

# ***Siyakha Nentsha: A Randomized Experiment to Enhance the Health, Social and Financial Capabilities of Girls & Boys in KZN, South Africa***

by

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## **Abstract**

To respond to social and economic challenges that make HIV and AIDS threats to adolescents in the South African context, the Isihlangu Health and Development Agency and the Population Council developed a school-based life-skills program for female and male adolescents. *Siyakha Nentsha* (SN) is a cluster randomized experiment targeting young people in KwaZulu-Natal. It addresses economic, social and health challenges that youth face, with the objective of improving functional capabilities and well-being of adolescents at high risk for HIV, teen pregnancy, school dropout, unemployment, and the actual or potential loss of a parent. The intervention is accredited the HWSETA meaning that participants who successfully complete the *Siyakha Nentsha* curriculum have an asset that could assist them with accessing jobs and other opportunities in the future.

## **Methods**

The intervention took place in peri-urban communities of KwaZulu-Natal Province, located outside of Durban and adjacent to the large township of Umlazi. As the vast majority of young people in South Africa attend school during their teenage years, working through the schools was the most effective way for the program to reach large numbers of participants and to also avoid sample selection bias. To avoid yet another type of sample selection - that of including only learners who were able to participate in an after-school or weekend program- the study team was able to convince the Department of Education and the participating schools to offer the program during school hours, thus, including all learners within each study school.

Focus group discussions that were held with guardians and traditional authorities in the area to inform the curriculum content during the pilot design phase revealed a reluctance to exclude boys from the program, due to the lack of positive opportunities for boys and a strong focus on inclusiveness, given the country's history of exclusion. Girls were a primary target population due to their vulnerability to HIV and early pregnancy; boys were included, however, with the goal of building their knowledge and skills, and to allow girls and boys to work together, interact socially, learn to respect one another as colleagues and friends, and thus, move beyond objectification of the opposite sex.

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SN was delivered in secondary schools during school hours and led by trained young adult mentors who were matriculants from the local community. Sessions occurred 2-3 times per week. The study has 3 intervention arms: (1) a control group that received standard life-orientation delivered by educators in South African secondary schools, (2) a group that received an enhanced, package of social and health skills delivered in a participatory manner in classrooms by trained young adult mentors from the local community, and (3) a group that received social and health, plus financial skills delivered in the same manner as the enhanced social and health arm. These intervention arms were randomized at the classroom level to 710 learners in grades 10 and 11 in 7 secondary schools. Each participant was interviewed at her/his household in early 2008 before the intervention began and again 18 months thereafter. Each participant was interviewed at her/his household before the intervention began and 18 months thereafter. The research team recorded GPS coordinates of participants' households to increase the likelihood of finding respondents during future survey rounds

### **Findings**

The baseline survey revealed that learners in the study faced a host of challenges. Over one-third of young people in the study had lost at least one parent. Many learners lived with grandmothers, siblings, aunts or uncles. Nearly one-fourth of participants reported that their household did not have enough money for food, much less other basics. Most lived in homes connected to electricity but many reported frequent power outages. Eighty eight percent of households were receiving some kind of social grant. Although schools were often located far from learners' homes, transport was lacking and most learners walked to school. Almost one-fifth of girls, however, reported taking a taxi to school most days, possibly to avoid unsafe situations that can arise when girls walk alone. Reflecting the lack of employment opportunities in the area, only a small number of participants at baseline had ever undertaken work for which they were paid: 17% of boys and 8% of girls.

Our multivariate analysis shows statistically significant changes between baseline and endline for SN participant learners compared with learners in the control group who received the standard national secondary school life-orientation package.

For all learners pooled by gender, *Siyakha Nentsha* participants, compared with the control group, were more likely to report remaining sexually abstinent between survey rounds, and those *Siyakha Nentsha* participants who did have sex, reported having fewer sexual partners than learners in the control group. *Siyakha Nentsha* learners were also more likely to have interacted with financial institutions and attempted to open a savings account. Those *Siyakha Nentsha* participants who were allocated to the arm that also received financial education reported feeling more socially included in their community.

When disaggregated by gender, all *Siyakha Nentsha* girls (compared with girls in the control group) were significantly more likely to have interacted with financial institutions. Girls in Arm 3 (who received health education, social support and financial education) reported feeling more socially included in their communities.

*Siyakha Nentsha* boys (compared to boys in the control group) were much more likely to report have remained sexually abstinent in the twelve months before the second survey, and *Siyakha Nentsha* boys who did have sex reported having fewer sexual partners than did boys in the control group. *Siyakha Nentsha* boys also showed large improvements in their knowledge of social grants and entitlements available to their families. The addition of financial education to the health and social modules did not have any discernable effect on boys that we were able to measure.

## **Conclusion**

Life orientation programs, such as *Siyakha Nentsha* that includes practical skills can help young people not only reduce their risk for acquiring HIV, but also increase their financial empowerment and enhance their ability to cope with the stresses of growing up in a challenging environment.