Outcomes of a School-Based Clinic Linked Sexual Reproductive & Rights program in a Rural high-school in South Africa.

Najma Shaikh, Ashraf Grimwood, Zanele Ncama, Nonthlanthla Ngobo

Best Practices and innovation in Reaching and Linking adolescent Girls & Young Women

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Introduction

- Adolescents in Sub-Saharan Africa carry a disproportionate burden of HIV disease and experience poor access to SRH&R services.

- Sexual Reproductive Health & Rights (SRH&R) services for adolescents have been identified as a key policy objective in South Africa.

- Although the Integrated School Health Policy (ISHP) calls for a multi-sectoral approach, it is true to say that the delivery of the requisite services are not being adequately met in SA.

- Needless to say this is exacerbated in the case of learners from multiple deprivation areas.

- We describe the outcomes of an innovative school-based SRH&R service model that is closely linked to health and other appropriate services for high-school students in rural SA.
Background
Demographics

The program was implemented in *Ilembe*, a rural district in South Africa as the result of an IDP engagement.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population size</td>
<td>630464</td>
</tr>
<tr>
<td>HIV prevalence</td>
<td>36%</td>
</tr>
<tr>
<td>Teenage pregnancy</td>
<td>11%</td>
</tr>
<tr>
<td>Youth Unemployment</td>
<td>38%</td>
</tr>
<tr>
<td>Household Poverty Index</td>
<td>26%</td>
</tr>
<tr>
<td>Adolescent of total pop</td>
<td>42%</td>
</tr>
<tr>
<td>No Access to water</td>
<td>25%</td>
</tr>
</tbody>
</table>
Program Objectives

1. Prevention of new HIV, STI and unintended pregnancies through education, testing and referral.

2. Increase the uptake of health services by high school learners for SRH&R through offering screening, referral for treatment, care & support.

3. Strengthen Community Support and inter-sectoral collaboration to improve referral pathways, the delivery of adolescent friendly SRH&R & HIV health services.

4. Implement continuous improvement & sustainability measures to strengthen & mainstream the program into the ISHP run by DoH and DoBE.
Key Program Components

1. Education Life-Skills
2. School-Based HIV and SRH&R Prevention Services
3. Screening for HIV, STI, health and other issues
4. Youth-friendly Health services at Primary Health Clinic
5. Strengthening Referral pathways for Social Protection
6. Holiday Programs
7. ART Adherence club
AIM:

To evaluate the program uptake and effectiveness using routine clinic and school program data.
Study Design

- **Cross-sectional** anonymous surveys in a school of 1365 learners.
- Baseline (n=1260) & at post-intervention (after 12 months) (n=1128) following the SRH&R life-skills program.
- **Prospective Cohort Analysis of SRH&R service data** at the school-based service and youth-friendly clinic.
- Data collection: Anonymous surveys & routine monitoring systems.
- Assigned unique IDs.
- Data was collated, cleaned and analyzed using Stata 12.
- Univariate & bivariate analysis and for both categorical and continuous variables, using t-tests and Chi-squared tests and logistic regression, with p values set at <0.05 for significance test.
- Key measures tracking a cohort of learners assessed how socio-demographic factors, knowledge, attitudes and behavioral factors collectively shape outcomes.
RESULTS

Participation Rate
Baseline Survey 92%
Post-Intervention 89%
<table>
<thead>
<tr>
<th>Variable (n=1260)</th>
<th>Percentage(%)</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>Mean Age in years</td>
<td>16 yrs (Range 14-26)</td>
<td></td>
</tr>
</tbody>
</table>

**Household Characteristics**

**Grants:**
- Pension: 56
- Child Support Grant: 61
- Other: 20

**Head of household:**
- Female: 70

**Unemployment:**
- 40

**Walk to school:**
- 53

**Average Minutes To School (range):**
- 46 min. (15-120)

**Feel Unsafe Walking:**
- 28

**Feel Tired Walking:**
- 42

**No breakfast before school:**
- 60

**Food insecure:**
- 33
## Reported Sexual Behavior

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Female n=604</th>
<th>Male n=655</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexually active</td>
<td>35%</td>
<td>43% *</td>
</tr>
<tr>
<td>Mean Age of Sexual Debut in years</td>
<td>16.4 (95% CI: 16.1-16.8)</td>
<td>15.3 (95% CI: 14.9-15.6) *</td>
</tr>
<tr>
<td>First time I had sex, it was something I wanted</td>
<td>11.8%</td>
<td>36.8% *</td>
</tr>
<tr>
<td>Raped at first time I had sex</td>
<td>3.3%</td>
<td>1.7% *</td>
</tr>
<tr>
<td>Ever been pregnant</td>
<td>17%</td>
<td>- 9.5%</td>
</tr>
<tr>
<td>Ever made Girl Pregnant</td>
<td>-</td>
<td>- 9.5%</td>
</tr>
</tbody>
</table>

*p<0.05*
Pre- & Post-Intervention Outcomes

**Knowledge**

- **STIs Treatable**
  - Pre: 28,6
  - Post: 52,3

**Myths**

- **HIV-Death Sentence**
  - Pre: 30,2
  - Post: 50,2

- **Condoms to prevent HIV**
  - Post: 68
  - Pre: 28,6

- **Sex With Virgin Prevent HIV**
  - Pre: 17,7
  - Post: 9,5

All with p<0.005
Pre- and Post-Intervention Outcomes

Behavior

Condom Use At Last Sex

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24.3</td>
<td>36.5</td>
</tr>
</tbody>
</table>

Sought services for Contraceptive Services

<table>
<thead>
<tr>
<th></th>
<th>Post</th>
<th>Pre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>33.3</td>
<td>20.6</td>
</tr>
</tbody>
</table>

All with p<0.005
Proportion of Learners seeking SRH&R Services for first time

Scale-up 4 schools
Are you Willing to have an HIV test?

%  

**Pre intervention**  
66%

**Post intervention**  
85%

p<0.05

**male** | **female**
---|---
pre | 59 | 74 | 80 | 89
Proportion of Male Learners who accessed VMMC through the SRH&R Services

- **Know where to access MMC**: 75%
- **Proportion**: 44%
Proportion of Learners who requested Family Planning Services

SCALE UP TO 4 SCHOOLS

25.0

15.1
YFC Service Outcomes

Clinic Youth Friendly

- Pre: 39
- Post: 64

Feel Respected By HCW

- Pre: 55
- Post: 77.3

Know Where to Seek Help for Violence

- Pre: 70.9
- Post: 80.1

All with p<0.005
## Logistic Regression Analysis: Determinants of Condom / Femidom use at last Sexual Intercourse

<table>
<thead>
<tr>
<th>Variable</th>
<th>Odds ratio</th>
<th>95% Confidence Interval</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>0.5</td>
<td>0.31- 0.99</td>
<td>0.05*</td>
</tr>
<tr>
<td>Age &lt;15</td>
<td>0.15</td>
<td>0.12 -0.82</td>
<td>0.01*</td>
</tr>
<tr>
<td>Age 15-19</td>
<td>0.78</td>
<td>0.41- 1.4</td>
<td>0.45</td>
</tr>
<tr>
<td>Age 20+ referent</td>
<td>referent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condoms a sure method to prevent HIV</td>
<td>1.51</td>
<td>0.88- 2.4</td>
<td>0.13</td>
</tr>
<tr>
<td>Partner age No difference</td>
<td>referent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner age Younger</td>
<td>1.3</td>
<td>0.6-2.5</td>
<td>0.44</td>
</tr>
<tr>
<td>Partner age Older</td>
<td>0.61</td>
<td>0.3-1.1</td>
<td>0.12</td>
</tr>
<tr>
<td>Attended clinic for Contraceptives</td>
<td>0.92</td>
<td>0.56-1.50</td>
<td>0.74</td>
</tr>
<tr>
<td><em>Reported that the Clinic was Youth Friendly</em></td>
<td>2.69</td>
<td>1.55-4.6</td>
<td>0.05*</td>
</tr>
<tr>
<td>Multiple partners 2</td>
<td>1.1</td>
<td>0.23-1.52</td>
<td>0.73</td>
</tr>
<tr>
<td>Multiple partners 3-5</td>
<td>0.60</td>
<td>0.23-1.02</td>
<td></td>
</tr>
<tr>
<td>Multiple partners &gt;5</td>
<td>0.48</td>
<td>0.2-0.99</td>
<td>0.05*</td>
</tr>
</tbody>
</table>
"I can make wiser decisions"

I have learnt that I can report if someone forced me to have sex

I'm able to protect myself and others

I have now tested for HIV

I am not afraid about HIV, teachers make me so afraid

......

HIV is not a death sentence, I have hope...'}
Conclusion

- Learners experienced multiple **structural challenges** such as Nutritional, geographic barriers and socio-economic challenges.

- **Sexual experience** is reported to occur in a context of sexual coercion for both male and female, although higher amongst females.

- Significant **improvement in knowledge** on HIV **prevention, care** and treatment although **myths** and stigma remain.

- **Increase uptake** of SRH&R services & improved learner experience of seeking care.
Key Points

• Despite the challenges learners faced, the steady uptake of the program, which was largely self-initiated suggests **unmet needs amongst learners**, which can be addressed through an integrated school-based clinic linked SRH&R response.

• These findings suggest that in **resource scarce** environments such as these, learners have the capacity to benefit from integrated SRH&R services that provide both **health and social protection** services.

• Youth Friendly services are important not only for SRH&R service uptake, but can also play an important role in shaping behavior change.

• These findings suggest the need for **rapid policy translation** and implementation of an integrated school health policy which allows for the provision of school-based HIV prevention options such as condoms distribution, Contraceptive services and HCT with the linkage and referral to YFC services.
THANK YOU