

AN ASSESSMENT OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS CURRICULA FOR YOUTH IN SOUTH AFRICA

Umbrella Grant Management Project

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Outline

- Assessment objectives and methodology
- Overview of curricula reviewed
- Findings and recommendations

Assessment Objectives

In August 2013, USAID/SA requested FHI 360 assess training curricula for youth and determine if they are:

- Comprehensive and technically accurate
- Rely on appropriate training methodology
- Support clear health goals such as prevention of STI/HIV and pregnancy
- Facilitate behavior change
- Based on evidence and have had some effects (including how these effects were being measured)

Assessment Methodology

Phase One:

- Develop the Curricula Assessment Tool
- Identify programs that conduct training for youth on SRHR and have a training curriculum
- Interview key informants for each program using discussion questions in the Curricula Assessment Tool

Phase Two:

- Desk review of curricula using criteria in the Curricula Assessment Tool

Curricula Overview

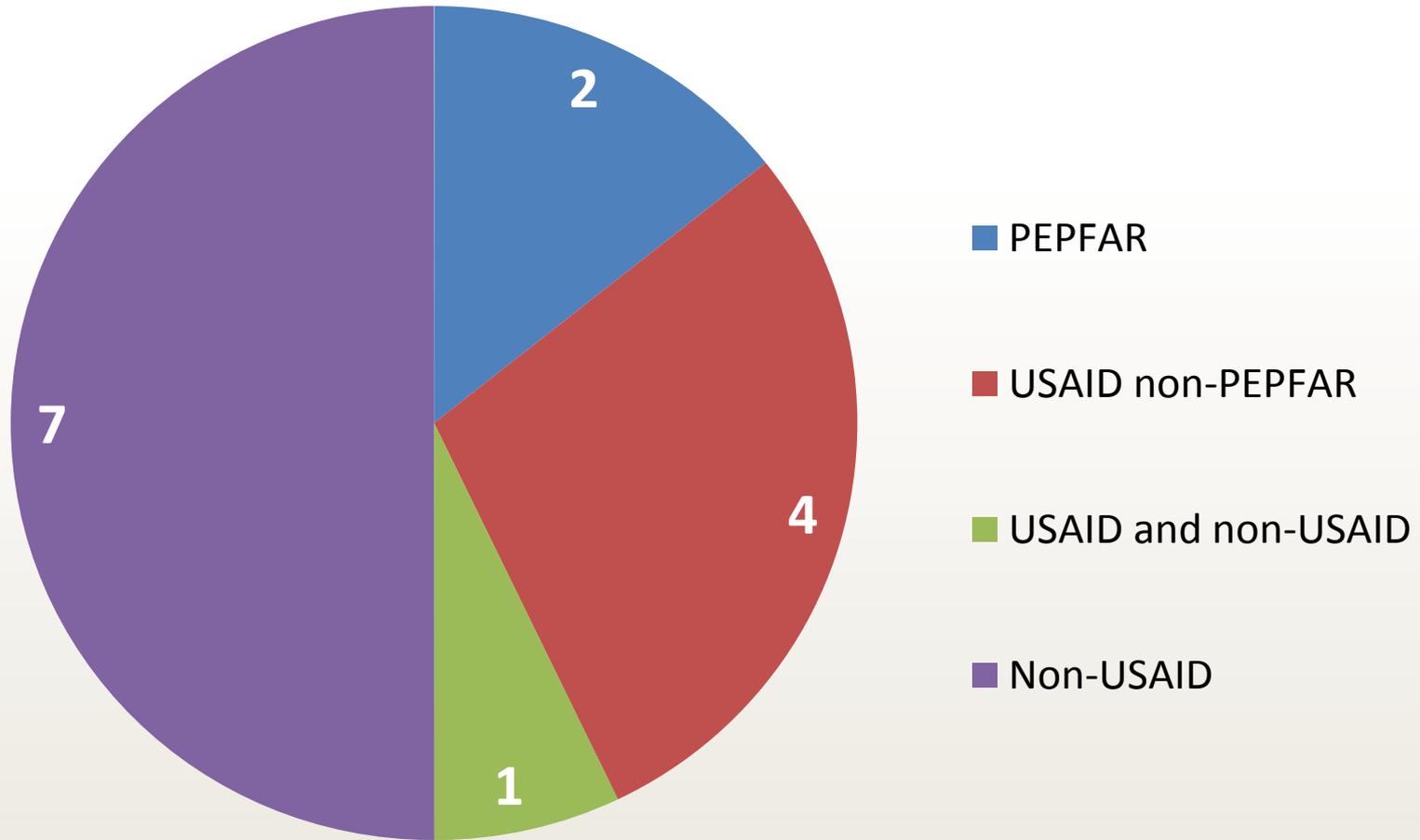
- FHI 360 assessment team met with 17 organizations
 - Not every organization had training materials for youth
 - Two organizations had more than one training curriculum
- 14 training curricula were collected for assessment
- Target populations, number of SRH topics addressed, and the degree to which information was covered varied significantly across different curricula

Curricula Overview

Curricula included in review

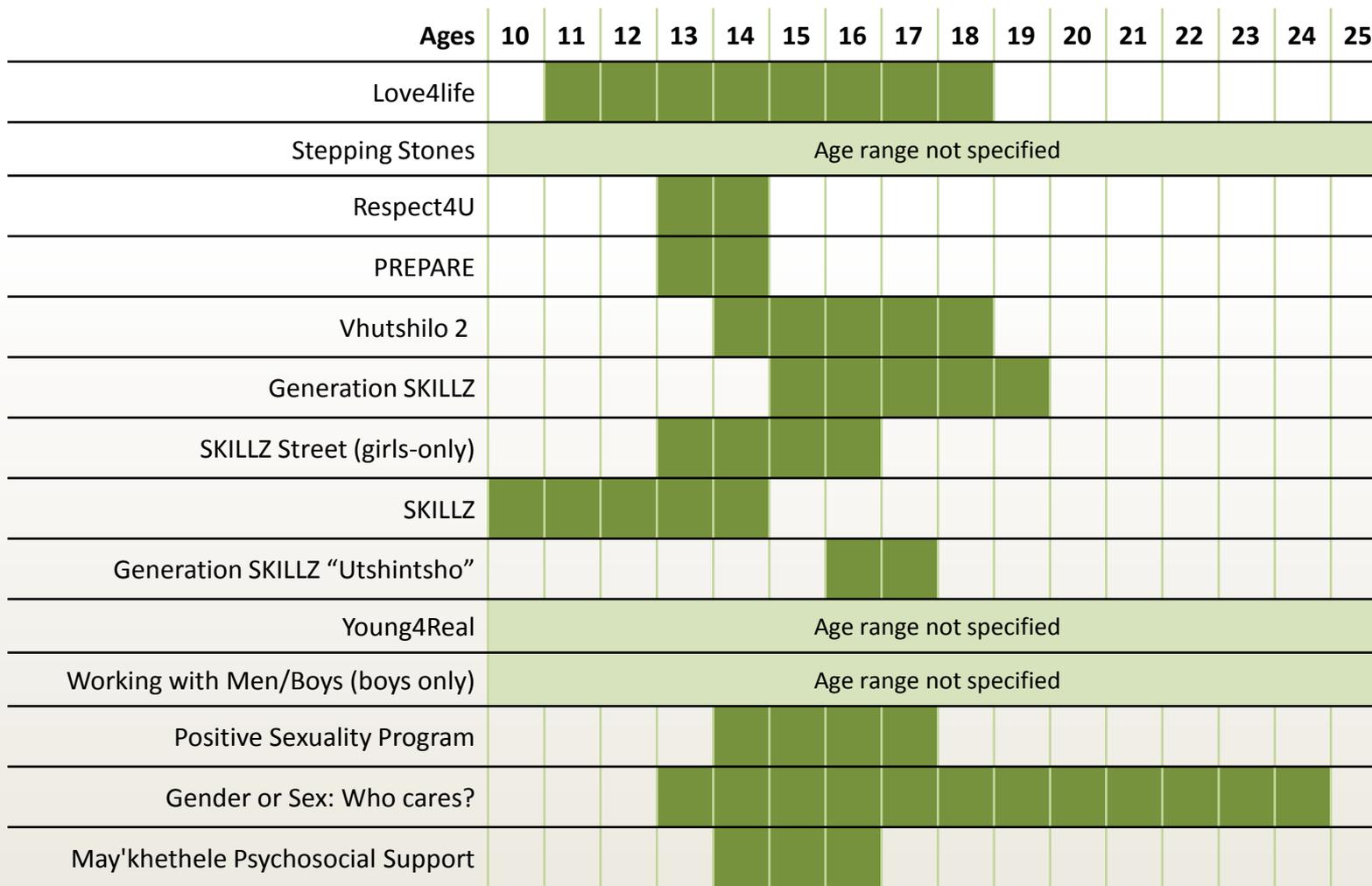
Curriculum Title	Developer
Love4life: Healthy Sexuality Manual	loveLife
Stepping Stones	Medical Research Council
Respect4U	Medical Research Council
PREPARE	Medical Research Council
Vhutshilo 2	Center for Support of Peer Education
Generation SKILLZ	Grassroot Soccer
SKILLZ Street	Grassroot Soccer
SKILLZ	Grassroot Soccer
Generation SKILLZ “Utshintsho”	Grassroot Soccer
Young4Real	SAfAIDS
Working with Men and Boys	Sonke
Positive Sexuality Program (PSP)	Child Welfare
Gender or Sex: Who cares?	Ipas
May'khethele Psychosocial Support Manual	Youth For Christ/CINDI

Funding sources for curriculum development



Curricula Overview

Target population: age



Curricula Overview

Target population: in-/out-of school status

	In-school	Out-of school	Both
Love4life			Both
Stepping Stones		Out-of school	
Respect4U	In-school		
PREPARE	In-school		
Vhutshilo 2	In-school		
Generation SKILLZ			Both
SKILLZ Street (girls-only)			Both
SKILLZ			Both
Generation SKILLZ "Utshintsho"			Both
Young4Real			Both
Working with Men/Boys (boys only)		Out-of school	
Positive Sexuality Program	In-school		
Gender or Sex: Who cares?			Both
May'khethele Psychosocial Support	In-school		

Support the Life Orientation program

- Developed in consultation with the Department of Basic Education
- Aligned with the goals and objectives outlined in the Curriculum and Assessment Policy Statement (CAPS)

- Love4life Healthy Sexuality Manual (when implemented in schools)
- Respect4U
- PREPARE
- Vhutshilo 2
- Positive Sexuality Program (PSP)
- May'khethele Psychosocial Support Manual: Grade 8, 9 & 10

Implementation of curricula

- Several programs rely on young people to facilitate:
 - Love4Life is facilitated by full-time peer educators aged 18-25 known as “groundBREAKERS”
 - Vhutshilo 2 facilitators are teams of 3 or 4 peer educators aged 16-20
 - Some of PREPARE facilitators are young people who graduated from high school
 - SKILLZ use volunteer coaches aged 18-25
- Other programs rely on their staff, salaried social workers or teachers

Curricula Overview

Evaluation

- Most programs do not have a formal mechanism for evaluating training impact; however:
 - Vhutshilo 2 curriculum had a limited monitoring and evaluation component + impact evaluation study
 - Stepping Stones was evaluated as part of a research study (studies are in progress for two other curricula)
 - outcome-based evaluation was conducted for May'khethele Psychosocial Support Manual
 - impact of loveLife program was evaluated in four provinces
- Positive shifts in knowledge or behavior were found in all evaluations as well as improvements in selected indicators

Training techniques used in curricula

- Rely on an experiential learning approach
- Highly participatory and interactive
- Didactic component is limited, even in school-based curricula
- Common activities include:
 - discussions
 - reflections
 - role plays and case studies
 - games

Training structure

- Many curricula utilize 45-minute sessions, suitable for in-school and out-of-school implementation
- All have a facilitator manual but only 3 include materials for learners (e.g., workbook, worksheets, learner’s manual)
- Most activities are age appropriate and relevant
- Some activities require adaptation and some curricula are “toolkits” (activities selected based on audience)

Training structure *(continued)*

- Learning Objectives
 - included in all sessions
 - many are not measurable (challenging for facilitators to assess gains in knowledge and skills)
- Activities:
 - some include very limited guidance on how to conduct
 - many are followed by discussion questions with no guidance on how to process participant responses
 - time required for completion of each activity is often missing or underestimated

Training Methodology Findings

Skill-building component

- Skill-building component is weak in most curricula
 - very little time allotted for practicing new skills
 - other activities are often substituted in lieu of practice (e.g., describe the steps in a process, brainstorm possible responses to situations)
- Commonly addressed skills include critical thinking, decision-making and communication
- Very few include skills for how to put on a condom, negotiate condom use, or say “no” to sex

Training Methodology Recommendations

1. Revise learning objectives to make them measurable
 - ensure activities are in place to support objectives
2. Develop guidance for facilitators on:
 - how to process the discussion questions including key messages to emphasize
 - how to conduct certain activities and approximate time needed for each activity
3. Include a better mix of skills, especially for condom use and negotiation
 - allow sufficient time to practice and reinforce all skills

Topics/areas covered

All curricula could be divided in two broad categories:

- Focus on issues of self-esteem, sexuality, gender relations and gender-based violence, relationships, and decision making
 - rely to a large degree on self-exploration, values, attitudes and culture
- Cover a broad range of SRH topics, including “technical” areas, such as fertility, pregnancy, contraception, and HIV transmission and prevention
 - require accurate information

Technical Content Findings

Topics/areas covered *(continued)*

Curriculum ↻	Love4life	Stepping Stones	Respect4U	PREPARE	Vhutshilo 2	Generation SKILLZ	SKILLZ Street	SKILLZ	Generation SKILLZ "Utshintsho"	Young4Real	Working with Men/Boys	Positive Sexuality Program	Gender or Sex: Who cares?	May'khethel e	Psychosocial Support
Sexual/reproductive rights															
Gender issues															
Gender-based violence/intimate partner violence															
Communication															
Decision-making															
Sexuality/sexual development/puberty															
Fertility and pregnancy															
HIV/AIDS															
STIs (other than HIV)															
Safe sex practices															
Contraception															
Termination of pregnancy															
Alcohol and substance abuse															
Stigma and discrimination															

Information accuracy

- Most cognitive and gender issues are well covered in all curricula
- Some key technical information is incorrect or missing
- Not all mistakes are equally important in terms of consequences
- Some inaccuracies/information gaps have potential to affect the way adolescents act on what they learned
 - could make it difficult to achieve desired behavior change

Fertility and emergency contraception

Common mistakes and information gaps:

- Menstrual cycle and fertile time
 - affects understanding of how pregnancy occurs and when the protection is needed most
- Male fertility (rarely discussed)
 - masks a key fact that men can cause pregnancy anytime they have unprotected sex
- Timeframe for using emergency contraception (EC) often presented as 3 days instead of 5 days
 - makes it less likely that girls will access EC

Contraceptive methods

Common mistakes and information gaps:

- Only 6 of 14 curricula discuss contraceptive methods
- Valid options are presented as inappropriate for youth (e.g., IUD, and occasionally, injectables)
- Spermicides are suggested for both pregnancy prevention and to increase condom effectiveness
 - highly ineffective against pregnancy and increase risk of HIV transmission
- Options not available in SA are discussed with the same level of detail (e.g., diaphragm and cervical cap)

Contraceptive methods *(continued)*

Common mistakes and information gaps:

- Presents information in a way that may bias youth toward a particular contraceptive method
 - side effects and complications are overstated or stated incorrectly
 - unnecessary restrictions on how to take (COCs)
- Lacks focus on what is important for adolescents (e.g., easy to use/discontinue, ease of access, privacy)
- Often lacks information on where/how to access methods

Condoms

Common mistakes and information gaps:

- Discussions of condom effectiveness/failure emphasize incorrect use rather than inconsistent use (condom breakage is rare)
 - condom effectiveness in consistent use can be a great motivating factor
- Incorrect use does not necessarily mean putting condom on incorrectly
 - ensuring understanding of expiration date, proper storage, and precautions when opening the package could play a greater role in reducing breakage

Dual method use

Common mistakes and information gaps:

- Dual protection discussions are very condom centric; other options are rarely introduced
- Sex between two mutually faithful uninfected partners who use contraception achieves dual protection
 - good opportunity to emphasize knowing your partner's HIV status and avoiding frequent partner changes
- Reasons for using an effective contraceptive method in addition to condoms are never seriously explored
 - may be the only way to prevent pregnancy for girls unable to negotiate consistent condom use

Multiple sex partners and other risky practices

Common mistakes and information gaps:

- “Multiple sex partners” explained in a way not necessarily relevant to youth
 - quick succession of partners presents the same risk as “more than one partner at the same time”
 - “serial monogamy” is common among adolescents but never discussed in training materials
- No clear explanation of how different types of sex influence HIV risk which can affect decision-making
 - anal sex is much riskier than vaginal and vaginal is much riskier than oral

Sexually Transmitted Infections

Common mistakes and information gaps:

- Only 7 out of 14 curricula provide information on STIs other than HIV
- Little emphasis on getting treatment as soon as possible to avoid serious complications
- Some discuss that HPV can cause cervical cancer, but none inform that HPV vaccine to prevent cervical cancer is now available

Technical Content Recommendations

1. Careful technical review is needed to correct inaccurate information and add missing information
2. Some concepts around HIV risk and prevention should be better explained and made more relevant to the realities of young people's relationships
3. Appropriate information on contraception should be included and method mix should reflect all methods available to adolescents in South Africa
 - align with SA contraceptive guidelines

General Recommendations

1. Coordinate and streamline efforts to support the Life Orientation program to avoid duplication and ensure uniformity
 - existing sessions can be shared and strengthened across the programs
2. Consider adding a livelihood component or linking to livelihood programs (as appropriate)
3. Include an evaluation component in all training interventions (with detailed records on implementation and lessons learned)

General Recommendations *(continued)*

4. Ensure careful selection, training, and supervision of youth facilitators
 - make additional facilitator resources available
5. Establish better linkages with health services
 - train providers in adolescent SRH and counseling
 - make providers available during training events to answer questions
 - take youth for a tour of a local clinic as part of the training

Conclusion

- Many training curricula covering a wide range of SRH topics are available
- Most curricula are very creative and all are interactive and engaging
- Strongest areas include those dealing with self-exploration, values, attitudes and gender
- Weakest areas are those covering technical information around fertility, contraception and some aspects of HIV prevention

Next step: Explore how to ensure technical accuracy (e.g., development of prototype materials on key topics)