Evaluation of Life Skills Education in Public Schools in KwaZulu Natal, South Africa: Baseline Survey Report

Background

In response to the HIV/AIDS epidemic, high rates of adolescent pregnancy, and other health risks faced by South African youth, the national departments of education and health have begun implementing “life skills” training in public secondary schools (grades 8–12). In collaboration with the Population Council Policy Research Division, the HORIZONS Project, the MEASURE-Evaluation Project, and the University of Natal-Durban, the FOCUS on Young Adults program is undertaking an impact evaluation of life skills education in KwaZulu Natal Province during the 1999–2001 period. This summary provides information on the data gathered in a “baseline” survey conducted in connection with the program evaluation.

Data and Methods

A nonexperimental panel design will be used in the evaluation. The impact of life skills education will be measured as the magnitude of net “dose-response” relationships between indicators of program exposure and sexual-reproductive health and social outcomes, controlling for the effects of differences in other determinants of these outcomes and possible selection bias. In October and November 1999, a structured questionnaire survey was conducted of just over 3,000 youth 14–22 years of age in metropolitan Durban and the Mtunzini Magisterial District (a primarily rural district in KwaZulu Natal Province). To provide baseline data for the eventual evaluation, the survey instrument covered a wide range of potential risk and protective factors for sexual risk-taking behaviors and adverse health and social outcomes. Surveys also were conducted to measure school- and community-level factors that influence youth behaviors. In April–May 2001, a second round of survey data was to be gathered from youth who were 14–19 years old at the time of the baseline survey and from all schools in KwaZulu Natal Province. The HORIZONS project will report on the second round survey results.

Findings

- Seventy-two percent of respondents were currently attending school, including 92 percent of youth age 14–15 and 75 percent of youth age 16–19. Males were somewhat more likely to be attending school—77 percent as compared with 68 percent of females. White respondents were the most likely to be attending school (84%) and blacks the least likely (72%).
Thirty-eight percent of the survey respondents lived in female-headed households—35 percent of rural black youth, 48 percent of urban black youth, 20 percent of youth of Asian descent, 19 percent of “colored” youth (i.e., of mixed racial heritage), and 17 percent of white youth.

Approximately 17 percent of students reported having used alcohol and 3 percent reported having used drugs in the four weeks prior to the survey. The prevalence of both behaviors was higher among males than females and higher among white youth as compared with black and colored youths and youth of Asian descent.

Fifty percent of respondents (52% of males and 47% of females) reported ever having had sex. Twenty-five percent of youth reported having had their sexual debut prior to age 16. Male and black youth reported having had their first sexual encounter earlier on average than females and non-black youth. One-third of females reported that they were persuaded, tricked, or raped in their first sexual encounter.

Twenty-eight percent of black female respondents reported having been pregnant. This rate compares with 10 percent of colored females, 7 percent of females of Asian descent, and 2 percent of white females. Twenty-five percent of black males reported having fathered a child as compared with 10 percent of colored males, 5 percent of males of Asian descent, and 2 percent of white males. Among respondents reporting having been pregnant, 72 percent reported an unwanted pregnancy.

Fifteen percent of youth reported having symptoms of sexually transmitted infections in the 12 months prior to the survey.

Sixty-two percent of respondents reported having used a contraceptive method (primarily condoms and pills) during their last sexual encounter.

Sixty percent of respondents reported that their school had a life skills program. However, only 26 percent reported being exposed to 8 “core” topics and only 18 percent to all 13 topics recommended in national guidelines. Youth residing in urban areas were more likely to attend schools that had a life skills program (65% as compared with 43% among rural black youth). Eighty-five percent of white youth reported having a life skills program at their school as compared with 65 percent of urban black youth, 58 percent of youth of Asian descent, 57 percent of colored youth, and 43 percent of rural blacks.

Implications

Youth in Durban and Mtunzini District tend to begin having sex at a fairly young age. In view of the high positive HIV rate among the general population in South Africa, it is important that responsible sexual behaviors be practiced. Life skills education is envisioned by the national departments of education and health as a primary means of promoting such behaviors.

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