

Enhancing financial literacy, HIV/AIDS skills, and safe social spaces among vulnerable South African youth

Prepared by Kelly Hallman, Kasthuri Govender, Eva Roca, Rob Pattman, Emmanuel Mbatha, and Deevia Bhana

South Africa is disproportionately affected by the HIV/AIDS epidemic. The country has less than one percent of the world's 15–24-year-olds, yet these young people account for approximately 14 percent of all global HIV infections among this age group. Young women are at particular risk—among 15–24-year-olds, four times as many females as males are living with HIV (16.9 percent versus 4.4 percent) and girls are becoming infected at much faster rates than boys. The HIV incidence ratio among this group is 8-to-1 female-to-male (Shisana et al. 2005). Prevalence is highest in the country's most populous province, KwaZulu-Natal, and among residents of informal urban settlements. Despite these statistics, many HIV/AIDS prevention programs aimed at South African youth focus on a narrow set of topics—often limited to biology and moral values—without addressing the social and economic contexts in which risky sexual behaviors take place. Many programs also fail to acknowledge the diversity of “youth,” or to reach the most vulnerable groups.

Using research to promote a more comprehensive response

In 1999, the Population Council, in collaboration with the University of KwaZulu-Natal, Development Research Africa, and Tulane University, began a four-year longitudinal study of young people aged 14–24 in KwaZulu-Natal. Researchers examined a range of issues, including the relationships among poverty, orphanhood, social isolation, and risky sexual behaviors. Findings indicate that these factors are associ-



Young women in South Africa are at particular risk for HIV infection; within the 15–24-year age group there are three times as many females as males with HIV.

ated with higher chances of risky sexual behavior and non-consensual sex, particularly among girls. Moreover, these vulnerabilities often go hand-in-hand.

Residing in a poor household significantly increased females' chances of engaging in transactional and nonconsensual sex and of having multiple sexual partners. Compared to their more affluent peers, girls from poor households reported a lower age of sexual debut and a reduced rate of condom use during sex. Poor girls also faced an increased pregnancy risk. Both males and females from poor households were less apt to discuss safe sex practices with recent sexual partners (Hallman 2005). Orphanhood was associated with earlier sexual debut and

reduced communication about HIV among girls and boys, and older sexual partners among girls (Hallman 2004). Social isolation was associated with girls' risk of experiencing sexual coercion; girls were much less socially connected than boys, and even the wealthiest girls had fewer friends than the poorest boys (Hallman and Diers 2004).

To investigate if and how these underlying vulnerabilities were being addressed in local programs, the Council and its partners conducted a survey of youth-serving programs. While a large number of programs were operating, many of them were one dimensional in scope, most did not reach the most vulnerable young people, few considered the differing needs of girls versus boys or younger versus older children, and the majority had weak or nonexistent monitoring and evaluation components.

Empowering youth with financial literacy, HIV/AIDS skills, and safe social spaces

This lack of programmatic attention to the needs of vulnerable subgroups of youth spurred researchers to develop a multidimensional, evidence-based pilot program designed to enhance the life options of young people residing in poor, HIV-affected communities in South Africa. The Council collaborated with several South African institutions: Isithunzi Development in eThekweni (i.e., in Durban), the Pinetown Highway Child and Family Welfare Society in eThekweni, the Empowerment for Success Training in Cape Town, and Development Research Africa. The program featured three main components:

- Safe spaces and social networks that recognize age- and gender-specific needs. Small groups of young people met regularly with community mentors. In addition to giving young people an identity beyond home and school, such networks may be a key element for HIV prevention because they reduce social isolation, build positive social relationships, and encourage healthy behaviors among young people.
- Financial management. Young people were taught how to budget, save, plan for the future, identify safe and appropriate income-generating opportunities, and access social benefits.
- Awareness about HIV/AIDS. Sessions focused on HIV/AIDS, with the goal of dispelling myths, providing accurate information about how the disease is transmitted, teaching skills for avoiding infection, and coping with AIDS within the family and community.

The knowledge and skills elements of the intervention were conveyed through a curriculum specially designed for this context, age, and sociocultural group. Specific modules of the curriculum were: (1) Making Life and Work Choices; (2) Collecting, Recording, and Interpreting Data; (3) Personal and Household Financial Management; (4) Personal Income Tax and Payslip Education; (5) Sexuality, Sexually Transmitted Infections, and HIV/AIDS Education; and (6) Awareness of Household and Business Activities.

The intervention reached two groups:

- Young people aged 16–24 years (at baseline) no longer attending school who met weekly in groups in various community locations (community halls, etc.)
- Young people aged 14–20 years (at baseline) enrolled in grades 8–11 in local secondary schools who met weekly in groups on school grounds on Saturdays.

Data and research methods

Researchers used a quasi-experimental evaluation design for the non-school going group, which was the original target population. Young men and women were interviewed at baseline in 2005 and again two years later. The schoolgoing group formed organically, when younger siblings and friends of the out-of-school participants expressed an interest in the project. These young people met at their school on Saturdays; their experience was assessed qualitatively. Focus groups included young adult program mentors, both in- and out-of-school participants in the intervention arm of the study, and their parents, grandparents, and guardians. Researchers evaluated the acceptability and comprehension of the intervention components, the feasibility of where and when the intervention was delivered, and beliefs regarding the intervention's effectiveness at meeting participants' needs.

Preliminary findings

Our evaluation is underway and findings to date are promising. Participants showed improvement in several important areas, including attitudinal and behavioral changes regarding self-esteem, financial matters, and protection from HIV. Recall of discussing key concepts increased after the intervention among participants, and the data showed that most non-participants did not discuss these topics. For example, 70 percent of girls in the intervention—compared to 26 percent of those who did not participate—recalled discussing self-esteem in the last 12 months. Figures for boys were similar: 51 percent of participants recalled discussing self-

TABLE 1 Percentage who recall discussing key topics in the past 12 months

Topic	Young men (percent)				Young women (percent)			
	Intervention		Control		Intervention		Control	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Sexuality	35	49	21	19	47	67	21	26
Contraception	17	49	15	19	49	60	33	29
Violence/sexual abuse	28	51	17	21	46	62	27	24
Condom use	40	56	32	21	58	75	33	29

esteem, while only 23 percent of non-participants did. Table 1 shows the levels at baseline and endline for each topic.

Young people who participated in the intervention also reported having more exposure to messages in the media at a higher rate than non-participants. For example, the percentage of people who reported hearing HIV-related messages on the radio rose about 20 percent from baseline to endline among participants but did not increase at all among non-participants.

Key financial behaviors were much better among young people who participated in the intervention than among those who didn't. Participants had higher rates of both talking about financial matters and acting on what they had learned, by taking actions such as starting to save money. Among young women, for example, 75 percent of participants had discussed financial decision-making, while only 21 percent of non-participants had (up from 27 percent and 6 percent, respectively, at baseline). Among young men, 56 percent of participants had discussed financial decision-making, but only 23 percent of the control group had (13 percent and 4 percent at baseline). Girls in the intervention group have also started saving money: up 50 percent from baseline, compared to almost no change among the control group (see Table 2).

Young women participants also reported increased autonomy regarding decisions about how to spend their own money, up from 82 percent at baseline to 90 percent after the intervention.

Attitudes about their own lives and about other important issues also improved after the intervention. Nearly three-fourths of girls and 61 percent of boys who participated in

We learnt about budgeting and saving and all those things, because we only think that when we get money we spend it. This program was like an eye-opener to us, because, we know now when we get some money, we have to save something. And when we got something you don't just have to spend it any way, you have to prioritize and budget and now what this is, this is what I have got to do.

—Out-of-school male intervention group participant in 21–26-year-old all-male focus group

the intervention groups said that participation had changed their views of themselves and their capabilities. Seventy percent of girls and 61 percent of boys said participation gave them the ability to better manage their lives. There are also indications that participation in the program was helpful in encouraging aspirations, goals, and ambitions among young people, and that the program contributed to the kinds of aspirations and visions young people developed.

Parents of participants were also affected, expressing that the training had helped them as household heads to manage money better.

The training they have received is very valuable and I can notice it at home. Before, we used to spend money any how but now they have taught us to be aware as to what we spend the money on and budgeting and especially as a parent I used to spend the money any how but now with my child's help I have learned to save some for later. I have learned to be very wise with the money.

—Mother of a participant

TABLE 2 Changes in financial literacy and decisionmaking in the past 12 months

Topic	Young men (percent)				Young women (percent)			
	Intervention		Control		Intervention		Control	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Discussed financial decisionmaking	13	56	4	23	27	75	6	21
Has savings	22	34	13	34	18	27	9	8
Used financial services from a bank	7	49	2	32	6	17	3	3

In the all-male focus group, the young men claimed the module on HIV/AIDS had changed their attitudes and communication behaviors:

It changed my attitude, because I know how to use a condom and I know how to trust my partner and I know how to advise my partner, when we are sitting together and talking about, how to have sexual intercourse and I know even to advise the community as a whole about HIV/AIDS that is why we want to learn more about HIV/AIDS because we are willing to assist our community members about HIV/AIDS, because they are blank in their minds, that is our willingness.

—Out-of-school male intervention group participant in 21–26-year-old all-male focus group

The quantitative data indicate that the intervention group showed changes on HIV-related knowledge and behavior compared to baseline, particularly among young women. Prior to the intervention 87 percent of young women in the intervention group knew that a person can do something to protect him or herself from getting HIV/AIDS, but after the intervention 100 percent of respondents reported knowing. Girls who participated in the intervention arm of the project were also more likely to have had an HIV test than they were before the project (34 percent at baseline and 57 percent at endline). Talking to their partner about avoiding or delaying sex also increased among intervention group girls (from 61 percent to 76 percent), while numbers actually decreased among the control group (77 percent to 66 percent). Table 3 shows changes in discussions with their partner about topics related to sex, sexually transmitted diseases (STDs), and HIV.

TABLE 3 Percentage of young women having discussions about STDs and HIV with their partners

Topic	Young women			
	Intervention		Control	
	Baseline	Endline	Baseline	Endline
Avoiding STDs	80	91	93	89
Avoiding HIV	80	87	96	77

Lessons learned

The successful development of the curriculum and implementation of the project in this population gives a strong indication that it is possible to develop systematic, interactive, and empowering program content and effectively deliver it to at-risk youth in South Africa. The information and skills delivered by the project were very well received, and many organizations have expressed interest in applying the approach.

References

- Grant, Monica and Kelly Hallman. 2006. "Pregnancy-related school dropout and prior school performance in South Africa," *Policy Research Division Working Paper No. 212*. New York: Population Council.
- Hallman, Kelly, Kasthuri Govender, Emmanuel Mbatha, Jill Walsh, Rob Pattman, and Deevia Bhana. 2007. "Social capital, socioeconomic aspirations, and HIV risk behaviors among poor South African youth," presentation. Third South African AIDS Conference, Durban, South Africa, June.
- Hallman, Kelly. 2005. "Gendered socioeconomic conditions and HIV risk behaviours among young people in South Africa," *African Journal of AIDS Research* 4(1): 37–50.
- Hallman, Kelly. 2004. "Socioeconomic disadvantage and unsafe sexual behaviors among young women and men in South Africa," *Policy Research Division Working Paper No. 190*. New York: Population Council. <<http://www.popcouncil.org/publications/wp/prd/rdwplist.html#2004>>.
- Hallman, Kelly and Judith Diers. 2004. "Social isolation and economic vulnerability: Adolescent HIV and pregnancy risk factors in South Africa," presentation at the Annual Meeting of the Population Association of America, Boston, MA.
- Shisana, O., T. Rehle, L. Simbayi, W. Parker, et al. 2005. *South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey*.

Donors

Department for International Development (DFID); The Dickler Family Foundation; EMPOWER—The Emerging Markets Foundation; Bill & Melinda Gates Foundation

Partner institutions

Pinetown Highway Child and Family Welfare Society (PHCFWS), University of KwaZulu-Natal, Isithunzi Development, Empowerment for Success Training (EFS), Development Research Africa (DRA)

**For more information or for copies of other Briefs, contact publications@popcouncil.org
For additional resources see www.popcouncil.org/pgy**

Population Council
One Dag Hammarskjold Plaza
New York, New York 10017 USA

© 2007 by The Population Council, Inc.