Delivering integrated SRHR services for marginalised youth in schools: Results from a Rural district in South Africa.

Najma Shaikh, Ashraf Grimwood, Geoffrey Fatti
190,000 new infections in adolescents (10-19) in 2018

90% of 2.8 million adolescent and children living with HIV globally reside in sub-Saharan Africa

What is the Problem

Unmet Contraceptive needs of Women and Girls

HIV tested in East-Southern Africa

- 14% Male 15-19
- 19% Female 15-19
• South Africa- epicenter of the global HIV pandemic and, youth carry a disproportionate burden.
• 2000 young women acquire HIV per week
• Sexual Reproductive Health & Rights (SRHR) services for adolescents have been identified as a key policy objective in South Africa.
• Whilst the Integrated School Health Policy(ISHP) is multi-sectoral and progressive in its approach, it is true to say that there remain implementation challenges.
• Needless to say it is exacerbated in the case of learners from multiple deprivation areas.
• We describe the outcomes of an innovative school-based SRHR service model that is closely linked to health, welfare and other services for a coeducation high-school students in rural SA.
What we aimed to do

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

2. Increase the **uptake of health and Welfare** services by 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.
Program Components

• Structured SRHR

• School-Based SRHR Prevention Services

• Youth-friendly Health services

• Referral pathways for Health & Social Protection

• Holiday Programs, ART Adherence club

• Community outreach and social mobilization
How was this measured?

Data collection

- Survey
- Routine cohort
- Qualitative

- Revise and refine collection

Data analysis

- Collation, cleaning, coding

- univariate
- Bivariate,
- Logistic,
- Qualitative

How was this measured?
Background & Demographics
iLembe, a rural district in South Africa, as the result of an IDP engagement

- Population size: 630464
- HIV prevalence: 36%
- Teenage pregnancy: 11%
- Youth Unemployment: 38%
- Household Poverty Index: 26%
- Adolescent of total pop: 42%
- No Access to water: 45%
## Context

<table>
<thead>
<tr>
<th>Variable (n=1260)</th>
<th>Percentage(%, Mean)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>48</td>
</tr>
<tr>
<td>Mean Age in years</td>
<td>16 yrs (Range 14-26)</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
Cumulative SRHR Service uptake

Cumulative HTS uptake
## 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>-</td>
</tr>
<tr>
<td>Ever made Girl Pregnant</td>
<td>-</td>
<td>9.5%</td>
</tr>
</tbody>
</table>
Pre- & Post-Intervention Outcomes

Knowledge: Condoms to prevent HIV
- Post: 68
- Pre: 28.6

Behavior: Condom Use at Last Sex
- Pre: 24.3
- Post: 36.5

Myths: HIV-Death Sentence
- Pre: 30.2
- Post: 50.2

Sex with Virgin Prevents HIV
- Pre: 17.7
- Post: 9.5

All with p<0.005
YFC Service Outcomes

Clinic Youth Friendly

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td></td>
<td>64</td>
</tr>
</tbody>
</table>

Know Where to Seek Help for Violence

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>70.9</td>
<td></td>
<td>80.1</td>
</tr>
</tbody>
</table>

Feel Respected by HCW

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>55</td>
<td></td>
<td>77.3</td>
</tr>
</tbody>
</table>

All with p<0.005
Are you Willing to have an HIV test?

Pre-Intervention
- Male: 59
- Female: 74

Post-Intervention
- Male: 80
- Female: 89

p<0.05
Pregnancy Rate 2014 - 2018

Year:
- 2014: 14
- 2015: 3.4
- 2016: 5.3
- 2017: 2.7
- 2018: 3

Percentage:
- 2014: 14
- 2015: 3.4
- 2016: 5.3
- 2017: 2.7
- 2018: 3
**What are the factors that influence Condom 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>0.44</td>
<td>0.24-0.80</td>
<td>0.01*</td>
</tr>
<tr>
<td>15-19</td>
<td>0.82</td>
<td>0.55-1.21</td>
<td>0.32</td>
</tr>
<tr>
<td>20+</td>
<td>Referent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condoms a sure method to prevent HIV</td>
<td>0.44</td>
<td>0.08-2.22</td>
<td>0.32</td>
</tr>
<tr>
<td>Partner age No difference</td>
<td>Referent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Younger</td>
<td>1.23</td>
<td>0.82-1.84</td>
<td>0.31</td>
</tr>
<tr>
<td>Older</td>
<td>0.66</td>
<td>0.47-0.99</td>
<td>0.05*</td>
</tr>
<tr>
<td>Attended clinic for Contraceptives</td>
<td>0.93</td>
<td>0.69-1.25</td>
<td>0.06</td>
</tr>
<tr>
<td>Reported Clinic was Youth Friendly</td>
<td>1.85</td>
<td>1.31-2.60</td>
<td>0.00*</td>
</tr>
<tr>
<td>One partner</td>
<td>Referent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple partners 2</td>
<td>1.08</td>
<td>0.74-1.57</td>
<td>0.69</td>
</tr>
<tr>
<td>3-5</td>
<td>0.58</td>
<td>0.32-1.05</td>
<td>0.07</td>
</tr>
<tr>
<td>&gt;5</td>
<td>0.59</td>
<td>0.38-0.91</td>
<td>0.00*</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, adults make me so afraid."

"HIV is not a death sentence, I have hope."
Interventions Leveraging off the School and Clinic as a Platform: Reaching Households

Jamborees (WFP)

Key intervention for reaching marginalised households of learners through the school

17 service providers enable access to services—private sector, state, CBOs and community structures

A cultural component of drama, debates is lead by learners on SRHR

14000 reached in recipients (0-97 years)
## Community Outreach
### Reaching Learner Households

#### Adolescents by Service Uptake
- Referred for ID and birth certificate documentation: 5%
- Males received VMMC: 12%
- Referred for psycho-social support: 20%
- Referred for nutritional support: 20%
- Received BMI assessments: 21%
- Received HCT: 14%
- Referred for GBV related support: 0%
- Referred for SRH&R services: 49%
- Family Planning: 38%

#### Adults by Service Uptake
- Mental Health referral: 3%
- BP, HGT: 19%
- Physiotherapy: 2%
- Dentist Tooth extraction: 5%
- Minor Ailments seen: 33%
- Pap Smears: 1%
- TB Screened: 15%
- Eye screening: 3%
- BMI: 19%
**Key Lessons**

- Despite experiencing **structural challenges** such as nutritional, ses, service uptake increased-, 95% self initiated- suggesting the unmet needs

- **Sexual experience** reported to occur in a context of sexual coercion for both male & females

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

- Youth Friendly Services – important not only for service uptake but can play an important role in behavior change

- Significant decline in **teenage pregnancy** from 14% to 3%- with education and SRHR services available

- **Leveraging off the program** by strengthening inter-sectorial linkages community partnerships - improves, educates & enables service uptake by marginalized communities.
Take Home Message

Even in resource-scarce environments, there is the capacity to benefit from an integrated SRHR school-based service linked program- work with what you have and build partnerships

Leveraging off school as a platform allows one to reach the hard-to-reach adolescents.

Work within a National policy framework, co-create and co-deliver programs with the adolescent at the center of it.

Engage with recipients in what they would like, how and where they would like services

THANK YOU