

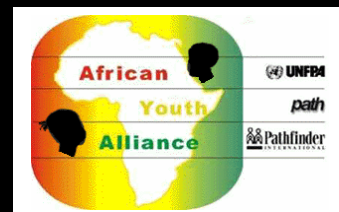


## **Reaching Out-of-School Youth With Life-Planning Skills Education:**

### **The African Youth Alliance's Behaviour Change Communication Efforts in Arusha, Tanzania**

**September 2005**

**AFRICAN YOUTH ALLIANCE**



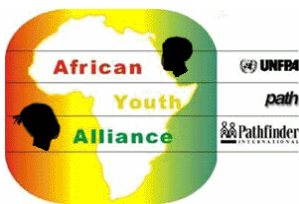
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## Reaching out-of-school youth with life-planning skills education: The African Youth Alliance's behaviour change communication efforts in Arusha, Tanzania

The African Youth Alliance (AYA) was a partnership among the United Nations Population Fund (UNFPA), Pathfinder International, and PATH funded by the Bill & Melinda Gates Foundation to improve adolescent sexual and reproductive health (ASRH) in four African countries: Botswana, Ghana, Tanzania, and Uganda. AYA's work in Tanzania began in 2001 and was implemented in ten districts encompassing 1.2 million urban and rural youth 10 to 24 years of age. In addition to youth, the program also sought to engage parents, teachers, community leaders, and policymakers in pursuit of project goals in six component areas: policy and advocacy; behaviour change communication (BCC); youth-friendly services; integration of ASRH information into livelihood programs; institutional capacity building; and coordination and dissemination. To this end, UNFPA, Pathfinder, and PATH worked with a wide range of local partners in Tanzania to achieve project and component goals. Three key goals existed under AYA's BCC component: increasing access to ASRH information and BCC activities, creating a supportive ASRH environment in homes and schools, and enhancing institutional capacity for BCC.

Tanzania is among the poorest countries in the world, with almost half of its population living in absolute poverty. Approximately 65 percent of the country's total population of 34.5 million is under age 25. Young people ages 10 to 24 constitute approximately 31 percent. Because of its poor economic status, Tanzania is unable to meet the basic needs and expectations of its youth population; many young people are un- or underemployed; child labour in agriculture, domestic work, street vending, and commercial sex work is not unusual; and the health needs of youth are not sufficiently addressed by existing structures.<sup>1</sup>

As a result, youth in Tanzania are at high risk of unplanned pregnancies; unsafe abortions; sexually-transmitted infections, including HIV; substance abuse; and other negative forms of coping and exploitation.<sup>2</sup> One factor contributing to youth engagement in higher-risk sexual activities and behaviours is lack of educational and economic opportunity; fewer than 20 percent of primary school graduates in Tanzania continue with secondary education, vocational training, or employment. While limited sex education is available in schools, the majority of youth complete their primary education without adequate knowledge of and guidance on sexuality issues and without adequate life-planning skills (LPS). Though these out-of-school youth are most at risk, since they are no longer in school, it is difficult to find and reach them with the ASRH messages and LPS training critical to their future success. Attempts to do so are often fraught with limited success and multiple challenges.

Given these challenges in reaching out-of-school youth, it is notable that AYA implementing partners in Tanzania successfully completed five-day LPS trainings with this population, an achievement unique even among the AYA countries.

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<sup>1</sup>International Monetary Fund. *Poverty Reduction Strategy Paper for Tanzania*. Washington, DC: International Monetary Fund; 2000. Available at: <http://www.imf.org/external/NP/prsp/2000/tza/02/index.htm>.

<sup>2</sup>United Nations Development Programme. *Human Development Report*. New York: United Nations Development Programme; 1997.

*Chama Cha Wanawake Kupambana na UKIMWI Arusha* (CHAWAKUA), an association established in 1992 to bring access to health, social, and economic services to women and youth infected with, affected by, and vulnerable to HIV and AIDS, is one of AYA Tanzania's partners that helped to make this accomplishment a reality. In 2002, CHAWAKUA received financial and technical support from PATH to implement the "Planning My Future" project in four wards in Arusha Municipality: Levolosi, Ngarenaro, Sekei, and Unga Limited. In 2004, two additional wards—Sombetini and Daraja Mbili—were added to the project.

CHAWAKUA's BCC activities under the Planning My Future project focused on increasing access to ASRH information and activities for out-of-school youth, and as such, tailored strategies and activities to achieve this aim. Successfully engaging youth was a major concern and challenge for CHAWAKUA. While it was critical to reach the out-of-school youth population in Arusha, doing so was difficult, given that there are few organized venues through which to reach them with sexual and reproductive health messages and LPS training.

To address this concern, CHAWAKUA focused on using a wide range of activities to engage youth. In addition to holding LPS workshops, CHAWAKUA also supported out-of-school youth with peer education and entertainment-education activities. Moreover, CHAWAKUA actively engaged the community—including government, parents, and other key stakeholders—to build support for their efforts and ensure future sustainability of activities after AYA.

### **LPS training**

Information about sexuality and the ability to communicate are essential for youth to act responsibly when faced with difficult decisions. In order for youth to understand their physical and emotional development, understand sexuality issues, manage relationships and peer pressure, and protect themselves and their partners, they need fundamental knowledge of sexuality and reproductive health, and the decision-making, communication, and relationship skills necessary to manage relationships and social pressures. LPS is a youth development program that combines sexuality education with effective skill building while preparing youth for the future. Program content is age appropriate, focuses on specific prevention goals, and uses participatory training methodologies that allow young people to learn by doing rather than through lectures. A variety of methods—role plays, games, drama, small-group discussion, brainstorming, songs, debates, and panels, among others—are used to foster discussion and youth participation.

As part of the Planning My Future project, CHAWAKUA conducted five-day LPS trainings with out-of-school youth from six wards in Arusha Municipality. These LPS trainings were a core component of AYA's BCC approach—the material addressed in these trainings also informed key BCC messages for other project activities, including entertainment-education efforts. The LPS trainings covered a wide range of topics important for youth to make informed decisions affecting their health and futures, including personal, family, and community values; adolescent development; communication; sexuality; rights; gender roles and equality; relationships; teenage pregnancy; sexually transmitted infections; HIV and AIDS; substance abuse; and planning for the future.

Prior to training, youth were tested to ascertain their existing knowledge of sexual and reproductive health topics, including HIV and AIDS. At completion of the training sessions, youth were tested a second time in order to assess changes in knowledge. Over 33 months, CHAWAKUA held approximately 20 LPS trainings. Each training involved anywhere from 50 to 59 youth, and over the course of those 33 months, CHAWAKUA trained 1,180 out-of-

school youth in LPS. The pre- and post-tests showed that post test scores ranged from 18 to 41 percentage points higher than pre-test scores.

### **Peer education**

In addition to the five-day LPS trainings, CHAWAKUA organized a monthly “Youth Talk” in the six project wards. These “youth talks” provided a venue where out-of-school youth could discuss issues related to reproductive health, including sexually transmitted infections, HIV, and AIDS, among themselves and with trained LPS facilitators and peer educators. Drama was often incorporated into the youth talks. On occasion, these youth talks moved out of the ward offices where they were normally held, and which could only accommodate small groups of youth, and into larger venues and events. Among these were a mountain hike and picnic on Mount Meru and a visit to Momella National Park. Over a 33-month period, the project reached approximately 3,500 youth through these youth talks.

### **Entertainment-education**

Entertainment-education uses entertainment—drama, songs, raps, and other performances—to impart educational messages in fun and engaging ways that have wide appeal for youth and are equally accessible to both in- and out-of-school youth. In this case, it was a participatory endeavour that allowed the audience to interact and take part in the activity. The broad appeal makes entertainment-education a good approach for conveying reproductive health messages to large groups of youth; not only do these activities fill an information void, but they also provide a safe, educational way to fulfil youth recreational needs. Moreover, many of the activities undertaken by CHAWAKUA were for youth, by youth. Having youth as performers not only allowed them to be the beneficiaries of information, but also provided a good opportunity for youth involvement and participation in promotion efforts and an empowering activity for youth to take charge of their own unmet needs.



CHAWAKUA built pertinent reproductive health messages into their entertainment activities, whether those were drama shows, rap music performances, or sports events. Messages to reinforce concepts from the LPS curriculum were incorporated into these activities. Promoters distributed BCC materials such as pamphlets and t-shirts with relevant LPS messages and/or information after the performances, further reinforcing the messages.

Using entertainment-education to disseminate ASRH messages allowed staff to reach large numbers of youth in a short timeframe and with limited resources. Moreover, the participatory methods used during performances allowed the audience to ask questions and provide quick feedback, making it dynamic, quick-paced, and most relevant to audience needs.

Entertainment-education strategies must incorporate different kinds of activities that appeal to a diverse range of youth. For example, whereas football is a popular sport, it attracts more young men than young women. Girls indicated an interest in netball, and in response, CHAWAKUA began a netball league to reach out to young women as well. Focusing on only one method or activity would have lessened the impact of CHAWAKUA's efforts and limited the number of youth reached. By recognizing and addressing gaps, CHAWAKUA ensured accessibility for more youth.

CHAWAKUA's entertainment-education activities yielded positive results. Over a 33-month period (July 2002 through March 2005) approximately 126,611 youth and 18,409 adults attended CHAWAKUA's drama performances. Youth were clearly engaged and attracted to these performances, as evidenced by their attendance and also their participation in the BCC efforts as peer educators and performers. Additionally, the program reached more than 30,000 youth through football tournaments in the project areas.

Inroads have been made with two popular nightclubs in Arusha often frequented by youth on the weekends. CHAWAKUA hosted information booths at these nightclubs. Staff and peer educators manned the booths, answering questions on condom use and HIV/AIDS and distributing BCC materials and condoms. The event was so successful that CHAWAKUA is now working with the management of one of the nightclubs to establish permanent condom depots in the club; posters and BCC materials are already available in the nightclub.

### **Youth involvement**

Youth involvement in planning and execution of the project activities was a key factor in CHAWAKUA's success. CHAWAKUA did not restrict youth involvement to being attendees at trainings, entertainment-education events, or other outreach venues. Rather, youth were staff, partners, and participants in carrying out the interventions. CHAWAKUA's entertainment-education events have improved youth involvement and participation in ASRH promotion in Arusha, and youth have become the driving force for planning, organizing, and carrying out the events. It is this high level of youth participation in planning and execution that has given CHAWAKUA visibility and a reputation as a youth-friendly organisation that caters not only to women and HIV and AIDS issues, as implied by its name, but also to the reproductive health needs of all youth, male and female.

### **Community buy-in**

CHAWAKUA has been successful not only in engaging youth, but also in attracting the support of key stakeholders, including municipal leaders, parents, and the wider community for ASRH. In working to include the community and other stakeholders in activities, CHAWAKUA was able to contribute to the sustainability of the program beyond AYA.

Policymakers and municipal officials were often invited as guests of honour or special spectators during CHAWAKUA's entertainment-education events in order to improve awareness of ASRH issues and advocate for government and community support of ASRH activities. CHAWAKUA also actively engaged ward leaders. Together with ongoing advocacy activities, these efforts to include municipal and ward leaders paid off in the longer term; interest in promoting adolescent reproductive health activities is growing among municipal leaders in Arusha, and ward leaders are actively supporting CHAWAKUA's work—several have given youth office space to use for drama performances and other project

activities. The Municipal Council has even agreed to allocate funding to sustain the ASRH activities initiated by AYA in Arusha.

Parents also supported CHAWAKUA's work. In Ngarenaro ward, for example, a group of parents sponsored their youth football team, and, before each game, the parents visited CHAWAKUA's office to collect BCC materials for distribution at the games. The Football Association of Arusha has been very supportive in promoting ASRH through young men's participation in sports. The association has provided stadium time and referees free of charge, and its leaders have actively participated in managing the league.

CHAWAKUA participated actively in high-profile community events, often teaming with other nongovernmental organizations, including other AYA partners working in Arusha. One event held in 2004 in cooperation with Students for International Change, Kiota Women's Development Organization, Chama Cha Uzazi na Malezi Bora Tanzania, and youth from Bondeni Elmoond and Arusha Secondary Schools drew approximately 1,200 community members, the majority of whom were youth between 10 and 24 years of age. The event comprised many activities, including football tournaments, drama performances, an HIV and AIDS information booth, condom use instructions, and an HIV counselling and testing site. Other AYA partners also contributed to the success of CHAWAKUA's events. Partners working in advocacy and providing youth-friendly services informed youth of their activities and services at CHAWAKUA's performances, building synergy among varying components of the AYA program. CHAWAKUA's BCC work is reaching youth and motivating them to seek out voluntary counselling and testing services from CHAWAKUA and other resources in Arusha.

## **Conclusion**

CHAWAKUA's efforts in Arusha are one example of how the Tanzania program was able to successfully reach out-of-school youth, and highlight how one small, grassroots group could successfully contribute to improved ASRH. This success was accomplished by engaging youth, parents, municipal leaders, and the community in support of a common goal.

CHAWAKUA's strategy consisted of five-day LPS trainings supported by activities that reinforced key BCC messages, such as peer education and entertainment-education (including drama, sports tournaments, rap performances, and songs), and built support for activities among members of the community, including parents, municipal and ward leaders, businesses, and youth themselves. These multi-pronged strategies not only served to impart the skills and knowledge necessary for youth to make healthy choices about their future, but also helped to create a supportive environment that recognized the importance of those skills and knowledge.