



LSHTM Research Online

Dringus, SS (2020) HIV prevention for adolescents in South Africa: lessons from a process evaluation of a split-sex curriculum delivered in schools. PhD thesis, London School of Hygiene & Tropical Medicine. DOI: 10.17037/PUBS.04656407

Downloaded from: <https://researchonline.lshtm.ac.uk/id/eprint/4656407/>

DOI: [10.17037/PUBS.04656407](https://doi.org/10.17037/PUBS.04656407)

Usage Guidelines:

Please refer to usage guidelines at <https://researchonline.lshtm.ac.uk/policies.html> or alternatively contact researchonline@lshtm.ac.uk.

Available under license. To note, 3rd party material is not necessarily covered under this license: <http://creativecommons.org/licenses/by-nc-nd/3.0/>

<https://researchonline.lshtm.ac.uk>

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



HIV prevention for adolescents in South Africa: lessons from a process
evaluation of a split-sex curriculum delivered in schools

Stefanie Susan Dringus

Thesis submitted in accordance with the requirements for the degree of

Doctor of Philosophy

University of London

August 2019

Department of Social and Environmental Health Research

Faculty of Public Health and Policy

LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE

*Funded by a Bloomsbury Studentship. Fieldwork supported by the Tropical Epidemiology
Group (TEG) and STRIVE*

Declaration

I, Stefanie Susan Dringus, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

I have read and understood the School's definition of plagiarism and cheating given in the Research Degrees Handbook. I have read and understood the School's definition and policy on the use of third parties (either paid or unpaid) who have contributed to the preparation of this thesis by providing copy editing and, or, proof reading services. I declare that no changes to the intellectual content or substance of this thesis were made as a result of this advice, and, that I have fully acknowledged all such contributions.

I have exercised reasonable care to ensure that the work is original and does not to the best of my knowledge break any UK law or infringe any third party's copyright or other intellectual property right.

Signature:

Date:

Full name:

Acknowledgements

What an incredible and challenging journey this has been! For me, the last few years have been a period of extraordinary growth, both academically and personally. Much of this growth has been as a result of several challenges which I faced throughout the course of my doctoral work; many seemed insurmountable at the time, but for all I am now grateful. With that being said, there are many people without whom this work would not have been possible. I would like to offer my sincere gratitude to all of those who have played a role in this research and offered me invaluable intellectual and personal support over the past several years.

First and foremost, I would like to thank my team of supervisors for their constant guidance, mentorship, and unwavering encouragement. I began my PhD with David Ross as my primary supervisor. He guided me in structuring and designing my research and supported me during my fieldwork, which included navigating several funding, ethics and logistical challenges. David travelled to South Africa and spent time with me at both trial sites, teaching me so much- all of which I will carry with me in the upcoming years of my career. On a personal level, he was very kind when I became quite ill during my second year of studying and required surgery. I will be forever grateful for the compassion he showed me during this particularly difficult time. James Hargreaves subsequently took over my supervision when David left LSHTM for a post at WHO. James entered my PhD journey as I returned from the second half of my fieldwork feeling very burnt out and overwhelmed with the task of writing ahead. I have at times struggled pulling this thesis together, and during this time James has absolutely been my rock. He has been instrumental in helping me to structure my thesis, and get something on paper; without him this thesis simply would not be to the point where it is now. Finally, Ian Warwick and Emilie Venables have been my co-supervisors throughout my entire PhD, both advising on my qualitative work, Emilie giving me particular guidance on working in the South African context, and Ian challenging me to think outside of the Public Health Sphere and in the Education Sphere. I feel immensely grateful and humbled that I have had the opportunity to be supervised by the team I have, and I hope that by the time this journey is done and my thesis is in its final form, I will have made you all proud.

I am grateful for the Bloomsbury PhD Studentship that funded my studies for 3 years, and for the Tropical Epidemiology Group at LSHTM and STRIVE for contributing to my fieldwork. I'd also be remiss if I didn't thank Zak Kaufman who completed his doctoral work, leading the outcome evaluation of the GOAL Trial. Zak initially brought me on-board the GOAL Trial, so without that opportunity, this study would not have been a possibility. Thank you also to Bernadette, Abbey and Elizabeth for their contributions editing select chapters of my thesis.

I was fortunate to have the most amazing team of local research assistants in South Africa. They were absolutely essential to making this research happen, and I am so grateful to each of them for owning this project as if it were their own. Bulelwa Mboya, Bukiwe Nqopiso, Awonke Mbanga, Ludwe Joka, Phindeka Jibana, Luvuya Maloni, and Zanele Adam, I thank you.

Some of the best years of my life was the time I spent living in South Africa, where I was based at Grassroot Soccer. Never have I worked alongside a group of such committed, passionate and hardworking individuals. Despite being there to conduct an evaluation of one of their programmes, both headquarters and site staff welcomed me and offered me invaluable support during my data collection. I have such happy memories of my time in South Africa and with GRS, which I will carry with me always.

At LSHTM, I have been surrounded by amazingly supportive colleagues, many whom have watched me transition from an MSc student, to a research assistant, and through to a PhD Candidate. The School is one of the most nurturing and supportive places, and many people here have been incredibly supportive during this last phase of writing, particularly. Additionally, I am thankful for the friendship and support of my colleagues in PRIME, who made this writing up phase less isolating than it would have otherwise been. As I was preparing my resubmission, colleagues at BRTI in Zimbabwe and PHFI in India were incredibly encouraging and supportive. A particular thankyou to the mentorship that I received from Sarah. And to Kara and Jordin to helped me sustain a healthy mind and body during the process, I will be eternally grateful.

On a personal note, I have been blessed with absolutely incredible friends and family all over the world, who have faithfully loved and encouraged me where ever I might be; always being interested in what I am doing, and always encouraging me to strive for

more. Thank you to my extended family in Canada and Slovakia, and those from my home community in Welland, particularly some of my former teachers, and Fern and Kyra. My girlfriends at home- Jen, Katie and Marina who have known me for most of my life- and have always encouraged me to dream big and push hard.

I am appreciative to have shared this journey with the most amazing group of PhD girlfriends: Deb, Kate, Robyn, Bernie, Ngozi, Lori, Dorothy, Onikepe, Yoko, Shari and Syreen. Your support has gotten me through the craziest of times. And all of my colleagues in LG13: Fiona, Fiona, Jin, Henry, Nicola, Angie, Matt, and Daniel for the constant friendship.

I owe a large amount of appreciation to Gani for his encouragement and reassurance throughout this journey. He often put things in perspective, and was instrumental in seeing me through my health challenges.

My sister Jennifer, and her husband Justin have continuously encouraged me to pursue my dreams, while being patient even if I am sometimes out of touch. I know it's not easy to have a sister who is not always there, so thank you for your understanding.

Finally, my parents, Frank and Gloria. There are not enough words to thank them for their steadfast love, encouragement and support from across the miles for so many years. They have been my biggest cheerleaders, often times believing in my capabilities when I do not believe in them myself. During my PhD I was the victim of fraud, to which I lost a substantial amount of money- in fact the remainder of a loan which I had to complete my studies. Without my parents stepping in and supporting me both financially and emotionally, I would not have been able to get this thesis to completion. Mom and Dad, thank you for all that you have sacrificed to allow me to be where I am now; indeed my accomplishments are your accomplishments. We did it!

"I rise up, and I do it a thousand times again."- Andra Day

This thesis is dedicated to my South African 'family', who taught me more than I ever set out to learn, and to my research participants who shared their time and experiences so generously; Enkosi!

And to Sophie: the anticipation of meeting you gave me strength for the final push

Abstract

The need for effective interventions to reduce sexual risk behaviour and prevent HIV among adolescents remains critical. In South Africa, which is enduring the world's most severe HIV epidemic, approximately 30% of new infections occur among 15-24 year-olds. Prevention programmes delivered in schools are seen as an important strategy to increase knowledge and effect self-reported behaviours. The effectiveness of such programmes is often evaluated in randomised controlled trials, but process evaluations also play an essential role. Process evaluations can add understanding and depth to trial findings and advise on how the intervention can be adapted to enhance its likely effectiveness.

This thesis presents results from a process evaluation of a split-sex, discussion-based curriculum delivered in 46 South African schools by local facilitators called "coaches". It was implemented by the NGO Grassroot Soccer, and used sport themes, activities and metaphors in its activities. The curriculum primarily focused on reducing multiple sexual partners, age disparate sexual relationships and gender-based violence, and was one of two curriculums evaluated in the GOAL Trial, an RCT conducted amongst 4,500 high school participants in Cape Town and Port Elizabeth. The trial showed that the intervention was not effective in achieving its primary behavioural objectives, despite demonstrating increases in knowledge.

Four key domains were assessed in this study; 1) the fidelity and quality of implementation, 2) facilitator training and experiences delivering the intervention, 3) participant engagement with, and perceived relevance of the programme, and 4) contextual factors affecting delivery and use of the programme. Data collection within these four domains consisted of: structured observations (n=49) of the delivery of intervention sessions, unstructured observations of the week-long training of facilitators in both sites, focus group discussions (n=3) with twenty-five facilitators, and an additional fifteen focus group discussions with students (n=99).

The study found that the intervention was implemented with varying degrees of fidelity across sessions; that the intervention was initially received more favourably during training by female coaches compared to males, and that coaches engaged variably with aspects of the programme; and finally, the programme was perceived slightly differently

between different groups of participants, but generally students appreciated the split-sex, discussion-based approach and found the topics relevant. Many said, however, that the programme needed to be longer, include more discussion around certain topics, and allow more dialogue between males and females. Based on findings emerging from this process evaluation, I suggest that the results of the GOAL Trial can be attributed, in part, to a combination of limitations in how the intervention was able to be implemented in practice, and an incomplete understanding of the functioning of intervention components, which lead to weaknesses in the theory underpinning the intervention.

Table of Contents

Declaration	2
Acknowledgements.....	3
Abstract	7
Table of Contents.....	9
List of Tables and Figures	16
Abbreviations and Acronyms.....	19
Chapter 1: Introduction.....	21
Chapter 2: Background.....	22
2.1 Young People and HIV	22
2.2 The HIV Epidemic among Young People in South Africa	22
2.3 HIV Prevention for Young People	24
2.4 Evaluating HIV prevention programmes.....	25
2.4.1 The role of RCTs and process evaluation	25
2.4.2 Fidelity assessment.....	31
2.5 An example of HIV prevention programming for young people: Grassroot Soccer	35
2.5.1 Generation Skillz and Generation Skillz Utshintsho curricula	36
2.5.2 Grassroot Soccer ‘Coaches’	41
2.6 GOAL Trial	42
2.6.1 Trial aims	42
2.6.2 Primary and secondary outcomes	43
2.6.3 GOAL Trial Study Participants and Setting	44
2.6.4 Data Collection	44

2.6.5 Participant characteristics and Baseline Findings.....	45
2.6.6 GOAL Trial findings	46
Chapter 3: Literature Review.....	50
3.1 Overview	50
3.2 Methods.....	50
3.3 Results.....	52
3.3.1 Literature review search results	52
3.3.2 Characteristics of the parent trials (that the Process Evaluations related to).....	53
3.3.3 Narrative synthesis of Process Evaluation findings	59
3.3.3.1 Theme 1: Factors facilitating or hindering the fidelity and quality of implementation.....	60
Chapter 4: Methodology	78
4.1 Introduction	78
4.2 Reflexivity and my Position within the Study.....	80
4.3 Research Aims and Objectives & Study Design.....	85
4.4 Research Setting, Sampling and Recruitment.....	88
4.5 Local Research Assistants	88
4.5.1 Training	89
4.5.2 Data Collection Support	90
4.6 Data Collection	90
4.6.1 Structured Observations	91
4.6.2 Unstructured Observations	93
4.6.3 Focus Group Discussions.....	93
4.6.3.1 Tool Development and Piloting	94
4.7 Data Management.....	95
4.8 Data Analysis	96

4.8.1 Quantitative Data Analysis: Structured Observations	96
4.8.2 Qualitative Data Analysis: Unstructured Observations and FGDs:.....	96
4.9 Ethics and Approvals	98
4.9.1 Research Ethics Approval- LSHTM, Wits	98
4.9.2 Department of Education (DoE) Approval	99
4.10 Risks	99
4.10.1 Potential discomforts, distress or risks to research participants	99
4.10.2 Minimizing and managing risks	99
4.10.3 Sensitive disclosures	99
4.10.4 Referrals	100
Chapter 5: Implementation of Utshintsho Practices.....	101
5.1 Introduction	101
5.2 Administrative Components of Practices	104
5.3 Observations of Practice 1: Welcome Back!	105
5.4 Observations of Practice 2 (Males): Be a Captain!	109
5.5 Observations of Practice 2 (Females): Defining You!	112
5.6 Observations of Practice 3 (Males): Power in Relationships	114
5.7 Observations of Practice 3 (Females): Healthy and Unhealthy Relationships	117
5.8 Observations of Practice 4 (Males): Non-Violent Communication	120
5.9 Observations of Practice 4 (Females): The 3 T's	123
5.10 Observations of Practice 5 (Males): Juggling My Life	126
5.11 Observations of Practice 5 Females: Red Card.....	129
5.12 Observations of Practice 6 (Males): Respect No!	132
5.13 Observations of Practice 6 (Females): No Means No!	134
5.14 Observations of Practice 7: Male Your Move!	136

5.15 Narrative Synthesis of Feedback from Research Assistants	138
5.16 Implementation of Utshintsho Practices: Key Findings:	141
Chapter 6: Training of Coaches and Coach Experiences of Delivering the Utshintsho Programme	142
6.1 Introduction	142
6.2 Observations of two week-long training sessions of Utshintsho coaches.....	143
6.3 Utshintsho as a continuation of previous programming	148
6.4 Initial student reactions and changes over time	150
6.5 Perceived relevance of curriculum to students	152
6.6 Coach views on split-sex programming	156
6.7 Coach perceptions of student changes	161
6.8 Coaches personal change through delivering the Utshintsho curriculum.....	165
6.9 Coach feelings of emotional burden	167
6.10 Feedback on curriculum or practice components	169
6.11 Topics that are upsetting or uncomfortable for participants	173
6.12 Coach relationships with other programme staff	174
6.13 School- level barriers to implementation	177
6.14 Teacher reactions to the Utshintsho programme	178
6.15 Suggested changes to Utshintsho curriculum.....	180
Chapter 7: Student Experiences and Perspectives of Participating in the Utshintsho Programme	182
7.1 Introduction.....	182
7.2 Experiences in the programme and engagement with programme components	185
7.2.1 Overall feelings toward the programme:.....	185
7.2.2 Initial reactions to the programme & changes over time.....	187

7.2.3 Split-sex format	190
7.2.4 Interactions with coaches / coach as facilitator	195
7.2.5 How the Utshintsho programme compares with Life Orientation (LO) classes	199
7.2.6 Programme ending	200
7.3 Intervention relevance and specific topics	201
7.3.1 Programme relevance.....	201
7.3.3 Offensive & upsetting topics	202
7.3.4 Relationship dynamics and how to treat a partner	204
7.3.5 Intimate partner violence and rape	206
7.3.6 Age disparate sex and multiple partners	207
7.3.7 Pregnancy, contraception and condom use	208
7.3.8 HIV and STIs	209
7.3.9 Peer Pressure.....	212
7.3.10 Alcohol & substance abuse	213
7.4 Interaction of the programme with broader life spheres.....	215
7.4.1 Changes in Schools	215
7.4.2 Discussing the programme with others	215
Chapter 8: Discussion	218
8.1 Introduction	218
8.2 Principal research findings	219
8.2.1 Domain One: Fidelity and quality of Utshintsho implementation.....	219
8.2.2 Domain Two: Training of coaches, and their experiences of delivering the Utshintsho intervention.....	221
8.2.3 Domain Three: Participants' experiences of and interaction with the Utshintsho intervention.....	226

8.2.4 Conclusion of principal findings.....	231
8.3 Strengths and limitations.....	232
8.3.1 Study strengths.....	232
8.3.2 Study limitations.....	234
8.4 Key findings in relation to other literature	239
Key theme 1: Implementation including the discussion based approach	239
Key theme 2: Coach as facilitator	242
Key theme 3: Split-sex approach.....	245
8.5 Implications for policy and programming.....	247
8.5.1 Schools as settings for delivering SRH interventions	247
8.5.2 Considering factors beyond the individuals and individual-level behaviour change	248
8.6 Areas for future research.....	249
Priority 1: Exploring further the split-sex, discussion-based approach –with a particular focus on unintended and potentially harmful consequences	250
Priority 2: Understanding further the coach as facilitator: benefits to participants’ experiences, and burdens placed on coaches	251
Priority 3: Establish ways to sustain and extend programme effects	252
Priority 4: The participation of adolescents in co-designing health interventions.....	252
Appendices	255
Appendix A: Research assistant training schedule: year 2	256
Appendix B: Example observation form for an Utshintsho Practice (joint-sex)	257
Appendix C: FGD Topic Guide: Coaches	272
Appendix D: Focus Group Discussion Topic Guide Students	278
Appendix E: Coach Consent Form	285
Appendix F: Student Assent Form.....	292

Appendix G: Example coding frame with main codes and sub-codes.....	299
Appendix H: LSHTM Ethics Approval	305
Appendix I: Wits Ethics Approval	306
Appendix J: Western Cape DoE Approval Letter	307
Appendix K: Eastern Cape DoE Approval.....	308
Pictures from Data Collection	310
References	317

List of Tables and Figures

Figure 2. 1 Key functions of a process evaluation highlighted in the MRC framework ..	31
Figure 2. 2 GRS Generation Skillz & Utshintsho Logic Model	38
Table 2. 1 Generation Skillz & Generation Skillz Utshintsho curricula by year, activity and focus (Kaufman et al., 2013a)	40
Table 2.2: Primary and secondary self-reported behavioural outcomes of the GOAL Trial at endline.....	48
Figure 3. 1. Literature review search results: identification, screening, eligibility and inclusion criteria.....	54
Table 3. 2 Characteristics of process evaluation studies included in the review; presented by related trial.....	55
Table 4.1. Generation Skillz Utshintsho: Process Evaluation Framework	87
Figure 4.1. Map of South Africa showing the two GOAL Trial sites	88
Table 5.1 Summary characteristics of structured observations (n=49) conducted of the delivery of individual sessions of the Utshintsho programme in Cape Town (CT) and Port Elizabeth (PE)s.....	102
Table 5. 3. Average fidelity scores from the structured observations of Practice 1, combined-sex (N=10)	106
Table 5. 4. Average fidelity scores from the structured observations of Practice 2, male version (N=5)	110
Table 5. 5. Average fidelity scores from the structured observations of Practice 2, female version (N=6).....	113
Table 5 6. Average fidelity scores from the structured observations conducted of Practice 3, male version (N=3).....	115
Table 5.7 Average fidelity scores from the structured observations of Practice 3, female version (N=5)	118
Table 5.8. Average fidelity scores from the structured observations conducted of Practice 4, male version (N=3).....	121

Table 5.9. Average fidelity scores from the structured observations conducted of Practice 4, female version (n=5)	124
Table 5.10. Average fidelity scores from the structured observations conducted of Practice 5, male version (N=3).....	127
Table 5.11. Average fidelity scores from the structured observations conducted of Practice 5, female version (N=2).....	130
Table 5.12. Average fidelity scores from the structured observations conducted of Practice 6, male version (N=1).....	133
Table 5.13. Average fidelity scores from the structured observations conducted of Practice 6, female version (N=2).....	135
Table 5.14. Average fidelity scores from the structured observations conducted of Practice 7, combined-sex (N=4)	137
Figure 6. 1 Themes of chapter results: FGDs with Utshintsho Coaches.....	148
Figure 7. 1 Themes and sub-themes of chapter results: FGDs with Utshintsho participants.....	184
Picture 1: Training of Coaches, Cape Town	310
Picture 2: Training of Coaches, Cape Town	310
Picture 3: Training of Coaches, Cape Town	311
Picture 4: Utshintsho Coaches, Cape Town.....	311
Picture 5: Utshintsho Coaches, Port Elizabeth	312
Picture 6: Utshintsho School, Port Elizabeth	312
Picture 7: Student FGD (female), Cape Town	313
Picture 8: Delivery of Utshintsho Session (male), Cape Town.....	313
Picture 9: Utshintsho Participants, Port Elizabeth	314
Picture 10: Utshintsho Coaches with Research Assistant, Port Elizabeth	314
Picture 11: Research Assistants, Year 1.....	315
Picture 12: Research Assistants, Year 2.....	315

Picture 13: Classroom, Port Elizabeth	316
Picture 14: Research Participants, and Research Assistants, Port Elizabeth	316

Abbreviations and Acronyms

ADS	Age-Disparate Sex
AIDS	Acquired Immune Deficiency Syndrome
AID	AIDS Indicator Survey
ASRH	Adolescent Sexual and Reproductive Health
AUDIT	Alcohol Use Disorders Identification Test
CPC	Community Project Coordinator
DoE	Department of Education
DHS	Demographic Health Survey
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GEM	Gender Equitable Men Scale
GRS	Grassroot Soccer
HAU	Hazardous Alcohol Use
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
IDI	In-depth Interview
IPV	Intimate Partner Violence
LSHTM	London School of Hygiene and Tropical Medicine
M&E	Monitoring and Evaluation
MkV	MEMA kwa Vijana
MP	Multiple Partners
MRC	Medical Research Council

NSP	National Strategic Plan
ODK	Open Data Kit
PO	Participant Observation
RCT	Randomised Controlled Trial
SBHP	Sport Based HIV Prevention
SFD	Sport for Development
SMS	Short Message Service
SRH	Sexual and Reproductive Health
SSA	Sub-Saharan Africa
STI	Sexually Transmitted Infection
ToC	Training Of Coaches
WRHI	Wits Reproductive Health and HIV Institute

Chapter 1: Introduction

This thesis presents a process evaluation, conducted as part of the GOAL Trial, alongside the delivery of the second half of the intervention, Generation Skillz Utshintsho.

The GOAL trial was jointly funded by Comic Relief and the MAC AIDS fund. The process evaluation received partial funding from the Tropical Epidemiology Group (TEG) at LSHTM for Phase 1 of data collection, and from STRIVE for Phase 2 of data collection.

I led the process evaluation within the trial. This role included: leading the design of the process evaluation (in consultation with my PhD supervisors, GOAL Trial Staff, and the implementing partner), drafting all written material related to the trial (including the protocol, ethics submissions, consent forms, and designing data collection tools). I also recruited, trained and supervised local research assistants and oversaw the collection of all process evaluation data

All of the results presented in this thesis are from primary data that I and my research assistants collected during the course of the process evaluation.

Chapter 2: Background

2.1 Young People and HIV

Across sub-Saharan Africa, there is a critical need for young people to be at the centre of HIV prevention efforts, particularly in South Africa. In 2012, adolescents and young people aged 10-24 accounted for 39% of new infections globally, and 15% of all people living with HIV (UNAIDS, 2013). Nearly 80% of adolescents living with HIV live in sub-Saharan Africa (UNAIDS, 2012), and in 2015, nearly 80% of new HIV infections among adolescent girls aged 15-19 occurred in this region (UNAIDS, 2016). Further, data from population-based surveys show that in sub-Saharan Africa, only 26% of adolescent girls and 33% of adolescent boys have comprehensive and correct knowledge of HIV and AIDS (UNAIDS, 2016), highlighting the need for HIV prevention strategies that increase knowledge and promote behaviour change. This is underscored by the fact that adolescence is a particularly important time developing and consolidating healthy sexual behaviours and attitudes (WHO, 2017). The current generation of young people is the largest the world has ever seen (Patton et al., 2016), which represents both an extraordinary opportunity and vital responsibility, in terms of HIV prevention for this group.

2.2 The HIV Epidemic among Young People in South Africa

South Africa is burdened with the most severe HIV epidemic in the world. Currently more than 6.4 million people (12.2% of the population) aged over 15 are infected with HIV (Shisana et al., 2014), and approximately 370,000 new infections occur annually among 15-24 year-olds, which is among the highest number in the world for this age group (UNAIDS, 2013). The epidemic is disproportionately concentrated in urban informal settlements (19.9% prevalence), being twice as high as in urban and rural formal areas (Shisana et al., 2014). A 2012 national health survey showed a decline in reported condom use and HIV-related knowledge alongside an increase in reported multiple partnerships and age-disparate relationships, compared to the 2008 survey (Shisana et al., 2014).

Several behavioural factors increase HIV risk among young people, including multiple (and often concurrent) partnerships, age-disparate sex, alcohol use, male-dominant gender norms and gender-based violence (GBV) (Chen et al., 2007b, Jewkes et al., 2011, Jewkes et al., 2010, Shisana et al., 2009). Multiple partnerships, in particular, are a key risk factor for young men, with nearly one in three males aged 15-24 reporting having had more than one partner in the last year (Shisana et al., 2009). For young women, vulnerability to HIV is increased by age-disparate-sex (ADS) with partners aged five or more years older more likely to have prevalent HIV relative to younger men (Gregson et al., 2002, Laga et al., 2001, Leclerc-Madlala, 2008). In South Africa, more than 1 in 4 young women aged 15-19 reported ever having a male sexual partner who was five or more years older than themselves (Shisana et al., 2009). Further, intimate-partner violence (IPV) is an important risk factor for HIV among young people in South Africa, as more than one in four men report having ever perpetrated rape, many of them before the age of 20 (Jewkes et al., 2010). It has been suggested that the complex interplay between gender norms and social constructions of manhood in post-Apartheid South Africa underlie many of the risk factors that exacerbate the HIV epidemic (Mantell et al., 2009, Peacock et al., 2008).

South Africa's HIV National Strategic Plan (NSP) for 2012-2016 highlights reducing vulnerability to HIV infection among young people (particularly young women) and those living in informal settlements as a priority (Government of South Africa, 2012). Within the plan, the South African Government identifies schools as central to this priority, by providing comprehensive sexuality and life skills education (often delivered during Life Orientation (LO) classes) to adolescents and young people. The NSP states that sexuality education and life skills programmes must be provided in all schools to *"build schools, increase knowledge and shift attitudes, change harmful social norms and risky behaviour"*, pg 41 (Government of South Africa, 2012). In addition to the DoE's life skills education, several NGOs and other organisations deliver a range of HIV prevention programmes to young people within the school setting. However, these vary in content and duration between schools.

2.3 HIV Prevention for Young People

Schools have widely been used as a setting for delivering comprehensive sexuality education to young people, which aims to provide the knowledge, attitudes and skills necessary to make informed, healthy decisions about sexual and reproductive health. There is evidence demonstrating the positive impact of well-designed, curriculum-based and school-delivered HIV prevention interventions on knowledge, reported attitudes, and some reported sexual risk behaviours (Kirby et al., 2007). Fewer studies have assessed the impact of such programmes on biological outcomes (Doyle et al., 2010a), and there is no evidence that school-based programmes reduce HIV incidence.

A systematic review of HIV prevention for youth in South Africa found that school-based interventions had the greatest impact when they focused on the key drivers of HIV risk relevant to the Southern Africa context, including gender, sexual coercion, alcohol use and economic risk (Harrison et al., 2010). The recent Lancet Commission on Adolescent Health and Wellbeing (Patton et al., 2016) includes interventions based in schools (delivered by adults or peers) as an important component in responding to the sexual and reproductive health needs of adolescents, but suggests that the effectiveness of high-quality, comprehensive sexuality education is increased when used together with other actions. These suggestions are supported by findings of a review that concluded that programmes which show the most effect are multi-component programmes, for example sexuality education delivered in schools combined with interventions in health facilities or structural level interventions (Blank et al., 2010). The same Lancet report draws attention to the role of community-based interventions in generating support for school-based interventions, drawing on examples from the evaluation of the South African Stepping Stones programme (Jewkes et al., 2008). Lastly, the Commission reports that in low- and middle-income countries there is moderate quality evidence suggesting that peer education may be effective for increasing safe-sex behaviours in programmes that include provision of contraception, but that further research is needed (Patton et al., 2016).

Within the last decade, interest in sport as a tool for behavioural HIV prevention and sexual health education, especially among young people, has grown substantially. A recent systematic review (Kaufman et al., 2013b) demonstrated the growing number of

organisations delivering sport-based HIV prevention interventions, which are sometimes delivered in school settings. One such organisation, delivering an intervention called Generation Skillz, is Grassroot Soccer (GRS). Methods used in delivering sport-based HIV prevention programmes often include the use of sports role models, sport-related activities, and metaphors as a way to engage young people and increase knowledge, improve attitudes and change behaviours related to HIV. The review found that, despite growing support for sport-based HIV prevention, and encouraging evidence for at short-term effects of such programmes, little is known about their effectiveness in preventing HIV, and recommends more rigorous, long-term, research (Kaufman et al., 2013b).

With an interest in assessing the effectiveness of its sport-based HIV prevention programme, GRS conducted a randomised controlled trial (RCT) of its Generation Skillz intervention in South African high schools (Kaufman et al., 2014). The GOAL trial served as the first RCT in the growing field of sport for development, evaluating whether this innovative approach to HIV prevention among young people is effective.

2.4 Evaluating HIV prevention programmes

2.4.1 The role of RCTs and process evaluation

RCTs, (including cluster RCTs (cRCTs)), are widely accepted amongst many researchers as the most rigorous way of determining the effectiveness of an intervention (Bonell and Imrie, 2001, Craig et al., 2008, Oakley et al., 2006, Stephenson et al., 2003). Similar to the GOAL Trial, they have been used in the evaluation of several other HIV prevention programmes for young people, globally (Hayes et al., 2005, Henderson et al., 2007, James et al., 2006, Kinsman et al., 1999, Stephenson et al., 2004b, Visser, 2007). By randomly allocating individuals (or clusters of individuals such as schools, clinics or communities), to either receive the intervention or not, RCTs aim to establish whether a significant association exists between outcomes and exposure to the intervention being evaluated (Bonell and Imrie, 2001). Randomisation, in theory, evenly distributes between the two arms factors likely to affect outcomes (Stephenson and Imrie, 1998), and the strength of this design is anchored primarily in the minimisation of confounding (i.e. the possibility of an association being due to an unacknowledged factor), and the reduction of bias (i.e. that the association is as a result of underlying difference(s) between the

control and intervention groups) (Bonell and Imrie, 2001). In terms of data, RCTs produce effect sizes of prespecified outcome measures, essentially answering the question, “does the intervention work?” (Oakley et al., 2006, Rod et al., 2014).

RCTs are increasingly being applied to the evaluation of complex interventions. Complex interventions are frequently used in public health and education, and most behavioural interventions for HIV could broadly be classed as a complex intervention (Bonell and Imrie, 2001). The Medical Research Council (MRC) describes these interventions as ones that have some or all of the following characteristics: a) several interacting components, b) target a range of behaviours amongst participants, c) have some level of difficulty for those delivering the intervention, d) are directed towards a range of groups or organisational levels, e) have a number of outcomes and, f) have some degree of flexibility or tailoring allowed or expected during implementation (Craig et al., 2008, Moore et al., 2015). These components are often thought to act in a synergistic fashion, where the sum of the interaction is greater than the results which would have been expected from individual components alone (Hawe et al., 2004).

Despite the many strengths of the RCT design, discussion in the literature also points to limitations, with particular debate concerning the appropriateness of applying the RCT design in the evaluation of (complex) social interventions (Pawson and Tilley, 1997), including behavioural HIV prevention interventions (Kippax and Van de Ven, 1998). It has been argued that RCTs of complex interventions oversimplify cause and effect, failing to consider several other critical components including the implementation of, interaction with, and functioning of the intervention, particularly related to context (Berwick, 2008, Clark et al., 2007, Pawson and Tilley, 1997). This argument is rooted in the understanding that RCTs are driven by a ‘positivist view’ which, and thus lacks ability to be able to provide a comprehensive and thorough understanding of how complex interventions function (Marchal et al., 2013). In this way, many of the criticisms associated with this design being applied to investigating complex interventions pivot around being unable to investigate the mechanisms through which the intervention operates, or testing components of theory in which the intervention is rooted (Bonell et al., 2012). Researchers argue that understanding these mechanisms is key in both understanding outcome results, and also refining theory and contributing to the evidence base of theory-informed interventions (Steckler and Linnan, 2002). Continuing

this argument, other colleagues have stated that in conducting robust evaluations of such interventions, it's critical that that attention be given to the examination of how, why and for whom interventions work and to investigate the role of context, with a focus on understanding and extending programme theory (Bonell et al., 2012, Pawson and Tilley, 1997). In other words, while RCTs are important in generating effect sizes as evidence about whether an intervention was successful, outcome data should be considered only one essential component of evaluation, as alone it lacks explanatory power. Outcome data alone is unable to answer the range of questions important to researchers, programmers and policy makers following a trial. Consider for example, an instance in which the intervention being evaluated is found to be ineffective; outcome data is unable to shed light on why the intervention may have been ineffective, nor does it provide any direction about how it may be adapted to reach its intended effectiveness (Munro and Bloor, 2010). In situations where a trial produces a successful result, one might be encountered with a different set of challenges; evaluators are unable to explain the components, processes and context that likely led to this effect, and thus there is not only a missed opportunity for it to contribute to theory, but also for policy makers and programmers to gain insight into the how the intervention might be able or generalised to other setting.

Embedding process evaluations within RCTs can alleviate some of criticism and shortcomings discussed here, while maintaining the rigour afforded by the design (Wight and Obasi, 2003). For this reason, it is considered good practice in the evaluation of public health interventions to include both a quantitative outcome evaluation, assessing whether or not the intervention has been effective, paired together with an (often mixed-methods) process evaluation to help explain trial results and further describe components of the intervention (Munro and Bloor, 2010, Oakley et al., 2006). Via this combination of methods, each maintaining their paradigmatic nature, it's been argued that a more thorough and robust evaluation is able to be carried out (Moran-Ellis et al., 2006).

Although not initially labelled as such, process evaluation is not a new concept in the literature (Suchman, 1968). As early as the 1960s, the concept appeared in a widely used evaluation textbook, where the author suggested that in addition to evaluating the

success or failure of a programme, much could be learned through exploring how or why a programme does or doesn't work (Suchman, 1968). He wrote:

In the course of evaluating the success or failure of a program, a great deal can be learned about how and why a program works or doesn't work. Strictly speaking, this analysis of the process whereby a program produces the results it does is not an inherent part of evaluative research. An evaluation study may limit its data collection and analysis simply to determining whether or not a program is successful...However, an analysis of process can have both administrative and scientific significance, particularly where the evaluation indicates that a program is not working as expected. Locating the cause of the failure may result in modifying the program so that it will work, instead of it being discarded as a complete failure [p.66].

During the years that followed, a number of key studies in the literature extended the discussion of process evaluation and further developed and refined understanding around certain components (Green et al., 1980, Windsor et al., 1984). This included a particular focus on measuring and understanding implementation fidelity of programmes (Basch et al., 1985), as well as dose of the intervention delivered and that received by participants (Pirie et al., 1994). As the number of complex interventions being implemented in communities and school settings continued to increase in the 1990s, the evaluation of the CATCH intervention (Child and Adolescent Trial for Cardiovascular Health) conducted between 1986-1994 made extensive contributions, through its comprehensive and robust process evaluation, to the development of process evaluation theory and methods (McGraw et al., 1994, Perry et al., 1997). By 2000, the design and implementation of process evaluations became more complex and robust, partly a reflection of the interventions which they were evaluating, and today process evaluations are increasingly being embedded within RCT designs evaluating complex interventions, in an effort to move beyond simply measuring programme effects (Bonell and Imrie, 2001, Oakley et al., 2006, Steckler and Linnan, 2002, Thorogood and Coombes, 2010).

Not a substitute for a rigorous outcome evaluation (Craig et al., 2008, Moore et al., 2015), process evaluations can provide a useful and essential complement to RCTs, by helping

in the interpretation of outcome data, and providing insight into the causal pathways that may have brought about change, and how the intervention under study may be further adapted to enhance its likely effectiveness (Oakley et al., 2006, Thorogood and Coombes, 2010). They describe the implementation of interventions, explore the processes by which an intervention exerts effects (or fails to), and examines how they interact with and are affected by local context (Bonell and Imrie, 2001). Process evaluations can provide important insights when interpreting negative, unexpected or counterintuitive results. In these instances, process evaluations can aid in differentiating between interventions that are incompletely or poorly implemented (implementation failure), and those are poorly designed (failure of theory) (Rychetnik et al., 2002, Saunders et al., 2005, Thorogood and Coombes, 2010). They are also useful in exploring and explaining why and how an intervention found to be successful works, and how it might be further enhanced (Craig et al., 2008, Steckler and Linnan, 2002). Further, they have also been noted to be of particular use where the same intervention is being delivered in several sites, and by a range of facilitators, in order to better understand the range of ways in which the same intervention may be implemented and received (Oakley et al., 2006, Steckler and Linnan, 2002). Thus, process evaluation can help explain a range of results, and provide useful insight to a variety of stakeholders.

A number of frameworks for process evaluation exist in the literature (Baranowski and Stables, 2000, Grant et al., 2013, Moore et al., 2015, Saunders et al., 2005, Steckler and Linnan, 2002). These frameworks attempt to offer a systematic and stepwise approach to guiding the planning and operationalising of process evaluations. However, despite the frameworks including many similar and overlapping components, they differ slightly, hence the scope of what constitutes a process evaluation remains broad and not agreed upon.

Two frameworks (Moore et al., 2015, Steckler and Linnan, 2002) made a significant contribution towards the development and design of the process evaluation which I conducted for the GOAL Trial. The first of these was the framework proposed by Steckler and Linnan which outlines six priority areas for consideration: 1) context (local factors that influence implementation, acceptability and uptake), 2) fidelity (the extent to which the intervention is delivered as intended), 3) dose delivered (the proportion of intervention delivered to the intended audience), 4) dose received (the extent of

participants' engagement in the intervention), 5) reach (the proportion of the intended audience that participated in the intervention, and 6) recruitment. A more recent framework, the Medical Research Council's (MRCs) guidance on 'Process Evaluation of Complex Interventions (referred to from this point on as 'The MRC Framework') (Moore et al., 2015) offers extensive practical guidance on planning and operationalising process evaluations of public health interventions. It addresses a number of gaps in process evaluation planning described by developers of other frameworks (Steckler and Linnan, 2002) including providing clear, consistent definitions for process evaluation components. As illustrated by my literature review, process evaluations in the literature tend to vary in their objectives, use a diverse range of process measures, a wide range of methods, and there tends to be overlap in how terms are used, and inconsistencies with how data are reported. This, coupled with the fact that many studies do not report what, if any, framework their process evaluation was guided by, results in difficulty comparing findings across studies (Steckler and Linnan, 2002) and a lack of guidance from empirical literature about how to best plan a process evaluation.

The MRC framework (Moore et al., 2015) describes three domains (Figure 2.1) which authors suggest should be considered the focus of process evaluations: 1) assessing fidelity and quality of implementation, 2) exploring and understanding causal mechanisms (often by exploring participant and facilitator perspectives of feasibility, acceptability and relevance), and identifying contextual factors that interplay with the delivery of, and interaction with the intervention in various settings. To varying degrees, these three domains are in line with, and encapsulate, the focus areas of process evaluation frameworks suggested by several other groups (Oakley et al., 2006, Saunders et al., 2005, Steckler and Linnan, 2002, Wight and Obasi, 2003), and were explored in the process evaluation presented in this PhD

Figure 2. 1 Key functions of a process evaluation highlighted in the MRC framework

Key functions of process evaluations

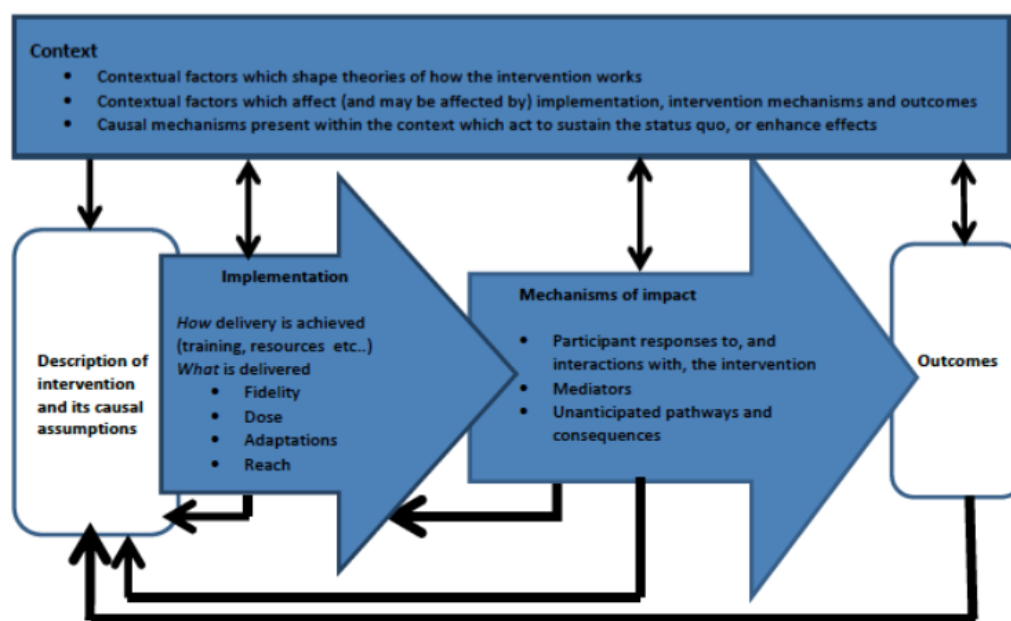


Figure 2. Key functions of process evaluation and relationships amongst them (blue boxes represent components of process evaluation, informed by the intervention description, which inform interpretation of outcomes).

2.4.2 Fidelity assessment

A particular area of focus of the Utshintsho process evaluation is measuring and exploring implementation of the intervention. The literature base describing the meaning, importance and various approaches to measuring implementation fidelity is vast and diverse. Process evaluation frameworks and discussions put forth by several groups of authors (Bellg et al., 2004, Carroll et al., 2007, Montgomery et al., 2013, Steckler and Linnan, 2002) have emphasized the importance of understanding what, and how much, of an intervention is implemented in practice, and how implementation is achieved. This, they argue, is fundamental if evaluators are to understand how an intervention works, and how it might be able to replicated. Measuring fidelity is also useful in establishing the extent to which the outcome evaluation reflects measurement of an intervention that was actually implemented as intended (Steckler and Linnan, 2002).

The emphasis on measuring fidelity of implementation has stemmed, in part, from high variability observed in programme implementation, particularly in schools and

community settings (Dusenbury et al., 2003, Harachi et al., 1999, Helitzer and Yoon, 2002, McGraw et al., 2000). Despite it being a commonly assessed domain across process evaluations, defining what constitutes high quality implementation and how fidelity should be measured is challenging and rarely straightforward. Devising appropriate measures is often difficult due to the lack of consensus amongst researchers more broadly, and individual programme implementers more specifically, about what good fidelity is; it is often subjective and variable across interventions (Dusenbury et al., 2004, Hawe et al., 2004). A review exploring the ingredients of fidelity (Gearing et al., 2011) found a lack of agreement across studies in the construct and definition of fidelity. Other researchers have reported on the lack of standardized methods for assessing implementation fidelity (Hasson, 2010). However, at its core, it often generally involves exploring whether the intervention has been delivered according to a prespecified plan, and may also take into account the quality of delivery, in this way moving beyond technical aspects of delivery to evaluating how well implementation reflects the spirit and underlying theory in which the intervention was intended to be delivered (Steckler and Linnan, 2002). In other words, in addition to *what* was delivered, there is a growing tendency for process evaluation frameworks to advocate examining *how* delivery was achieved (Carroll et al., 2007, Montgomery et al., 2013). This may include, for example, investigating the way in which discussions are facilitated, the way in which facilitators model behaviours, and the verbal and non-verbal actions of implementers (Saunders et al., 2005). Additional definitions of fidelity offer a slightly more encompassing view and include consideration of aspects of the intervention design, training, delivery, and receipt (Bellg et al., 2004). More recently, the Oxford Implementation Index, which provides systematic reviewers with guidance in extracting data on implementation from primary studies, provided four domains for consideration: intervention design (e.g. whether core components are clearly specified); delivery by practitioners (e.g. staff qualifications, the quality and use of materials, dosage administered); uptake by participants; and contextual factors (Montgomery et al., 2013). Across these approaches is the consideration for the resources, structures and processes needed to achieve successful implementation, rather than just description of what is delivered. Finally, in assessing fidelity, literature suggests that the most rigorous approach is for this to be conducted by external, trained observers using structured observation forms (Resnicow et al., 1998).

Related to defining and measuring fidelity, is the debate about the extent to which interventions should be standardised, and the amount of adaptation that is acceptable or necessary. Dane and Schneider (1998) found that while fidelity was rarely measured in included studies, programmes which deviated furthest from protocols achieved the poorest outcomes. Other researchers, (Bartholomew et al., 2001, Blakely et al., 1987, Durlak and DuPre, 2008) however, argue that programmes require a degree of adaptation to the local context, and so the right balance must be sought between fidelity and adaptation. Consider for example, a trial of a school-based intervention to promote health and wellbeing where, rather than implement a fixed curriculum, schools were instructed to use a standardised process to develop and implement their own strategies which they believed would be most appropriate for their schools. As one might expect, this resulted in the implementation of widely varied versions of the intervention across schools (Patton et al., 2003).

Frameworks which focus on the quality and quantity of implementation assume that the intervention must have certain standardised features in all settings. The example above is illustrative of an instance where one might develop checklists of core intervention components or a minimum standard that an intervention must reach in order to receive a high fidelity rating (Baranowski and Stables, 2000), and allow a certain degree of adaptation to be guided by individual schools. Further, the literature suggests that in such instances, it would be important to be clear about the degree of change or adaptation is acceptable, and to record variations in implementation so that fidelity can be addressed in relation to the degree of standardisation that has been established by the intervention (Craig et al., 2008). In this way, what is entailed for complete and acceptable delivery of the programme should be described (Bartholomew et al., 2001). Mihalic (2004) warns, though that when it has not been established which intervention components are necessary for success, or 'active ingredients', allowing adaptations to take place might inhibit effectiveness. Yet others (Bonell and Imrie, 2001) have pointed out that as individuals may respond differently to intervention components, what constitutes necessary or active ingredients may differ across participants, and therefore pointing out the challenges with establishing core intervention ingredients. Further, as complex interventions are not simply a sum of the effects of its individual components,

but instead arise from the synergy between them, it may be problematic to establish core components in isolation (Craig et al., 2008, Hawe et al., 2004, Moore et al., 2015). In practice, uncertainty regarding the active ingredients of an intervention, and how these interact to produce change, may be the reason for conducting an evaluation.

A number of authors have offered suggestions about how adaptation might be accomplished. For example, Durlak and DuPre (2008) have suggested an approach where implementation and fidelity assessment focus on core intervention activities which remain consistent, while less central components are permitted to be altered to allow for contextual relevance. An example of how one might operationalise the adaptation portion of this approach in practice can be drawn from the method proposed by Rolleri and colleagues (Rolleri et al., 2014) on the delivery of sexual health interventions. First, they defined core components of the intervention within three categories: core content, core pedagogy and core implementation. Next, they used a traffic light system to categorise adaptations as 'red light' (adaptations that compromise the functioning of the intervention), 'yellow light' (changes that should be made with caution, in consultation with experts on the theory of the intervention) and 'green light' (safe adaptations to allow better fit).

Others have contributed to this discussion in other ways. Rather than providing guidance about how adaptation may be achieved, Bumbarger and Perkins (2008) have argued that emphasis should be placed on understanding and discerning between 'innovation' (where skilled implementers have purposely attempted to make an intervention better fit their population or setting) and 'drift' (unintentional shortcomings, arising from barriers to implementation). To illustrate this in practice, Mars and colleagues (Mars et al., 2013) describe an intervention where precise adherence to intervention manuals resulted in a mechanistic, inflexible or unresponsive delivery style. In some cases, skilful implementers deviated from instructions in response to feedback from participants, while remaining consistent with the theoretical basis of the intervention, while other deviations were classified as poor implementation.

Interventions with a degree of flexibility present challenges for measurement, and while the literature discusses the reasons a certain level of adaptation might be advantageous,

there is less guidance about how to develop tools for assessment. A strong understanding of the theory of the intervention is a prerequisite for meaningful assessment of implementation, focused not just on the mechanics of delivery, but whether intervention remained consistent the spirit in which it was to be delivered. The challenge of evaluators is illustrated in this example, where despite trying to embrace variations, and adopt an attitude of flexibility in the implementation of an intervention, when a tool was to be developed to measure implementation, a more rigorous and thorough approach was adopted, resulting in a measure which captured the extent to which facilitators carried out tasks as specified (Rod et al., 2014). Despite not being congruent with the intention of the intervention to be flexible, this complete measure of fidelity allowed researchers to describe the many ways in which the intervention was adapted, and what was implemented in practice (Rod et al., 2014).

2.5 An example of HIV prevention programming for young people: Grassroot Soccer

Grassroot Soccer (GRS) is a non-profit organisation with its headquarters in Cape Town, South Africa. GRS “uses the power of soccer to educate, inspire and mobilize communities to stop the spread of HIV” (Kaufman et al., 2013a). The organisation was founded in Bulawayo, Zimbabwe in 2002 by local professional soccer players, and since then has delivered interventions to more than 650,000 young people in 22 countries. It mainly trains peer educators to deliver interactive HIV prevention and life skills curricula to adolescents and young people (Kaufman et al., 2013a).

The main GRS intervention consists of a core curriculum, called ‘Skillz’, which is aimed at 10-14 year olds, and is regularly adapted to be contextually aligned and serve the needs of the target population as well as the local epidemiology of HIV (Kaufman et al., 2013a). Previous evaluations of the Skillz curriculum showed that local versions of the curriculum improved knowledge and reported attitudes related to HIV in Zimbabwe, Zambia, and the Dominican Republic (Clark et al., 2006, Kaufman et al., 2012, Peacock-Villada et al., 2007). Recognising the need to reach older adolescents (aged 15-19 years) in South Africa, GRS began developing the Generation Skillz intervention in 2009 (Kaufman et al., 2013a).

2.5.1 Generation Skillz and Generation Skillz Utshintsho curricula

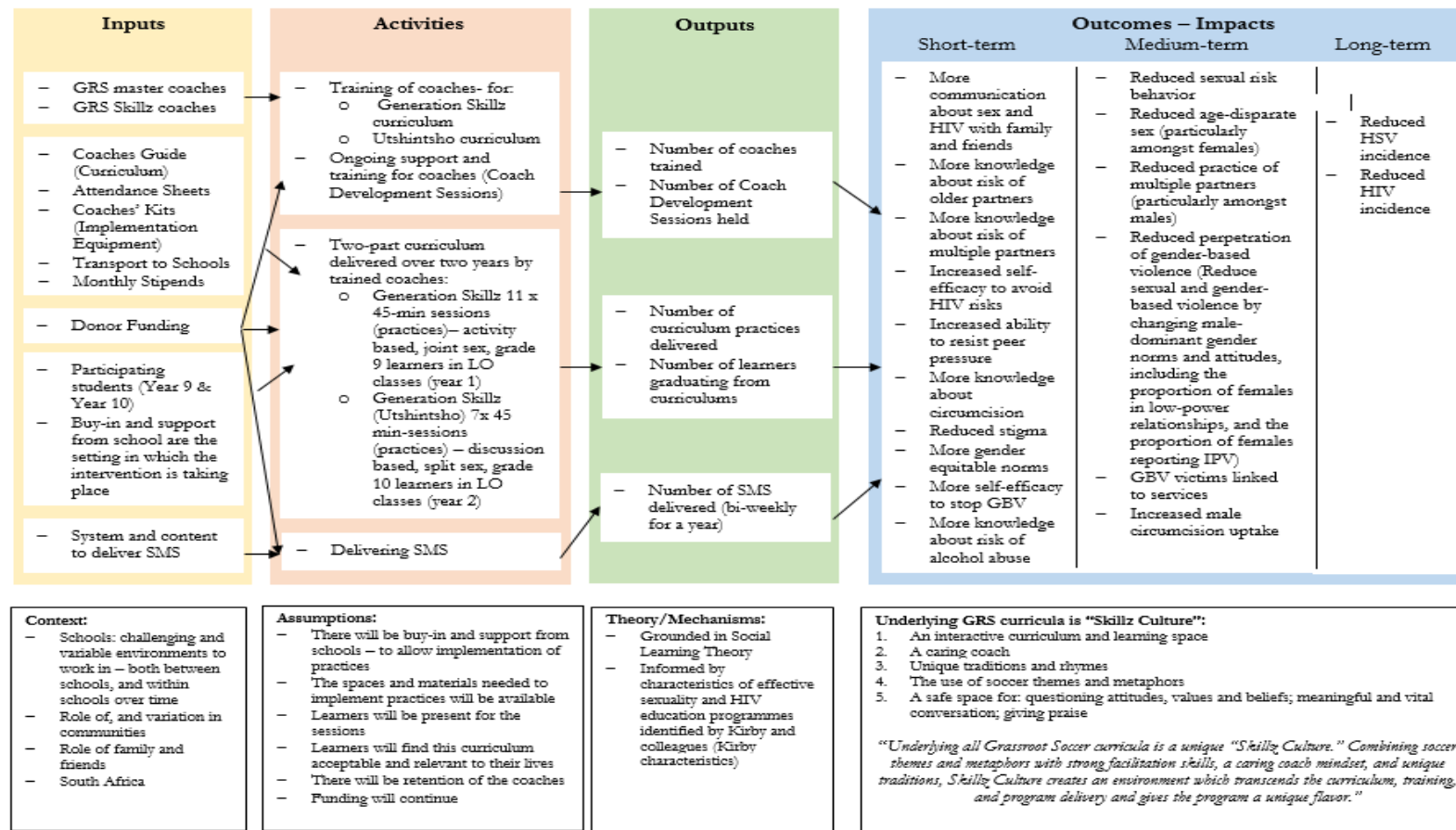
Generation Skillz and Generation Skillz Utshintsho are components of a two-part intervention delivered over two years by trained ‘coaches’ to learners in high schools. Generation Skillz consists of eleven 45-minute sessions (called ‘*practices*’) delivered in life orientation (LO) classes to Grade 9 learners. Generation Skillz is followed by Generation Skillz Utshintsho, which consists of seven 45-minute follow-up sessions delivered with the same learners, when they are in Grade 10. Although it can stand alone, Utshintsho was initially designed to follow the Generation Skillz curriculum delivered during the GOAL Trial (described in detail below), and was the first time that GRS had used this strategy of follow-up or booster sessions (Kaufman et al., 2013a). The main difference between the two halves of the intervention is that, unlike Generation Skillz which is a predominantly activity-based curriculum where males and females participate together in the sessions, Utshintsho is primarily a discussion-based, split-sex curriculum where males and females receive different, but complimentary curricula that separately both focus heavily on gender issues related to sexual behaviour.

Generation Skillz, is grounded in the principles of social learning theory (Bandura, 1977). It was informed by the characteristics of effective sexuality and HIV education programmes identified by Kirby and colleagues (Kirby et al., 2007) and guided by GRS’ experience designing sports-based HIV prevention curriculums for adolescents. Underlying all GRS curricula is a unique “Skillz Culture”, which consists of: 1) an interactive curriculum, 2) a caring coach, 3) unique traditions and rhymes, 4) soccer themes and metaphors, and 5) safe space, “vital conversations” and praise. The notion is that combining soccer themes and metaphors with strong facilitation skills, a caring coach mind-set and unique traditions, Skillz culture creates an environment which transcends the curriculum, training and programme delivery and makes the programme unique.

The curricula were written and refined over three years in a process that included a review of the literature and other curricula, pilot testing and expert consultations. The later development of the Generation Skillz Utshintsho curriculum was based on the same general principles as Generation Skillz, but with specific input from the baseline results

of the GOAL Trial. I have developed a logic model (Figure 2. 2) which includes the intended inputs, activities, outputs and (short-, medium-, and long-term) outcomes.

Figure 2. 2 GRS Generation Skillz & Utshintsho Logic Model



baseline findings of the GOAL trial (Kaufman et al., 2014). The development of the Utshintsho curriculum based on the GOAL Trial findings meant that it had not been subject to the same development and refinement process as Generation Skillz, and had not been piloted before being evaluated in the GOAL Trial. Nor had GRS developed a logic model for this curriculum specifically, prior to implementation. Both curriculums have been designed with the aim of reducing HIV incidence among South African adolescents, specifically by addressing three-interrelated behavioural risk drivers found to be of key importance within the South African HIV epidemic: multiple partnerships (MP) (HSRC., 2009) age-disparate sex (ADS) (Chen et al., 2007a) and gender-based violence (GBV) (Jewkes et al., 2011) Related to these behavioural risk drivers, Generation Skillz aims to achieve the following objectives, via the corresponding outcome measures:

1. Reduce sexual risk behaviour, and thereby reduce HIV incidence, including the proportion:
 - a. of females with age-disparate partners
 - b. of males with more than one sexual partner in the last 12 months
2. Reduce sexual and gender-based violence by changing male-dominant gender norms and attitudes, including the proportion:
 - a. of females in low-power relationships
 - b. of females reporting IPV

Table 2. 1 summarizes the individual Generation Skillz and Generation Skillz Utshintsho curriculum sessions. Further details about the content of Utshintsho sessions are included in Chapter Five. Each session aims to create a platform for interactive learning, meaningful discussion, a safe space for questioning attitudes, values and beliefs, and an opportunity for critical reflection on high-risk behaviours (Kaufman et al., 2014). The curriculum is designed to go beyond building basic HIV knowledge and life skills, and focuses on building self-efficacy to avoid high risk behaviours, while transforming social norms by generating vital discussion amongst participants, and between participants and facilitators about gender and relationships.

Table 2. 1 Generation Skillz & Generation Skillz Utshintsho curricula by year, activity and focus (Kaufman et al., 2013a)

Generation Skillz							
Session	Format	Curriculum Activity	ADS	MP	GBV	Other	Focus
1	Mixed	Skillz Contract, Coach's Story				☐	Sign Skillz contract, build teamwork, healthy decision making, personalization, resiliency
2	Mixed	Fact/Nonsense	☐	☐	☐	☐	Knowledge of HIV transmission and key HIV drivers, dispel common HIV-related myths
3	Mixed	Risk Field	☐	☐	☐	☐	Knowledge of HIV risks, consequences of risky behavior, peer support
4	Mixed	Gender Stadium			☐	☐	Gender norms, gender equality, listening to the other sex, communication
5	Mixed	Breakaway from HIV		☐			Abstinence, concurrency vs serial monogamy, sexual networks
6	Mixed	HIV Limbo	☐		☐		Risks of older partners, relationship power imbalance, and transactional sex
7	Females	Juggling My Life				☐	Decision to have sex, pregnancy, prevention of mother to child transmission of HIV
	Males	Condomise & Circumcise				☐	Benefits of medical male circumcision, consistent condom use
8	Mixed	My Supporters				☐	Stigma and discrimination against PLHIV, building a strong support system
9	Females	Woman Summit			☐	☐	Violence against women, stopping violence in the community, alcohol abuse
	Males	Man Summit			☐	☐	Violence against women, stopping violence in the community, alcohol abuse
10	Mixed	Sexual Network and The Gates		☐	☐	☐	Partner reduction, serial monogamy, condom use, HIV testing, window period
11	Mixed	Red Card	☐	☐	☐	☐	Key HIV drivers, build assertive communication skills, practice risk avoidance
Ongoing	Mixed	Biweekly SMSs	☐	☐	☐	☐	Reinforce key messages, motivate participants to make healthy decisions
Generation Skillz Utshintsho							
	Format	Curriculum Activity	ADS	MP	GBV	Other	Focus
1	Mixed	Contract and Play On	☐	☐	☐	☐	Create and sign Skillz contract, build teamwork, review key HIV drivers, personalization
2	Females	Defining YOU			☐		Gender roles, masculinity and femininity, positive deviance
	Males	Wear the Armband			☐		Gender roles, masculinity and femininity, positive deviance
3	Females	Healthy Relationships	☐	☐	☐		Characteristics of healthy and unhealthy relationships, relationship power imbalance
	Males	Power in Relationships	☐	☐	☐		Gender equality, relationship power imbalance
4	Females	Draw the Line			☐		Emotional, physical and sexual abuse; healthy boundaries; relationship termination
	Males	Nonviolent Communication			☐		Understand personal triggers, practice conflict resolution strategies
5	Females	Red Card	☐	☐	☐	☐	Evaluate personal alcohol usage, consequences of alcohol abuse, practice avoidance
	Males	Juggling My Life	☐		☐	☐	Evaluate personal alcohol usage, consequences of alcohol abuse
6	Females	Saying No			☐		Practice relationship communication skills, assertive sexual decision making
	Males	Respecting No			☐		Practice relationship communication skills, respecting partner's sexual decisions
7	Mixed	Graduation	☐	☐	☐	☐	Share learning from split-sex sessions, pledge to be community change agents
Ongoing	Mixed	Biweekly SMSs	☐	☐	☐	☐	Reinforce key messages, motivate participants to make healthy decisions

Short Message Service (SMS) messages were also developed, specifically to be evaluated in the GOAL Trial. Delivered bi-weekly for a year, they were based on key messages in the Generation Skillz curriculum. Messages centred around one of three themes: 1) reinforcing a key message from the curriculum, 2) information about local services, or 3) a message of general praise and encouragement. In general, messages encouraged participants to share their knowledge and begin meaningful conversations with their peers. SMS messages were sent to participants in 12 (of 23) randomly selected intervention schools between May 2012 and March 2013, following completion of intervention delivery at the specific school (Kaufman et al., 2014).

2.5.2 Grassroot Soccer ‘Coaches’

The Generation Skillz and Generation Skillz Utshintsho curricula are facilitated by “Skillz Coaches”; mixed-sex sessions are facilitated by a male and female coach together, while single-sex sessions are facilitated by a coach of the same sex to enable safe discussion of sensitive topics. GRS ‘coaches’ are young adults typically aged 18-25 years, who are recruited from the local communities where programmes are delivered. The selection process includes a written application and group interview, and coaches are selected on their leadership capacity, facilitation skills, passion for working with youth and desire to serve as role models for HIV prevention (Kaufman et al., 2013a). Coaches are appointed as volunteers, typically for the duration of two years, and receive a stipend as compensation. Coaches will have completed at least secondary school education, and receive a 5-day pre-service training before programme implementation, which includes curriculum content, facilitation skills, local HIV and AIDS epidemiology, as well as guidance on participant attendance monitoring, disclosures and referrals.

Training sessions are followed by further on-the-job training and support from ‘master coaches’ during monthly support visits. Additionally, they participate in weekly development sessions along with other coaches where they discuss challenges and further develop their skills (Kaufman et al., 2013a). Coaches usually begin their time with GRS by implementing curriculums for younger participants before delivering programmes in high schools. They receive an additional 5-day training prior to implementing any new curriculum. Coaches that implemented Generation Skillz and Generation Skillz Utshintsho in the GOAL Trial were all experienced coaches, in that they

had previously delivered other curriculums. However, Utshintsho was the first instance in which they delivered a primarily discussion-based curriculum and to older students in high schools.

2.6 GOAL Trial

The GOAL Trial was a three-year cluster-randomised trial, beginning in 2012, to assess the effectiveness of the combined Generation Skillz and Generation Skillz Utshintsho curricula and associated SMS campaign relative to no intervention in comparison schools. School years run from mid-January to early-October. Generation Skillz was delivered in intervention schools between March and October 2012, followed by Utshintsho approximately 10-12 months later between March and September 2013. The GOAL Trial evaluated the fourth version of the Generation Skillz curriculum, and the first version of Generation Skillz Utshintsho.

The GOAL Trial was a collaboration between the London School of Hygiene and Tropical Medicine (LSHTM), the University of Witwatersrand's Reproductive Health and HIV Institute (WRHI), and GRS, which led intervention development and delivery. *The process evaluation, which is the subject of this thesis, was conducted as part of the GOAL Trial, alongside the delivery of the second half of the intervention, Generation Skillz Utshintsho only.* The GOAL trial was jointly funded by Comic Relief and the MAC AIDS fund. The process evaluation received partial funding from the Tropical Epidemiology Group (TEG) at LSHTM for Phase 1 of data collection, and from STRIVE for Phase 2 of data collection.

2.6.1 Trial aims

The trial initially had three aims:

1. To assess the behavioural and biological (HIV and HSV-2) effectiveness of the Generation Skillz and Generation Skillz Utshintsho curriculums in South African high schools,
2. To assess whether sending biweekly SMS messages to participants for one year enhanced the intervention's effect on knowledge, attitudes and behaviours, and

3. Through a process evaluation, to understand why and how the intervention was or was not effective in achieving its desired outcomes.

The final of these objectives is the focus of this thesis. It is important to note that the process evaluation was conducted only of the delivery and receipt of the Utshintsho curriculum, and only in enrolled schools that were in the intervention arm and had already consented to be part of the trial. A final point for consideration was that biological markers were dropped from the trial following baseline data collection, and as a result, assessing biological effectiveness of the intervention did not remain a trial aim.

2.6.2 Primary and secondary outcomes

The GOAL Trial had three primary behavioural outcomes and four secondary outcomes.

Primary outcomes included:

1. *Reported age-disparate sex in the last six months*, defined as having had sex in the last six months with a partner who was five or more years older or younger.
2. *Reported recent multiple partnerships*, defined as reporting more than one sexual partner in the last six months.
3. *Reported perpetration of rape*, defined as reporting forced sex with a partner or non-partner who did not want to have sex.

Secondary outcomes included:

1. *Reported harmful alcohol use*, measured via the AUDIT scale (Bohn et al., 1995), where a score of 8 or higher is considered screening positive for harmful drinking.
2. *Belief in male-dominant gender norms*, measured via an adapted 10-item GEM scale (Pulerwitz and Barker, 2008).
3. *HIV related stigma*. This measurement was adapted from the Measure DHS AIDS Indicator Survey (AIS) (Curtis and Sutherland, 2004).
4. *HIV related knowledge*, measured on a 10-item scale, including items from AIS UNGASS as well as others.

2.6.3 GOAL Trial Study Participants and Setting

The GOAL trial enrolled male and female Grade 9 learners at 46 public high schools in informal settlements in Cape Town (n=16 schools) and Port Elizabeth (n=30 schools). Schools were purposively selected, excluding those that had received GRS programming before, and enrolling those that consented to being part of the trial. Schools in Cape Town were located in three communities: Khayelitsha, Gugulethu and Langa, while schools in Port Elizabeth were divided into two sites: Port Elizabeth 1 (urban townships in the city- Zwile, New Brighton, Kwazakhele), and Port Elizabeth 2 (peri-urban townships to the east of the city- Motherwell and Uitenhage). Schools were randomised to either receive the two-part intervention or not. It was assumed that schools in both the intervention and control arm would continue to receive standard life-orientation classes. Intervention schools were then further randomised to receive (or not) biweekly SMS's reinforcing the intervention. In schools with five or fewer classes of Grade 9 students, all Grade 9 classes were invited to participate, whereas in schools with six or more Grade 9 classes, five classes were selected using simple random sampling. Students had to provide both written consent from their parent or guardian, as well as they themselves assent to be enrolled in the trial.

2.6.4 Data Collection

Data collection occurred via a 146-item self-administered questionnaire completed on touchscreen mobile phones at baseline (n=4484), midline (8-10 months post intervention, n=3442), and endline (n=3251). The questionnaire assessed participants' demographic characteristics, HIV-related knowledge, and reported attitudes, gender norms, alcohol use, experience or perpetration of intimate partner violence and sexual behaviour. Questionnaires were conducted using Open Data Kit (ODK) software on Android mobile phones. Participants had the option to read and select options written in English or isiXhosa, or to listen to the questions in isiXhosa. Data was uploaded via a secure wifi connection at the end of each day.

2.6.5 Participant characteristics and Baseline Findings

A total of 4485 participants completed questionnaires at baseline: 2173 participants at intervention schools, and 2312 participants at control schools. The trial enrolled fewer male participants (44.3%) compared to females (55.7%). The mean age of participants was 15.6. Almost all (92.1%) participants self-identified as being black, and 95.8% identified isiXhosa as the language spoken at home. Nearly 1 in 3 participants (28.9%) disclosed that they were a single or double orphan, and 34.1% lived with both of their parents. At baseline, control and intervention groups were comparable in HIV related knowledge.

Among all participants, 68.6% of males compared to 43.0% of females reported having ever had sex, and among those that reported ever having had sex, more females than males reported having ever used a condom (69.8% vs. 61.1%). Among those who had engaged in sex, 13.7% of males and 11.8% of females reported had ever having an age-disparate partner (defined as 5 or more years older or younger). Females, however, had roughly 2.8-times higher odds of reporting having had a partner in the last year who was five or more years older, while they had roughly 2.5-times lower odds of reporting having a partner in the last year who was five or more years younger. On the other hand, it was much more common for males to have reported having an age-disparate younger partner in the past year, compared to having an older partner. Slightly over half of males reported having 3 or more lifetime partners, while approximately 30% reported having 3 or more partners in the last year. Further, 35.5% of males reported ever having perpetrated physical IPV, while an average of 30% of females reported having ever experienced physical IPV. Nearly a quarter of all participants screened positive for depression (28.2% of males vs 26.6% of females). Similarly, approximately a quarter of males (23.4%) screened positive for harmful alcohol use, while this was lower in females (12.5%). Social media was found to be associated with an increase in risky sexual behaviours. For example, among females, having a Facebook account was associated with reported multiple partnerships, age-disparate sex, and harmful alcohol use in the last year. Further, using Mxit- a popular local mobile instant messaging platform- was associated with a higher reported number of multiple partnerships on the last year among both males and females.

2.6.6 GOAL Trial findings

At endline, 3251 questionnaires were completed (1648 intervention, 75.8% follow-up; 1603 control, 69.3% follow-up). The trial results reflect the implementation of both halves of the intervention (Generation Skillz and Generation Skillz Utshintsho). Tables 2.2 and 2.3 below present differences between intervention and control groups overall and by sex for: self-reported sexual behaviours (split by primary and secondary trial outcomes); and HIV-related knowledge, reported attitudes, and reported gender norms, respectively.

Primary Behavioural Outcomes:

The intervention was not associated with a favourable effect on any of the trial's three primary outcomes; there was no evidence that the intervention reduced self-reported age-disparate sex, self-reported multiple partners or self-reported rape perpetration or IPV by males. However, females in the intervention group had higher odds compared to those in the control group of reporting more than one partner in the last six months (12.9% vs 9.3%, OR=1.56, 95%CI=1.13-2.16). There was also evidence that the intervention increased reported multiple partnerships in the last six months amongst males, and that females in the intervention group had higher odds of reporting an age-disparate partner compared to females in the control group.

Secondary Behavioural Outcomes:

There was strong evidence at endline that participants in intervention schools had higher HIV-related knowledge than participants in control schools (mean score 6.93 vs 6.40; $\beta=0.27$, 95%CI=0.03-0.58). This effect was consistent for both females ($\beta=0.31$, 95%CI=0.01-0.60) and males ($\beta=0.35$, 95%CI=0.07-0.62). The intervention was also associated with improved reported gender norms ($\beta=0.05$, 95%CI=0.00-0.10)- with similar effects among males ($\beta=0.06$, 95%CI=0.01-0.10) and females ($\beta=0.05$, 95%CI=-0.01-0.11). Further, males in the intervention group were more likely to report having had an HIV test either ever (55.9% vs 51.2%; OR=1.36, 95%CI 1.06-1.74) or in the last 12 months (31.9% vs 27.7%, OR=1.33, 95%CI=1.02-1.74). There was no evidence that the intervention had an effect on condom use (either ever or at last sex), or harmful alcohol use for either males or females.

In summary, results of the GOAL Trial suggest that the Generation Skillz and Utshintsho intervention was not effective in achieving its primary outcomes, however very strong evidence was observed of a positive effect of the intervention on HIV-related knowledge and gender-equitable norms for both sexes, and on self-reported HIV testing among males.

The outcome data relate to the first and second aim of the GOAL Trial. This thesis relates to the third aim, and presents a process evaluation that aimed to assess how and why the Utshintsho intervention either led to the desired outcome or not. The process evaluation was carried out to facilitate interpretation of the GOAL Trial outcome data, and to advise how the intervention could be adapted to enhance its likely effectiveness.

Table 2.2: Primary and secondary self-reported behavioural outcomes of the GOAL Trial at endline

	All (n=3247)						Females (n=1861)						Males (n=1390)					
	Intervention		Control		Intention To Treat*		Intervention		Control		Intention To Treat*		Intervention		Control		Intention To Treat*	
	n	%	n	%	OR	(95% CI)	n	%	n	%	OR	(95% CI)	n	%	n	%	OR	(95% CI)
Primary Behavioral Outcomes																		
Reported age-disparate sex in the last 6 months	123	11.7	125	11.3	1.11	0.79-1.55	55	10.1	49	8.8	1.11	0.69-1.79	68	13.4	76	13.9	1.05	0.71-1.55
Older partner (5+ years) last 6 months	71	4.9	55	3.5	1.48	0.92-2.37	49	5.8	33	3.7	1.40	0.83-2.36	22	3.7	22	3.3	1.20	0.61-2.34
Younger partner (5+ years) last 6 months	49	6.3	49	5.9	1.19	0.76-1.86	4	1.0	6	1.4	0.62	0.16-2.41	45	12.2	43	10.7	1.28	0.78-2.09
Reported recent multiple partnerships (more than 1 partner last 6 months)	391	25.4	367	22.2	1.41	1.17-1.69	115	12.9	88	9.3	1.56	1.13-2.16	275	42.9	280	39.1	1.15	0.91-1.46
Reported rape perpetration ever													85	13.3	99	13.9	1.01	0.73-1.39
Secondary Behavioral Outcomes																		
Ever had sex	1107	73.4	1167	71.6	1.2	1.01-1.44	575	65.6	586	63.4	1.14	0.91-1.42	532	84.3	581	82.5	1.11	0.80-1.52
3 or more lifetime partners	495	33.7	508	32.2	1.27	1.06-1.51	160	18.6	153	16.9	1.22	0.93-1.60	335	55	355	52.8	1.02	0.79-1.31
Currently have >1 partner	226	15.5	231	14.6	1.13	0.92-1.40	129	15.1	117	13	1.29	0.97-1.73	97	16.1	114	16.8	0.99	0.72-1.37
Ever tested for HIV	969	63.1	987	59.4	1.2	0.98-1.47	609	68.3	620	65.7	1.05	0.82-1.33	360	55.9	367	51.2	1.36	1.06-1.74
Tested for HIV last 12 months	561	36.6	552	33.4	1.12	0.94-1.33	356	40	354	37.7	1.04	0.84-1.28	205	31.9	198	27.7	1.33	1.02-1.74
Ever used a condom*	901	83.6	969	85.2	0.88	0.66-1.18	503	91	520	91.1	0.83	0.53-1.30	398	75.8	449	79.3	0.84	0.61-1.17
Used a condom at last sex*	719	65.0	739	63.3	1.22	0.96-1.56	395	68.7	385	65.7	1.25	0.91-1.72	324	60.9	354	60.9	1.15	0.78-1.70
Sex while drunk last 6 months	256	17.3	297	18.5	1.12	0.89-1.40	91	10.6	111	12.1	0.98	0.71-1.35	165	26.7	186	27.0	0.93	0.70-1.23
Perpetration of physical intimate-partner violence ever													205	31.4	245	33.8	1.04	0.80-1.36
Hazardous alcohol use (8+ points)†	331	21.3	315	18.7	1.16	0.97-1.40	131	14.5	123	12.9	1.1	0.83-1.46	200	30.5	192	26.2	1.24	0.97-1.60
*Via random-effects logistic regression comparing intervention vs control, adjusted for age group, school-level clustering, and baseline prevalence																		
†Also includes harmful and high-risk alcohol use																		

Table 2.3: HIV-related knowledge, reported attitudes, and reported gender norms at endline

	All (n=3247)						Females (n=1861)						Males (n=1390)					
	Intervention		Control		Intention To Treat*		Intervention		Control		Intention To Treat*		Intervention		Control		Intention To Treat*	
Scale	Mean	SE	Mean	SE	β	95% CI	Mean	SD	Mean	SD	β	95% CI	Mean	SD	Mean	SD	β	95% CI
HIV Knowledge (out of 10)	6.93	0.13	6.41	0.08	0.27	0.03, 0.58	6.92	0.13	6.39	0.09	0.31	0.01, 0.60	6.94	0.15	6.43	0.09	0.35	0.07, 0.62
HIV Stigma (out of 3)^	2.36	0.02	2.31	0.03	0.04	-0.02, 0.09	2.40	0.02	2.34	0.03	0.04	-0.04, 0.11	2.31	0.03	2.25	0.03	0.03	-0.06, 0.11
HIV Prevention Self-Efficacy (out of 3)	2.16	0.02	2.11	0.03	0.01	-0.04, 0.06	2.21	0.02	2.16	0.03	0.01	-0.07, 0.10	2.09	0.02	2.05	0.03	0.02	-0.03, 0.07
Gender-Equitable Norms (out of 3)	1.82	0.02	1.76	0.02	0.05	0.00, 0.10	1.88	0.02	1.83	0.03	0.05	-0.01, 0.11	1.73	0.02	1.67	0.02	0.06	0.01, 0.10
*Via random-effects linear regression comparing intervention to control, adjusted for school-level clustering, age group, site, and baseline scores																		
^Higher scores indicate more favorable attitudes towards people living with HIV							β = Coefficient for linear regression, positive numbers indicate a positive correlation											

Chapter 3: Literature Review

3.1 Overview

This chapter presents results from a literature review conducted of published process evaluations carried out alongside trials evaluating the effectiveness of curriculum and school-based HIV prevention or sexual and reproductive health (SRH) programmes for adolescents in sub-Saharan Africa. Although these process evaluations are published, a review of these studies, synthesising findings, does not exist.

The objectives of this literature review were to:

1. Describe the process evaluation domains explored and methods used in each process evaluation design (*presented in Table 3.2*)
2. Synthesise, through a narrative approach, the main findings of the process evaluations
3. Assess to what extent, if at all, the process data was integrated with outcome data, and how it contributed to further developing the intervention to enhance its likely effectiveness

3.2 Methods

3.2.1 Search Strategy

This review employed a two-pronged search strategy to identify relevant published literature; database searching, and hand searching references of included articles. First, seven electronic databases (Africa Wide, Embase, Global Health, IBSS, Medline, PsychInfo and PubMed) were searched to identify published articles combining the concepts ‘*adolescent*’, ‘*HIV/SHR*’, ‘*schools*’ and ‘*process evaluation*’, and published at any point before November 2013, as outlined in **Table 3. 1**. The identified studies were then exported into EndNote and “de-duplicated” before being screened against the inclusion and exclusion criteria. Secondly, all articles that were kept following full text review had references screened to identify additional relevant publications. Publications that were identified and kept during this phase also had their references screened to identify

further relevant articles. This process continued until no further pertinent publications were identified.

Table 3. 1 Literature review search terms

Concept	Text Term
Adolescents	adolescent* or youth* or young adult* or young pe* or teen* or child*
HIV/SRH	HIV or AIDS or STI* or STD* or SRH or ASRH or sexual reproductive health or adolescent sexual reproductive health or sexual and reproductive health or adolescent sexual and reproductive health or reproductive health or sex* health or sex* education or sex*
School-based	school* or teach* or educat* or peer* or student* or learn* or pupil* or in-school or curriculum* or program*
Process Evaluation	process evaluation

3.2.2 Inclusion and exclusion criteria

To be included in the review, articles needed to be published in English, and describe elements of a process evaluation that was conducted as part of a trial evaluating the effectiveness of a behavioural and curriculum-based HIV prevention or SRH promotion intervention for adolescents in sub-Saharan Africa. The intervention had to be delivered in schools by either teachers or peers (or both), and was restricted to delivery within sub-Saharan Africa. Although the intervention could also include additional components not delivered in schools, in such cases, only articles related to the process evaluation of the school-component were included for review. Furthermore, to be included, process evaluations needed to be linked to a study which used a randomised controlled trial (RCT) or quasi- experimental design in order to contribute towards objective three of the review, and needed to explicitly describe methods and results of a process evaluation, not merely indicate that one had been carried out or was planned, so as to achieve review objectives one and two; papers describing protocols were therefore not included. Lastly, articles detailing process evaluations conducted alongside the delivery of HIV prevention or SRH promotion programmes for young people in community settings were also excluded, reflective of my interest in schools as the setting for intervention delivery.

3.2.3 Data extraction

After the final number of records had been determined, I extracted data by hand. Articles that related to the same main parent trial were grouped together. Details of parent trials and corresponding process evaluations, including domains of process evaluation and methods used, were extracted for each reference, and entered into a table (Table 3. 2). A thematic analysis approach was used to synthesise narrative findings from the process evaluations. To do this, I read the results section of each reference and noted down initial thoughts on the main themes and sub-themes. I then coded each document according to the themes they contained, and extracted coded data into a word document, from which the narrative synthesis was written. Assessing the quality of the trial, and the quality of the corresponding process evaluation was beyond the scope of this review.

In this chapter, the synthesis of process evaluation findings is presented in three main themes. These emerged after reviewing and coding the results sections of included process evaluations:

1. Factors facilitating or hindering the fidelity and quality of implementation of the intervention in schools
2. Factors associated with the training of facilitators, and their engagement with, and experiences of delivering the intervention
3. Factors associated with students' engagement with, and acceptability of the intervention.

3.3 Results

3.3.1 Literature review search results

A total of 540 records were identified through database searching, of which 350 were duplicate records and subsequently removed (Figure 3. 1). Following screening of titles and abstracts (n=190), 25 references were retrieved for full text review. From these, seven records met the inclusion criteria and were included in the review. References of these seven records were hand-searched, and a further three records identified.

3.3.2 Characteristics of the parent trials (that the Process Evaluations related to)

The ten included records report process evaluations conducted alongside four trials, meaning that various aspects of one process evaluation, in some cases, were reported across several papers (Table 3.2). Of the four trials, all four were an RCT design. Two of the trials were conducted in South Africa, and one each in Tanzania and Uganda. Three of the trials were conducted between 1998 and 2004. The other record does not provide this information, but as the date of publication for the process evaluations was 2006, the trial would have been conducted some time before this date. Three of the trials evaluated a curriculum that was teacher-led, while in the other trial, the curriculum was teacher-led and peer-assisted. The age of students included in the trials ranged from 12 years to approximately 15 years (where reported), but most commonly enrolled students who were approximately 14 years of age. Two of the trials evaluated an intervention that consisted solely of a school-based curriculum, whereas the other two, MEMA kwa Vijana (MkV) and the MRC's Masaka school programme, evaluated an intervention in which the school-based curriculum was only one component of a larger intervention which included clinic –based HIV and STI related health services as well as community component. For these trials, only records describing process evaluations related to the school-based component were included in the review.

Figure 3. 1. Literature review search results: identification, screening, eligibility and inclusion criteria

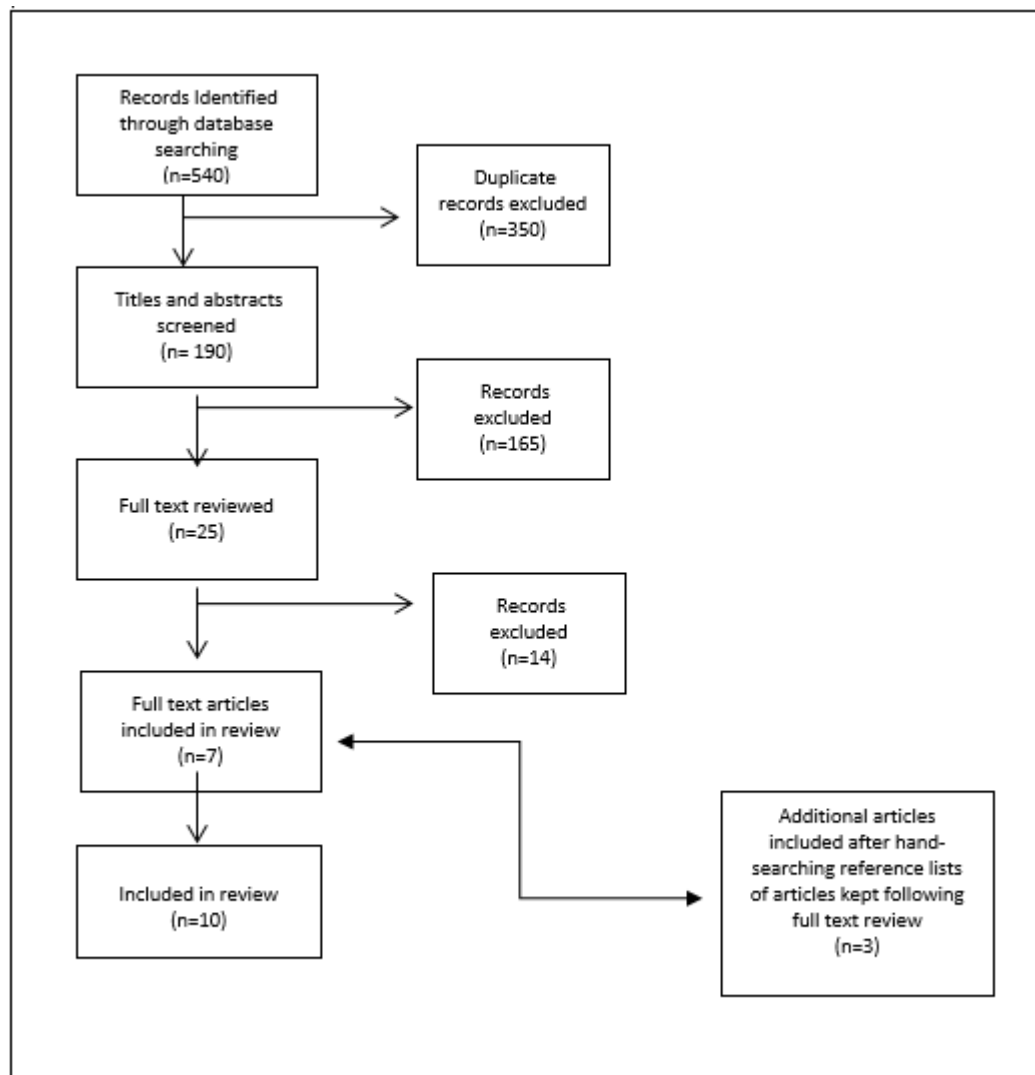


Table 3. 2 Characteristics of process evaluation studies included in the review; presented by related trial

Article #	Author, Year	Focus of Paper	Domain (s) of Process Evaluation Assessed	Methods Used	Concurrent or Retrospective Process Evaluation?	Qualitative or Quantitative?	Integrated with Outcome Data?
STUDY / INTERVENTION 1: MEMA kwa Vijana (MkV) ‘Good things for young people’ Study design: cRCT Study size: 20 communities in 4 districts (10 intervention, 10 control), 125 schools (62 intervention, 63 comparison), 9645 school pupils total Timeframe conducted during: 1998-2002 Country of evaluation: Tanzania (Mwanza- rural) Age of students: ~14 years or older at time of enrolment Teacher- or peer-led: Teacher–led, peer-assisted (Class Peer Educator – ‘CPE’) Intervention design: Primary school curriculum (based on Social Learning Theory), a youth-friendly health worker training, and a youth condom promotion/distribution initiative with community mobilisation (including youth health weeks) Outcomes measured: Biological endpoints, as well as quantitative and qualitative measures of knowledge, attitudes and behaviour Trial results: no impact on biomedical outcomes, but substantial and sustained improvement on knowledge, reported attitudes and some reported sexual behaviours in the medium term (3 years), and retained long term (8 years) improvement in knowledge							
1	Plummer et al., 2007a	School conditions: facilitators and barriers to implementation	Context (as a precursor to implementation)	3 years of participant observation (PO)	Concurrent	Qualitative	No
2	Plummer et al., 2007b	Teacher and CPE training Implementation of intervention	Implementation of training (fidelity) Mechanisms of impact (facilitators knowledge & perspectives) Implementation of intervention (fidelity and coverage)	Observation of the implementation of teacher and CPE training, & the delivery of sessions Teacher pre/post training questionnaires Teacher, CPE and pupil group discussions Participant observation Review of pupil’s exercise books	Concurrent	Qualitative & Quantitative	Yes

3	Renju et al., 2010	Teacher training	Implementation of training (quality and impact)	Semi-structured observation of the implementation of teacher training	Concurrent	Qualitative & Quantitative	Yes
		Implementation of intervention	Implementation of intervention (quality)	Teacher pre/post training questionnaires			
		Teacher attitudes to, experiences of, and ownership of the intervention	Mechanisms of impact (facilitators knowledge & perspectives)	Questionnaires			
				Semi-structured key-informant interviews			
4	Renju et al., 2011	Implementation of intervention	Implementation of intervention (coverage and quality)	Observation of the implementation of sessions and CPE role plays	During scale-up	Qualitative and Quantitative	N/A: scale-up of intervention
				Review of pupil's exercise books			
				Interviews with teachers			
5	Wight et al., 2012	Contextual factors	Context	Participant Observation In-depth Interviews Group Discussions	Concurrent	Qualitative	Yes

STUDY / INTERVENTION 2: South Africa and Tanzania: the SATZ project

Study design: RCT

Study size: 26 high schools (13 intervention and 13 control)

Timeframe conducted during: March- August 2004

Country of evaluation: South Africa (Cape Town)

Age of students: Grade 8 students, ~14 years old

Teacher- or peer-led: Teacher-led

Intervention design: School curriculum (based on Theory of Planned Behaviour)

Outcomes measured: Not reported

Trial results: Not reported

6	Ahmed et al., 2006	Teacher training	Implementation of training (content and process)	Participant observation notes	Concurrent	Qualitative	No
			Mechanisms of impact (facilitators knowledge & perspectives)	Open-ended questionnaires			
7	Mukoma et al., 2009	Implementation of intervention	Implementation of intervention (fidelity and quality)	Teacher lesson logs	Concurrent	Qualitative & Quantitative	No
			Mechanisms of impact (acceptability among students and teachers)	Observations of the implementation of sessions			
				Interviews with teachers			
				Group discussions with students			

STUDY / INTERVENTION 3: MRC's Masaka schools programme

Study design: cRCT

Study size: 31 schools (20 intervention (n=1274 students), 11 control (n=803 students))

Timeframe conducted during: 1998-2000

Country of evaluation: Uganda (Masaka – rural)

Age of students: 12-15 year olds

Teacher- or peer-led: Teacher-led

Intervention design: extracurricular school-based programme (based on Behavioural Changes for Interventions model) -(with or without the addition of an improved syndromic STD management system in government and private health clinics, plus social marketing of condoms, and voluntary HIV testing and counselling)

Outcomes measured: not reported

Trial results: 'no significant increase in score after the intervention'

8	Kinsman et al., 1999	Implementation of the intervention	Implementation of intervention (fidelity and quality)	Supervisory visits to schools	Concurrent	?	No
			Mechanisms of impact (facilitators knowledge & perspectives)				

9	Kinsman et al., 2001	Participant experiences	Mechanisms of impact (acceptability among students)	Focus group discussions	Concurrent	Qualitative	Yes (outcome and process data reported within the same paper)
<p>STUDY / INTERVENTION 4: Department of Education's life skills programme on HIV and AIDS</p> <p>Study design: RCT</p> <p>Study size: 22 schools (11 intervention, 11 control), 1,141 students total</p> <p>Timeframe conducted during: not reported</p> <p>Country of evaluation: South Africa (KwaZulu Natal province)</p> <p>Age of students: Grade 9</p> <p>Teacher- or peer-led: Teacher-led</p> <p>Intervention design: School curriculum implemented during life orientation classes</p> <p>Outcomes measured: Knowledge, attitudes, behaviours, self-efficacy, communication</p> <p>Trial results: students were more positive in their perceptions about sexual behaviour and connectedness, and reported less sex and more condom use</p>							
10	James et al., 2006	Implementation	Implementation (dose delivered, fidelity)	Questionnaire	Concurrent	Quantitative	Yes (outcome and process data reported within the same paper)

3.3.3 Narrative synthesis of Process Evaluation findings

The synthesis of process evaluation findings is presented in three main themes that emerged after reviewing and coding the results sections of included process evaluations.

These themes are:

1. Factors facilitating or hindering the fidelity and quality of implementation of the intervention in schools
2. Factors associated with the training of facilitators, and their engagement with, and experiences of delivering the intervention
3. Factors associated with students' engagement with, and acceptability of the intervention

3.3.3.1 Theme 1: Factors facilitating or hindering the fidelity and quality of implementation of the intervention in schools

The fidelity and quality of intervention implementation was assessed in all four of the process evaluations. Interventions were found to be implemented to varying degrees of completeness and quality, and several factors were described to either facilitate or inhibit implementation. These related to the school setting, the curriculum, and to individuals either delivering or participating in the intervention, as discussed below.

School setting

The process evaluation conducted as part of MkV (Plummer et al., 2006, Renju et al., 2010), identified resource and personnel constraints at schools as factors affecting programme implementation. Schools were described as frequently having an insufficient number of classrooms and desks, and being overcrowded, which affected if and how sessions were able to be delivered. Further, the shortage of female teachers, in particular, and high teacher attrition and turnover, as also described in other studies (Kinsman et al., 1999) was postulated to reduce intervention effectiveness, particularly among female participants. The SATZ process evaluation (Ahmed et al., 2006, Mukoma et al., 2009) reported similar barriers, and additionally described how many of the participating schools had a rotation system which required students to move from one class to another, meaning that time was lost for sessions. This same process evaluation further noted that several schools had other activities which interfered with implementation, as most of these also occurred during Life Orientation sessions, thus shortening the length of time available for implementation of the curriculum. These activities included peer counselling, talks from people living with HIV and visits from other HIV organisations. It was speculated that in addition to affecting time available for implementation, it was possible that these activities could have complimented or contradicted the SATZ intervention (Ahmed et al., 2006, Mukoma et al., 2009).

Finally, the SATZ and MkV process evaluations (Mukoma et al., 2009, Plummer et al., 2006) also recorded that student absenteeism was high (demonstrated either through inconsistent attendance or dropout). This was often due to family work responsibilities, pregnancy, or inability to pay school fees, and resulted in students receiving varying number of intervention sessions.

Curriculum Topics

Some topics, in particular condoms and condom use, were found to be less acceptable by implementers across several interventions, and as a result, associated sessions were delivered less often or less well. Process evaluations for three interventions, MkV, SATZ and MRC, reported that lessons on condom use were routinely found to be omitted or altered during implementation of the curriculum (Kinsman et al., 1999, Mukoma et al., 2009, Plummer et al., 2007, Renju et al., 2010, Renju et al., 2011). For example, the process evaluation accompanying the MkV trial found that condom use was particularly difficult for the class peer educators (CPEs) to discuss with participants. CPEs were confused or frustrated with this topic, which often resulted in them relaying inaccurate or incomplete information (Plummer et al., 2007, Renju et al., 2010, Renju et al., 2011). However, the lack of condom demonstrations was mitigated by students being able to visit health facilities, and receive condom related education and advice, as part of the wider intervention (Wight et al., 2012). Teachers failing to deliver lessons about condom use or conduct condom demonstrations, was often attributed to religious beliefs, or the belief that students were not ready for lessons and/or demonstrations related to condoms, despite most teachers reporting that they believed students were sexually active. In fact, in one study, several girls became pregnant during programme implementation, but despite this, teachers continued to insist on teaching abstinence (Mukoma et al., 2009). The MRC curriculum implemented in Uganda also encountered resistance from teachers who did not want to deliver sessions related to condoms for four reasons: 1) a strong objection from parents, who thought that condoms encouraged promiscuity and immorality, 2) schools being connected to a religious institution which opposed condoms, 3) head teachers forbidding the teaching, and threatening job loss for teachers who implemented sessions, and 4) teachers personally disapproving of condoms for young people or feeling embarrassed talking about them (Kinsman et al., 1999). Further, although not related to condoms, the SATZ process evaluation recorded that in one school teachers introduced (harmful) messages that were inconsistent with the content of the intervention (Mukoma et al., 2009).

Curriculum Teaching Styles- Non-Didactic Teaching Methods

Several of the curricula evaluated in the included trials involved the use of participatory teaching methods such as role-plays and group discussions. Process evaluations found that implementation of these types of teaching methods were overall less consistent, and generally worse than more traditional didactic teaching methods, even amongst teachers that had similar grasps of the curriculum content (Mukoma et al., 2009, Plummer et al., 2007).

For example, in the MRC curriculum evaluated in Uganda, role-plays were found to be implemented in approximately only one third of all schools. Teachers expressed a dislike for the role-plays and this new way of teaching, describing that they did not think that role plays worked. They instead insisted on using didactic methods instead, saying that they would “give information to the kids” using their own teaching skills (Mukoma et al., 2009). In programmes such as the one implemented in Uganda where teachers were allowed some flexibility in what sessions were delivered, role-plays pivoting around certain topics, most notably condom use, were reported to have low implementation (Kinsman et al., 1999). Teachers further described that large class sizes, poor discipline amongst students, and the lack of an assistant teacher contributed to making the role-plays difficult and requiring too much time to facilitate. Additionally, teachers and students described that some students were hesitant to participate in role plays, particularly ones that involved depicting romantic relationships, and some role-plays which were designed to be conducted in single-sex groups were not implemented in this way. Similar challenges were observed in the process evaluation of the MkV curriculum, where the degree to which teachers used interactive teaching techniques varied (Wight et al., 2012). Teachers shared various ways in which they adapted the curriculum in an attempt to navigate the challenges experienced with role-plays. As an example, where students were reluctant to participate in the SATZ intervention, teachers allowed role-plays to occur outside of the classroom without a teacher or other students being present in an effort to increase comfort within small groups. They also occasionally asked bolder students to volunteer and present their role-plays in front of the class, allowing other students to observe and discuss the scenarios without necessarily having to participate (Kinsman et al., 1999, Mukoma et al., 2009). In contrast to the challenges reported by teachers, MkV peer educators were found to conduct in-class dramas and

role-plays associated with the curriculum well, but struggled with answering unscripted questions (Plummer et al., 2007).

In addition to role-plays, the process evaluation of the SATZ curriculum found that teachers found small group work difficult to facilitate with large or poorly disciplined classes (Ahmed et al., 2006, Mukoma et al., 2009). In an effort to mitigate these obstacles, teachers preassigned students to groups for the entire duration of intervention, which reportedly worked well at minimising disruption (Mukoma et al., 2009). Furthermore, a lack of confidence and experience amongst teachers related to delivering group work sessions, limited space and the absence of a co-facilitator were all reported to contributing towards making delivery in this style particularly challenging (Ahmed et al., 2006). Similar challenges were recorded in the implementation of MkV. Despite teachers appearing confident, and commending the participatory methods, they also described challenges associated with this way of teaching, primarily large class sizes which were difficult to manage. They pointed out that this way of teaching not only increased session length, but since they were not accustomed to the style and approach, it also required more time and effort for preparation (Renju et al., 2011).

Fidelity of implementation

Across process evaluations, the fidelity of implementation was found to be variable, and the way in which fidelity was recorded and assessed ranged from self-completed reports by implementers, to observations conducted by external observers. For example, routine monitoring and supervision by intervention supervisors in MkV found that teachers delivered most sessions (Wight et al., 2012), that the quality of curriculum delivery was good, that teachers had a good grasp of the content, and tried to use participatory teaching methods (Plummer et al., 2007). Teachers also completed self-reports, in which during the first year of implementation they reported that they did not skip or change any part of the session for the majority (95%) of sessions, and that for 78% of sessions they had enough time to teach the session (Plummer et al., 2007). In a similar way, during the delivery of the SATZ programme, teachers kept a log where they indicated whether they had implemented the lesson as planned. Tabulated scores from these recordings subsequently revealed that teachers reported that they had implemented most lessons almost exactly as planned, despite admitting to not

implementing role-plays, often substituting them with other activities, and being opposed to the session that promoted safe sex and condom use (Mukoma et al., 2009). Upon further and more independent exploration using observations and interviews, the SATZ process evaluation found that, overall, the intervention was not implemented with high fidelity at many schools, and quality was variable. This was established to be as a result of contextual factors and individual teachers' characteristics, and thus concluding that students were not exposed evenly to the same intervention (Mukoma et al., 2009). This finding pointed towards the importance of distinguishing between dose and fidelity; despite teachers implementing most sessions, few of them implemented the sessions as intended. Similar to these findings, the process evaluation of the MRC intervention delivered in Uganda concluded that the programme was poorly implemented, with low fidelity and quality. These conclusions were reinforced by data from focus group discussions (FGDs) with intervention participants which revealed that they had either received very few or no sessions of the curriculum at all (Kinsman et al., 1999, Kinsman et al., 2001).

The SATZ process evaluation further noted that individuals other than those trained in the curriculum were sometimes found to be implementing sessions. This included outside facilitators that delivered sessions on self-esteem and decision making, a biology teacher that delivered a session on reproductive functions, and a nurse that implemented a session on condom use (Mukoma et al., 2009). These findings suggest that trained teachers may have felt either unprepared or uncomfortable discussing a certain topic or facilitating a particular session, and in certain instances thought that there were other individuals more suited or capable. Finally, it became obvious early on that the duration allocated for the implementation of SATZ was too short, and as a result, the intervention designers modified some of the sessions. It was found that teachers varied in how long it took them to deliver individual sessions, which they reported was due to students having varying levels of cognitive abilities (Mukoma et al., 2009).

Participant dynamics

The process evaluation of the SATZ curriculum described challenges in classroom dynamics during the delivery of curriculum sessions caused by variations in age and sexual experience among students. For example, it was difficult to have small group

discussions where older and more sexually experienced students were mixed with younger and/or sexually inexperienced students. In such cases, teachers had different ways of handling this including splitting the groups to keep students of similar age and experience together, or using the older students to assist where young students may be shy (Mukoma et al., 2009). Further, it was found that sexually inexperienced students sometimes had difficulties identifying with role-plays, particularly role-plays which centred around romantic relationships, including sexual experiences (Mukoma et al., 2009).

Facilitators to implementation:

Process evaluations illuminated numerous barriers that affected facilitation in a negative way, but the process evaluation of SATZ also explicitly identified several facilitators that were associated with increased fidelity and quality of implementation. These included: providing required teaching materials, participatory trainings that considered different backgrounds, views, attitudes, skills and self-efficacy of the facilitators, and the involvement of teachers in the development and piloting of curriculums (Mukoma et al., 2009)

3.3.3.2 Theme 2: Factors associated with the training of facilitators, and their engagement with, and experiences of delivering the intervention

Knowledge, skills and attitudes prior to training & acquirement during training

Process evaluations that reported on aspects of facilitator training, demonstrated that teachers began training with often low and variable SRH-related knowledge. Additionally, they had differing levels of skills and confidence pertaining to methods and styles of facilitation. Taken together, these findings underscore the value and importance of training. As an example, teachers attending training for the SATZ intervention reported ahead of training that they felt anxious about their lack of knowledge and exposure to HIV issues, and that they hoped to be able to increase not only their knowledge of sexuality and HIV, but also gain dynamic approaches to effectively, and confidently, teaching sex education. They expressed particular concern related to role-play activities; many teachers expressed a lack of confidence in having

the skills necessary to manage role-plays, especially in larger classes, and believed that students would struggle with this approach as it was something new to them (Ahmed et al., 2006). Following training, the majority of these teachers reported that they felt they had acquired SRH knowledge, and group facilitation skills, however during subsequent refresher trainings, it was observed that most teachers still did not demonstrate sufficient knowledge. This evidence suggested that they had either initially failed to learn concepts and techniques, or that it was not easily retained (Ahmed et al., 2006). As a further illustration, during observations of training sessions conducted as part of the MkV process evaluation, reports indicate that teachers varied in their baseline teaching ability, particularly related to facilitation skills. For example, some could not easily move beyond didactic teaching methods, and some were particularly patronising or judgemental in their approach to session topics (Plummer et al., 2007). Despite these observations, teachers reported enjoying the training and liking the participatory techniques (Plummer et al., 2007, Renju et al., 2010). As a final example, the SATZ process evaluation established that teachers benefitted from the training programme, particularly by acquiring knowledge and understanding of the skills required to teach sex education. At the outset of training, teachers expressed concerns about role-play activities, saying that students would have difficulty with them, and saying that they lacked the confidence and the facilitation skills to manage role-plays in large class sizes (Ahmed et al., 2006). Upon reflecting on their experiences, teachers that attended the SATZ training shared that not only did they feel as if they had gained knowledge and skills, but that they enjoyed learning from each other, and appreciated the opportunity that the training provided for them to reflect on their own values and norms (Ahmed et al., 2006).

Lastly, related training, the process evaluation of SATZ highlighted the importance of the trainer, reporting that the knowledgeable and skilful facilitation of the trainer was valued, particularly when fostering a participant-centred approach to training (Ahmed et al., 2006), and training of high quality and consistency as documented in the MkV training was also of paramount value (Plummer et al., 2007, Wight et al., 2012).

Knowledge, skills and attitudes following training

The process evaluations conducted of the MkV and STAZ curricula found that following training, teachers reported improved attitudes towards teaching about condoms, and towards confidentiality (Mukoma et al., 2009, Plummer et al., 2007, Renju et al., 2010). Further to this, some teachers delivering both curricula reported increasing their use of participatory techniques following training, citing that the training had made them more confident in this approach to facilitation, and that they were better able to engage students with these techniques (Mukoma et al., 2009, Renju et al., 2010). One teacher describes how he valued the training:

“The initial trainings, and the update, without that I would not have coped that well, I would have thought this was nonsense. Being old and cynical I wouldn’t have tackled this. As I said at the time, I’m not going to show the children in front of a mixed [gender] class, how to put on a condom. In the end it was no problem at all, I was blatant enough” [male teacher], p.43 (Mukoma et al., 2009)

In the MkV process evaluation, teachers reported that their increase in use of participatory techniques moved beyond MkV sessions to their teaching more widely. They attributed this shift to the training, which they said made them feel more confident in the classroom, more generally, and saying that they were convinced that this approach attracted more students and made them want to learn (Renju et al., 2010). This parallels what was described by the CPCs, who also reported that their confidence increased subsequent to training. Further, they shared that their confidence continued to increase with subsequent round of implementation (Renju et al., 2010). However, despite these positive reports from facilitators, there were less favourable findings across studies about how this actually translated into practice within the classroom. For example, in the implementation of SATZ, once implementation began, many teachers struggled to move beyond didactic methods to implement this new participative approach, as evidenced by a limited number of teachers attempting role-plays with students. Despite this method being given extra attention in the training, it remained problematic when it came to implement in the classroom, with authors suggesting additional training and support for these types of methods (Ahmed et al., 2006).

Ownership of the curriculum & motivation to deliver the programme

The teacher training conducted as part of the SATZ intervention was used as a means to further develop the curriculum. This was done by eliciting teachers' comments and criticisms on various aspects of the programme, including session topics, language and appropriateness of activities, which fed into a revised iteration at the end of training. This process was found to be appreciated by teachers, who via their contribution, reported feeling a sense of ownership and better equipped to implement the programme (Ahmed et al., 2006). Ongoing support and engagement as facilitation progressed was credited with sustaining this sense of ownership, commitment and motivation amongst teachers (Mukoma et al., 2009). Levels of motivation varied within and across other studies. For example, the MkV process evaluation described that some teachers were enthusiastic and attempted to deliver sessions despite lack of resources, while others appeared poorly motivated, raising grievances against lack of pay (Plummer et al., 2006, Renju et al., 2010). Perhaps one of the highest levels of commitment and motivation was found in the process evaluation of the intervention delivered in Uganda. Here it was found that many of the teachers were willing to put their reputations and sometimes even their livelihoods at risk by teaching topics deemed inappropriate either by the school authorities or members of the community, on the basis that they believed the curriculum was important, and that they thought that they could have a positive impact on the students' lives (Kinsman et al., 1999).

Attitudes to teaching SRH in schools

In general, process evaluations reported that, for several reasons, teachers lacked positive attitudes towards teaching about SRH in schools. One of these reasons centred around fear of losing respect from students, as described in the process evaluation of the SATZ curriculum. Some teachers believed that by communicating that there is a safe way for young people to have sex, students may consider teachers promoting or condoning sexual activity among youth. In this way, some teachers thought that a message of safe sex was in contradiction to the aim of a reduction in sex, and insisted that their focus would remain on abstinence (Ahmed et al., 2006).

In other studies, teachers' attitudes were improved following training. This was exemplified by MkV teachers who were more supportive of teaching SHR in schools

following training, believing that the topic should have its own space in the timetable, and be examinable, thus moving towards making SHR a priority in schools (Renju et al., 2010). More specifically, while interviews with teachers revealed that most welcomed conversations about HIV/AIDS, similar to pre-training, they continued to maintain that discussions and activities related to condoms or contraception encouraged sexual activity (Renju et al., 2010). Trainings, therefore may not be adequate to address in entirety the concerns, values and beliefs that teachers hold related to young people and sexual activity, and what should be taught in schools.

Teachers' engagement with participants

Studies identified problematic teacher-pupil relationships characterised by a lack of trust amongst teachers and pupils, and the use of authoritarian and didactic communication strategies which made delivery of, and engagement with interventions problematic. Reports of sexual abuse and harassment towards female students by male teachers (Kinsman et al., 1999, Plummer et al., 2006) suggested that it may be inappropriate for teachers to be teaching these subjects. Generally, teachers were also found to speak to pupils in an authoritarian way, preventing an opportunity for dialogue in which student were able to ask questions or exchanging views or experiences (Plummer et al., 2006), which pointed towards the possibility that teachers may be reluctant or find it difficult to the use new non-didactic teaching methods encouraged by the interventions (Plummer et al., 2006). Further, official and unofficial school practices including pregnancy testing and corporal punishment were also documented. These were found to strain student and teacher relationships, thus reducing the ability for teachers to successfully deliver programmes, and students to feel comfortable participating (Plummer et al., 2006).

Not surprisingly, it has been shown that young people liked teachers that were fair, polite and sympathetic, in contrast to teachers that were verbally abusive or disrespectful (Plummer et al., 2006). Encouragingly, two process evaluations reported that the training and subsequent delivery of the curriculum contributed towards improving student-teacher relationships. In Uganda this was found to extend beyond the programme, with teachers reporting significantly improved relationships with students both during and following implementation. They described how students would approach them for advice related to treatment for STIs or caring for a family member

with HIV, for example. Teachers attributed this increased openness and communication with students owing to the types of issues that the curriculum addressed (Kinsman et al., 1999). Similarly, teachers of the MkV intervention reported that the training and experience of being a facilitator afforded them more respect at school, both in and out of the classroom, and from students as well as other teachers (Renju et al., 2010). Further, CPEs reported that they were glad to have been a CPE, and that they were often admired and respected for their role. However, they described that they were sometimes envied, mainly thought to be related to the material items which they acquired with the role, but also occasionally criticised when they were thought to be more sexually active than other young people (Plummer et al., 2007).

Facilitators own views / behaviours

Findings from across process evaluations revealed that occasionally the views and norms of facilitators were in conflict with those underpinning the intervention, and this was found to influence the delivery of curricula components and topics, as well as how facilitators were perceived by participants. Training questionnaires completed as part of MkV showed that despite 81% of teachers being married, 27% reported having another sexual partner (Plummer et al., 2007), suggesting that it might be difficult for some teachers to act as role models. Also, in MkV, CPEs reported that they were abstinent since becoming CPEs, however, during participant observation, reports suggested that CPEs engaged in equal or more risky sexual behaviour than their peers, as suggested, for example, by female CPEs becoming pregnant (Plummer et al., 2007). Both of these scenarios suggest that in some instances, it may be difficult for facilitators to act as role models, however in the case of the CPEs, it is unclear if they were selected for the role due to their relatability since they were sexually active, and now it was just more visible since they were being watched, or if this increased during the duration of the programme.

In addition to the suitability to act as role models, some process evaluations established that those delivering the programme did not agree with some of the key messages, thus affecting the likelihood that those sessions would be implemented. For example, in SATZ, following training, 30% of teachers did not feel that the underlying messages of the curriculum matched their own personal beliefs and values and reported that they would be teaching abstinence instead (Ahmed et al., 2006). It was clear that some

teachers felt conflicted when the norms and values of the curriculum were in misalignment with their own personal values as one teacher described:

“...the personal challenge is us trying to get a balance between my own beliefs and the idea that I must teach certain material that I believe should not be taught to Grade 8 students” [pg 627] (Ahmed et al., 2006)

In MkV interviews, a small number of respondents reported changes in their own behaviours following training and implementation of the programme. For example, one female teacher explained how she had learnt more about her own personal choice of contraception, while other teachers spoke about how the curriculum helped them in their own life. From observations, anecdotal reporting and questionnaire data, it was evident that the experience has impacted on teachers’ both within and outside of the classroom (Renju et al., 2010).

Acceptability / feelings towards implementation (including students & curriculum

Following implementation, facilitators of SATZ summed up the experience as challenging and demanding, but enjoyable (Mukoma et al., 2009). They reported that they were challenged to become student centred, particularly in their approach to delivery, as a female teacher described:

“...you have to be committed...to think of ideas for making it interesting...it was not just a question of standing there and giving them information, you had to be involved emotionally as well, try and be part of them, step down from the level of adulthood and get into their shoes, in order to understand them. I had now to look at things from students’ point of view and not from my own point of view, of what I like and what I don’t like, I had to change my attitude, and know that the centre is the learner and not me” [pg. 43] (Mukoma et al., 2009)

In contrast to this feedback, other teachers involved in implementation of the same intervention remained resistant to the use of role-plays in teaching, explaining that:

“What works in our situation is the kind of passion type [didactic approach] of teaching methods where your kids sits and you teach, and giving the information to the kids using your teaching skills. We use that type of teaching. To emphasize, role-playing in our situation doesn’t work.” – male teacher [pg. 43] (Mukoma et al., 2009)

Related to how participants engaged with the intervention, teachers reported a range of experiences. Teachers delivering both the MkV and SATZ interventions reported that, overall, students were enthusiastic and attentive, and teachers perceived this as an indicator that students were enjoying the programme (Ahmed et al., 2006, Mukoma et al., 2009, Renju et al., 2011). However, in both studies, teachers also shared that students varied in their participation (Ahmed et al., 2006, Mukoma et al., 2009), and in MkV it was noted that boys answered more questions than girls, regardless of the sex of the teacher (Renju et al., 2011). Teachers delivering the SATZ intervention reported that students were reluctant to discuss personal values and beliefs in front of peers and in small groups (Ahmed et al., 2006).

3.3.3.3 Theme 3: Factors associated with students' engagement with, and acceptability of the intervention

Learning things

During FGDs held with MkV participants, students reported that they had learned a lot of new information, which was evidenced when they were able to describe examples of the teachings, citing key slogans or messages (Plummer et al., 2007). However, occasionally participants reported having learned incorrect information, which may have been due, in part, to teachers' discomfort with the subject matter. Other components of the process evaluation revealed that teachers sometimes varied in how they delivered sessions, for example, some teachers refused to speak about condoms, while others did not (Plummer et al., 2007). Following implementation of the intervention delivered in Uganda, during FGDs with participants, it became clear that most of the programme had, in fact, not been implemented. To this, students shared their disappointment, saying that they had been looking forward to learning about issues which they perceived as relevant for their lives, in particular condoms, which they thought would be useful for situations they often find themselves in now, and would also be useful for their future (Kinsman et al., 2001).

Comfort participating

In two studies (Mukoma et al., 2009, Plummer et al., 2007), participants and facilitators described that participation became easier and more comfortable as implementation progressed. In SATZ, dialogue between students and teachers, particularly around sensitive issues was reported to have become easier (Mukoma et al., 2009), and in MkV, despite some teachers, CPEs and students reporting that they initially felt uncomfortable, shy or even shocked with some of the MkV topics, they described that they became more adjusted as the programme progressed and more relaxed participating in discussions and activities (Plummer et al., 2007). Further, compared to pupils, comfort amongst CPEs was even further increased (Plummer et al., 2007). Despite these positive findings, it should also be noted that in MkV, there were some reports of instances where students who did not want to participate in role plays report being forced (Plummer et al., 2007). Lastly, in MkV, intervention participants were generally more comfortable than their comparison counterparts in talking openly about sexual activity, and risk reduction (Plummer et al., 2007) although this did not seem to translate into better self-efficacy or reduced risk behaviours (Plummer et al., 2007).

Ability to change behaviour

In MkV, despite enjoying the programme, some students believed that aspects of the programme were unrealistic, such as abstaining from sex if they were already sexually active; there was widespread belief that it was too difficult to abstain once one had already engaged in it (Plummer et al., 2007). This may be one reason to explain why even though the trial showed that young people had increased knowledge and exhibited increased comfort talking about issues in the curriculum, this did not translate into behaviour change.

Misunderstanding / misuse of information

In MkV, some male students reported that the dramas included as part of the programme demonstrated techniques that they or other boys used to better seduce girls or deny responsibility for a pregnancy (Plummer et al., 2007).

Feelings towards the programme

In the process evaluation of MkV, most participants expressed positive experiences and feelings of participating in the programme, sharing that they not only enjoyed and appreciated the information they received, but the way in which it was conveyed. (Plummer et al., 2007) Similarly in SATZ, students said that they liked how the programme provided them with new knowledge, but no one was forced to change, as described here by one female participant:

“Throughout the programme, it was about choices, and decisions that you take, I thought it was very cool about this programme, nobody forced you, to do this or that, because of the different cultures and many different people and as every person is different from one another, you were only made aware of the facts of what you can do, or what you can say, and even though you may differ, but at the end of the day you will bear the consequences of your decisions .” [Female student, school 23] pg. 45 (Mukoma et al., 2009)

It was a common theme that students preferred the participatory teaching techniques. For example, in MkV students reported enjoying the dramas, describing that the dramas helped them better understand the messages of sessions, and that this method kept them more engaged and interested in the programme (Plummer et al., 2007). Similarly, the SATZ process evaluation found that students liked lectures the least, instead preferring the role-plays as they shared that it gave them a chance to share and discuss their opinions (Mukoma et al., 2009). Importantly, students who did not have the chance to participate in role-plays expressed feeling neglected, while some other students shared that they were reluctant to participate in role-plays which involved a romantic relationship, fearing that they would be teased or gossiped about (Mukoma, 2009).

Students participating in the process evaluation of the STAZ intervention reported that one of the reasons the programme was so well received was because it did not dwell on facts of HIV/AIDS (Mukoma et al., 2009). They particularly appreciated and enjoyed the sessions on self-esteem, assertiveness, and the reproductive system. Learning about values and morals was especially liked since that said it would help with decision making (Mukoma et al., 2009). Students also shared that they wanted more information on drug abuse, which was echoed by teachers, who explained that it was an immediate concern

to young people, and as gateway into other risky behaviours in the community (such as alcohol which is linked to risky sexual behaviour), it should be prioritised (Mukoma et al., 2009). Similar to the participants in SATZ, students in Uganda shared that the programme and its topics were relevant, but suggested that if the programme were to be included more formally in the wider school curriculum, and it was examinable, then teachers would allocate time for it, and it would be taken more seriously (Kinsman et al., 2001).

How different groups of learners engage with the curriculum

Process evaluations concluded that, in many instances, students had varying levels of engagement with the programme, and that the programme was sometimes received differently for some participants compared to others. For example, the process evaluation of STAZ noted two important areas of differences; sexually inexperienced students had difficulties identifying with roleplays depicting sexual relationships, and both teachers and students reported that that, overall, girls tended to be more mature in their participation (Mukoma et al., 2009). Further, in findings from the process evaluation conducted of the MkV curriculum, pupils and peer educators alike reported that the programme was useful for some pupils but not others, as described here in feedback from participant observation:

“....said that MkV education helps people with good behaviour. He said that pupils with good behaviour are those that sit down and contemplate the importance of what they are being taught, even in other lessons. But when taught this MkV lesson, there are some pupils who want to have sex, because that lesson arouses their sexual feeling” – feedback from participant observation (Plummer et al., 2007)

Relationship with, and trust of, the facilitator

The role of, and relationship with the facilitator of the intervention was addressed in several of the process evaluations, and despite an emphasis on mostly critical feedback, from the perspective of the students and from observations, it became clear that this was an important aspect related to engagement, with and enjoyment of, the programme. The importance and value attached to developing relationships with the

facilitator is perhaps best illustrated in the process evaluation of the SATZ curriculum, where students who were in schools where there was frequent turnover of spoke about their disappointment of how they did not have enough time to forge relationships with facilitator (Mukoma et al., 2009). Related to this, within the intervention delivered in Uganda, some students suggested that a peer approach might be effective than teachers, as they believed that peers would be more accessible as someone that they could talk to about their problems, as peers lived closer, but teachers were located further away (Kinsman et al., 2001). Being able to more easily and frequently have access to the facilitator suggested that students wanted someone they could speak to their problems about on a regular basis, and outside the formal setting of the classroom and curriculum. Peers instead of teachers facilitating the programme may also be linked to some negative school-practices reported by students in MkV such as pregnant school girls being punished or expelled (Plummer et al., 2007).

Despite the suggestion from the Uganda intervention for peer facilitators, this approach was met with some criticism in MkV. Here the process evaluation found that some young people did not attach any more importance to CPE's opinions than those of other youth, and occasionally CPEs were not trusted, and their teachings were (Plummer et al., 2007, Wight et al., 2012). Further, related to CPEs, but also teachers, some students criticised the programme criticised the programme because they didn't believe that their facilitators followed the same behaviours which they themselves promoted. This resulted in students becoming less enthusiastic about the programme, and less trusting and confident in the information which their facilitators were sharing. Thus, from the perspective of students, it was critical that the views and behaviours of their facilitator be in line with the programme (Plummer et al., 2007).

Parental involvement

In the SATZ intervention there was an attempt to involve parents early on. Following the first session, students were supposed to discuss the programme with their parents or guardians, but it was found that most students failed to do this. Reported reasons for this centred around fear of a possible negative reaction, lack of prior communication about sexuality, and discomfort around the subject of sex. Despite this, most students believed that their parents were the most credible source of information about sexuality,

and students who did discuss the programme with an adult in their household later reported that it had improved communication between them (Mukoma et al., 2009)

Chapter 4: Methodology

4.1 Introduction

This chapter describes the design and implementation of the Utshintsho process evaluation, conducted as part of the GOAL Trial. The chapter begins, presenting for context, a timeline mapping how the various components of the intervention and outcome and process evaluation fit together

over time. I then reflect on my positioning as a researcher, followed by describing the underlying considerations that informed the choice of study design. The chapter then presents the research aims and objectives, and details of the data collection activities, presented in methodological themes. This is followed by a description of the data analysis process. The chapter concludes with a summary of ethics approvals and risk management procedures.

Figure 4.1 Timeline of the GOAL Trial: implementation & outcome and process evaluation components

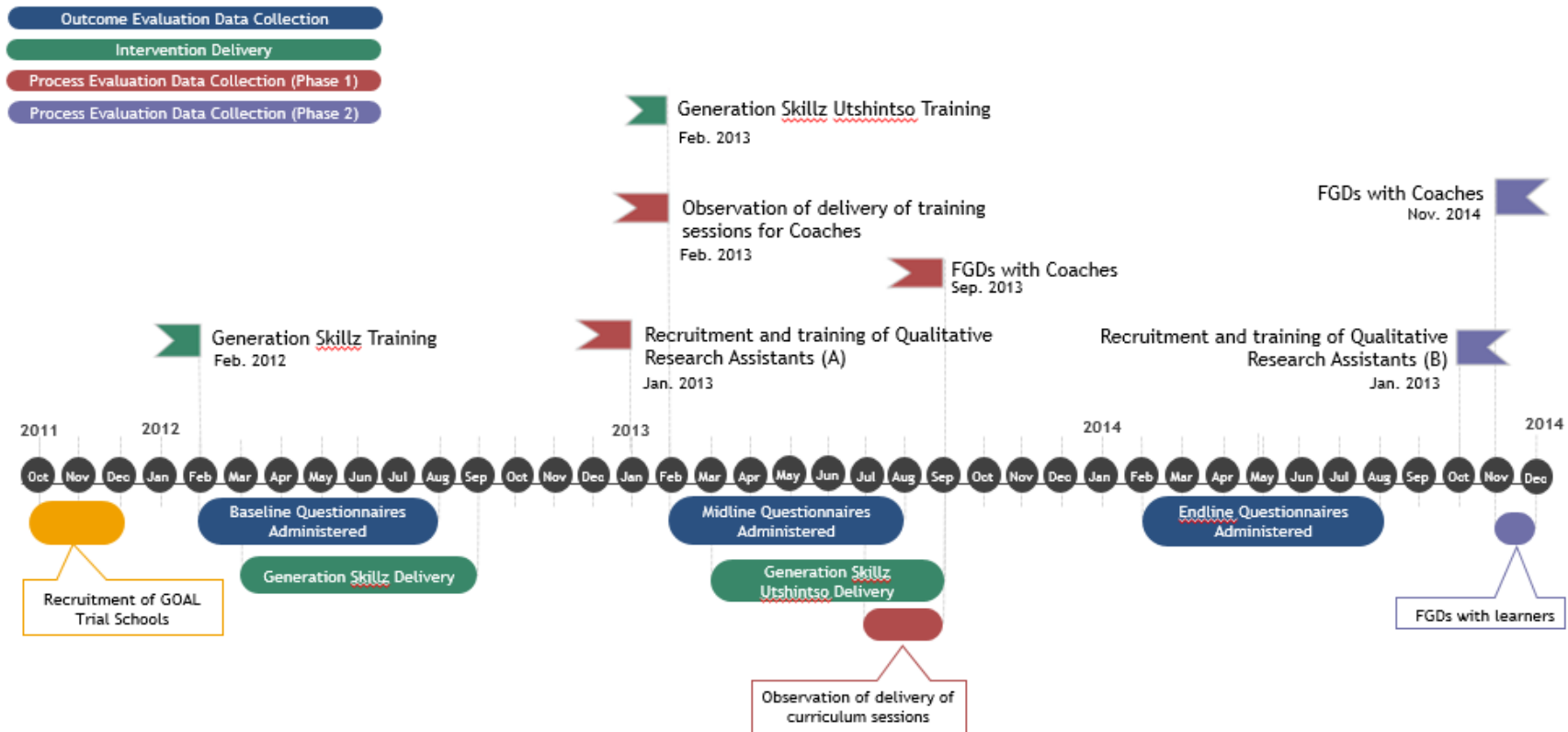


Figure 4.1 presents a timeline of the GOAL Trial: implementation & outcome and process evaluation components. The GOAL Trial began recruiting participating schools in October 2011. Baseline data collection began in February 2012, and the first half of the intervention (Generation Skillz) was delivered to schools between February and November 2012. The first activities related to the process evaluation were conducted in February 2013 (following the commencement of my PhD). As such, the process evaluation presented in this thesis captures only the implementation of the second half of the intervention (delivery of the Utshintsho programme in 2013, including the training of coaches and their experiences of implementation), and longer-term follow-up with participants, one year following the completion of their participation in Utshintsho. Broadly, the first part of my fieldwork (Phase 1) focused on observing the training of coaches, the delivery of the intervention, and capturing the coaches' perspectives on the intervention and its delivery, whereas the second part (Phase 2) was dedicated to exploring the experiences of learners who participated in the intervention.

4.2 Reflexivity and my Position within the Study

In 2012, I was awarded a Bloomsbury PhD Studentship to conduct the process evaluation of the implementation of Utshintsho, a curriculum designed and delivered by the NGO, Grassroot Soccer. Utshintsho was the second-half of a two-part intervention being evaluated within the GOAL Trial in South Africa (described in Chapter 2). I was awarded the studentship while employed by the outcome evaluation team of GOAL Trial, where I was managing a field research team collecting baseline data for the Cape Town Trial site. During this time, I was also part of the Trial Advisory Committee, and worked closely with the implementing partner to ensure timely delivery of the Utshintsho curriculum to intervention schools. Hence, when I began my PhD, I transitioned away from the outcome evaluation team to leading the process evaluation, and as such, began my PhD being familiar with the main trial, as well as having a good understanding of the delivery of the intervention, and an established relationship with the implementing partner and Trial team.

For 22 months, spanning three periods of time- one prior to, and two during my PhD- I was based in GRS's global (and South African) headquarters in Cape Town. Although neither the Trial, nor the NGO directly funded the process evaluation, by the time my

PhD commenced, I had developed close personal and professional relationships with both the outcome evaluation team of the GOAL Trial, as well as the implementing partner, GRS. Thus, my positionality in relation to both of these teams contributed to facilitating and constraining the research work in a range of important ways, which I describe below. I strived to be cognisant and thoughtful of these during the various stages of the process evaluation, including data collection, analysis and presentation of results, which I describe and reflect on in more detail here.

The design of the process evaluation including the overall aims and objectives, as well as specific research questions, was informed by my literature review, together with the more general theoretical literature on process evaluation frameworks (further described in Chapter 4, Methods). The research priorities were further refined by input from the GOAL Trial, GRS and what I was interested in exploring during my PhD, facilitated by the resources available to me. Despite good working relationships, and open, on-going dialogue, in general, at the beginning of my PhD, and the start of my data collection (prior to the midline trial results being known which indicated unfavourable results, and a possible harmful effect), I believed that some individuals on both the Trial and implementing teams were not particularly convinced of the value or need of the process evaluation; the outcome evaluation was prioritised. This, I interpreted, was due to a presumption that the Trial would likely show favourable results, and the misunderstanding that, in this case, the process evaluation would not be required and would add very little to the Trial findings as a whole. This was reflected in part, by neither the main Trial budget, nor the NGO explicitly funding the process evaluation, and the fact that there was no process evaluation conducted during the first half of intervention implementation, or built into the main Trial design or protocol. The process evaluation began with the commencement of my PhD, and was funded through self-funding and two small grants (TEG and STRIVE) secured with the help of my supervisors. It was not until following the presentation of midline results, which showed a potential harmful effect of the intervention that I felt like colleagues began to consider the added value and importance of the process evaluation. At this point, during formal meetings and in informal conversations, both teams began to pose several questions towards the process evaluation, and I felt at this time there began an expectation of the process

evaluation to be able to explain outcome results and contribute to further iterations of the intervention.

During the two phases of data collection for my PhD (refer to Figure 4.1: Timeline), GRS staff and volunteers provided information about the development and delivery of the intervention, as well as a working space, basic logistical support and feedback during the design and execution of the process evaluation; all of which played a critical role in helping facilitate the completion of the work. In some ways, this relationship which developed in both formal and informal ways contributed towards the strength of the process evaluation, but I also believe it may have compromised my ability to be as neutral or critical as I otherwise could have been. Despite coming to the process evaluation from a critical stance, being sceptical of the effectiveness of the intervention, these relationships may have biased some of what I saw and strengthened the sense of allegiance I felt towards GRS as an organisation, and their staff. Thus, there may have been a tension in my assessment, as I arrived with scepticism which I continued to hold, but this sat in parallel with the admiration and loyalty that I developed overtime towards the intervention staff. As this took me in oppositional directions, my positionality was shaped by competing ideas.

Formally, GRS provided me with information about the design of the intervention under evaluation and access to be able to observe the delivery of training sessions to coaches, and implementation to participants. I was also invited to attend a range of formal meetings and informal discussions related to various matters pertaining to curricula development, training, logistical issues associated with implementation, and more broadly, consultations related to the more general functioning and strategic development of the organisation. Not only were all of these elements incredibly important from a practical perspective of having access to capturing process data, but also provided a wealth of contextual information on which to be able to more fully understand the ethos and pedagogy of how the intervention was developed and intended to function, the backdrop against which it was being implemented, as well as the mission of the organisation, underpinning the approach to their work.

I also engaged with aspects of GRS more informally. For example, during my time living in South Africa, I maintained social relationships with a number of GRS staff and

volunteers, many of whom were directly responsible for the design and / or implementation of Utshintsho. I thoroughly enjoyed my time spent with the GRS team in both a formal capacity, and more informally building friendships; never had I worked with a more enthusiastic, passionate and committed team of individuals. Although these various relationships undoubtedly provided me with various types of essential support, both practically and socially, and while I believe they enhanced the quality of the research, I am mindful that they may have also eroded some boundaries of objectivity and critical thought, as I had a great deal of respect for my colleagues and friends, and did not want to disappoint them by sharing findings that may have been disappointing, exacerbated by the fact that I sometimes had a hard time detaching and separating myself and my research as two separate entities .

For example, as the Trial midterm results were shared, and it began to become evident that the results might not be favourable, I began to have tension and anxiety about my responsibility of explaining negative results; particularly when organisational and personal reputations, and more importantly, funding (and ultimately jobs) may be (partially) dependent on the Trial results. Over the course of many years prior to the Trial, many people across several spheres of GRS had had invested a significant amount of time, energy, and personal dedication into the programmes. The majority, if not all staff genuinely believed in the effectiveness of the curricula and importance of their work- all which contributed towards their motivation to carry out the work which they did. I believed that the let-down of potentially surprising and unfavourable Trial results would not only be disappointing, but may also have quite severe tangible repercussions. During some occasions, I felt like it was my sole responsibility to be able to offer satisfactory explanations related to the trial results. On a few occasions, comments were made by various team members that since most of my data was qualitative, that I had more ability to adapt it to more favourable results, when compared with the quantitative data which was more binary and absolute; essentially, I had the ability to be more selective with the qualitative results to make the outcome data less damaging. Despite GRS staff and volunteers making it clear very early on that the process evaluation was a valuable piece of work to learn from, and would contribute to the curriculum development, I practically sometimes found it difficult to voice critical reflection- having a strong sense of loyalty and responsibility to them, as therefore self-censored at times.

Practically, this delicate balance can be challenging to achieve. I was not able to fully resolve the complexity of the position in which I was situated, as few process evaluators are, but have engaged in it so that I could have a chance of reconciling it. Being thoughtful, though, of the ways in which my positionality may constrain and negatively affect my ability to conduct unbiased research, and in an effort to mitigate this, a significant proportion of the data collection for the process evaluation was carried out by teams of local research assistants who were external to the organisation and to the main trial, and who were hired specifically for activities of the process evaluation. They brought an external lens to the research, in addition to being more appropriately suited to conduct observations and group discussions, being from the local community and speaking the local language. Just as the implementing partner had raised some concerns about the critical stance I took, there were similar concerns voiced about the research assistants. These were related to the training provided to the research assistants my Ras (mitigated by having several GRS and trial staff facilitate relevant sessions of the training); how data collection tools were developed (mitigated by including input from my supervisors, research assistants and some GRS staff); how data was analysed (mitigated by getting input from the local research assistants), against a backdrop of sharing field notes with my supervisors as I went along, and sharing initial process evaluation findings during less formal meeting and presentations (i.e. over lunchtime learning sessions) with the NGO team.

In closing, members of evaluation teams often find themselves in complex relational situations with partners delivering the intervention and other members within the evaluation team. This is especially true for process evaluators, as they are commonly in the position of trying to strike a balance of being able to have sufficient understanding of the inner workings of the intervention and access to activities and data related to the process evaluation, while simultaneously remaining sufficiently removed in order to remain an objective external evaluator. Given the situation, I believe I did my best to strike balance, and wanted to be fair to the intervention and trial team in a way that I portrayed critical and helpful results. I frequently found myself throughout wanting the trial to show evidence of an effective intervention, which I don't think is uncommon amongst evaluators, and even found myself disappointed at times, knowing the amount of effort, resources and dedication from many individuals that contributed to the

development, implementation and evaluation of the GRS curricula. There were challenges and compromises, but at the time, there wasn't an obvious way to be able to do anything clearly different. It is important for process evaluators to be mindful of the tension of this position as they progress through the research.

4.3 Research Aims and Objectives & Study Design

The aims and objectives of this process evaluation, and choice of study design and methods were shaped by input from the broader literature on process evaluation theory and frameworks, my literature review of process evaluations conducted alongside trials evaluating similar interventions, and the logic model underpinning the Generation Skillz curriculum. The literature on process evaluation guidance provided several frameworks of process evaluation domains and methods for consideration. The framework for this process evaluation drew on, in particular, the framework described by Steckler and Linnan (2002). My framework was later refined by the MRC framework for conducting process evaluations (Moore et al., 2015). Further, my literature review established process evaluation domains that were explored within similar process evaluations, the methods that were used, and the key research findings. Finally, the logic model and other supplementary information of the Utshintsho curriculum was used to refine the research questions and study design. The process evaluation was also guided by input from the main trial team, the implementing partner, my PhD supervisors, and feedback from my upgrading committee. Together these inputs, along with practical constraints, shaped decisions related to study design, methods and sampling.

The aim of the process evaluation was to assess how and why the Utshintsho intervention either lead to the desired outcome or not, in order to facilitate interpretation of the results of the GOAL Trial, and to advise how the intervention could be adapted in order to enhance its potential effectiveness. This aim was accomplished through three objectives: 1) assessing the fidelity and quality of implementation; 2) understanding how coaches were trained, and their experiences of delivering the intervention; 3) exploring how students participating in the intervention experienced

and interacted with the intervention. These objectives with corresponding research questions, process evaluation domains, and methods are presented in

Table 4.1, which outlines the framework I developed for the Utshintsho process evaluation. The results of research objectives 1, 2 and 3 are presented in Chapters 5, 6, and 7 respectively.

Table 4.1. Generation Skillz Utshintsho: Process Evaluation Framework

Process Evaluation Aim: To assess how and why the Utshintsho intervention either leads to the desired outcome or not. This is to facilitate interpretation of the GOAL Trial outcome data, and to advise how the intervention can be adapted in order to enhance its likely effectiveness.		
Objective 1	Objective 2	Objective 3
Assess the fidelity and quality of implementation	Understand how coaches were trained, and their experiences of delivering the intervention	Understand how learners experienced and interacted with the intervention
Research Questions	Research Questions	Research Questions
<p>What was the fidelity and quality of implementation of a) individual Utshintsho practices, and b) different components of practices?</p> <p>Were there differences in fidelity and quality of implementation between Cape Town and Port Elizabeth, across individual practices, and between male and female practices?</p> <p>What were the impeding and enabling factors of implementation?</p> <p>How did the school context affect how the intervention was delivered?</p>	<p>What was the fidelity and quality of the training of coaches?</p> <p>What were the coaches' initial reactions to the Utshintsho curriculum?</p> <p>What was the acceptability and relevance of a) specific intervention sessions, components and topics and, b) the intervention as a whole?</p> <p>What were the perceived strengths and weaknesses of the intervention?</p> <p>What were the impeding and enabling factors of implementation?</p> <p>What was the self-perceived impact of delivering the intervention on the coaches themselves?</p>	<p>What were learners' experiences of participating in the Utshintsho programme?</p> <p>What was the perceived acceptability and relevance of a) specific intervention sessions, components and topics and b) the intervention as a whole?</p> <p>What were the perceived strengths and weaknesses of the intervention?</p> <p>How was the intervention experienced by different subgroups of participants?</p> <p>How did the broader context of participants' lives influence how they engaged with the intervention?</p> <p>What was the self-perceived impact of participating in the intervention?</p>
Process Evaluation Domain Evaluated	Process Evaluation Domain Evaluated	Process Evaluation Domain Evaluated
Fidelity/Quality of Implementation Context	Fidelity/Quality of Training Facilitator experiences and interactions Context	Participant experiences and interactions Context
Methods Used	Methods Used	Methods Used
Structured observations of the delivery of practices <i>(collected by Year 1 Research Assistants)</i>	Unstructured observations of the delivery of training sessions for coaches <i>(collected by Stefanie)</i> Focus Group Discussions with coaches <i>(collected by Year 1 Research Assistants)</i>	Focus group discussions with students <i>(collected by Year 2 Research Assistants)</i>
Collected During Phase 1 of Data Collection	Collected During Phase 1 of Data Collection	Collected during Phase 2 of Data Collection
Results presented in Chapter 5	Results presented in Chapter 6	Results presented in Chapter 7

4.4 Research Setting, Sampling and Recruitment

The process evaluation was conducted at GOAL Trial intervention schools (n=8 in Cape Town and n=15 in Port Elizabeth) in both Trial sites (Figure 4.1). The schools were public secondary schools located in urban and peri-urban informal settlements. Participating schools in Cape Town were located in the communities of Khayelitsha, Gugulethu, and Langa. Port Elizabeth was divided into two sites: Port Elizabeth 1 (urban townships in the city- Zwile, New Brighton and Kwazakhele), and Port Elizabeth 2 (peri-urban townships to the east of the city – Motherwell and Uitenhage). When schools initially agreed to be part of the trial, they also consented to allow process evaluation related activities (including observations and focus group discussions (FGDs)) to take place alongside the delivery of the intervention.



Figure 4.1. Map of South Africa showing the two GOAL Trial sites

4.5 Local Research Assistants

Local research assistants conducted process evaluation data collection at each trial site (except for the unstructured observations of coach training, which I conducted). Different research assistants collected data for Phase 1 and Phase 2.

Research assistants were external to the implementing partner (GRS), and to the GOAL Trial outcome evaluation team, and had either Bachelors- or Masters- level Social Science training, or equivalent work experience. Research assistants were bilingual (fluent in written and spoken English and isiXhosa) to facilitate data collection in isiXhosa and translation to English.

They were within the same age range as the participants and coaches, and from the local community in each site. Local research assistants were recruited as they could better understand the culture and context in which the participants and coaches lived, and in which the intervention was being delivered (Green and Thorogood, 2013)

In Phase 1 (structured observations of the delivery of sessions and FGDs with coaches), there were two female research assistants – one in each Cape Town and Port Elizabeth. Budget restrictions in Phase 1 meant that only one research assistant could be hired at each site. After local consultation, it was decided that a female research assistant would be most appropriate as they would be more likely to be able to observe the delivery of male and female sessions, whereas male research assistants would be restricted to observations of male sessions only. It was also deemed suitable for females to conduct FGDs with coaches of both sexes.

In Phase 2 (FGDs with students), each site had a team of two research assistants – one male and one female. The majority of FGDs (all split-sex) were facilitated by a research assistant of the same sex, while the remaining research assistant took notes and helped with administration and logistics. Having both male and female research assistants during this phase of data collection was especially helpful, as they were each able to provide a unique cultural and contextual perspective to help understand and reflect upon the qualitative data generated. It is important to note that even though the mid-line trial results were available during Phase 2 of data collection, the research assistants were not made aware of these findings in an effort to minimise bias in data collection.

4.5.1 Training

Each year, prior to data collection activities, I conducted a four-day training session in Cape Town, attended by research assistants from both sites. For each phase, the training session was slightly different to accommodate the particular data collection that would be carried out, but both training sessions covered: background on the Utshintsho intervention, the GOAL Trial and process evaluation, and relevant data collection techniques, procedures and protocols. Practicalities of data collection and management were guided by Family Health International's (FHI 360) data collector's field guide for qualitative methods (Mack et al., 2005). As such, several training modules were adapted from the guide. Data collection tools were piloted during training sessions, and in this way, I was able to observe research

assistants using the tools, allowing me to provide feedback before data collection. Further to this, all research assistants took part in a pilot FGD, so they could better understand what it is like to be a research participant. The training also covered the study protocol, including obtaining voluntary and informed consent, the importance of confidentiality, distress management and referrals. A timetable of the training in Phase 2 can be found in *Appendix A*. It was important that research assistants from both trial sites were present together at the trainings in an effort to streamline consistency and minimise bias in data collection between sites.

4.5.2 Data Collection Support

During both phases, data collection occurred rapidly and simultaneously at both trial sites. To maximise data consistency and quality, I split my time between the sites (approximately 2/3 of my time in Cape Town and 1/3 of my time in Port Elizabeth). During this time, I observed data collection and offered additional guidance and support. All research assistants were provided with airtime and data vouchers for their phones to facilitate regular communication. A WhatsApp group was created to facilitate planning and aid with problem solving.

During both phases of data collection each site e-mailed a daily check-in, which detailed the data collection completed that day, what was planned for the next day, and any challenges faced. Further, both sites participated in a weekly group Skype call along with myself for a team debrief.

4.6 Data Collection

This section provides an overview of the data collection methods, the development and piloting of tools, sampling considerations and data collection procedures. Some methods were combined to address different dimensions of a research objective; for example, Objective 2 focusing on the training and experiences of the coaches drew on data from unstructured observations and FGDs. Additionally, some research methods were used to elicit data for more than one objective; for example, FGDs explored Objectives 2 and 3.

Three types of data were collected for this study: (1) structured observations of the delivery of Utshintsho sessions; (2) unstructured observations of training sessions of coaches; and (3) FGDs with coaches and students that participated in the Utshintsho programme. Data

collection occurred during two separate phases (Phase 1 and Phase 2). The structured and unstructured observations, as well as the FGDs with coaches were conducted between February to September 2013 (Phase 1), and FGDs with students were conducted in November and December 2014 (Phase 2).

In addition to the formal data collection, I participated in numerous activities within GRS and the local communities, which were peripheral to planned data collection activities. These instances to listen and watch garnered multiple benefits. Immersing myself in the local context provided me with a fuller understanding of the context in which the intervention was being delivered and experienced, and of the data being generated through formal methods. Moreover, my participation had a symbolic significance, in that it was a way for me to establish relationships with stakeholders and key gatekeepers, and indicate that I was committed to conducting research respectfully within their community.

Ahead of commencing data collection, I spent time eliciting and understanding the theory that underpinned the GRS intervention, with particular attention to how different stakeholders understood and expected the intervention to work. I reviewed the curriculums and associated logic model and documentation, and attended meetings related to curriculum design, training, and implementation.

4.6.1 Structured Observations

During Phase 1, two local female research assistants, one each in Cape Town and Port Elizabeth conducted, under my supervision, forty-nine structured observations of the delivery of individual sessions of the Utshintsho curriculum. Structured observations were conducted to assess the fidelity and quality of implementation by recording whether or not individual components of the session were delivered, and if relevant, assessing how they were delivered (Moore et al., 2015). Observations were conducted between 30 July and 10 September 2013 using structured observation forms. An example form is included in *Appendix B*.

4.6.1.1 Tool Development and Piloting

Twelve observation forms were developed- one each for Practice 1 and Practice 7, which were sessions that were mixed male and female sessions, while Practices 2-6 had two observation forms, as the curriculum contains a male and female version of each of these Practices. Initially one observation form (based on Practice 1) was developed and piloted. This observations form was reviewed by my PhD supervisors as well as key GRS staff for

content and flow. A revised version of this observation form was then piloted by each research assistant during training, and further revisions made based on how it worked in the field. Subsequently, the remaining observation forms were developed, and each was piloted at one trial site by a research assistant. Research assistants sent written feedback and suggested changes to the observation form. This was followed by a brief discussion about things that worked well on the observation form, and things that should be changed. Observation forms were then adapted, as required, and final versions distributed to both sites.

Each observation form consisted of standardised sections that were the same across all forms, and recorded for example, the number of students in attendance, whether or not the session started on time, if a teacher was present, and included prompts for the research assistant to record components of each Practice that were done well or that needed improvement. The remaining sections of the observation forms were developed using the curriculum as guidance and tailored to each individual Practice. These sections required the research assistants to indicate whether or not a particular component was implemented, or provide an assessment of the quality of the discussion that was facilitated by the coach. Observation forms were typically between nine and 12 pages long, and were designed to follow the order in which components of the Practice were intended to be delivered, thus facilitating recording of the data. Research assistants were trained extensively on the Utshintsho curriculum by watching a series of videos recorded during the training of facilitators, and through sessions delivered face-to-face by the curriculum training team. This working understanding of the Utshintsho curriculum was important to ensure research assistants were familiar with the contents and flow of each Practice, and for them to understand the spirit in which it was intended to be delivered (Rod et al., 2014).

4.6.1.2 Sampling and Recruitment

In consultation with the research assistants, I purposively selected two intervention schools (one in each site) to have observations of all male and female sessions (i.e. a whole curriculum, n=12 sessions minimum) conducted in the same class. These schools were selected based on feasibility within the process evaluation timeline after reviewing the implementation schedule. In addition, single sessions at each site were selected for observation across a proportion of the remaining intervention schools (at which a full observation was not carried out). These observations spanned a variety of sessions and a variety of coaches. This approach was chosen in order to be able to observe a full

intervention, as well as the variation that might occur between the implementation of different sessions in different schools and classes, and delivered by a variety of coaches.

4.6.1.3 Data Collection

Before observations, coaches were informed that an observation was going to be carried out, with participants informed at the beginning of the session. Participants were told that someone who worked with the coaches would be observing and making notes, so that GRS could learn how to improve the programme, but that they should feel free to talk openly, and that their names or what they said during the practice would not be recorded. Research assistants were instructed to position themselves to the side or in the back of the class while the session was in progress, and not to participate or engage, but rather be passive in their presence. Research assistants collected observation data on paper forms, and at the end of each day, transferred data onto an electronic version of the form.

4.6.2 Unstructured Observations

During Phase 1, I observed two week-long training sessions of the coaches, one at each trial site. Training sessions were held between 11 and 15 February, and 18 and 22 February 2013 in Cape Town and Port Elizabeth, respectively. Each training was held in the site of intervention delivery, and conducted by a team of core trainers (the GRS curriculum, and training team) and site-specific trainers that would continue to supervise the coaches during implementation. Detailed field notes as well as select video recordings were kept for each day of the training, highlighting issues relating to the quality and fidelity of the training sessions as well as the perceived acceptability of the curriculum among coaches, and levels of knowledge, facilitation skills and confidence related to delivering the programme. Electronic versions of field notes were created, and stored along with the video recordings.

4.6.3 Focus Group Discussions

During Phase 1 of data collection, FGDs were conducted, under my supervision, with coaches immediately following the delivery of Utshintsho. Phase 2 FGDs with students were conducted one year after they participated in the programme. FGDs were used to understand, in depth, coaches' experiences of delivering and students' experiences of participating in the intervention. This method was chosen since coaches and students had a shared experience of either delivering or participating in the intervention as a group. Further, the group setting provided the opportunity to elicit a wide range of perspectives simultaneously (Ulin et al., 2005). FGDs with coaches (n=3) were conducted in September

2013 (Phase 1). Fifteen single-sex FGDs were conducted with students between November-December 2014 (Phase 2), all using structured discussion guides (*Appendix C and D, respectively*).

4.6.3.1 Tool Development and Piloting

Three structured discussion guides were developed, one for coaches, and two for students; one for intervention schools where students received SMS messages, and one for schools where they did not. Topics and probes for the discussion guide were generated from several sources including: a review of the intervention logic model and other key GRS documents, findings from the literature review of similar process evaluations, emerging findings from the observation of facilitator training and intervention delivery, and input from GRS staff. Discussion guides were reviewed by my PhD supervisors for content and flow before piloting. A revised version of the discussion guide for students was piloted by research assistants during training in Phase 1, and further refined. It was not possible to pilot the discussion guide for coaches ahead of data collection.

4.6.3.2 FGDs with Coaches: sampling, and recruitment

FGDs were conducted with male and female coaches (aged >18 years) who were responsible for delivering the Utshintsho intervention in Cape Town and Port Elizabeth. All Utshintsho coaches were invited to take part in a FGD; their accepting or declining to take part did not impact upon their ability to continue delivering the Utshintsho or other GRS curriculums. Coaches received an information sheet and consent form both in English and isiXhosa, and were given the opportunity to ask questions before FGDs commenced (*Appendix E*). Three FGDs were conducted with coaches in September 2013 (Phase 1). FGDs were conducted at both trial sites by local female research assistants who had also conducted the structured observations of the delivery of Utshintsho sessions at the respective trial site. One FGD with combined male and female coaches (N=9, 4 males and 5 females) was conducted in Cape Town, and a further two FGDs- one with male coaches (N=4), and one with female coaches (N=12) - were conducted in Port Elizabeth.

4.6.3.3 FGDs with Students: sampling and recruitment

The fifteen single-sex FGDs with students were conducted between November-December 2014 (Phase 2). They were conducted by a team of two local research assistants (one male and one female) in each trial site, who were different from those who had carried out FGDs with coaches. Of the fifteen FGDs, six were conducted with males (N=3 in each Cape Town

and Port Elizabeth) with a total of 33 participants, and nine with females (Cape Town N=6, Port Elizabeth N=3) totalling 66 participants. FGDs were carried out at ten schools (N=6 in Cape Town, and N=4 in Port Elizabeth) with students that were in either grade ten or eleven.

Efforts were made to sample schools evenly between and within intervention sites. All intervention schools were approached to participate in the FGDs, and FGDs were conducted in all schools that agreed. However, within schools, only participants that had consented to the original Trial were invited to be part of the FGDs, as per ethics clearance. Participants were purposively sampled. A list of participants that had been part of the Trial and received the intervention was drawn from a GRS database and given to the research assistants. They then obtained class registers from each intervention school and cross referenced to find classes with the most participants, contacted the teacher, and contacted all learners in that class inviting them to be part of a FGD. Assent was obtained from all participants, as well as parental consent if they were <18 years old, using approved information sheets and assent / consent forms in English and isiXhosa specific to the process evaluation. The student consent form can be found in *Appendix F*.

4.6.3.4 FGD: Data Collection

FGDs were conducted in isiXhosa, with participants using pseudonyms to increase confidentiality. At the start of the FGD, the moderator reiterated that participants were under no obligation to take part, could refuse to answer any question without giving a reason and could leave the FGD at any time. After the FGD, participants were provided with light refreshments, transport money (if required) and information about services in their community. FGDs were audio recorded, and translated and transcribed verbatim by the research assistants, following a standardised template (Mack et al., 2005). FGDs were initially translated and transcribed by one research assistant and then back-transcribed by another research assistant to ensure accuracy. If there were any discrepancies, they were noted within in the transcript, and then research assistants sat together to discuss the final version.

4.7 Data Management

All data were stored securely in accordance with South African Good Clinical Practice (GCP) Guidelines. All paper records were stored in a locked cabinet. All electronic data were password-protected, and identifiers (where applicable) stored on a separate, password-protected database. Audio recordings were transferred to and stored on a password-

protected computer. They will be kept for a maximum of two years after the end of data analysis and write-up, after which time they will be destroyed due to local ethics regulations. No names or identifiers were included on the audio recordings, or within the computer file names. Only study investigators (and research assistants who collected the data) will have access to paper records, electronic data and voice recordings. The findings of this study will be used for publication, but names or any information, such as school names, that would identify participants directly will not be revealed.

4.8 Data Analysis

4.8.1 Quantitative Data Analysis: Structured Observations

Data from observation forms were entered into an excel spreadsheet, and descriptive statistics were calculated. All Practices of the Utshintsho intervention comprise numerous components that need to be delivered to meet the objectives of the Practice. For each session observed, fidelity of to Practice components was calculated as: the number of items delivered within each component over the items intended to be implemented as per the manual. For each component of a Practice, a mean fidelity score across all sessions observed within Cape Town or Port Elizabeth was calculated as the average number of items delivered over the items intended to be implemented for a specific component of the Practice. An overall average fidelity score, across Cape Town and Port Elizabeth, was calculated as the average number of items delivered for each component of a Practice across all observed sessions divided by the numbers of items intended to be implemented.

4.8.2 Qualitative Data Analysis: Unstructured Observations and FGDs:

All qualitative data, including FGDs, field notes from unstructured observations, and text components from structured observations, were analysed using a thematic coding and analysis approach. There is no a single agreed way to conduct thematic analysis, so the analysis for my data was conducted in four steps, drawing on Clarke and Braun's six phases of analysis (Clarke and Braun, 2013), and was complimented by Bryman's four stages (Bryman, 2015) with guidance provided by Ulin and colleagues, and methods highlighted in '*Qualitative Methods in Public Health*' (Ulin et al., 2005).

Step 1: Becoming familiar with the data: A paper version of each transcript or field note/text component was read and re-read until I was familiar with the content. The data were read in an active way- identifying ideas and concepts, terms and phases, and keywords, while

marking them in the text and making notes in the margins. I then grouped the different data sources together into datasets (i.e. male FGDs in Cape Town and. male FGDs in Port Elizabeth), and read these, before reading them individually again. I did this to become familiar with the breadth and depth of the data. This was particularly important as the majority of FGDs and observations were conducted in isiXhosa by local research assistants, therefore I was not able to follow them fully at the time of data collection, and needed to familiarise myself with the transcripts and notes as much as I could. I manually noted major themes at the end of each transcript, and then created 'mind-maps' to visualise the emerging themes for data sets (such male vs. female, Cape Town vs. Port Elizabeth.). These notes and mind maps were used to inform subsequent phases of more formal coding.

Step 2: Generating codes: After reading all the transcripts and notes within a data set and becoming familiar with their content, I open-coded the data, generating a set of initial codes based on the previously identified themes. In this way, coding was driven by what was present within the data (inductive coding), rather than applying a pre-determined set of codes. Coding closely matched the ideas and choice of words in the textual data, rather than imposing words or concepts, although occasionally words or concepts were borrowed from the literature. In addition, I brought pre-existing knowledge to the analysis from the literature, and activities that I had observed during fieldwork, which cannot be completely disentangled from my analysis. Following this, I coded each transcript or item of text manually and in its entirety, applying codes to passages of similar text. I wrote codes in the margins; each excerpt had several codes applied as relevant. After each data item within a data set was coded, the transcript was read and re-read, adjusting coding as necessary, including adding additional codes, deleting codes that did not fit the data. To ensure consistency, I used a constant comparison technique, comparing the text I was coding to other passages that had already been coded that way, within and across data items within data sets. After all data items had been coded in this way, I compiled all of the codes into a Word document to develop a coding frame (*Appendix G*). I then organised codes into categories with main codes and sub-codes. Each data source was then read again, making sure that all coded were consistent within the coding frame. Following this, I created an additional Word document, where all data extracts relating to a particular code were collated. This involved copying extracts of data, and any surrounding text deemed contextually relevant, into the document under each relevant code. As this was done, I made notes of thoughts and questions emerging from this stage of analysis.

Step 3: Searching for themes: After all data items had been initially coded, and similar excerpts organised within the coding frame, my analysis shifted to the broader level of theme. This involved sorting the codes into potential themes and collating the relevant coded data extracts under the identified themes. This largely occurred naturally by examining main codes and sub-codes. A theme was included when it captured something important about the data in relation to the research question, and represented a level of patterned response or meaning within the data set. In identifying themes, I took a semantic approach, where the themes were identified within the explicit meanings of the data. I did not look for meaning beyond what a participant had said. The process did, however, move from themes being simply descriptive where data are organised to show patterns, to a more interpretive stance where I attempted to highlight patterns and their broader meanings. At this stage, I generated another set of mind-maps to visualise relationships between codes, themes, and sub-themes.

Step 4: Reviewing and defining themes within and across data sets: In Step 4, I began interpreting the data, and made note of the themes that most contributed towards my research objectives and answered my research questions. I looked for relationships between themes, contradictions in the data, and gaps in understanding. To increase the credibility and trustworthiness of my interpretations, I discussed my proposed themes to my research assistants from both sites to see if they thought my findings reflected what they had observed during data collection. Following this review step, the collated data extracts for each theme were read and organised into a coherent and internally consistent account, with an accompanying narrative. I endeavoured to identify the 'story' within each theme, as well as how the theme fit into the overall 'story' in relation to my research objectives and research questions. Finally, I distilled the data to determine the central themes that would be reported on.

4.9 Ethics and Approvals

4.9.1 Research Ethics Approval- LSHTM, Wits

The GOAL Trial and process evaluation received separate, full ethics approval from the London School of Hygiene and Tropical Medicine (LSHTM) Ethics Committee and the University of Witwatersrand (Wits) HREC (*Appendices H and I, respectively*).

4.9.2 Department of Education (DoE) Approval

Research approval, in the form of a Letter of Permission was obtained for the GOAL Trial and corresponding process evaluation from the Department of Education in Western Cape and Eastern Cape provinces (*Appendices J and K, respectively*). In addition, GRS through its longstanding relationship with the Department of Basic Education, had permission to deliver its curriculums in schools, given they abided by certain stipulations, including not reducing student-teacher contact time.

4.10 Risks

4.10.1 Potential discomforts, distress or risks to research participants

In the process evaluation, while unlikely, it was recognised that there was potential for FGD participants to find the information disclosed in the discussion distressing. The study team was highly aware of the ethical issues involved in interviewing young people. Steps were implemented and precautions taken to protect research participants from any social harms or discomforts and to minimize risks that may be associated with FGDs by ensuring that study staff made every attempt to ensure a comfortable, safe and confidential environment in which to interact with participants.

4.10.2 Minimizing and managing risks

Precautions that were taken to minimize risks to participants included: 1) training research staff in the ethical conduct of research and how to handle distress among research participants, 2) protection of confidentiality through detailed standard operating procedures (SOP), 3) close monitoring of adverse events and social harms with appropriate management and reporting, and 4) referral to appropriate referral services when necessary.

4.10.3 Sensitive disclosures

It was anticipated that participants may disclose sensitive information to research assistants about their sexual behaviour, personal lives, or experiences with violence or abuse. In such an instance, research assistants would follow the SOPs with regard to these disclosures, containing cases as they occur, comforting the participant, and/or making referrals to their school social workers or to service organisations.

4.10.4 Referrals

Participants would be provided access to referral services if required and/or requested. GRS, as well as the GOAL Trial team, had established relationships with providers of health services for health-related concerns (including HIV counselling, testing and treatment, pregnancy and rape) and mental health / social workers for psychosocial concerns. A range of services is available in both study sites.

Chapter 5: Implementation of Utshintsho Practices

5.1 Introduction

This chapter presents the results of structured observations (N=49) of the delivery of individual sessions of the Utshintsho curriculum. The curriculum is comprised of seven Practices; Practice 1 and 7 are combined-sex practices delivered to males and females together, whereas Practices 2 - 6 are split-sex sessions delivered to males and females separately by a coach(es) of the same sex.

The objectives of the implementation component of the process evaluation were to answer the following questions:

1. What was the fidelity and quality of implementation of a) individual Utshintsho practices, and b) different components of practices?
2. Were there differences in fidelity and quality of implementation: a) between Cape Town and Port Elizabeth, b) across individual practices, and c) between male and female practices?
3. What were the barriers and facilitators to implementation?
4. How did the school context affect how the intervention was delivered?

Observations were conducted between July 30, 2013 and September 10, 2013 under my supervision by two local female research assistants, one each in Cape Town and Port Elizabeth. Table 5.1 presents summary characteristics of the observations (N=49; Cape Town (n=25), and Port Elizabeth (n=24)). Research assistants received training on the Utshintsho curriculum, and collected observation data using structured data collection forms tailored to each individual practice. Further details of the design of the structured observation forms, training of research assistants, the selection and recruitment of schools, and data collection and analysis pertaining to observations of Utshintsho practices can be found in Chapter 4: Methods. A discussion of the results presented in this chapter, and limitations of the data can be found in Chapter 8: Discussion.

Table 5.1 Summary characteristics of structured observations (n=49) conducted of the delivery of individual sessions of the Utshintsho programme in Cape Town (CT) and Port Elizabeth (PE)s

	Total (N=49)	Cape Town (N=25)	Port Elizabeth (N=24)
Number of Schools Included in Observations ¹	n=7	School A: n=20 (6C, 8M, 6F) School B: n=3 (3F) School C: n=2 (1M, 1F)	School D: n=13 (3C, 5M, 5F) School E: n=5 (2C, 1M, 2F) School F: n=4 (1C, 3F) School G: n=2 (2C)
Number of Observations by Sex	Combined n=14 Male n=15 Female n=20	Combined n=6 Male n=9 Female n=10	Combined n=8 Male n=6 Female n=10
Number of Observations by Practice Number	P1: n=10 (10C) P2: n=11 (5M, 6F) P3: n=8 (3M, 5F) P4: n=8 (3M, 5F) P5: n=5 (3M, 2F) P6: n=3 (1M, 2F) P7: n=4 (4C)	P1: n=3 (3C) P2: n=6 (3M, 3F) P3: n=4 (2M, 2F) P4: n=5 (2M, 3F) P5: n=3 (2M, 1F) P6: n=1 (1F) P7: n=3 (3C)	P1: n=7 (7C) P2: n=5 (2M, 3F) P3: n=4 (1M, 3F) P4: n=3 (1M, 2F) P5: n=2 (1M, 1F) P6: n=2 (1M, 1F) P7: n=1 (1C)
Coaches	n=21 (10M, 11F)	n=8 (4M, 4F)	n=13 (6M, 7F)
Key: 1. In CT schools represent two communities, in PE schools represent three communities; C= observation of a combined-sex session; M = observation of a male version of a session; F = observation of a female version of a session; P=Practice			

Observations were conducted in seven schools across both sites (Cape Town n=3, and Port Elizabeth n=4). The majority of observations were conducted at one school in each site; School A in Cape Town (n=20/25), and School D in Port Elizabeth (n=13/24). Fourteen observations were conducted of the combined-sex sessions (Cape Town n=6; Port Elizabeth n=8). Fifteen observations were conducted of the male version of Practices 2 through 6 (Cape Town n=9; Port Elizabeth n=6), and a further 20 observations were conducted of the female version of Practices 2 - 6 (Cape Town and Port Elizabeth n=10). Practice 2 was observed most frequently (n=11), followed by Practice 1 (n=10). Practices 3 and 4 were observed eight times each. Practices 5, 6 and 7 had the least observations (n= 5, n=3, and n=4 respectively). Every session was observed at least once in each site, including male and female versions where applicable, except for the male version of Practice 6, which was not observed in Cape Town. Twenty-one coaches (M=10; F=11) were observed (Cape Town n=8; Port Elizabeth n=13) implementing across the sessions.

The results of the structured observations are presented in this Chapter across a series of thirteen tables and corresponding text. The first, Table 5. 2, presents results of four administrative components evaluated across each session, including whether: the practice was conducted during a class period, the session began on time, an attendance register was completed and coaches had the necessary materials required to implement the session. The remaining tables present results specific to each session. Table 5.3 presents results for the combined-sex Practice 1, Table 5.4 through Table 5.9 present the results for the male and female versions of Practices 2-6, and Table 5.10 presents results for the combined-sex Practice 7.

The chapter concludes with a narrative synthesis of feedback provided by research assistants in the form of open-ended text. At the end of each structured observation form, they were asked to comment on several areas including: things that were done well, things that could be improved, coach and learner behaviour, and the dynamics between both throughout the session. Although the generation of fidelity scores provide robust and useful data in which to assess the fidelity of implementation, they are limited in their ability to speak of the quality of delivery of sessions, and to what extent implementation occurred in line with the 'true spirit' of the intervention. The research assistants' notes help illuminate this, and provide additional understanding around some of the broader contextual factors that enabled or impeded implementation of high fidelity and quality

5.2 Administrative Components of Practices

Four standard ‘administrative’ components were measured across all observed sessions, as presented in Table 5.2.

Table 5. 2. Average fidelity scores of standard administrative components (N=4) across all sessions

	Cape Town (N=25) (% , n)	Port Elizabeth (N=24) (% , n)	Total (N=49) (% , n)
The session was delivered during a class period (vs. lunch/after school) (y/n)	84% (n=21)	88% (n=21)	86% (n=42)
Started on time (y/n)	64% (n=16)	50% (n=12)	57% (n=28)
Attendance register was completed (y/n)	92% (n=23)	50% (n=12)	71% (n=35)
Coaches had necessary materials (y/n)	84% (n=21)	25% (n=6)	55% (n=27)
Total	81%	53%	67%

In Cape Town and Port Elizabeth, most sessions were delivered during a class period (84% and 88%, respectively). In Cape Town, sessions that were not delivered during class periods were mostly delivered during lunch breaks (n=3/4; 75%), whereas in Port Elizabeth sessions not delivered during class periods were facilitated after school (n=3/3; 100%). The session started on time in 64% (n=16) of sessions in Cape Town, and 50% (n=12) in Port Elizabeth. In Cape Town, half (n=5; 56%) the sessions that started late were due to coaches arriving late. In Port Elizabeth, 67% (n=8) of sessions starting late were due to students arriving late. The remaining late-starting sessions at each site were due to school-level issues, including trying to identify space for facilitation, teachers using part of the time allocated to sessions, or the bell not ringing to indicate the start of a new class period. Sessions were less likely to start on time if delivered during lunch or after school, or during the first period as students would sometimes arrive late.

The largest difference between sites in these four components were observed in the completion of attendance registers and the availability of necessary materials for facilitation. An attendance register was completed in nearly all sessions in Cape Town (92%; n=23), but half (n=12; 50%) of those observed in Port Elizabeth. Coaches had the necessary materials in 84% (n=21) of sessions in Cape Town, but only 25% (n=6) in Port Elizabeth. Overall,

observed sessions delivered in Cape Town had a higher overall fidelity of these four components (81%), compared with observed sessions in Port Elizabeth (53%).

5.3 Observations of Practice 1: Welcome Back!

Table 5.3 presents results from ten observations (Cape Town n=3, Port Elizabeth n=7) conducted of the delivery of Practice 1. Practice 1, entitled 'Welcome Back', is a combined-sex session that introduces participants to the Utshintsho programme and reviews the key drivers of HIV amongst adolescents in South Africa. The curriculum states that by the end of the session, it is expected that participants should be able to: 1) explain why unprotected sex, multiple partners, older partners, and gender-based violence influence HIV risk; 2) explain how to make healthy decisions in relationships; and 3) commit to creating a safe space in the Utshintsho programme by signing a contract. Practice 1 was found to be implemented with an overall average fidelity of 53% (38% in Cape Town and 60% in Port Elizabeth). In Cape Town, all three observations were conducted at the same school, whereas the seven observations conducted in Port Elizabeth were carried out in four schools. In Cape Town, all observed Practice 1 sessions were delivered by a team of three mixed-sex coaches, all of whom had delivered sessions in that school in the previous year. In Port Elizabeth, the sessions were delivered by between one and three mixed-sex coaches, all of whom had implemented the sessions in the previous year in the respective school.

Table 5. 3. Average fidelity scores from the structured observations of Practice 1, combined-sex (N=10)

Practice 1: Mixed-Sex (N=10)	Cape Town (n=3)	Port Elizabeth (n=7)	Total %
Practice Components (n=22)			
1. 'Introduction' (n=10 items measured)	63% (n=6.3/10)	34% (n=3.4/10)	43% (n=4.3/10)
2. 'Ingqondo' (n=4 items measured)	67% (n=2.7/4)	53% (n=2.1/4)	58% (n=2.3/4)
3. 'Contract' (n=11 items measured)	48% (n=5.3/11)	40% (n=4.4/11)	43% (n=4.7/11)
Contract was signed (y/n)	33% (n=1/3)	57% (n=4/7)	50% (n=5/10)
4. 'Skillz Review' (n=12 items measured)	56% (n=6.7/12)	68% (n=8.1/12)	64% (n=7.8/12)
5. Scenarios series			
'Scenario 1' presented (y/n)	33% (n=1/3)	100% (n=7/7)	80% (n=8/10)
Coaches allowed for discussions to continue for as long as they were helpful; agree?	0% (n=0/1)	86% (n=6/7)	75% (n=6/8)
After participants discussed, coach clarified/clearly stated what the correct answer was; agree?	100% (n=1/1)	86% (n=6/7)	88% (n=7/8)
'Scenario 2' presented (y/n)	67% (n=2/3)	100% (n=7/7)	90% (n=9/10)
Coaches allowed for discussions to continue for as long as they were helpful; agree?	50% (n=1/2)	71% (n=5/7)	67% (n=6/9)
After participants discussed, the coach clarified/clearly stated what the correct answer was; agree?	50% (n=1/2)	71% (n=5/7)	67% (n=6/9)
'Scenario 3' presented (y/n)	67% (n=2/3)	43% (n=3/7)	50% (n=5/10)
Coaches showed participants graph to demonstrate risk of older sexual partners (y/n)	0% (n=0/2)	0% (n=0/3)	0% (n=0/5)
Coaches allowed for discussions to continue for as long as they were helpful; agree?	50% (n=1/2)	67% (n=2/3)	60% (n=3/5)
After participants discussed, the coach clarified / clearly stated what the correct answer was; agree?	50% (n=1/2)	67% (n=2/3)	60% (n=3/5)
'Scenario 4' presented (y/n)	33% (n=1/3)	20% (n=2/10)	30% (n=3/10)
Coaches Allowed for Discussions to continue for as long as they were helpful; agree?	0% (n=0/1)	100% (n=2/2)	67% (n=2/3)
After participants discussed, the coach clarified/clearly	0% (n=0/1)	100% (n=2/2)	67% (n=2/3)

stated what the correct answer was; agree?			
6. 'Discussion' (n=2 items measured)	0% (n=0/2)	0% (n=0/2)	0% (n=0/2)
7. 'Cool Down: Skillz Cheer & MicroMove' (n=4 items measured)	0% (n=0/4)	0% (n=0/4)	0% (n=0/4)
The 'Key Messages' of the Practice were delivered; agree? (n=2 items measured) ¹	50% (n=3/6)	79% (n=11/14)	70% (n=14/20)
The 'Goals' of the Practice were met; agree? (n=3 items measured) ¹	22% (n=2/9)	57% (n=12/21)	47% (n=14/30)
	% Total	38%	60%
			53%
Key: 1. Denominator for Key Messages and Goals is number of items multiplied by number of sessions observed; Blue Text=a practice component reported as: mean number of items implemented across observations (mean % of items implemented); Green Text=a practice component reported as: number of times this component was observed/agreed with (% of observations)			

Practice 1 is comprised of seven components: 1) an introduction, 2) the 'Ingqondo', 3) signing of the contract, 4) Generation Skillz Review, 5) a series of scenarios, 6) a discussion, and 7) the cool down. The 'introduction' orientates participants to the concepts covered, including the ten components measured during the observation. The 'introduction' was delivered with an average fidelity of 63% in Cape Town (meaning that on average of 6.3 of the ten introduction items were delivered), and 34% in Port Elizabeth.

The 'introduction' is followed by the 'Ingqondo' (i.e. the warm-up), a standard component at the beginning of every session which is usually a brief activity or statement for discussion to get participants comfortable. The 'Ingqondo' is intended to be delivered with male and female students together, even during subsequent split-sex sessions. The 'Ingqondo' in Practice 1 has four components that were delivered with a fidelity of 67% in Cape Town, and 54% in Port Elizabeth. The 'contract', a core component of several GRS programmes, is the next component. Here participants worked together to draw up a contract which has them agree on how they will conduct themselves individually and as a group during the programme. This component is comprised of eleven items, and was delivered with a fidelity of 48% (n=5.3/11) in Cape Town and 40% (n=4.4/11) in Port Elizabeth, respectively, meaning that, on average, less than half of the items related to the contract were delivered in either site. Further, the contract was signed in 33% (n=1/3) sessions in Cape Town, and 57% (n=4/7) sessions in Port Elizabeth.

The 'Skillz Review' contains twelve components in which participants are introduced to and instructed on the forthcoming scenarios. This part of the session was delivered with an average fidelity of 64% (n=7.8/12; Cape Town 56%, n=6.7/12; Port Elizabeth 68%, n=8.1/12).

The curriculum then includes four scenarios that represent high-risk behaviours or unhealthy relationships. The coach reads the scenario, and participants discuss in teams before deciding if the statement is a 'red card' (high risk), 'yellow card' (medium risk), or 'play on' (low risk). Small groups are then brought back together where answers are shared and discussed. During the observations carried out of Practice 1, there was substantial variation in the number of times each scenario was included in a session. No single observed delivery of Practice 1 included all four scenarios. For each scenario, there was variation in how often it was delivered within each site. For example, Scenario 1 and 2 were delivered in 80% (n=8/10) and 90% (n=9/10) of observed sessions, respectively. Both scenarios were delivered in all (100%; n=7/7) sessions in Port Elizabeth. In Cape Town, they were delivered in 33% (n=1/3) and 67% (n=2/3) of sessions, respectively. Scenario 3 and 4 were included less frequently, being delivered in 50% (n=5/10) and 30% (n=3/10) of sessions, respectively. These scenarios, however, had less variation between sites in how often they were delivered.

Research assistants observing the sessions were asked to provide feedback on coach and participant engagement in discussion during each scenario. They were asked to agree or disagree with the two following statements: 1) "coaches allowed for discussions to continue for as long as they were helpful", and 2) "after players discussed their opinion, the coach clarified / clearly stated what the correct answer was". Research assistants observed that, on average, for all four scenarios and between both sites, "coaches allowed for discussions to continue for as long as they were helpful" 53% of the time (which was influenced heavily by low ratings in Cape Town), and that in 66% in instances "the coach clarified/clearly stated what the correct answer was following discussion by players".

Practice 1 ends with a '*discussion*' comprised of two components, which are intended to facilitate dialogue amongst students about risky behaviours presented in the scenarios, and finally a '*cool down*' comprised of two components, which are standard at the end of each session - the 'MicroMove', a short activity that is intended to be completed with friends and family to help students use the new information they've learned in the programme, and the SKILLZ cheer. These final components of Practice 1 were not delivered in any of the ten observations.

Finally, the research assistants were asked to indicate whether they agreed that that the '*key messages*' (n=2) of the Practice were delivered, and if the '*goals*' (n=3) of the Practice had been met. Overall, research assistants indicated that key messages had been delivered, on average, 70% (n=14/20) of the time (Cape Town 50%, n=3/6; Port Elizabeth 79%, n=11/14),

and that the goals had been met 47% (n=14/30) of the time (Cape Town 22%, n=2/9; Port Elizabeth 57%, n=12/21).

5.4 Observations of Practice 2 (Males): Be a Captain!

Table 5.4 presents results from five observations (Cape Town n=3, Port Elizabeth n=2) of the male version of Practice 2, entitled 'Be a Captain'. The curriculum states that by the end of the session, it is expected that male participants should be able to: 1) explain how society and culture shapes what it means to be a man; 2) identify how society's definition of manhood leads to disrespectful behaviour towards women and girls; and 3) define manhood. Practice 2 (males) was implemented with an overall average fidelity of 53% (Cape Town 55% and Port Elizabeth 50%).

Table 5. 4. Average fidelity scores from the structured observations of Practice 2, male version (N=5)

Practice 2: Males (N=5)	Cape Town (n=3)	Port Elizabeth (n=2)	Total %
PRACTICE COMPONENTS (n=11)			
1. 'Warm-up' (n=4 items measured)	25% (n=1/4)	0% (n=0/4)	15% (n=0.6/4)
2. 'Ingqondo' (n=7 items measured)	81% (n=5.7/7)	86% (n=6/7)	83% (n=5.8/7)
3. 'Men in Adverts' (n=7 items measured)	86% (n=6/7)	100% (n=7/7)	91% (6.4/7)
Coaches allowed for discussions to continue for as long as they were helpful; agree?	33% (n=1/3)	50% (n=1/2)	40% (n=2/5)
4. 'Definition of a Soccer Captain' (n=6 items measured)	88% (n=5.3/6)	67% (n=4/6)	80% (n=4.8/6)
Coaches allowed for discussions to continue for as long as they were helpful; agree?	0% (n=0/3)	50% (n=1/2)	20% (n=1/5)
5. 'Women You Respect' (n=8 items measured)	66% (n=5.3/8)	81% (n=6.5/8)	73% (n=5.8/8)
Coaches allowed for discussions to continue for as long as they were helpful; agree?	33% (n=1/3)	50% (n=1/2)	40% (n=2/5)
6. 'Cool Down: Skillz Cheer & MicroMove' (n=2 items measured)	0% (n=0/2)	0% (n=0/2)	0% (n=0/2)
The 'Key Messages' of the Practice were delivered; agree? (n=3 items measured)	89% (n=8/9)	67% (n=4/6)	80% (n=12/15)
The 'Goals' of the Practice were met; agree? (n=3 items measured)	100% (n=9/9)	0% (n=0/6)	60% (n=9/15)
% Total	55%	50%	53%
Key: 1. Denominator for Key Messages and Goals is number of items multiplied by number of sessions observed; Blue Text=a practice component reported as: mean number of items implemented across observations (mean % of items implemented); Green Text=a practice component reported as: number of times this component was observed/agreed with (% of observations)			

At each site, observations were conducted at two schools. Most sessions (60%, n=3/5) were facilitated by one male coach. Two (40%, n=2/5) were facilitated by a pair of male coaches. All sessions, except one in Cape Town, were facilitated by a coach or pair of coaches that had implemented in the same school the year previously.

The male version of Practice 2 is comprised of six components: 1) warm-up, 2) the Ingqondo, 3) 'men in adverts' discussion, 4) 'definition of a soccer captain' discussion, 5) 'women you respect' discussion, and 6) the cool down consisting of the Skillz Cheer and MicroMove.

The *'warm-up'* includes four items: 1) an energizer, 2) a review of the previous session, 3) a review of the last session's MicroMove, and 3) a brief discussion. The warm-up was implemented with low fidelity across both sites. None of the warm-up items were delivered in either of the two sessions in Port Elizabeth, and only one item was delivered across three observed sessions in Cape Town. The *'Ingqondo'*, comprised seven items and was implemented with higher average fidelity of 83% (n=5.8/7) across both sites. Fidelity was similar in Cape Town and Port Elizabeth.

The male version of Practice 2 has three discussion-based components; *'men in adverts'* (n=7 items measured), *'definition of a soccer captain'* (n=6 items measured), and *'women you respect'* (n=8 items measured). *'Men in adverts'* was implemented with an average fidelity of 91% (n=6.4/7) across both sites (Cape Town 86%, n=6/7; Port Elizabeth 100% (n=7/7). However, research assistants recorded that in only 40% of observed sessions (n=2/5) did they agree that coaches allowed for discussions to continue as long as they were helpful.

The next discussion-based component, *'definition of a soccer captain'* was similarly found to be implemented with a high-degree of fidelity across both sites in terms of items being delivered. On average 80% (n=4.8/6) (Cape Town 88%, n=5.3/6; Port Elizabeth 67%, n=4/6), of the six items were delivered. Research assistants evaluated the discussion to have been facilitated poorly, and reported that in 20% (n=1/5) of sessions did they agree that coaches allowed for discussions to continue as long as they were helpful. Finally, the third discussion-based component, *'women you respect'* received the lowest fidelity rating, an overall average of 73% (n=5.8/8) (Cape Town 66%, n=5.3/8, and Port Elizabeth 81%, n=6.5/8). Research assistants recorded that in 40% (n=2/5) observed sessions did they agree that coaches allowed for discussions to continue as long as they were helpful. In summary, although the fidelity of the delivery of specific items of the discussion-based components was high, the discussion-based aspect of the practice was assessed to be of poor facilitation. The practice ends with a *'cool down'* comprised the *'MicroMove'* and the SKILLZ cheer. Neither the *'MicroMove'* nor the SKILLZ cheer components of the *'cool down'* were delivered in any of the five observations of Practice 2 (males) conducted in either site.

When asked to indicate whether or not they agreed that that the *'key messages'* (n=3) were delivered and the *'goals'* (n=3) had been met, research assistants reported that an average of 80% (n=12/15) of *'key messages'* items were delivered (Cape Town 89%, n=8/9; and Port Elizabeth 67%, n=4/6) and 60% (n=9/15) of *'goals'* items (Cape Town 100% n=9/9; Port Elizabeth 0%, n=0/6) across observed sessions.

5.5 Observations of Practice 2 (Females): Defining You!

Table 5.5 presents results from six observations (Cape Town n=3, Port Elizabeth n=3) of the delivery of the female version of Practice 2, entitled 'Defining You'. The curriculum states that by the end of the Practice, female participants should be able to: 1) explain how society and culture shapes what it means to be a woman; 2) identify how society's definition of womanhood leads to low self-confidence and oppression of women and girls, and 3) define womanhood. Practice 2 (females) was found to be implemented with an average fidelity of 72% (Cape Town 71%; Port Elizabeth 60%).

Table 5. 5. Average fidelity scores from the structured observations of Practice 2, female version (N=6)

Practice 2: Females (N=6)	Cape Town (n=3)	Port Elizabeth (n=3)	Total %
PRACTICE COMPONENTS (n=11)			
'Warm-up' (n=4 items measured)	0% (n=0/4)	0% (n=0/4)	0% (n=0/4)
'Ingqondo' (n=7 items measured)	86% (n=6/7)	86% (n=6/7)	86% (n=6/7)
'Women in Adverts' (n=9 items measured)	96% (n=8.6/9)	81% (n=7.3/9)	89% (n=8/9)
Coaches allowed for discussions to continue for as long as they were helpful; agree?	100% (n=3/3)	100% (n=3/3)	100% (n=6/6)
'Definition of an Everyday Woman' (n= 4 items measured)	100% (n=4/4)	100% (n=4/4)	100% (n=4/4)
Coaches allowed for discussions to continue for as long as they were helpful; agree?	100% (n=3/3)	100% (n=3/3)	100% (n=6/6)
'Be a Captain' (n=6 items measured)	78% (n=4.7/6)	67% (n=4/6)	72% (n=4.3/6)
Coaches allowed for discussions to continue for as long as they were helpful; agree?	67% (n=2/3)	100% (n=3/3)	83% (n=5/6)
'Cool Down: Skillz Cheer & MicroMove' (n=2 items measured)	0% (n=0/2)	15% (n=0.3/2)	10% (n=0.2/3)
The 'Key Messages' of the Practice were delivered; agree? (n= 2 items measured)	83% (n=5/6)	100% (n=6/6)	92% (n=11/12)
The 'Goals' of the Practice were met; agree? (n=3 items measured)	67% (n=6/9)	56% (n=5/9)	61% (n=11/18)
% Total	71%	73%	72%

Key: 1. Denominator for Key Messages and Goals is number of items multiplied by number of sessions observed; Blue Text=a practice component reported as: mean number of items implemented across observations (mean % of items implemented); Green Text=a practice component reported as: number of times this component was observed/agreed with (% of observations)

Observations were conducted in two schools in Cape Town, and in three in Port Elizabeth. Most sessions (67%; n=4/6) were facilitated by two female coaches, while two of the observed sessions were facilitated by one female coach. All the coaches, except for one in Cape Town, had implemented in the same school the year previously.

The female version of Practice 2 is also comprised of six components: 1) a warm-up; 2) the 'Ingqondo'; 3) the 'women in adverts' discussion; 4) 'definition of an everyday woman'

discussion; 5) 'women be a captain' discussion; and 6) the cool down consisting of the Skillz Cheer and MicroMove.

The 'warm-up' includes four items: 1) an energizer; 2) a review of the previous session; 3) a review of the last session's MicroMove, and 4) a brief discussion. None of the four warm up items were delivered in any of the observed sessions of Practice 2 (females) at either site (n=0/4). The 'Ingqondo', which includes seven items, was implemented with an average fidelity of 86% (n=6/7) in both sites. After these two standard components, which males and females participate in together, the female version of Practice 2 has three different discussion-based components; 'women in adverts' (n=9 items measured), 'definition of an everyday woman' (n=4 items measured), and 'be a captain' (n=6 items measured). 'Women in adverts' was implemented with an average fidelity of 89% (n=8/9) across both sites (Cape Town 96%, n=8.6/9; Port Elizabeth 81%, n=7.3/9). The 'definition of an everyday women' discussion was delivered with 100% (n=4/4) fidelity in all observed sessions. Both components received a 100% assessment from research assistants when they were asked whether or not coaches allowed for discussions within each component to continue for as long as they were helpful. The final discussion-based component, 'be a captain' received a lower overall fidelity rating of 72% (n=4.5/6) (Cape Town: 78%, n=4.7/6; Port Elizabeth: 67%, n=4/6), and a lower overall average assessment of 83% (n=5/6) (Cape Town: 67%, n=2/3; Port Elizabeth: 100%, n=3/3) related to the facilitation of discussion by coaches. In summary, the fidelity of the delivery of specific items of the discussion-based components was high, as well as the discussion-based aspect of the practice.

The 'cool down' was implemented with very poor fidelity (10%, n=0.2/3) across both sites. Finally, when asked to indicate whether or not the 'key messages' (n=2) of the Practice were delivered, and if the 'goals' (n=3) had been met, research assistants reported an average of 92% (n=11/12) (Cape Town: 83%, n=5/6; Port Elizabeth: 100%, n=6/6) and 61% (n=11/18) (Cape Town: 67%, n=6/9; Port Elizabeth: 56%, n=5/9) respectively.

5.6 Observations of Practice 3 (Males): Power in Relationships

Table 5.6 presents results of three observations (Cape Town n=2, Port Elizabeth n=1) of the delivery of the male version of Practice 3, entitled 'Power in Relationships'. The curriculum states that by the end of this Practice, male participants should be able to explain how unequal power in relationships increases the risk of HIV. Practice 3 (males) was found to be

implemented with an overall average fidelity of 77% (70% in Cape Town and 78% in Port Elizabeth).

Table 5 6. Average fidelity scores from the structured observations conducted of Practice 3, male version (N=3)

Practice 3: Males (N=3)	Cape Town (n=2)	Port Elizabeth (n=1)	Total %
PRACTICE COMPONENTS (n=12)			
1. 'Warm-up' (n=5 items measured)	20% (n=1/5)	0% (n=0/5)	14% (n=0.7/5)
2. 'Ingqondo' (n=1 item measured)	100% (n=1/1)	100% (n=1/1)	100% (n=1/1)
3. 'Discuss Power' (n=8 items measured)	75% (n=6/8)	63% (n=5/8)	71% (n=5.7/8)
4. 'Play With Unequal Lines' (n=6 items measured)	0% (n=0/0)	83% (n=5/6)	28% (n=1.7/6)
5. 'Play With One new Rule' (n=3 items measured)	83% (n=2.5/3)	100% (n=3/3)	90% (n=2.7/3)
6. 'Combine the Teams, Play Together' (n=5 items measured)	80% (n=4/5)	100% (n=5/5)	86% (n=4.3/5)
7. 'Debrief' (n=11 items measured)	82% (n=9/11)	91% (n=10/11)	85% (n=9.3/11)
Coaches allowed for discussions to continue for as long as they were helpful; agree?	100% (n=2/2)	100% (n=1/1)	100% (n=3/3)
After players discussed their opinion, the coach clarified / clearly stated what the correct answer was; agree?	100% (n=2/2)	100% (n=1/1)	100% (n=3/3)
8. 'Cool Down: Skillz Cheer & MicroMove' (n=2 items measured)	0% (n=0/2)	0% (n=0/2)	0% (n=0/2)
The 'Key Messages' of the Practice were delivered; agree? (n= 3 items measured)	100% (n=6/6)	100% (n=3/3)	100% (n=9/9)
The 'Goals' of the Practice were met; agree? (n=1 item measured)	100% (n=2/2)	100% (n=1/1)	100%(n=3/3)
% Total	70%	78%	74%
Key: Denominator for Key Messages and Goals is number of items multiplied by number of sessions observed; Blue Text = a session component reported as: mean number of items implemented across observations (mean % of items implemented). Green Text = a session component reported as: number of times this component was observed / agreed with (% of observations)			

The two observations in Cape Town were at the same school, with one observation conducted at a school in Port Elizabeth. Both observed sessions in Cape Town were delivered by one male coach, each who had implemented at the same school the previous year. The session in Port Elizabeth was implemented by a pair of male coaches, one who had implemented there the previous year.

The male version of Practice 3 is comprised of eight components: 1) a warm-up; 2) the '*Ingqondo*'; 3) 'discuss power'; 4) 'play with unequal lines'; 5) 'play with one new rule'; 6) 'combine the teams, play together'; 7) a debrief, and 8) the cool down consisting of the Skillz Cheer and MicroMove.

The '*warm-up*' includes five items: 1) an energizer; 2) a review of the previous session; 3) a review of the last session's MicroMove, and 4) a brief, two-part discussion. The '*warm-up*' was implemented with low fidelity (14%, $n=0.7/5$) across both sites. The '*Ingqondo*', however, which is a one-item statement that students either agree or disagree with, was delivered during every observation of this practice.

After these two standard components of the Practice, which males and females participate in together, the male version of Practice 3 has five components that comprise a physical- and discussion-based activity to demonstrate power dynamics and stimulate a discussion regarding the risks of unequal power in relationships. Overall, these five components were observed to be delivered with high fidelity, except for one component that was not delivered in either of the two Cape Town observations. The first of the five components, '*discuss power*' ($n=8$ items measured), is a brief discussion of power dynamics and instructions for the game. It was found to be implemented with an average fidelity of 71% ($n=5.7/8$) (Cape Town: 75%, $n=6/8$; Port Elizabeth: 63%, $n=5/8$). The component '*play with equal lines*' ($n=6$ items measured) is the first activity-based component of the Practice, where participants, now in two teams, race against each other and dribble a soccer ball between cones which are in lines of unequal length, meant to represent the team with less cones having an unfair advantage through more power. This component was not implemented in either of the two observed sessions in Cape Town, but was implemented with an average fidelity of 83% ($n=5/6$) in the one session observed in Port Elizabeth.

The next two components, '*play with one new rule*' ($n=3$ items measured), and '*combine the teams, play together*' ($n=5$ items measured) were implemented with a fidelity of 83% ($n=1.7/60$ and 80% ($n=4.3/5$), respectively, in Cape Town, and 100% for both components in Port Elizabeth.

The last component, '*debrief*' (n=11 items measured), sees both groups come back together to discuss how the two teams felt during the activity, and discuss how this relates to unequal power, violence, abuse and risk of HIV in relationships. This component had an average fidelity of 85% (n=9.3/11). For this discussion-based component of the Practice, research assistants were asked to evaluate whether 'coaches allowed for discussion to continue for as long as they were helpful', and if 'after players discussed their opinion, the coach clarified / clearly started what the correct answer was. In all three sessions, research assistants agreed with both of these statements. Research assistants agreed that, for all three sessions, the '*key messages*' (n=3) of the Practice had been delivered, and the '*goals*' (n=1) of the Practice had been met. Conversely, however, the '*cool down*' was not delivered in any of the three observations of Practice 3 (males).

5.7 Observations of Practice 3 (Females): Healthy and Unhealthy Relationships

Table 5.7 presents results from five observations (Cape Town n=2, Port Elizabeth n=3) of the delivery of the female version of Practice 3, entitled 'Healthy and Unhealthy Relationships'. The curriculum states that by the end of this Practice, it is expected that female participants should be able to explain why they seek relationships, and identify characteristics of healthy and unhealthy relationships. Practice 3 (females) was implemented with an overall average fidelity of 84% (81% in Cape Town and 85% in Port Elizabeth).

Table 5.7 Average fidelity scores from the structured observations of Practice 3, female version (N=5)

Practice 3: Females (N=5)	Cape Town (n=2)	Port Elizabeth (n=3)	Total %
PRACTICE COMPONENTS (n=25)			
1. 'Warm-up' (n=5 items measured)	10% (n=0.5/5)	6% (n=0.3/5)	8% (n=0.4/5)
2. 'Ingqondo' (n=1 item measured)	100% (n=1/1)	70% (n=0.7/1)	80% (n=0.8/1)
3. 'Discuss Relationships' (n=3 items measured)	100% (n=3/3)	100% (n=3/3)	100% (n=3/3)
4. 'Discuss Relationship Situations' (n=8 items measured)	88% (n=7/8)	63% (n=5/8)	73% (n=5.8/8)
5. Healthy / Unhealthy Relationship Statement 1 read (y/n)	50% (n=1/2)	100% (n=3/3)	80% (n=4/5)
Coaches allowed for discussions to continue for as long as they were helpful; <i>agree?</i>	100% (n=1/1)	100% (n=3/3)	100% (n=4/4)
After players discussed their opinion, the coach clarified / clearly stated what the correct answer was; <i>agree?</i>	100% (n=1/1)	100% (n=3/3)	100% (n=4/4)
Healthy / Unhealthy Relationship Statement 2 read (y/n)	100% (n=2/2)	100% (n=3/3)	100% (n=5/5)
Coaches allowed for discussions to continue for as long as they were helpful; <i>agree?</i>	100% (n=2/2)	100% (n=3/3)	100% (n=5/5)
After players discussed their opinion, the coach clarified / clearly stated what the correct answer was; <i>agree?</i>	100% (n=2/2)	100% (n=3/3)	100% (n=5/5)
Healthy / Unhealthy Relationship Statement 3 read (y/n)	100% (n=2/2)	100% (n=3/3)	100% (n=5/5)
Coaches allowed for discussions to continue for as long as they were helpful; <i>agree?</i>	100% (n=2/2)	100% (n=3/3)	100% (n=5/5)
After players discussed their opinion, the coach clarified / clearly stated what the correct answer was; <i>agree?</i>	100% (n=2/2)	100% (n=3/3)	100% (n=5/5)
Healthy / Unhealthy Relationship Statement 4 read (y/n)	0% (n=0/2)	100% (n=3/3)	60% (n=3/5)
Coaches allowed for discussions to continue for as long as they were helpful; <i>agree?</i>	-	100% (n=3/3)	100% (n=3/3)
After players discussed their opinion, the coach clarified / clearly stated what the correct answer was; <i>agree?</i>	-	100% (n=3/3)	100% (n=3/3)
Healthy / Unhealthy Relationship Statement 5 read (y/n)	100% (n=2/2)	67% (n=2/3)	80% (n=4/5)
Coaches allowed for discussions to continue for as long as they were helpful; <i>agree?</i>	100% (n=2/2)	100% (n=2/2)	100% (n=4/4)

After players discussed their opinion, the coach clarified / clearly stated what the correct answer was; <i>agree?</i>	100% (n=2/2)	100% (n=2/2)	100% (n=4/4)
Healthy / Unhealthy Relationship Statement 6 read (y/n)	0% (n=0/2)	33% (n=1/3)	20% (n=1/5)
Coaches allowed for discussions to continue for as long as they were helpful; <i>agree?</i>	-	100% (n=1/1)	100% (n=1/1)
After players discussed their opinion, the coach clarified / clearly stated what the correct answer was; <i>agree?</i>	-	100% (n=1/1)	100% (n=1/1)
6. 'Cool Down: Skillz Cheer & MicroMove' (n=2 items measured)	50% (n=2/4)	0% (n=0/6)	20% (n=0.4/10)
The 'Key Messages' of the Practice were delivered; <i>agree?</i> (n= 2 items measured)	100% (n=4/4)	100% (n=6/6)	100% (n=10/10)
The 'Goals' of the Practice were met; <i>agree?</i> (n=2 items measured)	100% (n=4/4)	83% (n=5/6)	90% (n=9/10)
% Total	81%	85%	84%
Key: 1. Denominator for Key Messages and Goals is number of items multiplied by number of sessions observed; Blue Text =a practice component reported as: mean number of items implemented across observations (mean % of items implemented); Green Text =a practice component reported as: number of times this component was observed/agreed with (% of observations)			

All five observations were conducted in a different school. Of observed sessions, 60% (n=3/5) were facilitated by one female coach, one was facilitated by a pair of coaches, and another by a team of three. All coaches delivering the observed sessions had implemented in the same school the year previously.

The female version of Practice 3 is comprised of six components: 1) a warm-up; 2) the 'Ingqondo'; 3) 'discuss relationships'; 4) 'discuss relationship situations'; 5) a series of six healthy/unhealthy relationship statements, each including a discussion, and 6) a cool-down. The 'warm-up' includes five items: 1) an energizer; 2) a review of the previous session; 3) a review of the last session's MicroMove, and 4) a brief, two-part discussion. The 'warm-up' was implemented with very poor fidelity (8%, n=0.4/5) across both sites. The 'Ingqondo', was delivered with an average fidelity of 80% (n=0.8/1).

The female version of Practice 3 has three components: a general discussion about relationship types, an explanation about the subsequent game that examines relationship types, and then a series of six situations, in which participants are put into teams and must decide whether the situation represents a healthy or unhealthy relationship. The first two components, 'discuss relationships' (n= 3 items measured), and 'discuss relationship

situations' (n=8 items measured), were implemented with an average fidelity of 100% (n=3/3) and 73% (n=5.8/8), respectively. The '*6 statements*' and discussion were implemented with varying fidelity. Some sessions included the reading of all 6 statements, whereas others included varying combinations of different statements. Statement 2 and 3 were included in all five (100%) sessions. Statement 1 and 5 were included in 80% (n=4/5) sessions. Statement 4 was included in 60% (n=3/5) sessions, and Statement 6 included in 20% (n=1/5). Research assistants were asked to rate the facilitation of the discussion associate with each statement, by answering if they did or did not agree that: 'coaches allowed for discussion to continue for as long as it was helpful', and if 'after players discussed their opinion, the coach clarified / clearly stated what the correct answer was'. Although observations of the practices indicated there were varying degrees to which statements were included in practices, research assistants' assessments concluded that in 100% of instances where the statement was read, the content and quality of the associated discussion was high. The '*cool-down*' was implemented with low fidelity (20%; n=0.4/2) across both sites. Research assistants reported an average fidelity of 100% (n=10/10) and 90% (n=9/10) for the 'key messages' and whether the 'goals' had been met, respectively.

5.8 Observations of Practice 4 (Males): Non-Violent Communication

Table 5.8 presents results from three observations (Cape Town n=2, Port Elizabeth n=1) of the delivery of the male version of Practice 4, entitled 'Non-Violent Communication'. The curriculum states that by the end of this Practice, male participants should be able to: 1) identify that violence against women and girls is never acceptable and is against the law, and 2) identify non-violent ways to deal with relationship problems and differences. Practice 4 (males) was implemented with an overall average fidelity of 67% (83% in Cape Town and 33% in Port Elizabeth).

Table 5.8. Average fidelity scores from the structured observations conducted of Practice 4, male version (N=3)

Practice 4: Males (N=5)	Cape Town (n=2)	Port Elizabeth (n=1)	Total %
PRACTICE COMPONENTS (n=14)			
1. 'Warm-up' (n=4 items measured)	0% (n=0/4)	0% (n=0/4)	0% (n=0/4)
2. 'Ingqondo' (n=8 items measured)	100% (n=8/8)	25% (n=2/8)	75% (n=6/8)
3. 'Discuss Boiling Points' (n=9 items measured)	94% (n=8.8/9)	33% (n=3/9)	74% (n=6.7/9)
Coaches allowed for discussions to continue for as long as they were helpful; agree?	100% (n=2/2)	0% (n=0/1)	67% (n=2/3)
After players discussed their opinion, the coach clarified / clearly stated what the correct answer was; agree?	100% (n=2/2)	0% (n=0/1)	67% (n=2/3)
4. 'Discuss Triggers' (n=10 items measured)	90% (n=9/10)	80% (n=8/10)	87% (n=8.7/10)
Coaches allowed for discussions to continue for as long as they were helpful; agree?	100% (n=2/2)	0% (n=0/1)	67% (n=2/3)
After players discussed their opinion, the coach clarified / clearly stated what the correct answer was; agree?	100% (n=2/2)	0% (n=0/1)	67% (n=2/3)
5. 'Discuss Non-Violent Strategies' (n=10 items measured)	80% (n=8/10)	50% (n=5/10)	70% (n=7/10)
Coaches allowed for discussions to continue for as long as they were helpful; agree?	100% (n=2/2)	100% (n=1/1)	100% (n=3/3)
After players discussed their opinion, the coach clarified / clearly stated what the correct answer was; agree?	100% (n=2/2)	100% (n=1/1)	100% (n=3/3)
6. 'Cool Down: Skillz Cheer & MicroMove' (n=2 items measured)	0% (n=0/2)	0% (n=0/2)	0% (n=0/2)
The 'Key Messages' of the Practice were delivered; agree? (n= 4 items measured)	100% (n=8/8)	75% (n=3/4)	92% (n=11/12)
The 'Goals' of the Practice were met; agree? (n=2 items measured)	100% (n=4/4)	0% (n=0/2)	67% (n=4/6)
% Total	83%	33%	67%
Key: 1. Denominator for Key Messages and Goals is number of items multiplied by number of sessions observed; Blue Text=a practice component reported as: mean number of items implemented across observations (mean % of items implemented); Green Text=a practice component reported as: number of times this component was observed/agreed with (% of observations)			

The two observations in Cape Town were conducted at the same school. All sessions were delivered by a single male coach. In both instances in Cape Town the coach had implemented in that school the year previously; in Port Elizabeth the coach had not.

The male version of Practice 4 is comprised of six components: 1) a warm-up; 2) the '*Inggondo*'; 3) 'discuss boiling points'; 4) 'discuss triggers'; 5) 'discuss non-violent strategies', and 6) a cool-down. The '*warm-up*' includes four items: 1) an energizer; 2) a review of the previous practice; 3) a review of the last practice's MicroMove, and 4) a brief discussion. The '*warm-up*' was not implemented in any of the observed sessions of Practice 4 (males). The '*Inggondo*' in this Practice consisted of eight items, including the presentation of statistics and a discussion on rape and intimate partner violence. The '*Inggondo*' was implemented with a fidelity of 100% (n=8/8) in the two sessions in Cape Town, but a fidelity of 25% (n=2/8) in the session in Port Elizabeth.

Following these two standard components of the Practice, the male version of Practice 4 has three discussion-based components: '*discuss boiling points*' (n=9 items measured), '*discuss triggers*' (n=10 items measured), and '*discuss non-violent strategies*' (n=10 items measured). '*Discuss boiling points*' was implemented with an average fidelity of 74% (n=6.7/9) across both sites, but varied between sites (Cape Town: 94%, n=8.8/9; Port Elizabeth: 33%, n=3/9). '*Discuss triggers*' had a higher average fidelity overall (87%; n=8.7/10), and less variation between Cape Town (90%, n=9/10) and Port Elizabeth (80%, n=8/10). '*Discuss non-violent strategies*' was delivered with an average fidelity of 70% (n=7/10) (Cape Town: 80%, n=8/10; Port Elizabeth: 50%, n=5/10). For the first two-discussion based components, the research assistant in Cape Town agreed with the statements: 'coaches allowed for discussion to continue for as long as it was helpful', and that 'after players discussed their opinion, the coach clarified/clearly stated what the correct answer was' for both sessions observed. In Port Elizabeth, the research assistant did not agree with either statement for the one session observed.

For the third and final discussion-based component, both research assistants agreed with the both statements- in other words rating the quality and content of the discussion as high. The Practice ends with a '*cool down*' comprised the 'MicroMove' and the SKILLZ cheer. Neither of these '*cool down*' components were delivered in any of the three observations of Practice 4 (males) conducted in either site. In Cape Town, the 'key messages' were delivered and the 'goals' had been met for the two sessions observed. In Port Elizabeth, 75% (n=3/4) of the 'key messages' were delivered and the 'goals' were not met.

5.9 Observations of Practice 4 (Females): The 3 T's

Table 5.9 presents results from five observations (Cape Town n=3, Port Elizabeth n=2) of the delivery of the female version of Practice 4, entitled 'The 3 Ts'. The curriculum states that by the end of this Practice female participants should be able to: 1) identify that violence against women and girls is never acceptable and is against the law, 2) identify four types of abuse: emotional, physical, neglect, and sexual abuse, 3) identify that an abusive relationship increases the risk for HIV, and 4) identify ways to end an abusive relationship. Practice 4 (females) was found to be implemented with an overall average fidelity of 65% (71% in Cape Town and 54% in Port Elizabeth).

Table 5.9. Average fidelity scores from the structured observations conducted of Practice 4, female version (n=5)

Practice 4: Females (N=5)	Cape Town (n=3)	Port Elizabeth (n=2)	Total %
PRACTICE COMPONENTS (n=12)			
1. 'Warm-up' (n=4 items measured)	50% (n=2/4)	0% (n=0/4)	30% (n=1.2/4)
2. 'Ingqondo' (n=8 items measured)	91% (n=7.3/8)	38% (n=3/8)	70% (n=5.6/8)
3. 'Define Abuse' (n=14 items measured)	93% (n=13/14)	86% (n=12/14)	90% (n=12.6/14)
4. 'The 3Ts' (n=13 items measured)	100% (n=13/13)	85% (n=11/13)	94% (n=12.2/13)
5. 'When Do You Use The 3Ts' (n=8 items measured)	66% (n=5.3/8)	38% (n=3/8)	55% (n=4.4/8)
6. 'Discussion' (n=4 items measured)	67% (n=2.7/4)	53% (n=2.1/4)	65% (n=2.6/4)
Coaches allowed for discussions to continue for as long as they were helpful; agree?	67% (n=2/3)	50% (n=1/2)	60% (n=3/5)
After players discussed their opinion, the coach clarified / clearly stated what the correct answer was; agree?	67% (n=2/3)	50% (n=1/2)	60% (n=3/5)
7. 'Explanation of Services' (n=3 items measured)	67% (n=2/3)	50% (n=1.5/3)	60% (n=1.8/3)
8. 'Cool Down: Skillz Cheer & MicroMove' (n=2 measured)	50% (n=1/2)	0% (n=0/2)	30% (n=0.6/2)
The 'Key Messages' of the Practice were delivered; agree? (n= 4 items measured)	67% (n=8/12)	100% (n=8/8)	80% (n=16/20)
The 'Goals' of the Practice were met; agree? (n=4 items measured)	67% (n=8/12)	100% (n=8/8)	80% (n=16/20)
% Total	71%	54%	65%
Key: 1. Denominator for Key Messages and Goals is number of items multiplied by number of sessions observed; Blue Text=a practice component reported as: mean number of items implemented across observations (mean % of items implemented); Green Text=a practice component reported as: number of times this component was observed/agreed with (% of observations)			

All five observations of this Practice were carried out at different schools. Two of the sessions (Cape Town N=1; Port Elizabeth N=1) were implemented by a pair of remain coaches, whereas for the three remaining sessions a lone female coach delivered the Practice. In two schools in Cape Town, the coach had not implemented there the year before, whereas all other schools had returning coaches.

The female version of Practice 4 is comprised of eight components: 1) a warm-up; 2) the '*Ingqondo*'; 3) 'define abuse'; 4) 'the 3 T's'; 5) 'when do you use the 3 T's'; 6) 'discussion'; 7) 'explanation of services', and 8) a cool-down. The '*warm-up*' includes four items: 1) an energizer; 2) a review of the previous session; 3) a review of the last session's MicroMove, and 4) a brief discussion. The '*warm-up*' was implemented with 50% (n=2/4) fidelity in Cape Town and was not implemented in either of the sessions in Port Elizabeth resulting in a low overall fidelity of 30% (n=1.2/4) across both sites.

The '*Ingqondo*', in this Practice consisted of eight items including the presentation of statistics and a brief discussion on rape and intimate partner violence. The '*Ingqondo*' was implemented with an overall average fidelity of 70% (n=5.6/8) across the five observed sessions; this was higher in Cape Town (91%, n=7.3/8) compared with Port Elizabeth (38%, n=3/8). Following these two standard components of the Practice, the female version of Practice 4 has five components: '*define abuse*' (n=14 items measured), '*the 3 Ts*' (n=13 items measured), '*when do you use the 3 Ts*' (n=8 items measured), '*discussion*' (n=4 items measured), and '*explanation of services*' (n=3 items measured). The first component, '*define abuse*' has the coach explain to participants the many forms in which abuse exists, and allows participants to identify different types of abuse through discussing a series of scenarios posed by the coach. '*Define abuse*' was implemented with an average fidelity of 90% (n=12.6/14) across both sites (Cape Town: 93%, n=13/14; Port Elizabeth: 86% n=12/14).

'*The 3 Ts*', which leads participants through a series of steps they can use to end an unhealthy or abusive relationship, was implemented with an overall fidelity of 94% (n=12.3/14). After this, participants are divided into small groups and given scenarios in which they work together to discuss how they can apply the 3 Ts to end an unhealthy relationship. This component, '*when do you use the 3Ts?*' was implemented with the lowest fidelity of the female-specific components of this Practice- an average of 55% (n=4.4/8) across both sites (Cape Town: 66%, n=5.3/8; Port Elizabeth: 38%, n=3/8). Next the coach brings the groups back together and poses four questions related to ending a relationship for discussion. On average, 65% (n=2.6/4) discussion items of this component were posed to participants. In Cape Town, the research assistant agreed with the statements regarding discussion facilitation for 67% (n=2/3) of observations. In Port Elizabeth, the research assistant agreed with these statements for 50% (n=1/2) of sessions observed.

Finally, in the last female-specific section of this practice, coaches explain services that girls can access if they need help. This component, which comprised three items, was delivered

with 60% (n=1.8/3) fidelity. One item of the '*cool down*' was implemented in one of the observed sessions in Cape Town, but neither of the '*cool down*' components were delivered in any of the observations of Practice 4 (females) in Port Elizabeth. Finally, when asked to indicate whether or not they agreed that the '*key messages*' (n=4) of the Practice were delivered, and if the '*goals*' (n=4) of the Practice had been met, research assistants reported an overall average of 80% (n=16/20) for both measures (Cape Town: 67%, n= 8/12; Port Elizabeth: 100%, n=12/12).

5.10 Observations of Practice 5 (Males): Juggling My Life

Results from three observations (Cape Town n=2, Port Elizabeth n=1) of the male version of Practice 5, entitled 'Alcohol: Juggling My Life' are presented in Table 5.10. Results from two observations (Cape Town n=1, Port Elizabeth n=1) of the female version of Practice 5, entitled 'Alcohol: Red Card' are presented in Table 5.11. The curriculum states that by the end of this session, male and female participants should be able to: 1) assess personal alcohol usage and explain why they drink alcohol; 2) explain the link between alcohol usage and HIV risks, such as unprotected sex, multiple sexual partners, older sexual partners, and gender-based violence; 3) identify the consequences of alcohol; and 4) name ways to avoid alcohol usage. Practice 5 (males) was found to be implemented with an overall average fidelity of 70% (76% in Cape Town and 57% in Port Elizabeth). For females, Practice 5 was found to be implemented with an overall average fidelity of 80% (84% in Cape Town and 73% in Port Elizabeth).

Table 5.10. Average fidelity scores from the structured observations conducted of Practice 5, male version (N=3)

Practice 5: Males (N=3)	Cape Town (n=2)	Port Elizabeth (n=1)	Total %
PRACTICE COMPONENTS (n=14)			
1. 'Warm-up' (n=5 items measured)	0% (n=0/5)	0% (n=0/5)	0% (n=0/5)
2. 'Ingqondo' (n=13 items measured)	85% (n=11/13)	85% (n=11/13)	85% (n=11/13)
3. 'Introduction' (n=4 items measured)	100% (n=4/4)	100% (n=4/4)	100% (n=4/4)
4. 'Establish the Passing Order' (n=13 items measured)	100% (n=13/13)	100% (n=13/13)	100% (n=13/13)
5. 'Juggle with One Ball' (n=1 item measured)	100% (n=1/1)	100% (n=1/1)	100% (n=1/1)
6. 'Juggle All the Things in Our Lives' (n=4 items measured)	100% (n=4/4)	75% (n=3/4)	93% (n=3.7/4)
Coaches allowed for discussions to continue for as long as they were helpful; agree?	100% (n=2/2)	100% (n=1/1)	100% (n=3/3)
7. 'Introduce Alcohol Ball and Consequences' (n=19 items measured)	74% (n=14/19)	42% (n=8/19)	63% (n=12/19)
Coaches allowed for discussions to continue for as long as they were helpful; agree?	100% (n=2/2)	0% (n=0/1)	67% (n=2/3)
After players discussed their opinion, the coach clarified / clearly stated what the correct answer was; agree?	100% (n=2/2)	0% (n=0/1)	67% (n=2/3)
8. 'Coach's Story' (y/n)	0% (n=0/2)	0% (n=0/1)	0% (n=0/3)
9. 'Cool Down: Skillz Cheer & MicroMove' (n=2 items measured)	0% (n=0/4)	0% (n=0/2)	0% (n=0/6)
The 'Key Messages' of the Practice were delivered; agree? (n= 2 items measured)	100% (n=4/4)	100% (n=2/2)	100% (n=6/6)
The 'Goals' of the Practice were met; agree? (n=4 items measured)	100% (n=8/8)	100% (n=4/4)	100% (n=12/12)
% Total	76%	57%	70%
Key: 1. Denominator for Key Messages and Goals is number of items multiplied by number of sessions observed; Blue Text=a practice component reported as: mean number of items implemented across observations (mean % of items implemented); Green Text=a practice component reported as: number of times this component was observed/agreed with (% of observations)			

The two observations in Cape Town were conducted at the same school. All three observed sessions were delivered by a lone male coach; each had implemented at the same school the previous year.

The male version of Practice 5 is comprised of nine components: 1) a warm-up; 2) the Ingqondo; 3) 'introduction'; 4) 'establish the passing order'; 5) 'juggle with one ball'; 6) 'juggle all things in our lives'; 7) 'introduce alcohol ball and consequences'; 8) 'coach's story', and 9) the cool down consisting of the Skillz Cheer and MicroMove. The 'warm-up' includes five items: 1) an energizer; 2) a review of the previous session; 3) a review of the last session's MicroMove, and 4) a brief, two-part discussion. The 'warm-up' was not implemented in any of the three sessions observed.

The 'Ingqondo', a thirteen-item 'alcohol abuse self-evaluation', was delivered with an average of 85% (n=11/13) fidelity across and within both sites. After these two standard components of the Practice, in which males and females participate in together, the male version of Practice 5 has five components that comprise a physical- and discussion-based activity to demonstrate the consequences of drinking alcohol and stimulate a discussion about how to avoid alcohol usage. The first three components: 'introduction' (n=4 items measured), 'establish the passing order' (n=13 items measured), and 'juggle with one ball' (n=1 item measured) were all implemented with 100% fidelity in all observed sessions. 'Juggle all the things in our lives' (n=4 items measured) was implemented with an average fidelity of 93% (n=3.7/4) (Cape Town: 100%, n=4/4; Port Elizabeth: 75%, n=3/4). The final component of the physical- and discussion-based activity is 'introduce alcohol ball and consequences' (n=19 items measured), which is the most important to the key messages of the Practice, was implemented with the lowest fidelity of 63% (n=12/19), with particularly low fidelity in in Port Elizabeth (42%, n=8/19). This component of the Practice includes a discussion, for which research assistants were asked to evaluate whether 'coaches allowed for discussion to continue for as long as they we helpful', and if 'after players discussed their opinion, the coach clarified / clearly started what the correct answer was'. In both sessions observed in Cape Town, the research assistants agreed with both statements. In Port Elizabeth, the research assistant did not agree with either statement. The research assistants reported that the 'key messages' were delivered and 'goals' met for all observed sessions. The 'cool down' was not delivered in any of the three observations of Practice 5 (males).

The '*coach's story*' which is an important and unique component to several GRS curriculums, where the coach shares a personal story is intended to be delivered in this practice. The curriculum prompts the coach to share a story about someone they know whose life has been changed as a result of drinking alcohol, and to describe how HIV, violence, or other consequences affected their education, friends or family. The coaches are encouraged to give advice to players that want to drink. The '*coach's story*' was not delivered in any of the observed sessions.

5.11 Observations of Practice 5 Females: Red Card

Table 5.11 presents results from two observations (Cape Town N=1, Port Elizabeth N=1) of the delivery of the female version of Practice 5, entitled 'Alcohol: Red Card'. Practice 5 (females) was found to be implemented with an overall average fidelity of 80% (84% in Cape Town and 73% in Port Elizabeth).

Table 5.11. Average fidelity scores from the structured observations conducted of Practice 5, female version (N=2)

Practice 5: Females (N=2)	Cape Town (n=1)	Port Elizabeth (n=1)	Total %
PRACTICE COMPONENTS (n=21)			
1. 'Warm-up' (n=5 items measured)	0% (n=0/5)	0% (n=0/5)	0% (n=0/5)
2. 'Ingqondo' (n=13 items measured)	85% (n=11/13)	85% (n=11/13)	85% (n=11/13)
3. 'Introduction' (n=6 items measured)	83% (n=5/6)	100% (n=6/6)	92% (n=5.5/6)
4. 'Role-Play Practice' (n=12 items measured)	100% (n=12/12)	83% (n=10/12)	92% (n=11/12)
5. 'Role-Plays' (n=3 items measured)	100% (n=3/3)	67% (n=2/3)	83% (n=2.5/3)
6. 'Scenario 1' (y/n)	100% (n=1/1)	100% (n=1/1)	100% (n=2/2)
(n=4 items measured)	100% (n=4/4)	100% (n=4/4)	100% (n=4/4)
Coaches allowed for discussions to continue for as long as they were helpful; agree?	100% (n=1/1)	100% (n=1/1)	100% (n=2/2)
'Scenario 2' (y/n)	100% (n=1/1)	0% (n=0/1)	50% (n=1/2)
(n=4 follow-up questions measured)	100% (n=4/4)	-	100% (n=4/4)
Coaches allowed for discussions to continue for as long as they were helpful; agree?	100% (n=1/1)	-	100% (n=1/1)
'Scenario 3' (y/n)	100% (n=1/1)	100% (n=1/1)	100% (n=1/1)
(n=4 follow-up questions measured)	100% (n=4/4)	100% (n=4/4)	100% (n=4/4)
Coaches allowed for discussions to continue for as long as they were helpful; agree?	100% (n=1/1)	100% (n=1/1)	100% (n=2/2)
7. 'Discussion' (n=4 follow-up questions measured)	100% (n=4/4)	75% (n=3/4)	88% (n=3.5/4)
Coaches allowed for discussions to continue for as long as they were helpful; agree?	100% (n=1/1)	100% (n=1/1)	100% (n=2/2)
After players discussed their opinion, the coach clarified / clearly stated what the correct answer was; agree?	100% (n=1/1)	100% (n=1/1)	100% (n=2/2)
8. 'Coach's Story' (y/n)	0% (n=0/1)	0% (n=0/1)	0% (n=0/2)
9. 'Cool Down: Skillz Cheer & MicroMove' (n=2 items measured)	0% (n=0/2)	0% (n=0/2)	0% (n=0/2)
The 'Key Messages' of the Practice were delivered; agree? (n= 1 item measured)	100% (n=1/1)	100% (n=1/1)	100% (n=2/2)
The 'Goals' of the Practice were met; agree? (n=4 items measured)	100% (n=4/4)	75% (n=3/4)	88% (n=7/8)
% Total	84%	73%	80%

Key: 1. Denominator for Key Messages and Goals is number of items multiplied by number of sessions observed;
Blue Text=a practice component reported as: mean number of items implemented across observations (mean %

The two observations were carried out in one school each in Cape Town and Port Elizabeth. In Cape Town, the session was facilitated by one female coach, whereas in Port Elizabeth, two female coaches facilitated the session. All three coaches had implemented in their respective school the previous year.

The female version of Practice 5 is comprised of nine components: 1) a warm-up; 2) the Ingqondo; 3) 'introduction'; 4) 'role-play practice'; 5) 'role-plays'; 6) a series of three scenarios; 7) 'discussion'; 8) 'coach's story', and 9) the cool down consisting of the Skillz Cheer and MicroMove. The 'warm-up' was not implemented in either of the two sessions observed. The 'Ingqondo', a thirteen-item 'alcohol abuse self-evaluation', was delivered with an average of 85% (n=11/13) fidelity in each site.

After these two standard components of the Practice which males and females participate in together, the female version of Practice 5 has five components that comprise a role-play and discussion-based activity to practice ways in which they can avoid drinking alcohol. The first three components: 'introduction' (n=6 items measured), 'role-play practice' (n=12 items measured), and 'role-plays' (n=3 item measured), are delivered to participants to instruct them for the role-play of scenarios that will follow. These components were implemented with an average of 92% (n=5.5/6), 92% (n=11/12) and 83% (n=2.5/3) respectively. The participants are then split into three teams, and each team given a different scenario illustrating high-risk behaviour related to alcohol. After preparing and practicing the scenario for a role-play, students perform their scenario in front of the whole group allowing other students to give a 'red card' when they see a high-risk behaviour. Each role-play is intended to be followed-up with four brief questions. Scenario 1 and Scenario 3 were presented as role-plays in both sessions. In both sessions, all four follow-up questions were posed to participants, and research assistants indicated that coaches allowed for discussions to continue. Scenario 2, however, was only presented in the session observed in Cape Town, but here again all four follow-up items were posed to participants, and when asked if 'coaches allowed for discussions to continue for as long as they were helpful', the research assistant agreed.

Research assistants reported 100% (n=2/2) fidelity to the 'key messages' in both sessions, and that the 'goals' had been met with 88% (n=7/8) fidelity. The 'cool down' was not

delivered in either of the two observations of Practice 5 (females). Finally, the '*coach's story*' was not delivered in either of the two observed sessions of Practice 5 (females).

5.12 Observations of Practice 6 (Males): Respect No!

Table 5.12 presents results from one observation in Port Elizabeth of the delivery of the male version of Practice 6, entitled 'No Means No: Respect No'. The curriculum states that by the end of this Practice, male participants should be able to: 1) identify that they have the power to make healthy choices; and 2) identify ways to respect women's refusal to have sex. Practice 6 begins as a split-sex practice, but then has the males and females join back together to act out scenarios where they practice '*saying no*' (females) and '*respecting no*' (males) together. Practice 6 (males) was found to be implemented with an average fidelity of 62% in the session.

Table 5.12. Average fidelity scores from the structured observations conducted of Practice 6, male version (N=1)

Practice 6: Males (N=1)	Cape Town (n=0)	Port Elizabeth (n=1)	Total %
PRACTICE COMPONENTS (n=19)			
1. 'Warm-up' (n=5 items measured)	-	0% (n=0/5)	0% (n=0/5)
2. 'Ingqondo' (n=1 items measured)	-	100% (n=1/1)	100% (n=1/1)
3. 'Respect No' (n=11 items measured)	-	82% (n=9/11)	82% (n=9/11)
4. 'No Means No' (n=4 items measured)	-	100% (n=4/4)	100% (n=4/4)
5. 'Scenario 1' (y/n)	-	100% (n=1/1)	100% (n=1/1)
(say no / respect no: n=2 items measured)	-	50% (n=1/2)	50% (n=1/2)
'Scenario 2' (y/n)	-	0% (n=0/1)	0% (n=0/1)
(say no / respect no: n=2 items measured)	-	-	-
'Scenario 3' (y/n)	-	0% (n=0/1)	0% (n=0/1)
(say no / respect no: n=2 items measured)	-	-	-
'Scenario 4' (y/n)	-	100% (n=1/1)	100% (n=1/1)
(say no / respect no: n=2 items measured)	-	100% (n=2/2)	100% (n=2/2)
'Scenario 5' (y/n)	-	0% (n=0/1)	0% (n=0/1)
(say no / respect no: n=2 items measured)	-	-	-
'Alternate Scenario' (y/n)	-	100% (n=1/1)	100% (n=1/1)
(say no / respect no: n=2 items measured)	-	100% (n=2/2)	100% (n=2/2)
6. 'Cool Down: Skillz Cheer & MicroMove' (n=2 items measured)	-	0% (n=0/2)	0% (n=0/2)
The 'Key Messages' of the Practice were delivered; agree? (NO key messages for this practice)	-	-	-
The 'Goals' of the Practice were met; agree? (n=2 items measured)	-	100% (n=2/2)	100% (n=2/2)
% Total	-	62%	62%

Key: 1. Denominator for Key Messages and Goals is number of items multiplied by number of sessions observed; **Blue Text**=a practice component reported as: mean number of items implemented across observations (mean % of items implemented); **Green Text**=a practice component reported as: number of times this component was observed/agreed with (% of observations)

The session was delivered by a team of two male coaches, of whom one had implemented in the school the previous year. The male version of Practice 6 is comprised of six components: 1) a warm-up; 2) the *Inggondo*; 3) 'respect no'; 4) 'no means no instructions'; 5) 'a series of six scenarios' that males and females act out and discuss together, and 6) the cool down. The 'warm-up' was not implemented but the 1-item '*Inggondo*' was delivered.

After these two standard components of the Practice, which males and females participate in together, the male version of Practice 6 has one male-specific component that is delivered before males and females join back together for the remainder of the session. This component, '*respect no*', is comprised of 11 items in which male coaches describe a set of tools that male participants can use to respect a girl's decision not to have sex. Most (82%, n=9/11) of the items were delivered in the observed session. The males and females are then brought back together to act out and discuss a series of scenarios in which they practice saying and respecting no. All four components of the instructions for this part of the Practice were delivered. Scenario 1 and 4 of the five scenarios were acted out and discussed by the group, as well as an alternate scenario created by the coach. The corresponding two parts to be acted out: 'say no', and 'respect no' were both acted out in two of the three scenarios observed, whereas only one part was acted out in the remaining scenario. The research assistant agreed that the '*goals*' of the Practice had been met. The curriculum contained no '*key messages*' for the male version of this Practice.

5.13 Observations of Practice 6 (Females): No Means No!

Results from two observations (Cape Town n=1, Port Elizabeth n=1) of the delivery of the female version of Practice 6, entitled 'No Means No: Say No' are presented in Table 5. The curriculum states that by the end of this Practice, female participants should be able to: 1) identify that they have the power to make healthy choices; and 2) identify ways to say no to sex. Practice 6 begins as a split-sex practice, but then has the males and females join back together to act out scenarios where they practice '*saying no*' (females) and '*respecting no*' (males) together. Practice 6 (females) was found to be implemented with an overall average fidelity of 70% (68% in Cape Town and 65% in Port Elizabeth).

Table 5.13. Average fidelity scores from the structured observations conducted of Practice 6, female version (N=2)

PRACTICE 6: FEMALES (N=2)	Cape Town (N=1)	Port Elizabeth (N=1)	Total %
PRACTICE COMPONENTS (n=19)			
1. 'Warm-up' (n=5 items measured)	0% (n=0/5)	0% (n=0/5)	0% (n=0/5)
2. 'Ingqondo' (n=1 item measured)	100% (n=1/1)	100% (n=1/1)	100% (n=1/1)
3. 'Say No' (n=21 items measured)	90% (n=19/21)	86% (n=18/21)	88% (n=18.5/21)
4. 'No Means No' (n=4 items measured)	100% (n=4/4)	100% (n=4/4)	100% (n=4/4)
5. 'Scenario 1' (y/n)	0% (n=0/1)	100% (n=1/1)	50% (n=1/2)
(say no / respect no: n=2 items measured)	-	100% (n=2/2)	100% (n=2/2)
'Scenario 2' (y/n)	100% (n=1/1)	0% (n=0/1)	50% (n=1/2)
(say no / respect no: n=2 items measured)	100% (n=2/2)	-	100% (n=2/2)
'Scenario 3' (y/n)	100% (n=1/1)	100% (n=1/1)	100% (n=2/2)
(say no / respect no: n=2 items measured)	100% (n=2/2)	50% (n=1/2)	75% (n=1.5/2)
'Scenario 4' (y/n)	100% (n=1/1)	0% (n=0/1)	50% (n=1/2)
(say no / respect no: n=2 items measured)	100% (n=2/2)	-	100% (n=2/2)
'Scenario 5' (y/n)	0% (n=0/1)	100% (n=1/1)	50% (n=1/2)
(say no / respect no: n=2 items measured)	-	100% (n=2/2)	100% (n=2/2)
'Alternate Scenario' (y/n)	0% (n=0/1)	0% (n=0/1)	0% (n=0/1)
(say no / respect no: n=2 items measured)	-	-	-
6. 'Cool Down: Skillz Cheer & MicroMove' (n=2 items measured)	0% (n=0/2)	0% (n=0/2)	0% (n=0/2)
The 'Key Messages' of the Practice were delivered; agree? (n=1 item measured)	100% (n=1/1)	100% (n=1/1)	100% (n=2/2)
The 'Goals' of the Practice were met; agree? (n=2 items measured)	100% (n=2/2)	100% (n=2/2)	100% (n=4/4)
% Total	68%	65%	70%

Key: 1. Denominator for Key Messages and Goals is number of items multiplied by number of sessions observed; **Blue Text**=a practice component reported as: mean number of items implemented across observations (mean % of items implemented); **Green Text**=a practice component reported as: number of times this component was observed/agreed with (% of observations)

The two observations were carried out in one school in Cape Town and one in Port Elizabeth. In Cape Town, the observed session was facilitated by one female coach, whereas in Port Elizabeth, a team of three female coaches facilitated the session. All four coaches had implemented in their respective school the previous year.

The female version of Practice 6 is comprised of six components (Table 5). The *'warm-up'* includes five items: 1) an energizer; 2) a review of the previous session; 3) a review of the last session's MicroMove, and 4) a brief, two-part discussion. The *'warm-up'* was not implemented in either of the observed sessions. The 1-item *'Ingqondo'* was delivered in both sessions.

After these two standard components, the female version of Practice 6 has one female-specific component that is delivered before males and females join back together for the remainder of the session. This component, *'say no'*, is comprised of 21 items in which female coaches explain to players that they can decide whether to say yes or no to sexual advances, and then describes a set of tools that they can use to say no. On average, this component was delivered with 88% ($n=18.5/21$) fidelity (Table 5). The males and females are then brought back together to act out and discuss a series of scenarios in which they practice saying and respecting no. All four components of the instructions for this part of the practice were delivered in both observations. In each session observed, 60% ($n=3/5$) of the scenarios were delivered. The corresponding two parts to be acted out: *'say no'*, and *'respect no'* were both acted out in the scenarios observed in each site. The *'cool down'* was not delivered in either session. Lastly, the research assistants agreed that that the *'key messages'* ($n=1$) of the practice were delivered, and the *'goals'* ($n=2$) had been met.

5.14 Observations of Practice 7: Male Your Move!

Table 5.14 presents results from four observations (Cape Town $N=3$, Port Elizabeth $N=1$) of Practice 7, entitled *'Make Your Move'*. Practice 7 is a combined-sex practice that brings male and female participants together for a brief, discussion about what they've learned. By the end of this practice, participants should be able to describe two ways they will challenge negative norms and violence in their lives and in their communities. Practice 7 was found to be implemented with an overall average fidelity of 64% (67% in Cape Town and 50% in Port Elizabeth).

Table 5.14. Average fidelity scores from the structured observations conducted of Practice 7, combined-sex (N=4)

Practice 7: Mixed-Sex (N=4)	Cape Town (n=3)	Port Elizabeth (n=1)	Total %
PRACTICE COMPONENTS (n=11)			
1. 'Warm-up' (n=4 items measured)	0% (n=0/4)	0% (n=0/4)	0% (n=0/4)
2. 'Ingqondo' (n=1 item measured)	100% (n=1/1)	0% (n=0/1)	75% (n=0.75/1)
3. 'Utshintsho Café: Introduction and Instructions' (n=6 items measured)	83% (n=5/6)	40% (n=2/6)	72% (n=4.3/6)
4. 'Small Group Discussion' (n=5 items measured)	74% (n=3.7/5)	100% (n=5/5)	80% (n=4/5)
Coaches allowed for discussions to continue for as long as they were helpful; agree?	100% (n=3/3)	100% (n=1/1)	100% (n=4/4)
5. 'Make Your Move Contract' (n=12 items measured)	83% (n=10/12)	58% (n=7/12)	78% (n=9.3/12)
'Contract was signed (y/n)	33% (n=1/3)	0% (n=0/1)	[1] 35%
Coaches allowed for discussions to continue for as long as they were helpful; agree?	100% (n=3/3)	100% (n=1/1)	100% (n=4/4)
6. 'Cool Down: Skillz Cheer & MicroMove' (n=2 items measured)	0% (n=0/6)	0% (n=0/2)	0% (n=0/8)
The 'Key Messages' of the Practice were delivered; agree? (NO key messages for this practice)	-	-	-
The 'Goals' of the Practice were met; agree? (n=1 items measured)	100% (n=3/3)	100% (n=1/1)	100% (n=4/4)
% Total	67%	50%	64%
Key: 1. Denominator for Key Messages and Goals is number of items multiplied by number of sessions observed; Blue Text=a practice component reported as: mean number of items implemented across observations (mean % of items implemented); Green Text=a practice component reported as: number of times this component was observed/agreed with (% of observations)			

The observations in Cape Town were conducted at the same schools. Two of the three observed sessions in Cape Town were implemented by a team of one male and one female coach. The third session observed was implemented by a team of two females and one male coach. All coaches had implemented in that school the year previously. The session in Port Elizabeth was also implemented by 3 coaches- one female and two males, of whom only one had implemented in that school the year previously.

Practice 7 is comprised of six components. The 'warm-up' was not delivered in any of the sessions observed at either site, the 'Ingqondo' was implemented in all three observed

sessions in Cape Town, but not in the session observed in Port Elizabeth. The main part of Practice 7 is '*Utshintsho Café*' where participants are put into small mixed-sex groups, and are then given questions that prompt them to reflect on what they've learned during the Utshintsho curriculum, and to share their thoughts, feelings and opinions with their group members. The '*introduction and instructions*' (n=6 items measured) for this activity were delivered with an average fidelity of 72% (n=4.3/6) across both sites (Cape Town: 83%, n=5/6; Port Elizabeth: 40%, n=2/6).

The '*small group discussion*' which has five items: including posing four questions to the groups, and then one question to the whole class for discussion. The components of this part of the practice were delivered with an average fidelity of 74% (n=3.7/5) in Cape Town, and 100% (n=5/5) in the session in Port Elizabeth.

The final part of this practice, and the one that the Utshintsho curriculum ends on, is the '*make your move contract*'. Like Practice 1, students work together to draw up a contract, but this contract centres around how they agree to challenge norms and violence in their lives and communities. The instructions for and discussion centring around this component are comprised of twelve items, and was delivered with an average fidelity of 83% (n=10/12) in Cape Town and 58% (n=7/12) in Port Elizabeth. Despite discussing the contract, the '*contract was signed*' in 33% (n=1/3) of sessions in Cape Town, and was not signed in Port Elizabeth (Table 5). Research assistants agreed that 'coaches allowed for discussions to continue for as long as they were helpful' in all four observed sessions. The '*cool down*' was not implemented in any of the sessions. The research assistants agreed that the '*goals*' (n=1) of the practice had been met.

5.15 Narrative Synthesis of Feedback from Research Assistants

At the end of each completed structured observation form, research assistants were asked to comment, via open-text on several areas including: things during the practice that were done well, things that could be improved, coach and learner behaviour, and the dynamics between both throughout the practice. Key findings are presented below categorised by: participation amongst participants; coaches' facilitation skills and relationships with learners; and school factors.

Participation amongst learners

Research assistants commented, that amongst learners, they observed varying levels of participation, and that participants who were initially quiet appeared to become more engaged and vocal in sessions as implementation progressed. They noted that this appeared to be both of the participants' own accord, as well as a result of being called on by the coach and encouraged to participate. Further, research assistants described that although there was generally equal participation amongst learners, there were occasionally individuals or groups of participants that dominated discussions, were unruly or even continued to be disengaged. In particular, it was noticed that the combination of large classes and older, sometimes rowdy participants, made facilitation challenging. When these situations arose, coaches seemed to have varying levels of capability to navigate such dynamics, and such instances were noticed to be increasingly difficult when coaches were facilitating sessions on their own, instead of with a co-facilitator, as they were accustomed to when delivering other GRS curricula. Research assistants that observed facilitation of sessions in 'coach pairs' noted that coaches were particularly skilled at 'playing different angles' of a topic to spark discussion.

Research assistants reported, that in general, learners seemed interested in the Utshintsho topics; they engaged in the discussions freely, sharing opinions and using personal examples. In some of the female practices, in particular, it was observed that some girls were more advanced or experienced than others, raising concerns amongst the research assistants about the exposure of the inexperienced girls to the information which was being discussed by the (often older) and more experienced girls. Finally, they commented that in some classes, by the end of the seven practices of the curriculum, they noticed several participants were still expressing views that weren't in line with the key messages of the curriculum.

Coaches' relationship with participants and their facilitation skills

Overall, research assistants noted high-quality facilitation skills demonstrated by the coaches, and that there was a great deal of effort invested in creating meaningful interaction with participants. Generally, they observed very good relationships between learners and coaches, and these appeared to strengthen over time. Mutual respect between learners and coaches was consistently noted. Coaches were observed to demonstrate respect and patience towards learners, however coaches' tendency to give praise and encouragement,

two of the pillars of delivering GRS curricula, was variable. The majority of the coaches made substantial effort to build rapport with students, and drew on a number of techniques to achieve this including using jokes, and 'getting on the same level' as participants.

The research assistants described that although coaches were generally effective at facilitating discussions, including creating a safe space for learners to participate, they differed in their ability to both: a) spark vital discussion, and b) manage the discussion across a large group of learners- some of whom were at different stages of life experience, and therefore engagement with topics of discussion. Further, research assistants described how some coaches seemed confident, prepared and convinced about the key messages of sessions, while others did not, which was reportedly evident in the way that they facilitated sessions. Coaches were observed welcoming a variety of responses and encouraging participants to share opinions, which research assistants described as increasing participation. However, they did note a few occasions where the coach was forceful in making learners participate by calling on them- which they noted was in conflict with the pedagogy underpinning the curriculum. During some practices, learners expressed messages or opinions which were in conflict to the key messages of the session. In some of these cases, coaches used this as an opportunity to allow conversations to occur amongst the group, and then followed up, realigning the discussion with the key messages of Utshintsho and clarifying misinformation; other coaches, however, either predominantly engaged with favourable responses, or did not follow-up and clarify discussions misaligned with key messages, which the research assistants raised concerns about. It was rare, but research assistants note that some coaches occasionally gave the wrong information. However a more common occurrence was a coach being asked a question that they were unsure how to respond to. Research assistants also noted that the ability to manage the time of the session effectively varied across the coaches. Finally, throughout the course of the observations, research assistants observed the same coach deliver multiple sessions (of the same practice or of different practices), as well as the same practice be delivered by a number of different coaches. They commented on the variation in fidelity and quality both between coaches, and amongst different sessions delivered by the same coach.

School factors affecting implementation

A number of factors related to the school environment were noted to have affected the delivery of Utshintsho. For example, research assistants described how senior leadership,

school administration and teaching staff varied substantially across schools, and how this affected both the ethos at the school, more generally (which indirectly affected implementation of, and engagement with, the intervention), but also more directly and practically, via schools allocating time for implementation. For example, in schools where GRS wasn't allocated class time for implementation, sessions were delivered either after school or at lunch. These practices often started late, as it was more difficult to find space and gather learners; coaches often expressed concern about getting all of the learners that were registered in the Trial and meant to participate. Similarly, in sessions that were implemented during lunch, students were less likely to participate fully as they were occupied with eating. Further, in schools that had a rotation system, where students moved classrooms every period, sessions were less likely to begin on time, frequently resulting parts of the session being rushed or eliminated. Class space to facilitate sessions also varied substantially across schools, which was particularly relevant in delivering this split-sex curriculum, as often the space was not available to have males and females in separate classrooms, as intended and pragmatic improvisation including having males and females in separate corners of the same class, or one sex using a public space within the school affected both the delivery of sessions and learner's participation in sessions.

5.16 Implementation of Utshintsho Practices: Key Findings:

1. The average observed fidelity of implementation of Utshintsho practices ranged from 53% - 84% (mean = 68%)
2. Within sites, the range of fidelity was quite large, but nearly the same in both Cape Town and Port Elizabeth; 38% - 84% (average 67%), and 38% - 85% (average 62%) respectively
3. Female practices were implemented with greater overall fidelity than male practices in four of the five split-sex practices
4. The 'warm-up' and 'cool-down' component of each practice consistently were not implemented
5. 57% of observed practices started on time (64% in Cape Town, and 43% in Port Elizabeth), and coaches had the necessary materials for 55% of practices (78% in Cape Town and 33% in Port Elizabeth)

Chapter 6: Training of Coaches and Coach Experiences of Delivering the Utshintsho Programme

6.1 Introduction

This chapter presents findings from the observations of two week-long training sessions of Utshintsho coaches and three FGDs conducted with Utshintsho coaches in Cape Town and Port Elizabeth after having delivered the programme. The FGDs explore, from their perspective, their experiences of delivering the programme and responses to it. Results are presented within 13 themes, as outlined in Figure 6. 1.

The objectives of the process evaluation related to Utshintsho coaches was to answer the following questions:

1. What was the fidelity and quality of the training of coaches?
2. What were the coaches' initial reactions to the Utshintsho curriculum?
3. What was the acceptability and relevance of a) specific intervention sessions, components and topics and, b) the intervention as a whole?
4. What were the perceived strengths and weaknesses of the intervention?
5. What were the barriers and facilitators to implementation?
6. What was the self-perceived impact of delivering the intervention on the coaches themselves?

I conducted unstructured observations (in the form of detailed field notes and video recordings) for both training sessions of coaches. Each training session was five days in length, and held at the respective site of implementation. The Cape Town session was held 11-15 February 2013, and in Port Elizabeth, a session was held 18-22 February 2013. Each session was led by the GRS curriculum and training team, including master coaches from headquarters and supported by local site management.

Two local female research assistants whom I supervised conducted three FGDs with coaches. This was the same research assistant that conducted the structured observations of the delivery of Utshintsho sessions at the respective trial site. One FGD with male and female coaches (N=9, four males and five females) was conducted in Cape Town, and a further two FGDs- one with male coaches (N=4), and one with female coaches (N=12)- were conducted in Port Elizabeth. FGDs were conducted in Xhosa using semi-structured topic guides

(Appendix C), audio recorded, transcribed in Xhosa and translated verbatim into English. Further details of the design of topic guides, training of research assistants, and data collection and analysis pertaining to FGDs with coaches can be found in Chapter 4: Methods.

6.2 Observations of two week-long training sessions of Utshintsho coaches

A summary of key findings from fieldnotes recorded during two-week long training sessions at the Cape Town and Port Elizabeth Trial sites:

Coaches at both trial sites were trained on a curriculum that was essentially still in the process of being developed; the first iteration of Utshintsho was piloted with coaches during training, and adapted twice- once following each training. Adaptations were made based on feedback from coaches, as well as observations from the curriculum and training teams about how well each practice was implemented during teach-back sessions, where coaches take turns delivering the sessions in front of their peers and the training team. Coaches were not formally retrained on adaptations or additions; responsibility of this was shifted to CPCs at each site, and they were tasked with ensuring that coaches were aware of changes to the curriculum and that they were sufficiently prepared for implementation. The Cape Town coaches were trained first, and then changes made to the curriculum before the Port Elizabeth (PE) Coaches were trained the subsequent week. Consequently, Utshintsho was not piloted with learners ahead of it being delivered to GOAL Trial participants. From the perspective of GRS, this was not seen as problematic, since: a) the pedagogy underpinning the Utshintsho curriculum was similar to other GRS curricula which had been extensively piloted and previously implemented and evaluated, and b) despite this curricula having components which were quite different, mainly the split-sex and discussion-based approach, Utshintsho coaches were greatly familiar with GRS curriculums in general, and hired for their facilitation skills.

During the trainings, it was apparent that the opportunity to contribute to the curricula elicited both a sense of enthusiasm over the increased ownership that coaches felt by being able to shape and mould the sessions that they would be delivering and make them more relevant and enjoyed by learners, but also a sense of apprehension and frustration at the realisation that they would need to navigate some of these changes themselves. It is possible that even though the Cape Town coaches would have the most changes to become acquainted to since they were trained on the most outdated version, they may also feel the

most sense of ownership, since they were able to contribute the most to the development and shaping Utshintsho. Related to this, the final practice (Practice 7) had not yet been developed at the end of the two training sessions. The need for this session, in which learners come back together as a way to share common learning and close their participation in the curriculum jointly, was identified throughout the course of both trainings. Several coaches commented that although they thought the split-sex configuration of the curriculum was the appropriate approach and would be well received by learners, the curriculum did not include adequate opportunities for both sexes to be together, and suggested a 7th practice to mitigate this.

The overall response to the curriculum from coaches during training was mixed. Generally, they commented that the curriculum would be well received by students, particularly as the topics covered in the curriculum were relevant to what young people faced on a daily basis in their own lives, and in their communities. They also favoured the split-sex, discussion-based approach, compared to the design of other curricula they were familiar with delivering, explaining that they thought that this format would be more appropriate for this age group of participants, but also shared that this new format would pose some potential challenges. For example, coaches raised the possibility that the discussion-based format would elicit substantial disclosures from participants, which they may not be adequately prepared or equipped to navigate. They also voiced reservations about facilitating the split-sex sessions individually, as they were accustomed to delivering sessions in teams. Coaches also noted that that sessions for girls seemed to be based inside and discussion-based, whereas males had the opportunity to be involved in more physical and soccer-related activities.

As training progressed at both sites, male coaches began to pushback about the curriculum having a strong focus on men as perpetrators of violence against women. Despite the training team sharing the GOAL baseline findings specific to a) perpetration of rape reported by male trial participants, and b) experienced IPV reported by females- both which clearly demonstrated the need for the curriculum to cover this- male coaches continued to challenge the focus and tone of the curriculum, and the baseline findings, more generally. They highlighted that boys can, and often do also experience violence, and questioned why the curriculum didn't acknowledge this. They went on to suggest that the curriculum may risk disengagement by male participants and advocated that key messages of the curriculum should be adapted if participants either: a) were offended by the tone and messages related to males perpetrating violence, or b) if they thought that the messages of the curriculum

didn't apply to them. More generally, throughout the course of the training, it became clear that coaches, both male and female, were starting to communicate about and grapple with issues about GBV, including nuances of power in relationships and its negative effects. The need for ongoing dialogue, training and support around these issues became clear.

Further, during the training, I began to notice that some male coaches, in particular, had views that did not align with the key messages and core values of the curriculum, particularly around power dynamics in relationships and specifically related to issues of consent and sex. During this time, I began to question how effectively coaches would be able to implement a curriculum which was in apparent tension with their personal beliefs and / or practices. It was not clear whether this misalignment would affect delivery as there remained the questions of whether facilitators needed to believe and invest in the material which they were delivering in order to be effective, or would the possession of dynamic facilitation skills (one of the key attributes sought after during recruitment of coaches) be adequate enough? Another pertinent question was whether male coaches would require more training, time and support for themselves to be 'transformed' into more gender equitable men. Similarly, some female coaches, mainly at the Cape Town site, shared throughout the course of the training that they had trouble imagining a relationship which didn't include abuse, as abuse and violence in relationships was common. The tension between the messages that they were training about and their tacit acceptance was illustrated by their references to "friendly abuse". Further, many female coaches also stated strong views that were in contradiction to key messages of the curriculum, predominantly relating to issues pivoting around healthy relationships. Once again, I began to question how these coaches would fare delivering the key messages of the curriculum, and encouraging and navigating discussion within sessions if their beliefs were not aligned with the curriculum; this seemed to be particularly relevant to a discussion-based curriculum, where the facilitation relied more heavily on the coach.

The Utshintsho curriculum is different to other GRS curricula that this cohort of coaches would have delivered, mainly in its primarily discussion-based nature. Throughout the training, the curriculum and training team reiterated how important it would be for coaches to guide, moderate and generate vital discussion. Coaches were encouraged to use the curriculum as a tool to generate discussion, rather than follow the curriculum in a prescriptive manner. However, it was unclear whether coaches who had been predominantly been used to delivering an activity-based curriculum were sufficiently prepared and had the right skills to be able to confidently and adequately navigate and convey the key messages of a curriculum which was quite different in style. Training

facilitators emphasised that questions or scenarios in the curriculum should be used as guidance to spark discussions, and that coaches should not feel pressure to include all scenarios if this risked curtailing the flow of conversations. The training team emphasised that priority should be placed on reaching the objectives of each session, even if that meant that the curriculum wasn't followed prescriptively. It was not entirely clear, then, what the balance should be between allowing for flexibility and space for vital conversations to occur, versus, and ensuring that all topics related to key messages and goals of a session were covered; and ultimately what the implications for fidelity were. Coaches, particularly in Cape Town, stressed to the curriculum and training team that they thought it was important for the curriculum to contain clear 'key messages' which could be read out, and for the curriculum to contain the 'right answers' to questions that participants might ask; coaches in PE were more receptive to the idea of having a more flexible curriculum that didn't include as much guidance and 'correct answers' as other curricula.

There was also substantial emphasis placed on having coaches able, confident and comfortable with "teaching moments"- and how to capitalise on this opportunity when participants are ripe to learn and partake in vital conversation. Despite in some instances, having a couple of years of experience facilitating GRS curricula, and welcoming this new facilitation style with enthusiasm, this appeared to be highly demanding for some coaches. The training facilitator reiterated that their role as coaches, particularly within this curriculum was not to 'tell participants things', but instead to listen and learn about them, and in doing so, be able to engage in leading participants in vital discussion of the curriculum topics. Further, training facilitators said that coaches should refrain from telling participants what the right thing was, as they already know, but instead to promote vital discussion and conversations that would help influence their decisions and increase their capacity to make decisions.

Related to the discussion-based nature of the curriculum, and due to the sensitivity of the issues being discussed, the training prompted several disclosures from (female) coaches as they progressed through the curriculum, similar to what might be expected from participants. For example, one coach described how she had been continuously raped by a partner, and then shot. Coaches commented that before delivering this curriculum, they themselves would need to debrief about difficult or traumatic experiences they've had in their own lives, since the curriculum would require them to present and discuss topics which may trigger their own experiences. Conversely, other coaches expressed that they believed that their own experiences meant that they were well-suited to deliver the Utshintsho topics

as they could relate more easily to students. It became apparent that adequate referral systems were going to be vital during the delivery of Utshintsho, as this curriculum was likely to elicit more disclosures than other curriculums. Additionally, it would be essential that there was enough ongoing support offered to coaches on a personal and professional level ahead of, and during implementation. This would involve not only the need to offer them support in debriefing and unpacking their own experiences but also to support them as they encountered disclosures from participants; as the nature of the topics had the potential to elicit disclosures from participants or challenging discussions during implementation that could trigger something for the coaches.

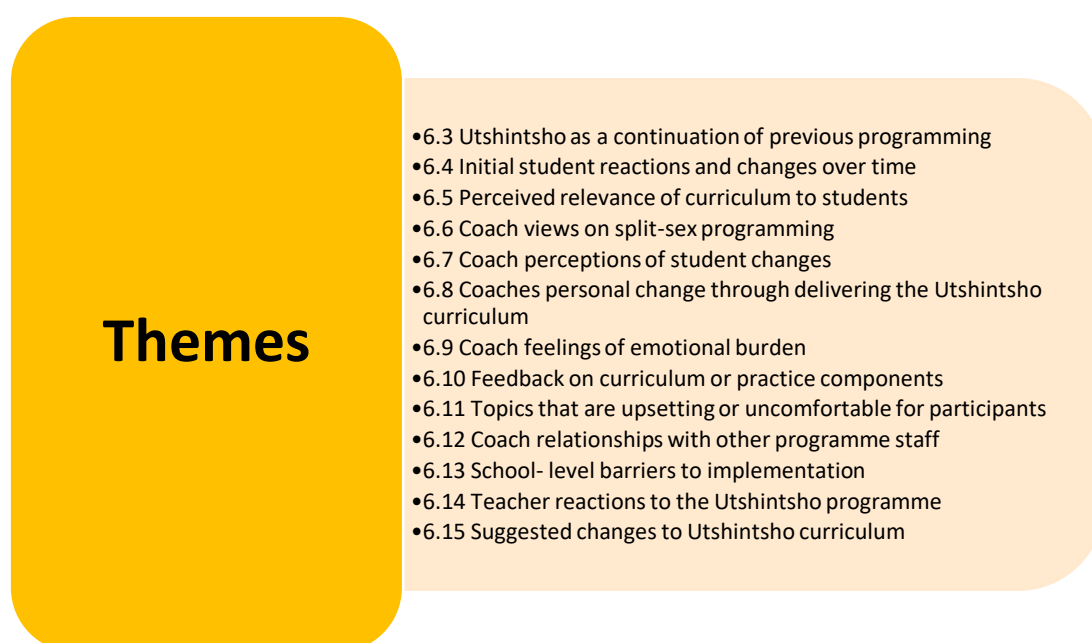
The curriculum and training team provided substantial guidance and support throughout the course of training on how to generate vital discussion both between coach and participants, and amongst participants themselves. Coaches were encouraged to allow for vital discussion, and to debate with learners but not to take sides; it wasn't clear, though how a coach would resolve a situation where a participant was saying something incorrect or potentially harmful. In fact, one of the CPCs pointed out, that sometimes there is a 'wrong answer', and if a coach hears something dangerous, then they have a duty to step in and try to steer the learners differently while gently challenging them in a non-judgemental way. I questioned, however, if coaches would be able to achieve this balance of allowing for discussion and differing opinion, while also allowing students to walk away with the key messages of the curriculum.

Although, overall, conducted to a high degree of quality and fidelity, there were some slight differences in the facilitation of trainings between both sites. For example, although the male facilitators were for the most part the same for the ToCs at both sites, the female facilitator was not. Further, in Cape Town, all coaches saw each of the male and female sessions delivered once by the training team, so that although the sessions would be split-sex, they would have an idea about what was happening in concurrent sessions; this was not done in Port Elizabeth. Overall, the training facilitators delivered the curriculum thoroughly with a high degree of enthusiasm, providing examples, challenging views, allowing for questions and concerns and clarifying information. They included several supporting activities and discussions related to the information and messages included in the practices.

Lastly, by the end of each ToC, each coach was meant to have had the opportunity whereby they got to do a "Teach-Back" in which they practiced delivering a session in front of the curriculum and training teams, as well as fellow coaches. The aim of this opportunity was to

ensure that the coaches understand and are able to demonstrate the essence, key steps and key messages of the practice, without actually delivering the entire session. During the training sessions, not all coaches had the opportunity to do this, suggesting potential for variation in the quality and fidelity of implementation. Those facilitating the training commented that as GRS already trust the facilitation skills and style of all coaches delivering Utshintsho, the purpose of the teach-backs was to check if coaches were comfortable in delivering the new curriculum. During the teach backs varying styles and competencies in facilitation skills were observed, and a range of confidence among coaches about how they could respond to student's questions was noted.

Figure 6. 1 Themes of chapter results: FGDs with Utshintsho Coaches



6.3 Utshintsho as a continuation of previous programming

At the beginning of the FGDs, coaches were asked what their experiences were delivering the Utshintsho programme. All the coaches that attended FGDs had delivered the Generation Skillz programme previously, and most of them had delivered the programme to GOAL Trial participants the previous year. As such, their tendency was to compare and contrast Utshintsho with Generation Skillz. In doing this, they spoke about liking how the Utshintsho curriculum built upon Generation Skillz, but that it was “different in how it was done” and “better for the older kids,” emphasising that they liked how its discussion format

was more interactive, allowing for meaningful and relevant discussion, compared to the primarily activity-based Generation Skillz.

Utshintsho was the first time that coaches had gone back to the same group of students to deliver a subsequent programme, and they spoke about this being a very positive experience. For example, one coach in Port Elizabeth felt that the return to the same student group allowed coaches to explore similar topics from a new angle:

I liked the fact that it was a continuation, because we worked with kids that were on Generation Skillz programme last year. So, these kids, they already knew about Grassroot Soccer. But this time we came with another angle. If you can recall, Generation Skillz was about HIV, but Utshintsho now talks about gender based empowerment of girls. I liked it. It's interactive. With Utshintsho we get time to talk and discuss besides just playing games. (Male coach, Port Elizabeth)

This coach, who is a male, defines the Utshintsho curriculum as 'gender based empowerment of girls', but does not offer any similar male-specific constructs of the programme, nor does he seem to characterise the Utshintsho programme as being related to HIV in the same way as he does Generation Skillz. Another coach in Cape Town, also male, spoke about how it was nice going back to the same group of students, since they already knew GRS and were able to freely enter into conversation:

It was kind of nice seeing high school learners react the way they reacted to the programme, because when we went there to implement Generation Skillz they responded in a different way. Their response now was kind of nice because they know GRS now and what we expect from them. They know how we conduct our practices. They know the Kilos and snaps; the conversation flows easily. (Male coach, Cape Town)

Although the coach does not specifically mention how the students acted the previous year during the Generation Skillz programme, he specifies that they acted differently during Utshintsho. The sense that comes out during this passage is that having been previously

exposed to, and familiar with Grassroot Soccer programming had a positive impact on subsequent interaction with, and ultimately implementation of the curriculum.

6.4 Initial student reactions and changes over time

Coaches described how students responded to the intervention. For some students, the initial reaction to Utshintsho was being apprehensive, sceptical or uninterested. However, several coaches commented that as time went on, learners showed signs of engaging with the practices more and more. Coaches recounted that students became increasingly eager to attend, and participated more fully in the discussion. Even in schools where students were particularly difficult in the beginning (either by being unruly, not wanting to listen to the coaches, or not wanting to attend or participate) experienced change as the curriculum went on. A female coach from Cape Town described one of these instances where students began requesting more practices after experiencing a handful of Utshintsho sessions:

They liked the curriculum a lot. I remember in the school that we were implementing in, there was a class that was very unruly and did not want to participate. But I noticed that when we reached practice 5, they were enjoying it a lot to the extent that after we finished with practice 7 in their class, they kept begging us to return to their class. So, this shows that they were enjoying it even though they were difficult in the beginning. (Female coach, Cape Town)

A similar account was given by a female coach in Port Elizabeth, highlighting that this issue was faced in both Trial sites during implementation:

There was a time when we started [implementing] at [school X] and it was like the kids were dodging us and they would say no, I'm going to see my girlfriend, I can't stay for the practice. But by the time we did practice 7 they were asking us to come back again, but we could not because the curriculum had ended (Female coach, Port Elizabeth)

Neither of these coaches elaborate on whether there was something specific that made learners start participating and enjoying the curriculum later, but there is a sense that after 5-7 sessions, students became more highly engaged in the programme.

During the course of the FGD with female coaches in Port Elizabeth, several reasons were described for lower acceptability at the beginning of the programme. These reasons included: a) suspicions that their blood would be drawn, similar to during baseline data collection of the GOAL Trial...:

Some responded like, they did not want to go into the class because of that blood and RCT [GOAL Trial) stuff, so when they see us they think that we are there to draw blood from them, but as time goes by they see that we are not there to take their blood.

(Female coach, Port Elizabeth)

... b) doubts of what they could learn from a facilitator close to their own age...:

I think the challenges at school are that there are these girls who are old and try and undermined you because you are basically the same age but at the end, like in the middle of the curriculum, they give us a chance by listening to what we have to say.

(Female coach, Port Elizabeth)

...and c) thinking that the programme was the same as the Generation Skillz programme the previous year.

At first when we first started on practice 1 they were kind of like bored because they were thinking that... they were actually saying that... no we did this last year, we know this contract thing [Practice 1], but then I told them to wait, not judge the curriculum so quickly and they will be seeing that things are different from what they did last year. When we got to the part where they were dividing the group into red and yellow cards they were excited, and by the time that the practice was finished they were asking when are we coming back. (Female coach, Port Elizabeth)

Without probing, Coaches explained that as time went by, the students in each scenario became more trusting of, or engaged in the programme. This occurred when participants realised that their blood would not be drawn, that they would learn something from the coaches despite the closeness in age, and that the programme would be different than Generation Skillz, which some had previously participated in:

They liked it a lot. What I noticed is that, in the beginning, I would have to watch them to ensure that they do attend the practice and not disappear, but towards the end I saw that I did not have to do that because they were looking forward to the practices and did not need a push. (Male coach, Cape Town)

6.5 Perceived relevance of curriculum to students

During the FGDs, coaches were asked what they thought of the Utshintsho curriculum generally, and whether they believed it was enjoyed by and relevant to the participants. These coaches, who had delivered several Grassroot Soccer programmes previously, praised the Utshintsho curriculum, with one coach saying she thought “this was the best curriculum”, describing how students stayed after the end of the school day to complete discussions that they found applicable and interesting:

F5 and I would be pulling each other as we go out of a class because we found that the learners did not want us to leave. Sometimes the class would drag until after 16:00 because the learners were so interested in discussion and did not mind the time. They enjoyed it a lot. (Female coach, Cape Town)

Coaches described that the learners “like this one [curriculum] the most”. Coaches felt that overall students responded to and engaged better with Utshintsho compared to Generation Skillz. These phrases of learners being “interested in discussion” and “enjoying it a lot” came up numerous times throughout the FGDs in Cape Town and Port Elizabeth. Coaches said that this discussion-based approach was more appropriate for learners of this age. One female

coach in Port Elizabeth articulated that “those kids are adults and they will say they don’t like playing [activities], but in Utshintsho we sit in a room and talk.”

Several other female coaches elaborated throughout the discussion that this approach allowed students the space and opportunity in which they could talk freely and openly which they would not ordinarily be able to discuss, particularly with adults or at home. Coaches also spoke about the bond that these discussions created amongst students within the class:

Utshintsho is way better [than Generation Skillz], and it’s good for kids. It gives them a chance to talk about certain things that they don’t ever get to talk about at home. It creates a bond between the whole class. (Female coach, Port Elizabeth)

Importantly, the development of bonds among the students was a source of pride and excitement for coaches who successfully facilitated the process. One female coach notes how being in a position of openly speaking about taboo topics was a source of excitement:

For me it was exciting because I got a chance to talk to females. We were talking about things that most adults do not talk about with them. Most adult people feel that they cannot talk with teenagers about sex or relationships. For me, I got the chance to be with them and hear what they think so for me it was exciting. (Female coach, Port Elizabeth)

In the view of coaches, this comfort during discussions contrasted with student relationships with teachers. One Port Elizabeth female coach mentioned how she felt “happy about the curriculum, and proud because the teenagers don’t wanna talk about this such things to their teachers but they feel comfortable to talk to us about them..”

Male and female coaches spoke about the relevance of the topics covered in the curriculum to the daily struggles of learners. One female coach in Cape Town stated that “unlike Generation Skills, this curriculum focuses on the things that are happening in everyday life.” Coaches felt that curricular relevance was evidenced by participants sharing personal stories and asking for advice:

The response has been amazing because I remember in one school when they [learners] responded they always came up with examples that they were currently facing based on the practice that we were doing on that day. I remember we were doing healthy and unhealthy relationships, and the girl [a learner] of the blue came with a story that she was abused by her boyfriend and she thought that that was love and it was ok, but as time went by she wanted us to discuss her story and advise on what she should have done, and also teach the others in case they get into that situation what they can do to get of the situation. (Female coach, Port Elizabeth)

A coach spoke about the relevance of specific topics, and how he personalises some messages of the session so that participants can relate:

It has to be power in relationships... Sometimes you find some learners saying you need to beat your partner in order for her to listen and respect you. When they say this I always ask them the same question which always gets the message through, that how would they feel seeing their mothers all swollen because they have been beaten by their fathers/ partners, and the response is always the same. They then see how wrong misuse of power in relationships is. (Male coach, Cape Town)

A male coach in Cape Town shared that the Utshintsho practices are practical and "go deeper" compared to the other curricula:

Utshintsho is more interesting to the participants compared to Gen Skillz. They are more interactive because the practices are more practical. It is fun but also educative for them. I would hear learners say "wow, I did not know that" which shows that they were learning. It is more familiar. They know the things covered in the curriculum, as F2 has said. It is more about relationships. Other guys for example, do not feel like having sex all the time but did not know that it is ok for a guy to say no to sex as well. So, this program is deeper than the other ones we have done. (Male coach, Cape Town)

Multiple coaches responded with great enthusiasm to the relevance of the Utshintsho curriculum to learner experiences. One female coach from Port Elizabeth extolled its ability to spur a “vital conversation between you and the kids.” Coaches described further that since learners could easily relate to, and engage with the topics of the curriculum, facilitation was made easier:

I think they responded, to the point that they heard what we were saying to them, because we came and we spoke about something that they already knew about and were already doing. Others had experienced being in abusive relationships, so when we talk about those things they realise that it is wrong. So, we talked and we did not struggle when we asked questions. We found that we were talking about stuff that they already knew. (Male coach, Port Elizabeth)

This suggests that when curricula align well to the realities of the participant group, the act of facilitation becomes simpler and, at times, more rewarding for programme staff.

Finally, female coaches in Port Elizabeth described how discussing these topics of relevance helped to form bonds between themselves and participants, and coaches:

I think Utshintsho has kind of given us a bond with the girls because we talk about things that are happening now in their life and their communities such as the activity about abuse. Maybe they see the next-door neighbour being abused by her husband so they know how to deal with certain things. Or for example their parents, the mother is being abused- how can I help her or how can I advise her? Or if they are being abuse because some of them think that if you are being beaten by your boyfriend then they love you. But now they see that it's not good, in the discussion they discuss that it's not ok to be abused, so you shouldn't stay in a relationship where there is abuse. (Female coach, Port Elizabeth)

6.6 Coach views on split-sex programming

Coaches were asked how they felt about male and female learners being split for the majority of the Utshintsho programme. The implementation of Utshintsho during the GOAL Trial was the first time that the coaches had delivered a split-sex programme to participants of high-school age, although some female coaches had previously delivered a female-only programme to younger female learners in elementary school (unlike Utshintsho, however, it had no parallel component for males). In response, female coaches in both sites said that the split-sex approach offered female participants in their sessions a safe space to be able to discuss opinions and problems openly and with comfort. This is illustrated in the following excerpt from a female coach in Cape Town:

As I was saying, in Generation Skillz there is mixed gender, but now we talk with the females alone, separate from the males, which made them [the learners] more comfortable to discuss their opinions freely and share their problems. So, I think it was a good idea that the females were separate from the boys, they became more open. (Female coach, Cape Town)

A number of similar sentiments were shared by other female coaches. They elaborated further, describing that having males in the practice would mean that they would either dominate the discussion or activity, or laugh at the females:

I feel it's good when they are separated because you find out that when they are together it's only the boys who are talking and they [the girls] may even know that the boys are going to laugh at this girl, but when you have the girls only they are talking, so it's good. (Female coach, Port Elizabeth)

Female coaches felt that having males and females together, especially during this discussion-based programme with sensitive topics, would counter programme goals of creating a safe space to feel comfortable and openly participate. They described males and females being separate as “levelling the playing field” so that females had an equal chance to participate and enjoy the programme. They gave examples from the activity-based

Generation Skillz programme, implemented the first year in the GOAL Trial where females were sometimes unable to participate fully in sessions because of the males' presence. Based on that, coaches concluded that if participants were together during this discussion-based curriculum that dealt with more sensitive issues, and which are traditionally not always culturally appropriate to discuss in mixed-sex settings, females would not be able to participate (or benefit) from the programme. They summed this up by saying that it would be like they were "just coming to watch the boys." Further to this, another coach pointed out that sometimes in classes there may be male and female learners that are in relationships, and in this instance the girl would not want to be open:

For me I think it's good because in some cases maybe your boyfriend is in the class and you can't be open so the separate thing makes the girls to be open and honest about relationships. (Female coach, Port Elizabeth)

The split-sex practices provided a safe space where females could feel comfortable to be open to either share experiences or get advice. In addition to the males being separate from the females, female coaches shared, that in their experience, the opportunity to be able to talk with a female coach (compared to either an older female such as a teacher, or a male coach) was also important for participants' engagement with the practices:

With the Utshintsho curriculum I find that the participants that we work with, 90% of them are very responsive to the curriculum as compared to the other ones because they get to be comfortable, they get to talk to a coach that is a female and understands how a female's mind works so they feel free to respond they ask questions. (Female coach, Port Elizabeth)

Despite an overwhelmingly positive response from female coaches about the split-sex approach, they did refer to one scenario where facilitation remains challenging, even within an exclusively female group. They described instances where the group of females is split between (older) 'women or mothers' and (younger) girls. The former group is typically characterised by coaches as someone that is or has been pregnant, or considered to be

sexually experienced, whereas the latter is typically a learner who is younger, single, and not sexually active. As the following excerpt from a female coach in Port Elizabeth explains, this segregation amongst learners of the same sex, where one group overshadows the other presents challenges for both implementation of, and participation in the programme:

The more experienced girls at that school sort of like overshadow the girls that are not sexually active or those that don't have boyfriend and you find at the end of the practice even though they know what is right they will always find way to justify bad behaviour with responses like it's good that your boyfriend beats you because if your parents beat you they trying to get you on the right track, same applies to the boyfriend. (Female coach, Port Elizabeth)

As there is often only one coach with any group of learners of the same sex at a particular time, the coach can only cater the curriculum to one group of females: the 'women' or the 'girls'. Being split from the boys may make the older girls even more comfortable to freely discuss potentially harmful behaviours and experiences. Conversely, coaches described instances when participants that are not sexually active might not engage in the practices:

I sometimes struggle to get the response from the players that are not sexually active because if they talk about sex the others will think that she is actually having sex even though that they are not sexually active so they don't want to raise their hands and talk. (Female coach, Port Elizabeth).

Male coaches did not voice any concerns with the split-sex approach. However, they were more vocal than their female counterparts in saying that there should be more space within the curriculum for the males and females to be brought back together to share what they learned and discussed in their respective sessions, and then move forward in discussion together. This is elaborated by a male coach who shared that his understanding is that the programme should be working towards "one goal", but that gender separation creates distinct goals:

I think that the Utshintsho curriculum is good, because of the gender separation. But I feel like after gender separation they are supposed be put together again. Our [male] session takes 30 minutes and their [female] session takes 30 minutes as well. They [learners] must be put together again and they must be asked about what they learned in each group. I feel like there is that question of males...asking themselves and wondering what the girls were discussing in the other session. Because what I see when I look at the curriculum is that it is working towards one goal, but with the learners when they look at it, it's like they are doing different things when they are separated according to their genders. So, I feel like after some time they must be put together, they will see that they were learning one thing, it could work better that way and it could be effective But I feel that after the separation, both genders should be brought together again before the end of the practice so that they can share with the other gender what they had learnt while split, because I feel that there is a gap and that the other gender wonders what the other group are learning about while they are separate. What I see when I look at the curriculum is that the focus is on one goal, but because they do not know this since they are separated, it may leave them wondering. I think this would work better if they are combined towards the end to share what they had learned. (Male coach, Cape Town)

Another coach echoed the view that male and female learners should back together:

What I did not like in Utshintsho basically was that we separated the males from the females but our main objective was that males must empower females or that females talk about things that they would like males to do, however the guys are unable to hear these expectations from girls because the discussions are separated. So, for me I find that Utshintsho is not like the previous curriculum whereby they can talk and talk and the class discusses and a conclusion is made in the joint session, so for me it would be nice if they could talk together so that that vital points made by the girls can be heard by the boys. (Male coach, Port Elizabeth)

This coach however, expresses that he conceptualises the main objective of the curriculum to be empowering females, and that males should learn how to do this via feedback from

females. He recommends a mutual exchange of information or discussion, rather than always separating by gender.

In contrast to this view, other male coaches were disappointed that the Utshintsho programme was focused “too much” on how males should treat females, rather than developing mutual respect and healthy treatment of each other. They did not like this focus of the curriculum, which they often expressed as being at the detriment of listening to males and understanding how they would want to be treated:

Another thing that I did not quite like on Utshintsho is, when chatting with males we focus on how they should treat females and not understanding to how they feel, not how are they treated by their females, and they must do this and that for females, but we don't listen how they are treated by females or how they would like to be treated. So, the programme is more focused on females and how they must be treated. (Male coach, Port Elizabeth)

For one male coach, the emphasis on women's empowerment created a sense that men are always “abusers”:

I don't think it's right as pec 3 said earlier, we tend not to hear the girls view on certain topics so it's like Utshintsho is all about females, it's not about us. It's like we are only abusers in relationships, we get split and they talk alone and we never come back and regroup to discuss this is how girls feel about us and how we feel about them. (Male coach, Port Elizabeth)

Another male coach shared a time during which male and female participants were brought back together, describing that it worked well:

Secondly in respect whereby they [males] come together with the girls in practice 6, there were about 3 guys who had girlfriends in the same class, so after the practice

we created vital conversation, and this worked because they were able to hear what the girl said not like without there being conflict. (Male coach, Port Elizabeth)

Lastly, female coaches spoke about how the safe space created by the split-sex curriculum fosters discussion and an exchange of information and advice amongst learners; not just between coach and learners. The programme seemed to have created the space where learners exchanged different perspectives and advice amongst themselves, and in this way, the programme became not only about what the coach was there to 'teach', but also about the programme creating a safe space and facilitating a platform where participants could problem-solve together. This is demonstrated by a scenario when the split gender arrangement gave students a chance to recount experiences and offer each other advice:

I think these practices are relevant. In one class, we did not reunite with the boys in practice 6 towards the end because the learners were sharing their own experiences, disclosing their situations and advising each other. (Female coach, Cape Town)

The coach in Cape Town mentions adapting the session, by eliminating the component where the males and females reunite, in order to allow for the exchange amongst the females to continue. However, during the FGD, she does not reflect on the consequences, if any, that this divergence from the curriculum might have. Nor during the FGDs do coaches contemplate whether or not the advice exchanged amongst the learners is in line with the key messages of the curriculum.

6.7 Coach perceptions of student changes

During the FGDs, most coaches spoke about how they saw changes in participants (either in attitudes, or self-reported or displayed behaviours) throughout the course of the programme. One example was the shift of a female student from being disruptive to responding in a positive way to discussions:

We had a girl in [School X], and the girl used to always sit in the front and she always came in a negative way. And she would say, you should do these things and I think it was practice 1,2,3 that she was like that, as we continued with the curriculum her answers changed, they became more educative than what she was in the practices before so I think it does change their minds. (Female coach, Cape Town)

Several coaches talked about how they found participant transformations such as these to be a rewarding part of their role. Coaches deemed the changes that they saw to be as a result of them “coming to the school and teaching them [the students]” and they thought that they had “made a big difference.”

The changes reported by male coaches that were seen in male learners can be organised mainly into two categories; how they acted towards females (reduction of abusive practices), and a reduction in alcohol and drug abuse. Both are illustrated by male coaches in Port Elizabeth:

When we were in [School X] we found that sometimes they players are old, even older than us coaches. There was this one guy who told us that he is one of those guys that hits his girlfriend, but now he can see that it is not right to hit a girl and he even promised that he will stop. (Male coach, Port Elizabeth)

Some guys they even stopped drinking because we deal with alcohol use in some of the practices, and they even stopped drinking- they tell you they will stop drinking. (Male coach, Port Elizabeth)

The coaches themselves acknowledged during the FGDs that they had no way of knowing if these changes occurred, or were sustained beyond the duration of the programme. However, as this coach described, seeing a change in behaviour and / or attitude, along with them “saying all of the right things” was enough for the coaches to trust the participants when it came to changing these other behaviours:

I think what was most rewarding is seeing a change in the behaviour or attitude of male players towards females. Others even promised that they would stop drinking and having multiple sexual partners but we cannot say whether or not they will do it, but at that moment they are saying all the right things. But you see the change and it's not necessary for them to promise. (Male coach, Port Elizabeth)

Female coaches also spoke about changes in female learners during their sessions. Similar to male learners, these changes could also be mostly organised into two categories; a) ending unhealthy or abusive relationships with boyfriends, and b) rethinking relationships with sugar daddies, as illustrated in the following two quotes respectively:

I was very early this one day at [School X] because I thought my practice started before break but it was actually after break. So, during the break I was chatting to 3 girls from my classes and we chatted about how the weekend was and what we did in the weekend, one of them actually told me that during the weekend, after a practice that we did, she decided to send an SMS to her boyfriend to tell him that she was ending the relationship because he was having multiple sexual partners, and I was like really?! Are you sure?! And she was confirming with the friend, and they wanted to show me the SMS. (Female coach, Port Elizabeth)

Yes, there was this child when we had a discussion about sugar daddies who said it is good to have a sugar daddy because when your parents can't afford you, then the sugar daddy can. But, as time went by, the answers that she gave us showed that there was a change in her life. (Female coach, Port Elizabeth)

In neither of these quotes does the coach confirm outcomes of the initiated change or if they think the learner would realistically be able to sustain a change. For example, in the first quote the coach describes a situation in which a female participant begins to end a relationship with a boyfriend, confirming by showing the SMS to the coach. However, the coach does not confirm whether that relationship was successfully ended, or if instead another scenario played out once the boyfriend received the SMS. Similarly, in the second

quote, the coach alludes that this ‘*change in her [the participant’s] life*’, which was depicted through the answers given by the participant is indicative of a change in attitude or behaviour towards sugar daddies. But the coach didn’t confirm this, nor did the coach elaborate on whether or not it would be realistic to expect that the student would have agency to be able to make such a change.

Throughout the course of the FGDs, discussion took place amongst coaches regarding which participants could benefit from this programme, and how. Throughout the course of data collection, coaches frequently grouped learners (male and female) into younger learners vs. older learners. By this, coaches often meant those who haven’t begun certain behaviours yet and those who have already begun such behaviours, although they don’t specify what ages might be included within each group. Within a class, the age range of learners can be quite large, so it is understandable how these mental groupings might occur. Within these categories, coaches describe that although the younger learners may not be able to relate to the topics and key messages of the curriculum, they see these learners as being able to benefit from the programme the most since it’s “things they’ll see in the future,” but they “haven’t started the behaviours yet.” Coaches feel that they can still influence these learners at this stage, and perceive that in their role they are most effective when the behaviour in question has yet to begin:

I think they really benefitted, because for instance at the school that we are in we are dealing with grade 9 and 10 because some of the grade 9 failed last year and therefore had to repeat. At the age of 14/15, boys are playful and they don’t take girls seriously. It’s the girls that are mature at that age, so I think the guys that I deal with are like the ones that haven’t started dating, so we show them that these are the things that they might face in relationships going forward so I think that we caught them at the right stage so that they know that if they engage in relationships these are the things that they will encounter and this is how they should handle them.

(Male coach, Port Elizabeth)

At the same time, coaches describe that the topics and key messages of the curriculum are very relevant to older learners as they are able to relate, since they’ve already experienced or engaged in much of what is discussed in the curriculum:

Yes, they benefit a lot because some of them are just starting dating and do not know how to handle the situations they find themselves in so, in these practices they get the advice and guidance they need to make healthy choices. (Female coach, Cape Town)

6.8 Coaches personal change through delivering the Utshintsho curriculum

Female coaches shared how the Utshintsho curriculum, compared to other GRS programmes, leads to positive changes within themselves and their own lives. They described personally “learning a lot” from this curriculum, and expressed that the curriculum “challenged them” in a positive way. For example, one female Cape Town coach talked about her own transformation through one particular activity that asks students to define themselves:

For me it was wonderful to experience Utshintsho. The interaction between me and the participants is great. The participants ask questions that sometimes I do not understand. Implementing Utshintsho has challenged and improved me as a person because I also learnt from the curriculum that I was delivering, especially on the Defining You practice. It helped me define who I am and be more confident to guide the participants to define themselves...you understand? (Female coach, Cape Town)

The coach also speaks in the above excerpt about her interactions with participants and how sometimes participants will ask questions that she does not understand. However, she does not give details about how often that happens, what she does in such a situation, or what she perceives the effect of this to be on learners. Another female coach in Cape Town expressed similar feelings towards the programme, again talking about how it challenged her, particularly to reflect on her own experiences. The coach described that the act in and of itself of delivering the curriculum boosts her own self-esteem and confidence:

This curriculum is so good, in a sense that it is more challenging in terms of the fact that it challenges you to reflect on your own personal experiences. Sometimes as the

coach standing in front of the learners implementing, you find that you are gaining as well from the information in the practices and as you give advice to the learners, your self-esteem gets a boost and you feel more confident. (Female coach, Cape Town)

Other coaches hinted that in this sense, delivering the curriculum might contribute to being able to better deliver the curriculum during successive rounds of implementation. Other coaches took the discussion further yet, sharing that the curriculum can help the coaches with “similar situations get a chance to deal with it.” Others noted that the topics have prompted them to make changes in their own life:

For me I loved and enjoyed delivering the curriculum because I feel it’s the point where girls get to know more about the situations that affect them and got to be open in front of the people that are going to understand them. And as well for me, I want to know more about the topics as I live my life and some of the topics have made me want to change the lifestyle that I have been living. (Female coach, Port Elizabeth)

More specifically, coaches shared that the curriculum affected how they made decisions related intimate relationships:

There are practices that affect me personally, especially when I take decisions in my relationship. I find myself thinking about what a particular practice says about the decision that I am about to take. So, yes, it does affect our personal lives. (Male coach, Cape Town)

The importance of the relationship topic was reflected by both male and female coaches:

I think it's because that even though we are adults, it gives you a chance to think about your relationships or the type of relationship that you are in, and it also gives you a chance to define the relationships you are in. (Female coach, Port Elizabeth)

These passages illustrated how coaches referred to and reflected on messages from certain practices of the curriculum when navigating defining aspects, and navigating decisions related to their own relationships.

Finally, only one coach shared that her changes in behaviour- mainly reducing her number of sexual partners, and alcohol consumption- are a reflection of her feeling that her own behaviour should be in line with what the teachings and key messages of the curriculum are. This, as she described, is in order for her to be credible to the participants she engages with:

Before I was a coach I was a bit reckless. But now that I'm a coach, I preach this curriculum to the kids so I have to practice what I preach. So I sort of now changed my behaviour. I used to have multiple sexual partners but now I have reduced the number to only 2. I used to have about 6 and I used to drink every weekend but now I'm trying to abstain and I'm getting there. (Female coach, Port Elizabeth)

6.9 Coach feelings of emotional burden

The nature of the curriculum- discussion-based, and dealing with distressing topics- resulted in some coaches being emotionally affected by their work. In particular, coaches reflected that participant disclosures of traumatic incidents weighed heavily on them. This was spoken about exclusively in the female FGDs. In the following quote, a female coach in Cape Town illustrates the impact that these disclosures have on them. She also mentions getting advice from other coaches on what she “should do,”:

There are things that the participants tell you which affect you. For example, yesterday in class one learner disclosed her personal problem and since then, her problem has been weighing heavily on me. I was even thinking of sharing the problem

with the other coaches after this FGD, so that they could advise me on what I should do. We really do get affected by our work. (Female coach, Cape Town)

It is less clear from the passage if other coaches' advice is meant to help her navigate the disclosure with the participant, or to help the coach herself deal with the burden of participant "problems".

Another female coach, this one in Port Elizabeth, recounts similar feelings of not knowing how to navigate disclosures and advise participants on what to do. She infers that this is because she has not experienced the particular situation herself:

It's also a bit challenging because some of the kids have experienced things that you have not even experienced yourself so when you are talking about such things you kind of get... you don't know how to handle it at that time but you just say I'll be back with the answer. (Female coach, Port Elizabeth)

When asked if they get support from their superiors at site level when dealing with such disclosures, a female coach in Cape Town states they do not get enough support because their CPC and PC is disengaged from the intervention delivery:

No we do not receive enough support because, as I have said, now that the learners are disclosing to us we need support on how to deal with these issues but my CPC and PC do not even know what is going on because they do not bother to check how we are doing. (Female coach, Cape Town)

Another female coach, through describing a situation in which a student disclosed difficult personal circumstances to her, and which the coach helped her navigate and find a solution to, mentions that she gave the student her phone number so that she could stay in touch if she ever wanted to talk. A bond of trust has clearly been established between the participant and the coach, which the coach has extended beyond the practices of the programme:

As you know in [School X], there are a lot of girls with problems. But there was this one girl from another school and she was living with the stepmother. No not the stepmother but the aunt, mother's sister. But the aunt was not giving the child transport money to get to the school because it's far from the school for her to walk. So, she decided that she will have a sugar daddy who will provide her with this transport money. Then I talked to this girl and told her that having a sugar daddy is not her only choice, there are other choices like social workers who will listen to your problem. I asked her if she has other brothers and sisters and she said yes she has brothers but her aunt does not allow her to go to her brothers. So, I told her to go to her brothers and see what they can do for you. She came the last time I was at [School X]; she actually ran after me to tell me that her brother has offered that she stays with him because the brother was aware of the girl's situation (even though the aunt pretended that everything was fine when the brother went to visit), and that he knows that when the aunt's boyfriend is drunk he swears at the girl telling her that her mother died of AIDS, and that the girl is following in her mother's steps even though the girl did not know that her mother died of AIDS. Then she also told me that she broke up with the sugar daddy because he did not want her to have boyfriends her age and this sugar daddy used to call her at night and ask her, and if she was out with friends she would get beaten. But she has taken my number so that whenever she feels like talking she can talk to me. (Female coach, Port Elizabeth)

6.10 Feedback on curriculum or practice components

There were some components of intervention practices, or entire sessions themselves that coaches expressed not liking. Reasons for this dislike were because they found the component or session either confusing, uncomfortable, impractical, irrelevant or distressing – either in the delivery, for the student, or themselves.

Female coaches in Cape Town and Port Elizabeth stated several times throughout the FGDs that they found the 'Ingqondo' (the brief opening portion of each session) particularly confusing, saying this resulted in confusion for participants, as "the kids don't understand it". They cited variation and inconsistency in what this component entailed as the reason for confusion:

What I did not like was Inggondo. I found it confusing (agreement from other coaches).. Sometimes you have Inggondo with take a stand then sometimes you have Inggondo with a scenario. Sometimes you find that the Inggondo has take a stand and a scenario. There is just no consistency, it is confusing. (Female coach, Cape Town)

More generally, male coaches shared that sometimes they felt that soccer was forced to fit into the curriculum, where it might not be necessary or the most effective way to convey a particular message. A male coach in Cape Town used the practice on 'Power' to illustrate what he felt was an unnatural fit, and explained that using soccer in this session did not lend itself to effectively convey the intended message. He suggested that the practice would have instead been more successful if real life situations were used. He also commented that some sessions require the students to be engaged in too much physical activity when they often just want to sit down and talk. This is expanded on in the coach's own words:

I understand that GRS uses the soccer language to educate people but I feel that sometimes they overdo it, even when it is not necessary. For example, one of the practices where the soccer language is not necessary is the one of Power in relationships. I understand that they want to use the soccer language but sometimes I feel that it is not effective, depending on the type of participants you're dealing with. I feel that the power game with cones does not effectively convey the message intended. Sometimes they should use real life situations where the learners can clearly identify these issues. Plus, sometimes it is tiring for the learners to be running around in cones, sometimes they just want to sit down and talk. So I think it would work better that way. That's how I see it. (Male coach, Cape Town)

A further example of this is the session on alcohol abuse, called 'Juggling my Life'. Coaches expressed that they did not think that the format of this practice (a group game of juggling balls) sends a strong message to learners. They suggested alternatives for the practice, which they believe would be more effective in conveying the intended message, such as using a picture of someone who has been affected by alcohol:

Practice 5, juggling my life, the practice talks about alcohol but I do not think that playing with balls sends a strong message against alcohol to the learners. If we were using a picture of a person who has been negatively affected by the excessive use of alcohol I think that would be much clearer than playing with balls. (Male coach, Cape Town)

Other coaches described additional practical reasons why this session is difficult to implement. One of these included participants being distracted by the balls in play, rather than focusing on the key messages, as described by a male coach in Port Elizabeth:

Juggling my life, I think I don't really like it, but I don't really hate it, but I do it because I have to do it, because we work with balls. Now when you bring a tennis ball to a 15-year-old, they only think about playing so they don't focus on that practice or the message. (Male coach, Port Elizabeth)

Another coach talked about how this practice was particularly difficult to implement with so many students in the class, and since he was facilitating by himself, he had to adapt the practice, having some students participate while the others watched. Another coach who also didn't enjoy this activity described a different reason for his dislike. He spoke about how he was bored of the practice, (compared to the other newer practices) having implemented similar versions of 'Juggling my Life' numerous times over the past few years:

Juggling my life, I'm not sure if it's because I've been doing juggling my life for the past three years, but it's boring. Not necessarily boring, but it's one of the games that I like but the other activities are new. (Male coach, Port Elizabeth)

Despite the criticisms from male coaches regarding the two practices that are the most activity-based in nature and use soccer-related activities, there is one particular practice where they acknowledge that soccer metaphors were actually very effective, and allowed learners to relate to the topic and grasp the key messages in a meaningful way. This session

was the 'Be a Captain' session where learners are challenged to think about the type of leader they want to be in their relationships, schools, households and communities, and what types of qualities they need to possess to do so. They are encouraged to think about Captains of their favourite soccer teams, and consider admirable qualities in them. Coach feedback during the FGDs was that learners related very well to this topic because of the soccer analogy:

Let's take for example 'Be a Captain'. It is relevant in a way that most of the guys are doing sport. So, as pec2 has said that in 'Be a Captain', you get to know what your qualities are because you define what kind of a person a captain is. You define the captain by his qualities, so you as a soccer player, you may be a captain so when a person tells you about a captain's qualities, you are able to identify the qualities that you don't have if you are a soccer captain, and that allows you to see if you can work on this then you can be a captain. (Male coach, Port Elizabeth)

Female coaches did not express these same criticisms of these elements of curriculum, although the female version of Utshintsho contains fewer activities, and less reference to soccer than the male version.

Additionally, coaches spoke about being unclear and confused about Practice 7- the final practice where male and female learners come back together to participate in a brief exchange of learning and sign a contract together. They also shared a general dislike and dis interest in the practice. They said that despite trying their best to implement in with the 'lack of information they had', it did not go well, nor did students respond well to it:

Practice 7, Skillz Café. As much as I tried my best to make it live with the lack of information on it, and even though I used my own spices, the practice was still confusing. They [participants] did not respond well on that practice. (Male coach, Cape Town)

Finally, coaches unanimously expressed that they thought that the 'contract' should be removed from the curriculum. They said that learners didn't take it seriously, and that they didn't feel that there was any point to this component.

6.11 Topics that are upsetting or uncomfortable for participants

Female coaches shared that there were some practices in which participants seemed to find some of the topics- namely pregnancy and intimate partner violence- particularly upsetting or uncomfortable. This was associated with relating the topic to themselves, as exemplified here by a coach in Port Elizabeth:

Ok, there's a practice that makes other kids feel uncomfortable especially those who are pregnant at school, you see? Because every time you read out a message that pregnancy is not right when you are at school, she will start to leave our classes.

(Female coach, Port Elizabeth)

Another coach described a particular instance where some participants were going to use the timely relevance of a practice in an effort to try and embarrass their friend out of remaining in an unhealthy relationship:

*Healthy and unhealthy relationships, there was this girl that was abused in her relationship. We [the coaches] were there on a Monday and the abuse happened on the weekend. Her friends said to me that they wanted to embarrass the girl, maybe that way they will get through to her. She was slapped by her boyfriend in front of one of them, and when her brother tried to comfort her, the boyfriend hit her brother, so that discussion on healthy and unhealthy relationships was like we were speaking to her directly. **(Female coach, Port Elizabeth)***

It is important to note that while the sentiment of the friends was positive (to assist their friend in leaving an abusive relationship), the technique of publicly shaming her into a

relationship decision was inconsistent with goals of Utshintsho around creating a safe space for participants to learn.

6.12 Coach relationships with other programme staff

Among some coaches, there were grievances and criticisms expressed during the FGD regarding difficult or weak relationships between coaches and their CPCs, which act at the Coaches' line managers. These difficulties sometimes also extended to site management and HQ staff including the curriculum and training teams. Coaches described frustrations with a lack of engagement and support from their CPCs, which they articulated resulted in a number of adverse outcomes ranging from difficulties in implementation to feeling undervalued and underappreciated for the role that they play:

*What I did not like is that in the new school that we are implementing in, we never got the support from our CPC and PC. They do not know how we are doing, or even if we are indeed implementing. They have never visited us, until one day violence broke out at the school and I called them because people were not let out of the school gates unless they were in cars. Still, the person who came to fetch me left me there for about 30 minutes, even though he could see how dangerous it was there. Our safety is not important at all to them. **(Female coach, Cape Town)***

Two other coaches expressed the same view regarding poor relationships with the CPCs, one describing how it was difficult to meet with them, or get the materials required to implement the practices, and the other recounting unfulfilled promises:

*I can say that the relationship between us and the CPCs is not good. There's a gap in between; before you can meet with them there's a long process that you have to go through, just to talk to them. Even with regards to materials, it is not easy to get their attention. **(Male coach, Cape Town)***

The relationship we have with the CPCs is bad because our CPC tell us that we come first but when it comes to action that does not show. They always make promises that they do not fulfil. There is just no communication. (Female coach, Cape Town)

Another coach conveyed how things changed over time as implementation progressed. She described that as the hype of the programme died down, support, communication, and ultimately care about their work was eroded:

When we started with the booster [Utshintsho], there was so much hype around it and we were told that it is a priority. Even during the Dev course, we had to come in early as the Booster coaches for meetings. Hardly five weeks into the programme, the hype died down and you could see that people had lost interest, even in us as the coaches of the Booster. They [CPCs and PCs] used to check the registers and ask about the challenges we encountered, now they do not care anymore. They do not ask us how we are doing, what practice we are in or whether we are encountering problems. All they care about is reporting that the work is continuing. (Female coach, Cape Town)

A male coach who also agreed with the lack of support they received, rationalised this by concluding that the CPCs were busy and over-stretched, when he said that, “The CPCs have so many things to do that they always postpone assisting or checking in with us”.

Coaches also expressed disappointment and frustration with how they were treated by GRS, in general. One coach describes how they feel “second best” and claim that GRS prioritizes quantity over quality, leading to the coaches, who receive volunteer stipends, being overworked without appropriate compensation. This, the coach explains, led to tiring and demotivating feelings amongst coaches, and resulted in them doing sub-par work:

What I do not like regarding Utshintsho is that us coaches we are the treated as second best. I’m not trying to compare us with the other coaches but it seems like all GRS cares about are the numbers over the quality of the work that we do. They care about quantity. When they decided to put us on the Utshintsho schools, they did that

without properly communicating with us. You then find that we are implementing 3 different programmes at the same time; Utshintsho, 1.3 and Skillz Street. It is too much, and it seems that they forget that we are volunteers here, and not permanent employees, for us to be having such a big work load. This is tiring and demotivating. As a result, sometimes when the CPC is not there we do half-baked work because we are tired and not motivated because the work is too much and we do not get supported. It is more work and less money. (Female coach, Cape Town)

Two other coaches provided specific examples of how they felt unsupported, predominantly by the curriculum and training teams. Both coaches speak of being disappointed by unfulfilled promises which one coach describes eventually affected their work:

After we were trained there was a huge gap between training and implementing in schools. I thought that there was going to be a refresher before we could go to schools. All the things that they promised they did not deliver on them and we found ourselves having to do a rushed job and teaching ourselves as we went along, which was very challenging. (Male coach, Cape Town)

Others talked about how they had forgotten certain topics and not given refresher trainings:

Before we started, I was thinking that were supposed to be given a refresher because I noticed that I had forgotten some things. (Male coach, Cape Town)

One coach further described “We were just given Practice 7 without being told anything about it; how to implement it and what to do. We were left to fend for ourselves.” She explained how “we taught each other how to implement Practice 7 over WhatsApp, and we implemented it as we understood it.”

Finally, coaches in both sites spoke about a difficulty in obtaining materials to implement practices, and associated this with the CPCs not taking this aspect seriously:

Uhm about the materials, we do not get the materials until we come and complain. Even when we do come to complain, we are sent back and forth; you are told to go and speak to mums, who tells you to go and speak to someone else. We are just not given a clear direction. You find that they do not take it seriously. They do not even give you a bag to carry the balls and materials. They just give them to you to see for yourself how you will carry them to the school. The material is not a serious matter for them. (Male coach, Cape Town)

6.13 School- level barriers to implementation

During the course of the FGDs, coaches described several factors that acted as barriers to implementation. In some schools, practices were not able to be implemented during class time. This resulted in implementation occurring either during lunch periods or after school. Coaches articulated that this presented several challenges, mainly that practices started late, and that the number of students in attendance at practices was lower than implementation during class time. Coaches shared that this occurred either as schools refusing to allocate class time for the programme, or as a result of CPCs failing to communicate to the schools that they were coming to deliver the programme, or that an additional seventh practice had been added as one coach described:

You know, the CPCs went to the schools to explain that the RCT was going to take time, but when practice 7 came out of the blue, they did not go back to ask to continue implementing. I do not even think that they told the schools last year that the program will continue into this year, as a result, in some schools we were not allowed to implement Utshintsho during school time. We had to go there after school, which was difficult for the coaches. (Female coach, Cape Town)

Other coaches explained that implementation during lunch periods was difficult because learners were distracted with eating their meal, and that delivery of the programme after – school is particularly challenging because students are often hungry, and therefore less able to focus and engage with the practices. In a case such as this, the coaches suggested that

GRS provides fruit or something similar to students, similar to what is provided to participants of other curricula.

Coaches in Cape Town also mentioned that in some schools, a significant number of the participants enrolled in the GOAL Trial had failed and were held back a year in Grade 9. They went on to say that in most of these schools, they only implemented Utshintsho in Grade 10, meaning two things: the GOAL Trial participants held back in Grade 9 would not have received Utshintsho as planned, and that many of the participants who received the Utshintsho programme had not received Generation Skillz, and in fact, a large proportion of those learners had been held back from passing grade 10:

Uhm in the school that I was in, about 90% of the learners who were part of Gen Skillz last year remained in grade 9. Because we were instructed to only implement in Grade 10s, this meant that were dealing with majority of the learners who were new in the program, which does not make sense to me because this program is supposed to be a continuation from last year. How can you continue with something that you did not start? All the learners who remained in grade 9 were not implemented to, and I thought that these are the ones we were supposed to be targeting. I did not like that. (Male coach, Cape Town)

However, in Port Elizabeth, coaches described implementing Utshintsho in both Grades 9 and 10 when faced with the similar situation of learners being held back a grade:

I think they really benefitted because for instance at the school that we are in we are dealing with grade 9 and 10 because some of the grade 9 failed last year and therefore had to repeat so we had to do grade 9 as well at the age of 14/15. (Male coach, Port Elizabeth)

6.14 Teacher reactions to the Utshintsho programme

Coaches communicated that many teachers asked for a copy of the Utshintsho curriculum, explaining that they would like to use it because it “goes deeper” than the LO curriculum:

The teachers seemed to be very interested in our curriculum. They would ask for a copy of our curriculum so that they could incorporate it with theirs because they found that it goes deeper in the issues that their curriculum only covers shallowly.

(Male coach, Cape Town)

Another reason coaches noted for teacher preference for Utshintsho curricular tools is they were perceived as less academic than LO texts:

One of the teachers in my school once told us that most of the books that they use for Life Orientation classes are too academic so they liked ours more because it benefitted them as well. **(Male coach, Cape Town)**

Teachers at both sites told coaches that they should be implementing in all LO classes across all grade in the school:

The feedback we got was the teachers liked it a lot and one teacher told us that he wished that we could go implement into all LO classes, from grade 8 to 12. They liked it. **(Male coach, Cape Town)**

Female coaches in Port Elizabeth also shared situations where teachers participated in practices. Coaches described that having teachers present had varying effects student's participation, and as one coach concluded, "I think it depends on what kind of a character the teacher is." One coach illustrated how students responded differently depending on their relationship with an individual teacher:

Not every time because last year, even this year we were dealing with [Teacher A] in grade 9 and [Teacher B] in grade 10. [Teacher B] the kids are more comfortable with him because he is more open. The kids are more comfortable with him because he

talks, but with [Teacher A] the kids won't talk even when you are asking a simple question they will not answer because they are afraid of [Teacher A]. **(Female coach, Port Elizabeth)**

Another coach recounted a positive experience where the teacher presence actually amplified the student discussion:

There was this one instance in [School X] and the teacher was there. We usually do our practices without the teacher being there so I thought that since the teacher was there, I thought that the girls were going to hold back and not talk and share anything. But to my surprise, when the teacher started participating the girls were talking and referring back to her. So for me it was a good experience. **(Female coach, Port Elizabeth)**

6.15 Suggested changes to Utshintsho curriculum

Coaches suggested several changes to the design process and content of the Utshintsho curriculum. Overall, they expressed wanting it to be a more interactive process; they wanted their opinions and experience to be considered developing the curriculum. They also suggested that if there were changes to be made to the curriculum, they to be involved, or at the very least be fully trained on the new material, since they found it challenging to implement without advanced consultation. As one coach described, she equated coaches being involved with quality of the programme:

I wish they could involve us when they make changes to the curriculum or at least train us on the changes that they make because it is very confusing to be trained one thing, which gets changed later, and then you are expected to implement changes which you were never trained in. If they want quality they must involve us. **(Female coach, Cape Town)**

Coaches expressed desire to enter a class and ask learners what they want to learn about rather than always going in with predefined topic:

I wish there could be one open session whereby you could just go into a class and ask the learners what they wanted to talk about, instead of always coming up with topics ourselves. (Male coach, Cape Town)

Finally, coaches suggested that the curriculum be longer in duration:

.....So that's how I see it, the curriculum is good but it is too short, it ends quickly when learners are starting to be interested. We hope it should be prolonged, so that we can see how effective it is. Because it ends quickly , we only do it in seven days, after seven we don't see the programme. . (Male coach, Cape Town)

Chapter 7: Student Experiences and Perspectives of Participating in the Utshintsho Programme

7.1 Introduction

This chapter presents findings from fifteen FGDs conducted with GOAL Trial participants in Cape Town and Port Elizabeth that participated in the Utshintsho programme. It explores, from their perspective, their experiences with, and responses to the intervention.

The objectives of the process evaluation related to GOAL Trial participants was to answer the following questions:

1. What were learners' experiences of participating in the Utshintsho programme?
2. What was the perceived acceptability and relevance of a) specific intervention sessions, components and topics and, b) the intervention as a whole?
3. What were the perceived strengths and weaknesses of the intervention?
4. How was the intervention experienced by different subgroups of participants?
5. How did the broader context of participants' lives influence how they engaged with the intervention?

Fifteen single-sex FGDs, summarised below in Table 7. 1, were conducted, under my supervision, by a team of two local research assistants (one male and one female) in each trial site. Of the fifteen FGDs, six were conducted with males (N=3 in each Cape Town and Port Elizabeth) comprised of a total of 33 participants, and nine FGDs were conducted with females (Cape Town N=6, Port Elizabeth N=3) totalling 66 participants. FGDs were carried out at a total of ten schools (N=6 in Cape Town, and N=4 in Port Elizabeth) with students that were in either grade ten or eleven. FGDs were conducted in Xhosa using semi-structured topic guides, audio recorded, transcribed and translated. Further details of the design of topic guides, training of research assistants, the selection and recruitment of schools or participants, and data collection and analysis pertaining to FGDs with participants can be found in Chapter 4: Methods.

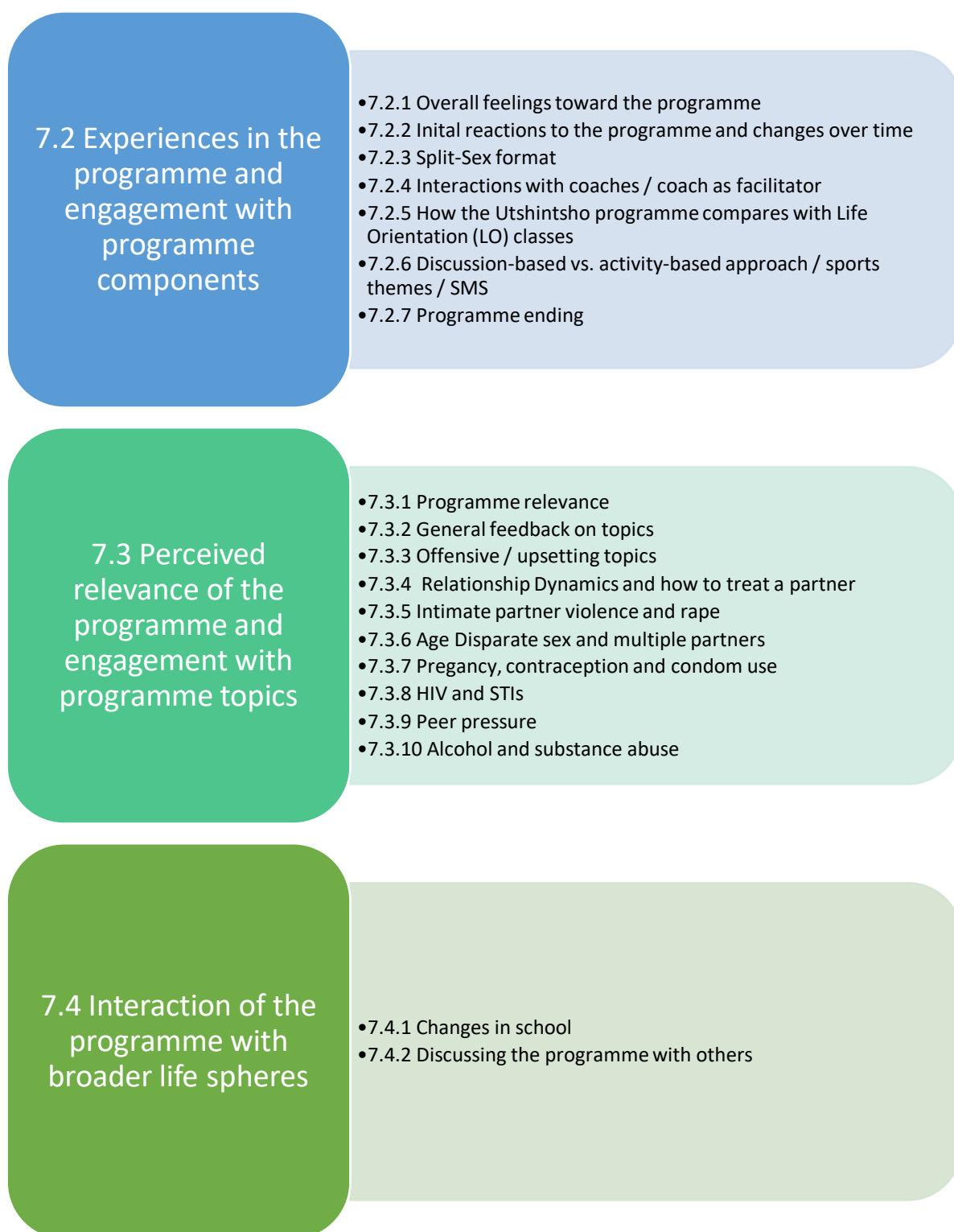
Table 7. 1 Summary characteristics of FGDs (N=15) conducted with GOAL Trial participants who received the Utshintsho programme in Town (CT) and Port Elizabeth (PE)

	Male Learners	Female Learners
Number of FGDs	6 (3 CT, 3PE)	9 (6 CT, 3 PE)
Total Number of Participants	33 (range: 3-11)	66 (range: 2-12)
School Grade(s) Included	10 and 11	10 and 11
Average Length of FGD	55 mins	48 mins
Date Collected	November and December 2014	November 2014
Number of Schools Represented*	6	4

**Note: data for FGDs come from 10 total schools (6 in CT, and 4 in PE). Five (3 CT, 2PE) of these 10 schools included both male and female FGDs*

Results for this chapter are presented within the following themes and subthemes, as illustrated in Figure 7. 1. The chapter concludes with a summary of key findings related to participation in the Utshintsho programme.

Figure 7. 1 Themes and sub-themes of chapter results: FGDs with Utshintsho participants



7.2 Experiences in the programme and engagement with programme components

7.2.1 Overall feelings toward the programme:

Most male and female participants described their involvement in the Utshintsho programme as positive. A few participants referred to GRS programming, including the Utshintsho curriculum, as something that “builds people instead of destroying them.” ‘Learning new things’, ‘learning about life’, ‘getting information’ ‘getting advice’ and ‘gaining new knowledge’ were some of the phrases that students used most often when describing why they enjoyed attending. There was a spirit of upliftment that many participants used in characterising Utshintsho practices, as illustrated by one female learner in Cape Town who recounted how the new information she learned offered new perspectives for her future:

When I was attending the Utshintsho practices I was very happy. I was happy because the information we got from Utshintsho was uplifting, it was information that could shape our future. Each and every time we attended the practices we got new information. (Female participant, Cape Town)

The perceived future relevance of the information that participants were receiving was complemented by a grounded sense that topics were often immediately relevant to their daily lives. One Cape Town participant explained that, unlike their current teachings at School, the Utshintsho programme is aligned with issues that they face in their individual lives, as well as matters they may encounter more widely in their communities:

...the subjects we do at school, we don't learn about things that happen in our lives. So Utshintsho taught us about what we see happening in our community and things that are happening in our lives. (Female participant, Cape Town)

Several participants spoke about how they felt the Utshintsho programme was different from other programmes that they had participated in, including their LO classes, because it “went deeper” into topics that were important to them. Most participants shared that they mostly felt safe and comfortable to talk freely and participate fully when attending practices,

which was mainly attributed to the split-sex programme and facilitation by coaches (and in particular, of the same-sex), all of which are described in further detail later in the chapter.

However, a few participants described negative experiences and associations they had of taking part in Utshintsho. Although some learners spoke about their being called on during practices as a positive thing that helped to increase their confidence and lead to fuller participation, a few female learners described instances where they felt they were being forced to speak or participate when they did not want to do so. For example, a Cape Town female participant remembered a feeling of coercion instilled by facilitators, forcing participants to join in the discussion and the activities:

I want to add to that part of the facilitators- they say if you want to talk you can, and if you don't want to talk, you do not have to talk. But last year we were put into groups, and we were forced to talk even though some of us didn't have something to say. And sometimes we were forced to do the acting, even though we didn't want to. So I didn't like that. (Female participant, Cape Town)

One can imagine that this type of forced engagement differs from the “safe space” that a program like Utshintsho aims to engender.

Further, a small number of female learners spoke of instances where talking openly, sharing and contributing to discussions within the programme lead to uncomfortable situations following the practice, as described by these two female learners in Cape Town:

The bad thing was when we talk here in class discussions about things, it was not like I was doing the things that I was talking about, but learners will think you are doing those things, since they hear you talking about them. So that's the part I didn't like... when I was talking in the discussion, people would say “she knows things”. (Female learner, Cape Town)

In essence, this learner was socially sanctioned by her classmates, despite the intentions of the programme to offer a place for sharing intimate feelings. This highlights the particular

setting of a school, where external programmes cannot automatically reconstruct the social hierarchy in ways that are supportive. Another female lamented that simply mentioning or questioning certain topics led to peers assuming that she had taken part:

It's that one I mentioned earlier, when I said something in the discussions...after the discussion learners would start talking and pointing fingers at me. They would think maybe I do those things I was talking about. (Female learner, Cape Town)

Male participants did not express the same negative experiences as their female classmates of being forced to speak and participate by the coach, or being chastised by other participants following the practice. However, a small number of males expressed that they were bored with the Utshintsho programme, or that they “already knew too much” when speaking about certain topics as described by a male participant in Port Elizabeth:

Well, for me personally, it's not that I felt uncomfortable, but I will say this out of confidence, not arrogance. I felt like I already knew too much of it. We learn about it in our classes, we see it...practically we also see it happening in our neighbourhoods, and I felt like I know too much of it. I couldn't enjoy learning about it. As some point it was starting to bore me. (Male participant, Port Elizabeth)

This male participant seems to express that despite its deep relevance in daily lives, the programme at times failed to offer new views on topics that were all too familiar to participants. It is also possible that, with repeat exposure to some of the topics, participants felt a sort of fatigue around further exploring these ideas in a group setting.

7.2.2 Initial reactions to the programme & changes over time

When asked about how they felt when first attending the practices, some male learners in Cape Town and Port Elizabeth described feelings of being uncertain and not knowing what to expect, being disinterested and uncomfortable (i.e. feeling apprehension at the thought of discussing certain topics in a public space) at the beginning of the Utshintsho programme.

However, nearly all learners that described these feelings shifted as the programme progressed. For example, one male learner in Port Elizabeth explained how despite initial nerves around the taboo topics addressed in the programme, he was increasingly able to discuss things openly with ease:

We were nervous. ...I was nervous, there was that stigma that you cannot talk about such topics in public with people. There was that perception that you must talk about those topics in private or with just friends. As the programme continued, it became easy to discuss such topics. (Male participant, Port Elizabeth)

Another male learner in Cape Town describes how despite reluctance at the start, he later felt better about expressing his views: “In the beginning of the programme there were things I didn’t like...there were things I didn’t feel like saying but with time things became better.”

There were some male learners, however, that described finding it more difficult to participate than their classmates, attributing this to feeling too young or inexperienced to take part fully. These learners described the curriculum topics (but did not specify which ones in particular) as being “extreme” or “too much,”. For example, a male participant felt his age made him feel uncomfortable at the start of the programme, as did his lack of knowledge around some of the topics addressed:

I couldn’t fully participate as I wanted, some of the topics were too extreme. I felt like okay I am too young for those things. Okay, although I knew some things...that’s the reason I couldn’t participate...because I knew some things. But then I could adapt to such thing, that’s why I didn’t participate fully, but then I learned how to participate. (Male participant, Port Elizabeth)

This quote contradicts the male participant who said he already “knew too much”, suggesting that even if learners are similar ages, their breadth of life experience varies considerably. With such intrinsic differences in comfort levels and ‘street knowledge’, it is not surprising that facilitators were sometimes unable to find a pace that matched the needs of every participant.

Learners were not explicit about what made them feel more comfortable as the programme progressed; whether it was one particular aspect of the programme (such as the split-sex format or the facilitation by the coach instead of a teacher, for example), or the rapport that was built naturally between facilitator and participants, or amongst participants themselves. Some did allude to the facilitators explaining the programme and creating a safe space for discussion. Although many of these learners went on to disclose the development of coping strategies to be able to participate, they don't describe in detail what these coping strategies consisted of.

Female learners did not report the same feelings of apprehension at the beginning of the programme, nor do they describe some topics as being "extreme" in the manner that the male learners did. Female learners were divided, however, when describing their initial feelings and first impressions of the programme. Some described being very interested in joining and participating because they thought that they "were going to learn things"; that they were going to find out more about topics related to their lives and how to "conduct themselves". However, some others reported being disinterested at the beginning of the programme because they were unclear about what they were going to do, or what types of people would be coming to deliver the programme.

Female learners expressed two main reasons why their feelings toward the programme transformed over time. The first shift occurred as they understood the purpose of the programme and saw the relevance of the information to their lives. The second reason for changed feelings had to do with improved relationships with and trust the coaches. As these things happened, they became more involved with the programme and were able to open up and talk freely. For example, one female learner in Cape Town who initially wondered whether the young coaches would have valuable contributions later confirmed that the information was useful:

When the Utshintsho programme started I was not interested, because when I first saw the coaches I thought they were young. I was asking myself what they were going to teach us. When I started to attend the practices I noticed that the coaches have brought us information that was talking about us as the youth. They brought us information that was warning us not to do bad things. (Female participant, Cape Town)

In both male and female FGDs in both sites, being familiar with, or having participated in previous GRS programming was credited with more positive feelings at the commence of Utshintsho. Familiarity was linked to safety by a male learner in Port Elizabeth...:

[W]hat made me to feel safe is that I knew Grassroot since primary [school]. I knew that they don't destroy people, they build people and some of the things that we learn on Grassroots... **(Male participant, Port Elizabeth)**

...and to curiosity by a female learner in Cape Town:

I was interested because it was not going to be the first time meeting with the people from Grassroot Soccer. When I was still in primary [school] in 2010 I met them at our school library, so I was looking forward to it. **(Female participant, Cape Town)**

7.2.3 Split-sex format

Nearly all male and female participants reported that they liked the split sex format of the Utshintsho sessions. A majority of participants of both genders felt comfortable and reported being able to talk freely amongst both peers and a coach of the same sex. One male participant from Port Elizabeth recounted how some of his male peers felt good about sharing certain stories without the presence of female classmates. He said, "We felt really good because there were people who wouldn't be able to talk when girls were around. We were now able to talk, since there were only guys."

A majority of males in Cape Town and Port Elizabeth described that it created a safe, comfortable space to both discuss and exchange information freely amongst themselves, and to get advice from the coach:

That felt comfortable, I got some insight from other boys about what they think about some things and also got some insight from me about what I think about some things. So we were comfortable that way, it was a lot easier to communicate with other boys.

Some other boys knew things and they would tell me, I would also tell them what I know. (Male participant, Port Elizabeth)

Further, discussions of particular topics, such as male circumcision, were perceived by male learners to have benefitted from this format of delivery:

I felt good, because we talked about circumcision and if there were girls there...it would seem as if it's a topic to joke about. (Male participant, Port Elizabeth)

Female learners described similar feelings of safety and comfort. One detailed how the single sex format allowed them to share and ask questions openly without reservation or feelings of shyness:

I felt free, because if there were boys and we would talk, the boys would look at us, laugh and say "yho! what is this girl saying".. and always they would think about those things when they see you. So when they are not around, I am free to say anything I want to say. (Female participant, Cape Town)

However, this narrative around increased comfort was presented more strongly by females than males. Female participants described the split-sex format as protecting them from laughter and judgement that they perceived they would experience from male students if they asked about or discussed certain topics in their presence. Female students said that if they participated jointly in discussions about certain topics, boys would either remember what they said and then disclose this to other students, or would pass judgement on the girls; that they were discussing a certain topic because "they had experience," a euphemism for being sexually promiscuous. These concerns are described by several female learners in Cape Town during an exchange with the FGD moderator:

Z3- We felt good, we did not want to hear things about boys and we don't want the boys to hear about what we did.

Z4- We felt good, we couldn't trust males. They would talk about us and the things we said. So the boys would judge us.

Z1- For instance if I talked about topics like Sexual Transmitted Diseases boys would think I have experience since they heard me talking about it and then they would judge me. (Female participants, Cape Town)

It became evident during a female FGD in Cape Town, that at least one class within a school did not receive the curriculum in the intended split-sex format for at least some of the sessions. Feedback from these female learners was that they were uncomfortable speaking in such a group. One female recalled feeling too ashamed to talk in the presence of her male peers:

One thing I didn't like...was that, when the coaches came in our classroom...we all sat down, including the boys. They didn't say the boys must leave with other coaches...so it was now difficult to talk when boys were around. We were now scared to say things when the coaches asked us questions...because the males were around. (Female participant, Cape Town)

Despite the majority of learners expressing positive feelings about the split-sex format, some learners had conflicting feelings about the split sex- sessions, alluding to suspicions about what the other group might be discussing. One male participant in Port Elizabeth worried that the all-female group might slur the male peers in private, or might make rules for one another about how to engage with boys:

I felt good and also didn't feel good about it. What came into my mind when we were split-up is that they were going to discuss negative things about boys. Maybe discuss things, "you are not allowed to do with boys". Some of us are at school to look for girls. So that's one of the things that made me not feel good about it. (Male participant, Port Elizabeth)

It is interesting here to note that this male learner had a sense of entitlement about his role in school to “look for girls”, and his fear that a programme like Utshintsho might limit his ability to access girls.

These suspicions were more pronounced in the female FGDs, and associated with negative feelings towards the split-sex curriculum. Females described the same concerns as the males in not knowing what the other sex was discussing in the corresponding session, but they also talked about occasions on which they heard males discussing issues pertaining to females such as pregnancy and menstruation and expressed that this caused them particular anxiety. As one female learner explains, this anxiety was compounded by the fact that these discussions were happening in a space where they weren’t able to respond to the things that were being said about them:

I didn’t like it, because we didn’t know what the boys were talking about. We would be split up in two groups and you would see boys laughing in their group. Maybe they were asked about the girls, we are not sure. (Female participant, Port Elizabeth)

Another female recounted the ridicule that young women face by male peers around pregnancy:

We hear them talking about teenage pregnancy and laughing when we are pregnant but they are also the cause of that pregnancy. The boys are always ready to put the blame on us, while they the ones who do us. (Female participant, Port Elizabeth)

Female participants seemed especially astute about the ways their male peers discussed their prerogative to choose multiple female partners to suit their needs:

One boy said “maybe let’s say it’s cold and I call my girl to come and visit me, if she’s on her period...then I will call another girl who is not on her period. That one on her period must stay at home until her period is over” (Female participant, Port Elizabeth)

That female participants were so aware of this type of hyper-masculine male discussion, yet unable to respond constructively, would indeed be a source of anxiety. Interestingly, one male participant expressed a desire to know more about his female peers' views and suggested that a mixed-gender format might help that discussion:

It is nice, because as guys we like debating about things, just like the girls. One thing I didn't like when we are split-up is that I wish we can be put together with girls again. This way, the girls will know and get an idea about how boys are like and to also understand what girls do not like about boys. (Male participant, Port Elizabeth)

Like males noted in relation to circumcision, female participants thought that there were certain topics such as menstruation that required them to be split up, but that other topics including drugs, pregnancy and HIV were better discussed together, as these were conceptualised by the participants as 'community level' issues that affected both boys and girls equally. Girls that expressed interest in joining back together with the boys seemed to be motivated by a curiosity to know what they were learning and talking about, and how this compared to their sessions:

I was free when talking about pregnancy and how a person can get infected by HIV. With other topics focusing on girl things I couldn't talk about them, since we were also sitting with boys in the discussion. I was shy to talk when boys were around, I was not free. Pregnancy and HIV...things that have to do with the community and how those things can affect us as the community I felt free to talk about together. (Female participant, Cape Town)

In contrast, some males made reference to the informal exchange of information with female participants but also said that it was important for the programme to include time for males and females to sit together to discuss things that are particularly relevant to things in each other's lives and in their community – so that they can learn from each other.

[W]hen we are split...like...it must be done when are discussing things that focus on male and females. When we are discussing topics like peer pressure, decision making...we must sit together so that we can share our different views... females can share their views and us males we will share ours. Then we can learn from each other.
(Male participant, Cape Town)

I didn't like it [being split up] because if we were all put in one place, girls and boys, then we were going to understand what are the things that they don't like, things that we do. Now that we are split, we don't know the things that girls don't like.
(Male participant, Cape Town)

7.2.4 Interactions with coaches / coach as facilitator

Overall, participants in both sites reported positive interactions with the Utshintsho coaches. They mostly described good first impressions, which were sustained throughout the course of the programme. Core characteristics of the coaches associated with these positive relationships were that the coaches listened, did not judge, gave information and advice, and made participants feel comfortable and safe. On several occasions during the FGDs, participants referred to the coaches as “good people”, and described an “openness” between coaches and participants that, to them, appeared to demonstrate mutual respect. This was often described in contrast with other relationships in participants’ lives where they described not being able to talk openly. Participants expressed how in relationships with teachers, parents and other older members of their households, certain topics were unspeakable. One male participant from Port Elizabeth contrasts the relationship with facilitators to that with elders in his community, who were silent about the rituals and lessons that young men learned during traditional male circumcision schools “on the mountain”:

I think they are nice people and they are open. Because there is that thing whereby an older person won't be able to talk about things that happen on the mountain (circumcision). For example, when it comes to things like sex...the coaches were open and they didn't hide anything. **(Male participant, Port Elizabeth)**

Often, these learners having living arrangements with their grandparents, created friction around discussing certain taboo topics such as choosing whether to have sex or abstain. One female participant felt that the coaches were better positioned to offer useful advice about sexual relationships:

*Another lesson I learned, is that one which gave us some advice about relationships. Because, firstly we stay with our grandparents...but we are unable to talk to them about things. Maybe you have a problem in your relationship but...there were sisters [coaches] who came to school, they told us about abstaining, so they helped me a lot because I learned a lot. I stay with my mother and I can't talk about these things with her. But since they were there, I was able to learn something. **(Female participant, Port Elizabeth)***

In addition to the coach being perceived as someone that could relate to and understand them, some female participants spoke about how they trusted that anything they shared with the coach would be kept private, and in this sense, this offered a reassurance that translated into allowing them to speak openly and participate fully during the programme:

*Another thing I enjoyed was talking to them. Because if you tell a teacher your problem...maybe...let's say you go to the staff room and you see them drinking tea. You will think they are busy talking about your problem...so with coaches, we could tell them. They will not go to the staff room and talk about your problems. Even if they tell other people, at least I will feel safe because those people don't know me. When you tell the teacher, you will be worried that they will talk about it in the staff room over coffee...you know how the teachers are...they are known for that sort of thing. **(Female participant, Cape Town)***

The confidentiality shown by the coaches seemed to contrast greatly with the feeling that teachers traditionally share student stories over tea in the staff room. One can imagine that

a setting where no confidence is kept private might be a source of anxiety for those learners participating in sexuality education delivered by their teachers.

The coaches were often described by male and female participants as being unlike their parents and teachers. Participants spoke about how they often felt disrespected by their teachers, who had “a way of laughing at our problems and making an example of you in front of people.” They liked that coaches helped solve problems and listened. This mutual respect and ability to speak freely with the coaches was attributed by some respondents to their being similar in age:

What made me happy [was that we] were discussing with people who are not that old to us. For example, since we are teenagers, we cannot talk about these topics with our parents or older people. So it was easy to share our problems with people who are not that old to us, so that they can also help us in solving our problems.

(Female participant, Cape Town)

However, the young age of the coaches also created some suspicions and doubts, expressed particularly by a few female participants regarding what the coach could teach them since they were “almost the same age”. For one female, the suspicion around the utility of having young coaches changed as the programme progressed and she saw the value of the discussion topics:

When the Utshintsho programme started I was not interested, because when I first saw the coaches I thought they were young. I was asking myself what they were going to teach us. But when I started attending the practices I noticed that the coaches brought us information that was talking about us as the youth. They brought us information that was warning us not to do bad things.

(Female participant, Cape Town)

Although female participants generally spoke about positive relationships with coaches, and with a strong emphasis on how the coach showed respect, different to male participants, some females expressed suspicions about trusting the advice given by the coach. One

learner questioned advice from a coach around sexual abstinence until marriage, since the coaches themselves were unmarried but sexually active:

We were told that we must not have sex at this stage, because we can get pregnant. We were told to first get married but I am not sure if that is the truth. They are not honest, because they are also sleeping with people. We also look up to our sisters and brothers [the coaches]. Our brothers and sisters also have sex, even though they are not married. Peer pressure also plays a part, a friend will tell you to [have] sex and see how it feels. (Female participant, Port Elizabeth)

Female participants in both sites expressed a sense that coaches were personally sanctioning them against certain behaviours. In saying “the coach told us we can or can’t do that”, female participants seemed to associate certain messages with particular coaches, rather than viewing the coach as a vehicle to convey certain messages of the programme.

Some male participants spoke of the coaches leaving at the end of the programme as emotionally difficult, and even mildly disruptive to their daily lives since they no longer had anyone to get advice from or share their problems with:

I also agree that they shouldn’t have left, cos like, even now there are things which are happening...so like we need people who can give us some advice. There are still other things we wanted to know but the time was not enough. (Male participant, Cape Town)

This lack of other support structures suggests the great need for programmes like Utshintsho that bridge the gap between adults to whom personal topics are unspeakable, and younger facilitators who seem to identify with learner challenges. One male participant evoked a strong sense of isolation without the coaches, almost as though they were the main emotional touchstone for him:

I didn't want them to leave. When I had a problem I couldn't tell the teachers, so I told the coaches. So now I don't tell anyone my problems. (Male participant, Cape Town)

Interestingly, female participants did not express the same sort of feelings, suggesting that perhaps the support systems that female participants had outside of the programme were better able to fill in for the absence created by coaches leaving.

When participants were asked if they had remained in contact with their coaches, a few females responded that they were still in contact via Facebook or Whatsapp. Others noted that they saw their coaches in the community or that their coach was a member of their family. However, the majority of male participants said that they were no longer in contact with their coaches.

7.2.5 How the Utshintsho programme compares with Life Orientation (LO) classes

Participants spoke about enjoying Utshintsho more than their Life Orientation (LO) classes, with some suggesting that Utshintsho should replace LO, and that more – even all - students in the school should receive the programme, and that that it should start earlier. Most participants spoke about how Utshintsho covered more pertinent topics than LO, and that it better aligned with what was happening in daily lives:

[Utshintsho] was important because I was able to talk about things that were happening to me. The things we learned in LO, they were not the things that were happening to us. We were learning about things that are happening around us, we didn't learn about things that affect us directly. On Utshintsho we learned about things that were happening to us. (Female participant, Cape Town)

Enjoying the Utshintsho programme more than LO classes seemed to be directly linked to the coach as a facilitator rather than a teacher. Teachers were often viewed as someone that students could not talk to about topics such as those covered in the Utshintsho programme. This is because students feared that the teacher would make an example out of them, and couldn't be trusted not to keep what was discussed confidential:

With L.O there is a teacher and that teacher is like a parent, so I have to give that respect. At least with coaches we felt free, we felt that we were the same age with the coaches. So it was easy to talk. (Female participant, Cape Town)

7.2.6 Programme ending

Participants found the Utshintsho programme helpful, often saying that they learned a lot, and received useful information and advice. In the male FGDs in both Cape Town and Port Elizabeth, participants spoke about how the programme wasn't long enough, and that it was "scarce." Some males also described how they were getting to the point where they thought that they might be able to make a change in their own lives, and then the programme (and the coaches) disappeared just as it was starting to make a difference. They speak of feelings of sadness of the programme ending, with one participant saying that they "felt as if I had lost something":

For me [Utshintsho] was very good, but we didn't have enough because they came once in a while..they were not there all the time. Otherwise, if they came more often, we would have got a lot of information...because they give us good information. (Male participant, Cape Town)

The sense that participants had, for a time, received motivation and advice was countered by the feeling that the programme was short-lived:

The Utshintsho programme was helpful but the programme became scarce, we didn't see it anymore. It's like you are advised or motivated by someone, and then that someone disappears when you were starting to get motivated by the things the person said. Then you end up forgetting everything that was said. So it was like that. It was helpful when the coaches were here...the few months they were here. (Male learner, Cape Town)

Okay, we like the programme...but the way it operates iyanqaba (iyanqaba: scarce)...it comes back after a long time (Participant saying yes) . So even if it was starting to make change, it become scarce again...then it's like I am backtracking. It was going to be better if it was there more often. (Male learner, Cape Town)

Generally, similar feelings around the programme ending were not expressed in the female FGDs (in either site), although female learners at one Cape Town school do talk about how the programme ended abruptly; the coaches just stopped coming, and they found that they had not been given any notice upsetting. This occurred due to school level factors:

They didn't leave us in a good way...remember last year, they told us when they were leaving...this year they said they don't feel welcome. They said the Life Orientation teacher didn't allow them to do their practices and activities. So they left without telling us. (Female learner, Cape Town)

It is interesting to note that the animosity felt between school staff and programme staff was quite clearly noticed by the learners themselves.

7.3 Intervention relevance and specific topics

7.3.1 Programme relevance

Nearly all participants of both genders reported that they found the programme relevant, and linked to their everyday life experiences. They said that compared to their LO classes and other programmes they had participated in previously, Utshintsho talked more about “things that they see in their communities” and “things that are happening around them.” The nature of the programme topics led to a sense of excitement among some participants, as this female learner recalls:

I was excited all the time, because the subjects we do at school...we don't learn about things that happen in our lives. So Utshintsho taught us about what we see

happening in our community and things that are happening in our lives. (Female participant, Cape Town)

Participants expressed that they also thought the programme would be helpful in preparing them for things that they might encounter in their future, as described by a participant in Cape Town:

I would say what I like in Utshintsho was the teaching that we got. All the things that we discussed are the same things that are happening in our lives. These are the topics that will prepare us for our future. (Female participant, Cape Town)

Other participants described how the programme is helpful because it talks about ‘things that are out there’ such as rape, drugs, alcohol, STIs, and things that “happen all of the time”, and “things that happen every day”.

Okay, for me the Utshintsho programme was very helpful...because it taught us about things that are happening out there. Things like rape.. HIV’s, STI’s...all of them...so it was helpful. (Female participant, Cape Town)

Although the programme and the topics were seen as highly relevant, but through the course of the FGDs, it became apparent that there were also other things that were (perhaps even more) important in their life; things that they encountered more and on a regular basis that were not addressed in the programme and should be added, such as gang violence which is discussed in more detail further in the chapter.

7.3.3 Offensive & upsetting topics

The majority of participants agreed that one of the things they appreciated most about the Utshintsho programme was the relevance of its topics to their lives. However, some participants in the Cape Town FGDs reported that they found some topics upsetting or

“offensive”. This seemed to occur when they felt the topics being discussed related directly to themselves or a friend. They described that in these instances, it felt like the coach was referring to them or their friend personally. Females reported feeling this way during discussions that involved pregnancy and sexual abuse or rape:

Because when you talk about teenage pregnancy, teenage pregnancy is not right. I saw myself. I saw myself being in that situation. I also fell pregnant while at school. So I would not like other learners to go through the same thing. (Female participant, Cape Town)

Males talked about feeling similar of being ‘called out’ when issues of gang violence and alcohol abuse were discussed. In such cases, male participants felt like they were being criticised for their behaviour, but not offered any solutions. A male participant in Cape Town explained how discussion of gangsterism initially felt judgmental:

It’s gangsterism- like when they talk about it, I don’t feel good. And this thing I am involved in, it’s not because I wanted to be part of it, but it’s life that I ended up being involved in this thing. People are just ready to judge and criticize...they know nothing...they’re just ready to say “gangster”. But I ended up learning more about the topic. (Male participant, Cape Town)

Another male learner felt that the issue of alcohol focused on critique rather than solutions for abstaining from harmful drinking:

Because like from what we were taught, we were not told how a person can stop drinking or what a person must do if he/she wants to stop, just criticism; there was a lot of criticism. (Male participant, Cape Town)

This reflection suggests that perhaps the “safe space” the programme aimed to offer at times devolved into judgmental criticism, or at least was perceived that way by the learners themselves.

7.3.4 Relationship dynamics and how to treat a partner

During the FGDs, male and female participants shared that taking part in the Utshintsho programme taught them how to “conduct themselves”. This phase was used repeatedly when participants described how the programme had influenced individual behaviours, such as choices related to alcohol use, but also how participants conducted themselves in their communities, schools, families, and particularly, in intimate relationships. The narrative differed, though between boys and girls, which was aligned with key messages of the curriculum.

Males described how the curriculum taught them about respect in general, and talked further in length about how they had learned how to treat a partner they are in relationship with:

I was also one of those people when I had a disagreement with my girlfriend, I used to beat her. So the programme taught me that I don't have to hit her when we have a disagreement, they taught me this I was also able to share that with other people.

(Male participant, Port Elizabeth)

Further, males described that learning about these ways of how to treat a partner were very new to them:

We also learned about taking care of the person you are dating. You must not beat her, you must not abuse her and we learned about...we learned a lot, about things we didn't know before. About how you must take care of your partner, we didn't know those things...but now we know about them. **(Male participant, Port Elizabeth)**

That non-abusive relationships were modelled for the first time through participation in Utshintsho (at late adolescence) suggests the strong need for this type of programming in the study communities.

Relating to “how to act” within relationships, male participants mainly spoke about their new learned attitudes towards not being physically or sexually violent to intimate partners. This discussion was often linked with learning of alternate ways to control and deal with anger. To a much lesser extent, they also shared how the programme had given them the space to reconsider how they view sexual relationships, and introduced them to the concept of love:

It was the topic of Sexual Responsibility. It taught us about a lot of things....when growing up, we just knew that you just sleep with a girl...we thought there was nothing called love...we used to say if a girl loves you, she must show it in bed...things like that. Then the coaches showed us, also gave us examples that love is not about that thing only, and that love lasts longer when you go to a girl with your heart and not about that thing. Us young people we do not have love...so they taught us about sexual responsibility and love. (Male participant, Cape Town)

This male participant reflects on the importance of modelling certain behaviours in stating that coaches “showed us” and “gave us examples.” Such language suggests that Utshintsho managed to extend beyond didactic teaching and provide real-life models for how the participants could shift behaviour.

The feedback that female participants gave was different, however, describing how taking part in the programme had taught them how they should expect to be treated in intimate or romantic relationship. As one female participant in Cape Town described, “I now know if a boyfriend has hit you, I can now tell if that’s a healthy or unhealthy relationships. I can decide to leave the relationship.” This suggests that rather than offering new models for femininity, the programme focused more on teaching female learners how to choose healthy partners. While skills around leaving violent partnerships are useful, there is a sense that the agency of women around creating their own independent identity was somewhat overlooked.

Both males and females were able to recall the specific names of sessions that covered these particular topics in the curriculum, even though the FGDs were held approximately a year after their participation in the programme ended. For example, females were able to name the curriculum sessions where they learned how to say no to a partner, and how to identify and leave an unhealthy relationship. Males were able to name the practices where they were taught how to respect no, and how to manage anger. This ability to recall certain sessions suggests that topics such as these were emotive and stayed highlighted in participants' minds even after considerable time.

7.3.5 Intimate partner violence and rape

Throughout the course of the FGDs, female participants at both sites spoke about intimate partner violence (IPV) and rape. IPV was spoken about in relation to intimate (peer) partners, whereas participants spoke about sexual violence in households by family members as "rape". This is illustrated by one participant in Port Elizabeth when she says, "...maybe your parents are not around and your bother rapes you and does all those things...". However, it is unclear whether or not this delineation is a result of participants not associating rape as a possibility with someone they are in a relationship with. Another participant in Port Elizabeth alludes to someone being rape by their father, describing how this leads to consequences of not disclosing:

When you are abused or maybe raped and you don't tell anyone, that thing will eat you inside. You also start losing weight and when you see your father, you start losing your mind. You also change when you are with your friends. At home you also change. So we were told, when something happened to you, you must tell someone. By not telling anyone, you might end up dying. (Female participant, Port Elizabeth)

This concept of bottling up emotions is something that several female participants in Cape Town and Port Elizabeth disclosed during the FGDs. It was mostly as a result to having experienced IPV, rape and other forms of abuse. Unlike males, females spoke about the burden of holding things in, and how the programme not only gave them the space to be able to share and talk about these things with someone else (their coach). Several confidently

stated that beyond the programme, it was important that they talk openly, in order to avoid mental health and self-harm consequences:

When you have a problem, you must not bottle it up. You must tell your problems to someone that you trust because that problem will affect you at school and you won't be able to socialize with other people. The problem will eat you up inside and you will end hurting yourself. (Female participant, Cape Town)

One of the sisters [coaches] in the programme said that when you have something that happened to you, you must say it and not bottle it up. When you don't say it, you will start thinking about killing yourself or do things that you were not supposed to do. (Female participant, Port Elizabeth)

Despite an awareness of the mental health burden of “bottling things up”, few participants made the link from traumatic events such as rape and potential mental health consequences. In a sense, they articulated that bottling emotions was the cause of harm, rather than the experience itself. This suggests that perhaps programmatic discussions were not linked to the injustice of the violent experiences many learners have regularly.

7.3.6 Age disparate sex and multiple partners

During the FGDs, female participants, mostly in Cape Town pronounced that the most important things they learned throughout the course of the Utshintsho programme was the risks associated with dating older people or have multiple partners:

It is good because the programme teaches people. Like for example, there are learners who date older people. When the coaches come and teach us these things, we then know it's not right to date older people and get pregnant at school. When there are coaches who come to the school with advice- that helps. (Female participant, Cape Town)

Female participants, when talking about relationships with older partners, point towards them as the reason for teenage pregnancies, HIV and STIs.

Although not having multiple partners was also a key message in the male version of the curriculum, very few male participants in either Cape Town or Port Elizabeth mentioned this topic during any of the FGDs.

7.3.7 Pregnancy, contraception and condom use

The topic of pregnancy came up several times during male and female FGDs, albeit much more frequently during the female FGDs, as an important issue in the lives of participants. In fact, participants spoke about it more during the FGDs than they spoke about HIV, despite there not actually being a session in the curriculum specifically on teenage pregnancy. Female participants spoke about how teenage pregnancy was something that they “saw happening in their communities,” and remarked that “most of the youth out there are falling pregnant.” Males spoke about female friends and family members that were pregnant. Males and females spoke about pregnancy generally as something that had negative consequences (mainly for females) and that should be avoided. Further, they expressed that the Utshintsho programme taught them some things that better equipped them to be able to make choices that would help avoid teenage pregnancy:

I think teenage pregnancy is one of the things that affects us all as the youth. Someone gets pregnant, then she drops out of school. So, if you are taught about pregnancy and contraceptives, then you don't get pregnant and you don't drop out.
(Female participant, Cape Town)

When asked if there had been any changes in their schools following the delivery of Utshintsho, many participants, without being prompted used teenage pregnancy as a gauge—stating that as there has not been a change in teenage pregnancy, there had not been a change in their schools. Finally, participants remarked that one of the ways that the Utshintsho programme could be improved was related to the teachings about teenage

pregnancy. They thought that it would be helpful if they were made more practical and relatable:

I was thinking if we can be taken to...places like clinics where we could get information and advice from nurses about topics like teenage pregnancy. (Female participant, Cape Town)

This is an interesting distinction because it suggests that beyond just information about teenage pregnancy, participants would value concrete services such as a clinic and access to nurses.

When it comes to teenage pregnancy, like if you could do some research and show us how much it costs to raise a baby...show us the statistics and details. This way, people would know that it is expensive to have a baby. (Female participant, Cape Town)

7.3.8 HIV and STIs

Male and female participants shared in the FGDs that they liked that the Utshintsho programme taught them about how to avoid certain risky behaviours that might increase one's chance of contracting HIV, as well as different ways to protect themselves from HIV including abstinence and condom use:

I like that we were taught to use condoms, abstain, and to also protect ourselves from HIV. (Female participant, Cape Town)

We were taught about unprotected sex: 1) you can get pregnant, 2) you can get infections, and 3) you can get HIV from your boyfriend or partner. (Female participant, Cape Town)

On preventing HIV and pregnancy, you must abstain. Because maybe you become sexually active, but it happens that maybe you put a condom on and tell yourself that you are preventing pregnancy and HIV that way. But the condom can also break, so the best way of preventing that whole thing is to abstain. (Female participant, Port Elizabeth)

Female participants spoke a lot more about contraceptives, and learned that condom use was a method for both STI protection and contraception. One female recounts this as being a useful new piece of information:

So I learned that when you have a boyfriend, when you are on contraceptives, you are not really safe from things like HIV and STIs. We were told that since you are on contraceptives it does not mean that you won't be exposed to other things that would infect you. (Female participant, Cape Town)

No male participant mentioned the word contraception throughout the course of the FGDs, nor did they mention STIs, which several females described as a health concern.

Female participants also shared about risk factors leading to acquiring HIV (alcohol abuse and sex with older partners):

I enjoyed the topic about substance abuse. Because if you abuse substances like alcohol, you end up doing things that you don't want to do. The coaches told us that alcohol is one of the things that can cause you to be infected with HIV/AIDS. Because let's say that you are a girl, and you go out to a drinking place with your friends. Then you meet up with a guy, and he obviously offers you a drink. When drinking you will blackout, and you will end up sleeping with the guy. (Female participant, Cape Town)

We were also taught not to date older people. You can get AIDS from dating older people, because older people like to date a lot of people. We also learned that when you drink alcohol, you have a chance of getting HIV and being pregnant, because a

person who drinks alcohol will not think about using a condom. (Female participant, Cape Town)

Note how this female participant describes responsibility for not finding “sugar daddies” even as her male classmates were not reflecting on advice to avoid age-disparate relationships.

A small number of participants described how they were able to have conversations related to this with their partners, and what the outcomes of those conversation were. One female participant in Cape Town describes such a conversation:

Since I have a boyfriend, my boyfriend wanted us to have sex. After I joined the programme, I asked him to please wait until I was ready, because I was not ready. I also told him if he wants us to have sex, we must test for HIV, because I don't know if he has another girl or not. So it is better when the two of us are safe. (Female participant, Cape Town)

One male who described sustaining multiple partnerships still had questions about HIV risk by the end of the programme:

Like I want to know- let's say I am a guy and I am dating three girls. Like without using a condom and they are all negative, will I be infected with HIV? (Male participant, Cape Town)

It is interesting that the underlying behaviour of multiple partnerships was not questioned, but rather the nature of HIV risk associated with this promiscuity.

In addition to becoming more aware, a few male and females participants also said that the programme had made them more open-minded towards people that might be HIV positive:

I liked the one about HIV/AIDS, because it taught us how to treat people with HIV/AIDS. We must not run away from them, we must talk to them. Because you won't get infected by just talking to them. (Female participant, Cape Town)

I also treat people with HIV differently now. In a good way. (Male participant, Cape Town)

7.3.9 Peer Pressure

Both males and females spoke about the role of peer pressure in their lives, nearly exclusively in a negative way, particularly how it influences their behaviour regarding engaging in sex, and alcohol and drug abuse:

There is peer pressure when it comes to relationships, and us boys we have to have sex with girls. So that's why I liked learning about this topic. (Male participant, Cape Town)

When you are with a girl and have sex with her...your friends will look at you as if you are a good person and they will call you a boss...then from that you will end up sleeping with other girls, so that you can be called a boss. (Male participant, Port Elizabeth)

The powerful and negative influence of peer pressure was shared especially by male participants in Cape Town, who also spoke about the particular impact of peer pressure in relation to gang violence, most often referred to as 'gangsterism' by participants. The topic became central to some FGDs, despite not being included explicitly in the curriculum in that there is no practice dedicated to it. Male participants spoke about how gang violence is something that affects them a lot, saying that "it's the one thing that destroys them as the youth". They conceptualise it as something that is beyond individual choice, but is closely linked with negative peer pressure, describe that once someone is in a gang, it is not possible for them to get out:

Gangsterism is very popular here in our neighbourhood. Maybe if we can get a solution...if we can get help, because...like...when someone gets into gangsterism...it is not by choice. Peer pressure plays a part. (Male participant, Cape Town)

Male and female participants spoke about learning how to resist peer pressure, stood out as a topic that they particularly liked in the Utshintsho curriculum as it was particularly relevant in their lives. Some participants reported that they were able to resist peer pressure more following participation in the Utshintsho programme, and that in this respect they have changed.

Participants also spoke about the importance of being able to make their own choices and their own decisions. They shared several examples of how friends can be a negative influence in their lives, and did not give many examples of positive peer pressure:

For me it is choices...because as a young person, you must be able to make your own choices and not the choices made by your friends. Friends can be a bad influence, you tell yourself that you will make your own choices and you will succeed. (Male participant, Port Elizabeth)

7.3.10 Alcohol & substance abuse

Substance abuse, in particular alcohol abuse, was raised by participants as a topic that affects many of their lives either directly through their own drinking, or more peripherally through the drinking of friends, classmates or family members, or more broadly yet, in their communities.

Some participants said that the session discussing alcohol was one of the sessions that they found most relevant, saying that they learned not only about the effects that it can have on their body, but also on their lives more generally, and that the programme highlighted that alcohol isn't a solution. Some participants went further, making statements that they had stopped drinking as a result of participating in the Utshintsho programme, or that they have had been able to have a positive influence on their friends who have reduced or stopping drinking. Although they don't give particular details about how they were able to make this

change, some learners stated that they had been able to sustain these even after the programme has completed, as described here by a male participant in Port Elizabeth:

There is change, I stopped drinking alcohol. I used to drink a lot, on Friday I would think about what I have to drink and I would not come to school on Monday. Sometimes I didn't go to school for two weeks because of alcohol. (Male participant, Port Elizabeth)

However, other male participants said that when they spoke to their friends about it, their friends said that they were 'killing the vibe', hinting at the influence of peer pressure in these topics for young males, and the difficulty in conveying information to people if they weren't in the programme:

I told my friends that I learned about alcohol, I told them that alcohol is not a good thing. They didn't really want to listen to me, they thought I was killing the vibe by telling them that. They said I must go and sleep (laughs in background). (Male participant, Port Elizabeth)

Participants also spoke of some of their friends who attended the programme warning not to drink alcohol, but even with more than one of them having participated in the programme, it becomes difficult to enact the message when the behaviour has already been started:

I had a friend who also attended the programme and when the school closed for holidays he warned us not drink alcohol. We thought he was telling the truth. But since we were already at the drinking place that time, we then ended up drinking. But we knew it was not a good thing. (Male participant, Port Elizabeth)

7.4 Interaction of the programme with broader life spheres

7.4.1 Changes in Schools

Although participants often reported changes in their own lives and decision making following participation in the Utshintsho programme, when asked if there were any changes in their friends, schools, home or communities, they reported little to no change.

When asked if there was a change in their schools, participants both in Cape Town and Port Elizabeth nearly unanimously stated that there had been no change, and that behaviours amongst students were still the same. When asked why this might be, participants in Cape Town rationalised the following response:

Like..there was no change, because of..a lot of people did not participate in the programme. So we were so few in the programme..a small group, so those people could not be manipulated by our small group. (Male participant, Cape Town)

When describing the lack of change in their schools following participation in Utshintsho, participants used the fact that there had been no change in teenage pregnancy (and to a lesser extent) drug and alcohol abuse at school to use as a sort of proxy to prove that there has not been any change at the school. Further, in the recommendations they provided about what should be changed about the programme, participants suggested that they programme should be delivered to all students in the school- or at least all students within their grade, and starting earlier, as there seems to be some recognition that for a change to happen, more people around them need to also participate. It is interesting that participants used whether or not there was a change in pregnancy or alcohol and drug abuse (and in some cases, gang violence) to gauge change, which may be reflective of the issues they see as most important in their live.

7.4.2 Discussing the programme with others

Both males and female participants shared that they talked about the programme most with their friends, less with their family, and little to none with their partners.

Female participants that told their friends about the programme and shared information related to specific topics reported that their friends seemed to have generally positive reactions. Most of their friends were receptive to the information, taking it on board, and some even spoke about how they would like to attend the programme. However, some participants on Cape Town spoke about how some of their 'friends were ignorant' and did not want to listen.

Male participants that told their friends about the programme report receiving more split reactions. They shared that some of their friends seemed interested, and similar to what females describe, their friends wanted to join the programme. However, males also described situations where their friends said that they were "killing the vibe" when they shared information that they had gained while taking part in Utshintsho related to alcohol use: .

I told my friends that I learned about alcohol, I told them that alcohol is not a good thing. They didn't really want to listen to me, they thought I was killing the vibe by telling them that. They said I must go and sleep (Male learner, Port Elizabeth)

Another participant shared about how when he spoke to his friends about what he had related to controlling anger within relationships learnt, he received mixed responses

I also told them [friends] about controlling their anger, when you have a disagreement with your girlfriend. How to control your anger...some of them didn't have a good reaction. I told them, when you have a disagreement with your girlfriend, you must walk away...others told me that they will beat their girlfriends and others they listened to what I told them. (Male learner, Port Elizabeth)

Lastly, some participants spoke about being able to speak easier with their parents or other adults at home about certain topics following participating in Utshintsho. However, when they gave feedback about what they thought could be changed about the programme, they suggested that their parents also be involved in the programme:

It would be good if our parents would also be included in the programme, maybe discuss these topics while they are sitting with us. (Female participant, Cape Town)

Chapter 8: Discussion

8.1 Introduction

This thesis presents results of a process evaluation of the Utshintsho curriculum, evaluated within the GOAL Trial. Utshintsho, a split-sex, discussion-based curriculum delivered by an NGO in 46 South African high schools by local facilitators called “coaches”, was one of two curricula evaluated in the GOAL Trial. The trial showed that, despite demonstrating increased knowledge, the intervention was not effective in achieving its primary behavioural outcomes.

The overall aim of the process evaluation was to investigate the implementation of, and interaction with, the Utshintsho curriculum in order to facilitate interpretation of the GOAL Trial results, and to advise how the intervention could be adapted to enhance its potential effectiveness. As outlined in the methods chapter, the process evaluation explored three domains:

- 1) fidelity and quality of implementation (Chapter 5),
- 2) training of coaches, and their experiences delivering the intervention (Chapter 6), and
- 3) participant engagement with, and perceived relevance and acceptability of, the programme (Chapter 7).

Contextual factors affecting delivery of, and interaction with Utshintsho were explored across each of these chapters. Based on findings emerging from this process evaluation, I suggest that the results of the GOAL Trial can be attributed, in part, to a combination of limitations in how the intervention was able to be implemented in practice, and an incomplete understanding of the functioning of intervention components, which lead to weaknesses in the theory underpinning the intervention.

This chapter begins by synthesizing key findings of each of my three results chapters. I then reflect on the strengths and limitations of the data collection methods and my interpretation of the data. Subsequently, I explore the main findings of my process evaluation, as synthesised from across my results chapters, related to other published studies, and considering how my work has extended the current literature base, before discussing the potential relevance of this work to theory, policy and programmatic action. Within these sections I will explore some of the potential unintended and harmful consequences,

identified throughout the course of the process evaluation, and suggest how these may explain, in part, some of the unexpected and counter-intuitive results of the trial. I conclude by making suggestions for areas of potential future research.

8.2 Principal research findings

8.2.1 Domain One: Fidelity and quality of Utshintsho implementation

The first objective of the process evaluation was to assess the fidelity and quality of implementation of the Utshintsho curriculum. Within this objective, there were three key areas of exploration: 1) the fidelity and quality of implementation of individual curriculum practices (sessions), within and between trial sites, and amongst male and female practices; 2) the fidelity and quality of implementation of different components of practices, and 3) impeding and enabling factors of implementation, including a particular focus on how the school context affected delivery of the intervention.

8.2.1.1: Fidelity and quality of implementation of individual curriculum practices

Observed practices were found to be implemented with an average fidelity and quality of 68%. Within sites, the range varied across practices, but the range and average were nearly the same in Cape Town and Port Elizabeth: 38% - 84% (average 67%), and 38% - 85% (average 62%), respectively. Observations found that female practices were implemented with greater overall fidelity than male practices in four of the five split-sex practices of the curriculum. Overall, *key messages* had been delivered, on average, 91.4% of the time (88.9% in Cape Town and 92.1% in Port Elizabeth), and nearly the same in male and female practices (93%, and 94.4% respectively). Further, research assistants indicated that across practices, they assessed that *goals* had been met 82.6% of the time, and slightly more often during sessions delivered at the Cape Town site compared to Port Elizabeth site (86.9%, and 72.6% respectively), although in a consistent way between male and female practices (85.4% and 83.8% respectively).

8.2.1.2: Fidelity and quality of implementation of different components of practices

Certain components of practices were consistently not implemented, having a substantial effect on fidelity scores across all observations. These included the 'warm-up' and 'cool-down', the curriculum contract, and the coach's story, which are considered key components of several GRS programmes. Coaches shared that the omitted components were disliked or

found to be confusing, impractical, irrelevant, or occasionally caused discomfort or distress to facilitators and/or participants. Further, many practices in the curriculum included a series of scenarios which were used to generate discussion between coaches and participants, and amongst participants themselves. The observations established that there was substantial variation across practices in *how often* each scenario was delivered and *how well* the corresponding discussion was facilitated. The scenarios that came earlier within the curriculum handbook appeared to be implemented more frequently; it is possible that the positioning within the handbook determined whether the scenario was read, or the coach may have selected scenarios based on what they considered most relevant to participants, or the easiest and most enjoyable to deliver. Ultimately, this meant that participants received slightly different versions of each practice depending on which scenarios were used. To assess how well the corresponding discussion was facilitated, research assistants were asked to evaluate coach and participant engagement in discussions for those scenarios which were implemented. Overall, the quality of the discussions that did occur within the implemented scenarios was good, however, quality tended to be higher in female sessions compared to male sessions.

8.2.1.3: Factors affecting implementation

Two over-arching factors affected implementation of Utshintsho practices, including: 1) factors at the school-level, and 2) those related to implementing NGO or facilitators. Associated with schools, a number of constraints including a lack of space, shortened class sessions, changing timetables, and unsupportive teachers or school-management influenced if and how sessions were delivered, including the time available for them. Through the process evaluation, it emerged that the school setting played an important role in the delivery of the intervention. More distal contextual issues affecting schools, such as lockdowns as a result of gang violence in the surrounding communities, also affected implementation of Utshintsho at the Cape Town site. This is an example of a factor that affected whether sessions were able to be implemented and whether learners were present and able to participate; thus, ultimately affecting the number of GOAL Trial participants receiving intervention sessions.

Additionally, several factors associated with the implementing NGO or individual facilitators were found to influence delivery, including a lack of materials to implement, the number of available coaches, curricula practices being too long for class periods, or coaches adapting or skipping parts of sessions. As an example, coaches had the necessary materials for

implementation in only 55% of observed practices (84% in Cape Town, and 25% in Port Elizabeth). Finally, large class sizes, and older learners, which coaches sometimes found challenging to manage, also shaped delivery of the curriculum. Facilitators, who were accustomed to delivering in pairs, had varying abilities to manage larger and older groups of learners by themselves; implementing with a co-facilitator when the opportunity arose appeared to boost confidence, and improve the ability to manage class dynamics.

8.2.2 Domain Two: Training of coaches, and their experiences of delivering the Utshintsho intervention

The second objective of the process evaluation was to understand the training of coaches, and their perceptions of, and experiences with delivering the intervention. Exploring this objective was guided by five research questions: 1) what was the fidelity and quality of the training of coaches, and what were their initial reactions to the Utshintsho curriculum; 2) what was the acceptability and relevance of specific intervention sessions, components and topics, and the intervention as a whole; 3) what were the perceived strengths and weaknesses of the intervention; 4) what were the impeding and enabling factors of implementation, and 5) what was the self-perceived impact of delivering the intervention on the coaches themselves?

8.2.2.1: Fidelity and quality of the training of coaches, and their initial reactions to the Utshintsho curriculum

Overall, the quality of the training was found to be high, and similar in both sites. However, in each of the sites, coaches were trained on slightly different versions of the curriculum, as it was adapted based on feedback provided by the coaches during each training workshop. A gap between training and implementation, and an additional session added to the curriculum following the training workshops, was cited by coaches as causing frustration and confusion when implementation began.

Most coaches believed that this newly developed curriculum would be relevant and well-received by learners, and conveyed a sense of enthusiasm and pride at being able to deliver the curriculum. Some coaches, however, expressed concerns related to the content of the male version of the intervention, and others, with respect to the discussion-based format. Firstly, several male coaches expressed resistance to the key messages of some sessions, and to the way in which they felt males were portrayed mainly as perpetrators that needed to be rehabilitated in order to treat females better. They communicated that the curriculum

failed to acknowledge the violence and abuse young men experience, particularly while growing up, but also in some of their current relationships. Coaches suggested that male participants may tune out of the curriculum if they were either a) offended by these messages, or b) did not identify themselves as a perpetrator, and therefore didn't consider the sessions relevant. Next, related to the discussion-based format, coaches raised two main concerns. Firstly, whether they would have enough support from GRS to adequately deal with anticipated disclosures that this curriculum would elicit from participants due to the sensitive nature of the topics and the discussion-based approach, and secondly, how they would know what the 'right answer' was to give learners, as this curriculum was less prescriptive in format compared to others they had previously implemented. In response to the latter, the training team tried to take the emphasis away from 'giving answers' and pointed more towards fostering meaningful discussion.

8.2.2.2: Acceptability and relevance of specific intervention sessions, specific components and topics, and the intervention as a whole

Following implementation, coaches described the curriculum as more practical, more interesting, and that it went "deeper" into issues that mattered to participants. They shared that they thought Utshintsho was the best curriculum they had delivered, gauging this by the degree to which participants engaged in discussions, shared personal stories and asked for advice. During FGDs, coaches reported changes that learners had spoken about, or in some cases had observed themselves. Specifically, amongst male learners, male coaches described changes related to how participants acted towards females (in particular, a reduction of abusive practices), and a reduction in alcohol and drug abuse. Female coaches reported changes amongst female participants in ending unhealthy or abusive relationships with partners, and rethinking relationships with sugar daddies. This suggests that these could be some of the most important topics for young people.

Despite these overall positive reactions, there were instances in which coaches did not agree with the focus of the curriculum. Following implementation, some male coaches still believed, as they did during training, that the focus was too heavily placed on how males should treat females, rather than developing mutual respect and healthy treatment towards each other. As in training, they insisted that there was too strong a focus on males being abusers, which they thought was not only inappropriate, but inaccurate. Female coaches shared how they noticed that some topics seemed to cause upset and discomfort for female learners, particularly when learners identified strongly with the topics (mainly pivoting

around issues to do with relationships), and they occasionally observed participants using the practice as a space in which to embarrass their friends into changing.

8.2.2.3: Perceived strengths and weaknesses of the intervention

The process evaluation found that the split-sex format of the curriculum allowed learners to participate more freely in discussions than otherwise would have occurred if males and females had been together. This format was particularly important because of the sensitive nature of the topics included in this curriculum. The main criticism of this approach, however, was that the curriculum didn't allow enough space for males and females to be brought back together to discuss what they learned in their respective sessions. Male coaches explained that, as they understood it, Utshintsho was intended to be working towards one goal, however, the separation of sessions by males and females made it feel like they were working towards separate goals.

Related to the discussion-based approach, coaches felt that this was more appropriate for learners of this age, and that meaningful and relevant discussions were better received by this group of participants, compared to more traditional activity-based approaches that they had previously delivered. The discussion-based approach created a space where participants talked openly about issues important to them; something participants are not traditionally able to do with other adults in their lives. In this discussion-based curriculum, coaches viewed their role as not only to deliver information, but also to foster discussions and the exchange of information and advice amongst learners. In other words, the session became not just a space where the coach would teach, but also a platform where participants could problem solve together. There were, however, some challenges noted with this approach. Despite coaches sharing that in some ways facilitation was easier given learners could easily relate to, and engage with, the topics of the curriculum, they also shared that there were some challenges with this method. For example, large class sizes, poor discipline and lack of a co-coach made facilitation of discussion-based components difficult. These challenges may explain, in part, variations in fidelity and quality of the discussion-based portions of the practices, mainly the scenarios. Further, as coaches initially raised in training, the curriculum not providing the 'right answers' proved challenging during facilitation, as they sometimes struggled knowing what to say to participants; either when they asked a question, or in response to something that was incorrect or not aligned with the key messages of the curriculum.

Further, as coaches predicted during the training, the discussion-based approach elicited a number of disclosures from participants, which coaches often felt inadequately equipped to deal with. Coaches described that they did not feel well supported from their supervisors about how to navigate disclosures. This concern was expressed more extensively in the female FGDs, which might be explained by the fact that the female portion of the curriculum was more discussion-based, and therefore promoted more opportunity for disclosures. It may also be due to female coaches being more likely to report disclosures, that female participants were more likely to disclose, or that there were fewer female supervisors compared to males.

Finally, coaches shared that they believed Utshintsho was too short for participants to be able to make a change in their lives. Coaches described how some learners were initially apprehensive, sceptical or uninterested in the curriculum. Over time, however, they observed that this changed, and as implementation progressed, learners began to show signs of increased engagement. Coaches described that participants became increasingly eager to attend, and participated more fully in discussions, often requesting for more practices as the programme was ending.

8.2.2.4: Impeding and enabling factors of implementation

In addition to varying and challenging school contexts, coaches described a perceived lack of support from GRS as a factor impeding implementation. Grievances and criticisms were expressed regarding difficult or weak and strained relationships between coaches and their line managers, as well as with GRS headquarters staff, particularly the curriculum and training teams. Site level managers were considered out of touch and unsupportive concerning the challenges faced during curricula delivery, with coaches voicing that they felt that other management teams at GRS, at times, did not adequately prepare or support them to carry out their jobs, most notably related to navigating disclosures from participants. They shared sentiments that they sometimes did not feel valued except for meeting programme targets, which was sometimes difficult, particularly when they were not provided with the resources and support required to successfully deliver sessions. Coaches described that their managers became progressively disengaged with intervention delivery. Generally, grievances were attributed to supervisors and other GRS staff being busy and spread very thinly across other projects. Coaches also expressed disappointment and frustration related to their workload and compensation; saying that Utshintsho had increased their workload without appropriate compensation. There was a strong sense that, although coaches

enjoyed and were heavily invested in their work, they felt unsupported, unappreciated and undervalued. They shared that this impacted on team morale and often translated into sub-par implementation of Utshintsho.

Finally, Utshintsho coaches, all whom had previously implemented other GRS curricula, expressed a strong desire to be more involved in the curricula development process, to allow their experiences and opinions to be considered and incorporated. Although they contributed significantly in the training stage, they wanted to be consulted earlier in the design stage. Additionally, if there were changes to be made to the curriculum, they wanted to be involved, or at the least fully trained on the changes. The latter did not occur in Utshintsho, which they felt affected their ability to adequately deliver the programme.

8.2.2.5: Self-perceived impact of delivering the intervention on the coaches themselves

The process evaluation investigated the self-perceived effect that participating in the delivery of Utshintsho had on the coaches. Coaches reported mixed feelings of delivering the intervention. They began by describing how the curriculum topics, and the experience itself, had positive changes within themselves and on their own lives, mainly as a result of having learned a lot and being challenged in a constructive way. As an example, they spoke about how when they made decisions related to relationships, they now reflected upon the curriculum teachings. In describing their own transformations, coaches explained that, as the number of times that they facilitated the curriculum increased, so did the amount they learned, and the more they saw changes in themselves. Further, they spoke about how their confidence increased over subsequent rounds of implementation, suggesting that delivering the curriculum contributed to a boost in self-esteem, and in self-perceived ability to deliver the curriculum more effectively. One coach shared that her changing her behaviour reflects her feeling that her own behaviour should be in line with the teachings of the key messages of the curriculum. Related to this, the tensions between coaches' beliefs and the key messages of the curriculum were observed during the training sessions when coaches questioned some of the key messages of the curriculum, and during implementation when very occasionally some coaches delivered information which was in conflict to that which was contained in Utshintsho.

Despite the benefits acknowledged by coaches related to delivering the curriculum, it also became evident that their work occasionally affected them in an emotionally negative way, at times becoming burdensome. Although coaches described the transformations which

they saw in participants to be rewarding, and they believed this to be as a result of them implementing the curriculum, they also shared that disclosures from participants weighed heavily on them. As they explained, these were increased substantially compared to other GRS curricula, which they attributed to the fact that the curriculum was discussion-based and focused on difficult topics. As a coping mechanism, coaches mentioned how they would elicit advice from fellow coaches about what they should do, but it wasn't clear whether the advice from colleagues was used to navigate how they should respond to participants, or how they, themselves, should deal with the weight of this responsibility. Having to rely on their peers for support was found to be reflective of a lack of on-the job support, and poor systems for dealing with disclosures, including unavailable or adequate referral systems.

8.2.3 Domain Three: Participants' experiences of and interaction with the Utshintsho intervention

The third and final objective of the process evaluation was to understand how participants experienced and interacted with the intervention. For this, I was guided by five research questions, some of which were similar to those that were explored for the coaches: 1) what were learners' experiences of participating in the Utshintsho programme, and what was the perceived acceptability and relevance of specific intervention sessions, components and topics, and the intervention as a whole; 2) what were the perceived strengths and weaknesses of the intervention; 3) how was the intervention experienced by different subgroups of participants; 4) how did the broader context of participants' lives influence how they engaged with the intervention; and 5) what was the self-perceived impact of participating in the intervention?

8.2.3.1: Learners' experiences of participating in the Utshintsho programme, and the perceived acceptability and relevance of specific intervention sessions, components and topics, and the intervention as a whole

Overall, learners reported positive experiences of participating in Utshintsho, using the phrase that GRS and their curricula "builds people instead of destroying them", and commenting that they had gained information and advice that they could use now and in their futures. Utshintsho was preferred to both the previous GRS curriculum they had participated in, and in particular, to the LO sessions that they received in school. This was attributed to the content being more relevant to issues they face in their daily lives, as well

as the way in which the programme was delivered. The curriculum was said to be more practical, more interesting, and went “deeper” into the issues that mattered to them.

For male and female participants, sessions pivoting around issues to do with romantic partners and relationships were discussed the most in the FGDs. Females reported that, most importantly, Utshintsho had taught them about the risks associated with dating older people or having multiple partners, as well as how they should expect to be treated in an intimate or romantic relationship, and how to choose healthy partners. Similarly, male participants shared that the programme taught them how to treat a partner, which they disclosed was a new concept to them, and centred around new attitudes of not being physically or sexually violent towards intimate partners; often using the phrase that they had learned how to ‘conduct themselves’. In fact, male and female participants were able to recall the specific names of these sessions, suggesting that these topics resonated strongly with them and were especially impactful on their lives. Further, some (mainly male) participants said that the session discussing alcohol was a particularly relevant topic as it affected several aspects of their lives either directly or indirectly. Underpinning both of these topics, across participants of both sexes, the powerful and negative influence of peer pressure was discussed, particularly related to engaging in sex, alcohol and drug abuse. Ways to better resist peer pressure stood out as a topic seen as very relevant to participants’ lives.

Despite these overall positive reactions, there were some instances in which participants reported feeling uncomfortable with the topics or style of delivery. Occasionally participants described how some topics were found to be offensive or upsetting, mainly when they felt that the topic under discussion related directly to themselves or a friend. In such cases, learners felt like they were being singled out or criticised for their behaviour, and found it particularly frustrating and disheartening when the session didn’t offer solutions. Female participants spoke about this related mostly to pregnancy and intimate partner violence, whereas males shared this sentiment related to alcohol use, gangsterism and intimate partner violence.

8.2.3.2: The perceived strengths and weaknesses of the intervention

The process evaluation found that the split-sex and discussion-based format of the curriculum were particularly well received by participants. The split-sex approach allowed learners to participate with greater ease and share more freely in discussions than otherwise would have been possible if males and females had been together. This format was particularly important because of the nature of the topics included in this curriculum.

Relevant to note, in addition to males and females being separate, learners explained that having the sessions facilitated by a coach of the same sex was equally important. This configuration created an environment that was conducive in allowing participants to *get and discuss information* with their coach, as well as *exchange information* with their peers. This sense of ease was discussed more extensively in the female FGDs and echoed by female coaches; the split-sex format was seen as a particularly important mechanism for offering protection to females from laughter and judgement by their male peers, who may have dominated discussions if it was mixed-sex.

Despite the several benefits of this style, some dislike was voiced about the split-sex configuration of sessions. Participants of both sexes described how they were occasionally suspicious about what the other sex was discussing in their corresponding session. The main criticism of this approach, however, was that participants wished the curriculum provided more space for males and females to be brought back together to discuss what they learned in their respective sessions.

Further, the discussion-based format was praised as creating a space where participants could share freely and talk about things that were important in their lives. For example, in FGDs, female participants disclosed their experience with IPV and rape, sharing that they typically bottle up emotions related to these issues and rarely discuss it. They said, however, that Utshintsho provided them a safe space and the tools to be able to discuss the issues and feelings with their coach, and spoke about how they learned the importance of telling someone their problems.

The process evaluation also explored learners' relationships with coaches, and identified mainly positive relationships. Coaches were cited as a critical factor in learners' positive experiences of participation. Core characteristics of the coach said to contribute to this constructive relationship included that they were attentive listeners, non-judgemental, provided information and advice, and created a comfortable, and confidential safe space for activities and discussions. Positive relationships with coaches were often spoken about in contrast to relationships with other adults in participants' lives with whom they were not able to speak with openly, including teachers. Participants said that they trusted that what they shared with the coach would remain private, unlike other adults in their lives who would discuss the things they shared or asked; being able to speak freely with, and being able to expect confidentiality from the coaches were two highly valuable traits. Further, participants

spoke about how coaches 'showed them' and 'gave examples'; this modelling of behaviours extended learning beyond more traditional didactic teaching.

Despite the overwhelmingly positive accounts, coaches were not viewed favourably at all times by participants. For example, the coaches' age initially created some doubt amongst learners about what they would learn from a peer. However, participants explained that, as the programme progressed, they found that they were able to be open, honest and trust the coaches in ways that they could not trust other adults, including parents and teachers. This trust contributed to increasing participants' ability to participate in the programme and be open. Participants described that, as the programme progressed, they learned a lot from the coaches, and often felt that coaches were better positioned to offer advice about certain things compared to other adults. A few female participants disclosed, however, that they remained untrusting of the information that the coach was imparting, since coaches themselves were involved in some of the behaviours that they warned against.

Through the FGDs, it became clear that strong bonds were developed between learners and coaches throughout the course of the programme. Male participants, in particular, spoke about how the coach leaving at the end of the programme was emotionally difficult and disruptive to their daily lives since they now had no one to share their problems with. In some cases, participants reported that they found the sometimes-abrupt end to the programme and coaches leaving particularly difficult to deal with.

Similar to the views expressed by coaches, participants also believed that the programme was too short, citing this as a weakness. Despite finding it useful, there was a sense that the motivation and advice that they received was countered by the fact that it was short-lived. Males specifically spoke about how the programme wasn't long enough, describing it as 'sparse'. They gave examples of how they were getting to the point where they believed they might be able to make a change in their lives, but became frustrated that the programme ended and the coaches left just as it was beginning to make a difference.

8.2.3.3: How the intervention was experienced by different subgroups of participants

Although the split-sex approach intended to reduce segregation between males and females within sessions thus allowing for a more comfortable and safe learning environment; a segregation persisted amongst learners of the same sex. For example, even within a group of learners of the same sex, the group often tended to naturally split between younger, and/or less (sexually) experienced learners vs. older, and/or more (sexually) experienced

learners. Participants described this split as ‘men vs. boys’, and ‘women vs. girls’. This configuration, where one group often overshadowed the other, presented challenges for implementation of and participation in the programme. Related to this, some males spoke about feeling too young or inexperienced to participate fully, and described the topics as ‘extreme’ and ‘too much’, while other participants described feeling bored. This illustrates that, although participants were in the same class and some were around the same age, their life experience varied considerably. Situations such as these presented challenges for implementation, as most practices were facilitated by a single coach, meaning that practically, coaches could only cater for one of these groups. Further, the curriculum didn’t provide facilitators with any practical advice about how adaptations could be made for these different groups. During observations, research assistants noted that coaches often tended to cater towards the older, more experienced group of learners. As a result, older participants were sometimes discussing potentially harmful behaviours in front of younger participants.

8.2.3.4: How the broader context of participants’ lives influence how they engaged with the intervention

Despite participants speaking about how they were able to make changes in their own decision-making and lives following participation in the programme, when asked if there were any changes in their friends, schools, homes or communities, they responded that there was no difference. Speaking specifically about their school, participants rationalised that, since only a small group of people at the school had participated in Utshintsho, the larger group could not be affected, and suggested that the programme be delivered to the entire school or at least all students within the same grade. Further, in describing the lack of change at schools, participants used the fact that there was no change in teenage pregnancy, or (to a lesser extent) drug and alcohol use as a sort of proxy to prove that there had been no change at their school. It’s interesting that they used these issues as a gauge, which may be reflective of the issues that they see as most important, pressing and practical in their lives. To note, pregnancy was not an explicit topic of the curriculum, and despite there not being a session in the curriculum pertaining to pregnancy, males and females both spoke about it during the FGDs more than many other topics, including HIV.

Lastly, during FGDs, participants conveyed that they discussed the curriculum the most with their friends, less with their family and little with their partners. When they shared with their friends, most females reported positive reactions, and that some of their friends who had not been part of the programme seemed interested, whereas males reported more split

reactions. It's interesting to note, however, that not many participants spoke about the programmes with partners, as most of the behaviours that the programme is trying to change is relational in aspect.

8.2.3.5: The self-perceived impact of participating in the intervention

To a lesser extent, participants acknowledged that Utshintsho had taught them how to avoid certain risky behaviours that might increase their chance of acquiring HIV, as well as ways to protect themselves from unintended pregnancies and contracting STIs. Interestingly, HIV did not appear to be something that participants were particularly concerned about, at least not more than other issues in their lives. This suggests that HIV may not be something immediately salient to them; other topics such as teenage pregnancy, drug and alcohol abuse, and peer pressure resonate more strongly, and are perhaps more immediately relevant in their lives.

It is possible that male and female learners viewed Utshintsho as a curriculum focused on 'gender-based empowerment of girls', as the narrative presented across learner FGDs was broadly related to relationships. More specifically, the rhetoric amongst males was along the lines of: *'I have now learned how to treat women'*, whereas amongst females it was: *'I have now learned how I should be treated by men'*; very rarely was it described as a programme related to HIV.

Lastly, during FGDs, male participants made statements that they had stopped drinking as a result of participating in the Utshintsho curriculum, or that they had been able to have a positive influence on their friends who have reduced or stopped drinking. Further, participants of both sexes spoke about how they were more able resist peer pressure after having participated in the programme.

8.2.4 Conclusion of principal findings

Key findings of the process evaluation of Utshintsho have been synthesized within three domains that guided my research as informed by the findings of my literature review. These were explored in each of the three results chapters: implementation, and experiences and perspectives of facilitators and of participants. Across these three domains, data can be integrated to describe, from different perspectives, three key components of the Utshintsho curriculum: implementation of the intervention, and within this, the discussion based

approach; the split-sex configuration; and the coach as facilitator. Findings within these three themes guide subsequent sections of this chapter, and are explored in more depth.

8.3 Strengths and limitations

The findings I have presented are based on the data that I collected and my analysis and interpretation of this data. In this section I discuss the key strengths and limitations of my data with respect to the conclusions I have drawn.

8.3.1 Study strengths

Triangulation of data

The main strength of my process evaluation, overall, is that data were collected at multiple time points, from several groups of respondents, and using a variety of data collection methods and tools. This allowed for triangulation of the data, and afforded a more robust understanding of the delivery of, and interaction with, the Utshintsho intervention (Moore et al., 2015, Russell and Gregory, 2003). Ultimately, this approach strengthened my confidence in the validity and completeness of my results. Further, the use of an iterative process allowed a more rich and complete story to evolve (Ulin et al., 2005). To illustrate, exploring the acceptability and the strengths and limitations of the split-sex approach of the curriculum drew on observations I conducted of the coaches' training, structured observations of intervention delivery, including feedback from the research assistants, and FGDs with participants and coaches. In this way, not only was I able to explore and interrogate aspects of the intervention from a number of perspectives, but where possible, data were analysed as it was collected and informed subsequent phases of data collection (Ulin et al., 2005).

Data collection at both trial sites

A further strength of my study is that data were collected at both trial sites, nearly equally, allowing for conclusions to be drawn about how the intervention was delivered and received in different places (Oakley et al., 2006). For example, the process evaluation demonstrated that, although the intervention was implemented with a substantial range of fidelity within trial sites, the average scores for fidelity and quality were similar at each site. However, there were some site-specific contextual issues that affected delivery and interaction with the intervention. For instance, some communities within the Cape Town trial site endured quite severe gang violence at times. This not only affected if and how the intervention was delivered in schools, but also whether participants attended schools to partake in the

intervention. A finding such as this provides evidence of locally specific factors which intervention designers may consider when making decisions related to adaptations in the design and implementation of interventions.

Local research assistants

Another strength of this study was that, for the most part, data were collected by a team of young, Xhosa-speaking research assistants, who were external to the implementation of Utshintsho, but from the communities where the intervention was being implemented. Research assistants for both phases of data collection were hired for their analytical abilities and skills at building rapport with participants and coaches, and for their critical thinking about the relevance of the intervention, and how it would be accepted within the broader context of their community (Caretta, 2015, Shimpuku and Norr, 2012). The research assistants not only conducted the majority of data collection, including participant recruitment, but also provided input during the design and piloting of data collection tools, and contributed to the various stages of data analysis. Overall, their involvement increased the strength of the study (Caretta, 2015).

Related to data collection, the research assistants were critical for carrying out observations and FGDs. First, in assessing the fidelity and quality of implementation, a specific strength of my study was the use of comprehensive and structured observation forms, which were implemented by the research assistants. Other research has found that programme fidelity is better assessed by those independent to intervention delivery in addition to, or instead of, reports from implementers themselves, which are prone to bias (Dane and Schneider, 1998, Dusenbury et al., 2003). This mode of data collection also allowed for the observation of implementer – learner dynamics, which other studies have noted as a limitation of their research (Plummer et al., 2006). Further, having the FGDs facilitated by someone local whom participants could identify with, and conducted in the local language presented a number of advantages, most notably a likely increase in comfort, presumably allowing participants (both learners and coaches) to express themselves more easily and share their views more openly and honestly (Caretta, 2015, Shimpuku and Norr, 2012). Related to this point, having FGDs conducted by the research assistants decreased the likelihood of social desirability bias among both coaches and participants. For example, learners may have been more likely to over-report positive feelings or experiences if the discussion was facilitated by their coach whom they had come to respect and admire, and may want to please, and the same may be likely if discussions with coaches were conducted by their line managers or other GRS staff.

In this way, it is more likely that an independent research assistant would have promoted the opportunity for participants to share more honest and critical views (Caretta, 2015, Mitchell and Branigan, 2000).

Recording emerging process evaluation findings

Finally, similar to the process evaluators in MkV, (Plummer et al., 2007) to reduce the potential bias of 'conforming' the process evaluation findings to fit outcome results (Wight and Obasi, 2003), I as much as possible, wrote (and communicated) some of my findings as the process evaluation progressed and before midline and end line trial findings were known and shared. This added integrity to my findings, that they were based on the data I had collected, rather than being biased by, and conforming to, the outcome results.

8.3.2 Study limitations

Despite the several strengths of this process evaluation, there were also limitations in the study design, data collection and analysis that should be considered when interpreting the findings presented in this thesis.

Data collection sample - schools and participants:

Although process evaluation data was collected at both trial sites, it was only collected at a portion of intervention schools, and often those easiest to access. Overall, 49 structured observations were conducted in seven schools, and fifteen FGDs comprising nearly 100 male and female learners were carried out at ten schools. With the limited financial and human resources available, and operating within strict time constraints, I attempted to balance the depth and breadth of the process evaluation, choosing to carry out a more detailed exploration of certain aspects than attempt, for example, a larger number of more superficial observations, which would generate less rich and thorough data. While data collection was initially planned and mapped out, it sometimes became rescheduled and, in a sense, more opportunistic. Frequently, the schools which we were ultimately able to collect data in, were the schools that were the easiest to access, and consequently, it should be considered that these schools may represent the schools where implementation was easiest. Thus, my sample is not fully representative of the range of schools the intervention was implemented in, nor the participants that participated in the intervention. As such, my sample of schools and participants may be biased, giving a skewed or false perception, ultimately limiting our ability to fully understand implementation and participant experiences. Despite this

limitation, confidence in the generalisability of the results across the study is increased by the fact that observations and FGDs were conducted in several schools, in a variety of communities in both trial sites, and observations also captured delivery from a large proportion of implementing coaches. Further, anecdotal accounts of why schools or participants were not able to, or did not wish to take part in the process evaluation, contributed valuable contextual information about important factors affecting the delivery of, and interaction with Utshintsho. This information reinforced and permitted a more complete understanding of findings from my formal data collection.

Observations of practices: timing of data collection

A further limitation related to the implementation data is that observations were conducted mostly towards the beginning of implementation. As a result, data may not be representative of implementation over the course of intervention delivery. For example, implementation fidelity and quality may appear lower, as a reflection of over-capturing ‘teething problems’, associated with the initial stages of implementation (Moore et al., 2015), or on the other hand, under-capturing potential boredom or burnout associated with coaches delivering the same curriculum over time. Further, although this process evaluation was able to observe every practice at least once (including male and female versions, where applicable), sessions for the later practices had a particularly small number of observations compared to the earlier practices. Given this, the overall scores of fidelity and quality are more heavily weighted on the earlier practices, and the later sessions of the curriculum are not as well understood, something that has been documented elsewhere (Dusenbury et al., 2004). The reason that this occurred within was that it was becoming increasingly difficult to view practices as exams and school holidays affected the implementation schedule, with sessions either being implemented infrequently or changed with little notice as timetables were becoming less reliable, students were not in class as often, and teachers were not granting class time. Data collection for this portion of the process evaluation was not able to resume following the school exam period and break, as it wasn’t financially possible to maintain the research assistants’ contracts over the school break period.

FGDs

When considering the validity of findings from FGDs, as an extension to the sampling of schools discussed above, schools where FGDs were able to take place and learners who participated in the FGDs may not be representative of those who partook in Utshintsho. Although all learners at schools where FGDs were conducted were invited to participate,

learners that agreed to join the discussions may have been a special sub-set of learners with different characteristics. In this regard, it is important to be mindful of the voice that is represented in the data. For example, individuals that had a positive experience in Utshintsho may have been more likely to participate in a FGD. As a result, negative experiences, critical reflections and opportunities for learning may not have been as well represented (Onwuegbuzie and Leech, 2007, Ulin et al., 2005). Further, as discussed above, the fact that FGDs were conducted by research assistants likely reduced social desirability bias but this may have still existed when discussing the programme in front of their peers. In an effort to minimize this, participants were encouraged by the research team to be honest, explaining that the study was interested in learning ways to improve the programme. In future research, I might consider the benefits of conducting individual interviews instead of, or in addition to, group discussions.

Also pertinent to consider is that, due to a delay in receiving ethics approval for this portion of data collection, FGDs with participants occurred only at a single time point, one year following participation in Utshintsho. This prevented the process evaluation from being able to capture participants' immediate reactions to the programme. However, a strength of the timing of my data collection meant that I was able to explore what learners recalled a year following completion of the programme, and what, if anything, remained important to their lives. Nonetheless, findings would have been strengthened further if I had been able to conduct FGDs at two time points, immediately following implementation and at a later time point.

A final limitation related to the FGDs, and also as a result of the ethics clearance delay, is that the time available to carry out FGDs became substantially shortened. As a result, FGDs were conducted in rapid succession, reducing the ability to have a truly iterative approach as audio-recordings were transcribed and translated only after the end of data collection. Not having the resources to be able to return to participants as data collection progressed meant that I was unable to clear up any inconsistencies in the data, clarify questions, or explore findings in more depth. To lessen this limitation, results from previous data collection fed into, and informed the development of the topic guides, and, most significantly, following each FGD research assistants completed a standardised debrief form, capturing the main points of the FGD, and within 48-hours discussed this form as a study team, such that results could be fed into subsequent FGDs, and adjustments made accordingly (Mack et al., 2005).

External observer

I previously described that a strength of this process evaluation was having the implementation of Utshintsho observed by a research assistant independent to implementation. It is possible that having an external observer present may have resulted in the Hawthorne Effect (Payne and Payne, 2004), as described in similar studies (Renju et al., 2010). The presence of a researcher conducting observations may have altered how the coach facilitated a particular session and how learners interacted with the intervention. For example, the session may have been implemented with higher fidelity or quality since the coach was cognizant of being observed, and potentially may have wanted to impress the research assistant. Conversely, implementation may have been affected in a negative way if the coach was nervous about being observed. Similarly, the effect of being observed may have extended to learners, changing how they participated in the sessions and interacted with the coach and curriculum; they may have been more likely to participate, wanting to impress the observer, or may have felt uncomfortable participating. Despite these potential limitations, I chose this approach to data collection, as I believed benefits outweighed the potential disadvantages, which were minimised in two ways. Firstly, research assistants spent substantial time with coaches ahead of observations, building rapport, trust, and reassuring confidentiality so that their presence in the classroom during implementation would seem less abrupt or obvious. Secondly, during observations, the research assistants sat in a corner of the room away from learners or the coach, and were introduced to the class as a colleague of the coach, who was there to learn more about the Utshintsho programme.

Additional data

Finally, the process evaluation could have been strengthened with the inclusion of additional data collection. Firstly, although not directly related to my three domains of exploration or research questions, including the analysis of routine M&E data collected by GRS during the delivery of the intervention, would have contributed towards quantifying and understanding coverage of the intervention in trial schools and reach to trial participants, as well as the dose of intervention that trial participants received (Steckler and Linnan, 2002). In other words, my process evaluation data is limited in that I am not able to describe the extent to which the schools and individuals enrolled in the trial came into contact with the Utshintsho programme (coverage and reach), or how much of the programme (i.e. number of sessions) was implemented in intervention schools (dose); two important elements of process

evaluations. Other studies (James et al., 2006) have noted the varying degrees to which intervention schools received the intervention in practice, and the importance of this related to understanding trial outcome data. Related to my three domains of exploration, however, having data on the number of incidences of upsetting disclosures that coaches experienced while delivering the Utshintsho curriculum, would have been useful in allowing me to quantify this issue, and thus better position me to make recommendations about the amount and type of support that should be made available to coaches in subsequent implementation rounds of the intervention.

Further, my process evaluation would have benefitted from collecting data on other similar programmes that were implemented in intervention schools, as well as those that may have been implemented in control schools (Moore et al., 2015). As a result of spending substantial time in the communities and schools where Utshintsho was delivered, I'm aware that, in some cases, other similar programmes that might enhance or disrupt the likely effectiveness of the intervention (or time available for implementation) were or had been recently implemented in schools.

Additionally, my findings could have been enhanced by including IDIs or FGDs with other key stakeholders, such as teachers, parents and other GRS staff, which would have allowed me to understand findings from additional perspectives. My ethics clearance precluded me from being able to conduct qualitative data collection with trial participants who chose not to partake in Utshintsho, yet this would have provided perspectives from those who may have felt less favourably about the intervention.

Analysing the routine M&E data, collecting data on similar programmes implemented in both intervention and control schools, and conducting qualitative research with other key stakeholders were initially considered as possible domains of my process evaluation framework. However, due to a combination of mostly financial and time constraints, these aspects were beyond the scope of my PhD.

Finally, related to the GOAL Trial more broadly, yet beyond the scope of my PhD, it is relevant to note that there was no process evaluation of Generation Skillz (the first half of the intervention evaluated in the GOAL Trial). Although not a limitation of my research, it is a limitation in understanding the GOAL Trial findings, as well as the complete GRS intervention package evaluated in the trial. The process evaluation of Utshintsho does not permit conclusions to be drawn about Generation Skillz, nor the similarities or differences of the two halves of the intervention, or their contributions to the trial results. The Utshintsho

curriculum was intended to be a booster to Generation Skillz, and was developed based on the baseline data collected in the GOAL Trial. While its design, approach and theoretical underpinnings are based on other, more established GRS curricula, it differs in its topics, approach and pedagogy, thus, it is not entirely possible to extrapolate results from the process evaluation of Utshintsho to understanding Generation Skillz. Our understanding of Trial findings is thereby limited.

8.4 Key findings in relation to other literature

Synthesizing findings from across the three domains investigated in this process evaluation, I have identified three key themes that will be the focus of this section. These were chosen based on their centrality to the functioning of the intervention, the way in which they influenced the delivery of, and interaction with the programme, and their ability to contribute towards understanding trial outcomes. These key themes also have implications for policy, programming and theory, as well as future research.

Key theme 1: Implementation including the discussion based approach

High quality implementation is considered imperative in ensuring that evidence-based interventions are effective (Dusenbury et al., 2004), including those that are delivered in schools (Wight and Obasi, 2003). Despite this, however, poor implementation has been documented in several studies of similar interventions, and has been used to, at least partly, explain the limited impact observed in these evaluations (Klepp et al., 1994, Magnani et al., 2005, Maticka-Tyndale et al., 2007, Visser, 2005). Consistent with the literature (Visser et al., 2004), the Utshintsho process evaluation demonstrated that fidelity and quality of implementation was highly variable across observed sessions, resulting in participants being exposed unevenly to variations of the intervention. Variation in implementation was found to be influenced by the school setting, and by those facilitating the intervention.

Confirming findings from several other studies, (Backett-Milburn and Wilson, 2000, Kinsman et al., 1999, Mukoma et al., 2009, Plummer et al., 2006, Renju et al., 2010, Rijdsdijk et al., 2014, Magnani et al., 2005, Strange et al., 2002, Visser, 2005), my results point towards schools being challenging and highly variable settings within which to effectively implement programmes. A number of practical constraints including a lack of time, space and materials for implementation, large class sizes, and a lack of support or prioritisation from school officials were all documented in this process evaluation.

Further to the school setting influencing delivery, implementation of sessions was found to vary between individual facilitators. For example, a key feature of the Utshintsho intervention was its use of mainly non-didactic teaching methods. In process evaluations of other curricula that have used participatory teaching methods such as role-plays and group discussions, findings related to the fidelity and quality of implementation have been mixed. For example, in interventions where teachers have been tasked with facilitating, this type of approach was found to be implemented less consistently and less well than traditional didactic teaching methods, and was often encountered with resistance, low confidence and dislike from teachers (Mukoma et al., 2009, Plummer et al., 2007). Conversely, there have been more encouraging findings related to this approach when interventions were delivered by peers. In these instances, participants have reported finding it easier to contribute, and described the interactive sessions more enjoyable and relevant (Oakley et al., 2004). In this process evaluation, although coaches were found to have varying abilities to facilitate discussions, this aspect was found, overall, to be done well, and was cited by participants as a particular strength of the programme. Given that less-didactic approaches have been well received by students in a number of settings (reference), but teachers have struggles with implementing this approach, (reference) findings from the Utshintsho process evaluation support the suggestion that peers, in the model of 'coach' may be more suited to facilitate a discussion-based programme.

There were also some challenges noted with this approach, however. During Utshintsho training sessions, coaches raised concerns about how to navigate delivery of this less prescriptive curriculum and how to answer unscripted questions that might arise throughout the course of discussion. There were also apprehensions that the combination of the discussion-based sessions pivoting around quite sensitive topics would elicit more disclosures from participants than coaches were adequately prepared to manage.

In this process evaluation, the average score of implementation fidelity and quality was found to be less than 70% across observed practices. However, key messages were found to be delivered 91.4% of the time, and research assistants reported they believed that the session goals were met in 82.6% of observed practices. This raises questions about the threshold of what would be considered good implementation by implementers, and suggests that perhaps reaching the intended goals of the practice may not have required full implementation of all session components. Similar to what has been done in other similar studies (Plummer et al., 2006, Rijdsdijk et al., 2014), the measure of fidelity that I used via my structured observation forms, was strict and complete. In this way, fidelity and quality was

determined by recording whether sessions were implemented according to the manual, not skipping or changing any part of the session, as well as indicating how well the discussion components were facilitated. However, as Utshintsho was intended to be implemented in a less-prescriptive manner than other GRS activity-based curricula, coaches were instructed to use the manual as a tool to guide implementation and given the flexibility to adapt sessions, and deliver or not deliver components, as they saw fit. In other words, they were encouraged to place the emphasis on facilitate meaningful discussion with participants pivoting around the key messages of the session, rather than needing to ensure that all components were delivered.

It could be argued, therefore, that it is inappropriate and unfair to judge implementation on a score of completeness. However, given that this was the first instance in which Utshintsho had been implemented, this approach allowed for a robust picture of implementation, and provided insights on if, and how well, different components of sessions were implemented. In this way, I was able to group and report on components of sessions, for example the patterning in which scenarios were implemented, how well the corresponding discussions were facilitated, and which elements of practices were most frequently left out. This generated important understandings for subsequent iterations of the Utshintsho intervention, and may support the move towards less prescriptive and more adaptive styles of curricula.

There is evidence from elsewhere that this type of configuration is more preferable and effective. For example, in the implementation of a comprehensive sex education programme in Uganda, evaluators concluded that implementation would have been improved if the programme allowed for more flexibility in its implementation, and suggested a structure which composed of a basic programme at its core, with optional add-on elements which could be implemented based on time, participant needs and preferences. Taking together data from observations and group discussions with facilitators, I suggest that this could be a viable option for Utshintsho, particularly related to the scenarios for discussion, or where there are different requirements amongst participants, such as within the slit-sex sessions (discussed later in this section). However, in contemplating this approach, the coaches' ability to navigate this type of configuration, and implications for training would need to be considered.

More generally, the way in which fidelity and quality of implementation of such interventions is quantified needs to be re-examined and further evaluated. There is debate in the

literature regarding the extent to which interventions should be standardised or permitted to be adapted (Bartholomew et al., 2001, Blakely et al., 1987, Dane and Schneider, 1998, Durlak and DuPre, 2008), and several useful approaches to consider related to the way in which adaption may be approached (Baranowski and Stables, 2000, Bumbarger and Perkins, 2008, Durlak and DuPre, 2008, Rolleri et al., 2014). Some frameworks, such as the one proposed by Rolleri and colleagues (2014), suggest establishing a set of core intervention components that are standard across all implementation, and a further set of components that are able to be adapted. The challenge for implementation and evaluation of fidelity of the Utshintsho curriculum was there were only a very loose understanding of key components, and minimal guidance about how sessions might be tailored. In reality, interventions will be adapted as they move into new contexts and are delivered by different individuals. Through a comprehensive assessment of fidelity, this process evaluation was able to take stock of the implementation of Utshintsho sessions and the adaptations made, and begin to attempt to understand why they occurred and how they may influence the functioning of the intervention. This contributed to being able to begin distinguishing between programme tailoring and poor fidelity, and more broadly, the key mechanisms likely critical to intervention success. Building on this, a future area of exploration, related to the Utshintsho curriculum might be to establish core components of the intervention, clarify what would constitute high-quality implementation, and move towards the development of further guidance related to how coaches might effectively adapt and tailor sessions.

Key theme 2: Coach as facilitator

It has been established that facilitators, by way of their skills, beliefs and practices, play a significant role in the delivery of, and engagement with, interventions, and that variables amongst these individuals are important to consider when examining intervention outcomes (Peterson and Bickman, 1988). Related to the delivery of SRH interventions in particular, it has been demonstrated that fidelity of implementation increases with facilitators' comfort and confidence in teaching about sexuality, and their ability to engage participants on issues as they arise (Ahmed et al., 2009, Rijdsdijk et al., 2014).

Utshintsho participants described many positive interactions with, and characteristics of the coaches, who were cited as critical to the positive experiences of participating in Utshintsho. Similar to what has been reported elsewhere (Stephenson et al., 2004a) there was a

preference for a peer-style approach, compared to teachers. Currently, the debate persists about whether teachers are the most appropriate individuals to deliver sexual health and related education (de Haas and Hutter, 2019). This debate is fuelled by findings from other studies that delivering HIV or SRH education has been met with resistance or caution by teachers who report feeling inadequately prepared and inappropriate for the task (Ahmed et al., 2009). As some research has indicated, teachers sometimes lack confidence to deliver the topics or use non-didactic teaching methods which they are accustomed or are opposed to teaching about HIV and SRH. Coaches, with shared context, culture, age and experiences, might be seen by participants as more approachable or relatable, and may be able to more effectively stimulate discussions by sharing experiences (Visser, 2007). There is also evidence to suggest that less formal interactions with peer facilitators may allow participants to feel more comfortable than they would with a teacher (Strange et al., 2002), and that peers may be more effective in using participatory methods, including discussions and role-plays, which were central to the Utshintsho intervention (Plummer et al., 2007), which is a finding congruent with this process evaluation. Although these findings point towards a strong rationale for continuing to consider coaches as facilitators, this approach also has limitations which should be considered.

Similar to the delivery of other interventions that have used peer educators (De Vicki Strange and Oakley, 2001, Strange et al., 2002), there were instances where Utshintsho participants were unconvinced they would learn from a facilitator of a similar age, or where coaches faced challenges maintain authority or control over sessions in their capacity as 'peer'. Further, although not a challenge exclusive to peer facilitators, in other instances, and also reported in the Utshintsho process evaluation, participants shared that they found themselves lacking trust in the facilitator when they believed that their values and actions were not aligned with the main messages of the programme (Plummer et al., 2007). As an extension to this point, during training, it became clear that some coaches' views were not entirely in line with the key messages of the curriculum. This conflict between facilitators' personal beliefs, values and attitudes, and the messages underpinning the curriculum they're delivering has been documented in other studies and found to affect the fidelity of implementation (Ahmed et al., 2009, Rijdsdijk et al., 2014, Schaalma et al., 2004). This is arguably a particularly pertinent consideration for a curriculum such as Utshintsho. In its discussion based, less prescriptive nature, the facilitators role goes beyond implementing a set of activities, and requires engagement with learners in a meaningful way, often permitting the space for facilitators to bring their own beliefs, values and attitudes into sessions. To date there has been limited

investigation and discussion into how to best recruit and support facilitators in order to mitigate this conflict, but has been acknowledged an important aspect for consideration, particularly in interventions where the facilitators may be able to adapt aspects of the intervention as it is implemented. These findings taken together reinforce the importance that programmers consider this aspect when recruiting implementers, as it is clear that facilitators play a critical role in transforming the programme into action, and the potential consequences of disconnect between them and participants could have implications for engagement in, and ultimate success of interventions.

A key area of exploration of the Utshintsho process evaluation was understanding, from the coaches' perspective, what impact participating in the intervention had on them. Similar to what has been reported by others in relation to peer and non-peer educators, there was an overwhelming sense that coaches enjoyed and were invested in their work (Frantz, 2015). They also reported having benefitted from participating in delivering the curricula, feeling more confident and prepared to deliver the topics of the programme in the intended teaching style (Frantz, 2015). Further, they reported positive personal benefits such as increased communication skills, decision making, self-esteem, and self-efficacy, similar to what has been reported elsewhere (Al-Iryani et al., 2013, Visser, 2007, Strange et al., 2002), and the findings from the Utshintsho process evaluation suggest that delivering the programme may have had a positive effect on coaches' own sexual health attitudes and behaviour. However, similar to other work that has explored the views of peer educators (Campbell and Foulis, 2002, Frantz, 2015), I found that a tension existed between the ways in which coaches felt that the programme benefitted them, but also the burden that it caused. As suggested elsewhere (Visser, 2007), this study emphasises the importance of considering the support that is provided for facilitators, particularly pertaining to the navigation of disclosures from participants. Recommendations from this process evaluation echoes other work which has suggested that peer educators require a network of community agencies and resources to which they can refer participants, and that without an adequate system, they become overburdened and unable to help (Visser, 2007). Despite such systems existing at GRS during the delivery of Utshintsho, coaches reporting feeling overwhelmed and unsupported related to this aspect of their work suggests that perhaps either there was a disconnect between the existing system and the coaches knowing about it, that the internal systems were not functioning adequately, or that community agencies to assist with referrals were non-existent or ill-equipped. Future research should quantify these types of disclosures, with implementers overseeing these needs, ensuring that systems are in place.

It is clear the equipping and supporting coaches through the process of implementation is a critical priority.

This process evaluation found evidence of the model of the coach being something that works well, and as to my knowledge there have been limited robust evaluations of community-based peers implementing SRH curricula in schools, this should be further investigated. In future evaluations, attention should be paid selection criteria of these individuals, and very importantly, coaches need to be adequately supported to carry out their work, especially so that they do not experience undue harms.

Key theme 3: Split-sex approach

There is limited discussion in the literature regarding whether interventions similar to Utshintsho should be delivered in a split-sex-format (Oakley et al., 2004, Stephenson et al., 2004b, Strange et al., 2003) and inadequate evidence about how this approach has been implemented and interacted with in practice, particularly in sub-Saharan Africa. Process evaluators of the RIPPLE study suggested that the opportunity for split-sex sessions be explored further (Stephenson et al., 2004b). This recommendation was based on findings that some students, particularly girls, found it difficult to participate fully in mixed-sex sessions (Stephenson et al., 2004b). Researchers suggested that this was compounded further when facilitators struggled to adequately manage boys' behaviour during sessions (Oakley et al., 2004). Importantly, in the RIPPLE Trial, most girls, and approximately one-third of boys indicated that they would prefer if at least some of the sessions were delivered in a split-sex format (Oakley et al., 2004).

In this process evaluation, the split-sex approach of the Utshintsho curriculum was well received by participants and facilitators and credited, especially by female participants, for creating an environment in which they could engage with the programme with ease. Significantly, findings from the qualitative data also point toward the dual importance of the split-sex approach and sessions being facilitated by a coach of the same sex. In light of these findings and the available literature, both of these are important considerations for programme design and delivery. The main criticism of this approach, however, was the missing opportunity for male and female participants to convene in a shared space to exchange learning and participate in joint dialogue. Integrating this feedback into subsequent iterations of curricula would need to be navigated with caution, given the

challenges and some evidence of potential unintended harms that the process evaluation identified with this approach.

In line with findings from previous research (Mukoma et al., 2009), while the split-sex approach of Utshintsho was acceptable as male and female learners were more comfortable speaking in single sex spaces, variations in age, maturity and sexual experience created challenges for delivery and, as facilitation by a lone coaches tended to cater towards older, more experienced participants, affected some participants engagement with the programme. Furthermore, the content of discussions facilitated in this context may been harmful to participants, with this potential harm amplified by the particularly sensitive topics discussed in the Utshintsho curriculum.

My research points towards the split-sex approach being perceived by participants and facilitators as acceptable overall, appropriate and the preferred modality for a curriculum of this type. However, it also suggests the opportunity for more exploration of how sessions might be adapted for participants of varying ages, maturity and experience, and as a follow-on, the corresponding number of facilitators needed to adequately deliver sessions to cater for the varying needs of participants (Stephenson et al., 2004a). This is particularly important given the findings that the mixing of learners with varying levels of experience and maturity could potentially be harmful particularly given the nature of the topics discussed in an intervention like Utshintsho. It is important to consider what implications these findings have for intervention and programme development. For example, the potential harms of mixing male and female learners should be considered when exploring whether there should be more sessions where males and females come together. Further, intervention designers may need to consider adaptations for different groups of learners, and programmatically, an additional facilitator may be required. This is an area of proposed future research discussed later in this chapter. As interventions for adolescents in similar contextual settings grapple with these more sensitive topics, more attention needs to be paid to additional human resources, and ways for interventions to be adapted so that they can cater towards learners of different knowledge, as it'll become more important for learners to work in groups of their own knowledge.

8.5 Implications for policy and programming

8.5.1 Schools as settings for delivering SRH interventions

The advantages that schools provide as a place for delivering sexual health education have been established and school-based prevention programmes identified as a priority. However, this process evaluation, like others (Ahmed et al., 2006, Kinsman et al., 1999, Mukoma et al., 2009, Plummer et al., 2006, Renju et al., 2010) has described how influential school-level factors are in shaping the way in which interventions are implemented (Backett-Milburn and Wilson, 2000), and the many challenges that are encountered in schools. Considering these challenges, some researchers (de Haas and Hutter, 2019) are considering whether schools are the most appropriate setting for the implementation of SRH interventions. However, as schools offer a unique opportunity to reach a large proportion of young people, others (Jewkes, 2010) have previously commented that schools should not be discredited, but instead strengthening schools, and relationship with and within them should remain central to the agenda.

In order to strive towards attainment of high-quality implementation of programmes, it is essential that both school environments be conducive to health promotion, and that policies at relevant levels support high quality implementation and healthy schools. Related to the school environment, participants in Utshintsho reported that there were no differences in their school after implementation, and suggested that the programme be more widely implemented in an effort to try and bring about change. Several groups of researchers (Bonell et al., 2007, Flisher et al., 2002) have argued for the importance of an ethos in schools that promotes health generally, and one which goes beyond just behaviours related to sex, but instead has a focus on the school community. This is with the understanding that SRH education is likely to be most effective when implemented in an environment that is conducive to health promotion; which arguably was not often the case in most Utshintsho schools. Others (Al-Iryani et al., 2013, Paulussen et al., 1994, Rijdsdijk et al., 2014) have also pointed towards a supportive school environment, including support from teachers (Backett-Milburn and Wilson, 2000) and beyond, as necessary to facilitating successful implementation, and more broadly yet, the need for policies which are conducive to high quality implementation being advocated for (Rijdsdijk et al., 2014). Most would agree, that programmes such as Utshintsho need a healthy school and community environment that is conducive to the healthy behaviour (change) patterns which programme promotes (Visser, 2007, Campbell and Foulis, 2002). Considerable work is needed at various levels to move

towards schools being appropriate and effective places to deliver these types of interventions. However, as others have pointed out, (Jewkes, 2010) these investments would also support better education, so the opportunity should not be missed.

Lastly, intervention developers should be cognoscente of the challenges related to implementation that are faced in schools, both taking these into account when designing interventions, and also offering adequate support for facilitators, as well as guidance about how sessions might be able to be adapted when encountering likely challenges. Schools have been found to be highly variable; something that works well in one school may not work well in another, meaning that controlling and understanding implementation is challenging (Backett-Milburn and Wilson, 2000).

8.5.2 Considering factors beyond the individuals and individual-level behaviour change

Echoing what has been found in other studies (Wamoyi et al., 2012), findings from this process evaluation point towards the need for HIV and SRH interventions to move beyond a focus solely on individuals, and address structural factors that are relevant in adolescents' lives. The process evaluation establishing that participants found the intervention relevant, however, despite this, outcome data showed that it was difficult participants to apply teachings and change behaviour in their own lives. Across research, programming and policy, it must be recognised that adolescents do not exist in a vacuum, and as such, it is unrealistic to expect them to be able to enact changes in their lives, when the environments around them do not change.

Evaluations of several other similar HIV and SRH interventions for adolescents in SSA have advised that attention must be given to designing interventions which also take into account and target the wider socio-economic and cultural contexts that young people live in (Doyle et al., 2010b, Jewkes et al., 2008, Kinsman et al., 2001, Ross et al., 2007, Ahmed et al., 2009). In fact, across studies in several settings, researchers have concluded that a lack of positive intervention effects observed in the evaluation of similar interventions, may be due, at least in part, to the relative insignificance of programmes compared to the other, more persistent and all-encompassing influences in the lives of adolescents (Doyle et al., 2010a, Mason-Jones et al., 2011, Wamoyi, 2008, Wight et al., 2006, Wight et al., 2002). The web of social issues which adolescents find themselves entangled in is likely so paramount in influence, that programmes which place emphasis on individual-level behaviour changes cannot effect or sustain change (Mason-Jones et al., 2011). Thus, programmes delivered in schools which do

not consider and include the homes and communities of adolescents to address in order to address the wider issues which interplay with their behaviour, have been suggested by some as unable to be successful (Mason-Jones et al., 2011). Further, programmes which have short sessions, and are short in overall duration may not be adequate to develop the skills necessary to change behaviours, or be able to be recalled when needed (Wight et al., 2002).

Other studies have pointed towards the need to include the adults in adolescents' lives and in the community in interventions related to HIV and SRH (Wamoyi et al., 2012, Kuo et al., 2016, Rijdsdijk et al., 2014), findings from the Utshintsho process evaluation suggested that the involvement and support of parents would likely the experience of participation.

A shortcoming of the Utshintsho intervention, and a persistent gap in other similar interventions, is the heavily-placed focus on individual-level behaviour change, which may have contributed to the lack of success observed through the outcome evaluation. It is clear that there is a need for interventions to go beyond the individuals which they are targeting, and needs to be a priority moving forward if we expect to see any effects in programmes such as these. One possibility is for individual-level interventions to be linked and integrated with wider programmes that address structural level determinant, and could be an area for potential future research.

8.6 Areas for future research

Adolescents represent a growing proportion of people living with HIV worldwide, including in Eastern and Southern Africa, the region most affected by HIV (UNICEF, 2019). As such, it is imperative that designing and evaluating interventions aimed at lessening HIV risk-related behaviours and reducing new infections amongst this group remains a priority. My research made a number of important contributions towards better understanding how split-sex, discussion-based curricula, with a focus on HIV prevention, should be implemented in schools for adolescents in this setting, and how participants and young, local facilitators perceive and interact with such programmes. Significantly, my research also brought to the forefront several important findings and considerations that should be included in the future agenda for designing and evaluating similar interventions; here I suggest four key priority areas.

Priority 1: Exploring further the split-sex, discussion-based approach –with a particular focus on unintended and potentially harmful consequences

As discussed in earlier sections of this chapter, the Utshintsho process evaluation found that, overall, the split-sex and discussion-based approach received praise from participants and coaches alike. These two elements were identified by respondents as essential to the acceptability of Utshintsho. Further, this approach was considered to be particularly relevant for participants of this age, and for a programme pivoting around the topics such as those included within Utshintsho. For these reasons, this approach is likely to be employed in other similar interventions moving forward. Critically, however, based on findings from across the different research domains, I suggest that some of the surprising and counterintuitive findings of the GOAL Trial, particularly in relation to the intervention's observed potential harms, may be linked to these two components. Based on this, and as similar interventions will likely continue to be designed and evaluated, I advocate that future research include more exploration of how these two elements might be critical to positive engagement within comparable interventions, and whether or not these elements indeed have potential harmful effects, the gravity of these, the pathway in which those operate, and ways in which these harms might be mitigated.

Utshintsho is not the first intervention of its type to suggest potential harmful effects of a split-sex (Mukoma et al., 2009) or discussion/unstructured approach (Wiggins et al., 2009) in delivering HIV or SRH education to adolescents. More generally, we know that, although socio-behavioural interventions tend to be thought of as beneficial to their target audiences (or having a null effect, at worst), it is possible for them to occasionally cause harm (Dishion et al., 1999). In their paper, 'Dark logic', Bonell et al (Bonell et al., 2015) argue that it is imperative that evaluations of public health interventions investigate the potential harms and their associated underlying mechanisms. To do this, they suggest that evaluators develop 'dark logic models' to guide examination of these harms (Bonell et al., 2015). As an extension to this, they also encourage that this exercise be undertaken by those designing interventions, in order to identify areas of potential harm ahead of implementation. Related to Utshintsho, it is plausible that carrying out such an exercise during the development stages would have adapted the intervention in such a way that potential harms would have at least been considered, if not reduced. This could have been done by referring to the literature base, drawing on expert opinion, and including input from the experienced facilitators and intended end-users. Together, these various 'strands of input' could have interrogated the logic model and been critical about the hypothesised functioning of various intervention

components and pathways. In summary, my process evaluation revealed areas of potential unintended harm of the Utshintsho intervention, and others similar to it; these should be further examined in future research with a more concerted focus on exploring the mechanisms that underlie them in order to prevent harm.

Priority 2: Understanding further the coach as facilitator: benefits to participants' experiences, and burdens placed on coaches

A further key finding of my process evaluation was that the coach was integral to the delivery and experience of the intervention. Related to the coach as facilitator, I put forth two areas where I believe further research would benefit the field. Firstly, compared to other studies in which either teachers (Ahmed et al., 2006, Buston et al., 2002, Kinsman et al., 2001), peers (Kim and Free, 2008, Stephenson et al., 2004a) or a combination of both (Plummer et al., 2007) were tasked with implementing similar interventions in schools, less is known about this cadre of facilitators (i.e. a peer-like individual, but from external to the school). For several reasons, a facilitator similar to the coach is potentially a more attractive and appropriate model compared to teachers and/or peers. For instance, as described in my research, participants, overall, felt that coaches were better positioned than teachers to deliver this type of programme. However, my work also pointed to instances in which learners were untrusting of or unconvinced by the messages they were receiving from coaches or, in more rare cases, where coaches delivered information that was in direct conflict with what was contained in the curriculum. There are clearly numerous benefits to having the coach as facilitator, however, more research could contribute to a more detailed understanding regarding the specific characteristics of this type of facilitator that are essential to the role.

Secondly, and in my view very importantly, despite coaches themselves describing that they felt they had personally benefited from delivering the intervention, many also described experiencing an emotional and psychological burden as a consequence of facilitation. This was found to be due mainly to disclosures, which were elicited by the discussion-based curriculum and the topics that it focused on. Although I was not able to quantify the incidences of upsetting disclosures, in group discussions coaches spoke about the burden this placed on them, and the lack of perceived support. These findings suggest that delivering the intervention may have inadvertent adverse consequences for the coaches. More

research needs to be done to investigate the potential long-term harmful effects that facilitators may experience in response to delivering health programmes.

Clearly, learners' experiences of participating in Utshintsho were enhanced owing to coaches. This area of inquiry is vital if this model of facilitation is to be more widely adopted across various public health interventions. This process evaluation has underscored the importance of identifying feasible ways to more adequately support facilitators, such that they don't experience undue or harmful effects. As less is known about the model of coach as facilitator, it merits future exploration, such that ways to mitigate the unintended burden of delivering such an intervention are identified and better support to coaches can be established and operationalised.

Priority 3: Establish ways to sustain and extend programme effects

In this process evaluation, facilitators and participants commented that the programme was too short, and for participants, that it ended as it was beginning to make a change. Further, participants who disclosed that they had built a strong relationship with their coach and subsequently viewed the coach almost in a counselling role, described that they were in a difficult position when the programme ended. As it's often not feasible to extend the length of programmes such as Utshintsho, future research should explore whether it would be realistic, effective and cost-efficient to sustain and extend programme effects through linking with other programmes. For example, one possibility of a sustainable model might be linkage to other complementary services which could act as an extension. For instance, an intervention such as the Friendship Bench, an evidence-based approach to bridge the mental health gap in Zimbabwe (Chibanda et al., 2015) is currently carrying out an adaptation to be used with adolescents. This may be an opportunity for future research to look at the synergistic and long-term effects of combining interventions, and mitigate some of the difficulties students expressed when they no longer had the coach to turn to for advice and support.

Priority 4: The participation of adolescents in co-designing health interventions

Efforts to design and implement successful interventions would be enhanced if conducted in a context which allowed adolescents to participate in designing interventions, and in decisions and policy development regarding enhancement of their health. The Utshintsho

process evaluation generated rich and valuable data from several perspectives, including from those implementing and participating in the programme. This data has not only contributed to understanding the delivery of Utshintsho within the GOAL Trial, but could inform subsequent iterations of the intervention, as well as other GRS curricula, and more broadly, other similar interventions.

Throughout the course of conducting this research, I often found myself reflecting on how the Utshintsho intervention would have differed if learners and facilitators had been invited to provide input earlier during the design phase, and how the resulting theory of change would have differed. Granted, many aspects of the intervention could only be adequately reflected on retrospectively following participation in the programme, engaging with adolescents to understand the issues most relevant to their lives and how they would like information communicated to them would have been valuable. Indeed, as many learners would have participated in Generation Skillz the year earlier, they would have had experience participating in a similar intervention to reflect upon. Additionally, the coaches who delivered Utshintsho had, in most cases, previous experience implementing other GRS curricula (and in some cases a wider range of other similar programming), from which they could draw on in order to contribute towards designing the intervention.

In designing and evaluating health interventions for adolescents, there has recently been a paradigm shift towards more meaningfully engaging adolescents as partners in co-designing interventions intended for them. Despite some tensions about who should make decisions, and the extent to which the voices of adolescents should be reflected in interventions, there is a transition away from designing interventions *for* adolescents to attempting to design interventions *with and by* adolescents (Denison et al., 2017).

In conducting this process evaluation, the aim was for the voices of participants and young facilitators to be integrated into subsequent iterations of the Utshintsho intervention and to contribute to the literature from which intervention designers gather knowledge. I believe that it would be prudent to include these perspectives at an earlier stage of intervention development, in order to make interventions more acceptable, relevant, and, ultimately, more effective. Earlier engagement is also likely to increase ownership amongst those delivering the intervention. Individuals delivering and those intended to benefit from interventions should take a more active role in co-designing interventions, and their voices should carry as much weight as other components feeding into intervention design, such as literature review and expert opinion. As such, moving forward, I suggest that facilitators of,

and particularly users or participants of interventions be engaged earlier on in the design of interventions in a more meaningful way.

Appendix A: Research assistant training schedule: year 2

	Tuesday, October 21	Wednesday, October 22	Thursday, October 23	Friday, October 24
9:30 - 9:45 am		Re-cap, Questions (STEF)	Re-cap, Questions (STEF)	Re-cap, Questions (STEF)
9:45 - 10:00 am				
10:00 - 10:15 am	Welcome, Introductions Ground Rules, Expectations (STEF)	Informed Consent & Confidentiality & Bias (STEF)	Distress Protocol & Referrals (STEF)	Data Flow- Daily field notes, weekly check in-calls, use of Asana & Google Docs (STEF)
10:15 - 10:30 am				
10:30 - 10:45 am	The GOAL Trial (STEF)	Coaches & Coach Development (STEPHAN)	Timeline, Roles & General Site Planning (STEF)	
10:45 - 11:00 am				
11:00 - 11:15 am	Tea Break	Tea Break	Tea Break	Tea Break
11:15 - 11:30 am				
11:30 - 11:45 am	GOAL Baseline / Midline Results (STEF)	Qualitative vs. Quantitative Research (STEF)	Cape Town Site Planning (CT TEAM & STEF)	Code of Conduct & Contracts (BRENDON)
11:45 - 12:00 pm				
12:00 - 12:15 pm	Introduction to Grassroot Soccer (GRS) (JAMES)	The Qualitative Researcher (STEF)	Port Elizabeth Site Planning (PE TEAM & STEF)	
12:15 - 12:30 pm				
12:30 - 12:45 pm	Questions from Morning	FGD Puzzle & Practicalities of Conducting FGDs (STEF)	Utshintsho Practices (STEF)	FGD Transcription & Archiving (STEF)
12:45 - 1:00 pm				
1:00 - 1:15 pm	Lunch	Lunch	Lunch	Lunch
1:15 - 1:30 pm				
1:30 - 1:45 pm	Difference between M&E and Research & Importance of Research (BEN)	Working in Schools (LUDWE & LAVISTA)		Site Admin Support (STEF)
1:45 - 2:00 pm				
2:00 - 2:15 pm	Process Evaluation (STEF)	Group-work: Consent Xhosa Translation		Organizing of Supplies (STEF)
2:15 - 2:30 pm				
2:30 - 2:45 pm				
2:45 - 3:00 pm	Tea Break	Tea Break	Pilot FGDs- Khayelitsha / Langa (STEF)	Tea Break
3:00 - 3:15 pm	Utshintsho Curriculum & Training (MR. D & RIBS)			
3:15 - 3:30 pm		Mock FGD (STEF)		OVER FLOW / PARKING LOT (STEF)
3:30 - 3:45 pm				
3:45 - 4:00 pm	First year Process Evaluation- data collection and results(STEF)	Mock FGD Feedback (STEF)		
4:00 - 4:15 pm				
4:15 - 4:30 pm	Re-cap, Roses & Thorns, Q'ns (STEF)	Re-cap, Roses & Thorns, Q'ns (STEF)	Re-cap, Roses & Thorns, Q'ns (STEF)	Re-cap, Roses & Thorns, Q'ns (STEF)

Appendix B: Example observation form for an Utshintsho Practice (joint-sex)

GENERATION SKILLZ UTSHINTSHO
IN CLASS-OBSERVATION

PRACTICE: 1// Welcome Back (JOINT)	SCHOOL NAME: gf	CLASS:
ARCHIVAL #:	COMMUNITY:	
SITE: (circle one) Cape Town / Port Elizabeth	OBSERVER NAME:	Session Observed: (circle one) and NUMBER OF LEARNERS present (at beginning of practice) Male / Female / Combined ☐ ☐ / ☐ ☐ / ☐ ☐
DATE OF SESSION: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> dd / mm / yy	PERIOD #:	
COACH INFORMATION		
Coach A: (Name and Surname) <hr/> Male / Female Implemented at this school last year? YES / NO		
Coach B: (Name and Surname) <hr/> Male / Female Implemented at this school last year? YES / NO		
Coach C: (Name and Surname) <hr/> Male / Female Implemented at this school last year? YES / NO		
PRACTICE LENGTH AND COMPLETION- Part 1 (continued at end of observation form)		

Time started: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> Did the practice start late? YES / NO If YES, state reason:	Was this practice was the correct (chronological) one this class was to receive? YES/NO If NO, state reason:						
PRACTICE ENVIRONMENT							
Was a teacher present? YES / NO If YES: Teachers' sex: Male / Female Was this the LO teacher? YES/ NO Did they stay for the entire practice? YES / NO List any feedback, comments received from the teacher: Describe if the teacher participated in the practice or interacted with the learners in any way:							
Was a CPC or other GRS staff members present? YES / NO If YES: Name: Role: Reason present: (ex, CSV, pre/post etc.)							
Describe the CONDITIONS of the ENVIRONMENT where the practice took place (ex. Classroom). For example, were there enough chairs for learners; was it crowded; lighting; noise levels outside of the room; interruptions; people moving in and out etc.)							
Did coaches have the following necessary MATERIALS to implement the practice? <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 70%;">• Red, Yellow, and Play On! Cards (1 per group of 4 players)</td> <td style="width: 30%;">YES / NO</td> </tr> <tr> <td>• Flipchart Paper</td> <td>YES / NO</td> </tr> <tr> <td>• Marker</td> <td>YES/ NO</td> </tr> </table> If they were missing materials, state reason:		• Red, Yellow, and Play On! Cards (1 per group of 4 players)	YES / NO	• Flipchart Paper	YES / NO	• Marker	YES/ NO
• Red, Yellow, and Play On! Cards (1 per group of 4 players)	YES / NO						
• Flipchart Paper	YES / NO						
• Marker	YES/ NO						
SPECIFIC ELEMENTS OF THE PRACTICE							
Were the following elements of the <u>INTRODUCTION</u> completed?							
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; text-align: center; padding: 2px;">YES</td> <td style="width: 50%; border: 1px solid black; text-align: center; padding: 2px;">NO</td> </tr> </table>	YES	NO				
YES	NO						

Shared name		
Shared why they are a SKILLZ coach		
Asked learners if they had participated in Generation SKILLZ last year		
Explained that we are back with Utshintsho		
Asked learners what Utshintsho meant		
Asked learners if there's things in society they want to change		
Explained to students what Utshintsho is		
Explained their role as a coach		
Explained that there is 7 practices		
Introduced "Kilo" and "Yebo"		

Were the following elements of the **INGQONDO** completed?

	YES	NO
Explained what an Ingqondo warm up is		
Explained that there are no right or wrong answers, and it's ok to disagree with your friends		
Reminded players how to do 'take a stand'		
Read take a stand: "I am more at risk for HIV than I was a year ago"		

Some of the learners' responses to why they were more or less at risk for HIV:

- _____
- _____
- _____
- _____

Were the following elements of the **MAIN PRACTICE** completed / discussed?

		YES	NO
CONTRACT			
Asked Players:	Why did we sign a contract in Generation SKILLZ last year		
	Why is it important to sign a contract		
Explained:	Joining Generation Skillz Utshintsho is a choice, not something you have to do		
	If you want to join the Generation Skillz team, you must sign the contract		
	By signing the Generation SKILLZ Utshintsho contract, all coaches and players agree to all of it's terms		
	This year you will create your own contract		
	Expectations of players: they can say whatever they want, but must be prepared to answer questions and be respectful of teammates		
Did:	Write players suggestions for the contract		
	Encourage all players to share ideas		
	Sign the contract in front of players		
	Invite players to sign contract, welcome them to the team		
Students' suggestions for the contract: <ul style="list-style-type: none"> • _____ • _____ • _____ • _____ • _____ 			
		YES	NO
GENERATION SKILLZ REVIEW			
Explain to players that they will play a game that will help them review what they learned last year			
Divide players into teams			

Instruct each team to select a team captain			
Handout cards to each player			
Ask players:	What is a red card in soccer? What does it mean?		
	What is a yellow card in soccer? What does it mean?		
	In soccer, when does a referee say "Play on?" What does it mean?		
Explain and demonstrate the rules:	I will read a statement and you will have 2 minutes to discuss the statement with your team		
	Everyone on your team needs to participate to decide if the statement is a RED CARD (high risk), YELLOW CARD (medium risk), or PLAY ON! (low risk)		
	When I say, "1-2-3, cards up!" the team Captain will raise the card to show either RED, YELLOW, or PLAY ON!		
	The teams will explain their answers- there are no right or wrong answers		
	After reading the answer, I will ask a discussion questions- the question doesn't have right or wrong answers for this activity		
<p>SENARIOS:</p> <p><i>For each of the following scenarios, indicate a ☐ if that scenario was read, and then complete the corresponding questions, or a ☐ if it was not, and leave the corresponding questions blank.</i></p> <p><i>In the space provide, record the feedback received from students to the discussion questions posed by the coach. If the question was not posed, leave it blank.</i></p>			
SENARIO 1:			
<p>☐ "Nomi is 16 years old and has a boyfriend. One day, Nomi tells her boyfriend that she doesn't feel like having sex, so he threatens to hit her. Nomi has sex with him even though he doesn't feel like it."</p> <p># of Cards shown: RED _____ YELLOW _____ PLAY ON! _____</p> <p>Some groups displayed more than one color of card: YES / NO</p>			

Key points of discussion from learners about why their group chose the color they did (please indicate if speaker is male (M) or female (F):

<u>RED</u>	<u>YELLOW</u>	<u>PLAY ON</u>

Why is this a risky situation?

- _____

- _____

What did we learn about power in Generation Skillz Last Year?

- _____

- _____

Who has the power in this relationship? Why can unequal power in a relationship put you at high risk?

- _____

- _____

Coaches allowed for discussions to continue for as long as they were helpful
Strongly Agree Agree Neither Agree nor Disagree Disagree
Strongly Disagree

After players discussed their opinion, the coach clarified / clearly stated what the correct answer was
Strongly Agree Agree Neither Agree nor Disagree Disagree
Strongly Disagree

SENARIO 2:

☐ “Babalo is 19 years old. He has been having sex with his girlfriend for 6 months. A few weeks ago, he started having sex with another girl on the side.”

of Cards shown: RED _____ YELLOW _____ PLAY ON! _____

Some groups displayed more than one color of card: YES / NO

Key points of discussion from learners about why their group chose the color they did (please indicate if speaker is male (M) or female (F):

<u>RED</u>	<u>YELLOW</u>	<u>PLAY ON</u>

Why is it risky for Babalo to have multiple sexual partners? Why is it risky for his girlfriend?

- _____

- _____

Do you think Babalo is using condoms with both girls? Why or why not?

- _____

- _____

Why are multiple sexual partners a high HIV risk?

- _____

- _____

Coaches allowed for discussions to continue for as long as they were helpful
Strongly Agree Agree Neither Agree nor Disagree Disagree
Strongly Disagree

After players discussed their opinion, the coach clarified / clearly stated what the correct answer was

Strongly Agree Agree Neither Agree nor Disagree Disagree
Strongly Disagree

SENARIO 3:

☐ “Christa is 16 years old and her boyfriend, Elijah, is 21 years old. Elijah drives Christa around town and bought her a new phone.”

of Cards shown: RED _____ YELLOW _____ PLAY ON! _____

Some groups displayed more than one color of card: YES / NO

Key points of discussion from learners about why their group chose the color they did (please indicate if speaker is male (M) or female (F):

<u>RED</u>	<u>YELLOW</u>	<u>PLAY ON</u>

Why is it risky to accept gifts from older partners?

- _____

- _____

Why are older partners such a big HIV risk?

- _____

- _____

Coach showed players graph to demonstrate the risk of older sexual partners?
YES / NO

Coaches allowed for discussions to continue for as long as they were helpful
Strongly Agree Agree Neither Agree nor Disagree Disagree
Strongly Disagree

After players discussed their opinion, the coach clarified / clearly stated what the correct answer was

Strongly Agree

Agree

*Neither Agree nor Disagree
Strongly Disagree*

Disagree

SENARIO 4:

☐ “Lerato is 18 years old. She’s been dating her boyfriend for 3 months. They went for an HIV test together and both tested negative. They are starting to think about having sex for the first time and are not planning to use a condom.”

of Cards shown: RED _____ YELLOW _____ PLAY ON! _____

Some groups displayed more than one color of card: YES / NO

Key points of discussion from learners about why their group chose the color they did (please indicate if speaker is male (M) or female (F):

<u>RED</u>	<u>YELLOW</u>	<u>PLAY ON</u>

Would it be risky for Lerato to have unprotected sex? Why or why not?

- _____

- _____

Lerato decides she wants to have protected sex. How can she ask her partner to use a condom?

- _____

- _____

Why is unprotected sex a big HIV risk?

- _____

- _____

<p>Coaches allowed for discussions to continue for as long as they were helpful</p> <p><i>Strongly Agree Agree Neither Agree nor Disagree Disagree</i></p> <p style="text-align: center;"><i>Strongly Disagree</i></p>			
<p>After players discussed their opinion, the coach clarified / clearly stated what the correct answer was</p> <p><i>Strongly Agree Agree Neither Agree nor Disagree Disagree</i></p> <p style="text-align: center;"><i>Strongly Disagree</i></p>			

	Y E S	N O
DISCUSSION		
Explained to players that we've determined that these scenarios are all risky		
<p>Asked volunteers to give examples of risky situations they have faced over the past year</p> <p>Students' examples:</p> <ul style="list-style-type: none"> • _____ • _____ 		
<p>Why is it difficult to avoid these risky behaviors?</p> <ul style="list-style-type: none"> • _____ • _____ <p>How can we support each other to avoid these risky behaviors?</p> <ul style="list-style-type: none"> • _____ • _____ 		

	YES	NO
COOL DOWN		
MicroMove in general was explained: short activities that you can complete with friends and family to help you use the new information you've learned in SKILLZ		
Learners were told to complete MicroMove before next practice		

MicroMove #1 was explained: Watch your favorite soapie, like Generations or Rhythm City. Identify the biggest HIV risk your favorite character is facing.		
SKILLZ Cheer		
How well were the following <u>KEY MESSAGES</u> delivered:		
	<i>Very Well</i>	<i>Well</i>
“Unprotected sex, multiple sexual partners, older sexual partners, and gender-based violence put you at a high risk of getting HIV”		
“Build your team with people who will support you and help you avoid risks”		
How well were the following <u>GOALS</u> of the practice met:		

	<i>Very Well</i>	<i>Well</i>	<i>Ok</i>
“Explain why unprotected sex, multiple sexual partners, older sexual partners, and gender-based violence are high-risk behaviors”			
“Explain how to make healthy decisions in relationships”			
“Define “respect” and commit to creating a safe space in Generation SKILLZ by signing a contract”			

GENERAL FEEDBACK OF THE PRACTICE

LEARNER BEHAVIOUR / DYNAMICS

	All Learners	Most Learners	Some Learners
Learners seemed interested in the issues being discussed			
Learners seemed agitated or offended by issues being discussed			
Learners disagreed with the key messages of the curriculum			
The learners were respectful of each other			
The learners were respectful of the coach			
Learners appeared agitated or offended by the coach			
Learners seemed quiet			
Learners seemed uncomfortable			
Learners appeared to be bored			
There was hostility or group division among the learners			
Teasing took place among the learners			
Group discussions were superficial			
Learners expressed views that were similar to messages and themes of the curriculum			
Learners expressed views that conflicted with messages and themes of the curriculum			
Learners shared freely about their lives and used personal examples			
Learners shared freely their own ideas and opinions			
Learners responses seemed genuine (not for entertainment)			
Learners snaps (claps) supported the messages and themes of the curriculum			
Learners asked questions or for clarification			
There was even participation among all learners			

*Please use the above information to **COMMENT AND REFLECT** on what you observed, a*

<i>impressions were of the learner behavior and dynamics during the practice</i>					
COACH BEHAVIOUR / DYNAMICS					
	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
The coach brought energy and enthusiasm to the practice					
The coach had good time management of the practice					
The coach created a safe space for learners to engage					
The coach took steps to build personal relationships					
The coach welcomed a variety of learners' ideas and opinion					
The coach was respectful of learner's ideas and opinions					
The coach was patient with learners					
The coach handled difficult learners well					
The coach dominated discussion					
The coach lectured on what students should or shouldn't do					
The coach kept discussion relevant and on topic					
The coach was effective in sparking vital conversation					
The coach allowed discussions to continue as long as helpful					
The coach encouraged participation from a variety of learners					
The coaches engaged with favorable responses					

The coach engaged with unfavorable responses					
The coach linked to themes and messages from Gen Skillz					
The coach shared accurate information					
The coach clarified misleading / untrue information					
The coach offered explanations to learner's questions / concerns					
The coach gave praise or encouragement					
The coach used 'KILOs'					
The coach seemed 'convinced' about the messages delivered					
The coach appeared confident delivering the curriculum					
The coach read off the 'Coach's Guide' as a script					
The coach was prepared					
The coach changed individual activities					
The coach substituted / added in whole activities					
<p><i>Please use the above information to COMMENT AND REFLECT on what you observed and what your impressions were of the coach behavior and dynamics during the practice:</i></p>					
PRACTICE LENGTH AND COMPLETION- Part 2 <i>(continued from beginning of observation form)</i>					
Time Finished <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> Was the practice completed? YES / NO If NO: state reason: What measures were put in place to complete this practice?				(circle one) and NUMBER OF LEARNERS present (at beginning of practice)	

<p>Was an ATTENDANCE REGISTER completed? YES / NO If NO, why:</p>	<p>Male / Female / Combined</p> <p>☐☐/☐☐/☐ ☐</p>
<p>Comment on things that were DONE WELL:</p>	
<p>Comment on things that could be IMPROVED:</p>	
<p>Was there anything in particular that the coach had DIFFICULTY with or was NOT CONFIDENT about?</p>	
<p>If a coach modified, substituted or skipped an entire activity, comment on a) the modification, b) why it was modified, and c) whether or not you think it still conveyed the same message:</p>	
<p>Were there any DISCLOSURES from students? If YES, explain the nature and describe how the coach handled them</p>	
<p>Comment on any FEEDBACK FROM COACHES (to you, the observer):</p>	

Appendix C: FGD Topic Guide: Coaches

-FOCUS GROUP GUIDE-

Generation Skillz Utshintsho Coaches (non-SMS)

Archival #: _____

Date: ____ / ____ / ____

Venue held at: _____

Moderator: _____

Note-taker: _____

Transcriber: _____

Number of Participants: _____

Circle: MALE/ FEMALE

Start: _____ End: _____ Total Length: _____

WHAT YOU WILL NEED

- 8-12 participants
- 1 moderator
- 1 note taker
- Tape recorder and extra batteries
- Binders to collect consent / assent forms
- Focus Group Protocol with Discussion
- Note taking form and supplies
- Debriefing Form
- Name Tags (note: participants will NOT use their actual names. Please have them use a pseudonym, number or color that they would like to be referred to during the discussion)
- Chart paper, tape, markers and colored stickers
- Refreshments
- Transport money and Tracker
- Envelope to store materials

SCRIPT

- Welcome the participants
- Have the participants sit in a circle, and make sure that all are wearing 'name tags'

INTRODUCTION:

“Welcome! Thank you for coming today. We appreciate you agreeing to participate in today’s focus group discussion. My name is _____ and I am working for Grassroot Soccer and the GOAL Trial as a _____. We’re conducting a focus group here in _____ in order to find out about your *general experiences, thoughts, opinions and what you learned during the time when you were delivering the Generation Skillz Utshintsho programme*. Your participation and honest feedback is greatly appreciated and will help us learn more about and improve the Utshintsho programme.”

EXPLANATION OF CONFIDENTIALITY:

“I am going to ask you some questions and if you *do not* want to answer the questions, you *do not* have to. If you do not feel comfortable or do not want to participate in the discussion, *you may pull out at any time*. There are *no right or wrong* answers. However, we do ask that you *answer honestly* to these questions. We are here to *learn from you* and your honest answers will help us better understand what *you and your fellow coaches think about the Generation Skillz Utshintsho programme*. You may answer the questions in whatever way you understand the questions. The discussion will take about 60 minutes. It will be recorded and my colleague _____ will be taking notes throughout the discussion. This is to make sure we record your words exactly how you say them. The notes and the recording will not contain your name. They will be stored on a computer that is password protected. They will be destroyed after the research study has been completed. You will not be identified by your name during the discussion. The findings of this study may be used for publication, but your name and any information that would allow you to be identified will not be revealed. Only the researchers will be able to look at your information.

I should remind everyone that, in agreeing to participate in this focus group discussion, you have agreed to *keep what everyone says confidential*. In other words, you will *NOT* tell anyone else what someone has said in the discussion. Everything we discuss should remain within this group. Also, you have agreed not to be rude about what someone else says, but will accept that they have a right to their own views even if you disagree with them. We will speak one at a time, and treat one another with respect, so that everyone feels safe to contribute to the discussion.

Thank you all for your cooperation.

Ask the participants if they have any questions at this point.
Ask participants if they are ready to begin the discussion.
Start the tape recorder and verify that the note taker is prepared.
Begin the discussion.

DISCUSSION

OK, are you all ready for the discussion? First let’s all *introduce ourselves, using the name on our tag*, so that we know how to refer to each other during the discussion, and so that we are more comfortable with each other. Let’s start with the research staff. I am _____ and I will be facilitating the

discussion today. <Other researchers now introduce themselves and state their roles>. When you have something to share, first please start by saying the ‘name that is on your tag’.

Now I am going to propose some topics for discussion. I will try to facilitate the discussion in such a way that *everyone will get a chance to share their experience and opinions*. Remember there are no “right or wrong” answers- *please be honest and critical*, as it will help us learn. We are here to learn from you. Anyone can respond at any time, but please also give each other a safe space to speak.

TOPIC	MAIN QUESTIONS	FOLLOW UP QUESTIONS	SAMPLE PROBES
1. Experience delivering the Utshintsho programme	1.1. Can you DESCRIBE YOUR EXPERIENCE delivering the Utshintsho programme...overall how did you find it?	<p>1.1.1. What were some of the things you LIKED about the Utshintsho programme?</p> <p>1.1.2. What are some of the things you DISLIKED about the Utshintsho programme?</p> <p>1.1.3. How did it COMPARE to other similar curriculums (GRS or others) you have delivered?</p>	<p>How was it delivering a curriculum that is more discussion based?</p> <p>Did you enjoy facilitating by yourself?</p>
2. Learners Reactions to the practices in general	2.1. HOW DID THE LEARNERS RESPOND to the Generation Skillz Utshintsho practices?	<p>2.1.1. Did they LOOK FORWARD to the practices?</p> <p>2.1.2. Did the learners PARTICIPATE FULLY?</p> <p>2.1.3. Did leaners CHANGE in any way throughout the course of the programme</p>	<p>Did some learners feel differently about it than others?</p> <p>Was there a difference between groups of learners eg. Older/ younger, boy/girls?</p> <p>Was there a difference between learners who participated in Gen Skillz last</p>

			year, and those who did not?
<ul style="list-style-type: none"> Let's now think as a group about what topics and activities were covered during the Utshintsho programme. I am going to make a list of them as we say them. <p><Moderator makes list as coaches list. Please make the same list on both pieces of chart paper ></p> <ul style="list-style-type: none"> Ok, now I am going to split you into 2 groups. Each group will get a 1 chart paper and a 1 marker, and each person in the group will get 5 stickers. I want you to reflect on what topics and activities you liked delivering the most or thought were the most important to your learners. You will then have 5 minutes to one at a time "rank " and put your stickers with the topic or activity that you enjoyed the most or thought was the most important. You can put all 5 of your stickers with one or you can spread them out. <Give 5 minutes> Come back to large group. Let's discuss now.... Use the following set of questions (along with your own observations) to generate discussion. 			
3. Reactions to practice topics (hi- and low-lites, memories)	<p>3. 1. What topics, activities or things DID YOU ENJOY DELIVERING THE MOST in Utshintsho?</p> <p>3.1.1. What topics, activities or things DID THE LEARNERS ENJOY THE MOST (or were most expressive about) in Utshintsho?</p> <p>3. 2. What topics, activities or things WERE NOT ENJOYABLE TO DELIVER in Utshintsho?</p> <p>3.2.1. What topics, activities or things DID THE LEARNERS NOT ENJOY (or were shy about) in Utshintsho?</p>	<p>What OTHER TOPICS do you think it would be important for Utshintsho to include?</p> <p>Were there any topics, activities or things that you or your students FOUND OFFENSIVE OR UPSETTING?</p> <p>What topics would it be good to SPEND MORE TIME ON?</p> <p>HOW RELEVANT do you think these topics are to your learners?</p> <p>WHAT TOPICS ARE MOST RELEVANT to learners?</p> <p>Did you feel that your LEARNERS BENEFITED from the programme?</p>	<p>Probes for these questions will largely be based on the results from the above activity. For example: "I see many of you really enjoyed delivering the _____ activity. Would someone like to explain why?" OR "No one put their stickers beside (topic), why is that." Etc.</p>

		Which activity or session still STANDS OUT in your mind the most?	
		What IS THE MOST IMPORTANT OR INTERESTING THING in the Utshintsho curriculum?	
4. Feelings of split-sex practices	4. 1. How did you FEEL ABOUT THE BOYS AND GIRLS BEING SPLIT up for most of the sessions?	<p>4.1.1 What were some of the things you LIKED about it being done this way?</p> <p>4.1.2 What were some of the things you DISLIKED about it being done this way?</p> <p>4.1.3 Should it be KEPT this way?</p>	Did the boys and girls being separate allow the learners to express differently than if they were together?
5. Experiences with teachers	5.1. What were your EXPERIENCES WITH (LO) TEACHERS related to the Utshintsho programme?	<p>5.1.1. How did they RESPOND to the Utshintsho programme?</p> <p>5.1.2. WHERE WERE THEY during the delivery of practices?</p> <p>5.1.3. Did they PROVIDE ANY FEEDBACK about the programme?</p>	<p>Were they supportive, cooperative, difficult to work with?</p> <p>Did they observe, participate or remove themselves?</p> <p>Did they raise any specific issues or problems, or offer any compliments about the programme? Did this differ between genders, age etc.)</p>
6. Experience as an Utshintsho Coach	6.1. DESCRIBE YOUR EXPERIENCE as an Utshintsho Coach.	<p>What is the MOST REWARDING part of being a coach?</p> <p>What are SOME CHALLENGES you experience as a coach?</p>	What could GRS do to help overcome these challenges?

		<p>Do you receive ENOUGH TRAINING to be a coach?</p> <p>Do you receive ENOUGH ON-GOING SUPPORT to be a coach?</p> <p>How is your RELATIONSHIP WITH YOUR CPC and other site-staff?</p>	<p>What would you like to see done differently or added to the training?</p> <p>What additional support could GRS offer coaches?</p>
7. Improvements to the Utshintsho Programme	6.1. What could be CHANGED to make GENERATION SKILLZ UTSHINTSHO a better programme?	<p>How could the CONTENT OF THE CURRICULUM be changed?</p> <p>Are there changes that could be made at HQ OR SITE LEVEL to improve the way it's delivered?</p>	
8. Closing Remarks	We are coming to the end of our discussion. Are there ANY OTHER THOUGHTS OR EXPERIENCES that you would like to share with the group??		

Thank you for your time and for the discussion, all your responses will help us in improving the Generation Skillz Utshintsho programme.

Appendix D: Focus Group Discussion Topic Guide Students

Generation Skillz Utshintsho Participants (SMS)- version 1_2014

-FOCUS GROUP GUIDE-

Archival #: _____

Date: ____ / ____ / ____

School Name: _____

Class(es)

Present: _____

Venue held at: _____

Moderator: _____ Note-taker: _____

Transcriber: _____

Number of Participants: _____

Circle: MALE/ FEMALE

Start: _____ End: _____ Total Length: _____

WHAT YOU WILL NEED

- 8-12 participants
- 1 moderator
- 1 note taker
- Tape recorder and extra batteries
- Binders to collect consent / assent forms
- Focus Group Protocol with Discussion
- Note taking form and supplies
- Debriefing Form
- Name Tags (note: participants will NOT use their actual names. Please have them use a pseudonym, number or color that they would like to be referred to during the discussion)
- Chart paper, tape, markers and colored stickers
- Refreshments
- Transport money and Tracker
- Envelope to store materials

SCRIPT

- Welcome the participants
- Have the participants sit in a circle, and make sure that all are wearing 'name tags'

Start the tape recorder and verify that the note taker is prepared.

INTROODUCTION:

"Welcome! Thank you for coming today. We appreciate you agreeing to participate in today's focus group discussion. My name is _____ and I am working for Grassroot Soccer and the GOAL Trial as a _____. We're conducting a focus group here in _____ in order to find out about your *general experiences, thoughts, opinions and what you learned during the time when you were participating in the Generation Skillz Utshintsho programme*. Your participation and honest feedback is greatly appreciated and will help us learn more about and improve the Utshintsho programme."

EXPLANATION OF CONFIDENTIALITY:

"I am going to ask you some questions and if you *do not* want to answer the questions, you *do not* have to. If you do not feel comfortable or do not want to participate in the discussion, *you may pull out at any time*. There are *no right or wrong* answers. However, we do ask that you *answer honestly* to these questions. We are here to *learn from you* and your honest answers will help us better understand what *you and your peers think about the Generation Skillz Utshintsho programme*. You may answer the questions in whatever way you understand the questions. The discussion will take about 60 minutes. It will be tape recorded and my colleague _____ will be taking notes throughout the discussion. This is to make sure we record your words exactly how you say them. The notes and the recording will not contain your name. They will be stored on a computer that is password protected. They will be destroyed after the research study has been completed. You will not be identified by your name during the discussion. Instead, before the discussion began, we chose other "made up names" to refer to each other as. The findings of this study may be used for publication, but your name and any information that would allow you to be identified will not be revealed. Only the researchers will be able to look at your information.

I should remind everyone that, in agreeing to participate in this focus group discussion, you have agreed to *keep what everyone says confidential*. In other words, you will *NOT* tell anyone else what someone has said in the discussion. Everything we discuss should remain within this group. However, remember, that when answering, absolute confidentiality is not guaranteed as someone might break this rule. Also, there may be something that you disclose that, by law, I will be required to report, and therefore will not remain confidential. Lastly, you have agreed not to be rude about what someone else says, but

will accept that they have a right to their own views even if you disagree with them. We will speak one at a time, and treat one another with respect, so that everyone feels safe to contribute to the discussion.

Thank you all for your cooperation.

- Ask the participants if they have any questions at this point.
- Ask participants if they are ready to begin the discussion.
- Begin the discussion.

DISCUSSION

OK, are you all ready for the discussion? First let's all *introduce ourselves, using the name on our tag*, so that we know how to refer to each other during the discussion, and so that we are more comfortable with each other. Let's start with the research staff. I am _____ and I will be facilitating the discussion today. <Other researchers now introduce themselves and state their roles>. When you have something to share, first please start by saying the 'name that is on your tag'.

Now I am going to propose some topics for discussion. I will try to facilitate the discussion in such a way that *everyone will get a chance to share their experience and opinions*. Remember there are no "right or wrong" answers- *please be honest and critical*, as it will help us learn. We are here to learn from you. Anyone can respond at any time, but please also give each other a safe space to speak.

TOPIC	MAIN QUESTIONS	FOLLOW UP QUESTIONS	SAMPLE PROBES
1. Experience as an Utshintsho participant	1.1. Can you DESCRIBE YOUR EXPERIENCE in the Utshintsho programme. Overall how did you find it?	1.1.1. What were some of the things you LIKED about the Utshintsho programme? 1.1.2. What are some of the things you DISLIKED about the Utshintsho programme? 1.1.3. How did it COMPARE to other similar programmes you may have been involved in?	Did you enjoy learning new information? The activities? Meeting new people? Did you learn more or less than in your life orientation classes?

2. Reactions to practices	<p>2.1. HOW DID YOU FEEL when you were attending the practices?</p> <p>2.2. What did you THINK ABOUT UTSHINTSHO?</p> <p>2.3 What did your FRIENDS SAY about Utshintsho?</p>	<p>2.1.1. Did you LOOK FORWARD to the practices?</p> <p>2.1.2. Did you FEEL SAFE?</p> <p>2.1.3 Did you feel you could PARTICIPATE AS FULLY as you wanted?</p> <p>2.2.1 In what ways WAS IT A GOOD PROGRAMME?</p> <p>2.2.2 In what WAS AS IT A BAD PROGRAMME?</p> <p>2.2.3 Did it CHANGE HOW YOU FELT about anything?</p> <p>2.2.4 Did it CHANGE HOW YOU THOUGHT about anything?</p> <p>2.2.4. Did it CHANGE HOW YOU DID anything?</p>	Did the coach do anything particular to make you feel safe? To make you feel that you could fully participate?
<p>Let's now think as a group about what topics and activities we covered during the Utshintsho programme. I am going to make a list of them as we say them.</p> <p><Moderator makes list as students list. Please make the same list on both pieces of chart paper ></p> <p>Ok, now I am going to split you into 2 groups. Each group will get a 1 chart paper and a 1 marker, and each person in the group will get 5 stickers. I want you to reflect on what topics and activities you liked the most or thought were the most important to you. You will then have 5 minutes to one at a time "rank " and put your stickers with the topic or activity that you enjoyed the most or thought was the most important. You can put all 5 of your stickers with one or you can spread them out.</p> <p><Give 5 minutes></p> <p>Come back to large group.</p>			

<p>Let's discuss now.... Use the following set of questions (along with your own observations) to generate discussion.</p>			
<p>3. Reactions to practice topics (hi- and low-lites, memories)</p>	<p>3. 1. What topics, activities or things DID YOU ENJOY MOST in Utshintsho?...why</p> <p>3. 2. What topics, activities or things WERE NOT ENJOYABLE in Utshintsho... why?</p> <p>3.3. Were there any topics, activities or things that you FOUND OFFENSIVE OR UPSETTING?</p> <p>3.4 Was there anything you learned that was SURPRISING?</p> <p>3.4. Did you TELL ANYONE ELSE about the Utshintsho programme</p>	<p>What OTHER TOPICS would you like to learn about?</p> <p>What topics would you like TO SPEND MORE TIME ON?</p> <p>Which activity or session still STANDS OUT in your mind the most?</p> <p>What WAS THE MOST IMPORTANT OR INTERESTING THING you learned?</p> <p>If you DID NOT learn anything, WHY do you think that was?</p>	<p>Probes for these questions will largely be based on the results from the above activity. For example: "I see many of you really enjoyed the _____ activity. Would someone like to explain why?" OR "No one put their stickers beside (topic), why is that." Etc.</p>
<p>4. Feelings of split-sex practices</p>	<p>4. 1. How did you feel about the boys and girls being split up for most of the practices?</p>	<p>4.1.1 What were some of the things you LIKED about it being done this way?</p> <p>4.1.2 What were some of the things you DISLIKED about it being done this way?</p> <p>4.1.3 Should it be KEPT this way?</p>	<p>Did the boys and girls being separate allow you to express yourself differently than if you were together?</p>

		4.1.4 What did you HEAR THE BOYS / GIRLS SAY about their practices?	
5. Relevance of programme	5.1. HOW RELEVANT do you think Utshintsho was in your life?	<p>5.1.1 What do you think the programme DID FOR YOU?</p> <p>5.1.2. How HAS IT BEEN IMPORTANT to you?</p> <p>5.1.3. Did anything CHANGE IN YOUR SCHOOL after the programme? What?</p> <p>5.1.4. Did anything CHANGE WITH YOUR FRIENDS after the programme? What</p> <p>5.1.5 Is there anything from Utshintsho that YOU STILL THINK ABOUT OR DO IN YOUR LIFE?</p>	
6. Experience with Coaches	<p>6.1. How would you DESCRIBE THE SKILLZ COACHES?</p> <p>6.2. Is anyone STILL IN CONTACT WITH THEIR COACH?</p>	<p>6.1.1. What were your FIRST IMPRESSIONS when you first met them?</p> <p>6.1.2. How did you FEEL ABOUT THEM AT THE END of the programme?</p> <p>6.2.2. HOW do you remain in contact with them?</p> <p>6.2.3. Have any of your FRIENDS STAYED IN CONTACT WITH THEIR COACH?</p>	<p>Did your relationship with the your coach change throughout the programme?</p> <p>Did your coach add to your experience in Utshintsho?</p>
7. SMS	7.1. Does anyone REMEMBER GETTING THE SMS'S?	7.1 How did you FEEL about them?	

		<p>7.2 What were some of the MOST IMPORTANT MESSAGES in them?</p> <p>7.3 Did you TALK ABOUT THEM with anyone...Who?</p>	
8. Improvements to the Utshintsho Programme	6.1. What could be CHANGED to make Generation Skillz Utshintsho a better programme?	6.1.1. What could be DONE DIFFERENTLY?	
9. Closing Remarks	We are coming to the end of our discussion. Are there ANY OTHER THOUGHTS OR EXPERIENCES that you would like to share with the group?		

Thank you for your time and for the discussion, all your responses will help us in improving the Generation Skillz Utshintsho programme.

Appendix E: Coach Consent Form



WITS REPRODUCTIVE HEALTH & HIV INSTITUTE

Coach Information Sheet and Informed Consent for Focus Group Discussions and In-Depth Interviews

Each participant must receive, read and understand this document before they participate

Short Title: GOAL Trial Process Evaluation

Full Study Title: Process Evaluation of the GOAL Trial: Sports-based HIV Prevention in South African High Schools

Principal Investigators of the Process Evaluation: David Ross, BMBCh, PhD, Ian Warwick, BA, CQSW, MSW, EdD, Emilie Venables, PhD

Principal Investigators of the GOAL Trial: David Ross, BMBCh, PhD, Sinead Delany-Moretlwe MBBCh, PhD

LSHTM Phone number: +44 20 7927 2264

LSHTM Email Address: david.ross@lshtm.ac.uk

WRHI Email Address: evenables@wrhi.ac.za

Process Evaluation Manager: Stefanie Dringus, MSc

Study Contact telephone number: +27 (0) 83 401 5579

Study Contact email: stefanie.dringus@lshtm.ac.uk

ENGLISH

This form might have some words that are unfamiliar to you. Please ask the study staff about anything you do not understand or anything you want to learn more about. You may take home an unsigned copy of this consent form to think about or discuss before making a decision. Once you understand the study and if you agree to take part, you will be asked to sign your name on this form. You will be offered a copy to keep.

Hello. I work for Grassroot Soccer, on a study they are doing with the Wits Reproductive Health and HIV Institute, and the London School of Hygiene and Tropical Medicine. It is called the GOAL Trial. This is a research project with young people in Cape Town, and Port Elizabeth. We are exploring the effectiveness of a sport-based HIV-prevention programme called "Generation Skillz Utshintsho". You are being invited to participate in a focus group discussion (FGD) now and possibly an In-Depth Interview (IDI) in the future (an explanation of what FGDs and IDIs are is included below). This is because you are presently a Generation Skillz Utshintsho coach. We are interested in learning more about your experience delivering the programme. This consent form will give you information to decide whether you would like to participate in a FGD and IDI.

Before agreeing to participate, it is important that you read and understand the following. It will explain the purpose and procedures involved in FGDs and IDIs. This is so you can make an informed choice about whether or not you want to take part. It is important that you understand any benefits, risks and discomforts involved. We would like to explain what would be expected of you and what you can expect from us. Taking part is voluntary and you are free to stop at any time for any reason. Before you decide if you would like to join the study or not, it is important that you know the following:

Your decision to take part in an FGD or IDI is voluntary. This means that it is up to you to decide if you want to take part.

You may refuse to take part. You may stop taking part in the study for any reason and at any time.

If you decide not to take part or if you withdraw from the study, this will not affect your ability to continue delivering the Utshintsho programme. It also does not stop you from receiving any other services or benefits that you normally receive. This means that you can carry on as an Utshintsho Coach even if you do not want to be part of the FGDs or IDIs.

I am now going to tell you more about what will be involved if you agree to take part. You can ask the researchers named above, or other staff of the study any questions you have about this study at any time.

How long will your part in this study last?

You will be asked to take part in one or two group discussions. They will last about 90 minutes each. You may also be asked to take part in a further individual interview. However, only some of the participants in the discussion will be asked to do this. These interviews will last up to one hour. Like the discussions, they will be kept confidential. They will cover similar issues to the discussions. If selected for an IDI, you will be told more about the specific information we would like to collect. You

will then be asked if you would like to take part in the interview. But we would like to ask now for your permission to take part in an interview if you are chosen for this.

Information about Focus Group Discussions (FGDs) and In-Depth Interviews (IDIs)

If you decide to take part in a FGD and / or IDI, your participation will start after you have read, discussed and signed this form.

What is an FGD?

A FGD is a kind of group interview or conversation. It usually involves around 10 people. They are facilitated by a trained researcher who will ask the group to discuss issues relevant to the Utshintsho programme that you facilitated. FGDs are informal. You will not be judged on what you say. There are no right or wrong answers to the questions that you will be asked.

What will my participation in a FGD involve?

You will take part in a group discussion with about 9 other coaches. There will be separate discussions for males and females. It will last about 90-minutes. You will be asked to contribute your views on the Utshintsho programme. This will include what you liked or disliked and how you would like to see the programme changed in the future. You will not have to discuss any issues you feel uncomfortable with. Trained researchers will lead the FGDs. Discussions will be tape-recorded with a voice recorder. Research staff will also take written notes. The recorder is used to make sure we record your words exactly how you say them. The notes and the recording will not contain your name. They will be stored on a computer that is password protected. They will be destroyed after the research study has been completed.

When you agree to take part in this discussion, you must also agree to keep what everyone else says confidential. In other words, you will not tell anyone else what someone has said in the discussion. Also, you must agree not to be rude about what someone else says. You should accept that others have a right to their own views even if you disagree with them.

What if I don't want to use my real name?

Discussions will remain confidential. You will not be identified by your name. To protect your privacy, you will be asked to use a made up name, number or colour during the discussion.

What is an IDI?

An in-depth interview is a conversation between you and a trained researcher. They will ask you a question or ask you to talk about issues related to the programme you facilitated.

What will my participation in an IDI involve?

If you decide to take part in an IDI, you will sit in a private room with one researcher. During the interview you will be asked questions about your experience as a Coach. The session will be recorded with a voice recorder. This is to make sure we record your words exactly how you say them. During the interview, the researcher might write down what you say. The notes and the recording will not contain your name. The information will be stored on a computer that is password protected. They will be destroyed after the research study is completed.

During the interview we may ask you some questions that may cause you to feel embarrassed or uncomfortable. You will not have to answer questions you do not feel comfortable with. You can refuse to answer any questions in the interview at any time. You will not be judged on what you say. There are no right or wrong answers to the questions that you will be asked. An interview will last about 90 minutes. It will be done in a language of your choice.

What are my rights when participating in a FGD and IDI?

Agreeing to take part is voluntary. You are free to decide if you want to take part in an FGD and IDI. You can refuse to take part or stop at any time without a reason. You should not agree to take part in a FGD or IDI unless you understand what is involved. If you have any questions, do not hesitate to ask me or another member of the research team.

What happens if I decide I don't want to take part in a FGD or IDI?

If you decide not to take part or if you withdraw from the study, this will not affect your ability to continue delivering the Utshintsho programme. It also does not stop you from receiving any other services or benefits that you normally receive. This means that you can carry on as an Utshintsho Coach even if you do not want to be part of the FGDs or IDIs.

Importance of the Study

HIV infection is common among young people across the world and in our community. South Africa has the largest number of people living with HIV of any country in the world. This study will inform future HIV-prevention efforts for young people. It may also help improve the programme, Utshintsho, that you have delivered.

Who will be present during the discussion or interview?

Usually there will be two study researchers present during the discussion. One will lead the discussion, while the other will take notes. All people will be introduced to you before the discussion.

Will I get any direct benefits from being in this study?

There are no direct health or financial benefits for taking part in a FGD or IDI. Light refreshments will be provided.

Will it cost me anything to be in this study?

No. You will be refunded for any money they may have to spend to travel to the place where the discussion or interview will be held.

Will I be paid?

No. You will not be paid to participate in a FGD or IDI. But you will receive reimbursements to cover the costs of transport.

What are the possible risks or discomforts from being in this study?

You may feel nervous about sharing your views in the group setting or during an interview. But you are reminded that you are not required to answer any question. You may skip any part of the discussion or interview and not talk if you don't want to. If the discussion or interview questions raise personal issues or concerns, we can refer you to professional organisations that will try to assist you. Trained staff will work to keep any discomfort felt during the discussions to a minimum. In the FGD we will ask everybody to respect the privacy of others and not talk about the FGD after the discussion. But we cannot control what is said outside of the discussion. There is some risk of loss of confidentiality because of this.

How will my privacy be protected?

All efforts will be made to keep your personal information confidential. You will not be identified by your name during discussions and interviews. To protect your privacy, you will be asked to use a made up name, number or colour during the discussion. All information obtained during the course of the study including personal data and research data will be kept confidential. Information will be stored on a computer that is password protected. It will be destroyed after the research study is complete.

The findings of this study may be used for publication. But your name and any information that would allow you to be identified will not be revealed. Only the researchers will be able to look at your information.

However, absolute confidentiality cannot be guaranteed. Your personal information may be disclosed if required by law.

What if you have questions about this study?

You have the right to ask, and have answered, any questions you may have about this research. If you have questions, or concerns, you should feel free to contact the study worker who gave you this form. You can also contact the researchers listed on the first page of this form. You will be given an opportunity to ask any questions before the discussion begins.

What if you have questions about your rights as a research participant?

All research on human volunteers is reviewed by 'ethics committees'. They protect the rights and welfare of the people taking part in the research. This research has been approved by the both the LSHTM and Wits Ethics Committees. If you have questions or concerns about your rights as a research participant you may contact the University of the Witwatersrand Human Research Ethics Committee. You can do this anonymously if you wish. Please phone 011-717-2301 to be directed to one of the chairpersons of the committee. If you have questions about this specific research project, please call:

The study manager, Stefanie Dringus on 083 401 5579 or

The co-Principal Investigator Dr. Emilie Venables on email at evenables@wrhi.ac.za

Informed Consent Form for Coaches-

Focus Group Discussions and In-Depth Interviews

I confirm that I have been informed about what my involvement in FGDs and IDIs will involve. I have also read and understood the above written information about the study. I understand what will be required of me. I agree that what I say (quotations) in the group discussion or interview may be included anonymously in reports about the study. By anonymously, we mean that it will not be possible for anyone reading the report to know who has said it.

I may at any time withdraw consent to participate in FGDs and IDIs. I am not required to give a reason for this. This will not affect any services or benefits I normally receive. I have been able to ask any questions that I have. I voluntarily agree (of my own free will) to participate.

Signature		Date of Signature
Print Name		
Igama		

Address (Idilesi): _____

Phone # (Umnxeba #): _____

Alternate Phone # : _____

SIGNATURE: Focus Group Discussions (FGDs)

I have read this consent form (or had it read and explained to me), and all of my questions have been answered to my satisfaction. My signature below confirms that I agree to take part in a focus group discussion.

I agree to be audio recorded during the FGD YES / NO

Signature		Date of Signature
Print Name		

SIGNATURE: In-depth Interview (IDI)

I have read this consent form (or had it read and explained to me), and all of my questions have been answered to my satisfaction. My signature below confirms that I agree to take part in an IDI, if I am selected for this.

I agree for my interview to be audio recorded YES / NO

Signature		Date of Signature
Print Name		

Appendix F: Student Assent Form



Student Information Sheet and Informed Assent for Focus Group Discussions and In-Depth Interviews

Short Title: GOAL Trial Process Evaluation

Full Study Title: Process Evaluation of the GOAL Trial: Sports-based HIV Prevention in South African High Schools

Principal Investigators of the Process Evaluation: David Ross, BMBCh, PhD, Ian Warwick, BA, CQSW, MSW, EdD, Emilie Venables, PhD

Principal Investigators of the GOAL Trial: David Ross, BMBCh, PhD, Sinead Delany-Moretlwe MBBCh, PhD

LSHTM Phone number: +44 20 7927 2264

LSHTM Email Address: david.ross@lshtm.ac.uk

WRHI Email Address: evenables@wrhi.ac.za

Process Evaluation Manager: Stefanie Dringus, MSc

Study Contact telephone number: +27 (0) 83 401 5579

Study Contact email: stefanie.dringus@lshtm.ac.uk

ENGLISH

This form might have some words that are unfamiliar to you. Please ask the study staff about anything you do not understand or anything you want to learn more about. You may take home an unsigned

copy of this consent form to think about or discuss before making a decision. Once you understand the study and if you agree to take part, you will be asked to sign your name on this form. You will be offered a copy to keep.

Hello. I work for Grassroot Soccer, on a study they are doing with the Wits Reproductive Health and HIV Institute, and the London School of Hygiene and Tropical Medicine. It is called the GOAL Trial. This is a research project with young people in Cape Town, and Port Elizabeth. We are exploring the effectiveness of a sport-based HIV-prevention programme called "Generation Skillz". We believe that you may have taken part in this programme. If so, we would like to invite you to take part in a focus group discussion (FGD) now and possibly an In-Depth Interview (IDI) in the future. This is so we can learn more about your experience in the programme. An explanation of what FGDs and IDIs are is included below. Your parent or guardian will also need to give permission for you to be in this study if you are less than 18 years old. They will get a separate form to read and sign. This assent form will give you information to decide whether you would like to participate in a FGD and IDI.

Before agreeing to participate, it is important that you read and understand the following. It will explain the purpose and procedures involved in FGDs and IDIs. This is so you can make an informed choice about whether or not you want to participate. It is important that you understand any benefits, risks and discomforts involved. We would like to explain what would be expected of you and what you can expect from us. Your participation is voluntary and you are free to stop participating at any time for any reason. Before you decide if you would like to join the study or not, it is important that you know the following:

Your decision to participate in an FGD or IDI is voluntary. This means that is up to you to decide if you want to take part.

You may refuse to participate. You may stop taking part in the study for any reason and at any time.

If you decide not to take part or if you withdraw from the study, this would not make any difference to your schooling. Nor would it affect any other services or benefits normally receive.

If you decide not to participate, this will not affect your participation in the GOAL Trial. It will also not affect your ability to participate in the Generation Skillz programmes. This means that you can carry on in the study even if you do not want to be part of the FGDs or IDIs.

Your parent or guardian also needs to give permission for you to be in this study if you are under 18 years of age. If your parent decides he or she does not want you to take part in FGDs or IDIs, even if you would like to, will not be allowed to take part.

I am now going to tell you more about what will be involved if you agree to take part. You can ask the researchers named above, or other staff of the study any questions you have about this study at any time.

How long will your part in this study last?

You will be asked to take part in one group discussion. This will last about 90 minutes. You may also be asked to take part in a further individual interview. However, only some of the participants in the

discussion will be asked to do this. These interviews will last up to one hour. Like the discussions, they will be kept confidential. They will cover similar issues to the discussions. If selected for an IDI, you will be told more about the specific information we would like to collect. You will then be asked if you would like to take part in the interview. But we would like to ask now for your permission to take part in an interview if you are chosen for this.

Information about Focus Group Discussions (FGDs) and In-Depth Interviews (IDIs)

If you decide to take part in a FGD and / or IDI, your participation will start after you have read, discussed and signed this form.

What is an FGD?

A FGD is a kind of group interview or conversation. It usually involves around 10 people. They are facilitated by a trained researcher who will ask the group to discuss issues relevant to the programme that they participated in. FGDs are informal. You will not be judged on what you say. There are no right or wrong answers to the questions that you will be asked.

What will my participation in a FGD involve?

You will take part in a group discussion with about 9 other students. There will be separate discussions for males and females. It will last about 90-minutes. You will be asked to contribute your views on the Generation Skillz programme. This will include what you liked or disliked and how you would like to see the programme changed in the future. You will not have to discuss any issues you feel uncomfortable with. Trained researchers will lead the FGDs. Discussions will be tape-recorded with a voice recorder. Research staff will also take written notes. The recorder is used to make sure we record your words exactly how you say them. The notes and the recording will not contain your name. They will be stored on a computer that is password protected. They will be destroyed after the research study has been completed.

When you agree to take part in this discussion, you must also agree to keep what everyone else says confidential. In other words, you will not tell anyone else what someone has said in the discussion. Also, you must agree not to be rude about what someone else says. You should accept that others have a right to their own views even if you disagree with them.

What if I don't want to use my real name?

Discussions will remain confidential. You will not be identified by your name. To protect your privacy, you will be asked to use a made up name, number or colour during the discussion.

What is an IDI?

An in-depth interview is a conversation between you and a trained researcher. They will ask you a question or ask you to talk about issues related to the programme you have taken part in.

What will my participation in an IDI involve?

If you decide to take part in an IDI, you will sit in a private room with one researcher. During the interview you will be asked questions about your involvement in the programme. The session will be recorded with a voice recorder. This is to make sure we record your words exactly how you say them. During the interview, the researcher might write down what you say. The notes and the recording will not contain your name. The information will be stored on a computer that is password protected. They will be destroyed after the research study is completed.

During the interview we may ask you some questions that may cause you to feel embarrassed or uncomfortable. You will not have to answer questions you do not feel comfortable with. You can refuse to answer any questions in the interview at any time. You will not be judged on what you say. There are no right or wrong answers to the questions that you will be asked. An interview will last about 90 minutes. It will be done in a language of your choice.

What are my rights when participating in a FGD and IDI?

Agreeing to participate is voluntary. You are free to decide if you want to take part in an FGD and IDI. You can refuse to participate or stop at any time without a reason. You should not agree to take part in a FGD or IDI unless you understand what is involved. If you have any questions, do not hesitate to ask me or another member of the research team.

What happens if I decide I don't want to take part in a FGD or IDI?

If you do not want to take part, or if you were to withdraw from the study, this would not make any difference to your attendance at school. Nor would it affect any services or benefits you normally receive. If you decide not to participate, this will not affect your participation in the GOAL Trial. It will also not affect your ability to participate in the Generation Skillz programmes. This means that you can carry on in the study even if you do not want to be part of the FGDs or IDI. If you decide you do not want to participate in the study, even if you parent has already given permission, you will not be made to join the study.

Importance of the Study

HIV infection is common among young people across the world and in our community. South Africa has the largest number of people living with HIV of any country in the world. This study will inform future HIV-prevention efforts for young people. It may also help improve the programme, Generation Skillz that you participated in.

Who will be present during the discussion or interview?

Usually there will be two study researchers present during the discussion. One will lead the discussion, while the other will take notes. All people will be introduced to you before the discussion.

Will I get any direct benefits from being in this study?

There are no direct health or financial benefits for taking part in a FGD or IDI. But you may learn more about ways of protecting yourself from HIV during the discussion. Light refreshments will be provided.

Will it cost me anything to be in this study?

No. You will be refunded for any money they may have to spend to travel to the place where the discussion or interview will be held.

Will I be paid?

No. You will not be paid to participate in a FGD or IDI. But you will receive reimbursements to cover the costs of transport.

What are the possible risks or discomforts from being in this study?

You may feel nervous about sharing your views in the group setting or during an interview. But you are reminded that you are not required to answer any question. You may skip any part of the discussion or interview and not talk if you don't want to. If the discussion or interview questions raise personal issues or concerns, we can refer you to professional organisations that will try to assist you. Trained staff will work to keep any discomfort felt during the discussions to a minimum. In the FGD we will ask everybody to respect the privacy of others and not talk about the FGD after the discussion. But we cannot control what is said outside of the discussion. There is some risk of loss of confidentiality because of this.

How will my privacy be protected?

All efforts will be made to keep your personal information confidential. You will not be identified by your name during discussions and interviews. To protect your privacy, you will be asked to use a made up name, number or colour during the discussion. All information obtained during the course of the study including personal data and research data will be kept confidential. Information will be stored on a computer that is password protected. It will be destroyed after the research study is complete.

The findings of this study may be used for publication. But your name and any information that would allow you to be identified will not be revealed. Only the researchers will be able to look at your information.

However, absolute confidentiality cannot be guaranteed. Your personal information may be disclosed if required by law.

What if you have questions about this study?

You have the right to ask, and have answered, any questions you may have about this research. If you have questions, or concerns, you should feel free to contact the study worker who gave you this form. You can also contact the researchers listed on the first page of this form. You will be given an opportunity to ask any questions before the discussion begin.

What if you have questions about your rights as a research participant?

All research on human volunteers is reviewed by 'ethics committees'. They protect the rights and welfare of the people taking part in the research. This research has been approved by the both the LSHTM and Wits Ethics Committees. If you have questions or concerns about your rights as a research participant you may contact the University of the Witwatersrand Human Research Ethics Committee. You can do this anonymously if you wish. Please phone 011-717-2301 to be directed to one of the chairpersons of the committee. If you have questions about this specific research project, please call:

The study manager, Stefanie Dringus on 083 401 5579 or

The co-Principal Investigator Dr. Emilie Venables on email evenables@wrhi.ac.za

Informed Assent Form for Students-

Focus Group Discussions and In-Depth Interviews

Title of Study: Process Evaluation of the GOAL Trial: Sports-based HIV Prevention in South African High Schools

Study Manager: Stefanie Dringus

Study Contact telephone number: 083 401 5579

Study Contact email: stefanie.dringus@lshtm.ac.uk

I confirm that I have been informed about what my involvement in FGDs and IDIs will involve. I have also read and understood the above written information about the study. I understand what will be required of me. I agree that what I say (quotations) in the group discussion or interview may be included anonymously in reports about the study. By anonymously, we mean that it will not be possible for anyone reading the report to know who has said it.

I may at any time withdraw consent to participate in FGDs and IDIs. I am not required to give a reason for this. This will not affect any services or benefits I normally receive. I have been able to ask any questions that I have. I voluntarily agree (of my own free will) to participate.

Signature		Date of Signature
Print Name Igama		
Name of Parent		

Address: _____

Phone # _____

Alternate Phone #: _____

SIGNATURE: Focus Group Discussions (FGDs)

I have read this consent form (or had it read and explained to me), and all of my questions have been answered to my satisfaction. My signature below confirms that I agree to take part in a focus group discussion.

I agree to be audio recorded during the FGD YES / NO

Signature		Date of Signature

Name		

SIGNATURE: In-depth Interview (IDI)

I have read this consent form (or had it read and explained to me), and all of my questions have been answered to my satisfaction. My signature below confirms that I agree to take part in an IDI, if I am selected for this.

I agree for my interview to be audio recorded YES / NO

Signature		Date of Signature
Name		

Appendix G: Example coding frame with main codes and sub-codes

Coding Frame- Male Learner FGDs

GENERAL PROGRAMME

- Feelings about the programme / experiences in the programme
 - Positive association
 - Negative association
 - Learning things (new knowledge)
 - Being asked questions
 - Already knowing too much

- Generation Skillz vs. Utshintsho
 - Soccer activities
 - SMS
- Compared with: Life Orientation
 - Differences with Life Orientation
 - Similarities with Life Orientation
 - Teachers
- Compared with: other programmes
- Initial feelings / impressions
- Changes over time
- Offensive things
- Surprising Topics
- Upsetting topics
- Extreme topics / questions
 - Coping strategies
- Things wanting to learn more about / things to be added/ things to spend more time on
- Things to be changed about the programme
- Programme ending
- (no) Relevance to lives
- Telling / discussing other people
 - (not) Telling / discussing: other people
 - (not) Telling/ discussing: friends
 - (not) Telling/ discussing: family
 - (not) Telling / discussing: partners

- Changes
 - (no) Changes in self
 - (no) Changes in friends
 - (no) Changes in school
 - (no) Changes in community

FEELINGS AT PRACTICES:

- (un) Enjoyment
- Feeling (un) safe
- (Not) wanting to attend
- Feeling (un) comfortable
- (Not) Participating fully
- Stigma
- (not) Talking freely
 - Different views
- Getting advice / using advice
- Split-sex practices
 - Comfortable / talking openly
 - Conflicting feelings
 - Suspicions
 - Negative feelings
 - Exchanging of information (informal)- with girls
 - Hearing girls talk about things
 - Exchange of information (informal)- with other boys
 - Change over time
 - Perceptions of girls reactions
 - Put back together with
 - Exchange of information between boys and girls (formal)
- Coaches
 - Characteristics, attributes
 - Impressions of coaches
 - Changes over time
 - Talking freely with coaches (being open)
 - Coaches giving information (being open)
 - Coaches leaving
 - Remaining in contact with coaches

TOPICS

- Respect
 - Self respect
 - Respect for others
 - Respect for partner
 - “having respect”
 - Consequences of not having respect
- Responsibility
 - Responsibility with girls
 - Responsibility with self
- Good behaviour
- Being liked
- Being a good person
- Being an example
- How to conduct oneself
 - “Handling things”
 - Power
 - Abuse
- Relationships
 - How to treat a partner
 - Sexual responsibility
 - Girlfriend
 - IPV / abuse
 - Rape
 - Sex
 - Condom use / using protection / safe sex
 - Forced things
 - Power
 - Anger / disagreement with partner or girlfriend
 - Mistrust
 - Love partner
 - Multiple partners
 - Relationship dynamics
- Sexual abuse
- Sexuality
- HIV/AIDS
 - HIV Testing
- Teenage Pregnancy
 - Consequences of teenage pregnancy
 - Causes of teenage pregnancy

- Avoiding teenage pregnancy
 - Male attitudes towards teenage pregnancy
 - Learning about teenage pregnancy
- Alcohol (abuse)
 - Consequences of alcohol
 - Alcohol as a problem solver
- Drug abuse
- Circumcision
- Abstinence
- Homosexuality
- Menstruation
- Topics learnt / topics remembered / topics that stand out / topics enjoyed
- Activities learnt / activities remembered / activities that stand out / activities enjoyed

GENERAL LIFE

- Understanding life
- Success in life
- Future
- Preparation
- Goal Setting
- Making choices
- Making decisions
- Rights and responsibilities
- Saying NO
- Peer Pressure / Friends (bad influence)
 - Being called a “boss”
- Gender roles / norms
 - “Breaking rules”
 - Society’s expectations
- Morals and Values

- Judgement
- How treating people
- Comfort / freedom talking
 - Talking with an older person
 - Talking with parents
 - Talking in private
- Other relationships
 - Parents
 - Friends
 - Community
- Autonomy
 - From parents
 - From friends
 - “coming from within”
- Mindset
- Crime
- Gangsterism
- Things that affect...
 - The youth
 - South Africa
- Community
 - People’s perceptions
- Society’s Expectations
- Harassment towards girls at school
- Mis information
- GOAL Trial

Appendix H: LSHTM Ethics Approval

London School of Hygiene & Tropical Medicine Keppel Street, London WC1E 7HT United Kingdom Switchboard: +44 (0)20 7636 8636 www.lshtm.ac.uk	LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE 	
---	--	---

.....Observational/Interventions Research Ethics Committee

Stefanie Dringus
Research-Degree-Student
IDE-/EPH
LSHTM

14 April 2014

Dear Miss Dringus,

Study Title: Process and qualitative evaluation of a sport-based HIV prevention programme in South African high schools

LSHTM Ethics Amendment Ref: 6348-01

Thank you for your application of 17 March 2014 for the above amendment to the existing ethically approved study and submitting revised documentation. The amendment application has been considered by the Observational Committee.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above amendment to research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Conditions of the favourable opinion

Approval is dependent on local ethical approval for the amendment having been received, where relevant.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document Type	File Name	Date	Version
	LSHTM ethics application DRINGUS.docx	31/12/2012	1

After ethical review

Any further changes to the application must be submitted to the Committee via an Amendment form on the ethics online applications website. The Principal Investigator is reminded that all studies are also required to notify the ethics committee of any serious adverse events which occur during the project via an Adverse Event form on the ethics online applications website. At the end of the study, please notify the committee via an End of Study form on the ethics online applications website. Ethics online applications website link: <http://leo.lshtm.ac.uk>

Yours sincerely,



Chair

ethics@lshtm.ac.uk
<http://www.lshtm.ac.uk/ethics/>

Improving health worldwide

Appendix I: Wits Ethics Approval



R14/49 Dr E Venables and Prof D Ross

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M130864

NAME: Dr E Venables and Prof D Ross
(Principal Investigator)

DEPARTMENT: Wits Reproductive Health & HIV Institute
Hillbrow Health Precinct

PROJECT TITLE: Process and Qualitative Evaluation of a Sport-Based
HIV Prevention Programme in South African High
Schools: Process Evaluation Component

DATE CONSIDERED: 30/08/2013

DECISION: Approved unconditionally

CONDITIONS:

SUPERVISOR:

APPROVED BY:

Professor A Woodiwiss, Co-Chairperson, HREC (Medical)

DATE OF APPROVAL: 09/10/2014

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Secretary in Room 10004, 10th floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. **I agree to submit a yearly progress report**

Principal Investigator Signature

Date

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

Appendix J: Western Cape DoE Approval Letter



Directorate: Research

Audrey.wyngaard@westerncape.gov.za

tel: +27 021 467 9272

Fax: 0865902282

Private Bag x9114, Cape Town, 8000

wced.wcape.gov.za

REFERENCE: 20111908-0033

ENQUIRIES: Dr A T Wyngaard

Mr Zak Kaufman
London School of Hygiene and Tropical Medicine
London

Dear Mr Zak Kaufman

RESEARCH PROPOSAL: SPORTS BASED HIV PREVENTION IN SOUTH AFRICAN SCHOOLS A CLUSTER RANDOMISED TRAIL

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **19 January 2012 till 30 September 2015**
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
7. Should you wish to extend the period of your survey, please contact Dr A.T Wyngaard at the contact numbers above quoting the reference number?
8. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
9. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
10. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:

**The Director: Research Services
Western Cape Education Department
Private Bag X9114
CAPE TOWN
8000**

We wish you success in your research.

Kind regards.

Signed: Dr Audrey T Wyngaard

Directorate: Research

DATE: 13 May 2014

Appendix K: Eastern Cape DoE Approval



Province of the
EASTERN CAPE
EDUCATION

STRATEGIC PLANNING POLICY RESEARCH AND SECRETARIAT SERVICES
Steve Vukile Tshwete Complex • Zone 6 • Zwelitsha • Eastern Cape
Private Bag X0032 • Bhisho • 5605 • REPUBLIC OF SOUTH AFRICA
Tel: +27 (0)43 702 7428 • Fax: +27 (0)43 702 7427/38 • Website: www.ecdoe.gov.za

Enquiries: Dr Heckroodt

Email: bernetia@iafrica.com

08 January 2012

Mr Zachary Kaufman
38 Hout Street, 5th Floor
Cape Town
6139

Dear Mr Kaufman

**PERMISSION TO UNDERTAKE A DOCTORATE THESIS: SPORTS-BASED HIV PREVENTION
IN SOUTH AFRICAN SCHOOLS – A CLUSTER-RANDOMISED TRIAL**

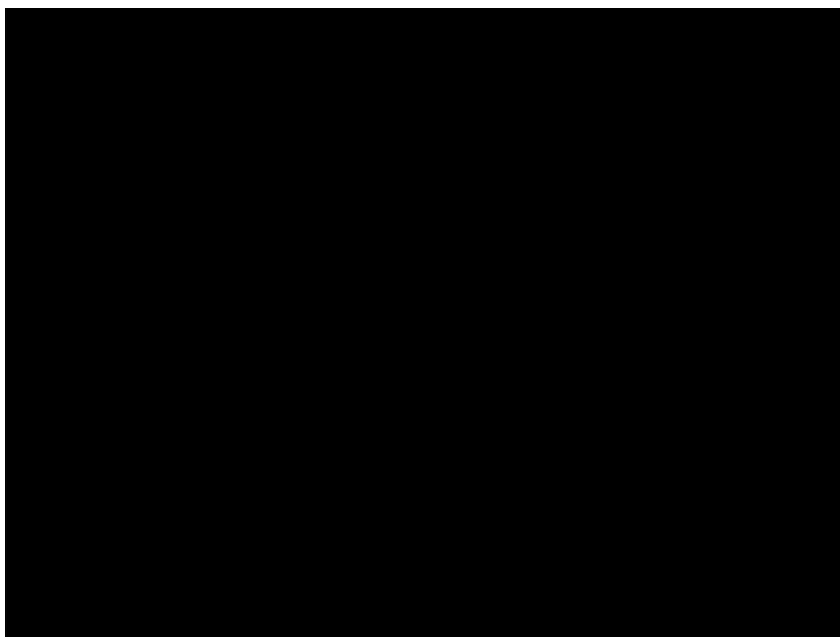
1. Thank you for your application to conduct research.
2. Your application to conduct the above mentioned research in 20 selected Secondary Schools under the jurisdiction of Port Elizabeth District (see Appendix 1 which forms part of this letter) in the Eastern Cape Department of Basic Education (ECDBE) is hereby approved on condition that:
 - a. there will be no financial implications for the Department;
 - b. institutions and respondents must not be identifiable in any way from the results of the investigation;
 - c. you present a copy of the written approval letter of the Eastern Cape Department of Basic Education (ECDBE) to the District Directors before any research is undertaken at any institutions within that particular district;
 - d. you will make all the arrangements concerning your research;

- e. the research may not be conducted during official contact time, as educators' programmes should not be interrupted;
 - f. should you wish to extend the period of research after approval has been granted, an application to do this must be directed to the Director: Strategic Planning Policy Research and Secretariat Services;
 - g. the research may not be conducted during the fourth school term, except in cases where a special well motivated request is received;
 - h. your research will be limited to those schools or institutions for which approval has been granted, should changes be effected written permission must be obtained from the Director – Strategic Planning Policy Research and Secretariat Services;
 - i. you present the Department with a copy of your final paper/report/dissertation/thesis free of charge in hard copy and electronic format. This must be accompanied by a separate synopsis (maximum 2 – 3 typed pages) of the most important findings and recommendations if it does not already contain a synopsis. This must also be in an electronic format.
 - j. you are requested to provide the above to the Director: The Strategic Planning Policy Research and Secretariat Services upon completion of your research.
 - k. you comply to all the requirements as completed in the Terms and Conditions to conduct Research in the ECDBE document duly completed by you.
 - l. you comply with your ethical undertaking (commitment form).
 - m. You submit on a six monthly basis, from the date of permission of the research, concise reports to the Director: Strategic Planning Policy Research and Secretariat Services.
3. The Department reserves a right to withdraw the permission should there not be compliance to the approval letter and contract signed in the Terms and Conditions to conduct Research in the ECDBE.
 4. The Department will publish the completed research on its website.
 5. The Department wishes you well in your undertaking. You can contact the Director, Dr. [REDACTED] on 043 702 7428 or mobile number 083 275 0715 and email: [REDACTED]@edu.ecprov.gov.za should you need any assistance.

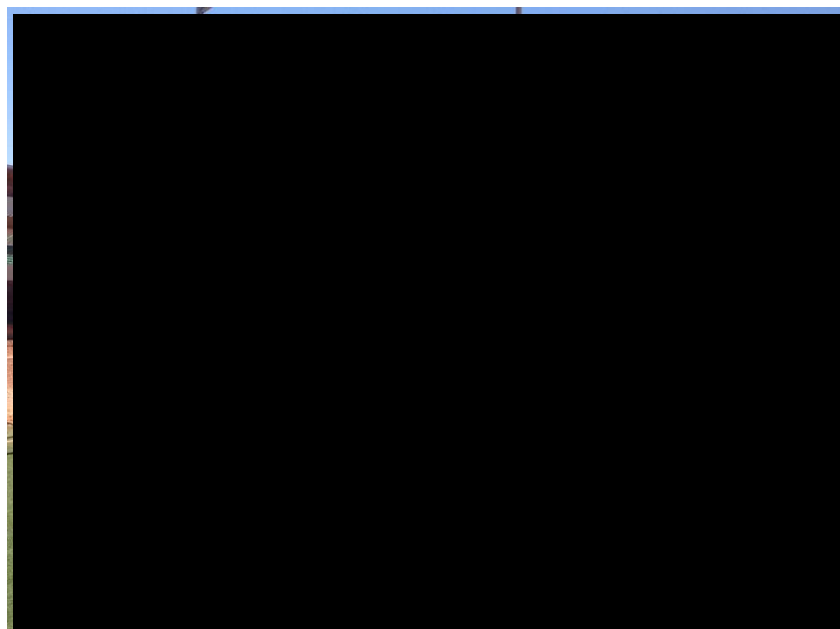
DIRECTOR: STRATEGIC PLANNING POLICY RESEARCH AND SECRETARIAT SERVICES

Pictures from Data Collection

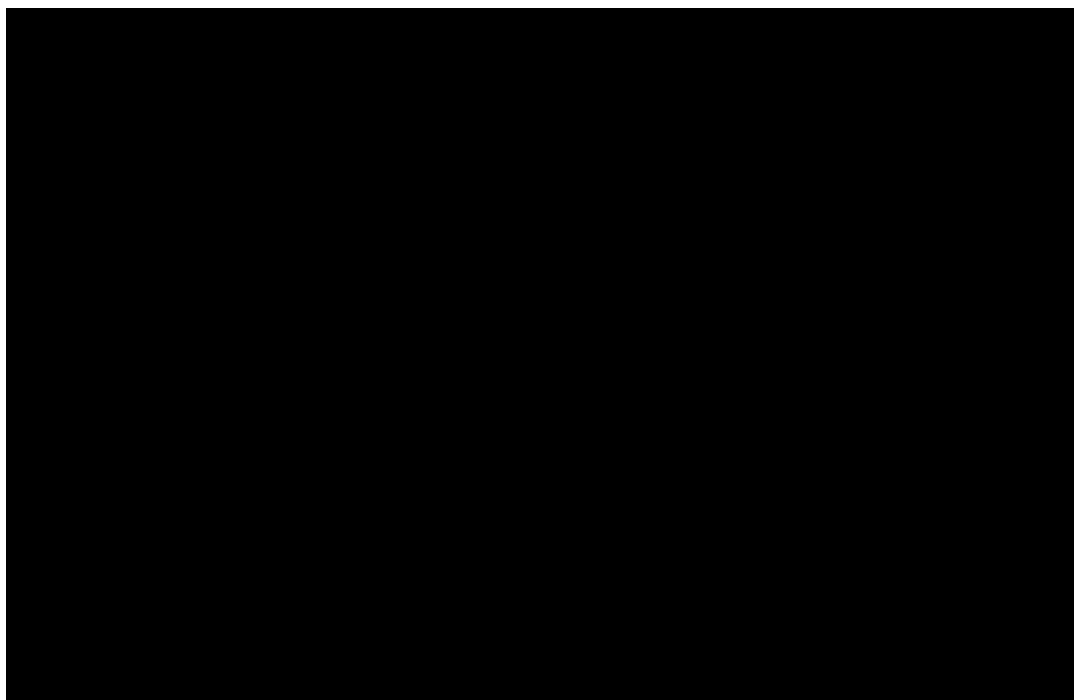
Picture 1: Training of Coaches, Cape Town



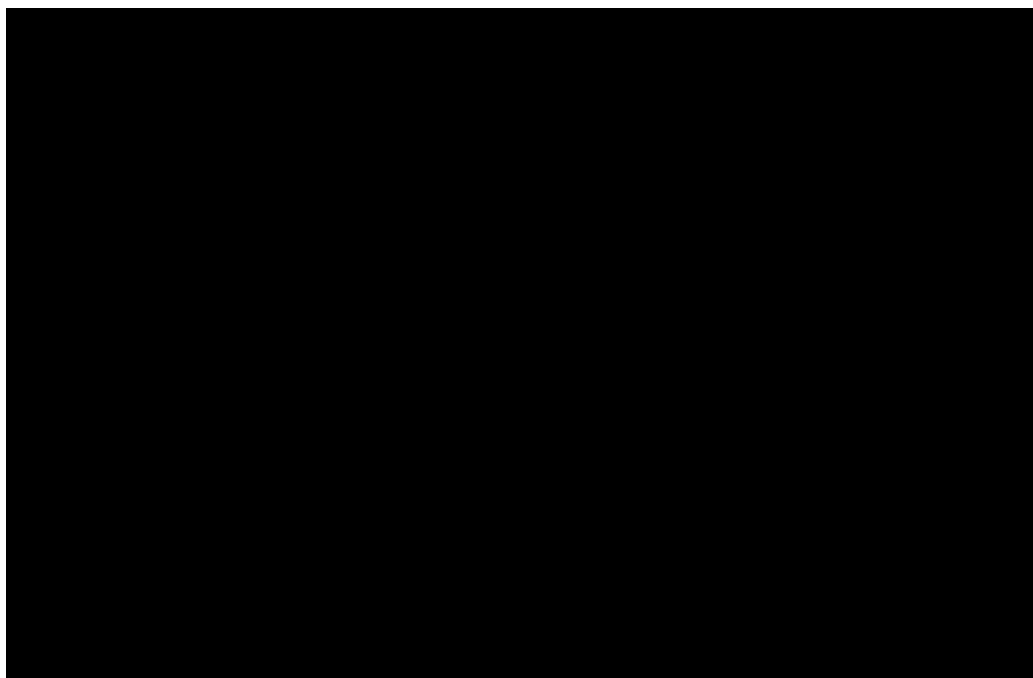
Picture 2: Training of Coaches, Cape Town

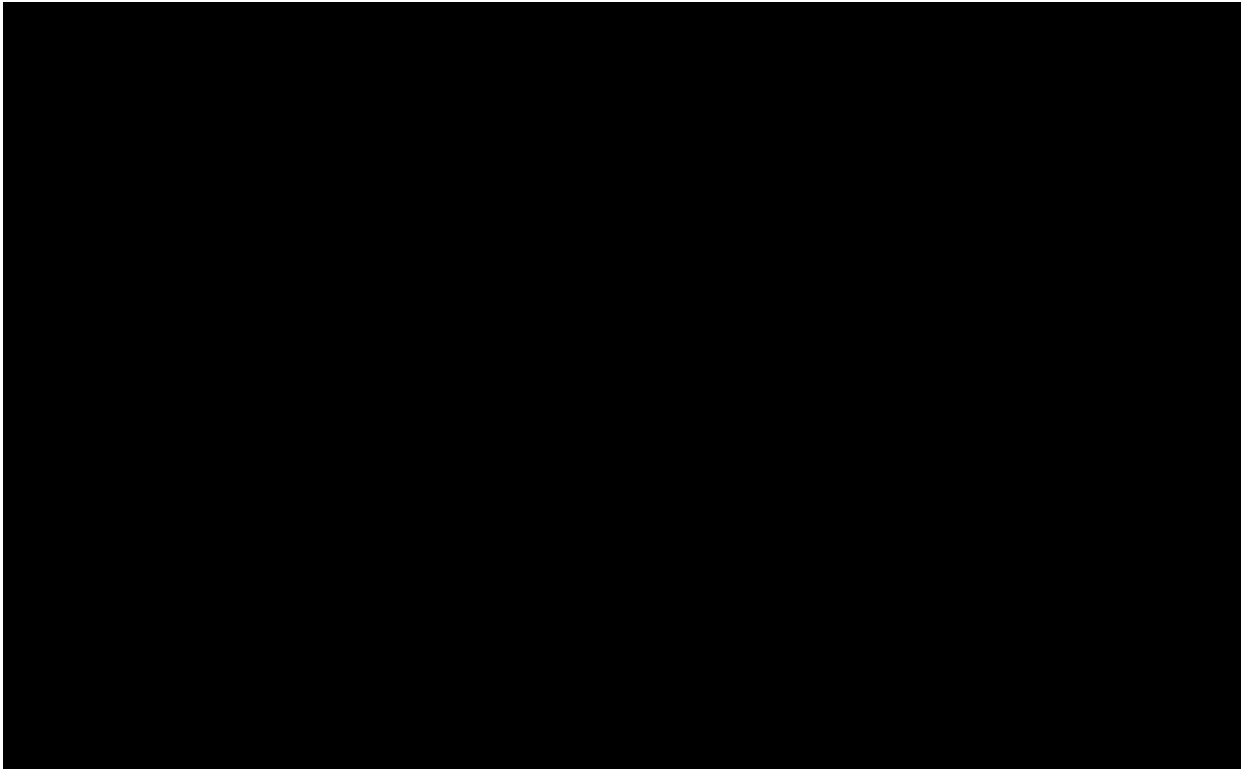


Picture 3: Training of Coaches, Cape Town

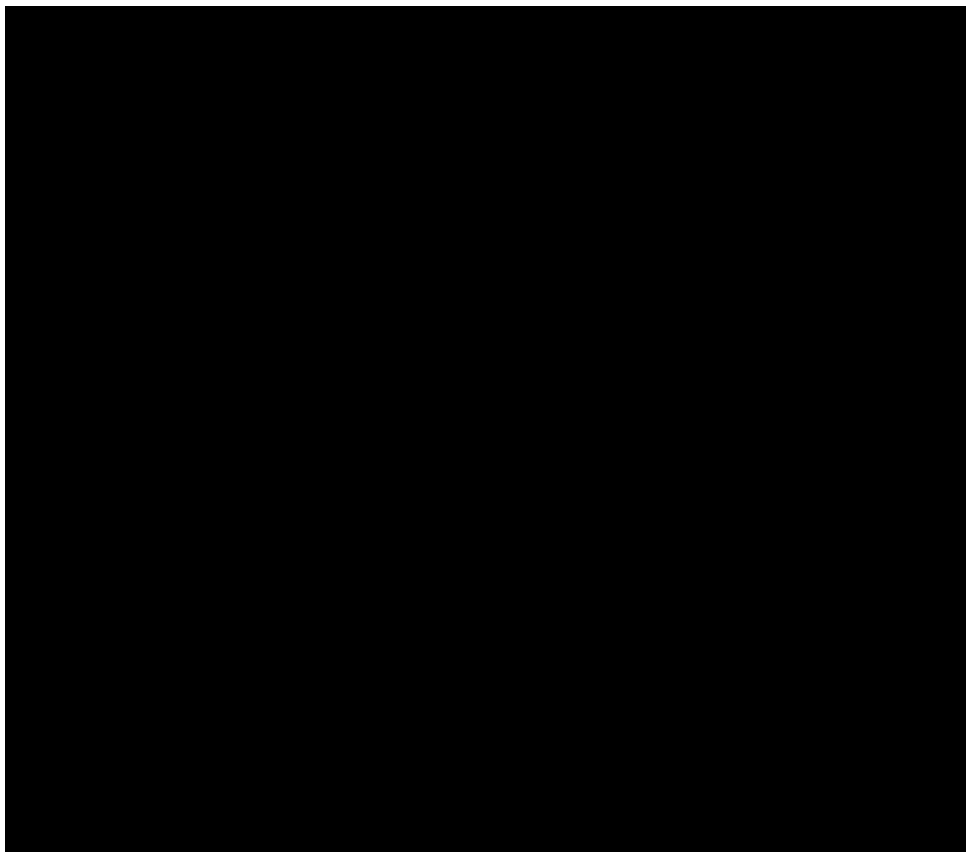


Picture 4: Utshintsho Coaches, Cape Town

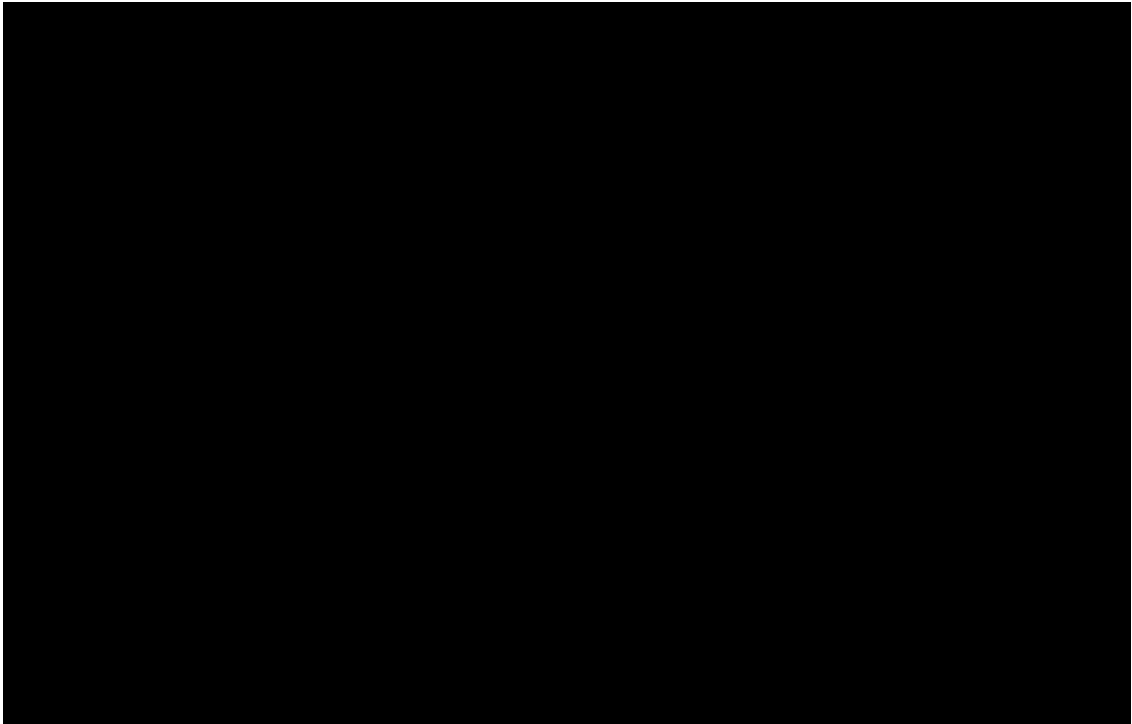
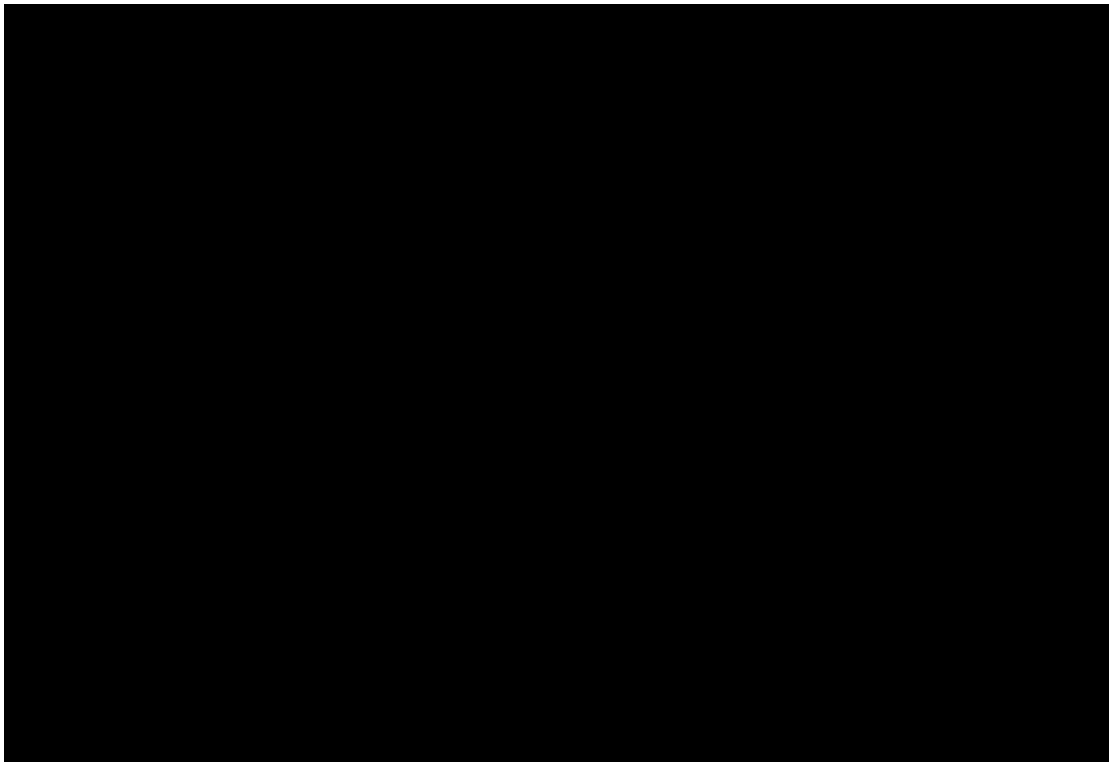




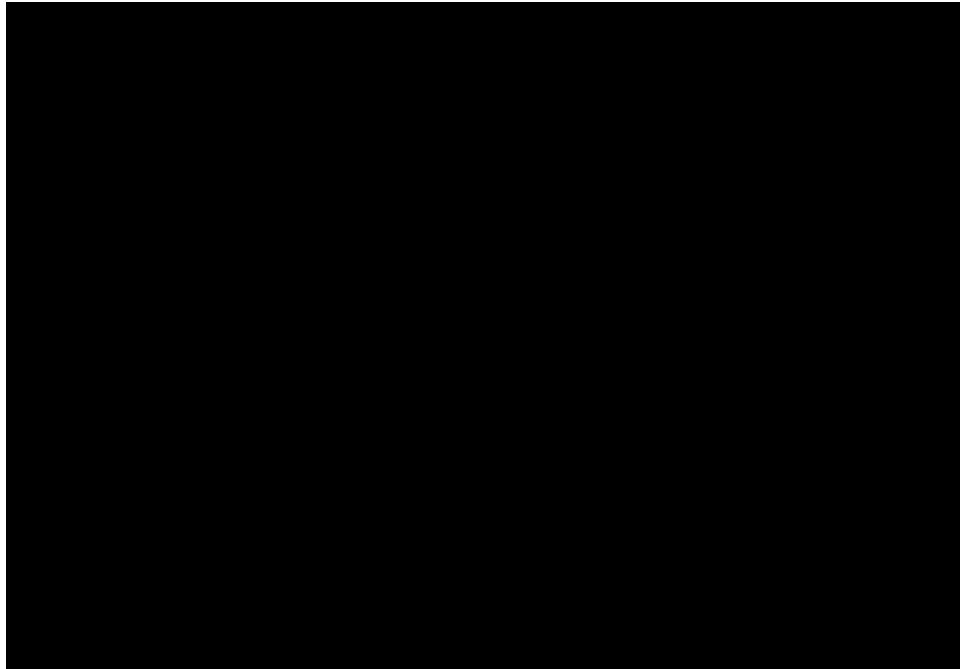
Picture 6: Utshintsho School, Port Elizabeth



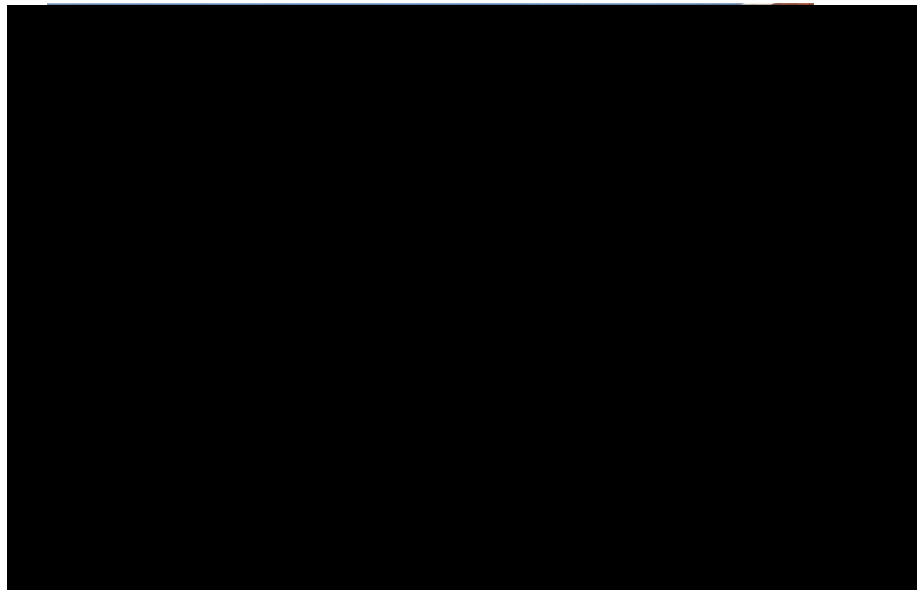
Picture 7: Student FGD (female), Cape Town



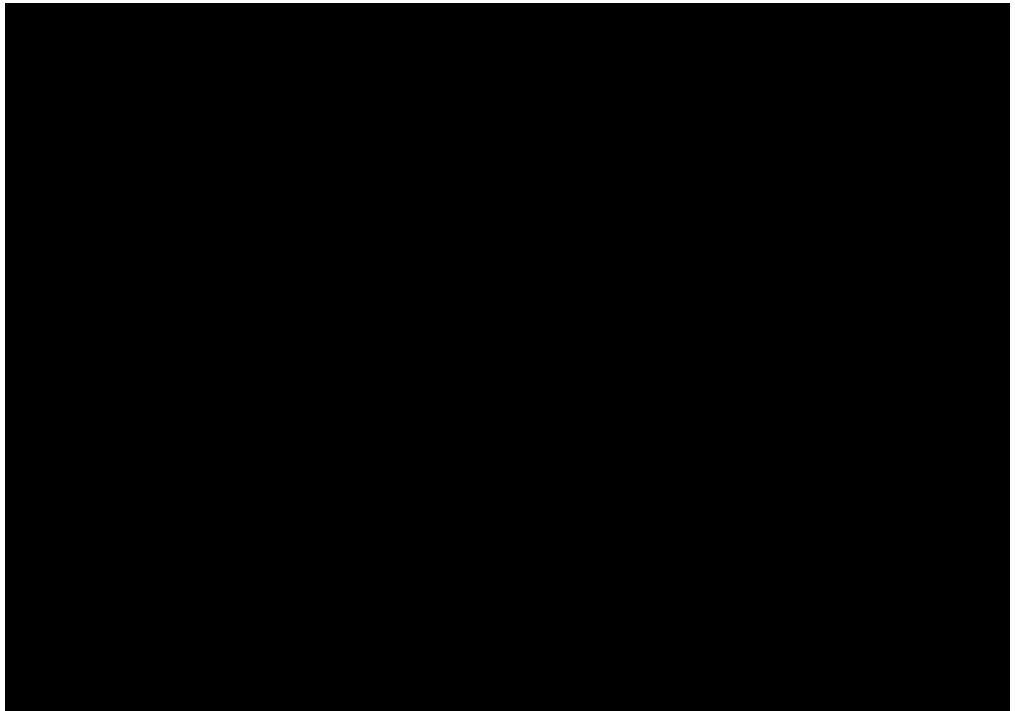
Picture 9: Utshintsho Participants, Port Elizabeth



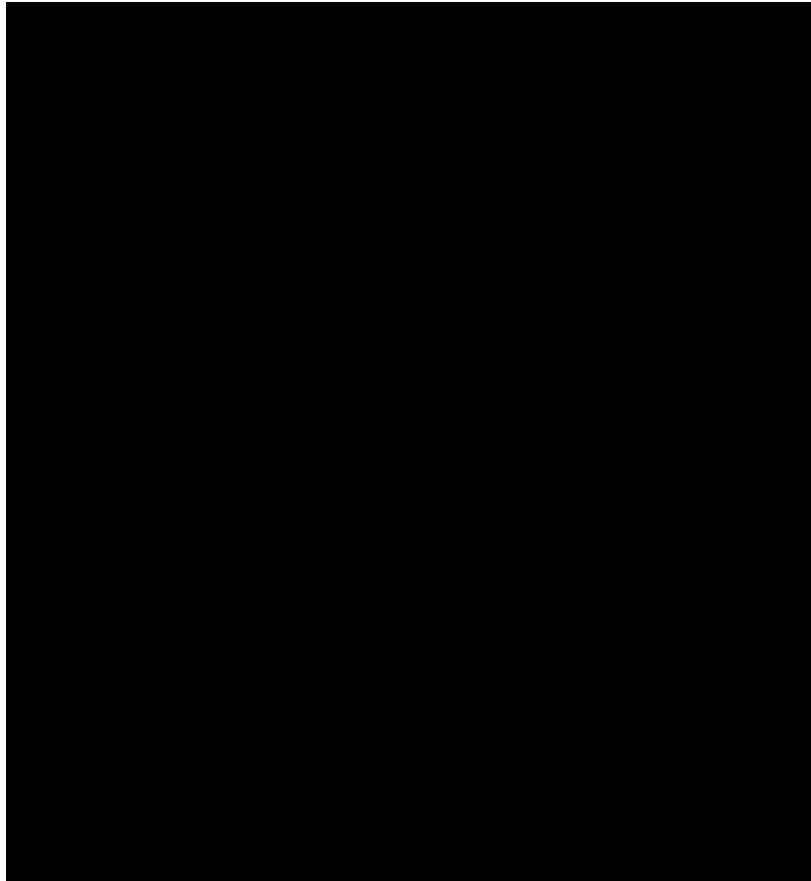
Picture 10: Utshintsho Coaches with Research Assistant, Port Elizabeth



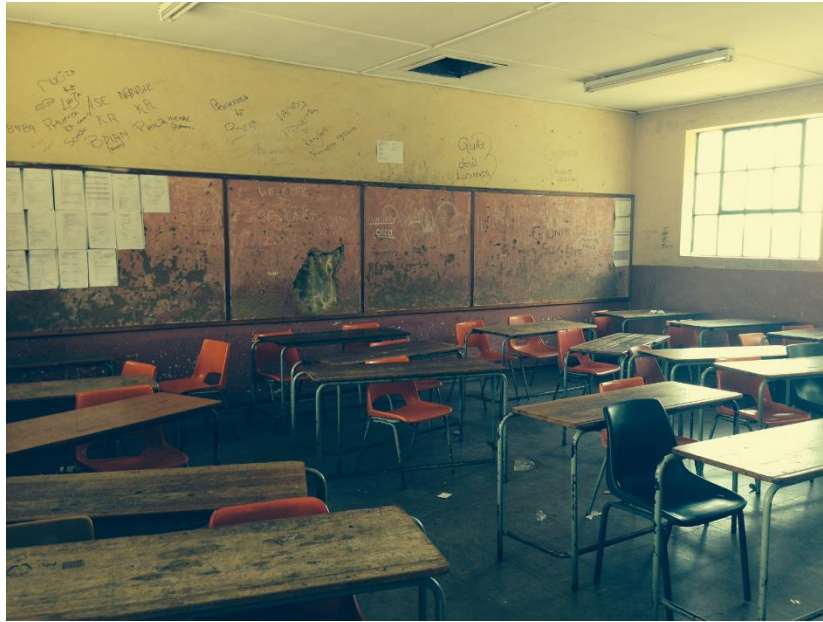
Picture 11: Research Assistants, Year 1



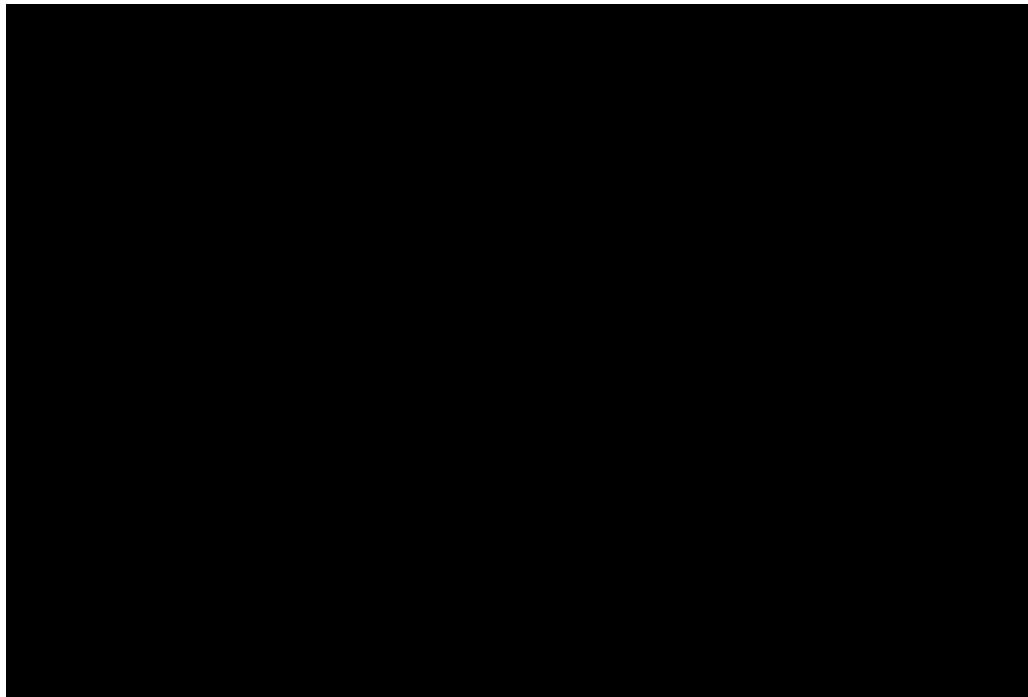
Picture 12: Research Assistants, Year 2



Picture 13: Classroom, Port Elizabeth



Picture 14: Research Participants, and Research Assistants, Port Elizabeth



References

- AHMED, N., FLISHER, A. J., MATHEWS, C., JANSEN, S., MUKOMA, W. & SCHAALMA, H. 2006. Process evaluation of the teacher training for an AIDS prevention programme. *Health Education Research*, 21, 621-32.
- AHMED, N., FLISHER, A. J., MATHEWS, C., MUKOMA, W. & JANSEN, S. 2009. HIV education in South African schools: the dilemma and conflicts of educators. *Scandinavian Journal of public health*, 37, 48-54.
- AL-IRYANI, B., BASALEEM, H., AL-SAKKAF, K., KOK, G. & VAN DEN BORNE, B. J. S.-J. J. O. S. A. O. H. A. 2013. Process evaluation of school-based peer education for HIV prevention among Yemeni adolescents. 10, 55-64.
- BACKETT-MILBURN, K. & WILSON, S. 2000. Understanding peer education: insights from a process evaluation. *Health Education Research*, 15, 85-96.
- BANDURA, A. 1977. *Social Learning Theory*
New York, General Learning Press.
- BARANOWSKI, T. & STABLES, G. 2000. Process evaluations of the 5-a-day projects. *Health Education & Behavior*, 27, 157-166.
- BARTHOLOMEW, L. K., PARCEL, G. S., KOK, G. & GOTTLIEB, N. H. 2001. *Intervention mapping: designing theory-and evidence-based health promotion programs*, Mayfield Mountain View, CA.
- BASCH, C. E., SLIEPCEVICH, E. M., GOLD, R. S., DUNCAN, D. F. & KOLBE, L. J. 1985. Avoiding type III errors in health education program evaluations: a case study. *Health education quarterly*, 12, 315-331.
- BELLG, A. J., BORRELLI, B., RESNICK, B., HECHT, J., MINICUCCI, D. S., ORY, M., OGEDEGBE, G., ORWIG, D., ERNST, D. & CZAJKOWSKI, S. 2004. Enhancing treatment fidelity in health behavior change studies: best practices and recommendations from the NIH Behavior Change Consortium. *Health Psychology*, 23, 443.
- BERWICK, D. M. 2008. The science of improvement. *Jama*, 299, 1182-1184.
- BLAKELY, C. H., MAYER, J. P., GOTTSCHALK, R. G., SCHMITT, N., DAVIDSON, W. S., ROITMAN, D. B. & EMSHOFF, J. G. 1987. The fidelity-adaptation debate: Implications for the implementation of public sector social programs. *American journal of community psychology*, 15, 253-268.
- BLANK, L., BAXTER, S. K., PAYNE, N., GUILLAUME, L. R. & PILGRIM, H. 2010. Systematic review and narrative synthesis of the effectiveness of contraceptive service interventions for young people, delivered in educational settings. *Journal of pediatric and adolescent gynecology*, 23, 341-351.
- BOHN, M. J., BABOR, T. F. & KRANZLER, H. R. 1995. The Alcohol Use Disorders Identification Test (AUDIT): validation of a screening instrument for use in medical settings. *Journal of studies on alcohol*, 56, 423-432.
- BONELL, C., FLETCHER, A. & MCCAMBRIDGE, J. J. B. 2007. Improving school ethos may reduce substance misuse and teenage pregnancy. 334, 614-616.
- BONELL, C., FLETCHER, A., MORTON, M., LORENC, T. & MOORE, L. 2012. Realist randomised controlled trials: a new approach to evaluating complex public health interventions. *Social science & medicine*, 75, 2299-2306.

- BONELL, C. & IMRIE, J. 2001. Behavioural interventions to prevent HIV infection: rapid evolution, increasing rigour, moderate success. *British medical bulletin*, 58, 155-170.
- BONELL, C., JAMAL, F., MELENDEZ-TORRES, G. & CUMMINS, S. 2015. 'Dark logic': theorising the harmful consequences of public health interventions. *J Epidemiol Community Health*, 69, 95-98.
- BRYMAN, A. 2015. *Social research methods*, Oxford university press.
- BUMBARGER, B. & PERKINS, D. 2008. After randomised trials: issues related to dissemination of evidence-based interventions. *Journal of Children's Services*, 3, 55-64.
- BUSTON, K., WIGHT, D., HART, G. & SCOTT, S. 2002. Implementation of a teacher-delivered sex education programme: obstacles and facilitating factors. *Health education research*, 17, 59-72.
- CAMPBELL, C. & FOULIS, C.-A. 2002. Creating contexts that support youth-led HIV prevention in schools. *Society in transition*, 33, 312-329.
- CARETTA, M. A. 2015. Situated knowledge in cross-cultural, cross-language research: a collaborative reflexive analysis of researcher, assistant and participant subjectivities. *Qualitative Research*, 15, 489-505.
- CARROLL, C., PATTERSON, M., WOOD, S., BOOTH, A., RICK, J. & BALAIN, S. 2007. A conceptual framework for implementation fidelity. *Implementation science*, 2, 40.
- CHEN, L., JHA, P., STIRLING, B. & AL., E. 2007a. Sexual risk factors for HIV infection in early and advanced HIV epidemics in sub-Saharan Africa: systematic overview of 68 epidemiological studies *Plos one*.
- CHEN, L., JHA, P., STIRLING, B., SGAIER, S. K., DAID, T., KAUL, R., NAGELKERKE, N. & INVESTIGATORS, I. S. O. H. A. 2007b. Sexual risk factors for HIV infection in early and advanced HIV epidemics in sub-Saharan Africa: systematic overview of 68 epidemiological studies. *PloS one*, 2, e1001.
- CHIBANDA, D., BOWERS, T., VERHEY, R., RUSAKANIKO, S., ABAS, M., WEISS, H. A. & ARAYA, R. 2015. The Friendship Bench programme: a cluster randomised controlled trial of a brief psychological intervention for common mental disorders delivered by lay health workers in Zimbabwe. *International journal of mental health systems*, 9, 21.
- CLARK, A. M., MACINTYRE, P. D. & CRUICKSHANK, J. 2007. A critical realist approach to understanding and evaluating heart health programmes. *Health*, 11, 513-539.
- CLARK, T. S., FRIEDRICH, G. K., NDLOVU, M., NEILANDS, T. B. & MCFARLAND, W. 2006. An adolescent-targeted HIV prevention project using African professional soccer players as role models and educators in Bulawayo, Zimbabwe. *AIDS and Behavior*, 10, 77-83.
- CLARKE, V. & BRAUN, V. 2013. Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The psychologist*, 26, 120-123.
- CRAIG, P., DIEPPE, P., MACINTYRE, S., MICHIE, S., NAZARETH, I. & PETTICREW, M. 2008. Developing and evaluating complex interventions: the new Medical Research Council guidance. *Bmj*, 337, a1655.
- CURTIS, S. L. & SUTHERLAND, E. G. 2004. Measuring sexual behaviour in the era of HIV/AIDS: the experience of Demographic and Health Surveys and similar enquiries. *Sexually Transmitted Infections*, 80, ii22-ii27.

- DANE, A. V. & SCHNEIDER, B. H. 1998. Program integrity in primary and early secondary prevention: are implementation effects out of control? *Clinical psychology review*, 18, 23-45.
- DE HAAS, B. & HUTTER, I. 2019. Teachers' conflicting cultural schemas of teaching comprehensive school-based sexuality education in Kampala, Uganda. *J Culture, health, sexuality*, 21, 233-247.
- DE VICKI STRANGE, S. F. & OAKLEY, A. 2001. A listening trial: 'qualitative methods within experimental research. *Using research for effective health promotion*, 138.
- DENISON, J. A., PETTIFOR, A., MOFENSON, L. M., KASEDE, S., MARCUS, R., KONAYUMA, K. J., KOBOTO, K., NGCOBO, M. L., NDLELENI, N. & PULERWITZ, J. 2017. Youth engagement in developing an implementation science research agenda on adolescent HIV testing and care linkages in sub-Saharan Africa. *AIDS (London, England)*, 31, S195.
- DISHION, T. J., MCCORD, J. & POULIN, F. 1999. When interventions harm: Peer groups and problem behavior. *American psychologist*, 54, 755.
- DOYLE, A. M., ROSS, D. A., MAGANJA, K., BAISLEY, K., MASESA, C., ANDREASEN, A., PLUMMER, M. L., OBASI, A. I., WEISS, H. A. & KAPIGA, S. 2010a. Long-term biological and behavioural impact of an adolescent sexual health intervention in Tanzania: follow-up survey of the community-based MEMA kwa Vijana Trial. *PLoS Med*, 7, e1000287.
- DOYLE, A. M., ROSS, D. A., MAGANJA, K., BAISLEY, K., MASESA, C., ANDREASEN, A., PLUMMER, M. L., OBASI, A. I., WEISS, H. A. & KAPIGA, S. J. P. M. 2010b. Long-term biological and behavioural impact of an adolescent sexual health intervention in Tanzania: follow-up survey of the community-based MEMA kwa Vijana Trial. 7, e1000287.
- DURLAK, J. A. & DUPRE, E. P. 2008. Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American journal of community psychology*, 41, 327-350.
- DUSENBURY, L., BRANNIGAN, R., FALCO, M. & HANSEN, W. B. 2003. A review of research on fidelity of implementation: implications for drug abuse prevention in school settings. *Health education research*, 18, 237-256.
- DUSENBURY, L., BRANNIGAN, R., HANSEN, W. B., WALSH, J. & FALCO, M. 2004. Quality of implementation: developing measures crucial to understanding the diffusion of preventive interventions. *Health Education Research*, 20, 308-313.
- FLISHER, A. J., BROWN, A. & MUKOMA, W. 2002. Intervening through the school system. *Changing substance abuse through health and social systems*. Springer.
- FRANTZ, J. 2015. A peer-led approach to promoting health education in schools: The views of peers. *South African Journal of Education*, 35.
- GEARING, R. E., EL-BASSEL, N., GHESQUIERE, A., BALDWIN, S., GILLIES, J. & NGEOW, E. 2011. Major ingredients of fidelity: a review and scientific guide to improving quality of intervention research implementation. *Clinical psychology review*, 31, 79-88.
- GOVERNMENT OF SOUTH AFRICA 2012. National Strategic Plan on HIV, STIs and TB: 2012-2016. Republic of South Africa.

- GRANT, A., TREWEEK, S., DREISCHULTE, T., FOY, R. & GUTHRIE, B. 2013. Process evaluations for cluster-randomised trials of complex interventions: a proposed framework for design and reporting. *Trials*, 14, 15.
- GREEN, J. & THOROGOOD, N. 2013. *Qualitative methods for health research*, Sage.
- GREEN, L. W., KREUTER, M. W., DEEDS, S. G., PARTRIDGE, K. B. & BARTLETT, E. 1980. Health education planning: a diagnostic approach.
- GREGSON, S., NYAMUKAPA, C. A., GARNETT, G. P., MASON, P. R., ZHUWU, T., CARAËL, M., CHANDIWANA, S. K. & ANDERSON, R. M. 2002. Sexual mixing patterns and sex-differentials in teenage exposure to HIV infection in rural Zimbabwe. *The Lancet*, 359, 1896-1903.
- HARACHI, T. W., ABBOTT, R. D., CATALANO, R. F., HAGGERTY, K. P. & FLEMING, C. B. 1999. Opening the black box: using process evaluation measures to assess implementation and theory building. *American journal of community psychology*, 27, 711-731.
- HARRISON, A., NEWELL, M.-L., IMRIE, J. & HODDINOTT, G. 2010. HIV prevention for South African youth: which interventions work? A systematic review of current evidence. *BMC public health*, 10, 102.
- HASSON, H. 2010. Systematic evaluation of implementation fidelity of complex interventions in health and social care. *Implementation Science*, 5, 67.
- HAWES, P., SHIELL, A. & RILEY, T. 2004. Complex interventions: how "out of control" can a randomised controlled trial be? *BMJ* 328, 1561-1563.
- HAYES, R. J., CHANGALUCHA, J., ROSS, D. A., GAVIOLE, A., TODD, J., OBASI, A. I. N., PLUMMER, M. L., WIGHT, D., MABEY, D. C. & GROSSKURTH, H. 2005. The MEMA kwa Vijana project: design of a community randomised trial of an innovative adolescent sexual health intervention in rural Tanzania. *Contemporary clinical trials*, 26, 430-442.
- HELITZER, D. & YOON, S. 2002. Process evaluation of the adolescent social action program in New Mexico. *Process evaluation for public health interventions and research*, 83-109.
- HENDERSON, M., WIGHT, D., RAAB, G., ABRAHAM, C., PARKES, A., SCOTT, S. & HART, G. 2007. Impact of a theoretically based sex education programme (SHARE) delivered by teachers on NHS registered conceptions and terminations: final results of cluster randomised trial. *bmj*, 334, 133.
- HSRC. 2009. South African National HIV Prevalence, Incidence, Behaviour and Communication Survey 2008. Cape Town HSRC Press.
- JAMES, S., REDDY, P., RUITER, R. A., MCCAULEY, A. & VAN DEN BORNE, B. 2006. The Impact of an HIV and AIDS Life Skills Program on Secondary School Students in KwaZulu-Natal, South Africa. *AIDS Education & Prevention*, 18, 281-94.
- JEWKES, R. 2010. Where to for sexual health education for adolescents in sub-saharan Africa? *PLoS medicine*, 7, e1000288.
- JEWKES, R., NDUNA, M., LEVIN, J., JAMA, N., DUNKLE, K., PUREN, A. & DUVVURY, N. 2008. Impact of stepping stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. *Bmj*, 337, a506.

- JEWKES, R., SIKWEIYA, Y., MORRELL, R. & DUNKLE, K. 2011. The relationship between intimate partner violence, rape and HIV amongst South African men: a corss-sectional study. *PloS One*.
- JEWKES, R. K., DUNKLE, K., NDUNA, M. & SHAI, N. 2010. Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *The Lancet*, 376, 41-48.
- KAUFMAN, Z., BRAUNSCHWEIG, E., FEENEY, J., DRINGUS, S., WEISS, H., DELANY-MORETLWE, S. & ROSS, D. 2014. Sexual Risk behavior, alcohol use, and social media use among secondary school students in informal settlements in Cape Town and Port Elizabeth, South Africa. *AIDS and behavior*, 18, 1661-1674.
- KAUFMAN, Z., WELSCH, R., ERICKSON, J., CRAIG, S., ADAMS, L. & ROSS, D. 2012. Effectiveness of a sports-based HIV prevention intervention in the Dominican Republic: a quasi-experimental study. *AIDS care*, 24, 377-385.
- KAUFMAN, Z. A., JKAUFMAN, E. B., DECELLES, J., DANIELS, D. & ROSS, D. A. 2013a. Generation Skillz: development process and preliminary results of a sport-based HIV prevention intervention in South African schools. *Sex Education (under review)*.
- KAUFMAN, Z. A., SPENCER, T. S. & ROSS, D. A. 2013b. Effectiveness of sport-based HIV prevention interventions: a systematic review of the evidence. *AIDS & Behavior*, 17, 987-1001.
- KIM, C. R. & FREE, C. 2008. Recent evaluations of the peer-led approach in adolescent sexual health education: A systematic review. *Perspectives on sexual and reproductive health*, 40, 144-151.
- KINSMAN, J., HARRISON, J., KENGEYA-KAYONDO, J., KANYESIGYE, E., MUSOKE, S. & WHITWORTH, J. 1999. Implementation of a comprehensive AIDS education programme for schools in Masaka District, Uganda. *AIDS Care* 11, 591-601
- KINSMAN, J., NAKIYINGI, J., KAMALI, A., CARPENTER, L., QUIGLEY, M., POOL, R. & WHITWORTH, J. 2001. Evaluation of a comprehensive school-based AIDS education programme in rural Masaka, Uganda. *Health Education Research*, 16, 85-100.
- KIPPAX, S. & VAN DE VEN, P. 1998. An epidemic of orthodoxy? Design and methodology in the evaluation of the effectiveness of HIV health promotion. *Critical Public Health*, 8, 371-386.
- KIRBY, D., LARIS, B. & ROLLERI, L. 2007. Sex and HIV eduction programs: their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health*, 40, 206-217.
- KLEPP, K.-I., NDEKI, S. S., SEHA, A. M., HANNAN, P., LYIMO, B. A., MSUYA, M. H., IREMA, M. N. & SCHREINER, A. 1994. AIDS education for primary school children in Tanzania: an evaluation study. *AIDS*.
- KUO, C., ATUJUNA, M., MATHEWS, C., STEIN, D. J., HOARE, J., BEARDSLEE, W., OPERARIO, D., CLUVER, L. & K. BROWN, L. J. A. C. 2016. Developing family interventions for adolescent HIV prevention in South Africa. 28, 106-110.
- LAGA, M., SCHWÄRTLÄNDER, B., PISANI, E., SOW, P. S. & CARAËL, M. 2001. To stem HIV in Africa, prevent transmission to young women. *Aids*, 15, 931-934.

- LECLERC-MADLALA, S. 2008. Age-disparate and intergenerational sex in southern Africa: the dynamics of hypervulnerability. *Aids*, 22, S17-S25.
- MACK, N., WOODSONG, C., MACQUEEN, K. M., GUEST, G. & NAMEY, E. 2005. Qualitative research methods: a data collectors field guide.
- MAGNANI, R., MACINTYRE, K., KARIM, A. M., BROWN, L., HUTCHINSON, P., KAUFMAN, C., RUTENBURG, N., HALLMAN, K., MAY, J. & DALLIMORE, A. 2005. The impact of life skills education on adolescent sexual risk behaviors in KwaZulu-Natal, South Africa. *Journal of Adolescent Health*, 36, 289-304.
- MANTELL, J. E., NEEDHAM, S. L., SMIT, J. A., HOFFMAN, S., CEBEKHULU, Q., ADAMS-SKINNER, J., EXNER, T. M., MABUDE, Z., BEKSINSKA, M. & STEIN, Z. A. 2009. Gender norms in South Africa: implications for HIV and pregnancy prevention among African and Indian women students at a South African tertiary institution. *Culture, health & sexuality*, 11, 139-157.
- MARCHAL, B., WESTHORP, G., WONG, G., VAN BELLE, S., GREENHALGH, T., KEGELS, G. & PAWSON, R. 2013. Realist RCTs of complex interventions—an oxymoron. *Social Science & Medicine*, 94, 124-128.
- MARS, T., ELLARD, D., CARNES, D., HOMER, K., UNDERWOOD, M. & TAYLOR, S. J. 2013. Fidelity in complex behaviour change interventions: a standardised approach to evaluate intervention integrity. *BMJ open*, 3, e003555.
- MASON-JONES, A. J., MATHEWS, C. & FLISHER, A. J. 2011. Can peer education make a difference? Evaluation of a South African adolescent peer education program to promote sexual and reproductive health. *AIDS Behavior*, 15, 1605.
- MATICKA-TYNDAL, E., WILDISH, J. & GICHURU, M. 2007. Quasi-experimental evaluation of a national primary school HIV intervention in Kenya. *Evaluation program planning*, 30, 172-186.
- MCGRAW, S. A., SELLERS, D., STONE, E., RESNICOW, K. A., KUESTER, S., FRIDINGER, F. & WECHSLER, H. 2000. Measuring implementation of school programs and policies to promote healthy eating and physical activity among youth. *Preventive Medicine*, 31, S86-S97.
- MCGRAW, S. A., STONE, E. J., OSGANIAN, S. K., ELDER, J. P., PERRY, C. L., JOHNSON, C. C., PARCEL, G. S., WEBBER, L. S. & LUEPKER, R. V. 1994. Design of process evaluation within the Child and Adolescent Trial for Cardiovascular Health (CATCH). *Health Education Quarterly*, 21, S5-S26.
- MIHALIC, S. 2004. The importance of implementation fidelity. *Emotional and Behavioral Disorders in Youth*, 4, 83-105.
- MITCHELL, K. & BRANIGAN, P. 2000. Using focus groups to evaluate health promotion interventions. *Health Education* 100, 261-268.
- MONTGOMERY, P., UNDERHILL, K., GARDNER, F., OPERARIO, D. & MAYO-WILSON, E. 2013. The Oxford Implementation Index: a new tool for incorporating implementation data into systematic reviews and meta-analyses. *Journal of clinical epidemiology*, 66, 874-882.
- MOORE, G., AUDREY, S., BARKER, M., BOND, L., BONELL, C. & HARDEMAN, W. 2015. Process evaluation of complex interventions. UK Medical Research Council (MRC) Guidance; 2014. URL: <http://www.populationhealthsciences.org/MRC-PHSRN->

- MORAN-ELLIS, J., ALEXANDER, V. D., CRONIN, A., DICKINSON, M., FIELDING, J., SLENEY, J. & THOMAS, H. 2006. Triangulation and integration: processes, claims and implications. *Qualitative research*, 6, 45-59.
- MUKOMA, W., FLISHER, A. J., AHMED, N., JANSEN, S., MATHEWS, C., KLEPP, K. I. & SCHAALMA, H. 2009. Process evaluation of a school-based HIV/AIDS intervention in South Africa. *Scandinavian Journal of Public Health*, 37 Suppl 2, 37-47.
- MUNRO, A. & BLOOR, M. 2010. Process evaluation: the new miracle ingredient in public health research? *Qualitative Research*, 10, 699-713.
- OAKLEY, A., STRANGE, V., BONELL, C., ALLEN, E. & STEPHENSON, J. 2006. Process evaluation in randomised controlled trials of complex interventions. *British Medical Journal*, 332, 413-416.
- OAKLEY, A., STRANGE, V., STEPHENSON, J., FORREST, S. & MONTEIRO, H. 2004. Evaluating Processes: A Case Study of a Randomized Controlled Trial of Sex Education. *Evaluation*, 10, 440-462
- ONWUEGBUZIE, A. J. & LEECH, N. L. 2007. Sampling designs in qualitative research: Making the sampling process more public. *The qualitative report*, 12, 238-254.
- PATTON, G., BOND, L., BUTLER, H. & GLOVER, S. 2003. Changing schools, changing health? Design and implementation of the Gatehouse Project. *Journal of Adolescent Health*, 33, 231-239.
- PATTON, G. C., SAWYER, S. M., SANTELLI, J. S., ROSS, D. A., AFIFI, R., ALLEN, N. B., ARORA, M., AZZOPARDI, P., BALDWIN, W. & BONELL, C. 2016. Our future: a Lancet commission on adolescent health and wellbeing. *The Lancet*, 387, 2423-2478.
- PAULUSSEN, T., KOK, G. & SCHAALMA, H. 1994. Antecedents to adoption of classroom-based AIDS education in secondary schools. *Health Education Research*, 9, 485-496.
- PAWSON, R. & TILLEY, N. 1997. *Realistic Evaluation*, London, Sage.
- PAYNE, G. & PAYNE, J. 2004. *Key Concepts in Social Research*. London.
- PEACOCK-VILLADA, P., DECELLES, J. & BANDA, P. S. 2007. Grassroot Soccer resiliency pilot program: Building resiliency through sport-based education in Zambia and South Africa. *New Directions for Student Leadership*, 2007, 141-154.
- PEACOCK, D., REDPATH, J., WESTON, M., EVANS, K., DAUB, A. & GREIG, A. 2008. Literature review on men, gender, health and HIV and AIDS in South Africa. *Johannesburg: Sonke Gender Justice Network*.
- PERRY, C. L., SELLERS, D. E., JOHNSON, C., PEDERSEN, S., BACHMAN, K. J., PARCEL, G. S., STONE, E. J., LUEPKER, R. V., WU, M. & NADER, P. R. 1997. The Child and Adolescent Trial for Cardiovascular Health (CATCH): intervention, implementation, and feasibility for elementary schools in the United States. *Health Education & Behavior*, 24, 716-735.
- PETERSON, K. A. & BICKMAN, L. 1988. Program personnel: The missing ingredient in describing the program environment. *New Directions for Program Evaluation*, 1988, 83-92.

- PIRIE, P. L., STONE, E. J., ASSAF, A. R., FLORA, J. A. & MASCHEWSKY-SCHNEIDER, U. 1994. Program evaluation strategies for community-based health promotion programs: perspectives from the cardiovascular disease community research and demonstration studies. *Health Education Research*, 9, 23-36.
- PLUMMER, M. L., WIGHT, D., OBASI, A. I., WAMOYI, J., MSHANA, G., TODD, J., MAZIGE, B. C., MAKOKHA, M., HAYES, R. J. & ROSS, D. A. 2007. A process evaluation of a school-based adolescent sexual health intervention in rural Tanzania: the MEMA kwa Vijana programme. *Health Education Research*, 22, 500-12.
- PLUMMER, M. L., WIGHT, D., WAMOYI, J., NYALALI, K., INGALL, T., MSHANA, G., SHIGONGO, Z., OBASI, A. & ROSS, D. 2006. Are schools a good setting for adolescent sexual health promotion in rural Africa? A qualitative assessment from Tanzania. *Health education research*, 22, 483-499.
- PULERWITZ, J. & BARKER, G. 2008. Measuring attitudes toward gender norms among young men in Brazil: Development and psychometric evaluation of the GEM Scale. *Men and Masculinities*, 10, 322-338.
- RENJU, J., NYALALI, K., ANDREW, B., KISHAMAWAWE, C., KIMARYO, M., REMES, P., CHANGALUCHA, J. & OBASI, A. 2010. Scaling up a school-based sexual and reproductive health intervention in rural Tanzania: a process evaluation describing the implementation realities for the teachers. *Health Education Research*, 25, 903-16.
- RENJU, J. R., ANDREW, B., MEDARD, L., KISHAMAWAWE, C., KIMARYO, M., CHANGALUCHA, J. & OBASI, A. 2011. Scaling up adolescent sexual and reproductive health interventions through existing government systems? A detailed process evaluation of a school-based intervention in Mwanza Region in the Northwest of Tanzania. *Journal of Adolescent Health*, 48, 79-86.
- RESNICOW, K., DAVIS, M., SMITH, M., LAZARUS-YAROCH, A., BARANOWSKI, T., BARANOWSKI, J., DOYLE, C. & WANG, D. T. 1998. How best to measure implementation of school health curricula: a comparison of three measures. *Health Education Research*, 13, 239-250.
- RIJSDIJK, L. E., BOS, A. E., LIE, R., LEERLOOIJER, J. N., EILING, E., ATEMA, V., GEBHARDT, W. A. & RUITER, R. A. 2014. Implementation of The World Starts With Me, a comprehensive rights-based sex education programme in Uganda. *Health education research*, 29, 340-353.
- ROD, M. H., INGHOLT, L., BANG SØRENSEN, B. & TJØRNHØJ-THOMSEN, T. 2014. The spirit of the intervention: reflections on social effectiveness in public health intervention research. *Critical Public Health*, 24, 296-307.
- ROLLERI, L. A., FULLER, T. R., FIRPO-TRIPLETT, R., LESESNE, C. A., MOORE, C. & LEEKS, K. D. 2014. Adaptation guidance for evidence-based teen pregnancy and STI/HIV prevention curricula: from development to practice. *American journal of sexuality education*, 9, 135-154.
- ROSS, D. A., CHANGALUCHA, J., OBASI, A. I., TODD, J., PLUMMER, M. L., CLEOPHAS-MAZIGE, B., ANEMONA, A., EVERETT, D., WEISS, H. A. & MABEY, D. C. J. A. 2007. Biological and behavioural impact of an adolescent sexual health intervention in Tanzania: a community-randomized trial. 21, 1943-1955.
- RUSSELL, C. K. & GREGORY, D. M. 2003. Evaluation of qualitative research studies. *Evidence-based nursing*, 6, 36-40.

- RYCHETNIK, L., FROMMER, M., HAWES, P. & SHELL, A. 2002. Criteria for evaluating evidence on public health interventions. *Journal of Epidemiology & Community Health*, 56, 119-127.
- SAUNDERS, R. P., EVANS, M. H. & JOSHI, P. 2005. Developing a process-evaluation plan for assessing health promotion program implementation: a how-to guide. *Health promotion practice*, 6, 134-147.
- SCHAALMA, H. P., ABRAHAM, C., GILLMORE, M. R. & KOK, G. 2004. Sex education as health promotion: what does it take? *Archives of sexual behavior*, 33, 259-269.
- SHIMPUKU, Y. & NORR, K. F. 2012. Working with interpreters in cross-cultural qualitative research in the context of a developing country: systematic literature review. *Journal of advanced nursing*, 68, 1692-1706.
- SHISANA, O., REHLE, T., SIMBAYI, L., ZUMA, K. & JOOSTE, S. 2009. South African national HIV prevalence incidence behaviour and communication survey 2008: a turning tide among teenagers?
- SHISANA, O., REHLE, T., SIMBAYI, L., ZUMA, K., JOOSTE, S., ZUNGU, N., LABADARIOS, D. & ONOYA, D. 2014. South African national HIV prevalence, incidence and behaviour survey, 2012.
- STECKLER, A. & LINNAN, L. A. 2002. *Process Evaluation for Public Health Interventions and Research* San Francisco, CA, Jossey_Bass.
- STEPHENSON, J. & IMRIE, J. 1998. Why do we need randomised controlled trials to assess behavioural interventions? *Bmj*, 316, 611-613.
- STEPHENSON, J., STRANGE, V., FORREST, S., OAKLEY, A., COPAS, A., ALLEN, E., BABIKER, A., BLACK, S., ALI, M. & MONTEIRO, H. 2004a. Pupil-led sex education in England (RIPPLE study): cluster-randomised intervention trial. *The Lancet*, 364, 338-346.
- STEPHENSON, J. M., IMRIE, J. & BONELL, C. 2003. *Effective sexual health interventions: issues in experimental evaluation*, Oxford University Press.
- STEPHENSON, J. M., STRANGE, V., FORREST, S., OAKLEY, A., COPAS, A., ALLEN, E., BABIKER, A., BLACK, S., ALI, M., MONTEIRO, H., JOHNSON, A. M. & TEAM, R. S. 2004b. Pupil-led sex education in England (RIPPLE study): cluster-randomised intervention trial. *Lancet*, 364, 338-46.
- STRANGE, V., FORREST, S. & OAKLEY, A. 2002. What influences peer-led sex education in the classroom? A view from the peer educators. *Health Education Research*, 17, 339-349.
- STRANGE, V., OAKLEY, A., FORREST, S. & TEAM, R. S. 2003. Mixed-sex or single-sex sex education: how would young people like their sex education and why? *Gender and Education*, 15, 201-214.
- SUCHMAN, E. 1968. *Evaluative Research: Principles and Practice in Public Service and Social Action Progr*, Russell Sage Foundation.
- THOROGOOD, M. & COOMBES, Y. 2010. *Evaluating health promotion: practice and methods*, OUP Oxford.
- ULIN, P. R., ROBINSON, E. T. & TOLLEY, E. 2005. *Qualitative methods in public health*. San Francisco, CA: JosseyBass.
- UNAIDS 2012. Adolescents, young people and HIV: Fact Sheet. Joint United Nations Programme on HIV/AIDS.

- UNAIDS 2013. Global Report: UNAIDS report on the global AIDS epidemic Joint United Nations Programme on HIV/AIDS.
- UNAIDS 2016. Ending the AIDS epidemic for adolescents, with adolescents Joint United Nations Programme on HIV/AIDS.
- UNICEF. 2019. *Adolescent HIV prevention* [Online]. Available: <https://data.unicef.org/topic/hivaids/adolescents-young-people/> [Accessed 27/07/2019].
- VISSER, M. J. 2005. Life skills training as HIV/AIDS preventive strategy in secondary schools: evaluation of a large-scale implementation process. *SAHARA: Journal of Social Aspects of HIV/AIDS*, 2, 203-216.
- VISSER, M. J. 2007. HIV/AIDS prevention through peer education and support in secondary schools in South Africa. *SAHARA J: Journal of Social Aspects of HIV/AIDS Research Alliance*, 4, 678-94.
- VISSER, M. J., SCHOEMAN, J. B. & PEROLD, J. J. J. O. H. P. 2004. Evaluation of HIV/AIDS prevention in South African schools. 9, 263-280.
- WAMOYI, J. 2008. *Family context and the complexity of parenting: A focus on the influence of young people's sexual behaviour in rural Tanzania*. University of Southampton.
- WAMOYI, J., MSHANA, G., DOYLE, A. M. & ROSS, D. A. J. H. P. I. 2012. Recall, relevance and application of an in-school sexual and reproductive health intervention 7–9 years later: perspectives of rural Tanzanian young people. 28, 311-321.
- WHO 2017. Global Accelerated Action for the Health of Adolescents (AA-HA). Geneva
- WIGGINS, M., BONELL, C., SAWTELL, M., AUSTERBERRY, H., BURCHETT, H., ALLEN, E. & STRANGE, V. 2009. Health outcomes of youth development programme in England: prospective matched comparison study. *Bmj*, 339, b2534.
- WIGHT, D. & OBASI, A. 2003. Unpacking the 'black box': the importance of process data to explain outcomes. In: STEPHENSON, J., IMRIE, J. & BONELL, C. (eds.) *Effective Sexual Health Interventions: Issues in Experimental Evaluation* Oxford: Oxford University Press.
- WIGHT, D., PLUMMER, M. L., MSHANA, G., WAMOYI, J., SHIGONGO, Z. S., ROSS, D. A. J. S. S. & MEDICINE 2006. Contradictory sexual norms and expectations for young people in rural Northern Tanzania. 62, 987-997.
- WIGHT, D., RAAB, G. M., HENDERSON, M., ABRAHAM, C., BUSTON, K., HART, G. & SCOTT, S. 2002. Limits of teacher delivered sex education: interim behavioural outcomes from randomised trial. *Bmj*, 324, 1430.
- WIGHT, D. E., PLUMMER, M. L. & ROSS, D. A. 2012. The need to promote behaviour change at the cultural level: one factor explaining the limited impact of the MEMA kwa Vijana adolescent sexual health intervention in rural Tanzania. A process evaluation. *BMC Public Health*, 12.
- WINDSOR, R. A., BARANOWSKI, T., CLARK, N. & CUTTER, G. 1984. Evaluation of health promotion and education programs.