



BACKGROUND

Soul Buddyz Clubs (SBCs) target children ages 8-14 years in primary school. The aim is to create a platform that gives a voice to and promotes real action for children's health and well-being. The objectives are to:

- Teach life skills relating to HIV, TB, alcohol use, GBV and bullying
- Promote Sexual and Reproductive Health and Rights (SRHR) and gender activism
- Mobilize children to take responsibility for their health
- Create an environment for ongoing learning
- Encourage children to have fun and to be creative
- Promote schools and libraries as community resources.

Clubs are run as an extracurricular activity by school teachers, who facilitate the sessions. They receive training, materials (the Zone, unit guides, facilitator guides, posters) and merchandise to help them facilitate club activities. Most of the schools are in Quintile 1 and 2 in poor communities in rural-based, township and informal settlements. The children do not pay school fees and the schools have the national feeding scheme programme.

In this academic year, the programme reached 742 (82%) clubs with 15 556 (69%) members across the country – see Table 1 for a provincial/district breakdown. A total of 198 302 Club Zone and 22 412 Unit guide magazines have been distributed to clubs between 2016 and early 2020.

APPROACH

The clubs typically involve the following activities under themes including HIV/AIDS, GBV, SRHR, Violence and bullying:

- Regular club meetings
- Discussions and debates on important themes
- Distribution of Soul Buddyz materials
- Competitions
- Projects based on themes according to club booklet topics
- BMP sessions with mentors
- Programme support and monitoring is provided, including onsite data verification visits.

Programmatic monitoring data and recent evaluation key findings are highlighted below to document the successes of the programme to date. These are:

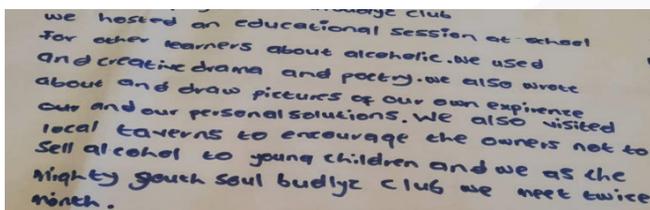
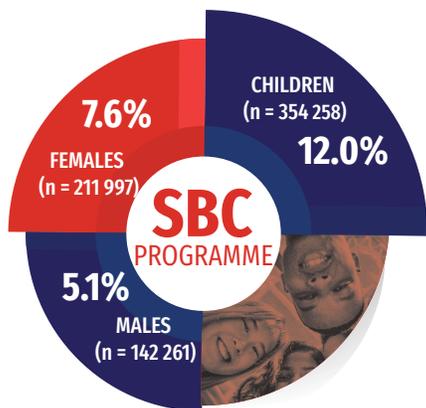
- Routine programmatic performance data from January 2019 to June 2020
- A quantitative cross-sectional survey using a retrospective cohort study design with ex-Buddyz from 2004 - 2008 with appropriate controls
- A report on the analysis of the impact of the SBC programme using the South African National HIV Prevalence, Incidence, Behaviour and Communication Survey data, (SABSSM V), 2019/2020
- Process evaluation of the SBC programme across 10 high priority HIV districts, 2019 using qualitative methods
- Evaluation of the boys mentoring programme in 3 provinces, 2020 using qualitative and quantitative methods.

Province: District	Clubs	Members reached & engaged	Projects	BMP	Facilitators / BMP mentors/ Social Mobilisers (SMs) trained
Free State: Mangaung MM	93	2 458	2	N/A	86 facilitators 5 SMs
North west: Maquassi Hills LM	84	2 105	25	N/A	100 facilitators 5 SMs
Northern Cape: Joe Morolong LM	50	1 248	0	N/A	45 facilitators 6 SMs
Limpopo: Colins Chabane LM	54	1 290	8	N/A	52 facilitators 6 SMs
Mpumalanga: Bushbuckridge LM	134	3 550	0	264	122 facilitators 3 BMP mentors 5 SMs
Gauteng: Ekurhuleni MM	148	2 818	0	297	136 facilitators 3 BMP mentors 6 SMs
Eastern Cape: OR Tambo DM	133	927	19	295	103 facilitators 3 BMP mentors 8 SMs
Western Cape: City of CPT MM	44	1 160	8	N/A	44 facilitators 4 SMs
KwaZulu-Natal: Maphumulo LM	0	0	0	N/A	6 SMs
GRAND TOTAL	742	15 556	62	856	739

According to the SABSSM V, a total of 12% (n = 354 258) of children have been exposed to SBC through club membership and exposure to the SBC booklets. There are more females (7.6% n = 211 997) than males (5.1% n = 142 261). A review of programme monitoring data through the process evaluation revealed that over 30 000 pupils participated in the SBC programme across 10 districts in South Africa.



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SBC Process Evaluation, SBC member, Gauteng, February 2019

Using multivariate logistic regression models controlling for age, sex and education, the long-term impact study found that:

- Female ex-Buddyz were 2.92 times more likely to be HIV negative (p = 0.013 , n = 232).
- Ex-Buddyz were 1.68 times more likely to have used a condom at first sex compared to a control group (p = 0.004).
- Controlling for age, female ex-Buddyz were 1.87 times more likely to have used a condom at first sex (p = 0.020).
- Ex- Buddyz were 2.14 times more likely to have had only one sexual partner in the past year (p = 0.013).
- Ex-Buddyz were less likely to drink at hazardous levels .
- Ex-Buddyz were 4.8 times more likely to participate in community events compared to a control group (p = 0.004, n = 373).
- Ex-Buddyz 1.9 times more likely to have waited to have sex until after they were 18 years old.
- Ex-Buddyz were 2.74 times more likely to have completed Grade 12 or higher (p = 0.002).

Furthermore, multivariate regression models using SABSSM V data controlling for age, sex, province and exposure to other media, revealed that:

- Males aged 10-14 exposed to SBC had twice the odds of having been medically circumcised in comparison to those who were not exposed to SBC (p < 0.006, n = 1 004)
- respondents exposed to SBC have twice the odds of having correct HIV knowledge compared to those not exposed (p = 0.001, n = 2 079)
- exposure to SBC was associated with a decreased likelihood of (46% less odds) reporting HIV stigmatizing attitudes compared to those not exposed (p = 0.025, n = 2 056).

“ Yes, some children are born HIV positive and when other children find out about their status they do not want to play with them. We play with those children because they are like the rest of us. We also play with them because we will also need help one day.” – SBC Process Evaluation FGD mixed gender 10-12 years, KZN, January 2019.

“I’ve learnt about sex and not to go too deep – not to have a sexual relationship” SBC Process Evaluation FGD mixed “10-12 year olds”, Western Cape, February 2019

Adolescents exposed to SBC have almost one and a half times more odds of having done an HIV test compared to those not exposed (p= 0.067, n= 1 974). This was however not statistically significant.

Some 23% respondents reported being bullied through the survey. The process evaluation highlighted how SBC members reported learning about bullying.

“ What I’ve learnt is that bullying is not right and if you see someone being bullied you must not watch, you must go and report to the teacher.” SBC Process Evaluation FGD, 10-12 years, Eastern Cape, January 2019

While 1.5% respondents reported to have ever had sex (p = 0.33) and some 6% reported to have ever had alcohol (p = 0.09), multivariate analysis demonstrated inverse but insignificant associations with exposure to SBC (ever had sex: AOR 1.44, p = 0.56, n = 1 916; alcohol consumption: AOR 1.47, p = 0.22, n = 2 078).





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The boys mentoring pre- and post-survey revealed a statistically significant difference ($t = 31, 96$ and 33.47 , $p < 0.0001$) in knowledge and attitudes on SRHR, gender norms and GBV, as well as self-esteem amongst boys who participated in the program. The qualitative data showed some growth in knowledge around puberty and sexual and gender identity as well as attitudes demonstrating a desire/ choice for non-violence. There was generally a dissonance in how boys perceive themselves versus how others view them. There was also some acceptance of a different way of expressing masculinity and gender identity. It is obvious though that boys struggle to act out positive masculinity because of the dominance of toxic norms and how people in their communities undermine their attempts to be “good boys”. This also impacts on their ability to embrace homosexuality.

Boy 1: Our [Soul Buddyz] facilitator Mam she did talk to us about body parts. [Mentor's name] talked about erections. Boy 2: And sex. Boy 3: Wet dreams. R: Who talked about wet dreams, Mam? Boys together: No! It was [Mentor's name].

Extracts from boys post-survey: BMP evaluation

R: Are all boys fighting?
Boys together: No.
Researcher: Can you be a different kind of boy?
Boy 1: Yessss (one small voice).
Researcher: Easy?
Boy 1: No!
Boy 2: He will be told by others to fight.
Boy 1: You can tell yourself, I don't want to do something and others say, “do it!”
Researcher: How difficult is it to be a good boy?
Boys together: Veeeeery difficult!
R: Is it easy for a boy not to be friends with these kind of boys (who drink and smoke) or is it difficult?
Boy 1: Not easy.
R: Why?
Boy 1: They will say bad things about you they will say you are not a man you are a sissy.

Extracts from boys in FGD: BMP evaluation

“I have learned to treat lesbians gently”, “being gay or lesbian is not a sickness”, “a gay person is not to be mocked”
Extracts from boys post-survey: BMP evaluation

Boy 1: They laugh and they call them [homosexuals] names.
Boy 2: I laugh I make funny jokes.
Boy 3: They are in the community.
Boy 4: They laugh.
Boy 5: They call them boys to girls – they laugh together (the boys laugh).
R: What do you think about that?
Boy 2: It [homosexuality] is very bad. You must be what you are. Or people will laugh at you.
Boy 3: It is a good thing because it is their choice. [the single small dissenting voice]
Boy 5: At home they tell and they say we must not be a gay person or we will go to hell.
Boy 2: I don't like this thing of being gay because if my child will be part of it I will not have grandchild. (Note that this was said by a boy)
Boy 4: When you become gay your private parts will change and you going to become a girl.

Extracts from boys in FGD: BMP evaluation

Caregivers who participated in the research indicated how difficult it was to raise boys up in their local context and asked for parenting help. The mentors are a strong resource, showed commitment and care in their work with the boys. They indicated that they would have liked a more in-depth training and more time to deliver the programme and connect with the boys.

“I think it's [BMP] working but at the same time I think it is not. Because I think we need to have time with these boys, I think six sessions is not enough ... [pause]... for them to change their thinking. Trying to change a mind... you see things that they were taught for years at home just because again topics about gays, it is the most hardest topic because there are things they learnt outside, already they know a lot about gays that its wrong and so on”

IDI with BMP Mentor: BMP evaluation

² An advanced statistical method used to examine a series of predictor variables to determine those that best predict a certain outcome.
³ A statistically significant test result ($P \leq 0.05$) means that the test hypothesis is false or should be rejected. A P value greater than 0.05 means that no effect was observed.
⁴ There were too few observations to measure the impact of the programme on bullying, teenage pregnancy, condom use at first sex, through multivariate analysis.



CONCLUDING REMARKS

Notwithstanding the limitations of the survey and qualitative methods but controlling for key confounders, the findings demonstrate the positive impact of the Soul Buddyz Clubs programme being associated with medical male circumcision, HIV knowledge and non-HIV stigmatizing attitudes.

More programmatic work, including comprehensive training and support for programme implementers is required to effect positive change on alcohol consumption, delaying sexual intercourse and condom use at first sex, promoting HIV testing, preventing teenage pregnancy, changing norms around violence and bullying, and increasing the sense of self-esteem among teenagers. A parenting intervention is crucial to help parents and caregivers better interact with their adolescent children and engage on these outcomes.

Precise and rigorous study designs need to be executed to measure impact on the behavioural and biomedical HIV and GBV prevention indicators among adolescents.

