

The influence of the Social Behaviour Change Communication programme (YOLO) on youth in the Bojanala district

 **CS Chinosengwa**

[orcid.org/ 0000-0001-5148-7128](https://orcid.org/0000-0001-5148-7128)

Mini-dissertation submitted in partial fulfilment of the requirements for the degree Master of Social Work in Child Protection at the North-West University

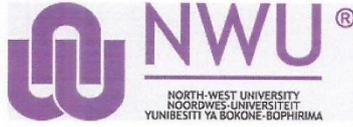
Supervisor: Dr. Elzahne Simeon

Assistant-supervisor: Prof W. Roestenburg

Examination: August 2020

Student number: 3114851

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Marielle Tappan
Wapadrand, Pretoria
Tel 072 474 1158
Email mteditorialinfo@gmail.com



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DEDICATION

This mini-dissertation is a dedication to all the children who have grown up, who are growing up and who will grow up in broken families. From my heart to your heart, I am very sorry.

“Hazvirevi rudo handina mwanangu!” Oliver Mutukudzi

To Macray and Celeste

ACKNOWLEDGEMENTS

Today I place, on record, my sincere gratitude to:

- a. GOD, for everything that I was, that I am and that I will ever be.
- b. My mother, who has always been in my prayers: “If not for my sake, please do it for my mother’s sake”.
- c. My family, for always giving me a reason to keep on keeping on.
- d. Phillip, for always motivating me to push the boundaries, I am sorry we no longer talk as much as we should.
- e. The old lady who used to rent a portion of my grandfather’s farm. Thank you for what you triggered in me.
- f. My supervisor, Dr Elzahne Simeon, thank you for your guidance and support and also Dr Hanelie Malan and Professor Wim Roestenburg; thank you all for your role in my academic life - “baie dankie”.
- g. Mrs Kotsi, thank you very much.
- h. Vicky Chikova and Kgomotso Maje for running without stopping.
- i. The Grade 11 classes of 2020 from Kgatseng Thabiso Secondary School and President Mangope Technical High School.

PREFACE

This dissertation is presented in article format according to the guidelines set out in the Manual for Postgraduate Studies (2020) of the North-West University. The article will be submitted to Social Work/Maatskaplike Werk. See the guidelines for submission below.

INSTRUCTIONS TO THE AUTHORS

SOCIAL WORK/MAATSKAPLIKE WERK

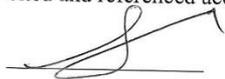
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Manuscripts may be written in English or Afrikaans while ensuring that the use of capital letters and punctuation marks are done so accurately; all articles should include an abstract in English and it should not exceed 100 words. All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee and will be kept strictly confidential.

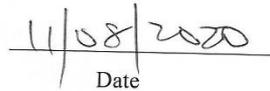
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DECLARATION

I, Cliff Simbarashe Chinosengwa, do solemnly swear and declare that this mini-dissertation titled: The influence of the Social Behaviour Change Communication programme (YOLO) on youth in the Bojanala district is my own work. The work, of others within this mini-dissertation has been cited and referenced accordingly.



Signature



Date

Cliff Simbarashe Chinosengwa

August 2020

SUMMARY

Title

The influence of the Social Behaviour Change Communication programme (YOLO) on youth in the Bojanala district

Keywords

HIV, AIDS, Teenage pregnancy, Youth, YOLO, Social Behaviour Change Communication programme and evaluation.

South Africa, alongside the rest of the world, is going through a difficult time in terms of the HIV and AIDS pandemic. A search through literature has shown that the pandemic has proved to be disastrous to the 15 to 24-year-old age group. Not only has South Africa been plagued by HIV and AIDS but it is also suffering from the scourge of teenage pregnancy within the same group of youths. Having been faced with such a challenge, the South African government was called upon to act drastically and with urgency to find the best way to deal with the situation. Through the Department of Social Development (DSD), the government developed a Social Behaviour Change Communication (SBCC) programme in an attempt to alleviate the challenges faced by the youth in empowering them to fend off the pandemic and teenage pregnancy.

The study aimed to partially evaluate the SBCC change programme (named ‘YOLO’) which was introduced by the DSD. The targeted youth were from within the Bojanala Platinum District, which is part of the North West Province.

The researcher made use of the quantitative approach through the use of a paper-based data collection method. Six scales were used to collect snapshot data from intervention participants as well as non-participants. The analysis of the data that was collected was done through the use of the IBM® Statistical Package for the Social Sciences (SPSS®) Version 24 software. This analysis was done by a statistician from the North-West University Statistical Department.

The results of the study were presented in four sections. The first section outlined the introduction and orientation of the research. This was followed by the research article which was structured according to the requirements of Social Work/Maatskaplike Werk. The third section dealt with the conclusions and recommendations as drawn from the study. Finally, the last section provided a list of the different annexures as used in the study.

TABLE OF CONTENTS

SOLEMN DECLARATION AND PERMISSION TO SUBMITi

DECLARATION OF LANGUAGE EDITING II

DEDICATION..... III

ACKNOWLEDGEMENTS..... IV

PREFACE V

INSTRUCTIONS TO THE AUTHORS VI

DECLARATION.....VII

SUMMARY..... VIII

TABLE OF CONTENTS..... IX

LIST OF FIGURES XIII

LIST OF TABLES XIII

SECTION A: INTRODUCTION AND ORIENTATION 1

1.1 Orientation and research problem..... 1

1.2 Contribution of the study 8

1.3 Research Question..... 9

1.4 Aims and objectives..... 9

 1.4.1 Aim 9

 1.4.2 Objectives 9

1.5 Methodology10

 1.5.1 Research approach and design 10

 1.5.2 Population 11

 1.5.3 Sampling method 12

 1.5.4 Sample size and motivation 14

 1.5.5 Sample inclusion criteria 14

 1.5.6 Sample exclusion criteria..... 15

 1.5.7 Process of sample recruitment 15

1.5.8 Description of procedures and data collection methods	16
1.5.9 Validity and reliability	19
1.5.10 Data analysis methods	20
1.6 Ethical matters	21
1.6.1 Probable experience of participants	21
1.6.2 Risks and benefits	21
1.6.3 Legal authorisation	24
1.6.4 Goodwill permission and consent	24
1.6.5 Confidentiality, anonymity and privacy	24
1.7 Provisional chapter division	25
1.8 References	27
SECTION B: RESEARCH ARTICLE	30
Abstract.....	30
2.1 Introduction	31
2.2 Contribution of the study	32
2.3 Research Question.....	32
2.4 Research methodology	32
2.4.1 Research approach	32
2.4.2 Research design	33
2.4.3 Population.....	33
2.4.4 Sampling.....	34
2.5 Method of data collection	35
2.6 Method of data analysis	36
2.7 Validity and reliability	36
2.8 Ethical matters	36
2.9 Results	37
2.9.1 Profile of participating schools	37
2.9.2 Demographical information of participants	37
2.9.3 Scale reliability statistics report	39

2.9.4 Quantitative analysis (t-test results).....	41
2.10 Discussion	44
2.11 Conclusion	48
2.12 Recommendations	50
2.13 References.....	51
SECTION C: FINAL CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS.	53
3.1 Introduction	53
3.2 Answering the research question.....	53
3.3 Conclusions	53
3.4 Limitations	54
3.5 Recommendations	55
3.5.1 Recommendations for practice	55
3.5.2 Recommendations for further studies	56
3.6 Funding	56
SECTION D: ANNEXURES	57
Annexure 1: Ethical Approval.....	57
Annexure 2: Legal Authorization Letter	59
Annexure 3: Goodwill Permission Letters.....	63
3.1 Department of Education	63
3.2 Kgatseng Thabiso Secondary School.....	64
3.3 President Mangope Technical High School.....	65
Annexure 4: Advertisement	66
4.1 Intervention Participants' Group Advertisement	66
4.2 Non-Participants' Group Advertisement	67
Annexure 5: Parent/Guardian Invitation Letter	68
5.1 Intervention Participants' Group Letter	68
5.2 Non-Participants' Group Letter	69
Annexure 6: Permission Letter	70

6.1 Intervention Participants' Group Letter	70
6.2 Non-Participants' Group Letter	73
Annexure 7: Written Consent Forms	76
7.1 Intervention Participants' Group Consent Forms	76
7.2 Non-Participants' Group Consent Forms.....	84
Annexure 8: Scales.....	92
8.1 Intervention Participants' Group Scales	92
8.2 Non-Participants' Group Scales.....	100

LIST OF FIGURES

Figure 1: YOLO Programme logic model.....	1
Figure 2: Profile of participating Schools	37

LIST OF TABLES

Table 1: Study population	33
Table 2: Scales... ..	35
Table 3: Age.....	37
Table 4: Gender.....	38
Table 5: Household size	39
Table 6: Cronbach's Alpha for all scales	39
Table 7: Group statistics.....	41
Table 8: T-test tables	42

SECTION A: INTRODUCTION AND ORIENTATION

The influence of the Social Behaviour Change Communication programme (YOLO) on youth in the Bojanala district

1.1 Orientation and research problem

The term used to identify the Social Behaviour Change Communication (SBCC) intervention programme is **YOLO**. The young people involved in the programme felt that the term spoke directly to them and therefore chose this term. The acronym stands for **You Only Live Once**. It is used along with the tagline “It’s your choice, it’s your life...Behave responsibly” (Department of Social Development, 2017a:v).

The Department of Social Development (DSD), as the custodian of social welfare, was tasked with the duty of spearheading the rollout of the intervention programme. The SBCC programme was aimed at lowering HIV transmission and unplanned pregnancies among 15 to 24-year-olds and was called YOLO (Department of Social Development, 2017a:1). Furthermore, the programme was implemented in an attempt to assist the South African government through the DSD to address social and structural issues that opened up orphaned and vulnerable children as well as youths to HIV (Department of Social Development, 2017b: v).

Figure 1: YOLO Programme logic model

Resources/Inputs			
Funds, Facilitators, Participation of children and youth, Cooperation of schools, churches and communities, Venues for use during facilitation, Stationery and Cooperation of parents and guardians			
Activities			
Participant recruitment, Requesting consent, Conducting twelve YOLO sessions, referring participants for further assistance, end-of-session reflections, take-home activities and implementation evaluation			
<u>Short-term objectives</u>	<u>Long-Term Objectives</u>	<u>Impact</u>	
Develop a sense of identity and self-awareness Understand healthy sexuality and sexual rights.	Build resilience among youth Instil positive values among the youth Behaviour change	Reduction of HIV/AIDS transmission Reduction of teenage pregnancy	

Ability to make healthy lifestyle choices Developing healthy relationships		Development of accountable and responsible citizens.
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The figure above is a description of the core logic of the YOLO programme as implemented by DSD. The model highlights the resources, activities, short-term and long-term objectives as well as the envisaged impact of the programme.

The focus of the YOLO programme is to enhance the autonomy, self-esteem and self-efficacy in young people in an attempt to mitigate risky behaviours that make them prone to HIV/AIDS and teenage pregnancies (Department of Social Development, 2017b:1). In short, this programme targets orphans, vulnerable children and youth between the ages of 15 to 24-years-old. DSD social workers and non-profit organisations (NPOs) who are funded by DSD run the programme. It runs for 12 sessions, being offered to small groups of 15 to 20 youths at a time (Department of Social Development, 2017b:4). YOLO as an intervention programme has the following twelve sessions that translate to twelve themes in total:

- Self-identity
- Building self-esteem and self-confidence;
- Assertiveness and personal boundaries;
- Healthy sexual behaviour and good attitudes about sex;
- My sexual and reproductive rights and responsibilities;
- Goals in sexual reproductive health;
- Risky behaviour;
- Playing it safe and making changes for a healthier lifestyle;
- Dealing with emotional and social challenges;
- Healthy relationships;
- Communication skills and reading the signs;
- Making effective decisions and taking responsibility.

In terms of the delivery and/or presentation of the programme, a participatory training approach was taken. The programme has five building blocks which are, I am important, building social skills (Building block one), Understanding sexual health (Building block two), My rights and responsibilities (Building block three), Taking chances and dealing with consequences (Building block four) and Others are important: Improving my relationships (Building block five). They are further subdivided into twelve sessions. Each session is expected to run for an average period of

between 1 hour 30 minutes and 2 hours. Each session is preceded by an ice breaker followed by the session content. It is suggested that facilitators can conduct one session a day with a maximum of three sessions a week, which indicates that all sessions need to be completed within a full month (Department of Social Development, 2017a:6).

In line with the programme, the engagement of the participants of the intervention programme was conducted by trained facilitators. These facilitators were chosen from an array of people with at least basic counselling skills. These were inclusive of social workers, community health workers, youth facilitators, teachers, as well as community members who work with young people. According to the requirements of the programme, these facilitators had to attend a five-day training with the first day focusing on an understanding of how to facilitate. The second up to the fourth day involved a review of the facilitators' guide for the content. The last day was spared for role plays by facilitators on selected sessions. In addition to the training, the facilitators were also vetted and screened per the Children's Act 38 of 2005 (Department of Social Development, 2017a:14). The vetting and screening of facilitators means that their names were checked against the Part B of the register which list names of people who are not suitable to work with children. Names are recorded in the Part B of the register if one is found guilty of the abuse of children and deemed unsuitable to work with children.

The programme reached out to the youth formally and informally. The formal part of the programme was when the youth were engaged in structured educational sessions that were prepared in advance and allowed them to interact. The informal part of the programme involved youth engaged in extended discussions with their peers in the communities about issues raised during sessions. The venues for the facilitation of the programme were left to the discretion of the NPOs and facilitators running the programme. They were given the freedom to choose whether to conduct the facilitation in classrooms at schools, community halls or churches within the communities. In addition to this, the programme had a referral system for support organised before the rollout of the programme. This intervention falls within the ambit of social work (Department of Social Development, 2017b:27).

The YOLO SBCC programme comprises of three documents which include the facilitators' manual, facilitators guide and the participants' workbook. The facilitators' manual assists the facilitator in the preparation for sessions with the participants. The facilitators' guide gives an outline of the twelve sessions that are meant to address HIV and teenage pregnancy issues. Lastly,

the participants' workbook is used as a take-home resource to enhance learning outside facilitation (Department of Social Development, 2017a:2).

This intervention programme was rolled out in the backdrop of the devastating effects of HIV/AIDS on the youth of South Africa. By 2013, an estimated 35 million people in the world were living with HIV and of this number, 70.6% of these people were in Sub-Saharan Africa. In the South African context, 2.3 million children had been orphaned by the pandemic and an additional 6.3 million people were living with HIV (Taukeni & Ferreira, 2016:1).

Furthermore, statistically, worldwide figures indicate that 10.3 million youth aged between 15 and 24 were HIV positive. To add to this, the youth were seen to be at higher risk due to their early sexual involvement, exploitation and abuse (Taukeni & Ferreira, 2016:1).

When these statistics are narrowed down to South Africa, Harrison, Newell, Imrie and Hoddinott, (2010:1) indicate that youth between the ages of 15 and 24 are amongst the highest when it comes to the prevalence of HIV/AIDS in the world. Hlabangane (2014:859) goes further to suggest that South Africa has the highest HIV and AIDS rate in the world. In addition, Kuo *et al.* (2016:106) outline that 40% of all new HIV infections are from the youth. Furthermore, Statistics South Africa (2016:7) data states an estimated 11,2% of the total population of South Africa is HIV positive. Of this number, youth between the ages of 15 to 24 constitute 5.59%.

Recently, UNAIDS (2018) data indicated the following statistics in terms of AIDS prevalence in South Africa by the year 2017: 7.2 million people were living with HIV; there was an 18.8% adult HIV prevalence in the ages between 15 to 49; there were 270 000 new infections; 110 000 AIDS-related deaths; 61% of adults were on anti-retroviral treatment and 58% of children were also on anti-retroviral treatment. These daunting statistics are what the South African government was faced with and literature shows that there were calls for the development of prevention programmes that would be effective in dealing with the pandemic (Harrison *et al.* 2010:1).

Not only is South Africa suffering from the scourge of HIV/AIDS but is also being haunted by the high levels of teenage pregnancy. Unfortunately, Nkwanyana (2011:7) indicates that a national figure is difficult to finalise. The author shows that by 2008, over 30% of all babies born in South Africa were born from teenagers.

To support the above statement, Ibis Reproductive Health (2013:3) outlines that there are limited statistics on teenage pregnancy and fertility in South Africa. However, the author further shares that at 17 years of age, half of all South African teenagers are sexually active, more specifically

that males initiate sex at 16 and females at 17 which furthers places the youth at risk of teenage pregnancy.

Additionally, Limpopo Provincial Government (2012:5) data indicated that teenage pregnancy rises from a 2% chance of getting pregnant at 15 to a 27% chance at the age of 19. Following provinces were listed as having the highest rates of teenage pregnancy; Limpopo, Northern Cape and the Free State, while the lowest rates of teenage pregnancies occur in Kwa-Zulu Natal, Gauteng and Mpumalanga.

Statistics South Africa (2017:24) conducted a general household survey which indicated that 5.3% of females in the age group 14 – 19 years were pregnant during the 12 months preceding the survey that was conducted in 2015. This means that the youth in question were at some point pregnant in the year 2014.

The YOLO programme that was evaluated, for the purpose of this study, was implemented in July and August 2018. The programme was implemented by DSD in partnership with Pact Inc., Mott MacDonald Development South Africa, Isibani Development Partners (IDP) and Development and Training Services (DTS). During implementation, these partners pooled resources to enable the training of facilitators, printing of material and provision of refreshments during training. The pool of participants from this district was made up of both genders who participated within two months (July and August 2018). Participation was voluntary and informed consent was requested. All twelve sessions were presented by the same facilitator (Department of Social Development, 2017b:v).

The decision to conduct a partial evaluation of the YOLO Programme resulted from the fact that a literature search has not yielded any sources that indicate that the implemented programme has been evaluated after implementation, specifically to look at the effectiveness of the programme. The effectiveness of the programme is of paramount importance as Harrison *et al.* (2010:1) indicate that the development of a functional HIV prevention programme has become a major issue for public health and legislature in South Africa. Facilitators of the Social Behaviour Change Communication (SBCC) programme conducted implementation evaluation which focused on how implementation was done and how resources such as training manuals, participants' diaries and refreshment funds were being used (Department of Social Development, 2017b:79). None of the partners have conducted any form of evaluation of the YOLO Programme. This sheds more light on the fact that summative evaluation is yet to be done.

Furthermore, the developers of the programme (DSD) have indicated the crucial nature of monitoring and evaluation. DSD pointed out that facilitators need to engage in monitoring and evaluation of the programme to give feedback for re-planning to ensure the continued success of the programme. However, the challenge is that this kind of monitoring and evaluation focuses on what has been done when it was done, how it was done and who has been reached. There is no emphasis on monitoring and evaluating the influence of the programme on participants who would have been reached (Department of Social Development, 2017b:78).

Currently, there is no empirical evidence that supports that the programme was either a success or a failure since there was no previous summative evaluations and the focus was only on process or programme monitoring. USAID (2012:6) expresses evaluation as the collection of data to check an SBCC programme's effectiveness in bringing out what was initially intended for the target group. In addition to this, Vezertzi and Lohman (2012:12) outline the need for evaluation as it determines the relevance and achievement of objectives in terms of an SBCC programme. This points out a deficiency in terms of the YOLO programme implemented by the DSD, hence the need for evaluation of the programme to ascertain the influence the programme has had on the behaviour of individuals who attended. Furthermore, to ascertain the effectiveness of the YOLO SBCC programme, evaluation should take place through the generation of credible evidence and objective information around the achievement of the set goals (UNDP, 2009:127).

Vezertzi and Lohman (2012:13) also argue that the functionality of SBCC programmes hinges on an increase in knowledge and awareness, which in turn lead to behaviour change. This increase in knowledge and awareness needs to be ascertained through evaluation to see the influence of the programme on the target group.

The choice to evaluate a SBCC programme for purposes of this study was due to literature which indicates that behaviour can change through communication. It shows that behavioural change or desired outcomes can be observed as increasing, decreasing, being enhanced, improving or being maintained (IEG, 2016:2). Therefore, it is vital that the researcher measures to see if the programme has had any influence on the behaviour of the youth.

The Department of Social Development (2017b:78) goes further to indicate that SBCC programmes are rooted in people's experiences and real-life situations which are static and dynamic. This outlines the vitality of evaluating if the programme has had any influence on these real-life experiences of the target group.

The partial evaluation of the SBCC programme was undertaken with respondents in the North West province, within the Bojanala Platinum District. The North West Province is divided into four districts, namely Bojanala Platinum District, Dr Ruth Segomotsi Mompati District, Ngaka Modiri Molema District and Dr Kenneth Kaunda District. The researcher chose the Bojanala Platinum District because, within the North West, the programme was only presented in this district and is yet to be rolled out in other districts. The Bojanala District is made up of five municipalities, namely Moretele, Madibeng, Rustenburg, Kgetlengrivier and Moses Kotane. The SBCC programme (YOLO) was presented to two out of the five municipalities which are the Rustenburg Local Municipality and Kgetlengrivier Local Municipality. Of these two municipalities, Rustenburg was chosen because it is the hub of economic activities between the two municipalities in the Bojanala Platinum District. Most of the mining activities are centred in the Rustenburg area. According to Rispel, *et al.* (2010:394), mining areas are the hardest-hit areas in terms of HIV prevalence. This indicates the reason why the researcher decided to place focus on the Rustenburg Local Municipality over the other local municipality. To achieve this kind of evaluation, the researcher made use of standardised scales to ascertain the influence of the programme. Out of the 12 outcomes of the programme, the researcher focused on evaluating seven outcomes from seven themes to see whether the programme had reached its desired outcomes in the themes evaluated, thus resulting in a partial evaluation.

The choice to conduct a partial evaluation came as a result of the availability of internationally standardised measurement instruments. The researcher managed to find (from literature), six scales that could measure only seven of the variables of this particular intervention programme (YOLO). In addition, the choice was also reinforced by the fact that the researcher would be presenting a mini-dissertation hence a full evaluation would go beyond the scope of a mini-dissertation. Furthermore, the researcher felt that too many scales would be a burden to the respondents as it would be too strenuous and time-consuming to complete. The remaining outcomes can be part of further research in the future to ensure that the whole programme is evaluated.

In terms of the partial evaluation of this programme, the researcher examined the following components/themes of the programme:

- Self-identity.
- Building self-esteem and self-confidence.
- Assertiveness and personal boundaries.

- Healthy sexual behaviour and good attitudes about sex.
- Risky behaviour.
- Dealing with emotional and social challenges.
- Healthy relationships.

1.2 Contribution of the study

The implementation of this study may be of great value to the establishment of a fully functional and effective SBCC programme. Prior to the development of the YOLO Programme, calls had already been made for the development of an HIV/AIDS prevention programme. The notion was to have an intervention programme that would be effective enough to deal with the scourge of HIV/AIDS and teenage pregnancies that had proved to be disastrous for the nation (Harrison *et al.* 2010:1). Thus, the DSD will be the first direct beneficiary from the results of the study as they are the implementers of the SBCC programme.

Primarily, the study will contribute the following:

- Evidence that shows the role of skills training programmes in influencing youth behaviour change.
- Empirical evidence showing the actual levels of the youths' self-esteem, self-efficacy, relationship skills, assertiveness, self-consciousness and safe sex attitude.
- Conclusions on the functionality of the YOLO programme as a skills training programme in the prevention of HIV and teenage pregnancy.

Additionally, the evaluation of the programme and the subsequent results may enable the DSD to make evidence-based decisions on the efficacy of the intervention. This will inform whether they should continue with the programme, discontinue the intervention or to fine-tune for better implementation as it helps with the understanding of the effectiveness of the programme (UNDP, 2009:127).

Furthermore, with the results of the study, the DSD can account to its array of donors which Rogers (2012:3) refers to as upward accountability. This means that empirical evidence from an independent evaluation can corroborate the success or failure of the programme. In turn, this will be positive for the programme as it will ensure the constant availability of funds to promote the intervention (UNDP, 2009:128).

In addition, the evaluation of the implemented programme will enhance the DSD's downward accountability. The results from the study will enable the Department to inform the target group as well as the communities on how the programme benefits them (Rogers, 2012:3).

It is also paramount to note that this study can potentially have a greater effect in increasing the knowledge base on HIV prevention and teenage pregnancies. Through the collection of empirical data from teenagers who would have experienced the SBCC programme as an intervention, more knowledge is gained concerning the HIV and teenage pregnancy phenomenon (Unaids, 2010:2).

The potential value of the study also lies within the fact that the results produced can assist the DSD to influence policy. Evidence collected from participants can be used in changing policies based on the actual experiences of teenagers who would have been part of the programme and the subsequent evaluation thereof (Hobson *et al.* 2014:6).

Over and above all these potential benefits for the DSD is that this study is a practical example of the demonstration of the evaluation theory.

1.3 Research Question

Does the YOLO programme contribute towards a change in behaviour as a programme outcome?

1.4 Aims and objectives

1.4.1 Aim

This study aims to determine the influence that participation in the YOLO programme had on the youth involved.

1.4.2 Objectives

1. Determine the extent to which the programme has influenced the youth's understanding of his or her self-identity.
2. Find out how the programme has helped improve the self-esteem of the youth that participated in the programme.
3. Evaluate the extent to which the programme has assisted the youth to be able to set personal boundaries through assertiveness.
4. Ascertain whether the programme has been able to help the youth improve their sexual behaviour as well as sex attitudes.

5. Determine the extent to which the programme has assisted the youth to gain a good understanding of the different risky behaviours that places them at the mercy of HIV and teenage pregnancy.
6. Evaluate the youth's ability to deal with changes in life as well as coping skills when faced with a crisis as influenced by the programme.
7. To check the degree to which the youth can maintain good relationships as influenced by the programme.

1.5 Methodology

1.5.1 Research approach and design

As a way of approaching the study, the researcher made use of the quantitative approach. By definition, a quantitative approach is explained by de Vos *et al.* (2011:63) as a structured approach that follows existing guidelines for research. The motive behind the use of the quantitative approach is because the researcher aimed to find if an implemented programme had any effect on behaviour and knowledge of participants by comparing youth who attended the programme with youth who did not. This is in line with Rubin and Babbie (2016:46), when they outline that the approach can be used when a researcher wants to find out if a cause produces an effect in general. For purposes of evaluating a programme, the researcher should ideally be able to conduct at the very least a quasi-experiment to evaluate the relative impact of the programme on participants. However, this was not possible in this study as the participants had already completed the programme a year before the start of the research; it would, therefore, be very difficult to attribute changes in the experimental group to the programme because of several other variables that could have caused a change in the participants. Using a cross-sectional comparative design allows the researcher to compare participant groups and non-participant groups, but acknowledges that the research design does not necessarily explain differences between YOLO participants and non-participants as resulting from attendance or non-attendance of the programme.

In terms of the design, the researcher applied the cross-sectional study design. This design is defined by Rubin and Babbie (2016:64) as a design that seeks to test a phenomenon by looking at a cross-section of the population at a given point in time and analysing it. The analysis was done by comparing two groups which are the Intervention participant's group and the Non-Participants' Group. Thus, there will be a slight overlay of the group comparison but not a quasi-experiment as

discussed above. In addition to this, Hemed (2015:2) further describes an observational study, similar to this research, which is used to find out how many people are potentially affected by an intervention. This study was conducted to estimate the prevalence of the intended outcome amongst the YOLO participants by comparing them to non-participants. It is also referred to as a snapshot of a population where, at one point in time, the subjects are assessed to determine whether they were exposed to the relevant agent and whether they have the outcome of interest (Levin, 2014:24). In essence, the design helps determine whether or not a particular outcome exists within a set of respondents (de Vos *et al.*, 2011:156).

In practical terms, the researcher conducted a survey to collect snapshot data from the respondents (participants of the YOLO programme as well as non-participants) to determine the prevalence of the intended outcomes. What this means is that scales were used to measure whether seven programme outcomes under evaluation were present within this set of respondents.

This design is relevant for the study because the partial evaluation (rationale initially explained above) of the YOLO programme is made possible by the collection of snapshot data from respondents (participants and non-participants). Hemed (2015:3) explains the relevance of the design, stating it is useful because it helps to determine the effect of exposure through checking the presence or absence of the outcome for each individual enrolled in the study. What it means is that respondent evidence of influence (outcome) was investigated in the two different groups. The researcher postulates that this study evaluates long-term programme outcomes, defined as attitudinal positions, of programme participants several months after completion of a programme when immediate programme effects may be expected to have been integrated and chances are that knowledge has already been transformed into behaviour. This confirms that the researcher will not examine immediate programme effects as is mandated by a quasi-experimental design, but longer-term outcomes which are enabled by the cross-sectional design.

1.5.2 Population

The term population is defined by de Vos *et al.* (2011:223) as the boundary of the study units which directly implies the group respondents who possess specific characteristics that fall under the inclusion criteria. This means that a population is inclusive of all respondents from which the researcher can conduct his or her research. In the case of this research, the target group that formed part of the population was made up of two groups. The first group was that of youth that participated in the YOLO programme from Kgatseng Thabiso Secondary School in the Rustenburg

Local municipality. These youths were participants of the intervention programme as presented at their school in 2018. The partial evaluation mainly focused on the long-term outcomes rather than the immediate effects of the programme. This was because the partial evaluation took place a full year after the youth participated in the programme. At the time of the research study, these youths were in Grade 11 and were referred to as the Intervention Participants' Group. The second group was formed by youth that did not participate in the YOLO programme from President Mangope Technical High School also in the Rustenburg Local municipality and possess similar characteristics as those from Kgatseng Thabiso Secondary School. This group was referred to as the Non-Participants' Group.

For ease of access to the youth, the programme has been rolled out to youth who are enrolled in schools. It was, therefore, easy for facilitators to put together youth to attend the programme. In addition, the intervention was run during Life Orientation classes, which ensured that all learners from the targeted classes attended.

In addition, relevant to the study, there were a total number of 200 participants who took part in the YOLO programme that was presented at Kgatseng Thabiso High School (one of the schools in the Bojanala Platinum District) in 2018, as discussed above. A further 200 participants were also chosen from a similar school which is President Mangope Technical High School, that did not take part in the intervention programme. This means that the 400 respondents effectively became the population of the study as it was inclusive of the school that would produce the Non-Participants' Group.

1.5.3 Sampling method

de Vos *et al.* (2011:224) outline that the need for sampling emanates from the fact that it is unfathomable that the whole population can be covered in a study. This means that there is a need to draw a sample, which de Vos *et al.* (2011:223) describe as elements or a subset of a population earmarked for the inclusion in the study.

In this instance, the researcher conducted sampling at two levels. The first level saw the researcher making use of purposive sampling which is also referred to as judgemental sampling (Rubin and Babbie, 2016:222) as a sampling technique. Purposive sampling is defined by de Vos *et al.* (2011:232) as a technique where a researcher uses his or her own discretion in terms of selecting participants of the study. In addition, Rubin and Babbie (2016:222) indicate that the researcher

uses his or her own knowledge of the population, its elements as well as the aims of the research to choose participants.

The researcher used his own discretion to conveniently select two schools, as he knew whether the programme was presented there or not. The school where respondents took part in the YOLO programme formed the Intervention Participants' Group and the school with respondents were not exposed to the intervention fell under the Non-Participants' Group. Both schools were chosen because of ease of access, as they are within the same locale and the same socio-economic zone.

The second level of sampling took place within these two schools, where the researcher used an all-inclusive sample. The researcher sent out invitations to the whole population which included the 200 youths who took part in the YOLO programme as well as the 200 youths from the Non-Participants' Group. From this, the researcher made use of those respondents that responded positively.

As indicated above, the researcher used his own discretion in choosing Kgatseng Thabiso High School, as one of the schools in the Bojanala district that took part in the YOLO SBCC programme. This choice was informed by the fact that at the given time, this school was the only school that had received the intervention and was willing to take part in the research study. This school provided a group of respondents who have been exposed to the intervention in 2018. Furthermore, the researcher also chose a similar school, which is President Mangope Technical High School that did not take part in the intervention programme and this school will provide a set of respondents to form the Non-Participants' Group. The researcher chose these two schools because of the similarities that they have:

- Both schools are public secondary schools.
- These schools service the same catchment area; they are both in the Tlhabane area in Rustenburg, which means the learners that attend these schools experience more or less the same life situations, as they are residents of the same area.
- Both schools have a total population of learners that is above 1000.
- They are all high schools and have an average of 50 learners in a class.
- The schools accommodate both male and female learners who are of the same age cohort (13 to 20 years).
- Participants will be drawn from the same grade, which is Grade 11 from both schools.

1.5.4 Sample size and motivation

According to Cohen *et al.* (2011:110), it is always difficult to determine the sample size as it is dependent on the purpose of the study, the nature of the population under scrutiny, the level of accuracy required, the anticipated response rate, the number of variables that are included in the research, and whether the research is quantitative or qualitative. Additionally, de Vos *et al.* (2011:224) also caution researchers, saying too small a sample can make the study insensitive and too big a sample can also make the study overly sensitive. With this in mind, the researcher sent out invitations to the 200 youths who took part in the YOLO programme. The same was done at the other school to further invite the same number of respondents who formed the Non-Participants' Group. The total sample was 400.

1.5.5 Sample inclusion criteria

The inclusion of respondents in the Intervention Participants' Group of the study was in line with the following criteria:

- The respondents should have taken part in the YOLO programme implemented by MOHAO on behalf of the DSD in July and August 2018 in the Bojanala Platinum District. To ensure participation, the facilitators of the programme will provide the attendance register to corroborate participation.
- Respondents should voluntarily take part in the study by signing a consent form.
- The age of the respondent should be between 15 and 24 taking into consideration that the age cohort would have changed from the time of implementation.
- The respondents should have attended 12 sessions out of 12 sessions of the programme as these were the sessions required for a participant to be considered as having been part of the programme.
- The respondents should be from the Bojanala District and attending grade 11 at Kgatseng Thabiso High School.

The inclusion of respondents in the Non-Participants' Group of the study was in line with the following criteria:

- Respondents should voluntarily take part in the study by signing a consent form.
- The age of the respondents should be between 15 and 24, taking into consideration that the age cohort would have changed from the time of implementation.

- The respondents should not have been exposed to the YOLO SBCC programme.
- The respondents should be from the Bojanala District and attending grade 11 at President Mangope Technical High School.

1.5.6 Sample exclusion criteria

The following was applied as exclusion criteria for the Intervention Participants' Group.

- Exclusion will be instituted if the respondent has attended less than 12 sessions of the YOLO programme
- Respondents do not fall between the age cohorts of 15 - 24 years and are not in Grade 11.
- Respondents below the age of 18 years without parental consent.
- Respondents over 18 years but without signed consent form.

The following was applied as exclusion criteria for the Non-Participants' Group:

- Respondents that do not match the participants in the experimental group in terms of age and grade.
- Respondents over the age of 18 years without signed consent forms.
- Respondents below the age of 18 years without signed parental consent forms.

1.5.7 Process of sample recruitment

1.5.7.1 Intervention Participants' Group recruitment

This group of respondents were recruited from Kgatseng Thabiso High school in the Bojanala Platinum District which had taken part in the YOLO programme. The researcher designed an advertisement that was circulated at the school, inviting learners who had been participants of the YOLO to take part in the research. This meant that the researcher invited the participants based on willing participation. With this in mind, the researcher sent out invitations to the 200 youths who took part in the YOLO programme.

1.5.7.2 Non-Participants' Group recruitment

The researcher used his own discretion to choose the school that would provide this group of respondents. They were also recruited from President Mangope Technical High School in the Bojanala Platinum District which had not taken part in the YOLO programme. The school was chosen on the basis that it had the same characteristics as the school that had provided the first

group of respondents. The researcher designed an advertisement that was circulated at the school inviting learners who were in the same grade with those from the first group of respondents who had taken part in the YOLO programme. This meant that the researcher invited the participants based on willing participation. With this in mind, the researcher sent out invitations to the 200 youths who were in the same grade as the other respondents.

1.5.8 Description of procedures and data collection methods

The researcher conducted a paper-based data collection method which was in the form of a survey. The researcher used six scales to collect snapshot data, which is data collected from one point in time as explained by Bhattacharjee (2012:39). This data is collected from the respondents to conduct a partial evaluation focusing on seven of the outlined themes from the programme. One of the scales (Safe Sex Behaviour Questionnaire [SSBQ]) evaluated two themes which are Healthy sexual behaviour and Good attitudes about sex and risky behaviour. These scales were self-administered scales that involved respondents ticking the responses of their choice. To ensure that the different scales go through a language check, the researcher enrolled the services of a high school English teacher who teaches at a public school to conduct the check. The educator went through the scales to ensure that they were at a level that can be easily understood by the respondents.

In an attempt to ensure that the scales that the researcher used correlated with the content of the YOLO programme, the research sought the assistance of the actual facilitator. Both the researcher and the facilitator conducted an assessment of the scales to see if they optimally represented and reflected the themes of the YOLO programme. In addition, the scales, as well as the outcomes of the YOLO programme, were also discussed by one of the coordinators of the YOLO programme who received training in terms of the facilitation and implementation of the programme. There was an agreement that the scales do resonate with the themes in the programme.

The completion of the scales was done during the Life Orientation lessons as this is the same period when the SBCC programme (YOLO) was conducted during its implementation. The schools provided classes in which the participants completed the scales. These respondents received refreshments after completing the scales.

To expedite the accurate completion of the scales, the researcher sought the assistance of two field workers. These field workers assisted with the data collection to minimise errors that might occur if the researcher had to do the collection alone, considering the large number of respondents. The

field workers underwent training on how to complete the questionnaires that were conducted by the researcher. In addition to this, they took part in an exercise where the scales were tested with a few respondents to ensure readability and that the scales can be easily understood.

The completion of the scales was done in a one day period, per class to protect learning and teaching time through minimising the interferences that might be caused by the time taken to complete the scales. This process was done at once with no break in-between completion of the scales. If participants had questions or they needed clarification during the data collection process, the field workers were equipped to answer any queries and in addition, the researcher was present to respond to these and any other concerns that arose.

The first scale that was used is the **Self-Consciousness Scale (SCS)**. This scale measures self-consciousness under private self-consciousness which relates to the inward direction of one's thoughts, public self-consciousness which relates to the outward direction of one's thoughts and social anxiety, which relates to the enfoldment of the public self-consciousness subscale (DaSilveira, DeSouza & Gomes, 2015:4). This scale is ideal to measure the self-identity variable because it speaks directly to the various activities offered in the first theme. These include activities on self-identity, such as noting the value that each participant brings to others as well as specific individual features that speak directly to self-image. Therefore, the scale evaluated the extent to which the programme had assisted the youth to be more aware of their identity.

The second scale that was used is the **Rosenberg Self-Esteem Scale (RSE)** developed by Morris Rosenberg (Corcora & Fischer, 2013:647). It is a 10-item scale that was designed to measure self-esteem. In relation to the outcomes of the SBCC programme (YOLO), the scale was used to check if the programme helped the youth build on their self-esteem and self-confidence, which will ultimately enhance their self-worth. The scale is valid because it also helps address issues around self-talk. It addresses the voice that is either positive or negative that is within each person. This is the voice that can build or destroy one's self-esteem. According to the rating of this scale, low self-esteem responses are disagree or strongly disagree for items 1,3,4,7,10 and strongly agree and agree on items from 2,5,6,8,9 (Corcoran & Fischer, 2013:647).

The SBCC (YOLO) also has assertiveness as its outcome; for this, the researcher made use of the **Assertiveness Scale for Adolescents (ASA)**. This scale was developed by Dong Yul Lee, Ernest T. Hallberg, Allan G. Slemmon and Richard F. Haase (Corcora & Fischer, 2013:451). It was developed to measure the assertiveness of youths in specific situations. The 11 item-scale describes 11 interpersonal situations and provides the respondent with three options that indicate what the

respondent would normally do. For this research, this scale was used as a research tool in the investigation of assertiveness amongst the participants of the SBCC (YOLO) programme. The scale provided an opportunity to check if the programme had improved how the youth exercised assertiveness and personal confidence. The researcher chose to use this scale because it presented real-life situations that tested if the participants could be assertive especially when it relates to their health and wellbeing.

Each response is assigned a single point, which means the ultimate score ranges from 0-33 with higher scores showing greater assertiveness. Response A indicates assertiveness for item 6 and B for items 1, 4, 5, 10, and 11 then lastly C is for items 2, 3, 7, 8, and 9 (Corcora & Fischer, 2013:451).

The **Safe Sex Behaviour Questionnaire (SSBQ)** was another scale that was used for this research. DiIorio, Parsons, Lehr, Adame and Carlone were the developers of this scale in 1992. The scale was used in respect of theme three of the YOLO programme. The (SSBQ) is used to measure the number of times that the participants use of safe sex practices. This scale was valid because it also presented real-life situations where the youth would make use of safe sex practice. This assisted in understanding whether the youth knew the different practices that placed them at risk. The scale places focus on 4 items namely: protection during intercourse, avoidance of risky behaviours, avoidance of bodily fluids, and interpersonal skills (Mirzaei *et al.* 2016:48).

This scale is a 24-item scale. For scoring purposes, one has to sum up positively worded responses as well as reverse scoring for negatively worded items, to all 24-item to get a total score. The total score could range from 24 to 96. Participants who get lower scores indicate the lower frequency of use of safe-sex practice and those with a higher score showing higher frequency (Gomathi & Ramanathan, 2014:275).

In addition, the researcher also made use of the **Self-Efficacy Scale**, which was designed to assess a general sense of perceived self-efficacy to predict coping with daily issues as well as adaptation after going through stressful life events. The focus for this scale was theme number 9 of the intervention programme. The researcher chose this scale because it targeted the actual coping skills of the participants. It focused on how the youth would respond to life-changing situations in their lives. The English version of this scale was developed by Ralf Schwarzer and Matthias Jerusalem in 1995 (Schwarzer, 2014:1). This scale helped evaluate the youth's ability to deal with stressful events in life.

It is a 10-item self-administered scale with items that are mixed at random. It takes 4 minutes on average for participants to complete the scale. For scoring purposes, responses are made on a 4-point scale. Responses to all 10 items are summed up to yield the final composite score with a range from 10 to 40.

The research also evaluated the extent to which the participants maintained relationships, which is theme 10 in the outcomes of the YOLO programme. The **Relationship Scale Questionnaire (RSQ)** was used to evaluate the extent to which the youth had improved their relationships after attending the programme. The researcher chose this scale because it attends to the actual process of developing healthy relationships.

1.5.9 Validity and reliability

The SCS showed a satisfactorily reliable score of $\alpha = 0.73$ and $.89$ for test-retest (DaSilveira *et al.*, 2015:4). The Cronbach's alpha for private self-consciousness was found to be $.75$, for public self-consciousness it was $.84$, and for social anxiety $.79$. These alphas compared favourably to those of the original scale (College and Career Competence Framework, 2015:2).

The reliability of the **RSE** is explained by Corcora and Fischer (2013:647) saying the scale exhibits a Guttman scale coefficient of reproducibility of $.92$ which show true internal consistency. At least two studies of pre-test and post-test have indicated correlations of $.85$ and $.88$ showing excellent stability. In terms of validity, extensive research has indicated that the RSE has proved concurrent, known groups, predictive and construct validity with high resemblance of other self-esteem measures like the Coopersmith self-esteem inventory (Corcora and Fischer, 2013:647).

In relation to reliability, the **ASA** has been tested using a sample of 55 children through the Kuder-Richardson formula 20 and the results indicated a relatively good level of internal consistency. Stability was tested over a four-week interval and produced a correlation of $.84$. Its validity is generally average as it scored fairly in comparison with other scales. It had a score of $.33$ against the Gambril-Richey Assertiveness Inventory and a $.55$ against the Children's Action Tendency (Corcoran and Fischer, 2013).

The content validity index computed for the **SSBQ** was 98%. Initial reliability was $.82$ among 89 college freshmen. Another sample of 531 subjects showed that reliability coefficients for sums of salient items for each factor ranged from $.52$ to $.85$. Content validity index was placed at 0.98 (Mirzaei *et al.* 2016:48).

In terms of reliability of the **Self-Efficacy Scale**, a test was performed using German samples. The indication was that the scale had high internal consistency with alphas ranging from 0.82 to 0.93. For concurrent validity, there was a positive correlation with self-esteem with a 0.52 alpha, internal control beliefs, 0.40 and optimism, 0.49 (Schwarzer, 2014:35).

The Cronbach α coefficients were 0.67 for the 2-factor model, and 0.57 for the 3-factor model of the **RSQ**. Both analysed models showed a relatively average validity for the Iranian version of this questionnaire. Moreover, the 3-factor model had a higher acceptable validity.

In addition to this, an internal consistency test was conducted for all the scales. This helped establish and confirm the reliability (internal consistency) of the scales, which showed sufficient power to use the scales.

1.5.10 Data analysis methods

A statistician from North-West University's Statistical Consultation Services performed the data analyses using IBM® Statistical Package for the Social Sciences (SPSS®) Version 24 software. Cronbach's Alpha was used to test reliability. Factors with Cronbach's Alpha coefficients of 0.7 and above, but at least 0.5, were considered reliable and factor scores based on the averages or total scores of the questions within each factor were calculated afterwards.

The impact of respondents' biographical data with regards to the different questionnaires used, especially the difference between YOLO program participants and non-participants, was determined by comparative analyses. Descriptive statistics, specifically, frequencies, means and standard deviations, were used to summarise the data. Independent t-tests were used as the statistical technique. Effect sizes instead of p-values were used for interpretation purposes because of the lack of generalizability. The statistician also used the following guideline values for the t-tests: an effect size of 0.2 indicated a small or practical non-significant effect, 0.5 medium or practical visible effect and 0.8 large or practical significant effect. Thereafter, the researcher reported the analyses and made interpretations under the guidance of study leaders.

1.6 Ethical matters

1.6.1 Probable experience of participants

The respondents were taken off their normal lesson routine which meant that there was a need for them to put in extra time to make up for the lost lessons. The respondents therefore needed to catch up their Life Orientation lessons, which were interrupted by the study.

1.6.2 Risks and benefits

Risk, according to Kruger *et al.* (2014:63), is inclusive of participants enduring emotional discomfort or anxiety, discrimination or social stigmatisation and incurring direct as well as indirect cost as a result of participating in the research. Additionally, Fouka and Mantzourou (2011:5) also outline that this risk can be physiological, emotional, social and economic.

In terms of the level of the risk posed by the research, the research risk is of a medium level which is described as the probability of unexpected negative consequences, harm or discomfort being equally met by mitigating factors to ensure that the risk is reduced (NWU Institutional Senate, 2016:2).

1.6.2.1 Risks

1. The respondents were part of the vulnerable group that might be prone to several harms including ethical issues around consent. The researcher ensured that this risk was reduced by requesting permission of either parents or guardians of the respondents.
2. Rubin and Babbie (2016:84) indicate that respondents can be harmed through being asked to reveal deviant behaviour or attitudes. To mitigate this risk, the researcher involved stakeholders who provided services to ensure that participants who needed counselling did so at the Trauma Centre and those that might need medical attention did so at the local clinic.
3. Usually, it is possible that during research, the respondents' privacy will be intruded upon, leading to risks. In an attempt to ensure that this does not happen, the measuring tools that the researcher used did not require the participants to reveal their names. This meant that their identity was kept private whilst their comments were identifiable. In addition to this, the researcher stored the hard copies of the consent forms of the respondents at COMPRES for a period of five years and before it's handed over to COMPES, it's kept in a lockable cabinet and password protected laptop.

4. There was a risk that during the research, the respondents might be inconvenienced in terms of time. The researcher ensured that the research took place within the period, while the respondents were still at school. This meant that their participation ended before their transport arrived to take them home from school.

1.6.2.2 Direct benefits

Unfortunately, the respondents did not stand to benefit directly from the research study.

1.6.2.3 Indirect benefits

The term benefit is defined by Hornby (2010:123) as an advantage that gives someone helpful or useful leverage. This means that one stands to gain when benefits are accrued. In the case of this research study, the respondents did not stand to benefit directly as they participated in the research study. There were only indirect benefits that accrued to the respondents. They stood to indirectly benefit as follows:

1. Statistically, 2.3 million children have been orphaned by the HIV and AIDS pandemic and an additional 6.3 million people are living with HIV (Taukeni & Ferreira, 2016:1). In addition, in South Africa, the literature indicates that youth between the ages of 15 and 24 are amongst the highest when it comes to the prevalence of HIV/AIDS in the world (Harrison *et al.* 2010:1). This meant that the participation of the children and the youth was of paramount importance as it contributes to the development of a fully functional HIV and teenage pregnancy prevention programme.
2. Additionally, their involvement was of value in the sense that they will contribute to the development of evidence-based knowledge in terms of what works when preventing HIV and teenage pregnancy.
3. The research findings were based on the children and youth's life experiences, which will be very informative and will be of use to other children and youth.

1.6.2.4 Reimbursement

The respondents of this research were not offered any reimbursement or any form of payment. They did not receive any incentive but they were provided refreshments during the research period out of respect for their participation. The refreshments were provided as soon as the sessions came to an end.

1.6.2.5 Voluntary participation

Some respondents are viewed as vulnerable, such as children, who also need to be assured of voluntary participation. For the sake of ensuring voluntary participation, the researcher split the research participants into two age cohorts. The first age cohort was inclusive of respondents between the age of 15 and 17 years. The second age cohort was inclusive of respondents between the age of 18 and 24 years. For the first age cohort (15-17 years) the researcher obtained adolescent consent. This meant that it came together with parental permission.

The researcher ensured that he requested the permission of either parents or guardians of the respondents within this age cohort, to ensure that the participants have a clear understanding through the help of their parents or guardians of what participation would mean. To achieve this, the researcher started by inviting all the parents or guardians of youths in Grade 11 classes from both schools to take part in a research study orientation session. The parents or guardians were given an option to either attend this session where the independent person gave an outline of the research study or receive the contact details of the independent person to contact her when they have any questions about the research study.

The invitation was also accompanied by the issuing of letters to request permission from the parents or guardians. In addition to this, the researcher issued out permission letters to the learners to take home to the parents or guardians who were comfortable not attending the orientation session as well as having their child participate without any questions. In addition to this, the respondents in this age cohort also received an orientation session where they asked questions. The researcher also clearly indicated to the potential respondents that even if he or she had a signed permission letter from the parents or guardians, he or she still had the right to withdraw his or her consent.

From the second age cohort (18 – 24 years), the researcher requested informed consent. To achieve this, the researcher made use of an independent person who clearly outlined what the research study was about to the respondents and allowed for questions. The independent person gave a breakdown of the risks involved as well as any indirect benefits so that the respondents were well informed when giving a signed informed consent.

However, prior to this, the researcher ensured that the adolescent consent form, parental or guardian permission letter and the informed consent form were comprehensible. To ensure that the different forms go through a language check, the researcher enrolled the services of a high school

English teacher who teaches at a public school, to conduct the check. The educator went through the forms to ensure that they were at a level that could be easily understood by the respondents as well as their parents or guardians.

1.6.3 Legal authorisation

YOLO, as a SBCC programme, was instituted by the DSD (Department of Social Development, 2017a:1) . This indicates that this specific department should grant any legal authorisation in terms of the programme. The researcher approached the provincial DSD (Mafikeng) to request permission to conduct the research. The monitoring and evaluation unit through the Head of Department (HOD) of the provincial department gave the researcher permission to conduct the research. Refer to **Annexure 2** for the permission letter as granted by the HOD of the provincial DSD through the Monitoring and Evaluation Unit.

1.6.4 Goodwill permission and consent

Due to the nature of the study, the researcher required goodwill permission from other interest groups. The first interest group was the Department of Education as the research was conducted at two of their schools. For this, the researcher approached the Office of the Superintendent General of the North West Provincial Department of Education and Sports Development. The superintendent general issued a letter of permission. Please refer to **Annexure 3.1** for the permission letter.

Additionally, it was paramount that the researcher also received goodwill permission from the principals of the participating schools. The principals of both Kgatseng Thabiso Secondary School and President Mangope Technical School granted permission, please refer to **Annexure 3.2** and **Annexure 3.3**, respectively, for the letters.

1.6.5 Confidentiality, anonymity and privacy

According to Fouka and Mantzorou (2011:6) anonymity is described as a situation where no one can link the identities of individual respondents to their responses during data collection. The researcher ensured anonymity through using questionnaires that did not request respondents to use their identifying details, other than age. Those respondents who accidentally used their identifying details had those details instantly deleted (Rubin & Babbie, 2016:85).

Confidentiality also goes together with anonymity. Rubin and Babbie (2016:85) describe confidentiality as the management of information to ensure the safekeeping of any information relating to respondents. In addition, confidentiality should be guaranteed from the beginning and participants' information should always be kept confidential (UNISA, 2013:16). In the case of this research, the researcher ensured confidentiality by ensuring that field workers were trained on ethical responsibilities to enhance the way they handled the respondents' information. In addition to this, the field workers also signed a confidentiality undertaking as a way of safeguarding the private and confidential information of the respondents.

Furthermore, wherever any form of identification was needed, the researcher made use of code names so that the identity of the respondents remained private and confidential. In addition to this, the researcher placed a box at the door so respondents could place their completed questionnaires into the box as they exited the classroom. Throughout the research process, the participants were assured of confidentiality.

Privacy is inclusive of autonomy over personal information, anonymity and confidentiality, especially around issues that come with stigmatisation, that are sensitive and potentially harmful (UNISA, 2013:15). In support of this, Fouka and Mantzorou (2011) state privacy is the freedom an individual has to determine the time, extent, and general circumstances under which private information will be shared with or withheld from others. To ensure privacy, the researcher and the two field workers signed a contract that outlines that none should reveal the information relating to the data collection and the other research processes. This helped keep the respondents' information private. The information that was collected was kept in lockable cabinets and password-protected laptop and will be kept for 5 years at COMPRES with only the researcher and the research supervisor having access.

1.7 Provisional chapter division

The result of the study is the partial fulfilment of the MSW in Child protection, hence the outcome should follow the requirements of the programme. With this in mind, the researcher has to produce a journal article as a mini-dissertation. The journal, *Social Work Journal/ Maatskaplike Werk* will be considered for publication.

Structure of the research report:

Title: The influence of the Social Behaviour Change Communication programme (YOLO) on youth in the Bojanala district.

Section A: Introduction and Orientation

Section B: Research Article

Section C: Final Conclusions, Limitations and Recommendations

Section D: Annexures

1.8 References

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SECTION B: RESEARCH ARTICLE

The influence of the Social Behaviour Change Communication programme (YOLO) on youth in the Bojanala district

Cliff Simbarashe Chinosengwa^a, Elzahne Simeon, Willem Roestenburg

Masters student, North-West University: Potchefstroom, Department of Social Work, 11 Hoffman St. Potchefstroom 2531, South Africa. E-mail: cliffchinos@gmail.com

Dr E Simeon is a senior lecturer in the School of Psychosocial Health, Social Work Division, Potchefstroom Campus of the Northwest University. Email: 13124463@nwu.ac.za

Professor Willem Roestenburg is a Professor of social work in the School of Psychosocial Health, Social Work Division, Potchefstroom Campus of the Northwest University. Email: wim.roestenburg@nwu.ac.za

Abstract

The South African government has its work cut out in relation to the HIV/AIDS pandemic, as well as teenage pregnancy. To deal with this, they decided to use Social Behaviour Change Communication (SBCC) programmes, namely; YOLO (You Only Live Once) which has targeted youths between the ages of 15 to 24. The study evaluated seven out of twelve objectives of this programme using the cross-sectional comparative study design. The result has shown that the SBCC programme might have had very limited influence on the youth who took part in the programme and recommends a full evaluation of the programme.

Keywords

HIV, AIDS, Teenage pregnancy, Youth, YOLO, Social Behaviour Change Communication programme and evaluation.

2.1 Introduction

It is a sad reality for South Africa that HIV prevalence amongst the youth aged between 15 and 24 years is one of the highest in the world (Harrison *et al.* 2010). Statistics that were released by HSRC (2014) show that research carried out by HSRC in 2014 yielded results of almost 469 000 new HIV infections within the age cohort of 15 to 24 years in 2012. Social Development (2019:5) echoes the same sentiments but goes on to indicate how critical it is for South Africa to find ways of drastically reducing this high rate of infection among the youth.

Furthermore, teenage pregnancy is not only a South African problem but a worldwide phenomenon that has plagued governments. It is being seen as a global complex issue of a social nature that has affected a lot of young women (Ibis Reproductive Health, 2013:6). Pitsoe (2016:755) offers a comparison with other countries, stating the United States of America, Brazil and Turkey have the same levels of teenage pregnancy. Nkwanyana (2011:7) indicates that a national figure is difficult to get but that there is a high prevalence of teenage pregnancy. The author shows that by 2008, over 30% of all babies born in South Africa were born from teenagers.

The SBCC programme (YOLO) that was partially evaluated was developed in an attempt to improve the autonomy, self-esteem and the self-efficacy in young people to reduce the risk of contracting HIV/AIDS as well as the possibility of falling pregnant (Department of Social Development, 2017a:1). The success of such an intervention would mean the reduction of both HIV/AIDS as well as teenage pregnancy among adolescents. The researcher therefore wanted to ascertain whether the programme was achieving the desired outcomes to be deemed a success. Furthermore, the researcher wanted to evaluate whether the programmes are held accountable in terms of achieving outcomes (Rubin & Babbie, 2016:284). Evaluation is therefore vital for the improvement of any programme or human development (UNDP, 2009:127).

Based on such evidence from literature, this study conducted a partial evaluation of the SBCC programme (YOLO) as presented by the DSD. The, partial evaluation came as a result of the lack of availability of internationally standardised measurement instruments to evaluate all the divisions of the programme. The researcher managed to find, from literature, six scales that could measure only seven of the variables of the intervention programme (YOLO). Furthermore, too many scales would have burdened the participants as it would be too strenuous and time-consuming to complete. Thus, the partial evaluation aimed at discovering if the programme had any influence on the youth in the Bojanala Platinum District who had taken part.

2.2 Contribution of the study

The study intends to contribute to the overall fight against HIV/AIDS and teenage pregnancy amongst adolescents by adding value through the generation of an indigenous evidence base on evaluation, as it adapts international knowledge to the local context. This knowledge will be used in improving the functionality of the SBCC programme which has been used as a tool to empower adolescents. In addition to this, the ultimate result of the study will help in the following ways: Primarily, the study may contribute the following:

- Evidence that shows the role of skills training programmes in influencing youth behaviour change.
- Empirical evidence showing the actual levels of the youths' self-esteem, self-efficacy, relationship skills, assertiveness, self-consciousness, risky behaviour and safe sex attitude.
- Conclusions on the functionality of the YOLO programme as a skills training programme in the prevention of HIV and teenage pregnancy.

On a secondary level, the study may also contribute the following:

- Enable the DSD to make evidence-based decisions on the efficacy of the intervention.
- The DSD can give an account to its array of donors.
- Allow the department to inform the target group as well as the communities on how the programme benefits them.
- The results would increase the knowledge base on HIV prevention and teenage pregnancies.
- The study will also assist the DSD to influence policy.

2.3 Research Question

This research study was influenced or informed by the following research question: *Does the YOLO programme contribute towards a change in behaviour as programme outcome?*

2.4 Research methodology

2.4.1 Research approach

The preferred research approach for this study was the quantitative approach. This approach was best suited for the study because the researcher aimed to see if an implemented programme had

any influence on participants by comparing adolescents who had attended the programme with those who had not. Rubin and Babbie (2016:46) believe that this approach can be used when the researcher wants to ascertain if a cause produces an effect in general.

2.4.2 Research design

In terms of the design, the researcher made use of the cross-sectional comparative design which some authors view as a snapshot of a population where, at a given point in time, the respondents are evaluated to see whether they were exposed to the relevant agent and whether they have the outcome of interest (Levin, 2014:24). This design helped the researcher find the existence of specific outcomes in a set of respondents (de Vos *et al.*, 2011:156). This would be determined by comparing this group to another similar, but unrelated group to ascertain if their behaviour as rated on seven dimensions of programme outcomes was any different to the comparison group. Through the use of this research design, the researcher managed to retrieve data from the respondents at one specific point in time using six scales, so as to evaluate the seven outcomes namely; Self-identity, building self-esteem and self-confidence, assertiveness and personal boundaries, healthy sexual behaviour and good attitudes about sex, risky behaviour, dealing with emotional and social challenges and healthy relationships. The analysis was done by comparing two groups which are the Intervention Participants' Group and the Non-Participants' Group. Thus, there will be a slight overlay of the group comparison but not a quasi experiment.

2.4.3 Population

The total population of this research study was constituted by two groups of the school. The first school that made up the Intervention Participants' Group had a total of 200 Grade 11 learners who had taken part in the YOLO programme. The next group was made up of 200 Grade 11 learners from President Mangope Technical High School who formed the Non-Participants' Group (these learners were not exposed to the intervention). This gave a total population of 400 as represented by the table below.

Table 1: Study population

School	Grade	Number of respondents
Kgatseng Thabiso Secondary School	11	200
President Mangope Technical High School	11	200

2.4.4 Sampling

Sampling is considered to be a key aspect of the data collection process. Researchers find it unthinkable that one can access the research population in totality due to either time or resource constraints, which makes it vital to conduct sampling (de Vos *et al.*, 2011:224). This study utilized a two-stage sampling technique.

The main sampling technique used in this study is purposive sampling, which is at times also referred to as judgemental sampling. The researcher used this technique during the initial phase of sampling by making a deliberate choice of schools that would form part of the respondents of the study. The schools that were chosen are Kgatseng Thabiso Secondary School, as one of the schools that had taken part in the intervention and President Mangope Technical High school, as one of the schools that had not been exposed to the intervention. The second school was chosen because it had similar demographic characteristics as that of the school which took part in the intervention. It was also situated in the same district as the school where the programme was presented. Note must be taken of the fact that this study has a retrospective emphasis in that the researcher entered the scene about one year after the programme was presented, and selected a comparative school on basis of characteristics that currently prevailed in the selected domain.

The subsequent phase saw sampling based on an all-inclusive sample, which meant open invitation to all children in a grade and willing participation. The researcher sent out invitations for voluntary participation to the Grade 11 learners at Kgatseng Thabiso Secondary School who had been part of the YOLO programme. The invitation was also extended to the Grade 11 learners from President Mangope Technical High School so that they could be part of the Non-Participants' Group.

The researcher had aimed for at least half of the total population to make the sample. This would mean that the sample would have been around 200 learners from both schools. Unfortunately, the researcher only managed to realise a sample of 197 learners split in the following way: Kgatseng Thabiso Secondary School with 90 learners and President Mangope Technical High with 107 learners.

2.5 Method of data collection

The main data source for the study was the respondents from both schools as the researcher used internationally recognised and standardised scales to tap into their knowledge, attitudes and behaviours. This was a paper-based data collection which saw the use of six scales that evaluated seven themes from the intervention programme. See Table 2 for an introduction to the measurement scales.

Table 2: Scales

Scale	Items	Theme
Self-Consciousness Scale (SCS)	22	Self-identity
Rosenberg Self-Esteem Scale (RSE)	10	Self-Esteem
Self-Efficacy Scale	10	Dealing with emotional and social challenges
Relationship scale questionnaire (RSQ)	13	Healthy relationships
Safe Sex Behaviour Questionnaire (SSBQ)	24	Risky behaviour Healthy sexual behaviour and good attitudes about sex
Assertiveness Scale for Adolescents (ASA)	11	Assertiveness

The table above gives an outline of the scales that were used as data collection tools. Six scales were used with the **SSBQ** measuring two themes, namely *risky behaviour and healthy sexual behaviour* and *good attitudes about sex*. These scales were self-administered scales that involved respondents ticking the responses of their choice. The only scale that did not require ticking was the **ASA** which required that respondents circle the response of their choice.

During the data collection period, the researcher was assisted by two field workers to help with the completion of scales. This process followed a strict data collection plan which lasted for two weeks. This followed a recruitment process which included research introduction to potential respondents and parents, as well as consent signing. After this, scales were completed and the

intervention was done during the Life Orientation periods. Both schools were generous enough to provide classes where the scales could be completed. Life Orientation educators assisted during the completion of the scales at their respective schools.

2.6 Method of data analysis

Data analysis was conducted by a statistician from North-West University's Statistical Consultation Services using IBM® Statistical Package for the Social Sciences (SPSS®) Version 24 software. Descriptive statistics, specifically, frequencies, means and standard deviations, were used to summarise the data. Independent t-tests were used as the statistical technique. Effect sizes instead of p-values were used for interpretation purposes as a result of the lack of generalisability. The statistician also used the following guideline values for the t-tests: an effect size of 0.2 indicated a small or practical non-significant effect, 0.5 medium or practical visible effect and 0.8 large or practical and significant effect.

2.7 Validity and reliability

Validity and reliability were critical variables that were considered before making use of the scales as data collection tools. It was a decision made by the researcher to use the scales as is, based on the prior evidence gathered in other studies on their content validity. The researcher decided to make use of the pre-existing psychometrics for validity for each scale as sample size restrictions would be insufficient to either explore or confirm scale factor structures. Literature provided the validity psychometrics for each scale as tested in previous studies. In terms of the reliability of the scales, an internal consistency test, the Cronbach's Alpha, was conducted. This helped establish, the reliability of the scales which showed sufficient power to use the scales.

2.8 Ethical matters

Before the commencement of the study, the researcher was granted ethical approval by the University's Health Sciences Research Ethics Committee on 30 October 2019. The researcher's ethics number is N W U - 0 0 4 4 1 - 1 9 - A 1. In addition to this, the researcher managed to get legal authorisation from the Head of Department of the North West Provincial DSD to evaluate the YOLO programme. Furthermore, goodwill permission was also received from both schools that participated in the research namely, Kgatseng Thabiso Secondary School and President Mangope Technical High School. In doing all this, the researcher was guided by ethical principles.

This was preceded by an ethical recruitment exercise that involved sending out invitations to

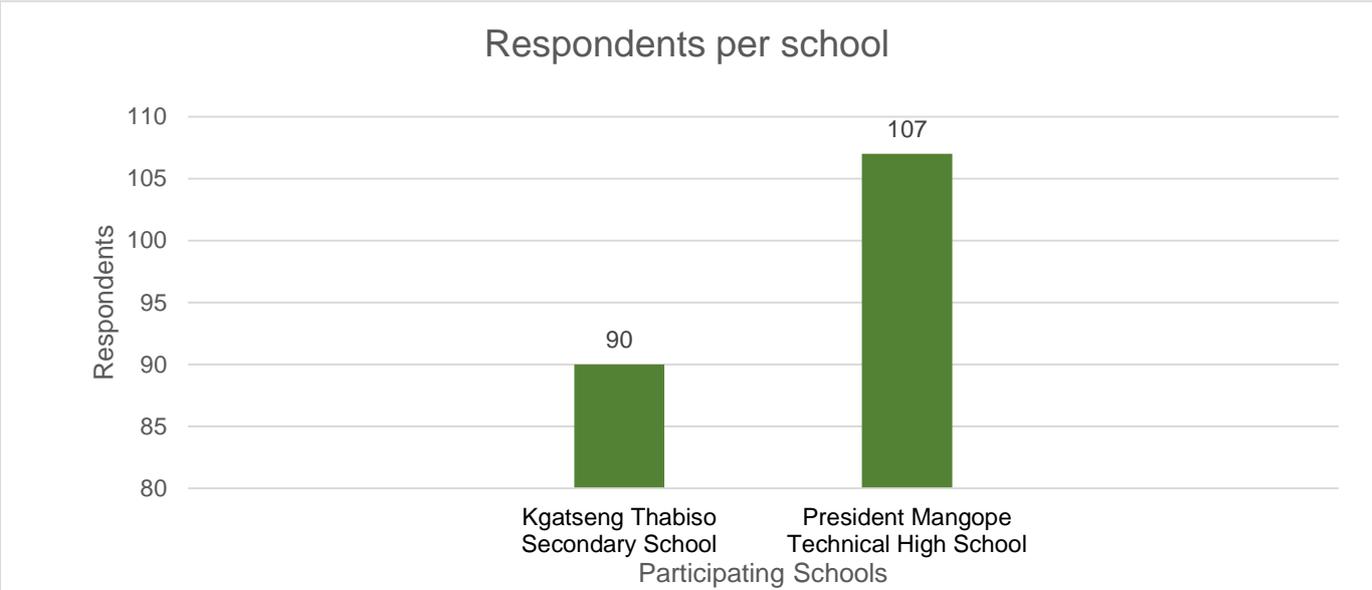
potential respondents alongside the introduction to the research study. Furthermore, the researcher managed to seek and acquire informed consent as well as adolescent consent (coupled with parental permission). The study was also informed by the ethical principles of confidentiality, voluntary participation, anonymity, privacy as well as the procedures of the storage and archiving of data.

2.9 Results

2.9.1 Profile of participating schools

The graph below is a representation of the two schools that took part in the study, according to the sampling and data collection plan. Furthermore, the graph shares information pertaining to the number of respondents per school, which is 90 and 107 respectively.

Figure 2: Profile of participating Schools



The results indicate that a larger proportion of learners in the comparison group participated than in the participant group. However, due to relatively large overall sample size, the size difference of the groups did not influence further statistical analysis.

2.9.2 Demographical information of respondents

Table 3: Age

		Frequency	Per cent	Valid Per cent	Cumulative Per cent
Valid	15 – 17 years	163	82.7	84.5	84.5
	18 – 24 years	30	15.2	15.5	100.0
	Total	193	98.0	100.0	
Missing	System	4	2.0		
Total		197	100.0		

The table shows that most of the respondents who took part in the research study were youths within the age range of 15 to 17 years and they constituted 82.7%. The other age cohort was that of young persons who were between the ages of 18 and 24 years and they made up 15.2%. Four respondents did not indicate their age and this constituted 2% of the missing values. Therefore the researcher concluded that the sample mainly consisted of younger school children.

Table 4: Gender

		Frequency	Per cent	Valid Per cent	Cumulative Per cent
Valid	Male	75	38.1	38.3	38.3
	Female	121	61.4	61.7	100.0
	Total	196	99.5	100.0	
Missing	System	1	0.5		
Total		197	100.0		

The table informs that a total of 75 males took part in the study making up 38.1% of the total respondents. At least 121 females took part and this amounted to 61.4% of the total sample. There was one respondent who did not indicate their gender and they constituted 0.5%. It is concluded that results should be interpreted against a two-thirds female dominance in the sample.

Table 5: Household size

		Frequency	Per cent	Valid Per cent	Cumulative Per cent
Valid	very small	10	5.1	5.2	5.2
	small (2-3)	61	31.0	31.8	37.0
	big (4-5)	87	44.2	45.3	82.3
	very big (5+)	34	17.3	17.7	100.0
	Total	192	97.5	100.0	
Missing	System	5	2.5		
Total		197	100.0		

The last part of the descriptive statistics shows the distribution of the respondents according to the size of their household. The analysis of the sample has indicated that the larger part of the respondents were from big families at 44.2%, followed by 31.0% who were from small families, with respondents from very big families making 17.3% and lastly respondents from very small families constituted only 5.1%. There were a total of 5 respondents who had missing values and this made up 2.5%.

2.9.3 Scale reliability statistics report

All the scales that were used in the study were examined for internal consistency utilising Cronbach's Alpha coefficient. The results of the reliability test are presented in a tabular form below.

Table 6: Cronbach's Alpha for all scales

Scale	Cronbach's alpha	Cronbach's alpha based on standardised items	Number of Items
RSE	0.628	0.629	10

Self-Efficacy	0.744	0.746	10
RSQ	0.746	0.746	13
SCS	0.444	0.448	5
Private			
SCS	0.504	0.510	6
Public			
SCS	0.682	0.680	6
Social			
SSBQ Condom usage	0.569	0.523	6
SSBQ Body fluids	0.514	0.518	2
SSBQ Negotiation	0.747	0.741	10
SSBQ Risky behaviour	0.554	0.554	4
ASA	0.549	0.558	11

Table 6 above is an outline of the results from the internal consistency test conducted for each scale that was used in the study. The Mean cut-off Cronbach alpha coefficient was 0.5. The following scales had coefficients that were above 0.5, namely self-esteem, self-efficacy, RSQ and assertiveness. These scales did not have any items removed as they had strong reliability so they were used as they were.

Scales with lower alphas had to be discarded as insufficiently reliable for use in the study. However, the private self-consciousness subscale returned 0.4 but had to be used as-is for group comparison purposes. The **SCS** had five items removed in an attempt to improve its reliability. In addition to this, the **SSBQ** also had a total of two items removed that weakened reliability. After the removal of these items, all the subscales of this scale had very good reliability for group comparison which had coefficients above 0.5.

2.9.4 Quantitative analysis (t-test results)

The t-test was done to establish if there were any significant differences between the Intervention group and Non-Participants' Group regarding any of the scores from the different scales. The researcher tried to establish if the programme succeeded in bringing about any medium to long-term change effects in youth that participated in the programme.

The following table provides mean scores for the scales and subscales used for both the groups. In addition, Cohen's d were calculated to indicate the effect size of the difference between the scores of the two groups. Effect sizes larger than 0.2 were regarded as small and effect sizes from 0.5 and larger were regarded as medium effect and lastly, effect sizes from 0.8 and higher were regarded as large effect. In terms of recognising statistical difference, the researcher looked at the p-value. Those scales that had a p-value that was smaller than 0.05 meant that there was a significant statistical difference and anything bigger than that meant no statistical difference.

Table 7: Group statistics

Respondent ID		N	Mean	Std. Deviation	Std. Error Mean	Effect size
RSE Total	Participant	90	19.7171	3.92245	0.41346	0.08
	Non-Participant	107	20.0755	4.61169	0.44583	
Self-Efficacy Total	Participant	90	29.4025	5.68383	0.59913	0.07
	Non-Participant	107	29.8133	4.91087	0.47475	
RSQ Total	Participant	90	38.4309	9.94164	1.04794	0.19
	Non-Participant	107	40.3607	9.77917	0.94539	
SCS Private Total	Participant	90	15.2843	2.71747	0.28645	0.51
	Non-Participant	107	16.6667	2.55792	0.24728	
SCS Public Total	Participant	90	17.4811	3.41092	0.35954	0.38
	Non-Participant	107	18.7832	3.15632	0.30513	
SCS Social Total	Participant	90	15.4533	3.95285	0.41667	

Respondent ID		N	Mean	Std. Deviation	Std. Error Mean	Effect size
	Non-Participant	107	17.3159	4.72281	0.45657	
						0.39
SSBQ Condom usage Total	Participant	56	17.4714	4.56838	0.61048	
	Non-Participant	66	18.8894	4.44287	0.54688	
						0.31
SSBQ Body fluid Total	Participant	55	5.2182	2.34671	0.31643	
	Non-Participant	63	6.1270	1.75510	0.22112	
						0.39
SSBQ Negotiation Total	Participant	69	23.5948	7.54262	0.90803	
	Non-Participant	74	26.9471	6.99253	0.81286	
						0.44
SSBQ Risky Behaviour Total	Participant	54	5.6049	2.57717	0.35071	
	Non-Participant	59	5.5254	2.18424	0.28436	
						0.03
ASA Total	Participant	90	6.6270	2.38243	0.25113	
	Non-Participant	104	7.5091	2.04622	0.20065	
						0.37

Note that medium effect sizes were returned for SCS private, SCS public and SCS social, SSBQ condom usage, SSBQ body fluid and SSBQ negotiation total scores. Similar effect sizes were observed for ASA. In all these instances, the Non-Participants' Group obtained on average higher scores than the Intervention Participants' Group. T-test results are provided in the following table.

Table 8: T-test tables

	Levine's Test for equality of variances	t-test for equality of means	for of		
	F	Sig.	t	df	Sig. (2-tailed)

RSE Total	Equal	1.498	0.222	-0.581	195	0.562
	variances					
	assumed					
Self-Efficacy	Equal	3.219	0.074	-0.544	195	0.587
Total	variances					
	assumed					
RSQ Total	Equal	0.025	0.874	-1.369	195	0.172
	variances					
	assumed					
SCS Private	Equal	0.333	0.565	-3.672	195	0.000
Total	variances					
	assumed					
SCS Public	Equal	0.327	0.568	-2.780	195	0.006
Total	variances					
	assumed					
SCS Social	Equal	2.992	0.085	-2.968	195	0.003
Total	variances					
	assumed					
SSBQ	Equal	0.002	0.965	-1.734	120	0.085
Condom	variances					
usage Total	assumed					
SSBQ Body	Equal	12.244	0.001	-2.400	116	0.018
fluid Total	variances					
	assumed					
SSBQ	Equal	1.164	0.282	-2.758	141	0.007
Negotiation	variances					
Total	assumed					
SSBQ Risky	Equal	0.010	0.919	0.177	111	0.860
Behaviour	variances					
Total	assumed					
ASA Total	Equal	3.347	0.069	-2.774	192	0.006
	variances					
	assumed					

Note from the above table that significant results were obtained for all the dimensions that returned moderate effect sizes as indicated, except the SSBQ condom usage subscale that returned an insignificant result.

Data analysis retained results that indicated that the following scales and subscales had p-values below 0.05, which meant that there were significant statistical differences between the two groups; SCS private, SCS social, SCS public, SSBQ condom usage, ASA, SSBQ body fluids and SSBQ negotiation. In terms of the effect size, these scales and subscales had effect sizes above 0.31 with the highest at 0.51. From this set of scales, only two subscales, namely SSBQ body fluids and SSBQ negotiation, indicated results that showed a better performance for the Intervention Participants' Group

Furthermore, the table shows that the second set of scales and subscales had p-values that were greater than 0.05, which meant that there was no significant statistical difference between the two groups. These scales are: RSE, self-efficacy, RSQ and SSBQ risky behaviour. Even the effect size was very small, ranging from 0.03 to 0.19.

2.10 Discussion

The findings that were retained from the data analysis conducted during the study has shown that there are three facets to the explanation of the results. The first part shows that the Non-Participants' Group performed better than the Intervention Participants' Group. Secondly, some findings indicate that part of the study shows no significant difference between the two groups. Lastly, there is a part of the study that has also shown results where the Intervention Participants' Group respondents performed better than the Non-Participants' Group.

The given scales are interpreted in different ways. For the RSE scale, the higher the score out of 10 items, the better the self-esteem (Rosenberg, 1965:4). In the case of this study, the minimum score out of the ten items was ten and the maximum was thirty-one. This means that anything above twenty would mean that respondents had better self-confidence and increased overall self-worth, which is developed through positive self-talk.

A score out of ten items, for self-efficacy, shows that the higher the score the better the self-efficacy. This scale, as used in this study, had a minimum score of ten and a maximum score of forty, which would mean that anything above twenty-five meant that they had a higher level of

resilience which enabled them to deal with sudden changes in life. This means that the respondents would possess the ability to cope with emotional and social challenges.

In terms of the RSQ, the lower the score, out of thirteen items, the better the relationships. This scale had a minimum score of sixteen and a maximum score of sixty-one. This meant that any group that had a score below thirty-nine would have the ability to identify what makes relationships healthy. They would be in a position to differentiate healthy and effective relationships over unhealthy and ineffective relationships.

The SCS had three subscales namely the private self-consciousness, which had a total of five items and the higher the score the better the "private" self-consciousness. This subscale had a minimum score of eight and a maximum of twenty which meant that a good score would be from fourteen and above indicating a respondent who can examine one's inner self and feelings.

The second subscale is public self-consciousness, which had six items and a minimum score of nine and a maximum score of twenty-four. A good score would be from seventeen upwards. A higher score would give an indication of the belief one has regarding what other people might think about who they are.

The last subscale of the SCS that measures the social self-consciousness had six items. The minimum score was six and the maximum score was twenty-four, which meant that any respondent who gets fifteen would have a better social self-consciousness. This subscale also indicated that the higher the score the lower the social anxiety (Scheier & Carver, 2013:3).

As with the preceding scale, the SSBQ also had subscales. In terms of the SSBQ condom usage, out of six items, a higher score would indicate safer behaviour. This subscale had a minimum of six and a maximum score of twenty-four which can be interpreted to mean that any score from fifteen upwards would mean safer behaviour. This means that those respondents would correctly and consistently use condoms.

For SSBQ body fluids, out of two items, a higher score shows unsafe behaviour. The minimum score was two and the maximum score was eight which means that any score below five would mean safer behaviour. Lower score would mean that respondents are aware of ways to handle body fluids during and after sexual intercourse.

Out of ten items, a higher score indicates safer behaviour for the SSBQ negotiation subscale. This subscale had a minimum score of ten and a maximum score of forty which meant that any score above twenty-five would be a good score. Higher scores show that respondents have the knowledge about their choices and respect other people's choices when negotiating during sex.

Lastly, for this SSBQ risky behaviour subscale, out of four items, a higher score would mean unsafe behaviour. For this subscale, a score below 10 would mean safe behaviour (De Santis, 2012:12). This means that the lower the score, the safer the behaviour in terms of identifying what places respondents at risk of contracting HIV/AIDS as well as pregnancy.

For the ASA, the higher the score out of eleven items the more assertive the respondent. This scale had a total of eleven items with a score ranging from one to eleven. This means that any score above six would indicate a respondent who is able to identify or set personal boundaries through the use of assertive communication.

To further dissect these results, the indication is that overall the Non-Participants' Group performed better in the following scales and subscales: ASA, SCS private, SCS public, SCS social, SSBQ negotiation and SSBQ condom usage. In terms of interpretation, this means that the Non-Participants' Group was more assertive than the Intervention Participants' Group. The results show that they had the ability to identify as well as set personal boundaries through assertive communication relating to their health and wellbeing. They also had higher private, public and social self-consciousness which meant that they had a better understanding of who they are and what makes them who they are. Furthermore, according to the results, they had a better awareness of sexual aspects such as how negotiations had to take place as well as how condom usage had to be managed during sexual intercourse.

However, there are scales such as the RSE, self-efficacy, RSQ and the SSBQ risky behaviour subscale that yielded results that indicated that there was no statistically significant difference between the two groups. Even the effect size was too small to be of any significance. This revealed that in terms of building self-confidence leading to self-worth, developing and maintaining healthy and effective relationships and being able to identify risky factors that places respondents at risk of contracting HIV/AIDS and pregnancy, these two groups were almost at the same level.

It should be noted though, that very little was known regarding the former, pre-programme demographic status of the sample that attended the programme. Three possible explanations are

discussed here regarding the relationship, if any, of the participant group and the non-participant group.

It is possible that the participant group was similar to the non-participant group in demographic profile, although it was not possible to confirm this at the start of the programme, as the researcher could not do a pre-test, and the Non-Participant Group was only selected about one year after the programme was completed. In this instance, any significant differences between the groups, especially where the non-participant group was better-off can be explained as purely random and by chance. Significant better performance in the non-participant group may therefore be attributable to contextual differences such as more and better resources at the non-participant school, than the school attended by the participants group. This might have led to more exposure to information for the Non-Participants' Group respondents than the Intervention Participants' Group. This concurs with Agrawal *et al.* (2014:7) who state that social behaviour change communication programmes cannot compensate for the lack of resources or logistics around life skills issues.

It is possible that the participant group was selected purposively by the presenters of the programme, on strength of their knowledge about this group's set of problems or difficulties that were known to them at the time and that this group was known to be worse-off. Due to the lack of a pre-test or information about the original motivation for choosing this group, the researcher does not have a way to confirm what their pre-programme functioning was, in order to compare that with post programme functioning on these scales.

It is, for example, possible that the Intervention Participants' Group was worse-off at start of the programme than the Non-Participants' Group, and therefore any lack of difference now observed may indeed indicate the effectiveness of the programme to bring them in line with a similar comparison group in the community. If this explanation was plausible, the significant and practical differences where the Non-Participants' Group did better, namely sexual behaviour and its sub-dimensions, public and private self-consciousness, and assertiveness, indicates areas where the target group did not improve significantly enough to outperform the Non-Participants' Group. In analysing these dimensions, one can assume that behavioural constructs such as sexual behaviour are more difficult to change by means of a cognitive life-skills programmes, than aspects such as communication or problem solving.

However, only one subscale indicated a better performance in favour of the Intervention Participants' Group. This group had a lower score in terms of the SSBQ body fluids subscale. A lower score meant that they had better knowledge of how to handle body fluids during and after sexual intercourse.

This difference might be attributed to the intervention programme that the Intervention Participants' Group attended. This points to the fact that the YOLO programme might have helped them to change their behaviour and attitude in relation to handling body fluids. This is in line with the study conducted by Esmailinasab *et al.* (2011:1046), which indicates that adolescents who take part in life skills training tend to have better knowledge, skills and attitudes.

2.11 Conclusion

In conclusion, the research findings give an indication that disproves assumptions of the researcher that the programme could have contributed to the observation of differences between groups. The findings indicate that the YOLO programme might not have had the desired contribution towards behaviour change in adolescents as a programme outcome, or that its effect has already been discounted by the one-year period that lapsed after completion of the programme. This is according to the seven themes of the programme that were evaluated. The findings that stem from the comparison of the Intervention Participants' Group and the Non-Participants' Group present the latter as the better functioning of the two groups on several dimensions of measurement. According to results from the scales and subscales (SCS private, SCS public, SCS social, ASA and SSBQ condom usage and SSBQ negotiation), the Non-participants' showed better behaviour, skills, knowledge and attitudes. This supports the notion that the answer to the question which asked whether the SBCC programme (YOLO) contributed towards a change in behaviour as programme outcome, is a negative one.

However, in terms of the discussion offered above, positively answering the research question may be possible, assuming that the Intervention Participants' Group could have come from a much lower base line and that they now have improved to almost on-par with the Non-Participants' Group. Unfortunately, the researcher did not have the opportunity to conduct a pre-test on either group, as this would have confirmed this assumption.

It is observable that both groups had relatively good scores in the following scales and subscales: RSE, self-efficacy, SCS private, SCS public, SCS social, SSBQ condom usage, SSBQ risky behaviour, SSBQ body fluids and ASA. This means that outside the comparison, they both had

relatively good skills, knowledge and attitudes concerning the themes that were evaluated, even though the Non-Participants' Group fared better than their counterparts.

However, the researcher also notes the fact that these 'negative' results might also have been influenced by several external factors. These factors might include the following:

- A long time had elapsed between the implementation phase of the programme and its partial evaluation. The programme was implemented between July and August of 2018 and only evaluated in January 2020. This time-lapse may have caused un-learning in the Intervention Participants' Group to take place. It is possible that most of the group members scarcely recalled that they ever participated in a programme.
- The role played by the Life Orientation subject content, since this content contains topics that are common to the intervention programme. This might have enabled the Non-Participants' Group to perform better.
- It is also highly possible that the programme did not have the desired effect on the Intervention Participants' Group because it was considered as an extra project that had nothing to do with school work. This would mean that maybe most respondents did not take it seriously. This is in line with what Giselle (2015:11) suggests, that programmes which are instituted from outside the school space tend to face challenges within the school system.
- Overall it is included that in view of the lack of a baseline pre-test and the extended time lapse between programme presentation and the measurement, the researcher cannot conclusively state that the programme did improve the functioning or skills of the participant group, with the exception of safe-sex practices, which seemed to be significantly better in the participant group. In this regard the programme seemed to have the desired effect. It is however, to be considered meaningful to conclude that the targeted school is relatively on-par with another school in the same area and district, and that the programme may have contributed towards bringing learners in the target school on par. Further research that incorporates a pre-test, post-test design may contribute towards a better understanding of programme effects of the YOLO programme. This study has shown that the measures used for evaluating the YOLO programme were indeed reliable and sensitive enough, with a few exceptions, to register differences between groups in evaluating programme effects. In this regard, the study contributed by identifying suitable measures for future use in evaluations involving the YOLO programme.

2.12 Recommendations

Based on the conclusions drawn by the researcher, it is highly recommended that the following should be instituted:

- It is paramount that a full evaluation which will focus on all the themes of the intervention programme be conducted to fully understand the functionality of the programme.
- It is also very crucial that life skills training should not be done as a once-off activity but refresher training is needed.
- An investigation into the Life-Skills programmes conducted at the Non-Participants' group's school to allow sharing of good practices.
- Ultimately, the researcher recommends that the content of the SBCC programme (YOLO) should be co-opted into the school curriculum since currently, schools also run similar content through the Life Orientation subject.
- There is a need that such kind of research should be done immediately after the programme implementation to evaluate the short-term impact with the use of the same tools before and after the implementation (pre-test and post-test).
- Future studies to evaluate such programmes would work better with the use of a control group picked from a list of respondents who are waiting in line to attend the intervention programme.
- Not many research studies were done in terms of this SBCC programme. This research study would form a good basis for future studies.

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SECTION C: FINAL CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

3.1 Introduction

Various factors have exposed South Africa's youth to HIV/AIDS as well as teenage pregnancy, ranging from risky behaviour to the different social ills afflicting South Africa. This has become one of the major challenges that South Africa has to deal with. In an attempt to fight this pandemic, the government introduced a SBCC programme dubbed 'YOLO'. This is the programme that was partially evaluated by this research.

The researcher has presented, analysed and interpreted research findings from 197 respondents who took part in the study. These respondents were youths from the Bojanala Platinum District of the North West Province, specifically from two schools namely Kgatseng Thabiso secondary School and President Mangope Technical High School. This was done to compare the responses of the respondents from these two schools as one had received the intervention and the other had not.

3.2 Answering the Research Question/Central Theoretical assumptions

The study was based on the assumption that the SBCC programme (YOLO) might have influenced behaviour change in the youth who participated in the programme as measured by the seven themes of the programme outcome. The partial evaluation was done in comparison with youth that did not take part in the programme. The results from this study, gave an indication that the influence of the programme was very minimal if any. The researcher also went on to give possible explanations for such an outcome.

3.3 Conclusions

The results that were attained from the partial evaluation of the SBCC programme (YOLO) has led the researcher to the conclusion that the Non-Participants' Group performed better than the Intervention Participants' Group. This serves to show that the programme might have failed to contribute towards a change in behaviour as a programme outcome, according to the seven themes of the programme that were evaluated.

The results support the conclusion that the Non-Participants' Group respondents showed better skills, attitudes and knowledge in terms of the themes that were evaluated. The researcher went on

to outline some of the reasons that might explain the results. This goes to say that there might be other external factors that might have contributed to such results.

It is important to note that the time between programme implementation and the partial evaluation of the programme was too extensive. The programme implementation was done in July and August of 2018 and the programme was only partially evaluated in January 2020. This is a difference of over one year and four months after the fact. Most of the respondents might have forgotten what they were taught during the programme, which would mean that there would not be a behaviour change.

In addition to this, the other reason for such an outcome could be the duplication of content as these two groups also attend Life Orientation lessons which offer similar content to that of the intervention programme. This would explain why the intervention might not have had the desired impact on the youth's behaviour.

Furthermore, this could be resultant from the fact that both groups are from within the same social circles so their life experiences might be the same. This might explain why they are at the same level in terms of their RSE, self-efficacy, RSQ and SSBQ risky behaviour. This would point towards the conclusion that the programme might have had very little influence on the respondents who participated in the intervention programme.

Finally, it is also a probability that during implementation, the programme might have faced challenges within the school system. Usually, programmes that are brought to schools by outside stakeholders often face resentment from both the teachers and learners as this poses extra work that they might be unwilling to take on. This means that during the implementation, the participants might not have taken the programme seriously, which led to the programme failing to influence behaviour change.

3.4 Limitations

The following limitations can be outlined in relation to this research study:

- The researcher did not have the opportunity to collect pretest data as the intervention under evaluation had already taken place. The absence of the pretest data meant that the researcher had to use post-test data only, which limited the overall results from the study.
- In addition, the researcher conducted a partial evaluation of the intervention programme. This was due to a lack of internationally standardised scales that could measure all the

themes of the intervention. This limited the extent to which the researcher could evaluate the intervention programme.

- Another limitation of the research study was that it was conducted after a very long time had elapsed from the implementation of the programme to the partial evaluation.

3.5 Recommendations

3.5.1 Recommendations for practice

It is the researcher's recommendation for practice that practitioners take the following into cognisance:

- The researcher recommends that since the results indicated that the intervention programme did not have the desired effect on the behaviour of the adolescents, the practitioners can consider incorporating the content of the programme into the educational curriculum. This will help drop the budget as the programme would make use of the pre-existing resources within the Department of Education. Furthermore, the Department of Education is already running the Life Orientation subject that has content which is similar to that of the YOLO programme.
- With the incorporation of the content into the educational curriculum, the researcher also recommends the subsequent training of Life Orientation and Life Skills teachers to be able to facilitate the programme.
- Furthermore, the researcher also recommends this content would need to be spread out and be escalated in an age-appropriate way, developmentally, so in either grades or phases. This would mean different content will be facilitated for different grades and/or ages but all culminating in the completion of the whole programme.
- The researcher also recommends that practitioners avoid conducting the programme as a once-off event that is done and forgotten. It is important to continuously conduct refresher training for the youth who would have participated in the programme.
- The researcher also sees fit to recommend the collaboration of different departments in the rolling out of this programme. This ensures that all youths are reached and none fall through the cracks. For instance, the Department of Health can deal with youth who fall under their sector as well as the Department of Justice dealing with youth within their juvenile centres.

3.5.2 Recommendations for further studies

The following are recommendations as envisaged by the researcher for further or future studies in connection with this research study:

- There is a need to ensure that a study that focuses on the full evaluation of the intervention programme is carried out. This means the evaluation of all twelve themes that make up the intervention programme (YOLO). This kind of evaluation would involve either finding internationally standardised scales or developing scales that would measure the outstanding themes of the SBCC programme (YOLO), or developing scales that fit the local context.
- The researcher also recommends that for further studies, it is important to ensure that such evaluative research studies are done immediately after the implementation of the intervention programmes. This helps the study assess the short-term impact of the intervention programme.
- For future study, it is paramount that the study be replicated in a bigger environment that is inclusive of other districts within the North West Province.
- Furthermore, the researcher also recommends that as part of further studies, there is a need to replicate the study qualitatively making use of focus groups to ensure that results attained through the quantitative analysis are accurate.
- It is also vital that a research study is done to outline the differences and similarities of this SBCC programme (YOLO) from the Life Orientation/Life Skills content being offered in schools. This determination can help avoid duplication of the same content.

3.6 Funding

The researcher was fortunate enough to have received a part-time post-graduate bursary from the North-West University. The bursary was provided for two years.

SECTION D: ANNEXURES

Annexure 1: Ethical Approval



Private Bag X1290, Potchefstroom
South Africa 2520
Tel: 086 016 9698
Web: <http://www.nwu.ac.za/>

North-West University Health Research Ethics
Committee (NWU-HREC)

Tel: 018 299-1206
Email: Ethics-HRECAppl@nwu.ac.za (for human studies)

30 October 2019

ETHICS APPROVAL LETTER OF STUDY

Based on approval by the North-West University Health Research Ethics Committee (NWU-HREC) on 30/10/2019, the NWU-HREC hereby approves your study as indicated below. This implies that the NWU-HREC grants its permission that, provided the general and specific conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: The influence of the Social Behavior Change Communication programme (YOLO) on youth in the Bojanala district																															
Principal Investigator/Study Supervisor/Researcher: Dr E Simeon																															
Student: CS Chinosengwa-31148514																															
Ethics number:	<table border="1"><tr><td>N</td><td>W</td><td>U</td><td>-</td><td>0</td><td>0</td><td>4</td><td>4</td><td>1</td><td>-</td><td>1</td><td>9</td><td>-</td><td>A</td><td>1</td></tr><tr><td colspan="3">Institution</td><td colspan="5">Study Number</td><td colspan="2">Year</td><td colspan="5">Status</td></tr></table>	N	W	U	-	0	0	4	4	1	-	1	9	-	A	1	Institution			Study Number					Year		Status				
N	W	U	-	0	0	4	4	1	-	1	9	-	A	1																	
Institution			Study Number					Year		Status																					
Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation																															
Application Type: Single study	Risk: <table border="1"><tr><td>Adults: Minimal</td></tr><tr><td>Children: Category 3 - Greater than minimal risk with no prospect of direct benefit</td></tr></table>	Adults: Minimal	Children: Category 3 - Greater than minimal risk with no prospect of direct benefit																												
Adults: Minimal																															
Children: Category 3 - Greater than minimal risk with no prospect of direct benefit																															
Commencement date: 30/10/2019																															
Expiry date: 31/10/2020																															
Approval of the study is provided for a year, after which continuation of the study is dependent on receipt and review of a six-monthly monitoring report and the concomitant issuing of a letter of continuation. Monitoring reports are due at the end of April and October annually until completion.																															

General conditions:
<i>While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:</i>
<ul style="list-style-type: none">• The principal investigator/study supervisor/researcher must report in the prescribed format to the NWU-HREC:<ul style="list-style-type: none">- Six-monthly on the monitoring of the study, whereby a letter of continuation will be provided annually, and upon completion of the study; and- without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.• The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the principal investigator/study supervisor/researcher must apply for approval of these amendments at the NWU-HREC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.• Annually a number of studies may be randomly selected for active monitoring.• The date of approval indicates the first date that the study may be started.

- In the interest of ethical responsibility, the NWU-HREC reserves the right to:
 - request access to any information or data at any time during the course or after completion of the study;
 - to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process;
 - withdraw or postpone approval if:
 - any unethical principles or practices of the study are revealed or suspected;
 - it becomes apparent that any relevant information was withheld from the NWU-HREC or that information has been false or misrepresented;
 - submission of the six-monthly monitoring report, the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and/or
 - new institutional rules, national legislation or international conventions deem it necessary.
- NWU-HREC can be contacted for further information via Ethics-HRECApply@nwu.ac.za or 018 299 1206

Special in process conditions of the research for approval (if applicable):

- a. Please provide the NWU-HREC with copies of the goodwill permission letters from the principals of the schools to be included in the study.

As the study progresses the aforementioned conditions should be submitted to Ethics-HRECProcess@nwu.ac.za with a cover letter with a specific subject title indicating "Outstanding documents for approval: NWU-XXXXX-XX-XX." The letter should include the title of the approved study, the names of the researchers involved, that the documents are being submitted as part of the conditions of the approval set by the NWU-HREC, the nature of the document i.e. which condition is being fulfilled and any further explanation to clarify the submission.

The *e-mail*, to which you attach the documents that you send, should have a *specific subject line* indicating the nature of the submission e.g. "Outstanding documents for approval: NWU-XXXXX-XX-XX". The e-mail should indicate the nature of the document being sent. This submission will be handled via the expedited process.

The NWU-HREC would like to remain at your service and wishes you well with your study. Please do not hesitate to contact the NWU-HREC for any further enquiries or requests for assistance.

Yours sincerely,



Digitally signed by Petrus Bester
DN: cn=Petrus Bester, ou=AGTHREC,
ou=NWU, Faculty of Health
Sciences,
email=petrus.bester@nwu.ac.za,
c=ZA
Date: 2019.10.30 15:29:18 +0200

Chairperson NWU-HREC

Current details: (23239522) G:\My Drive\9. Research and Postgraduate Education\9.1.5.4 Templates\9.1.5.4.2_NWU-HREC_EAL.docm
20 August 2019

File Reference: 9.1.5.4.2

Annexure 2 Legal Authorization Letter

2.1 Department of Social Development



social development

Department:
Social Development
North West Provincial Government
REPUBLIC OF SOUTH AFRICA



CHIEF DIRECTORATE: CORPORATE SERVICES

Private Bag X 6 ■ Mmabatho, 2735 ■ Provident House Building, University Drive ■ MMABATHO
Tel: +27 (18) 388 – 2989/2293 ■ Fax: +27 (18) 384 – 5967 ■ E-mail: imogorosi@nwpg.gov.za

Enq: Dr. Motshedi: 082 474 9189

TO : Mr I.S. MOGOROSI
ACTING HEAD OF DEPARTMENT

FROM : Mr. C. SEOME
ACTING CHIEF DIRECTOR: CORPORATE SERVICES

DATE : 12 JUNE 2019

SUBJECT : REQUEST FOR PERMISSION TO CONDUCT RESEARCH
WITHIN THE DEPARTMENT IN RESPECT OF Mr CLIFF S
CHINOSENGWA

PURPOSE

The purpose of this submission is to request the Acting Head of Department to grant approval for Mr Cliff S Chinosenwa to conduct research under the auspices of the Department of Social Development. The research project is mainly for academic development purposes.

BACKGROUND

The Sub-Directorate Research received a written request from Mr Cliff S Chinosenwa to conduct research within the Department. Mr Cliff S Chinosenwa is a registered student with the North West University (Potchefstroom Campus). He is registered for a Master of Arts in Social Work, with Student No: 31148514. The

Lefapha la Tlhabololo Loago ♦ Department van Maatskaplike Ontwikkeling



research study is part of her fulfilment of the requirements for the Master's Degree in Social Work. The title of the intended research is **"The influence of the Social Behaviour Change Communication Programme (YOLO) on Youth in Bojanala District"**.

The main objectives of the study are as follows:

- To determine the extent of behavior change experienced by adolescents due to influence of the YOLO Programme;
- To outline recommendations towards the improvement of the SBCC programme.

The study will be conducted through a quantitative approach. The researcher will specifically make use of the comparison group post-test only design, which is also referred to as the Non-equivalent comparison groups design. Using this design one group become the experimental group and the other group becomes the comparison group. The researcher further plans to conduct a paper based data collection method. Using 6 scales to evaluate 7 themes of the Yolo Programme. The Self-Efficacy scale will be used to assess the general sense of perceived self-efficacy with the aim to predict coping with daily issues as well as the adaptation after going through stressful life events.

DUSCUSSION

The Research Sub: Directorate has assessed the request of the applicant in ensuring that all the professional research standards and ethics are satisfied. In the light of that, the research candidate is strongly urged to consider all ethical considerations during the course of this research project. Failure to comply with these requirements may lead to this permission being withdrawn or suspended. Strict measures will also be undertaken to ensure the security of the Departmental classified and confidential information.

Upon completion of the research study, it will be appreciated that a copy of the research report should be shared with the Head of Department. The research unit

will further provide technical research support to the researcher once approval by the Head of Department has been granted.

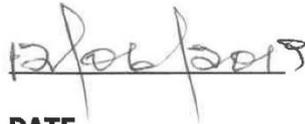
It is on the basis of the afore-mentioned background that the Research Sub: Directorate recommend that approval be granted for Mr Cliff S. Chinosengwa to conduct the study as proposed.

RECOMMENDATIONS

It is recommended that the Acting Head of Department approves the request of the applicant to undertake research study under the auspices of the Department.

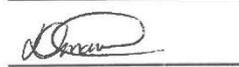


Dr. M. MOTSHEDI

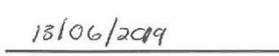


DATE

SUPPORTED/NOT SUPPORTED

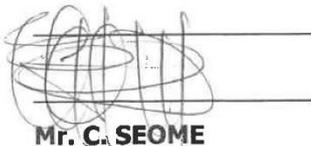


MS D. MAKOE

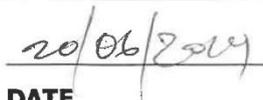


DATE

RECOMMENDED/NOT RECOMMENDED



Mr. C. SEOME



DATE

ACTING CHIEF DIRECTOR: CORPORATE SERVICES

APPROVED/NOT APPROVED

Permise to Contd research grant



**MR I.S MOGOROSI
ACTING HEAD OF DEPARTMENT**

DATE

25/06/2019

Annexure 3: Goodwill Permission Letters

3.1 Department of Education and Sport Development

	Education and Sport Development Department of Education and Sport Development Departement van Onderwys en Sportontwikkeling Lefapha la Thuto le Tihabololo ya Melshameko NORTH WEST PROVINCE	Garona Building, Mmabatho 1st Floor, East Wing, Private Bag X2044, Mmabatho 2735 Tel.: (018) 388-3433 Fax.: 086-514-0126 e-mail: motlhabanej@nwpg.gov.za
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OFFICE OF THE SUPERINTENDENT-GENERAL

Enq. : Dr T Phorabatho
Tel. : 018 388 3071/3433

To: Dr E Simeon
North West University (Potchefstroom Campus)
Faculty: Health Sciences

From: Mrs S M Semaswe
Superintendent-General

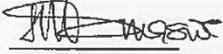
Date : 01 July 2019

PERMISSION TO CONDUCT RESEARCH: MR CS CHINOSENGWA

Permission is hereby granted to your student MR CS Chinosengwa to conduct research in the department as requested, subject to the following conditions:

- He contacts the relevant School Principals for his target schools about her request with this letter of permission.
- Considering that your research will involve both Educators and Learners, the general functionality of the school should not be compromised by the research process.
- The participation in your project will be voluntary.
- The principles of informed consent and confidentiality will be observed in strictest terms, and
- The findings of your research should be made available to the North West Department of Education and Sport Development upon request.

Best wishes


Mrs S M Semaswe
Superintendent-General

01/07/2019
Date

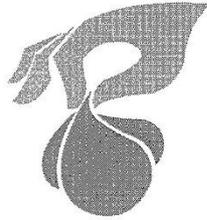




"Towards Excellence in Education and Sport Development"

3.2 Kgatseng Thabiso Secondary School

KGATSHENG - THABISO
SECONDARY



Excellence Through Quality Performance

P. O. BOX 67
TLHABANE
0309

2868 RABAJI STREET
TLHABANE
0309

TEL: 014 565 6626
FAX: 014 565 6822
email: 600100677kms@gmail.com

Date : 18 July 2019

To : Mr C S Chinosengwa
DN763668
MSW NWU Student
31148514

From : Mr P Mogale
The Principal
Kgatseng – Thabiso Secondary School

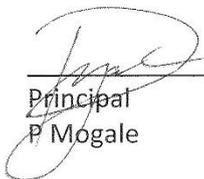
Sir

Subject : RESEARCH ON SOCIAL BEHAVIOURAL CHANGE

Kindly note that your request for permission to conduct the research study on social behavioral change at our school in August/September 2019 has been granted.

I thank you in advance.

Yours faithfully


Principal
P Mogale



3.3 President Mangope Technical High School

PRIVATE BAG X2004
TLHABANE
0309



TELEPHONE: 014 565 5305
FAX: 014 565 7414
E-MAIL: 600101681presmangope@gmail.com

CONTACT PERSON: Mathe D.
EMAIL: deborahmathe1960@gmail.com
CELL: 063 580 6737

PRESIDENT MANGOPE TECHNICAL HIGH SCHOOL

Date 19/07/2019

To : Mr CS Chinosengwa
Education and Sport Development
North West University

RE: SCHOOL PERMISSION TO CONDUCT RESEARCH

The purpose of this letter is to inform you that I give Mr CS Chinosengwa permission to conduct the research titled "The influence of the social behavior change communication programme" (YOLO) at President Mangope Technical High School and will ensure that these requirements are followed in the conduct of this research.

Hope you will find this in order.

Yours Faithfully

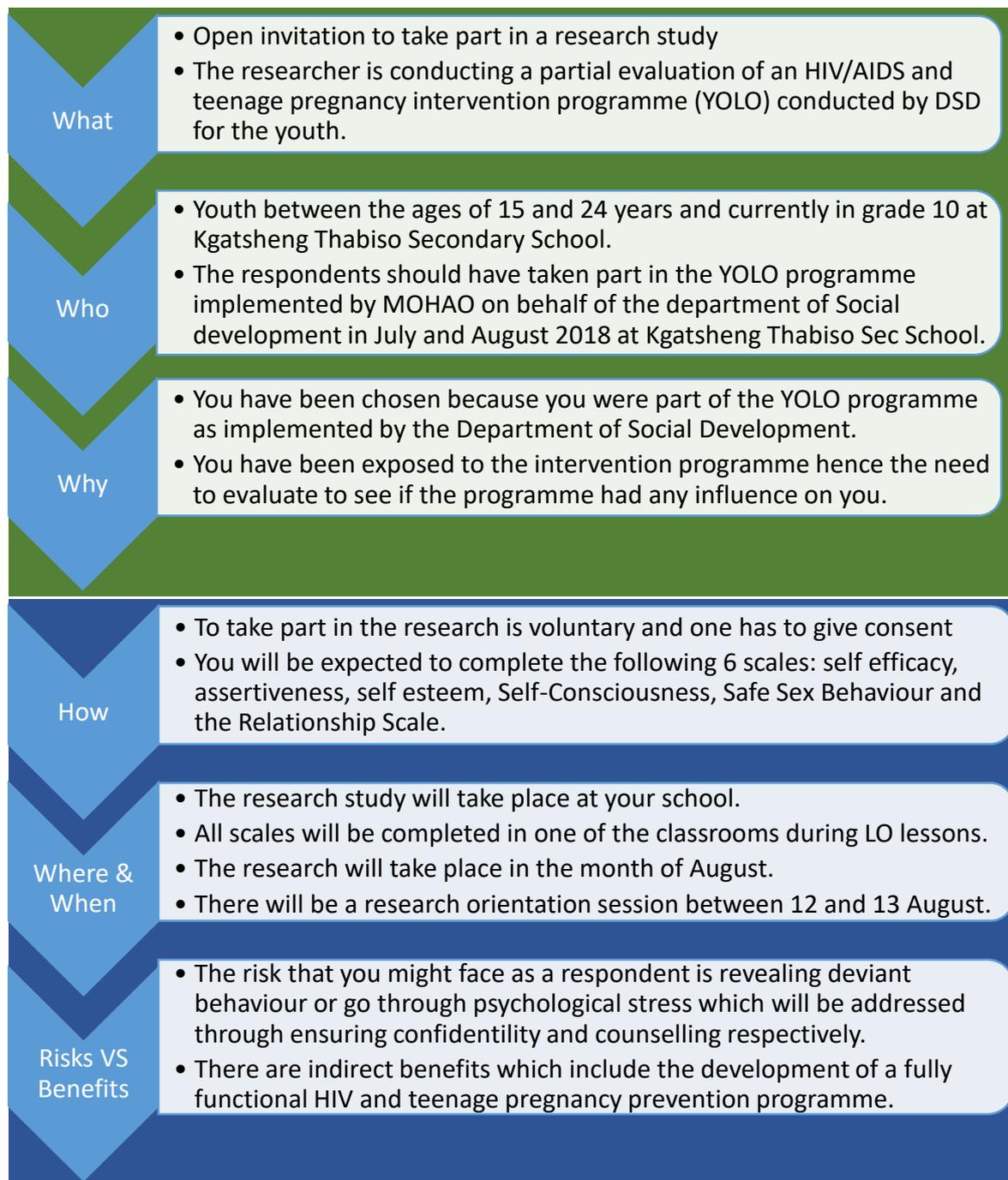
D Mathe
Principal



Annexure 4: Advertisement

4.1 Intervention Participants' Group Advertisement

Advertisement (Intervention Participants' Group)

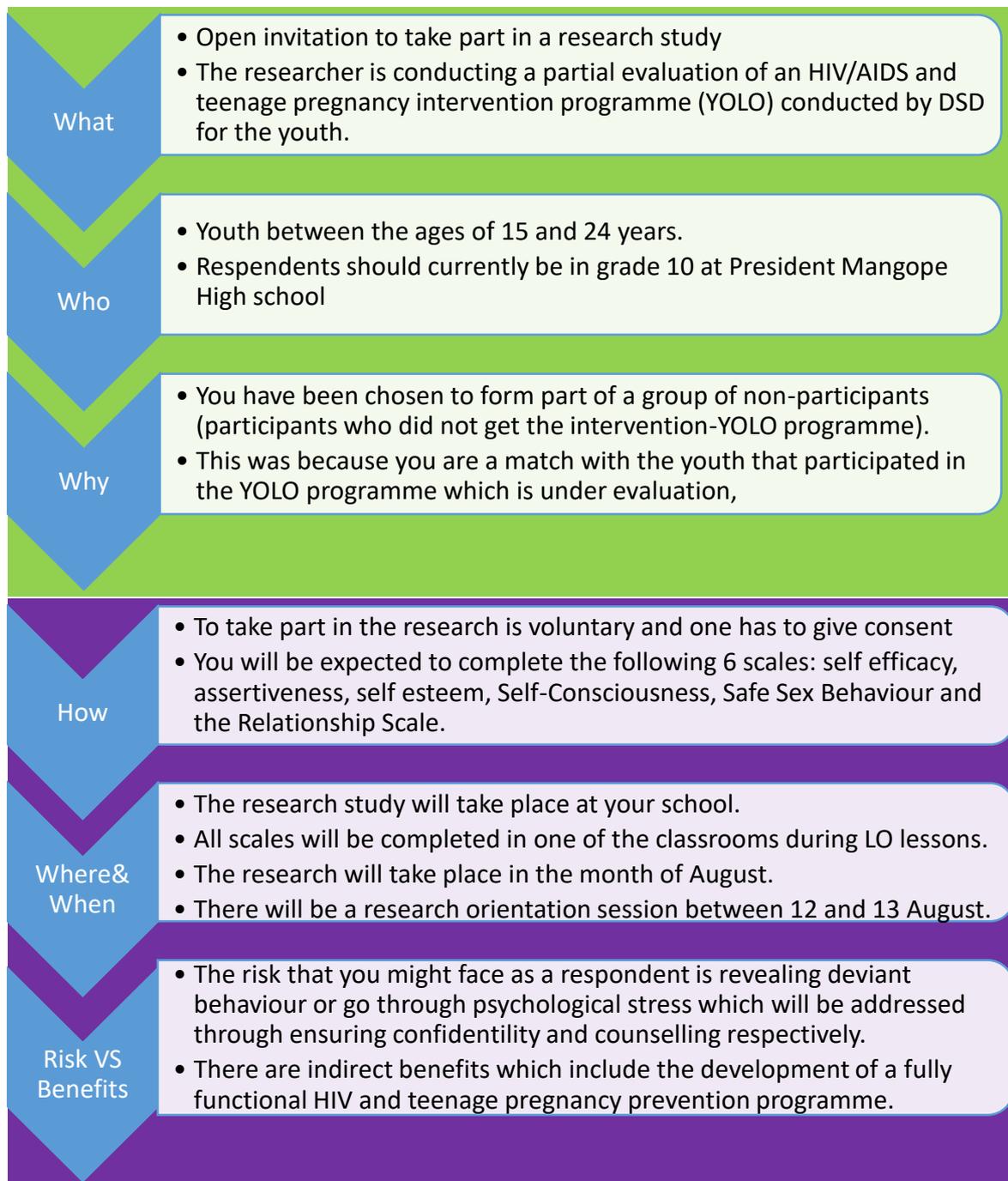


For more information please attend the research orientation session or contact:

- The researcher: Cliff Simbarashe Chinosengwa (063 575 3738)
- The research supervisor: Dr. Elzahne Simeon (074 221 4939)
- The Life Orientation Educator at your school.

4.2 Non-Participants' Group Advertisement

Advertisement (Non-Participants' Group)



For more information please attend the research orientation session or contact:

- The researcher: Cliff Simbarashe Chinosengwa (063 575 3738)
- The research supervisor: Dr. Elzahne Simeon (074 221 4939)
- The Life Orientation Educator at your school.

Annexure 5: Parent/Guardian Invitation Letter

5.1 Intervention Participants' Group Letter



Private Bag X1290, Potchefstroom
South Africa 2520
Tel: +2718 299-1111/2222
Fax: +2718 299-4910
Web: <http://www.nwu.ac.za>

PARENT/GUARDIAN INVITATION LETTER

Dear Parent/Guardian

You are cordially invited to attend a research orientation session. This session focuses on enlightening parents/guardians of children within the age cohort of 15 – 17 years who are willing to take part in a research study as outlined below:

TITLE OF THE RESEARCH STUDY: The influence of the Social Behaviour Change Communication programme (YOLO) on youth in the Bojanala district.

Venue: Kgatseng Thabiso Secondary School

Date: _____

Time: 17:00 – 18:00

Topics to be covered:

- | | | |
|---|--|---|
| 1 | What is this research study all about? | Why has your child been invited to participate? |
| 2 | What will be expected of you? | Any gains for your child. |
| 3 | Risks involved. | What will be done to mitigate the risks? |
| 4 | Confidentiality of information. | The dissemination of findings. |

Question session

Your attendance will go a long way in ensuring voluntary participation.

Regards

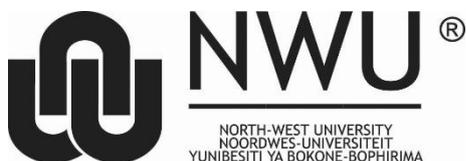
The _____ researcher

Tear _____ off

I the parent/guardian of
..... **will/will not** attend the research orientation session.

Signature: _____

5.2 Non-Participants' Group Letter



Private Bag X1290, Potchefstroom
South Africa 2520
Tel: +2718 299-1111/2222
Fax: +2718 299-4910
Web: <http://www.nwu.ac.za>

PARENT/GUARDIAN INVITATION LETTER

Dear Parent/Guardian

You are cordially invited to attend a research orientation session. This session focuses on enlightening parents/guardians of children within the age cohort of 15 – 17 years who are willing to take part in a research study as outlined below:

TITLE OF THE RESEARCH STUDY: The influence of the Social Behaviour Change Communication programme (YOLO) on youth in the Bojanala district.

Venue: President Mangope Technical High School

Date: _____

Time: 17:00 – 18:00

Topics to be covered:

- | | | |
|---|--|---|
| 5 | What is this research study all about? | Why has your child been invited to participate? |
| 6 | What will be expected of you? | Any gains for your child. |
| 7 | Risks involved. | What will be done to mitigate the risks? |
| 8 | Confidentiality of information. | The dissemination of findings. |

Question session

Your attendance will go a long way in ensuring voluntary participation.

Regards

The _____ researcher

Tear _____ off

I the parent/guardian of
..... **will/will not** attend the research orientation session.

Signature: _____

Annexure 6: Permission Letter

6.1 Intervention Participants' Group Letter



Private Bag X1290, Potchefstroom
South Africa 2520
Tel: +2718 299-1111/2222
Fax: +2718 299-4910
Web: <http://www.nwu.ac.za>

PARENTAL OR GUARDIAN PERMISSION LETTER FOR YOUTH RESPONDENTS IN THE AGE COHORT OF 15 – 17 YEARS TO PARTICIPATE IN THE COMPLETION OF SCALES FOR RESEARCH PURPOSES

TITLE OF THE RESEARCH STUDY: The influence of the Social Behaviour Change Communication programme (YOLO) on youth in the Bojanala district.

ETHICS REFERENCE NUMBERS: _____

PRINCIPAL INVESTIGATOR: DR. ELZAHNE SIMEON

POST GRADUATE STUDENT: CLIFF SIMBARASHE CHINOSENGWA

ADDRESS: 39 POOE STREET THLABANE WEST RUSTENBURG

CONTACT NUMBER: 063 575 3738

You are cordially invited to grant permission to your child to participate in a **research study** that is part of the requirements for the completion of a master's degree in social work at **North-West University**. Please feel free to go through this information giving a detailed outline of the research study. The researcher as well as the independent person will conduct a research orientation session to explain the research to you and answer any questions about any part of this study that you do not fully understand. It is very important that you clearly understand what this research is about and how your child will participate. Always remember that participation is **entirely voluntary** and your child is free to terminate his or her participation at any moment even after signing this permission letter.

This research study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University** (_____) and will be conducted according to the ethical guidelines and principles of Ethics in Health Research and other international ethical guidelines applicable to this study. The researcher has attended and completed an online research ethics course in preparation for this study.

What is this research study all about?

It is the researcher's intention to contribute towards the creation of an effective Social Behaviour Change Communication programme efficient enough to address teenage pregnancy and HIV among the youth. This will be done through a partial evaluation of the influence that the YOLO programme has had on the youth that have taken part in the programme.

The researcher plans to conduct a paper based data collection method. The researcher will use 6 scales to collect snapshot data that will be used to evaluate 7 themes from the programme (Themes 1, 2, 3, 4, 7, 9 and 10). The completion of the scales will be done during the Life orientation lessons as this is the same

period when the Social Behaviour Change Communication programme (YOLO) was conducted during its implementation.

Why has your child been invited to participate?

Your child has been invited to participate in this research study, because he or she was a participant of the YOLO programme.

He or she has expressed interest in completing the scales used to measure the influence of the YOLO programme. .

He or she has the ability to speak and understand English as the scales are in English.

What will be expected of you?

You are expected to give permission for your child before he or she can participate in the research study.

As a parent or guardian, you will be required to attend a research study orientation session at the school where an independent person will give an outline of what the research study is all about and you can ask questions.

Will your child gain anything from taking part in this research?

Your child's participation in the research contributes to the development of a fully functional HIV and teenage pregnancy prevention programme.

Taking part in this research will be of value in the sense that your child will contribute to the development of evidence-based knowledge in terms of what works when providing for the prevention of HIV/AIDS and teenage pregnancy to the respondents in the age cohort of 15 to 24.

Are there risks involved in your child taking part in this research and what will be done to prevent them?

The risks that your child might face in this study are low. Your child may experience slight discomfort during the completion of the scales as he or she will be required to reveal some information. The researcher has put in place measures to assist your child if he or she feels in need of any form of assistance resulting from taking part in the research.

How will we protect your child's confidentiality and who will see the findings?

Wherever there is need for any form of identification, as participants your child will be asked to make use of codes which will make it very difficult for any other person to identify your child as a respondent.

If it happens that as a respondent your child wrote his or her identifying details, the details will immediately be deleted.

In addition when your child completes the scales, he or she will drop off the completed scales in a box at the door on the way out so that no connection can be made to your child's scales.

The information collected will be kept in lockable cabinets or password protected laptops and will be kept for 5 years with only the researcher and the research supervisor having access.

What will happen with the findings?

Upon completion of the research, an article will be drawn in accordance with the requirements of the University. This is the article that will be circulated to the respondents' parents or guardians through the

principal of the school. There will also be a feedback session where the independent person will give a breakdown of the results of the study so that you can easily understand them.

Will your child be paid to take part in this study and are there any costs for your child?

This research study is not funded, which means that there will be no money paid out to respondents.

Refreshments will be served after the completion of the scales.

Is there anything else that you should know or do?

If you have any further question of queries feel free to attend the research orientation session or contact any of the following:

- The research: Cliff Simbarashe Chinosengwa (063 575 3738)
- The Life Orientation Educator at your school.

Declaration by parent/Guardian

By signing below, I grant permission that my son/daughter can take part in the research study titled: The influence of the Social Behaviour Change Communication programme (YOLO) on youth in the Bojanala district.

I declare that:

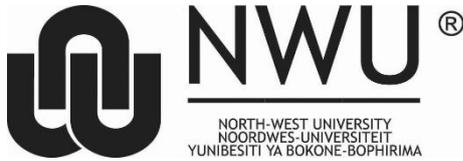
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that my child’s taking part in this study is **voluntary** and I have not been pressurised to allow him/her to take part.
- I may choose to ask my son/daughter to leave the study at any time and will not be handled in a negative way.
- My son/daughter may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if my son/daughter do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 20....

.....
Signature of parent/Guardian

.....
Signature of witness

6.2 Non-Participants' Group Letter



Private Bag X1290, Potchefstroom
South Africa 2520
Tel: +2718 299-1111/2222
Fax: +2718 299-4910
Web: <http://www.nwu.ac.za>

PARENTAL OR GUARDIAN PERMISSION LETTER FOR YOUTH PARTICIPANTS IN THE AGE COHORT OF 15 – 17 YEARS TO PARTICIPATE IN THE COMPLETION OF SCALES FOR RESEARCH PURPOSES

TITLE OF THE RESEARCH STUDY: The influence of the Social Behaviour Change Communication programme (YOLO) on youth in the Bojanala district.

ETHICS REFERENCE NUMBERS: _____

PRINCIPAL INVESTIGATOR: DR. ELZAHNE SIMEON

POST GRADUATE STUDENT: CLIFF SIMBARASHE CHINOSENGWA

ADDRESS: 39 POOE STREET THLABANE WEST RUSTENBURG

CONTACT NUMBER: 063 575 3738

You are cordially invited to grant permission to your child to participate in a **research study** that is part of the requirements for the completion of a master's degree in social work at **North-West University**. Please feel free to go through this information giving a detailed outline of the research study. The researcher as well as an independent person will conduct a research orientation session to explain the research to you and answer any questions about any part of this study that you do not fully understand. It is very important that you clearly understand what this research is about and how your child will participate. Always remember that participation is **entirely voluntary** and your child is free to terminate his or her participation at any moment even after signing this permission letter.

This research study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University** (_____) and will be conducted according to the ethical guidelines and principles of Ethics in Health Research and other international ethical guidelines applicable to this study. The researcher has attended and completed an online research ethics course in preparation for this study.

What is this research study all about?

It is the researcher's intention to contribute towards the creation of an effective Social Behaviour Change Communication programme efficient enough to address teenage pregnancy and HIV among the youth. This will be done through a partial evaluation of the influence that the YOLO programme has had on the youth that have taken part in the programme.

The researcher plans to conduct a paper based data collection method. The researcher will use 6 scales to collect snapshot data that will be used to evaluate 7 themes from the programme (Themes 1, 2, 3, 4, 7, 9 and 10). The completion of the scales will be done during the Life orientation lessons as this is the same period when the Social Behaviour Change Communication programme (YOLO) was conducted during its implementation.

Why has your child been invited to participate?

Your child has been invited to participate in this research study, because he or she is a match with the youth that participated in the YOLO programme under evaluation.

He or she has expressed interest in completing the scales used to measure the influence of the YOLO programme. .

He or she has the ability to speak and understand English as the scales are in English.

What will be expected of you?

You are expected to give permission for your child before he or she can participate in the research study.

As a parent or guardian, you will be required to attend a research study orientation session at the school where an independent person will give an outline of what the research study is all about and you can ask questions.

Will your child gain anything from taking part in this research?

Your child's participation in the research contributes to the development of a fully functional HIV and teenage pregnancy prevention programme.

Taking part in this research will be of value in the sense that your child will contribute to the development of evidence-based knowledge in terms of what works when providing for the prevention of HIV/AIDS and teenage pregnancy to the participants in the age cohort of 15 to 24.

Are there risks involved in your child taking part in this research and what will be done to prevent them?

The risks that your child might face in this study are low. Your child may experience slight discomfort during the completion of the scales as he or she will be required to reveal some information. The researcher has put in place measures to assist your child if he or she feels in need of any form of assistance resulting from taking part in the research.

How will we protect your child's confidentiality and who will see the findings?

Wherever there is need for any form of identification, as participants your child will be asked to make use of codes which will make it very difficult for any other person to identify your child as a participant.

If it happens that as a participants your child wrote his or her identifying details, the details will immediately be deleted.

In addition when your child completes the scales, he or she will drop off the completed scales in a box at the door on the way out so that no connection can be made to your child's scales.

The information collected will be kept in lockable cabinets or password protected laptops and will be kept for 5 years with only the researcher and the research supervisor having access.

What will happen with the findings?

Upon completion of the research, an article will be drawn in accordance with the requirements of the University. This is the article that will be circulated to the participants' parents or guardians through the principal of the school. There will also be a feedback session where the independent person will give a breakdown of the results of the study so that you can easily understand them.

Will your child be paid to take part in this study and are there any costs for your child?

This research study is not funded, which means that there will be no money paid out to participants.

Refreshments will be served after the completion of the scales.

Is there anything else that you should know or do?

If you have any further question of queries feel free to attend the research orientation session or contact any of the following:

- The research: Cliff Simbarashe Chinosengwa (063 575 3738)
- The Life Orientation Educator at your school.

Declaration by parent/Guardian

By signing below, I grant permission that my son/daughter can take part in the research study titled: The influence of the Social Behaviour Change Communication programme (YOLO) on youth in the Bojanala district.

I declare that:

- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that my child’s taking part in this study is **voluntary** and I have not been pressurised to allow him/her to take part.
- I may choose to ask my son/daughter to leave the study at any time and will not be handled in a negative way.
- My son/daughter may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if my son/daughter do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 20....

.....
Signature of parent/Guardian

.....
Signature of witness

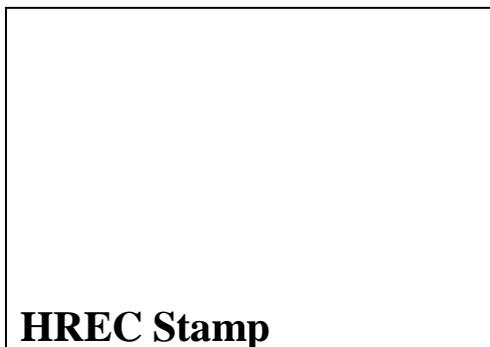
ANNEXURE 7: Written Consent Forms

7.1 Intervention Participants' Group Consent Forms

Informed Consent form: 18-24 years



Private Bag X1290, Potchefstroom
South Africa 2520
Tel: +2718 299-1111/2222
Fax: +2718 299-4910
Web: <http://www.nwu.ac.za>



INFORMED CONSENT FOR YOUTH RESPONDENTS FROM THE AGE OF 18 TO 24 TO PARTICIPATE IN THE COMPLETION OF SCALES FOR RESEARCH PURPOSES

TITLE OF THE RESEARCH STUDY: The influence of the Social Behaviour Change Communication programme (YOLO) on youth in the Bojanala district.

ETHICS REFERENCE NUMBERS: _____

PRINCIPAL INVESTIGATOR: DR. ELZAHNE SIMEON

POST GRADUATE STUDENT: CLIFF SIMBARASHE CHINOSENGWA

ADDRESS: 39 POOE STREET THLABANE WEST RUSTENBURG

CONTACT NUMBER: 063 575 3738

You are cordially invited to participate in a **research study** that is part of the requirements for the completion of a master's degree in social work at **North-West University**. Please feel free to go through this information giving a detailed outline of the research study. The researcher as well as the field workers present will explain the research to you and answer any questions about any part of this study that you do not fully understand. It is very important that you clearly understand what this research is about and how you will participate. Always remember that participation is **entirely voluntary** and you are free to terminate your participation at any moment even after signing the consent form.

This research study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University** (_____) and will be conducted according to the ethical guidelines and principles of Ethics in Health Research and other international ethical guidelines applicable to this study. The researcher has attended and completed an online research ethics course in preparation for this study.

What is this research study all about?

It is the researcher's intention to contribute towards the creation of an effective Social Behaviour Change Communication programme efficient enough to address teenage pregnancy and HIV among the youth. This will be done through a partial evaluation of the influence that the YOLO programme has had on the youth that have taken part in the programme.

The researcher plans to conduct a paper based data collection method. The researcher will use 6 scales to collect snapshot data that will be used to evaluate 7 themes from the programme (Themes 1, 2, 3, 4, 7, 9 and 10). The completion of the scales will be done during the Life orientation lessons as this is the same period when the Social Behaviour Change Communication programme (YOLO) was conducted during its implementation.

Why have you been invited to participate?

You have been invited to participate in this research study, because you were a participant of the YOLO programme.

You have expressed interest in completing the scales used to measure the influence of the YOLO programme. .

Your ability to speak and understand English as the scales are in English.

What will be expected of you?

You are expected to give consent before participating in the research study.

As a respondent, you will be required to complete 6 scales during the data collection process.

Your participation will take part of your Life Orientation lessons as the programme was administered during these periods.

In order to participate, you need to be in you class during the Life Orientation lesson. The researcher will provided refreshments after the completion of the scales.

Will you gain anything from taking part in this research?

Your participation in the research contributes to the development of a fully functional HIV and teenage pregnancy prevention programme.

Taking part in this research will be of value in the sense that you will contribute to the development of evidence-based knowledge in terms of what works when providing for the prevention of HIV and teenage pregnancy to the respondents in the age cohort of 15 to 24.

Are there risks involved in you taking part in this research and what will be done to prevent them?

The risks to you in this study are low. You may experience slight discomfort during the completion of the scales as you will be required to reveal some information. The researcher has put in place measures to assist you if you feel that you need any form of assistance resulting from taking part in the research. There are more gains for you in joining this study than there are risks.

How will we protect your confidentiality and who will see your findings?

Wherever there is need for any form of identification, as respondents you will be asked to make use of codes which will make it very difficult for any other person to identify you as a respondent.

If it happens that as a respondent you wrote your identifying details, the details will immediately be deleted.

In addition when you complete the scales, you will drop off the completed scales in a box at the door on the way out so that no connection can be made to your scales.

The information collected will be kept in lockable cabinets or password protected laptops and will be kept for 5 years with only the researcher and the research supervisor having access.

What will happen with the findings?

Upon completion of the research, an article will be drawn in accordance with the requirements of the University. This is the article that will be circulated to the respondents through the principal and the Life Orientation educator.

This will be accompanied by a class by class thank you session in both schools.

Will you be paid to take part in this study and are there any costs for you?

This research study is not funded, which means that there will be no money paid out to respondents.

Refreshments will be served after the completion of the scales.

Is there anything else that you should know or do?

If you have any further question of queries feel free to attend the research orientation session or contact any of the following:

- o The researcher: Cliff Simbarashe Chinosengwa (063 575 3738)
- o The Life Orientation Educator at your school.

Declaration by respondent

By signing below, I agree to take part in the research study titled: The influence of the Social Behaviour Change Communication programme (YOLO) on youth in the Bojanala district.

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am comfortable with.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.

- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 20....

.....
Signature of respondent

.....
Signature of witness

Declaration by person obtaining consent

I (*name*) declare that:

- I clearly and in detail explained the information in this document to

- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....
Signature of person obtaining consent

.....
Signature of witness

Declaration by researcher

I (*name*) declare that:

- I clearly and in detail explained the information in this document to

- I did/did not use an interpreter
- I encouraged him/her to ask questions and took adequate time to answer them.
- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
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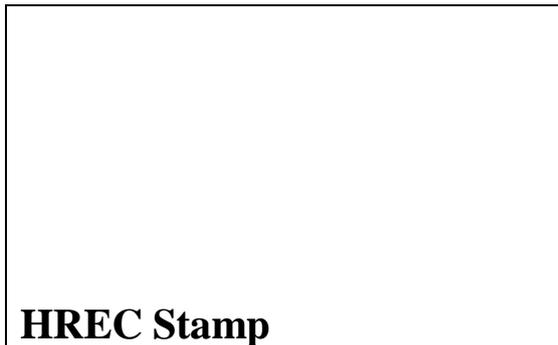
.....
Signature of researcher

.....
Signature of witness

Adolescent Consent form: 15 - 17 years



Private Bag X1290, Potchefstroom
South Africa 2520
Tel: +2718 299-1111/2222
Fax: +2718 299-4910
Web: <http://www.nwu.ac.za>



HREC Stamp

ADOLESCENT CONSENT FOR YOUTH RESPONDENTS IN THE AGE COHORT OF 15 - 17 TO PARTICIPATE IN THE COMPLETION OF SCALES FOR RESEARCH PURPOSES

TITLE OF THE RESEARCH STUDY: The influence of the Social Behaviour Change Communication programme (YOLO) on youth in the Bojanala district.

ETHICS REFERENCE NUMBERS: _____

PRINCIPAL INVESTIGATOR: DR. ELZAHNE SIMEON

POST GRADUATE STUDENT: CLIFF SIMBARASHE CHINOSENGWA

ADDRESS: 39 POOE STREET THLABANE WEST RUSTENBURG

CONTACT NUMBER: 063 575 3738

You are cordially invited to participate in a **research study** that is part of the requirements for the completion of a master's degree in social work at **North-West University**. Please feel free to go through this information giving a detailed outline of the research study. The researcher as well as the field workers present will explain the research to you and answer any questions about any part of this study that you do not fully understand. It is very important that you clearly understand what this research is about and how you will participate. Always remember that participation is **entirely voluntary** and you are free to terminate your participation at any moment even after signing the consent form.

This research study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University** (_____) and will be conducted according to the ethical guidelines and principles of Ethics in Health Research and other international ethical guidelines applicable to this study. The researcher has attended and completed an online research ethics course in preparation for this study.

What is this research study all about?

It is the researcher's intention to contribute towards the creation of an effective Social Behaviour Change Communication programme efficient enough to address teenage pregnancy and HIV among the youth. This will be done through a partial evaluation of the influence that the YOLO programme has had on the youth that have taken part in the programme.

The researcher plans to conduct a paper based data collection method. The researcher will use 6 scales to collect snapshot data that will be used to evaluate 7 themes from the programme (Themes 1, 2, 3, 4, 7, 9 and 10). The completion of the scales will be done during the Life orientation lessons as this is the same period when the Social Behaviour Change Communication programme (YOLO) was conducted during its implementation.

Why have you been invited to participate?

You have been invited to participate in this research study, because you were a participant of the YOLO programme.

You have expressed interest in completing the scales used to measure the influence of the YOLO programme. .

Your ability to speak and understand English as the scales are in English.

What will be expected of you?

You are expected to give consent before participating in the research study.

As a respondent, you will be required to complete 6 scales during the data collection process.

Your participation will take part of your Life Orientation lessons as the programme was administered during these periods.

In order to participate, you need to be in you class during the Life Orientation lesson. The researcher will provided refreshments after the completion of the scales.

Will you gain anything from taking part in this research?

Your participation in the research contributes to the development of a fully functional HIV and teenage pregnancy prevention programme.

Taking part in this research will be of value in the sense that you will contribute to the development of evidence-based knowledge in terms of what works when providing for the prevention of HIV and teenage pregnancy to the respondents in the age cohort of 15 to 24.

Are there risks involved in you taking part in this research and what will be done to prevent them?

The risks to you in this study are low. You may experience slight discomfort during the completion of the scales as you will be required to reveal some information. The researcher has put in place measures to assist you if you feel that you need any form of assistance resulting from taking part in the research. There are more gains for you in joining this study than there are risks.

How will we protect your confidentiality and who will see your findings?

Wherever there is need for any form of identification, as participants you will be asked to make use of codes which will make it very difficult for any other person to identify you as a participant.

If it happens that as a respondent you wrote your identifying details, the details will immediately be deleted.

In addition when you complete the scales, you will drop off the completed scales in a box at the door on the way out so that no connection can be made to your scales.

The information collected will be kept in lockable cabinets or password protected laptops and will be kept for 5 years with only the researcher and the research supervisor having access.

What will happen with the findings?

Upon completion of the research, an article will be drawn in accordance with the requirements of the University. This is the article that will be circulated to the participants through the principal and the Life Orientation educator.

This will be accompanied by a class by class feedback session in both schools.

Will you be paid to take part in this study and are there any costs for you?

This research study is not funded, which means that there will be no money paid out to participants.

Refreshments will be served after the completion of the scales.

Is there anything else that you should know or do?

If you have any further question of queries feel free to attend a research orientation session or contact any of the following:

- The research: Cliff Simbarashe Chinosengwa (063 575 3738)
- The Life Orientation Educator at your school.

Declaration by respondent

By signing below, I agree to take part in the research study titled: The influence of the Social Behaviour Change Communication programme (YOLO) on youth in the Bojanala district.

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am comfortable with.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 20.....

.....
Signature of respondent

.....
Signature of witness

Declaration by person obtaining consent

I (*name*) declare that:

- I clearly and in detail explained the information in this document to
.....
- I did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with his/her parents/guardian.

Signed at (*place*) on (*date*) 20....

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Signature of person obtaining consent

.....
Signature of witness

Declaration by researcher

I (*name*) declare that:

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- I did not use an interpreter
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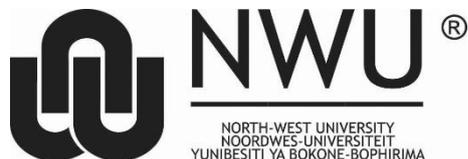
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Signature of researcher

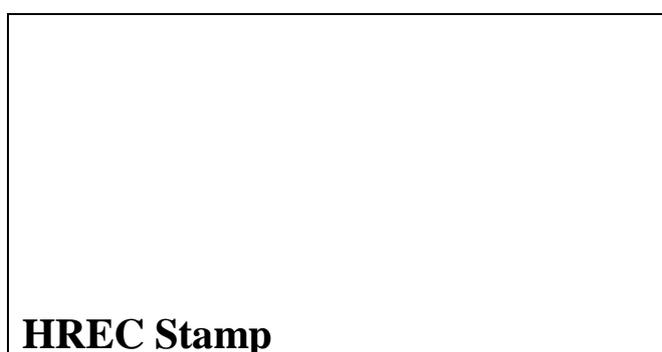
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Signature of witness

7.2 Non-Participants' Group Consent Forms

Informed Consent Form: 18-24 Years



Private Bag X1290, Potchefstroom
South Africa 2520
Tel: +2718 299-1111/2222
Fax: +2718 299-4910
Web: <http://www.nwu.ac.za>



INFORMED CONSENT FOR YOUTH RESPONDENTS FROM THE AGE OF 18 TO 24 TO PARTICIPATE IN THE COMPLETION OF SCALES FOR RESEARCH PURPOSES

TITLE OF THE RESEARCH STUDY: The influence of the Social Behaviour Change Communication programme (YOLO) on youth in the Bojanala district.

ETHICS REFERENCE NUMBERS: _____

PRINCIPAL INVESTIGATOR: DR. ELZAHNE SIMEON

POST GRADUATE STUDENT: CLIFF SIMBARASHE CHINOSENGWA

ADDRESS: 39 POOE STREET THLABANE WEST RUSTENBURG

CONTACT NUMBER: 063 575 3738

You are cordially invited to participate in a **research study** that is part of the requirements for the completion of a master's degree in social work at **North-West University**. Please feel free to go through this information giving a detailed outline of the research study. The researcher as well as the field workers present will explain the research to you and answer any questions about any part of this study that you do not fully understand. It is very important that you clearly understand what this research is about and how you will participate. Always remember that participation is **entirely voluntary** and you are free to terminate your participation at any moment even after signing the consent form.

This research study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University** (_____) and will be conducted according to the ethical guidelines and principles of Ethics in Health Research and other international ethical guidelines applicable

to this study. The researcher has attended and completed an online research ethics course in preparation for this study.

What is this research study all about?

It is the researcher's intention to contribute towards the creation of an effective Social Behaviour Change Communication programme efficient enough to address teenage pregnancy and HIV among the youth. This will be done through a partial evaluation of the influence that the YOLO programme has had on the youth that have taken part in the programme.

The researcher plans to conduct a paper based data collection method. The researcher will use 6 scales to collect snapshot data that will be used to evaluate 7 themes from the programme (Themes 1, 2, 3, 4, 7, 9 and 10). The completion of the scales will be done during the Life orientation lessons as this is the same period when the Social Behaviour Change Communication programme (YOLO) was conducted during its implementation.

Why have you been invited to participate?

You have been invited to participate in this research study, because you are a match with the youth that participated in the YOLO programme.

You have expressed interest in completing the scales used to measure the themes that form the basis of the YOLO programme.

Your ability to speak and understand English as the scales are in English.

What will be expected of you?

You are expected to give consent before participating in the research study.

As a participant, you will be required to complete 6 scales during the data collection process.

Your participation will take part of your Life Orientation lessons as the programme was administered during these periods.

In order to participate, you need to be in you class during the Life Orientation lesson. The researcher will provided refreshments after the completion of the scales.

Will you gain anything from taking part in this research?

Your participation in the research contributes to the development of a fully functional HIV and teenage pregnancy prevention programme.

Taking part in this research will be of value in the sense that you will contribute to the development of evidence-based knowledge in terms of what works when providing for the prevention of HIV and teenage pregnancy to the participants in the age cohort of 15 to 24.

Are there risks involved in you taking part in this research and what will be done to prevent them?

The risks to you in this study are low. You may experience slight discomfort during the completion of the scales as you will be required to reveal some information. The researcher has put in place measures to assist you if you feel that you need any form of assistance resulting from taking part in the research.

There are more gains for you in joining this study than there are risks.

How will we protect your confidentiality and who will see your findings?

Wherever there is need for any form of identification, as participants you will be asked to make use of codes which will make it very difficult for any other person to identify you as a respondent.

If it happens that as a respondent you wrote your identifying details, the details will immediately be deleted.

In addition when you complete the scales, you will drop off the completed scales in a box at the door on the way out so that no connection can be made to your scales.

The information collected will be kept in lockable cabinets or password protected laptops and will be kept for 5 years with only the researcher and the research supervisor having access.

What will happen with the findings?

Upon completion of the research, an article will be drawn in accordance with the requirements of the University. This is the article that will be circulated to the respondents through the principal and the Life Orientation educator.

This will be accompanied by a class by class thank you session in both schools.

Will you be paid to take part in this study and are there any costs for you?

This research study is not funded, which means that there will be no money paid out to respondents.

Refreshments will be served after the completion of the scales.

Is there anything else that you should know or do?

If you have any further question of queries feel free to attend the research orientation session or contact any of the following:

- The research: Cliff Simbarashe Chinosengwa (063 575 3738)
- The Life Orientation Educator at your school.

Declaration by respondent

By signing below, I agree to take part in the research study titled: The influence of the Social Behaviour Change Communication programme (YOLO) on youth in the Bojanala district.

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am comfortable with.
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- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
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Signed at (*place*) on (*date*) 20....

.....
Signature of respondent

.....
Signature of witness

Declaration by person obtaining consent

I (*name*) declare that:

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Signature of person obtaining consent

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Signature of witness

Declaration by researcher

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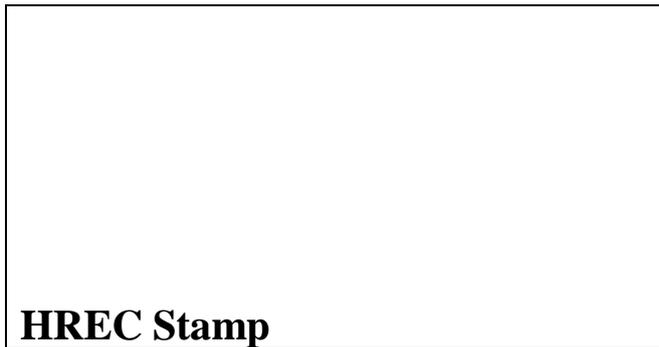
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Signature of researcher

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Adolescent Consent Form: 15-17 Years



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ADOLESCENT CONSENT FOR YOUTH RESPONDENTS IN THE AGE COHORT OF 15 - 17 TO PARTICIPATE IN THE COMPLETION OF SCALES FOR RESEARCH PURPOSES

TITLE OF THE RESEARCH STUDY: The influence of the Social Behaviour Change Communication programme (YOLO) on youth in the Bojanala district.

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Why have you been invited to participate?

You have been invited to participate in this research study, because you are a match with the youth that participated in the YOLO programme.

You have expressed interest in completing the scales used to measure the themes that form the basis of the YOLO programme.

Your ability to speak and understand English as the scales are in English.

What will be expected of you?

You are expected to give consent before participating in the research study.

As a participant, you will be required to complete 6 scales during the data collection process.

Your participation will take part of your Life Orientation lessons as the programme was administered during these periods.

In order to participate, you need to be in your class during the Life Orientation lesson. The researcher will provide refreshments after the completion of the scales.

Will you gain anything from taking part in this research?

Your participation in the research contributes to the development of a fully functional HIV and teenage pregnancy prevention programme.

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What will happen with the findings?

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This will be accompanied by a class by class thank you session in both schools.

Will you be paid to take part in this study and are there any costs for you?

This research study is not funded, which means that there will be no money paid out to respondents.

Refreshments will be served after the completion of the scales.

Is there anything else that you should know or do?

If you have any further question of queries feel free to attend the research orientation session or contact any of the following:

- The research: Cliff Simbarashe Chinosengwa (063 575 3738)
- The Life Orientation Educator at your school.

Declaration by respondents

By signing below, I agree to take part in the research study titled: The influence of the Social Behaviour Change Communication programme (YOLO) on youth in the Bojanala district.

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am comfortable with.
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- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
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Signed at (*place*) on (*date*) 20.....

.....
Signature of respondent

.....
Signature of witness

Declaration by person obtaining consent

I (*name*) declare that:

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- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with his/her parents/guardian.

Signed at (*place*) on (*date*) 20....

.....
Signature of person obtaining consent
Declaration by researcher

.....
Signature of witness

I (*name*) declare that:

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- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....
Signature of researcher

.....
Signature of witness

Annexure 8: Scales

8.1 Intervention Participants' Group Scales

BIOGRAPHICAL QUESTIONS

Instruction:

Mark the most appropriate box with an **X**.

1	How old are you?	15yrs – 17yrs		18yrs – 24yrs	
2	What is your gender?	Male		Female	
3	What grade are you at the present moment?	10	11		12
4	Whom do you stay with at home?	Parents	Aunt or Uncle	Child Headed	Grand Parents
5	What is the size of your household?	Very small 1	Small 2-3	Big 4-5	Very Big 5+

ASSERTIVENESS SCALE FOR ADOLESCENTS

Instructions:

Respond to the questions below in respect of how you felt after attending the YOLO programme.

Please circle the letter of response that best describes what you would do in these situations.

1. You and your best friend have four tickets for the football game. Your other two friends do not show up, leaving you both with an extra ticket. Your best friend says, “If you give me your extra ticket I will try to sell them both” . Your best friend does sell them both but doesn't give you your share of the money.

(a) You accept your friend's actions because you think that your friend earned the extra money by selling your ticket.

(b) You say calmly, “give me my money” .

(c) You say, “You crook. I am telling you now that if you don't give me the money it will be the end of our friendship” .

2. You are out shopping for food. The supermarket is busy and you are waiting patiently at the checkout. You are in a hurry as you have another appointment. Suddenly a girl behind you pushes you with her shopping trolley and says, “Hey, you don't mind if I go first, do you? I'm in a hurry” .

(a) You are not happy with the way she treats you, but you calm yourself down and say, “Ok” and let

the woman go first.

(b) You push the woman's trolley and say, "You've got a nerve butting in like that", and refuse to give her your place in the line.

(c) You say, "Yes, I can see that, but I am in a hurry too. Please wait your turn or go to another checkout".

3. A friend of yours has been spreading lies about you. As a result, most of your other friends now avoid you and talk about you behind your back. Today you happen to run into your friend. Your friend greets you as if nothing has happened.

(a) You talk with your friend and pretend that you do not know about the lies your friend has told.

(b) You say, "Well, well I'm glad I have finally caught up with you. We have a little matter to settle, liar".

(c) You say, "I am hurt by the rumors you have been spreading about me. I thought you were my friend, and I am surprised that you did this to me. If you have a reason, I would like you to tell me so that we can get this matter sorted out".

4. A classmate of yours missed a test and asks you for a test paper when you are walking home together. You both know that the teacher is going to give the same test to those who missed the first one. You don't think it is fair to allow your friend to get a good grade by studying only the answers to the questions on the test.

(a) You refuse to give your test paper to your friend and say that you are no longer friends.

(b) You refuse to give your test papers to your friend and explain why you think it would be wrong for your friend to use it.

(c) Keeping a good friendship means a lot to you, so you give your classmate your test paper.

5. You are having dinner at a friend's house. After sitting down at the table you discover that everything is served on your plate, including a vegetable you hate. This vegetable has made you sick in the past. Your friend's mother says, "The rule in this house is that you eat everything on your plate".

(a) You don't wish to cause any embarrassment at your friend's house so you force yourself to eat the vegetable.

(b) You tell her that in the past this vegetable has made you sick and that you don't think it would be wise

for you to eat it now.

(c) You say nothing but to show your displeasure you get up quietly, leave the table and go home.

6. You are standing in a line at the sweetie counter at the cinema. The film is going to start in a few minutes and you do not want to miss the beginning. Finally, you get to the counter. As the girl is about to serve you, a boy behind you shouts his order and the girl starts to serve him first.

(a) You simply say, “Sorry I was next” and proceed to order your sweets.

(b) You say to the man, “You’ve got a nerve pushing in like that” , and then say to the girl, “What’s the idea of serving him first” ?

(c) You are upset but you wait until the girl asks for your order. You decide that you will never go back to that cinema again.

7. You buy a game at a shop. When you get home, you discover that some of the bits are missing. You go back to the shop to ask for a refund or replacement. When you talk to the assistant about it, she says, “ That’s too bad” , but does nothing about it.

(a) You say nothing, leave the shop and decide never to go back there again.

(b) You get angry with the assistant, throw the game on the floor and walk out.

(c) You say, “I know it’s bad but I insist that the game be replaced or that a refund is given” .

8. Your best friend has continually borrowed money from you for several days and hasn’t paid you back. Today you do not have any money and need a pound to buy lunch. You ask your best friend for some money and are refused.

(a) Although you are hurt you say nothing and decide that this is the end of your friendship.

(b) You say “isn’t it great when you continually ask for money and I give it to you? Well from now on you can forget about asking me for any more money” .

(c) You say “I’ve been lending you money for several days and it bugs me that you can’t return the favor just once” .

9. You are waiting in line at the local shop. The customer in front of you has been chatting to the assistant for at least five minutes. It is almost tea time and you are in a hurry to get home.

(a) You say nothing and walk out of the store without getting what you went in for.

(b) You interrupt the assistant and the other customer and say “Can’t you see that I’ve been waiting here for more than five minutes” .

(c) You say “Excuse me I have waited for quite some time and would like to be served now”

10. You have agreed to babysit for your neighbor for R50 per hour. You really don’t like the neighbor’s kids because they always give you a hard time at bedtime. Tonight is worse than usual. When your neighbor comes home, she says that he will only pay you R20 per hour.

(a) You say nothing, take the R20 per hour and decide that you will never babysit for this family again.

(b) You say, “You promised me R50 an hour. It is only fair that you give it to me” .

(c) You accept the R20 per hour because it is better than nothing and go home very unhappy.

11. You and your friends are hungry so you go to the nearest coffee shop. The waitress takes your orders – two burger rolls with onions and one without onion. You hate onions. When she brings back your hamburgers, all three have onions on them.

(a) You say nothing and scrape the onion off the hamburger.

(b) You call the waitress over and tell her that you ordered a hamburger without onions. You ask her to change it for another one without onions.

(c) You get angry with the waitress and say, “You are stupid lady. I told you I didn’t want any onions

RELATIONSHIP SCALE QUESTIONNAIRE

Instruction:

Respond to the questions below in respect of how you felt after attending the YOLO programme.

Tick in the most appropriate box.

	Not at all like me	Rarely like me	Somewhat like me	Often like me	Very like me
I find it difficult to depend on others.					
I worry that I will be hurt if I allow myself to become too close to others.					
I am comfortable without close emotional relationships.					

I am not sure that I can always depend on others to be there when I need them.					
I worry about being alone.					
I often worry that romantic partners do not really love me and will not want to stay with me.					
I find it difficult to trust others completely.					
I worry about others getting too close to me.					
I worry that others do not value me as much as I value them.					
People are never there when you need them.					
My desire to merge completely sometimes scares people away.					
I am nervous when anyone gets too close to me.					
I worry about being abandoned.					

ROSENBERG SELF-ESTEEM SCALE

Instructions:

Respond to the questions below in respect of how you felt after attending the YOLO programme.

Tick in the most appropriate box.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Overall, I am satisfied with myself.				
At times, I think I am no good at all.				
I feel that I have a number of good qualities.				
I am able to do things as well as most other people.				
I feel I do not have much to be proud of.				
I certainly feel useless at times.				
I feel that I am a person of worth, at least on an equal plane with others.				
I wish I could have more respect for myself.				
Overall, I am inclined to feel that I am a failure.				
I take a positive attitude toward myself.				

SELF-CONSCIOUSNESS SCALE

Instruction:

Respond to the questions below in respect of how you felt after attending the YOLO programme.

Tick in the most appropriate box.

	Not like me at all	A little like me	Somewhat like me	A lot like me
I am always trying to figure myself out.				
I am concerned about my style of doing things.				
It takes me time to get over my shyness in new situations.				
I think about myself a lot.				
I care a lot about how I present myself to others.				
I often daydream about myself.				
It is hard for me to work when someone is watching me.				
I never take a hard look at myself.				
I get embarrassed very easily.				
I am self-conscious about how I look.				
It is easy for me to talk to strangers.				
I generally pay attention to my inner feelings.				
I usually worry about making a good impression.				
I am constantly thinking about my reasons for doing things.				
I feel nervous when I speak in front of a group.				
Before I leave my house, I check how I look.				
I sometimes step back (in my mind) in order to examine myself from a distance.				
I am concerned about what other people think of me.				
I am quick to notice changes in my mood.				
I am usually aware of my appearance.				
I know the way my mind works when I work through a problem.				
Large groups make me nervous.				

SELF-EFFICACY SCALE

Instruction:

Respond to the questions below in respect of how you felt after attending the YOLO programme.

Tick in the most appropriate box.

	Not at all true	Hardly true	Moderately true	Exactly true
I can always manage to solve difficult problems if I try hard enough.				
If someone opposes me, I can find the means and ways to get what I want.				
It is easy for me to stick to my aims and accomplish my goals.				
I am confident that I could deal efficiently with unexpected events.				
Thanks to my resourcefulness, I know how to handle unforeseen situations.				
I can solve most problems if I invest the necessary effort.				
I can remain calm when facing difficulties because I can rely on my coping abilities.				
When I am confronted with a problem, I can usually find several solutions.				
If I am in trouble, I can usually think of a solution.				
I can usually handle whatever comes my way.				

Safe Sex Behaviour Questionnaire

Instruction:

Respond to the questions below in respect of how you felt after attending the YOLO programme.

For each of the following items, tick the response that best characterizes your option.

Items	Not Applicable	Never	Sometimes	Most of the Time	Always
I insist on condom use when I have sexual intercourse.					

I use drugs prior to (or during) sexual intercourse.					
I stop foreplay long enough to put on a condom (or for my partner to put on a condom).					
I ask potential sexual partners about their sexual histories.					
I avoid direct contact with my sexual partner's semen or vaginal secretions.					
I ask my potential sexual partners about a history of bisexual/homosexual practices.					
I engage in sexual intercourse on a first date.					
I abstain from sexual intercourse when I do not know my partner's sexual history.					
I avoid sexual intercourse when I have sores (or irritation) in my genital area.					
I carry a condom with me if I know an encounter may lead to sexual intercourse.					
I insist on examining my sexual partner genital area (for sores, cuts, or abrasions).					
I state my point of view if I disagree with information that my partner presents on safer sex practices.					
I engage in oral sex without using protective barriers (such as a condom or rubber dam).					
I have sexual intercourse without using a condom if swept away in the passion of the moment.					
I engage in anal intercourse.					
I ask my potential sexual partners about a history of IV drug use.					
I have a mental plan to practice safer sex if I know an encounter may lead to sexual intercourse.					

I refuse to have sexual intercourse if my partner insists on sexual intercourse without a condom,					
I avoid direct contact with my sexual partner's blood.					
It is difficult for me to discuss sexual issues with my sexual partners.					
I initiate the topic of safer sex with my potential sexual partner.					
I have sexual intercourse with someone who I know is a bisexual or gay person.					
I engage in anal intercourse without using a condom.					
I drink alcoholic beverages prior to (or during) sexual intercourse.					

8.2 Non-Participants' Group Scales

BIOGRAPHICAL QUESTIONS

Instruction:

Mark the most appropriate box with an **X**.

1	How old are you?	15yrs – 17yrs		18yrs – 24yrs	
2	What is your gender?	Male		Female	
3	What grade are you at the present moment?	10	11		12
4	Whom do you stay with at home?	Parents	Aunt or Uncle	Child Headed	Grand Parents
5	What is the size of your household?	Very small 1	Small 2-3	Big 4-5	Very Big 5+

ASSERTIVENESS SCALE FOR ADOLESCENTS

Instructions:

Respond to the questions below in respect of how you feel.

Please circle the letter of response that best describes what you would do in these situations.

1. You and your best friend have four tickets for the football game. Your other two friends do not show up, leaving you both with an extra ticket. Your best friend says, "If you give me your extra ticket I will try to sell them both" . Your best friend does sell them both but doesn't give you your share of the money.

(a) You accept your friend's actions because you think that your friend earned the extra money by selling your ticket.

(b) You say calmly, "give me my money" .

(c) You say, "You crook. I am telling you now that if you don't give me the money it will be the end of our friendship" .

2. You are out shopping for food. The supermarket is busy and you are waiting patiently at the checkout. You are in a hurry as you have another appointment. Suddenly a girl behind you pushes you with her shopping trolley and says, "Hey, you don't mind if I go first, do you? I'm in a hurry" .

(a) You are not happy with the way she treats you, but you calm yourself down and say, "Ok" and let the woman go first.

(b) You push the woman's trolley and say, "You've got a nerve butting in like that" , and refuse to give her your place in the line.

(c) You say, "Yes, I can see that, but I am in a hurry too. Please wait your turn or go to another checkout" .

3. A friend of yours has been spreading lies about you. As a result, most of your other friends now avoid you and talk about you behind your back. Today you happen to run into your friend. Your friend greets you as if nothing has happened.

(a) You talk with your friend and pretend that you do not know about the lies your friend has told.

(b) You say, "Well, well I'm glad I have finally caught up with you. We have a little matter to settle, liar" .

(c) You say, “I am hurt by the rumors you have been spreading about me. I thought you were my friend, and I am surprised that you did this to me. If you have a reason, I would like you to tell me so that we can get this matter sorted out” .

4. A classmate of yours missed a test and asks you for a test paper when you are walking home together. You both know that the teacher is going to give the same test to those who missed the first one. You don't think it is fair to allow your friend to get a good grade by studying only the answers to the questions on the test.

(a) You refuse to give your test paper to your friend and say that you are no longer friends.

(b) You refuse to give your test papers to your friend and explain why you think it would be wrong for your friend to use it.

(c) Keeping a good friendship means a lot to you, so you give your classmate your test paper.

5. You are having dinner at a friend's house. After sitting down at the table you discover that everything is served on your plate, including a vegetable you hate. This vegetable has made you sick in the past. Your friend's mother says, “The rule in this house is that you eat everything on your plate” .

(a) You don't wish to cause any embarrassment at your friend's house so you force yourself to eat the vegetable.

(b) You tell her that in the past this vegetable has made you sick and that you don't think it would be wise for you to eat it now.

(c) You say nothing but to show your displeasure you get up quietly, leave the table and go home.

6. You are standing in a line at the popcorn counter at the cinema. The film is going to start in a few minutes and you do not want to miss the beginning. Finally, you get to the counter. As the girl is about to serve you, a boy behind you shouts his order and the girl starts to serve him first.

(a) You simply say, “Sorry I was next” and proceed to order your popcorn.

(b) You say to the boy, “You've got a nerve pushing in like that” , and then say to the girl, “What's the idea of serving him first” ?

(c) You are upset but you wait until the girl asks for your order. You decide that you will never go back to that cinema again.

7. You buy a game at a shop. When you get home, you discover that some of the parts are missing. You go back to the shop to ask for a refund or replacement. When you talk to the assistant about it, she says, “

That's too bad" , but does nothing about it.

(a) You say nothing, leave the shop and decide never to go back there again.

(b) You get angry with the assistant, throw the game on the floor and walk out.

(c) You say, "I know it's bad but I insist that the game be replaced or that a refund is given" .

8. Your best friend has continually borrowed money from you for several days and hasn't paid you back. Today you do not have any money and need a pound to buy lunch. You ask your best friend for some money and are refused.

(a) Although you are hurt you say nothing and decide that this is the end of your friendship.

(b) You say "isn't it great when you continually ask for money and I give it to you? Well from now on you can forget about asking me for any more money" .

(c) You say "I've been lending you money for several days and it bugs me that you can't return the favor just once" .

9. You are waiting in line at the local shop. The customer in front of you has been chatting to the assistant for at least five minutes. It is almost tea time and you are in a hurry to get home.

(a) You say nothing and walk out of the store without getting what you went in for.

(b) You interrupt the assistant and the other customer and say "Can't you see that I've been waiting here for more than five minutes" .

(c) You say "Excuse me I have waited for quite some time and would like to be served now"

10. You have agreed to babysit for your neighbor for R50 per hour. You really don't like the neighbor's kids because they always give you a hard time at bedtime. Tonight is worse than usual. When your neighbor comes home, she says that he will only pay you R20 per hour.

(a) You say nothing, take the R20 per hour and decide that you will never babysit for this family again.

(b) You say, "You promised me R50 an hour. It is only fair that you give it to me" .

(c) You accept the R20 per hour because it is better than nothing and go home very unhappy.

11. You and your 2 friends are hungry so you go to the nearest coffee shop. The waitress takes your orders – two burger with onions and one without onions. You hate onions. When she brings back your burgers, all three have onions on them.

(a) You say nothing and scrape the onion off the hamburger.

(b) You call the waitress over and tell her that you ordered a hamburger without onions. You ask her to change it for another one without onions.

(c) You get angry with the waitress and say, "You stupid lady. I told you I didn't want any onions"

RELATIONSHIP SCALE QUESTIONNAIRE

Instruction:

Respond to the questions below in respect of how you feel.

Tick in the most appropriate box.

Items	Not at all like me	Rarely like me	Somewhat like me	Often like me	Very like me
I find it difficult to depend on others.					
I worry that I will be hurt if I allow myself to become too close to others.					
I am comfortable without close emotional relationships.					
I am not sure that I can always depend on others to be there when I need them.					
I worry about being alone.					
I often worry that romantic partners do not really love me and will not want to stay with me.					
I find it difficult to trust others completely.					
I worry about others getting too close to me.					
I worry that others do not value me as much as I value them.					
People are never there when you need them.					
My desire to merge completely sometimes scares people away.					
I am nervous when anyone gets too close to me.					
I worry about being abandoned.					

ROSENBERG SELF-ESTEEM SCALE

Instructions:

Respond to the questions below in respect of how you feel.

Tick in the most appropriate box.

Items	Strongly Agree	Agree	Disagree	Strongly Disagree
Overall, I am satisfied with myself.				
At times, I think I am no good at all.				
I feel that I have a number of good qualities.				
I am able to do things as well as most other people.				
I feel I do not have much to be proud of.				
I certainly feel useless at times.				

I feel that I am a person of worth, at least on an equal plane with others.				
I wish I could have more respect for myself.				
Overall, I am inclined to feel that I am a failure.				
I take a positive attitude toward myself.				

SELF-CONSCIOUSNESS SCALE

Instruction:

Respond to the questions below in respect of how you feel.

Tick in the most appropriate box.

Items	Not like me at all	A little like me	Somewhat like me	A lot like me
I am always trying to figure myself out.				
I am concerned about my style of doing things.				
It takes me time to get over my shyness in new situations.				
I think about myself a lot.				
I care a lot about how I present myself to others.				
I often daydream about myself.				
It is hard for me to work when someone is watching me.				
I never take a hard look at myself.				
I get embarrassed very easily.				
I am self-conscious about how I look.				
It is easy for me to talk to strangers.				
I generally pay attention to my inner feelings.				
I usually worry about making a good impression.				
I am constantly thinking about my reasons for doing things.				
I feel nervous when I speak in front of a group.				
Before I leave my house, I check how I look.				
I sometimes step back (in my mind) in order to examine myself from a distance.				
I am concerned about what other people think of me.				
I am quick to notice changes in my mood.				
I am usually aware of my appearance.				
I know the way my mind works when I work through a problem.				
Large groups make me nervous.				

SELF-EFFICACY SCALE

Instruction:

Respond to the questions below in respect of how you feel.

Tick in the most appropriate box.

Items	Not at all true	Hardly true	Moderately true	Exactly true
I can always manage to solve difficult problems if I try hard enough.				
If someone opposes me, I can find the means and ways to get what I want.				

It is easy for me to stick to my aims and accomplish my goals.				
I am confident that I could deal efficiently with unexpected events.				
Thanks to my resourcefulness, I know how to handle unforeseen situations.				
I can solve most problems if I invest the necessary effort.				
I can remain calm when facing difficulties because I can rely on my coping abilities.				
When I am confronted with a problem, I can usually find several solutions.				
If I am in trouble, I can usually think of a solution.				
I can usually handle whatever comes my way.				

Safe Sex Behaviour Questionnaire

Instruction:

Respond to the questions below in respect of how you feel.

For each of the following items, tick the response that best characterizes your option.

Items	Not Applicable	Never	Sometimes	Most of the Time	Always
I insist on condom use when I have sexual intercourse.					
I use drugs prior to or during sexual intercourse.					
I stop foreplay long enough to put on a condom (or for my partner to put on a condom).					
I ask potential sexual partners about their sexual histories.					
I avoid direct contact with my sexual partner's semen or vaginal secretions.					
I ask my potential sexual partners about a history of bisexual/homosexual practices.					
I engage in sexual intercourse on a first date.					
I abstain from sexual intercourse when I do not know my partner's sexual history.					
I avoid sexual intercourse when I have sores or irritation in my genital area.					
If I know an encounter may lead to sexual intercourse, I carry a condom with me.					
I insist on examining my sexual partner genital area (for sores, cuts, or abrasions).					
I state my point of view if I disagree with information that my partner presents on safer sex practices.					
I engage in oral sex without using protective barriers such as a condom or rubber dam.					
I have sexual intercourse without using a condom if swept away in the passion of the moment,					

I engage in anal intercourse.					
I ask my potential sexual partners about a history of IV drug use.					
I have a mental plan to practice safer sex if I know an encounter may lead to sexual intercourse.					
I refuse to have sexual intercourse if my partner insists on sexual intercourse without a condom,					
I avoid direct contact with my sexual partner's blood.					
It is difficult for me to discuss sexual issues with my sexual partners.					
I initiate the topic of safer sex with my potential sexual partner.					
I have sexual intercourse with someone who I know is a bisexual or gay person.					
I engage in anal intercourse without using a condom.					
I drink alcoholic beverages prior to or during sexual intercourse.					