



## **Siyakha Nentsha: Enhancing health, social and economic capabilities of highly vulnerable adolescents**

This summary describes a longitudinal research study of a program operating in KwaZulu-Natal (KZN), South Africa, an area heavily affected by HIV and AIDS. The program, Siyakha Nentsha, (which means “building together with young people” in isiZulu) works with young males and females in 10<sup>th</sup> and 11<sup>th</sup> grades in a peri-urban community. Siyakha Nentsha seeks to build the health, social, and economic capabilities of these highly vulnerable youth, who face a future frequently marked by poverty, orphanhood, early pregnancy, and high levels of unemployment. Population-based studies in KZN have shown that rates of teen childbearing are high (Pettifor et al 2004 showed that over a third of 15-24 year-olds had been pregnant at least once), often with harsh repercussions, including early school leaving (SA DOE 2007). A recent study (Shisana et al 2009) shows that while some progress has been made in the fight against HIV among young people in South Africa, KwaZulu-Natal has the highest HIV prevalence among 15-24 year-olds and is one of two provinces that had no reductions in prevalence since the previous study in 2005 (the other province was Mpumalanga).

Analysis of the Siyakha Nentsha baseline survey data show that over 40% of participants in the study have already lost at least one parent. The early loss of support systems and adult role models leaves young people with reduced capabilities, resources and incentives to plan for the future. These young men and women are further constrained by entrenched gender attitudes that have negative impacts for both males and females, for example, by encouraging men to prove their sexual prowess by having sex with many different women, or for females having to prove their fertility by becoming pregnant at a time that curtails their education and employment prospects. In this environment, the most disadvantaged may utilize last resort options, such as trading sex for money or gifts, as the only way to secure food or pay school fees or rent. A program that enhances capabilities, such as building knowledge of social benefits and skills to budget and save, can have genuine impacts on sexual and reproductive health, as well as being useful for young people who may already be caregivers for siblings or their own children. Developing these capabilities during adolescence is critical, particularly those who are already - or soon will be - expected to take on adult roles.

Though there are many programs in South Africa that aim to teach young people about HIV, few of them endeavor to reach the poorest and most vulnerable groups or include skills-building components, particularly in areas like financial capabilities or planning for the future. Furthermore, accurate knowledge about HIV among young people remains low and, disconcertingly, has in fact diminished in recent years (Shisana et al 2009). Young people even in the highest prevalence areas often think they and their peers are at little or no risk themselves.

### **Program Design**

Siyakha Nentsha developed out of years of research on the lives of young people in KwaZulu-Natal and was piloted before being tested in this randomized experiment. The program is participatory and addresses the real-life economic, social and health challenges young people encounter on a daily basis. The educational program developed for the intervention is accredited by the South African Qualifications Authority (SAQA, the national government body that accredits education and training

curricula). This means that not only will young people who participate in and complete the program have received valuable skills, but that they have documentation of these skills that can be used in future job searches, giving participants a tangible asset. The current version of Siyakha Nentsha is being delivered in secondary schools during school hours. It is led by young adult mentors who were chosen from the local community and receive extensive training before and throughout the program. Sessions with students occur 2-3 times per week and each is approximately one hour in length. The long-term objective of the program is to improve lifelong functional capabilities and well-being of adolescent females and males who face high risks for HIV, teenage pregnancy, school dropout, and unemployment, coupled with the actual or potential loss of one or both parents and subsequent care-taking responsibilities for siblings. The skills are geared to help offer protective strategies against HIV and mechanisms for coping with and mitigating the impacts of AIDS, with the long-term goal of building economic, social and health assets.

### Study Design

The study has three intervention arms: control, partial intervention and full intervention. These arms of the program were randomized at the classroom level for 10<sup>th</sup> and 11<sup>th</sup> graders in 7 secondary schools. One school that received a delayed intervention served as the control sample. The two versions of the intervention differ in that the full version includes HIV/AIDS/SRH education, social capital building, and financial capabilities, whereas the partial version omits the financial capabilities component. The study is 36 months in duration, and began in January 2008. The intervention activities lasted for eighteen months, with longitudinal measures on individual students and their households at baseline and eighteen months post-baseline. We hope to secure additional funding to conduct further survey rounds to measure longer-term changes, as some of the outcomes the intervention hopes to influence may not exhibit significant change until after the second survey round.

### Methods and Measures

Prior to program initiation, program staff met with students, explained the project and introduced the informed consent (student and parent/guardian) that was required for participation in the study. Care has been exercised to ensure that measures are appropriate for the age group, the context, the intervention, and data collection method. We are conducting a longitudinal survey, assessing target outcomes and determinants thereof, in particular the impact of the intervention on:

- (a) formation of aspirations and self-identity; economic skills, in particular the ability to plan and manage personal and familial finances, identify and access available social services and benefits, and articulate a plan for pursuing future livelihood-enhancing opportunities;
- (b) social capital, in particular social networks, including adult role models and individuals/groups who can assist with crisis management and accessing training opportunities;
- (c) HIV/AIDS and RH knowledge, prevention behaviors, and adoption of safer sex strategies.

The baseline field work was carried out over a period of 8 weeks starting in April 2008. Interviews were carried out in the respondents' homes, and care was taken to ensure privacy. Evaluation data are being collected between November 2009 and January 2010. We also plan to conduct focus groups with participants, their guardians, and with project mentors to assess the acceptability and comprehension of the intervention components, feasibility of where and when the intervention was delivered, and beliefs regarding the efficacy of the intervention for the targeted outcomes. All such discussions will be held in private and data are kept in strict confidence. Data that are collected are kept in locked cabinets. The protocol for the project and the consent forms have passed through ethical review. Data was analyzed using STATA.

## Findings

Baseline analysis showed that the young women and men participating in the program are a vulnerable group, with many being extremely poor, orphaned, and lacking the tools for citizenship and accessing even the most basic social benefits, such as birth certificates and ID cards. These young people also lack the supportive social networks that could help them deal with such life circumstances. The mean age of the sample at baseline was 17.2 for females and 17.8 for males. A shockingly high rate of respondents – 75% - thought they and their friends were at little or no risk for HIV, although approximately the same proportion had accurate knowledge of HIV prevention and transmission. Few had worked for pay or had any savings, or even small amounts of money, in case of emergency. Poverty and orphan status were significantly associated with sexual and reproductive health knowledge and experience.

Based on qualitative in-depth discussions with program participants, young adult mentors and teachers, we anticipate the following changes may be observed in the analysis of the longitudinal survey data: the program is likely to have had an impact on young people's gender attitudes, improved their knowledge of HIV prevention and transmission, and increased their skills in financial matters like saving money and budgeting. Participants also report increased confidence in their ability to negotiate condom use and to use condoms correctly, as well as reporting higher levels of condom use at last sex. The baseline data indicates a positive link between saving for the future and safer sexual behaviors, especially among females. We have also received reports that rates of pregnancy among girls in schools receiving the full intervention are lower than in past academic years. These suggestive reports may indicate that this program has some immediate beneficial effects on young people's lives and could succeed in giving the most vulnerable young people enhanced skills to face and shape their futures.

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