

# CHAPTER EIGHT

## *ASSESSMENT OF THE PROGRAMME BY HEALTH PROMOTION TRAINERS AND LEARNERS*

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### **8.1 Introduction**

It is imperative that monitoring and evaluation are an integral part of a pilot study of this nature. This chapter analyses exclusively the effect of the model (X) by measuring the cognitive and emotional convictions of all participants, in this case, health promotion trainers (HPTs) and children. All gathered data on the health promotion trainers' and learners' general attitudes towards the learning programme and its elements will be presented. Data were taken from three sources: the HPTs' report, project documentation, which includes final reports from both HPTs written after Intervention I, and learners' reports. The main focus of the feedback from HPTs and learners is on the evaluation of Intervention I.

The chapter starts with the presentation of the results gathered from the HPTs' report. These results refer to the HPTs' assessment of their self-confidence with regard to their assessment of the suitability of the teaching methods used in the class, within the framework of the session content. The second part of this chapter contains results from learners' reports containing derived data on the general feeling of comfort in the sessions, their acceptance of the outlined methods and their actual attitude towards learning with their own and the other gender and health promotion trainers.

The last part of chapter 8 portrays the results of the participant observations of two boys and two girls of the intervention group regarding their expressed social behaviour during Intervention I and II. These process data can be used as content validity data and explore further the link between the implementation of the programme and children's achievement (Pellegrini et al., 2004). In other words, with regard to the conviction that the programme can only be effective if it is based on the needs and age of this specific group of children, the instrument was meant to derive information from the observed children's attitude towards and reaction to the implemented programme.

### **8.2 Results of the HPTs' Report**

As explained in chapter 7, the sessions of the Child Mind Project were carried out by two young women from the Kayamandi community. Previously, the one woman (HPT1) was a

voluntary counsellor for HIV patients at the Community Clinic and was specialised in the medical field of sexually transmitted infections. The other woman (HPT2) had volunteered to work in the project for child care and protection by the Child Welfare Organisation in Stellenbosch. For the reason that both women's professional backgrounds were not based in the education field, they were trained in the programme content and methods in an extensive three-month workshop before the onset of the intervention, and attended additional workshops during and after Intervention I.

Because both HPTs started as intermediate trainers, it was important to examine their self-reported self-confidence to manage sessions and implement newly learned teaching methods in the classroom context. In other words, the assessment of the HPTs' progress in the accumulation of self-confidence could be an indicator of the accumulation of new technical skills, which could finally increase the quality of the sessions over the course of time.

The following questions had to be clarified. Firstly, was there an increase in the health promotion trainers' self-confidence in their teaching ability over the course of Intervention I? A strong belief in the own confidence is significant for internalising new knowledge and being able to deal with new challenges. Thus, a high level of confidence was assumed to be related to an increase in the HPTs' self-confidence to utilise new methods, to identify with their position as trainers and to harmonise their relationship within the team, which also had an effect on their relationship with the class.

The second question was whether the HPTs, as experts, regarded the applied methods as appropriate for the taught topic? This question was meant to assess if in the opinion of the HPTs the used methods were able to pass on knowledge and skills to the learners effectively. With regard to the assumed low literacy level of the participants and the disadvantaged educational setting, the methods needed to be implemented in an as easy practicable way as possible. This meant that those methods assumed to have the greatest learning effect on the participants had to be applied.

The following paragraph will start with the description of the health promotion trainers reporting from their subjective perspectives view on the success and difficulties of their work in order to depict the teaching and classroom context. In this way the HPTs also assessed the suitability of the outlined intervention.

### **8.2.1 Analysis of the Data by the Project Documentation**

The following paragraphs utilise the results of the project documentation, including the health promotion trainers' final reports, to clarify the results from the following weekly Health

Promotion Trainers' Reports. In these reports the health promotion trainers assessed the programme in three ways: (a) the quality of the relations between the HPTs and with learners, (b) the suitability of the applied methods and quality of teaching, and finally (c) the changes in the learners' behaviour as an indicator of successful teaching.

### **8.2.1.1 The Quality of Relations in the Classroom Setting**

It became already clear during the workshop sessions that the health promotion trainers would act according to their personal abilities, skills and fields of interests in the classroom. They established in the first session a specific working relationship in which HPT1 took over a leading position in the key teaching methods. Health promotion trainer 2, the younger and less experienced trainer, acted as supportive partner in individual tasks and group work, and ensured silence in the classroom. This work relation was reported to be pleasant. Interacting together in a team was of extreme importance in order to implement the project successfully, and could also have contributed to their being at ease when teaching. It can be assumed that the quality of the established partnership increased the confidence to tackle new tasks and to increase their own skills as health promotion trainers. The spontaneously developed and clearly divided fields of responsibility in the classroom setting established a solid partnership between the HPTs over the course of Intervention I.

The relationship to the children in the intervention group was assessed as positive and functioning on a basis of mutual respect. HPT1 expressed that she was proud that she was not only regarded as an educator but also as a friend. HPT2 described working with learners as 'marvellous' and said that she was proud to be part of their group as an educator.

Although the children's recognition of their work was sensed, the relationship with the children's parents, in contrast, was described as ambivalent. The greatest criticism by the HPTs was expressed when parent meetings were organised and the majority of parents did not participate in those. For example, in her report HPT2 regretted that only four parents came to the interim parent meeting that was supposed to convey information on the sex education session. This served as a further assurance that parents felt comfortable with the methods used in the session. Even though the absence of parents was also interpreted as a disregard of their work, HPT1 stated conciliatory that, despite the absence of many parents, those who did come to the interim parent meeting said that they were impressed by the work they had done. In her final report to the parents she wrote the following statement: "As the educators we can really make a difference in your child's life" – an expression of her great pride in her own work.

### **8.2.1.2 The Suitability of Applied Methods and Quality of Teaching**

The following paragraphs describe the HPTs' experiences with the most important teaching methods and explain their assessment of these methods' practicability during the sessions in Intervention I. The data used were again obtained from the project documentation.

*Frontal teaching* was emphasised as very important when new topics were introduced or already existing (false) knowledge had to be reshaped in the minds of the participants. *Individual work* was usually combined with art or games. It was stated that to avoid a too demanding situation for children the individual work methods need to be clearly introduced, explained and supervised by educational personnel. For example, during one session each child received two photocopies, each showing a set of cards. The first set of cards displayed different situations where adults interact with children in an unambiguous or ambiguous situation. The other set of cards displayed children's faces expressing various feelings. The two sets of cards had to be matched by the learners, so that each facial expression was matched with the suitable situation. The children needed two sessions with repeated explanation to be able to do this individual work. A male learner (L.) stated: "I am totally confused about all these feelings."

Conducting a *group discussion* was noted as extremely difficult in a class of more than 40 learners of this young age. Firstly, without correct guidance the most confident learners dominated the discussion in the groups, and therefore influenced group results. Secondly, groups should be guided by trainers because learners with such a low level of literacy need support in making written notes for later presentation of group results. However, while learners preferred to present the group results orally at the beginning of Intervention I, HPTs reported that their skills improved over the course of time, although their level of literacy was still low. They presented their group results in the form of written notes in English or isiXhosa.

The separation of children in *gender-specific group work* was assessed as important for a comfortable feeling for children during the sessions "Inner and Reproductive Organs" (Session 8) and "What is Sex all about?" (Session 9). The gender separation made it easy for the boys and girls to balance feelings of shame and interest, especially when the learners had questions they preferred to ask to someone of their own gender. Several interesting incidences occurred during these sessions: Some boys touched other boys to see if the organs were in the 'right' place and made fun of it. Girls tended to touch their own bodies and silently asked other girls questions. In regard to the separation of gender inside of one room, it can be concluded from this experience that the first session was extremely important for the learning

process of the individual about him- or herself and the other. Subsequent to this experience, games or sport activities were implemented after sessions on very sensitive and taboo issues to allow learners to relax by experiencing physical freedom and enjoyment in the group, for example after the sex education session.

*Methods which included art, such as songs* were described as especially liked by the learners despite the limited resources of things like colour crayons and pencils. These tasks were easily supervised by the HPTs. The *drama play* on two abusive situations was assessed as extremely impressive for the learners. The drama play was acted out by a group of young actors from the community. It was a method that deeply touched the emotions of the participants and anticipated negative feelings such as personal fear. It was, therefore very important that emotional aftercare was provided to the children. *Experiential learning*, such as the wound treatment in Session 15 turned out to be very effective in the HPTs' opinion. Learners worked in mixed gender groups and enjoyed treating someone's fictitious wound. In addition, the class teacher had a real wound on that day. One of the girls treated the teacher's wound and all the other learners could observe this action. The practical use of this newly learned skill could thus be proven.

The *self-confidence sentence* was described as playing a big role in improving self-confidence. After Session 2 (Self-Esteem) the project team decided to implement the confidence sentence as a constant ritual encouraging confidence. HPT1 took over a very critical position towards this instrument; however, she changed her opinion and found it effective towards the end of Intervention I. In her final report she stated that the children knew the sentence by heart and that they had accepted this ritual at the beginning of each lesson. The sentence became a strong incentive to encourage learners to be brave and more confident during the sessions in the course of the programme.

Apart from the increase in self-confidence and skills among the HPTs, it was also found that teaching methods like group work or brainstorming were difficult to implement in the classroom. Both HPTs concluded in their reports that more workshops and practice were needed to improve teaching skills and classroom management over time. For example, HPT2 assessed her own professional qualification as often too friendly and said she was afraid of losing control over the class, which she had experienced during the absence of her partner. The loss of control happened during a conflict between two boys, which she felt incapable to solve while being alone in the classroom. The statement expresses, on the one hand, that she obviously enjoyed working as a team much more than working as an individual in front of the

class and, on the other hand, her demand to improve skills for conflict management within the classroom setting.

Other problematic fields included the tight time schedule, which they felt hindered the effective application of methods. HPT1 mentioned that this problem occurred in the last lesson in particular, where too little time was available to thoroughly cover the topic (“When someone I love dies”). She also suggested that at the end of each session there should be more sport activities, for example soccer or netball.

### **8.2.1.3 Perceived Changes in the Children’s Behaviour**

In their last report for the project documentation the health promotion trainers had to state whether they perceived changes in the children’s behaviour as a result of them focussing it from the start of the programme until the end of Intervention I.

In their reports, HPT1 and HPT2 stated that they had noticed a change in the girls’ behaviour in particular over the course of Intervention I. They said they had observed that the boys were more self-confident than the girls, who seemed to be shy and less confident at the start of the project. After four sessions the girls seemed to feel free and more confident, because they started to ask more questions during these sessions than ever before. As an impressive example of this, HPT2 reported an incident with one of the youngest girls. HPT2 opened a condom during the session on HIV/AIDS to show it to the class. After the lesson the girl came to her to tell her to wash her hands after touching the condom. HPT1 described it as an ‘amazing’ story because the child did not only link the knowledge from the previous session on hygiene (Session 10) with sexual health hygiene learned in the session on condom use (Session 11), but also acted as an ‘instructor’, which is not part of the authoritarian educational system at school.

Both health promotion trainers agreed that discussion (communication) in the class increased with group work. They were also convinced that children enjoyed working with each other more towards the end of Intervention I.

They could even discuss between one another without being afraid of saying what was on their minds. I do not regret that I enjoyed it because I experienced many things and learned about myself. I just want to say that they took part in everything we ask them. They enjoyed themselves during the lessons. I was impressed when they were playing the doctor dressing a wounded patient. (HPT2)

Both women described these changes observed in the children as the result of their work: The fact that they could see positive changes in the interaction between girls and boys, as well as among them, were regarded as indicative of their success.

## **8.2.2 Analysis of Data by the HPTs' Report**

The following results were gathered from the Health Promotion Trainers' Reports, in which the trainers were asked to give their opinion on their assessment of their self-confidence in their position as trainers and the suitability of the applied method within the framework of the topic. The results were assessed on a 5-point scale ranging from 1 (excellent) to 5 (bad).

### **8.2.2.1 Assessment of the HPTs' Self-Confidence**

Table 8.1<sup>25</sup> shows that HPT1 started at a high level (Session 2,  $M = 2.25$ ) and maintained this level until Session 9 (*What is sex all about?*) ( $M = 2.00$ ), with a relapse in Session 8 (*Body Changes*) ( $M = 2.33$ ). From Session 10 (*Health and Hygiene*) ( $M = 1.75$ ) to Session 12 (*HIV/AIDS*) ( $M = 1.20$ ) an increase in the assessment level of HPT1's self-confidence is visible. A relapse occurred in the first session (13) on rape and abuse ( $M = 2.00$ ), which can only be attributed to the new and demanding content of the topic. Her self-confidence increased again in the last two sessions.

Health promotion trainer 2 started off more self-critical in Sessions 2 (*Self-Esteem*) ( $M = 2.75$ ) to 5 (*Relationships in Family*) ( $M = 3.00$ ). The self-assessment level increased in Session 6 (*Friendship*) ( $M = 1.33$ ) and decreased slightly in Session 8 (*Body Changes*) ( $M = 2.00$ ), after which she scored better than 2. In Session 10 (*Keeping the body safe and healthy*) ( $M = 1.60$ ) and session 12 (*HIV/AIDS*) ( $M = 1.20$ ) the means measured match (or almost match) the means of HPT1 and finally exceeded the self-assessment results of HPT1 up to Session 15 (*Care & Death*) ( $M = 1.00$ ). Finally, HPT2 ends with an excellent ( $M = 1.00$ ) assessment of her self-confidence.

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<sup>25</sup> Session 1 and 11 are not depicted in the table. Session 1 functioned as a pretest of the instrument. In session 11 one of the HPTs was absent because of illness and there was no report.

Table 8.1.

*Results of the Self-Confidence Scale by HPT 1 and HPT2, showing Means by Session.*

Sessions	2	3	4	5	6	7	8	9	10	12	13	14	15
HPT1	2.25	2.00	2.00	2.00	2.00	2.00	2.33	2.00	1.75	1.20	2.00	1.67	1.80
HPT2	2.75	2.80	3.00	2.75	1.33	1.50	2.00	1.25	1.60	1.20	1.40	1.00	1.00

In summary, HPT1 had a high level of self-confidence right from the beginning and more or less maintained this throughout the programme. A factor contributing to this high self-confidence level could be the fact that during Intervention I HPT1 linked the newly acquired knowledge with topics from her previous working field in the clinic. The means indicate that her confidence in her teaching increased with the presentation of known knowledge, for example AIDS prevention (Session 12). HPT2 started at a lower level, which increased over the course of time and even exceeded the level of HPT1 at the end.

Although the derived data can lead to the conclusion that HPT1 has a steady confidence and HPT2 has a growing confidence, the data have to be focussed with care and can be regarded as misleading, because both health promotion trainers assessed their ‘professional’ confidence as ranging from predominantly excellent (1) to good (2). The derived results can be explained by three reasons. Firstly, an overestimation of their work could be the result of saving face in front of the assessor. Secondly, they assessed their own work as extremely valuable as any kind of self-criticism could be regarded as a personal failure and could lead to the withdrawal from the project. Campbell (2003) found similar results in her qualitative survey with peer educators in the Caltonville Project. Finally, the self-evaluation of one’s own confidence is a demanding tool which is influenced by internal, dispositional, as well as external and causal factors that adulterate the scores in self-assessments.

### **8.2.2.2 Assessment of the Suitability of the Methods**

The results of the scale ‘Suitability of Methods’ by the HPTs indicate that up to Session 5 (*Friendship*) HPT1 tended to assess methods less critically ( $M = 2.00$ ) than HPT2 ( $M = 2.75$ ) (Table 8.2).



Table 8.2.

*Results of the Suitability of Method Scale by HPT 1 and HPT2, showing Means by Session.*

Sessions	2	3	4	5	6	7	8	9	10	12	13	14	15
HPT1	2.40	2.80	2.33	2.00	2.00	2.75	2.00	1.75	1.80	2.20	1.60	1.50	1.83
HPT2	3.00	2.80	3.00	2.75	1.67	1.50	1.33	1.50	1.80	1.40	1.20	1.00	1.17

In Session 6 (*Family and friendship*), both trainers changed their assessment of the suitability of the methods (class discussion, brainstorming, individual work): HPT1 took a more critical stand ( $M = 2.00$ ) than HPT2 ( $M = 1.67$ ), while HPT2 also showed a stronger positive trend than HPT1. They held this position until the end of the intervention. Exceptions are Session 3 (*Self-esteem*) and Session 10 (*Keeping my body safe and healthy*), where both HPTs reached the same mean ( $M = 2.30$ ,  $M = 1.80$ ) for the methods used (confidence sentence, frontal teaching, and individual work).

With regard to applied methods, HPT1 assessed the suitability of the methods (frontal teaching and discussion in class) most critically in Session 3 (*Self-Esteem*) ( $M = 2.80$ ), Session 7 (*Body changes and Growing-up*; frontal teaching, explanation, mixed group work) ( $M = 2.27$ ), and Session 12 (*HIV/AIDS*; frontal teaching, distribution of contraceptives) ( $M = 2.20$ ). HPT2 assessed the suitability of the methods in Session 2 (*Self-Esteem*) to 4 (*Relationships & Family*) and scored better than 2 from there on. Both HPTs regarded the methods (drama play and card game) used in Session 14 (*Abuse*) as the most appropriate to lesson content.

On the whole, the results show that both HPTs assessed the method suitability most critically at the beginning of Intervention I. Over the course of time, they rated the methods from excellent to average and unanimously expressed a positive tendency, while the HPT2 is showing a more positive trend than HPT1. In other words, the suitability of the methods was regarded as predominantly appropriate for the content of the various sessions, and therefore both HPTs came to the conclusion that the methods used were suitable for implementation in the programme when working with this specific target group.

### **8.2.2.3 The Link between the HPTs' Assessed Self-Confidence and the Suitability of the Applied Methods**

In order to understand the link between the HPTs' self-confidence and their assessment of the applied methods it is imperative to present the results of both scales for each HPT at this point of discussion. Figure 8.1 and 8.2 combine all the results and give an indication of the trend

set. The presented figures in this paragraph present the means assessed on a 5-point scale ranging from 1 (excellent) to 5 (bad). For a better understanding of the results, the scores on the scale are reversed and specifically explained numbers in the text are bold marked on the graphs.

HPT1 tends to assess herself more positively than the suitability of the applied method most of the time. In order to provide more detailed information on the actual scoring of the methods by HPT1, specific scores are presented. HPT1 assessed most critical session 3 the confidence sentence, showing HPT1’s resistance towards the method. Furthermore, frontal teaching (score 4) and group work (score 3) in Session 7 and decision-making in mixed groups (score 4) in Session 12 were also assessed by her as being most inappropriate. This means, the negative scores point to two methods, namely frontal teaching and group work, and one newly implemented method (‘decision making’) which can be assumed to be the most difficult to apply in a classroom setting. In all three sessions HPT1’s critical analysis could be regarded as an indication of extreme responsibility and, to a certain extent, a feeling of overload during these sessions, because she bore the greatest responsibility for teaching and discussions (Figure 8.1).

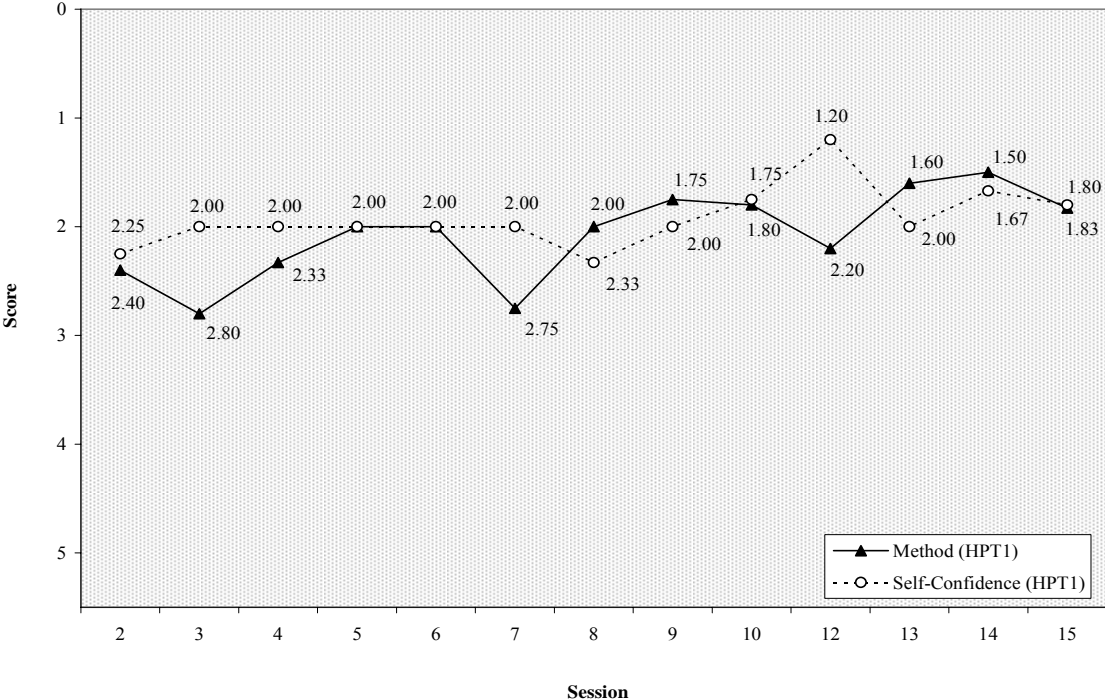


Figure 8.1. Comparison between Results of Self-Assessment and Method by Health Promotion Trainer 1 (HPT1)

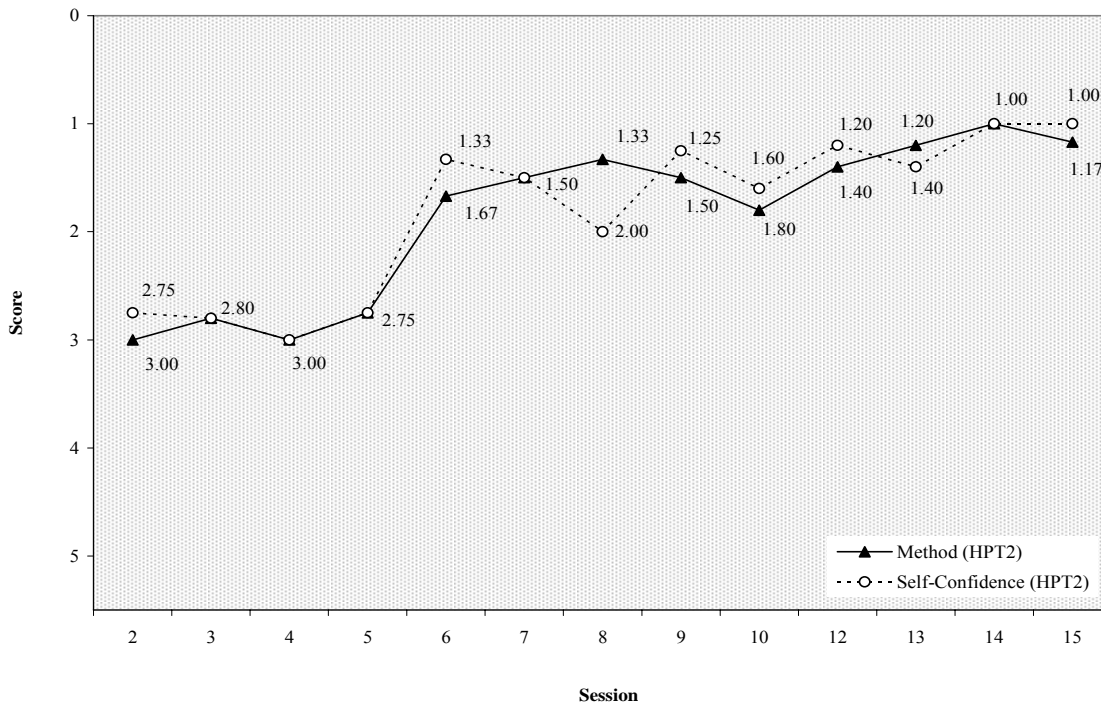


Figure 8.2. Comparison between Results of Self-Assessment and Method by Health Promotion Trainer 2 (HPT2)

In Figure 8.2 HPT2 shows an almost matching assessment of herself and the suitability of the methods with a positive trend over the course of Intervention I. A minimal difference occurs in Session 8 (*Inner and Reproductive Organs*) where she assesses the method activity more positively ( $M = 1.33$ ) than her own preparation to carry out the method ( $M = 2.00$ ) in the classroom setting.

On the whole, both HPTs maintained a constant or slowly increasing level of self-confidence and assessment of the suitability of the teaching methods in the classroom setting over the course of time. The gained results predominantly reflect that both HPTs assessed the suitability of the applied method in a similar fashion to their own self-confidence to carry out the method in the classroom. The strongest discrepancies between both scales by HPT1 and HPT2 appear in Sessions 3 (*Self-Esteem*), 7 (*Body Changes and Growing-up*) and 12 (*HIV/AIDS*). The results of HPT1 indicate that she took a critical stand against the methods used more often and assessed her own confidence in a more positive way than the methods. These results signify her more responsible position in the sessions and her greater responsibility to implement methods effectively. The results also indicate a stronger ‘learning course’ for HPT2 than for HPT1. HPT2’s more positive results could be a result of the partnership existing in the education sessions – she had a supportive and self-confident partner with whom she implemented methods during these sessions.

### 8.3 Results of Learners' Reports

The following results are taken from the weekly learners' report that examined the learners' attitudes towards the programme (see chapter 6, par. 3.3). The gathered data are analysed in regard to the learners' general attitude towards the evaluated programme, their feeling comfortable with the programme content and the used methods, their acceptance of the HPTs, and their feeling comfortable about being in a learning situation with learners from the same and other gender. The quality of the relations, which should be based on fairness, mutual respect, understanding and trust, should therefore support the acquisition of knowledge and new competencies. It is thus believed that the quality of comfort is seen as an integral part of an emotional construct that enhances the quality of perception and therefore frames the learning process during the intervention sessions on the individual level.

#### 8.3.1 Learners' General Attitude towards the Life Skills Programme

The number of participating learners ranged from 35 to 45. The learners' general attitude in thirteen sessions during Intervention I is divided into three categories: (a) fun, (b) ok, and (c) boring. More than 90% of the girls expressed that they had had 'fun' and all other girls (9%) reported they had felt 'ok' during Intervention I (Figure 8.3). The female attendees were more unanimous in their general attitudes than their male counterparts.

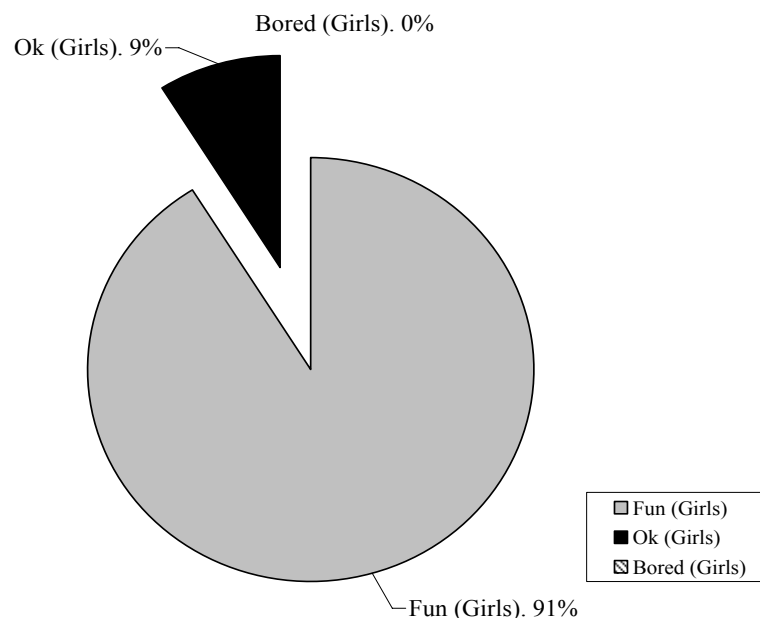


Figure 8.3. Girls' General Attitude towards the Life Skills Programme during Intervention I.

Almost two thirds of the boys expressed that they had had ‘fun’ (61%) or felt ‘ok’ (9%) while almost one third of the boys (30%) expressed that they had been bored during the sessions in Intervention I (Figure 8.4). The results thus reveal a strong discrepancy between female and male attendees’ attitude towards the programme.

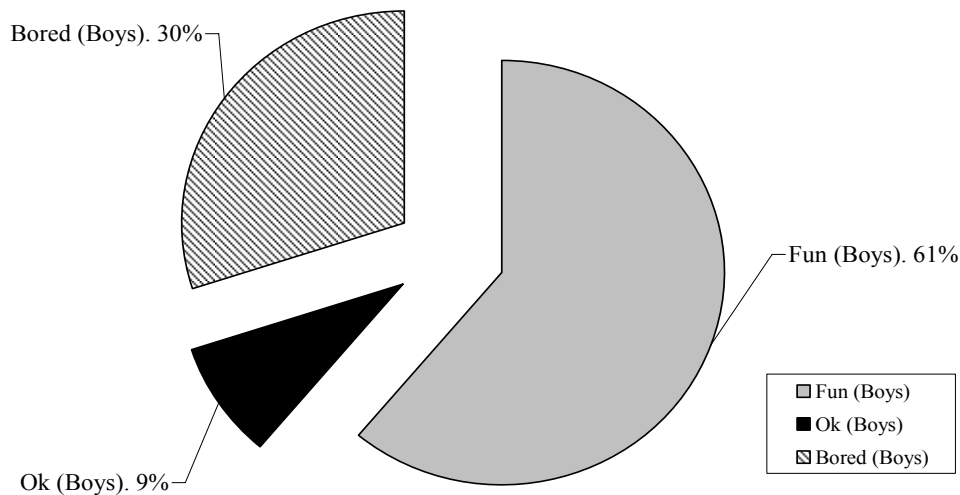


Figure 8.4. Boys’ General Attitude towards the Life Skills Programme during Intervention I.

Several conclusions for the presented gender differences in attitude towards the programme can be made. First, girls expressed not only a more balanced attitude towards the programme but they also seemed to have had a greater need for and interest in the programme topics and methods<sup>26</sup>. Second, it seems that boys examined the programme more critically concerning the sessions *Relationship within Family* (part 2 = 38%), *Body Anatomy* (47%) and *Sexual Abuse* (part 1 = 33%; part 2 = 41%). Three assumptions for these gender differences are possible which are not to be answered satisfactory in this study:

- a) Either the used methods or topics were less interesting to the boys because they have received information through other channels while the girls used the sessions as a source of not discussed or unavailable information in their social and cultural surrounding,
- b) The boys expressed a greater sensitivity towards the content of the sessions than the girls or
- c) The information given in the sessions were more appropriate to the girl’s need, for example because of their continued developmental stage, compared to the boys’ need of information.

<sup>26</sup> It was relinquished to present the results in figures at this point.

Apart from the gender differences, the results gathered also show that the class reached a state of equilibrium over time in terms of their attitude towards the project (not reflected in the graphs).

### 8.3.2 Comfort with Programme Content and Methods

The learners were also asked to express if they liked or disliked the topic presented in a particular session (Figure 8.3 and 8.4). The majority of girls (96%) and boys (91%) liked the outlined topics in Intervention I. Girls reported the greatest dislike ( $\leq 10\%$ ) of three sessions: *Self-esteem* (12%), *Relationships and Family* (12%), and *HIV/AIDS* (15%). The results support findings from the assessment of the general attitude towards the programme (Figure 8.5). Boys, again, tended to be more critical in their attitude than girls.

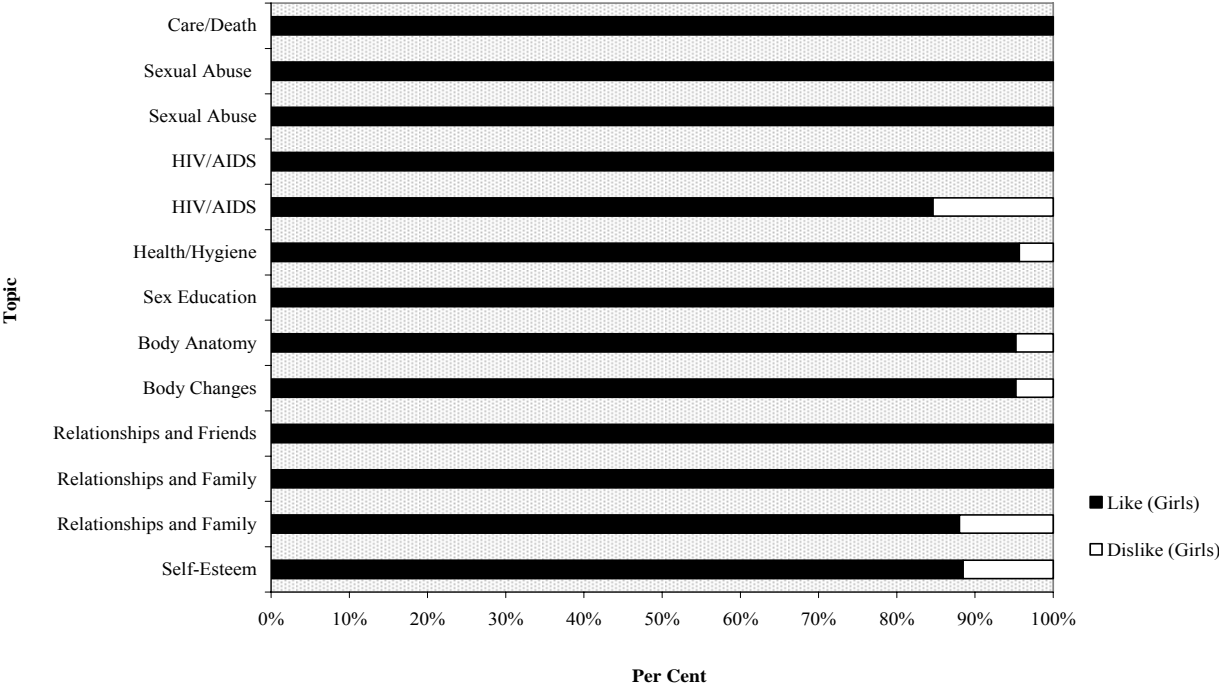


Figure 8.5. Illustration of the Results on the Assessment of Like and Dislike towards Content and used Method by Girls of the Intervention Group.

The dislike category was chosen by boys in all topics, except for the session *Sexual Abuse* (part 1) (Figure 8.6). Boys reported the greatest dislike ( $\leq 10\%$ ) of the sessions *Self-Esteem* (18%), *Body Anatomy* (12%), *Health and Hygiene* (20%), *HIV/AIDS* (Part 1 = 12%), *Sexual Abuse* (Part 2 = 12%) and *Care and Death* (11%).

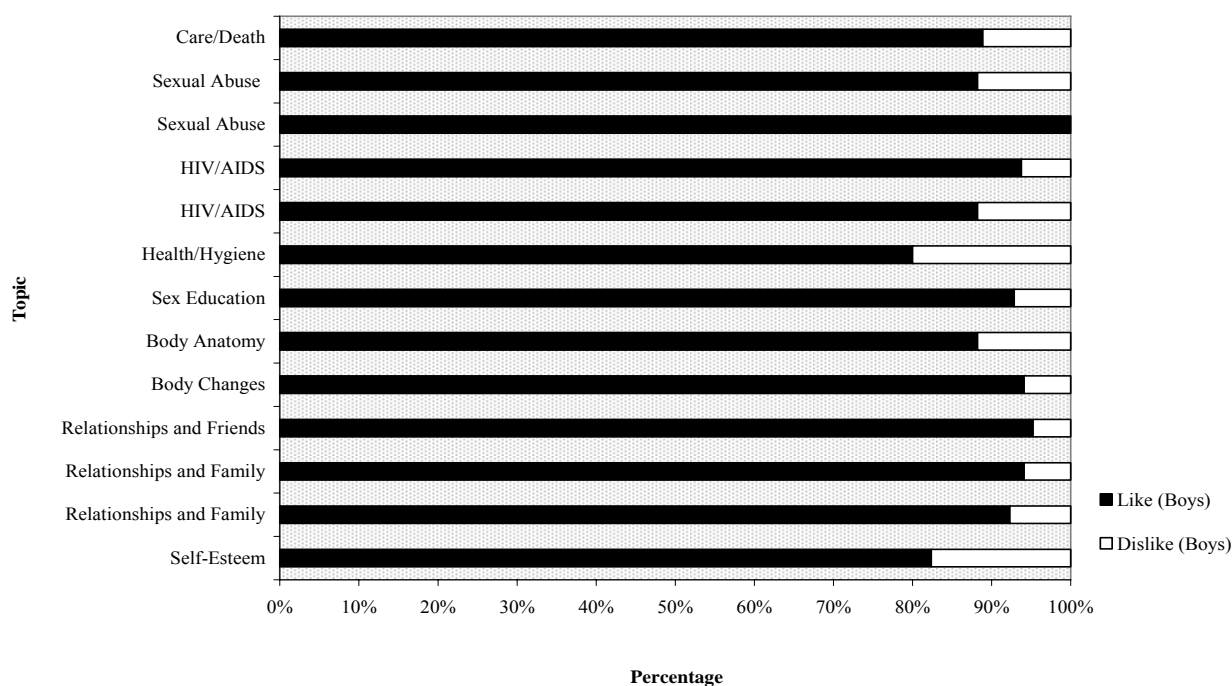


Figure 8.6. Illustration of the Results on the Assessment of Like and Dislike towards Content and used Method by Boys of the Intervention Group.

Boys and girls were also asked to assess the methods applied during the sessions by expressing their like or dislike. The methods were divided into seven categories: (a) games (fun games and sport), (b) art (music, making collages, and drama), (c) group discussion, (d) brainstorming, (e) frontal teaching, (f) food event, and (g) video. The majority of girls and boys enjoyed the methods applied in the sessions. Only a small percentage disliked the used methods. Those boys who expressed their dislike criticised frontal teaching (20%), the video (21%), and group discussion (13%) specifically in mixed gender groups. Girls expressed the greatest dislike of games (15%) and the video<sup>27</sup> (9%).

### 8.3.3 Relations within the Classroom Setting

The assessment of the quality of relations between learners and HPTs and learners and learners of the same and of the other gender is a defining indicator for prevailing classroom atmosphere or feelings of comfort among attendees. The majority of the girls (99%) and boys (90%) emphasised that they had felt comfortable working with female HPTs. However, looking at specific sessions it becomes obvious that almost 20% of the boys disliked working with female HPTs during the sessions *Body Changes* (18%), *HIV/AIDS* (19%), *Abuse* (18%), and *Care and Death* (18%). One assumption that can be drawn from these results is that boys

<sup>27</sup> As a side note, the video was shown in English during the sexual abuse session. The learners had great difficulty to follow the story and it had to be repeatedly interrupted to clarify the content with learners.

expressed a dislike of working with female HPTs in sensitive and culturally relevant sessions. Although the HPTs divided the group into homogenous groups and one HPT specifically worked with boys, they still expressed that they preferred not to work with this HPT but rather with a male HPT.

The learners' attitude towards the same and the opposite gender reflect the working relationships between girls and boys during the sessions. In addition, it should be assessed if there were any changes in gender relation during Intervention I. Girls as well as boys express a high percentage of feeling comfortable to work with the same gender. When certain sessions are clustered however, gender differences become evident in the data. While 40% of the girls enjoyed working with boys, only 29% of the boys enjoyed working with girls throughout Intervention I. Only in four of the sessions more boys said that they enjoyed working with girls than girls working with boys, namely the sessions *Body Changes* (41%), *Sex Education* (44%), and *Care and Death* (47%). The most interesting finding is that in the session on body changes and sex education boys and girls were seated separately, which obviously helped to make the boys feel more comfortable – but not the girls. This finding could suggest a local separation of genders especially when dealing with intimate elements.

In summary, although no change in relations was found over time, the work relations between boys and girls and learners and HPTs can predominantly be assessed as supportive for the duration of Intervention I; an indicator of a positive class atmosphere.

## **8.4 Evaluating Social Behaviour of Four Children**

A good description of children's behaviour (reaction) within an educational programme such as a life skills programme is a precondition to evaluate whether the outlined intervention is based on the specific needs of the children (Pellegrini et al., 2004) – their developmental stage and tasks considered – and whether it has reached its aim to support the development of social and cognitive competencies among participants. In other words, the participant observations intended to provide information on the expressed social behaviour of the participants who attended the Intervention I and II over a period of six months. The observations also intended to observe the development of the children's verbal and body language, their ability to communicate with other learners, and the expression of their own opinion in interaction with others, especially peers (boys and girls in class) and facilitators (health promotion trainers and participating teacher) during the sessions of Intervention I and II.

Observation Phase I took place during Intervention I for four-and-a-half months from March 2003 until June 2003; Observation Phase II for one-and-a-half month during Intervention II



from October 2003 until November 2003. Four children were observed, two boys and two girls within the age range 9 to 12 years. All observations took place during intervention sessions in the specific classroom of the observed children at Ikaya Primary School in Kayamandi. Each participant was observed for 15 minutes every second week during the intervention sessions.

Taking into consideration that the results of the interobserver reliability and the interobserver agreement (see chapter 6, par. 3.4.4) were merely unsatisfactory, the observation results described were mainly taken from the descriptive part of the instrument.

#### **8.4.1 Participant (A) - Observation Results**

Participant A is female and 10 years old. Her position in the classroom changed during Intervention I as she moved from a group with the youngest girls (9 years and younger) in the class to a group with seven girls of her age (10 – 11 years). She showed a ‘willing’ attitude towards the sessions in Observation Phase I. In Observation Phase II, she expressed a combination of a willing and an undecided attitude towards the sessions without preference for group or individual work. It can be assumed that the undecided attitude is linked to the activities in the classroom (topic and method), her seating position (she sat with her body turned to the HPTs due to the crowded classroom conditions and table positions) and/or the relation to the HPTs who changed their composition in the second session.

→ *Participant A expressed predominantly a willing attitude in Observation Phase I and was undecided in Observation Phase II.*

Participant A started off with a passive body language at the beginning of Observation Phase I and expressed an active body language at the end of this observation phase, with a shifting combination in Observation Phase II. Active body language was expressed by sitting straight, looking in the direction of the HPTs and concentrating on their explanations. Passive body language was expressed by putting her upper body on the table and playing with something in her hands; an expression of boredom. Most of the positive body language was directed towards other female classmates at the table where she was seated.

→ *The participant’s body language was mainly positive and open and stabilised during Observation Phase I. An unbalanced character of body language was observed in the two sessions in Observation Phase II.*

In regard to communication level, participant A kept quiet half of the time. Although her use of language decreased from Observation Phase I to II, she maintained a constant language use

towards other female learners at her table only, and communicated freely and openly with other girls in the class and the HPTs. Her behaviour towards the trainers was more open in the course of Observation Phase I and she started to freely ask the HPTs questions towards the end of Observation Phase I, again, with an unsteady character in Observation Phase II.

➔ *The participant's communication increased with the formation of a group of four girls in her age from Observation Phase I and II observable.*

During Observation Phase I, participant A socialised and physically interacted after being seated at a table with girls of her age. During this phase, she started to express her own opinion mostly during interactions with other female learners among whom she expressed to feel comfortable. In the last two sessions of Observation Phase I, she established a friendship with a girl next to her; the friendship was observed to still exist in Observation Phase II. Other interactions with boys or other girls not sitting at her table could not be observed. However, the use of these data is restricted due to limitations in the observation process in Observation Phase II.

➔ *In Observation Phase I participant A developed her interaction skills with one girl in particular; establishment of same-gender friendship.*

➔ *Because of difficulties in the observation process, the observers were not able to evaluate the third category in Observation Phase II due to missing visual contact; the last category will not be part of the analysis.*

#### **8.4.2 Participant (B) – Observation Results**

Participant B is female and 10 years old. She kept the same position in the classroom, but the composition of learners at the table changed from a table with six girls (Observation Phase I) to a table with four boys and two girls (Observation Phase II). The participant's character was assessed as strongly introverted; her attitude was therefore assessed as varying between willing and undecided. Due to the participant's passive/immobile body language, nonverbal expression and communication, it was often difficult for the observer to judge her attitude towards the programme in Observation Phase I. In the two observation sessions during Observation Phase II, she showed a willing attitude towards the programme sessions.

➔ *Participant B expressed an ambivalent attitude towards Observation Phase I and a willing attitude towards Observation Phase II.*

Shyness and a cautious body language were observed half of the time due to her introverted character; her body language became less positive when she had to perform in front of the

class (as happened once). In both observation phases she limited her body language to moving the upper body in the trainers' direction, expressed lapses in concentration whilst fulfilling the outlined task, and observed processes in class without becoming actively involved. Participant B's body language only became more active during individual work sessions on topics that were mentally and emotionally more demanding (drama play). The participant did not change her body expression over time.

—→ *The participant did not show a significant change in body language throughout Observation Phase I and II.*

Special communication with other classmates could not be observed in Observation Phase I. She hardly showed any active/direct communication with the group at the table during observation time. When she communicated with others she made no distinction between male and female and it was of a friendly nature. An exception regarding communication was during the session on HIV/AIDS (repetition), where she increased her communication with other female and male learners during group work. A completely opposite behaviour was observed in the following session where individual work was required. Again, she did not communicate at all with classmates at her table.

—→ *Participant B's communication skills remained unchanged from Observation Phase I to II.*

For the most part of the observation participant B expressed a willingness to participate in the sessions by concentrating on the explanations of the HPTs, or on achieving the task in both observation sessions. Due to her low communication or interaction skills, no change could be observed in her ability to express her own opinion towards others – neither in Observation Phase I nor in Observation Phase II. Only in one group work session on HIV/AIDS a greater frequency of interaction with other learners in the group was observed.

—→ *Because changes in interaction skills could not be observed, consequently, no direct expression of her own opinion was visible.*

### **8.4.3 Participant (C) – Observation Results**

Participant C is male and 9 years old. His position in the classroom was mainly in a group of boys. In the last sessions, participant C sat in a group with two boys and three girls. Participant C expressed a willing attitude throughout both observation phases. He showed a positive attitude towards trainers/authorities, for example, his general orientation together with his ability to listen and follow advice. He did not make a distinction between group and individual work sessions.

➡ *Participant C showed a positive general attitude towards the intervention in Observation Phase I and II.*

He expressed a predominantly positive body language. However, restless body movements were observed in both observation sessions. When he was working on an individual task he displayed a positive body language as a sign of concentration. However, whenever participant C was bored he tended to express a restless and negative body language (e.g. lying on the table, playing with something). In those sessions, he could be easily distracted from work. Also in stressful situations (e.g. volume level in class, sex education session), he reacted with increased physical activity. However, the occurrence of restless behaviour decreased over the course of Observation Phase I and II.

➡ *Participant C increased his open and positive body language in the course of Observation Phase I and II.*

Regarding communication participant C used spoken language for half the time in both observation sessions. At the beginning of Observation Phase I, he communicated more often through nonverbal expression (e.g. facial expression). His communication with the boys and girls was balanced and most of the time friendly. During the second observation session, there was an ongoing communication with the girls and one boy at his table.

➡ *At the beginning of Observation Phase I, he had a preference for using nonverbal communication tools. This changed during the course of Observation Phase I to an increased use of verbal communication with others without preference to communicate with girls or boys.*

Participant C generally expressed his own opinion well among learners and HPTs, with the result that he attracted the most attention at his table. Participant C functioned well in both mixed and same gender groups. For example, during Observation Phase I, a girl hit him with her hand; he reacted with neither physical nor verbal aggression but used ignorance. He never dominated discussions and was willing to accept girls' and boys' opinions equally. Although he accepted the HPTs' authoritative role he expressed his own opinion when he talked to or answered questions of the HPTs. For example, during the session on abuse (drama play) he was one of the few learners who asked questions with courage and self-esteem. This can be regarded as the ability to express his opinion. He showed a higher potential for participation during group work sessions. Participant C established a friendship with another boy towards the end of Intervention phase II.

➡ *Participant C expressed throughout both observation phases well-developed interaction skills, as well as an ability to express his own opinion.*

#### **8.4.4 Participant (D) – Observation Results**

Participant D is male and 12 years old. Initially his position in the classroom was in a group of mixed gender. At the end of Observation Phase I, he was seated with his back to the HPTs in a group of four boys. Participant D has an introverted character. He expressed a constant willing attitude throughout the duration of Observation Phases I and II.

➡ *Participant D's general attitude remained stable throughout Observation Phase I and II.*

Participant D was predominantly open and active in his body language in both observation phases. Cautious body language that expressed a particular interest could be observed depending on the different topics in the lessons (e.g. HIV/AIDS). Higher levels of passive body language were expressed during communication with others. His body was usually turned to the HPTs during black board teaching, which expressed attentiveness, as opposed to his original seating position where he had to sit with his back to the HPTs.

➡ *The participant's body language remained open and active throughout Observation Phases I and II. Characteristics and movement were clearly linked to the acquisition of information in specific topics during the sessions.*

Although participant D increased his communication skills over time, it remained unsteady and on a low level during both observation phases. After the gender composition at his table was changed to include only boys, he expressed an increased ability to communicate. Participant D never communicated actively out of his self and he spoke foremost with the boys at his table. He showed a strong increase in communication frequency in the session on inner organs (Observation Phase I) in which he communicated directly with several boys while being locally separated from girls.

➡ *The participant's language ability increased over the observation periods, although on an inconsistent basis. He clearly expressed a preference to communicate with boys.*

His willingness and expression of his own opinion increased from Observation Phase I to II, although he did not often communicate with peers. On the one hand an increase in interaction with others (boys) and an expression of own opinion was observed (e.g. when his neighbour asked him a question or when he did not understand the task he would ask another boy at his table). On the other hand an increase in his ability to express his own opinion was observed

(e.g. an increased/improved ability to question the trainers about the presented material/information) at the end of Observation Phase II. However, due to the fact that he was older than the other learners, participant D was easily bored and not challenged enough in tasks; other learners often needed more time. Although he was capable of effective group work, his preference for individual work corresponded with his preference for becoming active without 'wasting time' by talking with others, that is, by avoiding negotiation processes with the group. This was not only due to an increased capability to express his opinion, brought about by the influence of the programme or its developmental stage, but most likely also due to environmental factors – he possibly felt more secure with an increased and established social network in the class (friendships/community of boys).

→ *The participant expressed a change in interaction and an increased ability to express his own opinion from Observation I to II. This was also shown by an increased/improved ability to lead the group of boys at his table and to ask for more information and presented material in the sessions.*

#### **8.4.5 Summary of the Results of Participant Observation**

With regard to social learning processes, the following can be deduced regarding the participants from Observation Phase I to II<sup>28</sup>:

- a) All four participants showed a positive, or at least, an ambivalent attitude towards the sessions, in other words, none of the participants expressed a refusal to participate in the sessions of the programme.
- b) Three of the four participants developed a more open and positive body language from Observation Phase I to Observation Phase II.
- c) Three of the four participants showed an increased use of language and all four improved their interaction skills over time.
- d) All participants interacted well in work relations with the same gender; one female (B) and one male (C) participant did not distinguish between interaction with boys and girls.
- e) None of the participants expressed extreme forms of behaviour, for instance aggressive body language, rude language, or dominant or subordinate behaviour, during Observation Phase I and II (Table 8.3).
- f) The level and stability of changes among variables such as body language, communication and interaction skills were assessed as not constant due to the short duration of the

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<sup>28</sup> In addition, these results were not found to be prevalent in the analysis of Observation Phase III, which was cancelled as a result of conditions during 'normal' lessons.

intervention and the children's developmental change from late childhood to early adolescence.

However, the positive results of the participant observations can not only be taken as proof of the positive effects of the model, i.e. the life skills programme on AIDS and sex education. For example, with regard to same gender relations, two of the four participants (A, C) established a friendship, and one participant (D, male) started to build a friendship with one boy. The occurrence of same gender friendships can be linked to the developmental transmission stage of late pre-adolescence to early adolescence, which includes the establishment of stronger peer relations.

With regard to the question whether the participants reacted differently during group work and individual work, the result was the following: One female participant (B) and the two male participants (C, D) reacted on specific topics, namely drama play, HIV/AIDS repetition, inner organs or AIDS (first session). Group work seems to have encouraged participants to increase their communication skills and demanded more interaction with others. Only participant A did not make a distinction in her attitude towards individual or group work methods. Thus, method preference seems to be linked to participants' character, as expressed by participants B and D who showed a preference for individual work due to their introverted character, while the more extroverted and physically restless participant C preferred both methods as long as he was kept active.

Finally, it must also be emphasised that structural frameworks such as seating position, gender composition at tables, and available physical space affected the feeling of comfort experienced by the participants. The prevailing tight space in the classroom and reversed seating positions most likely discouraged individuals and left them feeling physically uncomfortable; this probably also diverted their attention during sessions – a hindering factor for the acquisition of new information or the practise of new skills. A fundamental basis for the well-being of the participants was ensuring their emotional and physical safety through the implementation of safety measures (e.g. code of conduct). The participating teacher intervened once with corporal punishment (beating on hands) during Observation Phase II, when participant A and C were observed (Buchinger & Lindner, 2003). How this violent incident affected the social behaviour of the participants could not be judged, however, it is assumed to have had an effect.

Table 8.3.

*Observation Results from Observation Phase I and II of the four Participants (A – female, B – female, C – male, D – male) – Verification or Falsification of the applied Research Hypothesis*

<b>Hypotheses</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
I. If the participant expressed a more positive general attitude towards the intervention over time, the participant has affected his/her social behaviour.	<b>X/-</b>	<b>X/-</b>	<b>X</b>	<b>X</b>
II. If the participant showed a more open and positive body language in the intervention over time, the intervention has affected the participant's social behaviour.	<b>X</b>	<b>-</b>	<b>X</b>	<b>X</b>
III. If the participant increased his/her ability to use language as a way of communicating with others, the intervention has affected the participant's social behaviour.	<b>X</b>	<b>-</b>	<b>X</b>	<b>X</b>
IV. If the participant increased his/her ability to express his/her opinion towards others within situations of interaction and communication, the participant's social behaviour has increased because of the intervention.	<b>X/-</b>	<b>-</b>	<b>X</b>	<b>X</b>

*Note.* X = hypothesis is verified, - = hypothesis is falsified, X/- = result not unequivocal

With regard to social learning processes, the following can be deduced for the participants from Observation Phase I to II<sup>29</sup>: (a) social learning could be observed in three of the four participants (A, C, D), who improved their social behaviour due to an improved general attitude, a more open and positive body language, and increased communication, and (b) only the male participants (C, D) increased their ability to express their own opinion towards others in situations of interaction and communication. However, the question whether the applied life skills programme provoked the changes in social behaviour cannot be answered with these data.

## 8.5 Conclusion

After analysing all data gathered over a period of more than half a year, the following conclusions can be made. The health promotion trainers assessed their own qualifications as generally good and increasing over time (mainly applied to HPT2), although they were

<sup>29</sup> In addition, these results were not found to be prevalent in the analysis of Observation phase III, which was cancelled as a result of conditions during 'normal' lessons.



originally inexperienced women who were trained specifically for this learning programme. The HPTs regarded the applied methods as generally suitable, even though they had preferences or animosity towards specific methods. This fact becomes more obvious when the two scales, the Self-Confidence and Suitability of Method Scale, are compared with each other. The results of this comparison reflect the trainers' need for further training in difficult methods like frontal teaching and group discussion in order to stabilise their confidence to practice new teaching skills within the classroom setting.

Even though teaching can be demanding, both women intimated that they increasingly identified with their work over the course of time and demanded respect by children and parents participate. Although they regarded their relationship with the children as very positive and based on mutual respect, their relationship with the parents of the children in the intervention group was described as ambivalent.

In regard to the gathered data from the learners' reports, the majority of the learners rated the working relationships with the two HPTs as positive ('like'). However, it could have been of great advantage, especially to the boys, if the team consisted of one female and one male HPT. The idea is that the team composition would represent optimistic male and female role models who are experienced in educating pre-adolescent children starting to develop their own sexual orientation, so that they would be able to fulfil their male and female roles in (intimate) relationships and society later.

The implemented methods were generally assessed by learners as appropriate to the content of the sessions. However, there are indications of gender differences in terms of their like and dislike of the topics. Boys tended to be more critical while girls tended to be more unanimous in expressing their general attitude towards the programme and in being comfortable with the applied methods. It can be assumed that girls have a greater need for and interest in the programme topics and methods which are difficult to obtain through other sources. Although boys of this age were in general more bored with sessions, they were at the same time more sensitised to specific culturally sensitive topics such as *Body Changes*, *HIV/AIDS*, *Abuse*, and *Death and Care*.

The last instrument – participant observation – was intended to clarify the effects of the intervention on the basis of the expressed social behaviour of four children. Two girls and two boys aged 9 to 12 years were observed over six months in two observation phases. It was found that three of the four participants attended the sessions with a positive attitude and increased their communication level towards others or the HPTs. One participant was unbalanced in her attitude, however, never expressed any refusal to participate in the sessions.

All four participants improved their interaction skills over time, although on an inconsistent basis. Because three of the four children started to establish friendships, it can be assumed that children entering the phase of early adolescence feel vulnerable and therefore establish friendships with the same gender. It is possible that the intervention provided a platform for these same gender relations in encouraging the participants to interact and communicate with each other freely and openly. Gender differences were evident in the participants' ability to express their own opinions. Only the male participants clearly increased their ability to express their own opinions during interaction. During intervention (X) no kind of refusal, aggression or extreme subordination was ever observed, which can be identified as a positive result; it means that all four participants felt comfortable with the programme as it was outlined.