To promote and sustain risk-reducing behaviour

Conceptual Framework

- Adolescent Sexual and Reproductive Health (ASRH) specifically links community involvement interventions to desired child and youth outcomes
- Through community actions change can occur at multiple levels, including at an individual level (change to sexual and SRH skills), knowledge and attitudes, intentions and behaviour change, including use of reproductive health services (Figueroa et al., 2002).
- Framework assists in determining specific outcome indicators.
- **At an individual level:**
 - Knowledge of ways to prevent pregnancy and HIV infection (Knowledge)
 - Perceived risk of HIV, STIs and pregnancy (knowledge)
 - Confidence to resist peer pressure (knowledge)
 - Level of self-efficacy in SRH “social” situations (knowledge)
 - Existence of skills to negotiate condom use (skills)
 - Intention to abstain from sex until marriage (intention)
 - Level of sexual activity (behaviour)
 - Use of condom in last sexual encounter (behaviour)

Key Concepts and Topics (1)

- **UNESCO (2009) evidence-based approach**
 - Relationships (e.g., families, tolerance and respect)
 - Values, Attitudes and Skills (e.g., values, attitudes and sources of sexual learning; norms and peer influences; decision-making; communication, refusal and negotiation skills; finding help and support)
 - Culture, Society and Human Rights (e.g., sexuality, culture, and human rights; sexuality and the media; social construction of gender; gender-base violence)
 - Human Development (e.g., sexual and reproductive anatomy and physiology, reproduction, puberty)
 - Sexual behaviour (e.g., sex, sexuality and sexual life cycle, and sexual behaviour)
 - Sexual and Reproductive Health (e.g., pregnancy prevention; understanding, recognising and reducing the risk of STIs, including HIV)
 - HIV and AIDS Stigma, Care, Treatment and Support

Methodology – Overall Strategy (1)

- Probability sampling
- Aim: 218 interviews from each area selected
- Random selection - 109 persons (5-11 age group)
- 109 persons (12-17 age group)
- On this basis we visited 2 087 households against a target of 2071 in South Africa.

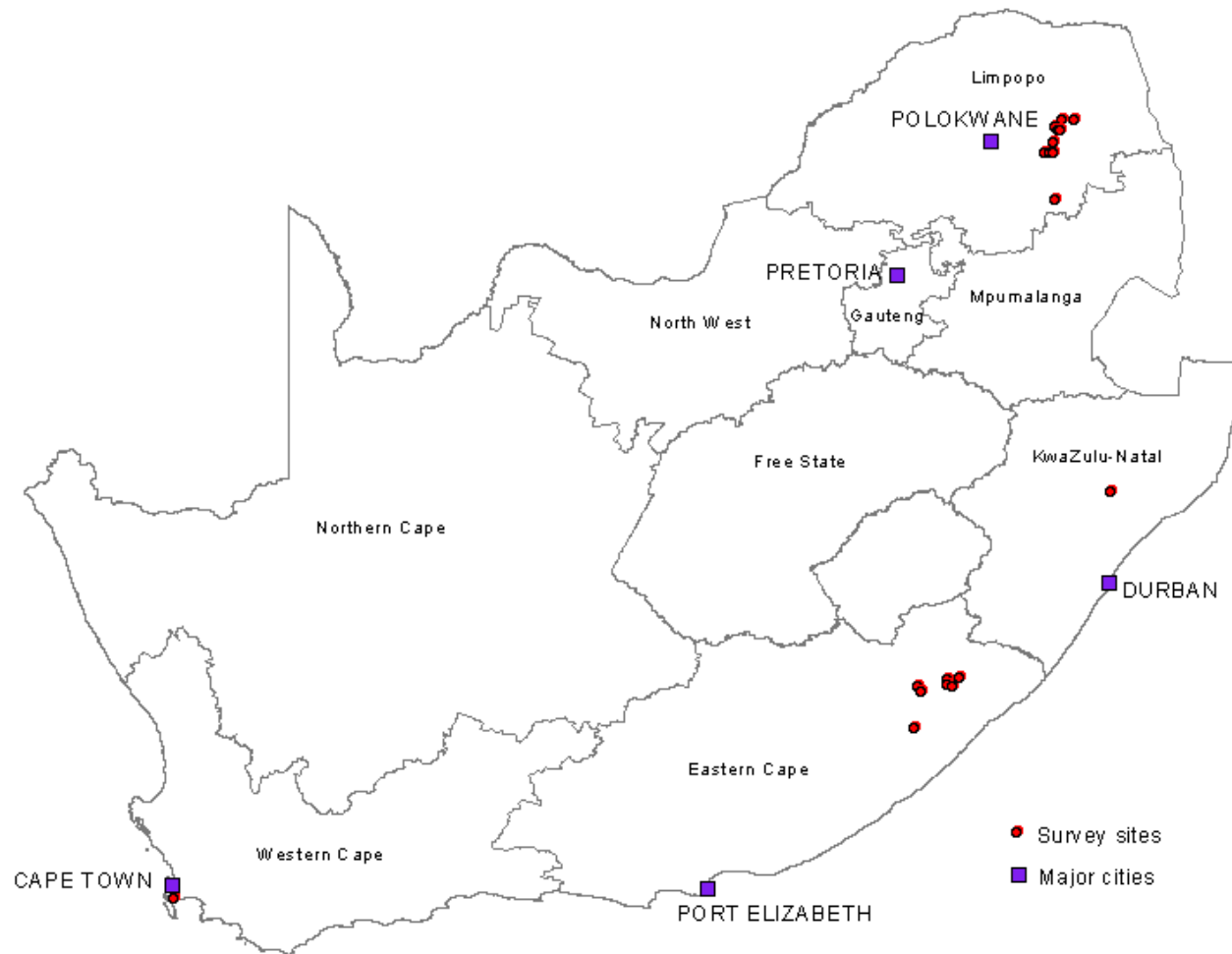
Methodology – Overall Strategy (2)

- In each household, we interviewed two people, one in each age group. Sampling statistics shows almost an equal number of males and females
- Interviews were conducted with local authorities and service providers to determine their attitudes to SRHS and HIV and AIDS related issues to inform an evaluation of potential positive and negative influences on children's KABP

South African Sampling

- SCS identified ten sites in South Africa where programmes have been implemented
- Total of 19 areas in four provinces; Limpopo (10), Eastern Cape (7), KwaZulu-Natal (1) and Western Cape (1)
- Procedure used EA identified in 2001 census indicating number of households per site as well as number of children of requisite age per household
- Aerial maps of specific sites generated and households were randomly selected from these maps

Sample Sites –South Africa



Qualitative Findings (5-8 Year Olds)

- Limited and basic understanding of sexuality and sexual and reproductive health.
- Primary concern with care and support, friendship and security, primarily from their caregivers and around family life.
- Knowledge, attitudes and skills in relation to sexual behaviour limited
- Only rudimentary understanding of the concepts of sex, gender, and human rights.
- Primary reference point is the family, especially mother for advice, guidance and assistance.

Qualitative Findings (5-8 Year Olds) (2)

- View of gender shaped by the nature of household chores expected mostly of girl children, i.e., cleaning and cooking.
- Gender equality was poorly understood, only 17% showed some understanding of the concept
- Able to differentiate between boys and girls in terms of sexual organs, puberty stages, but most unaware of reproductive health or processes.
- Most children appeared to have been sensitised to protecting themselves against strangers and “bad touching”, with most having no such experiences
- Little knowledge of other ways of protecting self.

Qualitative Findings (9-11 Yrs)

- Love and caring primarily expressed through family relationships. Most children at this age understand the meaning of healthy and unhealthy relationships.
- The term sexuality was NOT understood by most children of this age, nor could they describe sexuality in relation to the human life cycle.
- Reproductive health poorly understood, with some guessing that it had to do with producing babies.

Qualitative Findings (9-11 Yrs) (2)

- Familiar with “menstruation” and “sperm” but lacked understanding of sexual and reproductive anatomy.
- Female children have better knowledge overall of reproduction.
- 51% knew how pregnancy was caused as well as ways to prevent unintended pregnancy (condoms and abstinence). None referred to abortion as a way of terminating pregnancy.

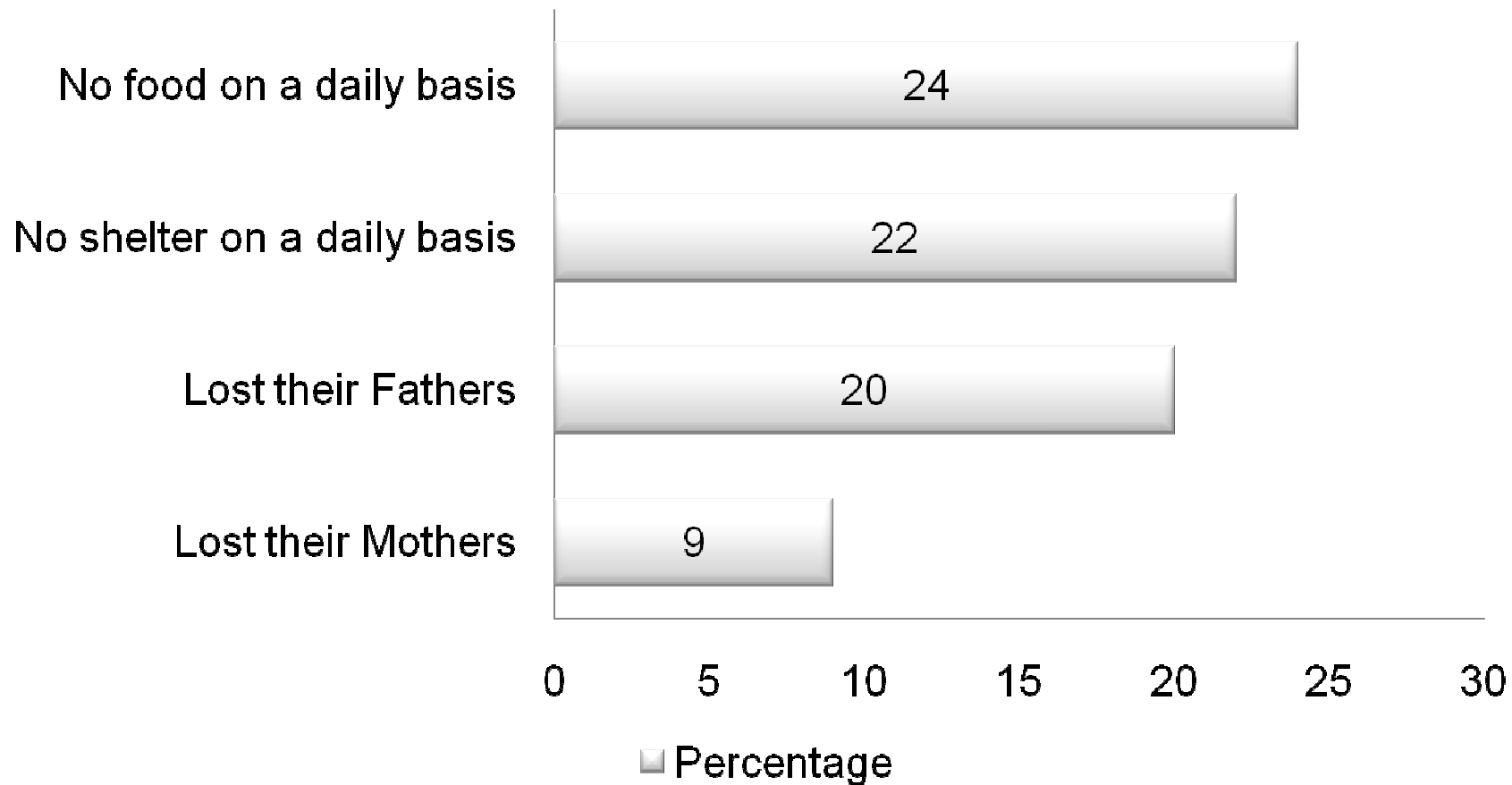
Qualitative Findings (9-11 Yrs) (3)

- The primary sources of information were grandmothers, mothers, and sisters and at times brothers and friends.
- Puberty as a stage of development appeared to be well understood
- Little idea of what values should drive relationships, sexuality or love.
- Most children reported that their parents had not discussed sex with them (84%) (understood as cultural taboos).

Qualitative Findings (9-11 Yrs) (4)

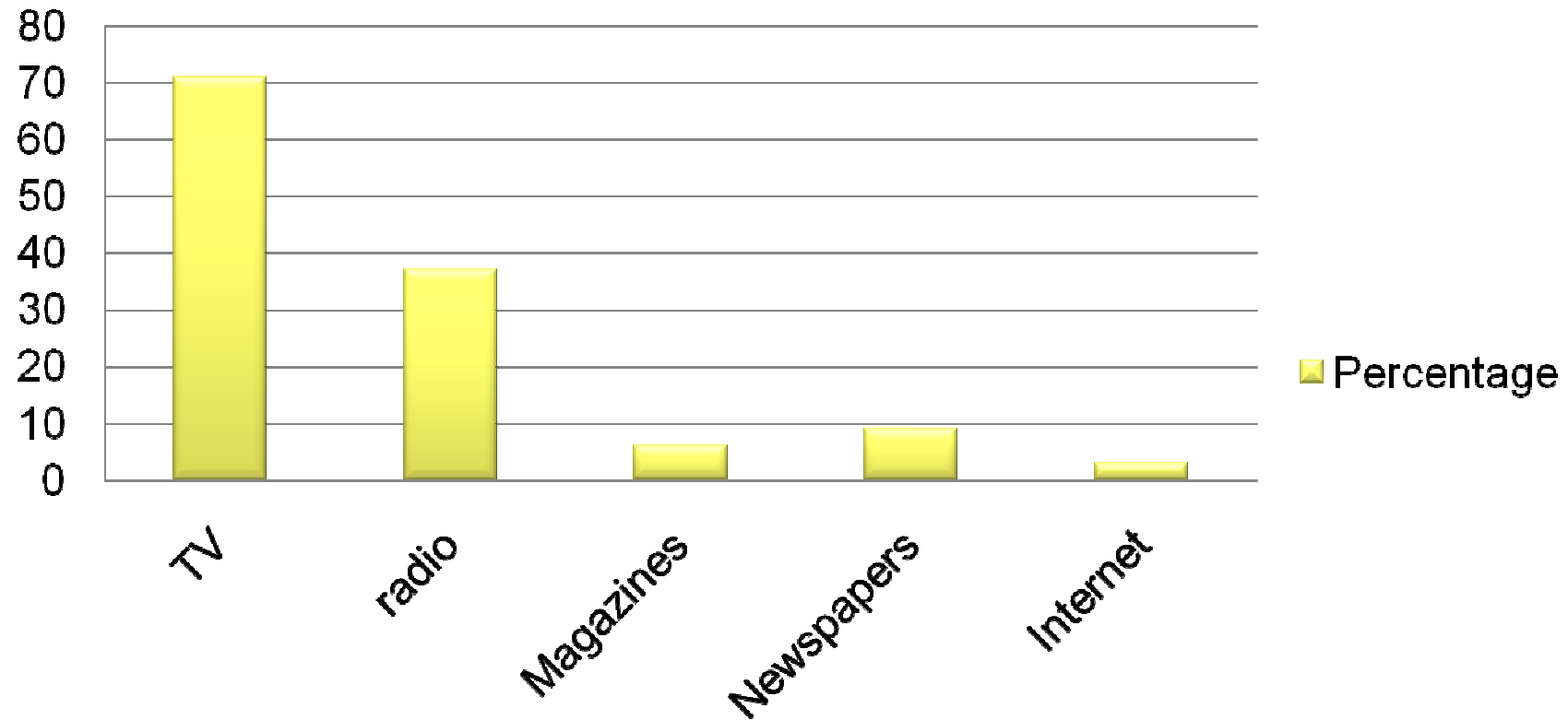
- The protective nature of good communication skills in relation to sexuality was not understood.
- Some knowledge about how to prevent sexual transmission:
 - 13% condom usage
 - 30% abstinence
 - 57% did not know
- The negative consequences of early pregnancy was also recognized, though most did not know if there is a treatment for HIV/AIDS.

Survey Results (12-17 Yrs) (1)



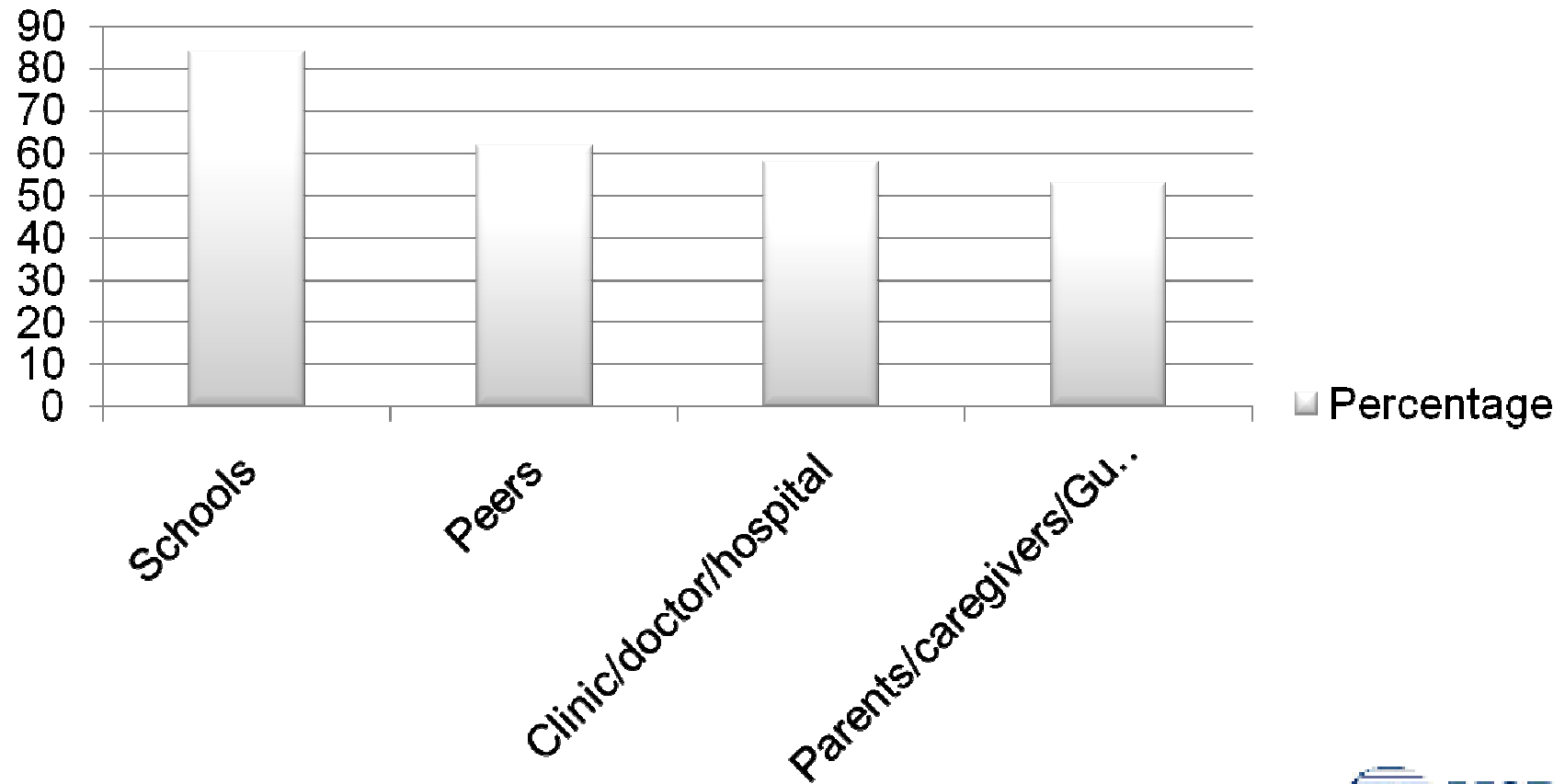
Survey Results (12-17 Yrs) (2)

Spare time usage on a daily basis



Survey Results (12-17 Yrs) (3)

Sources of HIV Information



Survey Results (12-17 Yrs) (4)

- Despite exposure to information being high, notable gaps in knowledge of transmission of STI's and HIV.
- Sexuality primarily discussed with peers. If an adult is consulted, it is less likely to be the child's parent.



Survey Results (12-17 Yrs) (5)

Sexual Experiences & Relationships

- 16% of youth not sure they would be able to keep from having sex until their partner agrees to use a condom.
- 17% not sure that they could get a condom if they needed to get one.
- Almost 45% planned to stay in a steady relationship with current partner.

Survey Results (12-17 Yrs) (6)

Sexuality and Relationships

Males

Females

29% Sexually Experienced*

Mean age of sexual debut is 14.3 yrs

22% Sexually Experienced*

Mean age of sexual debut is 14.5 yrs

Survey Results (12-17 Yrs) (7)

- More than half (52%) of the youth indicated that their parents were unaware of their sexual experience
- Condom use among youth remains a partial success indicated by an overall 49% of young people having used a condom at last sex.



Results

(5-11 yrs parent/guardian)

- 67% of the interviewees were the biological parents of the child, while majority of the guardians were close family members.
- 81% of the sample have other children (not biological) who are dependent on their care.
- Most parents/guardians rated child's health as either excellent (52%) or good (41%).

Survey Results (5-11 yrs parent/guardian) (2)

- About 18% of parents acknowledged businesses being run out of home.
- 15% of these home business operators run a tavern/shebeen.
- 20% of parents reported someone either in their home or in their next-door neighbour's home that gets drunk at least once a month.

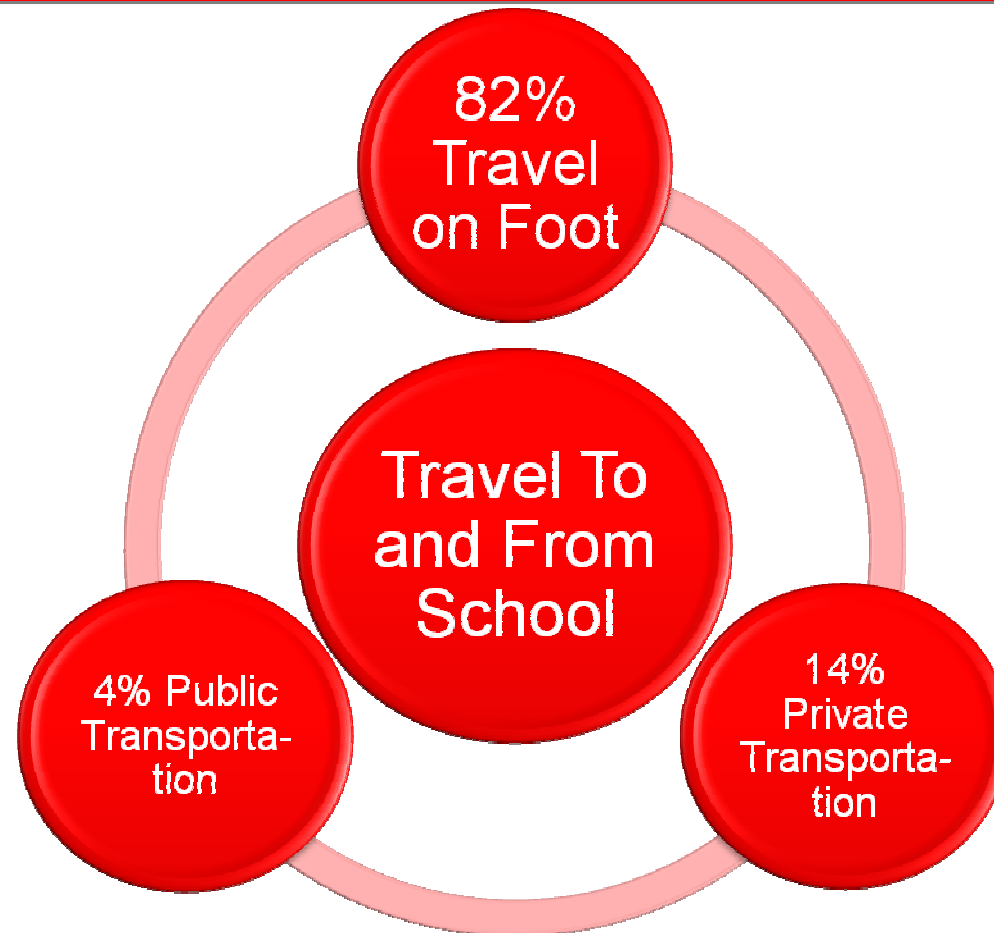
Survey Results

(5-11 yrs parent/guardian) (3)

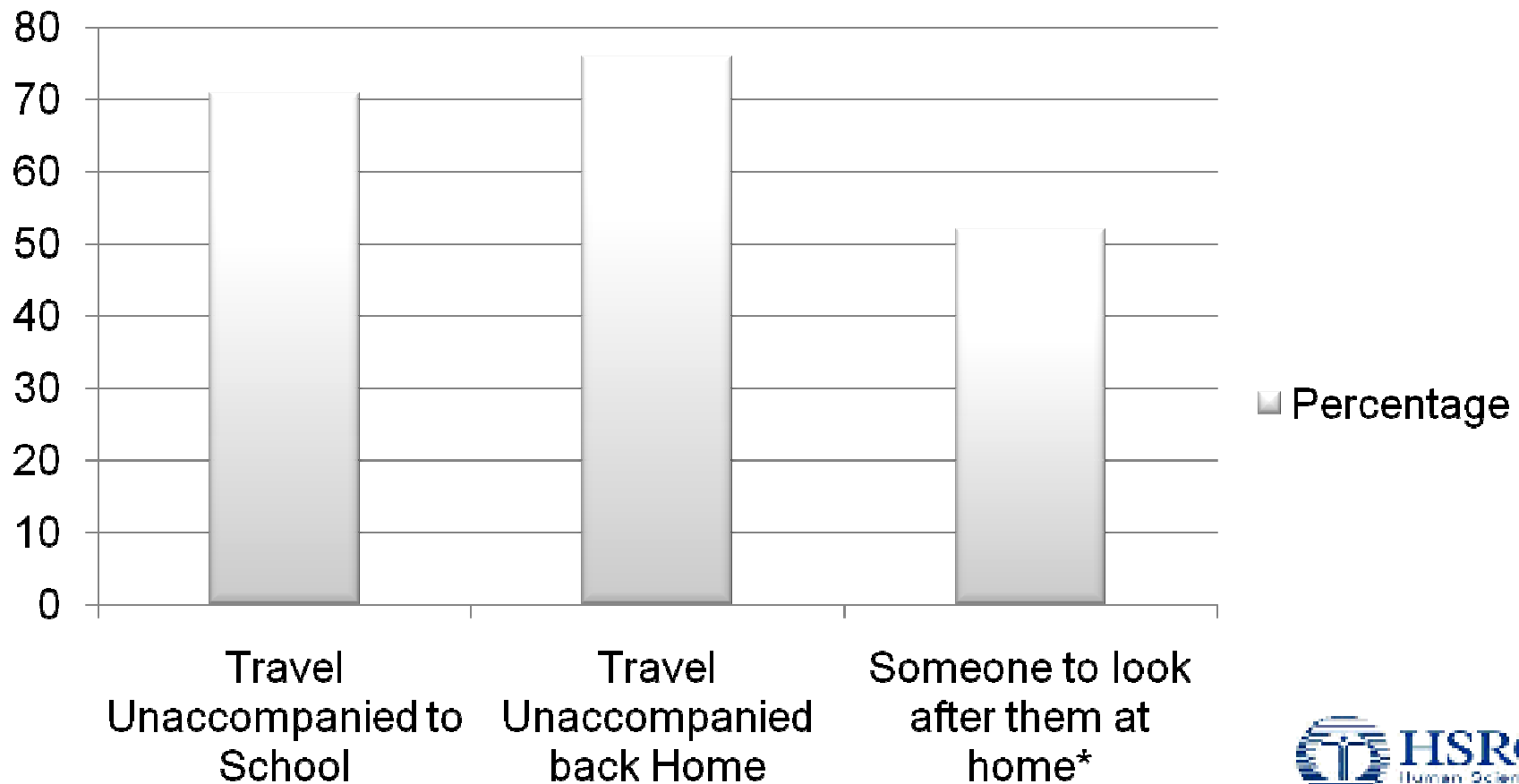
- Parents/guardians aware of protecting children and tend to see non-family males as a threat and avoid placing their children in the care of such individuals.
- 58% of the children sleep in a shared bed, quarter share a room; 17% have own bed and room.



Survey Results (5-11 yrs parent/guardian) (4)



Survey Results (5-11 yrs parent/guardian) (5)



Survey Results

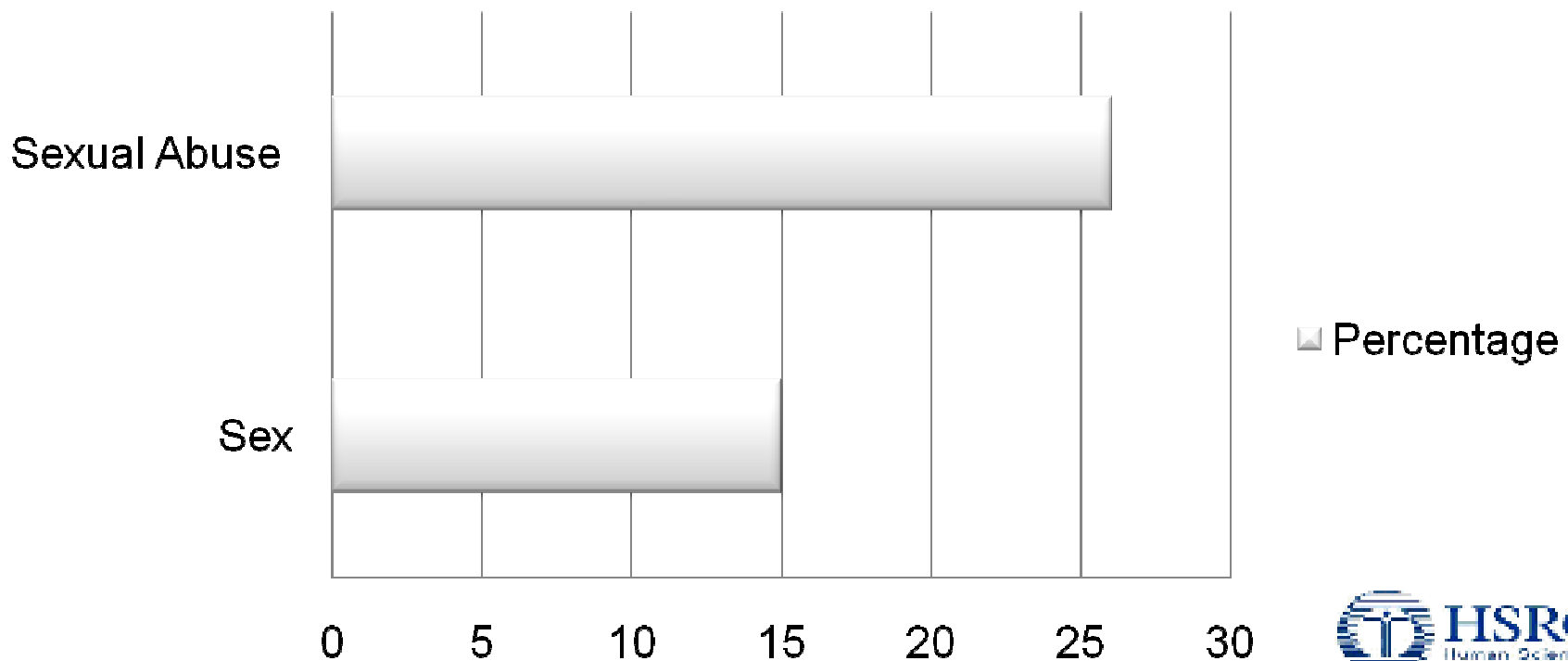
(5-11 yrs parent/guardian) (6)

- Parental knowledge on the methods of HIV/AIDS transmission are adequately informed with most endorsing methods such as condom use (44%), abstinence (30%), sticking to one partner (22%) and avoiding contact with blood (15%).
- Sixty-six percent of children spent time watching TV



Survey Results (5-11 yr- parent/guardian) (7)

Topics covered by Parents during discussions with their child



Survey Results

(Interviews with SRH service providers)

- Most interviewees were nurses or representatives from NGOs.
- Service providers saw SRH services for children as a vital and indispensable provision.
- Acceptance of responsibility for educating teenagers about SRH.
- Believed SRH services for children are adequate, and located problem with children not utilising available services.

Survey Results

(Interviews with SRH service providers) (2)

- There were mixed opinions regarding the quality of SRH education at schools.
- Parental communication around sex and SRH is low in South Africa and the phenomenon appears to be culturally embedded.
- The role of the media in promoting sexual activity among teenagers in southern Africa was a noteworthy concern for many interviewees. Media has also served to raise awareness about HIV/AIDS in South Africa,

Summary

- The survey represents a rich tapestry of perceptions and views about sexuality and sexual and reproductive health among children and youth.
- Consistency of responses suggest that findings are reliable
- Sampling methodology inspires confidence in generalisability of results to the areas in which SCS programming is active

Summary (2)

- **KEY FINDING:** Little evidence of promoting healthy sexuality as part of a comprehensive approach to healthy lifestyles approach among children in the regions surveyed.
- Children aware of the dangers associated with early (and unwanted) sexual behaviour, but no commensurate response to developing assertive and refusal life skills.
- No coherent approach to instructing sexuality within the context of relationships as part of a healthy lifestyle and utilizing a gendered and human rights perspective.

Recommendations (1)

- Age appropriate sexuality education that provides non-judgmental, accurate and realistic information within classrooms
- Curriculum should emphasize
 - Basic human physiology, reproductive health (role of relationships as an important part of sexuality)
 - HIV/ AIDS and its transmission, including ways of preventing transmission (e.g., delaying sexual debut)
 - Consistent condom use
 - Risks of HIV transmission associated with multiple partners

Recommendations (2)

- Teacher training on sexuality education and SRH to ensure accurate and non-judgmental education of learners (reducing teacher discomfort)
- Increase parental knowledge of SRH through community-based education to support school-based learning
- SRH service providers should encourage greater parental involvement to ensure appropriate advice (non-judgemental and not stigmatising)

Recommendations (3)

- Establish simple M & E systems to monitor:
 - At a minimum indicators would cover behaviour change areas of initiation of sex (delay)
 - Correct and consistent condom use (increase)
 - Use of family planning and increase in contraception use
 - Reduction in number of sexual partners and sexual risk-taking;
 - Children's experience of information, education around HIV and AIDS
 - Communication and support to access SRH and HIV prevention-related services provided in schools, families and the communities in which they live
 - Given the low levels of knowledge in young children, curricula on HIV knowledge and information should reflect improve levels of accurate information