REACHING SECONDARY SCHOOL STUDENTS WITH LIFE SKILLS: PRINCIPALS REPORT DRAMATIC EXPANSION

Background

A key strategy in South Africa’s response to the HIV/AIDS epidemic is a national life skills program and HIV/AIDS education course for secondary schools (grades 8 to 12), launched in 1998. Its goal is to increase knowledge, develop skills, promote positive and responsible attitudes, and provide motivational supports among young people. The National Coordinating Committee for Life Skills and HIV/AIDS oversees development of the life skills curriculum and develops guidelines for implementation, although each province designs and implements its own programs.

Evaluating the effect of South Africa’s life skills programs is a main task of “Transition to Adulthood in the Context of AIDS in South Africa,” a prospective study of reproductive behavior and sexual health of adolescents in South Africa. Among the data collected were two surveys of principals in all secondary schools in the Durban Metro and Mtunzini Districts in Kwa-Zulu Natal Province that focus on detecting changes in the comprehensiveness and coverage of the programs and in the attitudes of the schools’ principals.

Methodology

In 1999, 277 secondary school principals were interviewed using a structured questionnaire. Using the same questionnaire, interviewers returned to the same schools in 2001 to re-interview the principals, noting whether the same principal was in charge. The results presented here are based on 257 matched pairs. Response rates at both times were greater than 95 percent. The surveys asked about the characteristics of the schools with regard to student body and teachers, school facilities, and the teaching of life skills in the schools, as well as for demographic information about the respondents and their attitudes about reproductive health issues and about teaching sexuality in school. No data were collected on the quality of teaching of the life skills curriculum.

Key Findings

More than 90 percent of schools offered life skills in 2001, a significant increase from 1999.

Life skills coverage increased dramatically between 1999 and 2001, when the percentage of schools that taught any of the 11 life skills topics rose from 60 percent to 93 percent. There is an even greater increase in the percentage of schools
that teach the six core life skills (contraception/pregnancy prevention, HIV/AIDS prevention/condom use, care for people living with HIV/AIDS, prevention and symptoms of STDs, relationships/negotiation, and self-esteem/decision making), from 20 percent in 1999 to 66 percent in 2001. The percentage of schools with teachers trained for life skills increased from 76 percent to 94 percent.

Instruction in at least one format (either as an independent subject, integrated into other courses, or as a special presentation) of the following topics increased by 15 percent or more: STD prevention and symptoms, HIV/AIDS, care for people with AIDS, relationships/negotiation and assertiveness, contraception/pregnancy prevention, sexual relations with the opposite sex, and self-esteem/decision making/attitudes/values (Figure 1). In addition, there was a particularly significant increase in the number of topics taught as independent subjects. For example, contraception/pregnancy prevention was taught as an independent subject in 58 percent of schools in 2001, compared to 20 percent in 1999. HIV/AIDS prevention was only taught as an independent subject in 21 percent of schools in 1999, while in 2001 it was taught separately in 62 percent of schools.

Findings from a household survey of adolescents between the ages of 14 to 22 support the increase in life skills education that we found in the principals’ data (Figure 2). Adolescents reported higher levels of exposure to the core life skills topics in the 2001 survey as compared to the 1999 survey. The largest increases were found among Africans and males.
Principals showed greater support for adolescent girls to attend school during pregnancy and after giving birth.

Principals were asked to agree or disagree with a series of nine statements on reproductive health issues to gauge their attitudes and perceptions. For three items there was significant change:

- Fewer principals said that pregnant students should be asked to leave school (from 54 percent in 1999 to 38 percent in 2001).
- A greater percentage of principals said that teenage students should be allowed to return after giving birth (from 88 percent in 1999 to 95 percent in 2001).
- Twice as many principals in 2001 agreed that teaching life skills is the responsibility of parents, not school (from 3.5 percent in 1999 to 7 percent in 2001).

Several other items also changed, but not significantly: Fewer said that virginity testing is a good way to discourage sex (41 percent in 1999 and 38 percent in 2001) and that students who are HIV-positive should not be allowed in school (9 percent in 1999 to 7 percent in 2001).

African, Asian, and mixed-race schools and schools with high-risk student bodies achieved the greatest expansion of life skills instruction.

Schools that are predominantly African, Asian, or racially mixed show the greatest increases in providing instruction in any life skills and core life skills. Instruction in core life skills increased from 10 percent to 58 percent in African schools, 17 percent to 87 percent of Asian schools, and 34 percent to 71 percent in mixed-race schools. The teaching of core life skills in White schools also increased, although it is impossible to detect whether this change was statistically significant due to the small number of schools in the sample.

The 1999 data showed very clearly that schools where the principal perceived that a large majority of the students were at high risk of pregnancy and HIV infection were least likely to have life skills curricula. In 2001, it was precisely these schools that showed the greatest improvements in offering a life skills program (see Figure 3).
Discussion

By 2001, most secondary school students in the Durban Metro and Mtunzini Districts had been exposed to information to help them reduce their risk of pregnancy and of exposure to STDs, including HIV, or help them cope with an ill family member. This represents an important increase since 1999. The greatest expansion of life skills instruction was found in the African, Asian, and Mixed schools and in schools where the principals perceived the student bodies to be at high risk.

There are several important implications from these findings:
- More school administrators are implementing a life skills, with almost all schools now providing some life skills instruction, a dramatic increase in two years’ time.
- Even in schools that had life skills in 1999, there is some evidence of new or reformed curriculum.
- Attitudinal responses by the principals concerning adolescent pregnancy are changing in a positive, more accepting direction.
- Despite the overall positive picture, more resources are still needed for schools lagging behind or that do not currently offer life skills curricula.

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2 The Transitions Project seeks to fill some of the gaps in knowledge about adolescent sexual behavior and reproductive health outcomes, and the interaction of education—including the life skills program taught in secondary schools in South Africa—and work experience with reproductive events and sexual health. The goal of the Transitions study is to contribute to designing and refining policies and programs to improve opportunities for and capacities of adolescents and to changing behaviors and choices. The study is being conducted by the University of Natal-Durban, the Horizons Program and the Policy Research Division of the Population Council, and the Focus on Young Adults and MEASURE/Evaluation Projects of Tulane University, New Orleans, Louisiana.