

SRH Services

Despite repeated government commitments and many well-intentioned plans, these services are not readily available. For example, the mobile clinic was neither regular nor local and did not provide dedicated days for SRH services. The DoSD services are not fully understood. Teachers currently receive minimal SRH support and training. The Life Orientation (LO) textbooks have good content and are relevant but are in short supply.

Furthermore, there is little or no coordination among the three main departments. The planned localisation of the service through the resource centre is seen as key to future improvement. The attitudes of SRH service providers are reflected in mixed experiences and a few cases of poor service attitudes and prejudice.

Apart from showcase events like World AIDS Day, there is only a vague evidence of government/NGO cooperation.

Community and Government Relations

The research suggests that the community is generally passive in receiving services and looks to government to take the lead. Parents claim that the community knows little of SRH interventions. The research revealed little evidence of participatory governance and active citizenry.

Obstacles and Gaps

Many of the obstacles to the planned programme at Nzululwazi are generic and predictable in rural South Africa and the public service. The area suffers from poor infrastructure, weak productive capacity, fragmented services and logistical/resource constraints. However, most stakeholders regard youth attitudes as the biggest obstacle.



Recommendations

- As part of the ongoing project management and M&E function, the learner study should be repeated at regular intervals.
- Include measures to build more coherence and unity in the leadership message about SRH.
- Partner with police structures to obtain statistics on the number of learner/youth violence and sexual violence cases linked to substance abuse.
- Peer Educators should play a key role at the YRC and its outreach programmes.
- Promote increased dialogue and informed discussion on the pitfalls of transactional sex.
- Draw in traditional healers.
- The SGB should use parent meetings to win parent support for interventions.
- The YRC should develop a system to record client turnover and feedback.
- Explore easier access to non-condom contraception for girl learners/youth. However, since condoms play a crucial role in preventing HIV transmission, a future programme should focus on 'dual protection'.
- The SRH message should be realigned to give more emphasis to the negative consequences of living with HIV and AIDS and unplanned pregnancy.
- More teachers should be trained in CSE/LO and more LO resources should be on hand.
- The ISHP/SRH awareness programme should be extended to all feeder schools.
- Strengthen the partnership between the YRC and the municipality and better define the municipality's role in the programme.
- Longer term planning should consider the risk that intergovernmental coordination and cooperation remains an aspiration rather than an assured part of State machinery.



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Case Study for Effective Implementation of the Integrated School Health Programme (ISHP):

Baseline Study at Nzululwazi High School and Surrounding Community



Worldwide, 430 000 children under the age of 15 became newly infected with HIV by the end of 2008. During the same period, approximately 280 000 South African children were infected. A national study in the country found 2.5% HIV prevalence among children aged 2-14 (Brookes, Shisana & Richter, 2004). Infection rates among adolescents are on average five times higher among girls than boys (UNICEF, 2008a).

In terms of teenage and learner pregnancy, it is estimated that fertility in South Africa rises from a low of 2% among 15-year-olds and peaks at 30.2% among 19-year-olds (DOH, MRC & Measure DHS, 2002). Data from the 2003 Reproductive Health Research Unit (RHRU) study also shows that teenagers aged 17-19 account for 93% of teenage fertility (Harrison, 2008b). Thus, female learners in their final years of schooling are especially vulnerable to unplanned pregnancy, sexually transmitted infections (STIs) and HIV (Kirby, 2007).



In South Africa, coerced sex and sexual violence, which increase susceptibility to HIV infection, is a significant trend, often aimed at children. Living circumstances are also widely understood to present a significant risk for early pregnancy, STIs and HIV.

Located outside Mt Frere on the north-eastern periphery of Mpendla Village in the Eastern Cape, Nzululwazi Senior Secondary School



exhibits many of these characteristics. It experiences substance abuse/drug problems and a lack of accommodation for learners whose homes are outside the immediate area. These factors are believed to influence pregnancy rates. The province as a whole is reported to have high levels of early pregnancy. In August 2015, Student Partnership Worldwide (SPW) conducted an Adolescent Sexual and Reproductive Rights Intergenerational dialogue at Nzululwazi High School. It subsequently launched a Peer Education programme and established a local youth resource centre (YRC) at Nzululwazi geared at coordinating health, social development and education services for the youth.

The Student Partnership Worldwide (SPW) South Africa Trust (also known as RD South Africa) in partnership with UNFPA leads the SYP Programme in three districts in the Eastern Cape. It aims to contribute to the improvement of the Sexual Reproductive Health and Rights (SRHR) of young people aged 10-24, with particular emphasis on HIV prevention. At the request of the provincial Department of Basic Education, and in collaboration with the Departments of Social Development (DoSD) and Health (DoH), SPW conducted a baseline study for a case study for the effective implementation of the Integrated School Health Programme (ISHP) at Nzululwazi High and the surrounding community.

AGES 12 -24

IN A RELATIONSHIP	152	82%
EXPERIENCED SEXUAL INTERCOURSE	113	61%

The main purpose is to reduce teenage pregnancy over a three-year pilot timeframe.

The youngest respondent was 12 and the oldest 24. The majority – 152 (82%) of learners described themselves as ‘in a relationship’ and 113 or 61% had experienced sexual intercourse. Eight (7%) of those who had experienced sex said they had been coerced into it at some stage and 103 (91%) said they had never suffered coercion.

Sexual and Reproductive Behaviour and Attitudes and Support

Nzululwazi learners and young people in the community are sexually active from an early age. Many stakeholders acknowledge that learners reflect the norms and values of the surrounding community. Most are motivated to have sex out of curiosity. While instances of coerced sex appear low, the influence of others plays an important role. Levels of SRH risk are linked to living circumstances, with boarders more vulnerable. The Child Support Grant has diminished learners’ fear of pregnancy and many now regard it as ‘fashionable’ to get pregnant and are more concerned about HIV and AIDS. Some see cultural beliefs as the cause of the problem, while others cite modernity and the undermining of tradition. Virginity testing (Inciyo) is generally avoided or subverted.

Learners claimed high (87%) use of contraception, with about half using condoms, while approximately 18% use the injection and very few use other forms of contraception. HIV and AIDS are now less feared due to the availability of treatment and the fact that stigma has diminished. While learners appear to have broad knowledge of HIV and AIDS, the majority have a very poor understanding of HIV and AIDS transmission risks. Forty-eight percent of the learners expressed the need for more knowledge about STIs and HIV and AIDS.

