FACT SHEET

SOUTH AFRICA: SAVE THE CHILDREN KAPB STUDY

Context

Southern Africa:

The HIV epidemic in Southern Africa is generally categorised as hyperendemic (adult HIV prevalence exceeding 15%) "requir[ing] exceptional effort and resources to... change sexual behaviours as well as social norms" (UNAIDS, 2008: 16). The high levels of early sexual debut together with high HIV prevalence expose sexually active children and young people to sexually transmitted infections, including HIV and unintended pregnancies. In Southern Africa the majority of HIV transmission occurs through sexual activity (including reproduction) and children and young people remain disproportionately represented in the number of new HIV infections. The silence around sexuality in general and children's sexuality in particular generates misconceptions, myths and misinformation which contribute to children's risky sexual practices. The majority of governments have strategic plans for the national multi-sectoral responses on HIV and AIDS. Some include explicit focus on children whilst in others this is implied within plans on the care and support of orphaned and vulnerable children to address the specific risks and vulnerabilities to HIV and AIDS that they face. However, implementation efforts have been limited by the tendency, until recently, to focus HIV prevention and sexual and reproductive health initiatives on children 15 years and older and who are rarely asked their opinion on the information and services they receive. In addition, the difficulties faced by adults in accepting children's sexuality and the social taboos and attitudes regarding sex, gender, contraception and HIV prevention itself have not been addressed adequately if at all. Save the Children in southern Africa is implementing a regional programme promoting comprehensive sexuality information and education for improvements in children's access to SRH and HIV prevention related information and services. A 2007 literature review by Save the Children Sweden, (Tell Me More! Children's Rights and Sexuality in the context of HIV/AIDS in Africa), revealed that communities and schools as well as the media had failed to adequately address sexuality and gender issues to meet children's needs and rights to information, education and communication for their own protection from HIV and AIDS. Save the Children Sweden has now undertaken a baseline and a children's KAPB survey in supported project areas in South Africa to strengthen and support implementation of the regional programme as well as to enhance the ability to influence other actors on these aspects of children's rights. The key sexuality education concepts that have been defined by UNESCO (2009) include relationships, values, attitudes and skills, culture, society and human rights, human development, sexual behaviour and sexual and reproductive health and are encompassed in the findings below.

South Africa:

At the end of 2009 5.6 million people were estimated to be living with HIV in South Africa, more than in any other country in the world with adult HIV prevalence at 17.8% (UNAIDS, 2010). Some age groups are particularly affected: about 1-in-3 women age 25-29 years and over 1-in-4 men 30-34 years live with HIV (HSRC, 2009). An estimated 330,000 children under 15 were living with HIV doubling from 2001 figures reported (UNAIDS, 2010; UNAIDS. 2008). With improvements in treatment and having become more available there is need to also consider support for children living with HIV in childhood through adolescence to adulthood. In 2008, HIV incidence among the age-group 15 to 17 was 0.7 percent (SABSSM, 2008), whilst prevalence among the 15-49 year age-group was 17.8 percent in 2009 (UNICEF 2009). HIV and sex education has been part of school curriculum since 2002 although some teachers surveyed reported discomfort in teaching it due to perceived contradictions with their own values and beliefs (Ahmed N et al, 2009). Various public awareness campaigns including multimedia campaigns targeting adults, children and teens that were surveyed in 2008 were found best received by 15-24 year olds with 90% coverage (HSRC, 2009). However HIV knowledge levels are poor and have decreased (HSRC, 2009). Less than 50% of young people 15-24 years had comprehensive correct knowledge of HIV with less young women (just over 25%) able to correctly answer 5 basic questions about HIV and its transmission (UNAIDS, 2010). According to UNGASS (2010), 27% of young women and 30% of young men could both reject major misconceptions and correctly identify ways of preventing sexual transmission. Thirty-seven percent of women and men aged 15–49 received an HIV test in the last 12 months and knew their results at the time of the survey (UNGASS 2010). Paradoxically, condom use increased (with rates highest in young people) with reports of 75% or more at last higher-risk sex but at the same time there has been an increase in the percentage of people reporting more than one sexual partner in the preceding 12 months (UNAIDS, 2010).

INTERVIEW FINDINGS

5 to 8 year olds:

Relationships are viewed as the responsibility of caregivers in terms of their welfare, and with other children with regard to friendship. Gender equality as a value was poorly understood with only 17% showing some understanding of this concept. Children in this age group had very limited knowledge, attitudes and skills in relation to sexual behaviour and only a rudimentary understanding of the concepts of sex, gender, and human rights. The term sexuality was not understood by most children of this age group, nor could they describe sexuality in relation to the human life cycle. Children could not describe how pregnancy occurred. As a result, they did not know how pregnancy could be prevented.

SURVEY FINDINGS

9 to 11 year olds:

While the meaning of healthy relationships was well understood, few understood the meaning of sexuality in relation to the human life cycle, with many misconceptions. Reproductive health was not well understood which also manifested in a poor understanding of sexual and reproductive anatomy. Fifty one percent of the children knew how pregnancy occurred and its impact on their lives (schooling, lack of love by parents, etc.) as well as ways to prevent unintended pregnancy (condoms, abstaining from sex, contraceptive pills). Thirteen percent of children correctly identified condom usage as a way of preventing sexual transmission, thirty percent cited abstinence, while the remainder (57%) did not know. None of the children referred to abortion as way of terminating pregnancies. Knowledge of available treatment for HIV and knowledge of who is vulnerable to HIV and AIDS was not well established which makes this age cohort vulnerable to risky sexual behaviour.

12 to 17 year olds:

Schools (84%) were a primary source of information with regard to HIV and AIDS, followed by peers (62%). Peers are a popular choice for discussion about sexuality, followed by teachers or a brother or sister but rarely a parent. Of those who were sexually active (25%) over half of mothers and fathers (52%) were not aware that their child was sexually active. Significantly more boys (29%) than girls (22%) had ever had sexual intercourse and 33% of boys and 24% of girls had petted each other. Condom usage at first sex was significantly higher for females (55%) than males (43%)**.** Girls and boys (M=14 years) began petting at same age, with boys indicating sexual debut at a slightly earlier age (M=14.3 years) than girls (M=14.5 years). There were significantly more girls (24%) than boys (16%) who knew that their current partner had other sexual partners.

SEXUAL AND REPRODUCTIVE HEALTH (SRH):

The study established physical, psychological and social barriers preventing children from accessing SRH resources.

12 to 17 year olds:

About one-third of children indicated that they were aware of a place for sexual and reproductive health services (SRHS) which were easily accessible (63%). However, most of these were not specialised and offered general physical treatment (47%) in addition to SRHS (35%). Ninety-three percent of boys and girls see the local clinic or hospital as their primary source of SRH services. The negative consequences of early pregnancy were recognized, including ways to prevent pregnancy. However, sixteen percent of children were not sure if they could keep away from sex until their partner agreed to use a condom. Challenges in accessing SRH services included the lack of parental involvement, with only 26% of children being accompanied by an adult. Stigma against children who ask for SRH services formed part of the challenge of accessing SRH services.

Parents/ Guardians:

Only twelve percent of parents/guardians have discussed sex and HIV and AIDS with their children aged 5-11 years, though almost a third have talked about sexual abuse (26%). Parental knowledge of HIV transmission was moderate, with most endorsing methods such as condom use (44%), abstinence (30%), sticking to one partner (22%) and avoiding contact with blood (15%). It was evident that parents/guardians are aware of protecting their children from abuse and tend to see non-family males as a threat and avoid placing their children in the care of such individuals.

RECOMMENDATIONS:

- Collaboration between Save the Children and it partners and stakeholders is required for an in-depth analysis of methods to improve children's information and knowledge of their rights in relation to sexual and reproductive health, including the risks related to HIV transmission.

- These collaborations should also include local NGOs that focus on community level education thereby involving parents and families as well as those NGOs that support school programming with regard to SRH.

- Given the low levels of knowledge among 5-8 year and 9-11 year old children, age-appropriate sexuality education within classrooms is promoted that provides non-judgemental, accurate and realistic information. The suggested curriculum should emphasise basic human physiology (how the body works), reproductive health emphasising the role of relationships rather than sexuality per se, including the advantages of delaying sexual debut.

- An essential part of the curriculum must focus on understanding HIV and its transmission, including ways in which HIV transmission could be prevented such as correct and consistent condom use and reducing multiple partners.

- Teacher training on sexuality education and sexual and reproductive health is essential for accurate and non-judgemental education of learners

- Increase parental knowledge of SRH through community-based education groups that reinforce and support school-based programming

- Sexual and reproductive health service providers should encourage greater parental involvement to ensure that their child receives appropriate advice and care without the fear of judgement and stigma.

- Save the Children and its partners should conduct a round table discussion around step-wise initiatives to counteract the issues brought up in the reports.

- A simple Monitoring and Evaluation (M&E) system needs to be developed. If a rudimentary M&E system is already being implemented, then it would be useful to build onto this platform by providing skills and assisting with technical aspects. 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 contraception (increase); number of sexual partners (reduce) and sexual risk-taking (reduce). as well as children's experience of the information, education, communication and support to access SRH and HIV prevention related services that is provided in the 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 improved levels of accurate information. .