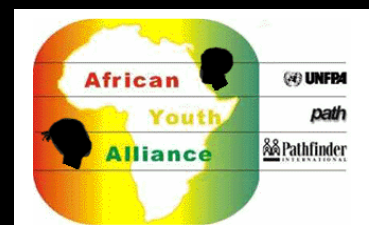




Bringing Youth and Adults Together to Improve Adolescent Sexual and Reproductive Health in Uganda

January 2005

AFRICAN YOUTH ALLIANCE



This document was made possible through the support of the Bill & Melinda Gates Foundation.

Cover photograph by Cristina Herdman.

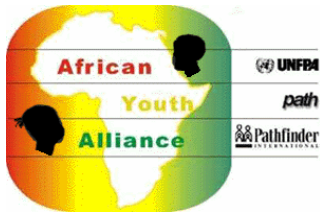
Written by Cristina Herdman, PATH.

Edited by Willow Gerber, PATH.

Copyright © 2005, Program for Appropriate Technology in Health (PATH). All rights reserved. The material in this document may be freely used for educational or noncommercial purposes, provided that the material is accompanied by an acknowledgement line.

Suggested Citation:

African Youth Alliance. *Bringing Youth and Adults Together to Improve Adolescent Sexual and Reproductive Health in Uganda*. PATH. Uganda. 2005.



Bringing Youth and Adults Together to Improve Adolescent Sexual and Reproductive Health in Uganda

The African Youth Alliance (AYA) was launched in 2000, with funding from the Bill & Melinda Gates Foundation, to improve the sexual and reproductive health of young people aged 10 to 24 years old in Botswana, Ghana, Tanzania, and Uganda. The program was based on the underlying principle that young people have the right to participate meaningfully in their own development, and that their involvement in all aspects of programming is essential to resolving their health problems. At the time of the project's inception, evidence was emerging that suggested that adolescent programs had the highest likelihood of success when young people take the lead in designing, implementing, and managing programs aimed at their peers.

The AYA consortium—PATH, Pathfinder International, and the United Nations Population Fund (UNFPA)—designed a four-country framework for addressing adolescent sexual and reproductive health (ASRH) issues that included six components:

1. Creating a supportive environment through policy and advocacy.
2. Supporting behavior change through communication and education programs.
3. Integrating ASRH into existing livelihood skills development programs.
4. Providing youth-friendly clinical services.
5. Building institutional capacity to plan, implement, evaluate, and sustain programs.
6. Fostering coordination and information sharing to build on lessons learned.

At least one consortium partner was responsible for designing and overseeing activities related to each component. The project was designed to leverage the experience and expertise of existing in-country organizations to reach young people and ultimately bring about change in their reproductive and sexual health norms and outcomes.

Uganda's Youth Today

Young people in Uganda are currently facing challenges to their health and well-being that were unheard of even a generation ago. As in other parts of the world, AIDS has cast a shadow across the country. Although infection rates have decreased considerably in recent years—one study in northern Uganda showed declines in HIV prevalence among 15 to 19 year olds from 22 percent to 6 percent from 1993 to 2001¹—today young people constitute nearly 50 percent of the total number of those infected. This is particularly troubling for young women, who are four times more likely to be infected than young men.² Furthermore, a 2000 to 2001 study found that 18 percent of women aged 20 to 24 reported having a sexually transmitted infection (STI) and/or associated symptoms in the preceding year, as did 13 percent of those aged 15 to 19. Knowledge about HIV/AIDS and its prevention was high, and yet half of all women aged 15 to 19 reporting

¹ Uganda Ministry of Health. *HIV/AIDS Surveillance Report*, 2002. Kampala, Uganda: STD/AIDS Control Programme; 2002.

² Neema S, Musisi N, Kibombo R. *Adolescent Sexual and Reproductive Health in Uganda: A Synthesis of Research Evidence*, Occasional Report. New York: The Alan Guttmacher Institute; 2004: No. 14.

intercourse with a noncohabiting partner in the last year used a condom during last intercourse (the same as their male counterparts), as did 37 percent of their female counterparts aged 20 to 24. More than 60 percent of young women aged 15 to 19 either had no knowledge of STIs or were unable to recognize any symptoms of an STI in a man.³ Childbearing begins early in this country, with one-third of teenage women aged 15 to 19 already mothers or pregnant with their first child. For the AYA consortium, it was clear that these young people required an innovative, integrated strategy that offered comprehensive information and services to meet their reproductive and sexual health needs.

Forming Youth-Adult Partnerships to Improve Adolescent Sexual and Reproductive Health

As the technical lead organization for AYA’s behavior change communication (BCC) activities, PATH staff recognized that bringing about meaningful and sustained improvements in ASRH behaviors involved providing support for and normalizing healthy behaviors in multiple facets of this cohort’s lives. When young people are surrounded by good reasons to protect their health, it is much easier for them to adopt and sustain positive behaviors. So one of AYA’s greatest achievements would be fostering an environment where young people find it rewarding to make positive decisions about their sexual health. Adults in particular, including parents, guardians, and teachers, can play a critical role in educating and supporting young people to help them make decisions that protect their health and well-being. For this reason, PATH designed a BCC intervention that leveraged adults’ important role and young people’s imagination, wisdom, and power to create a “culture of health” among Kampala’s youth.

Making Healthy Behavior “Cool”

PATH selected Making Positive Living Attractive to Youth (Ma-PLAY), a youth-led nongovernmental organization, to implement this innovative project. Ma-PLAY’s mission is to promote, encourage, and organize young people of Uganda to become role models with successful, positive, and fruitful lives. A central tenet of Ma-PLAY’s philosophy is that responsible behavior—particularly that which relates to sexual and reproductive health—is *cool* and that it is possible to behave responsibly and still have *fun*. Ma-PLAY had been implementing an informal network of youth-led, after-school youth clubs, called CI’qsta Clubs, in several schools in Kampala. This offered AYA an excellent entrée for its more structured BCC intervention, which included a Life Planning Skills (LPS) curriculum designed to provide young people with the skills and sense of self-awareness that are essential to making positive sexual and reproductive health decisions.

AYA’s activities with Ma-PLAY involved engaging students and adults in CI’qsta Clubs, which were designed to help students develop a group culture that supports positive behaviors. AYA staff aimed to have students and adults feel empowered to either form new CI’qsta Clubs or to strengthen existing ones. There were clubs for three age ranges: Club 1 for 12- to 14-year-olds; Club 2 for 15- to 19-year-olds; and Club 3 for 20- to 24-year-olds. The CI’qsta Clubs’ lively, realistic, and often raucous educational entertainment activities used drama, song, and dance to

³ Uganda Bureau of Statistics (UBOS) and ORC Macro. *Uganda Demographic and Health Survey 2000-2001*. Calverton, MD, USA: UBOS and ORC Macro; 2001.

capture young people’s attention and imagination. Each club had a male and female youth facilitator who worked as volunteers with Ma-PLAY and one schoolteacher, called a club patron. The student club members selected the patron, who was entrusted to monitor and support club activities and served as the adult liaison between the clubs, school administrators, and parents.

“Behavior change communication is a gradual, consistent process. For it to work you need to stay in touch with the youth, bring them messages over and over again from all sides. That’s why having parents and teachers involved is so important. This gradual, consistent approach will help the youth to know themselves and develop strong skills.”

Mbabazi Jackson, Director, Ma-PLAY

The Strategy

Ma-PLAY’s BCC strategy involved four key elements:

1. Advocating for support among school administrators, teachers, and parents.
2. Building capacity at the implementing agency and school levels.
3. Implementing Cl’qsta Clubs and related activities.
4. Monitoring and evaluation.

Advocacy to engender adult support for and involvement in the project

Uganda is broadly recognized for its progressive approach to managing the HIV/AIDS crisis; its national leaders spoke openly and frankly about the pandemic long before many other nations even mentioned the problem. Their discourse and willingness to address the salient issues head on helped the country’s infection rates drop dramatically over the last ten years. Regardless, Ma-PLAY staff found that parents, teachers, and administrators initially opposed their suggested ASRH education activities. Many thought that using lively, youth-oriented entertainment and encouraging forthright discussions of sexual health was “vulgar” or that it would encourage youth to become “spoiled” (sexually active).

Ma-PLAY staff had to initially advocate among these adults to successfully launch and sustain this project. They met with head administrators of each school to explain the rationale behind the intervention and enlist their support in order to secure a teacher’s time to serve as the patron. In addition, Ma-PLAY needed administration support to allocate time and space for meetings and activities. Ma-PLAY staff also met with teachers to explain why the project was necessary and how it would be implemented, and solicited the support of parents to ensure that they would support and become involved in the group’s activities. They met regularly with these groups to keep all apprised of their activities.

In the words of one teacher, *“At first we were all very concerned that the project would be spoiling them and that they would all want to go have sex. At my school the teachers were very much against using talent shows, dance, and music because they thought it was vulgar. But Ma-PLAY’s advocacy efforts were very good. They taught us that these lessons were important to help them change their behavior.”*

Cl'qsta Club members designed their meetings to regularly include parents as participants. This offered a unique and often entertaining opportunity for parents to learn more about what their children were involved in after school. At the meetings, parents were also able to participate in discussions that may be difficult for them to have with their children at home. For instance, one of the very popular Cl'qsta Club activities is a “talk show” where everyone in the room gets a card with “Yes” on one side and “No” on the other. Facilitators ask questions about various topics—ASRH, decision-making, or peer pressure—and everyone answers each question by holding up his or her card. Then the facilitators ask audience members to explain their answers. A father attending this session said that the “show” gave him his first opportunity to talk openly about these issues in front of his daughter. Over time, the school administrators, teachers, and parents demonstrated their deep commitment to these efforts, which conveyed to Cl'qsta Club members that their work was greatly appreciated and that their valuable messages were worthwhile in school and beyond.

Capacity building to strengthen skills at all levels

AYA program staff needed to build capacity at multiple levels of this project to ensure its sustainability and effective implementation. The AYA LPS curriculum formed the backbone of the project’s educational sessions, so staff spent a considerable amount of their initial effort training seven core Ma-PLAY staff who were then expected to train youth facilitators and a patron at each school. AYA trainers focused on developing group facilitation skills and teaching Ma-PLAY staff about general sexual and reproductive health issues; trainers paid particular attention to showing the Ma-PLAY trainers how to use the LPS curriculum. They also adapted lessons from the curriculum to meet adolescents’ age-specific needs. The LPS curriculum included the following seven chapters:

1. Life skills (including self esteem, communication, and peer pressure resistance)
2. Sexually transmitted infections including HIV/AIDS
3. Menstruation and pregnancy
4. Adolescence
5. Relationships
6. Drugs and alcohol
7. Sexuality

In addition to developing capacities related to the LPS curriculum, staff also introduced the young people to the concept of using entertainment to convey health education messages. Participants learned how to reinforce the LPS messages with entertaining and often humorous skits, songs, dances, talk shows, or puppet shows. They also conducted these activities at school assemblies and other meetings to benefit all the students. Communicating health messages through entertainment—sometimes referred to as *enter-educate* or *edutainment*—is a proven strategy for teaching people about healthy behavior and was an integral part of AYA’s strategy.

Henry, a Cl'qsta Club patron at Taibah High School, said, “*The LPS training was very helpful to me in learning how to talk to these young people. For the younger ones (in Club 1), we teach that there is a lion out there, and they need to keep themselves safe. Youth in Club 2 are more*

stubborn and hot blooded, and therefore more vulnerable because they want to explore the world and be independent. We help them strengthen their skills to face the lion, focusing on goals, skills, and values needed to achieve their dream. We get them thinking about where they want to go in their lives. For Club 3, we discuss how to achieve dreams. We check their goals and values so that they can make more informed decisions on how to get where they want to go so they feel they can negotiate the road. And of course we make it so that this type of learning is fun.”

Implementing Cl’qsta Clubs and related activities

With support from key adults, young people, and patrons trained on using the LPS curriculum, Ma-PLAY began implementing school activities. Cl’qsta Clubs formed the foundation for this intervention and the clubs in each of the five schools soon took on lives of their own. The young people who were selected by their peers as facilitators were typically charismatic, popular, and outgoing and easily drew other youth to participate in Cl’qsta Club activities. Student facilitators thrived in their newfound roles as “cultural leaders” and the Cl’qsta culture was born.

Samuel, a Cl’qsta Club member at Kitante Hill School for three years, became a club facilitator last year. *“I can say from experience that Cl’qsta has reached many young people and changed their lives. Before I started Cl’qsta I was very shy, it was almost a taboo for me to talk to others. I know that family background [is important] but what really matters is having a strong heart. Cl’qsta has taught me and many others that we can make a difference in our own lives and our friends’ lives. Now I can talk in front of any crowd and I know that if my friends start going down the wrong path I can help them change. ‘Cl’qstaz’ pour their heart into the project. Even though there is no payment [to work on it], it is still a blessing and prestigious to be a part of it. I think it could be preparing me for bigger things in my life.”*

In addition to club member activities, Cl’qstaz also frequently conducted edutainment activities at school assemblies where their messages about healthy behavior reached the full student body. (AYA was active in five schools with student numbers ranging from 1,200 to 1,800.) Frequent Cl’qsta Club performances, activity announcements, and the club’s considerable appeal enabled the group’s values and culture to have a great impact on students and helped to bring about a new and positive kind of peer pressure, one that supports healthy behavior.

Alex, a Ma-PLAY trainer, told this story of getting involved in the project: *“I first heard of Cl’qstaz four years ago when my life was getting bad. I was 17 years old and I was really into hip-hop, making music, and style. I was chasing girls, drinking, doing drugs, and I was realizing that my life needed to change. The first Cl’qsta performance I did was an Afro-70s infotainment show. We played music and dressed up and danced and I realized I could interact with girls but not feel like I had to ‘score.’ At first I was worried about whether I could do hip-hop messages without explicit language and still be ‘cool’ but then I realized that Cl’qsta culture was very cool. With Cl’qstaz you can still be ‘gangsta’ cool but without all the unhealthy behaviors.”*

Assessing, monitoring, and evaluating BCC activities

In addition to AYA baseline studies, Ma-PLAY conducted initial assessments in each of the five schools. Ma-PLAY members used the results to inform the project’s objectives and activities and tailored them to students’ needs. Interviews with young people helped them identify the target group’s sexual health status and other possible problems, gauge their knowledge and attitudes

about ASRH issues, and better understand the extent to which students used reproductive health clinical services.

In addition, the World Bank funded training for a Ma-PLAY staff member on the Lot Quality Assurance Sampling evaluation approach and on how to analyze evaluation findings to assess participants' changes in knowledge, attitudes, and intentions. Following the training, facilitators from each school conducted a progressive assessment after each session as well as a post-assessment at the end of the seven sessions (preliminary findings are included in the successes, challenges, and lessons learned sections of this paper).

Evaluation findings are not yet available, but anecdotal evidence suggests that Ma-PLAY's activities had considerable reach and success. Henry, the school patron, reported, "*At my school there used to be a lot of pregnancies. Since it's a boarding school there always used to be lots of boys sneaking to the girls' quarters. But (since the AYA intervention) the girls started coming to me and speaking out against it. Our school used to have four or five pregnancies per term but there were no pregnancies in the last term. That is because of Ma-PLAY and Cl'qstaz.*"

Successes

- *Cl'qsta Clubs in Kampala reached more than 15,000 young people with badly needed information and skills to support their sexual and reproductive health.* Each school typically had about 1,500 club members and the project was by all measures immensely popular.
- *A skilled cadre of 12 Ma-PLAY master trainers and more than 100 student trainers in Kampala schools became experts in implementing AYA's BCC strategy using the LPS curriculum.* This group is well positioned to continue providing youth information and services once the AYA project ends.
- *A preliminary post-intervention assessment of the five Cl'qsta Club members' changes in knowledge, attitudes, and intentions after their 2004 participation found significant improvements in nearly all areas.* This included increases in the percentage of participants who could articulate their personal values, talk to a parent about changes they are experiencing during adolescence, ask a parent about sexual issues, obtain youth-friendly clinical services, and resist pressure to have sex.
- *AYA opened adults' eyes to the power of youth and their ability to effectively manage a BCC intervention.* Ma-PLAY staff and club leaders, all of whom were young people, demonstrated that youth could effectively design, implement, and evaluate successful interventions for their peers.
- *Ma-PLAY successfully integrated adults into the ASRH equation, creating an integrated culture of better health.* School administrators, teachers, and parents demonstrated a deep commitment to the clubs' efforts, which conveyed to members that the Cl'qsta Clubs' values were now being shared beyond the schools' walls; they were being adopted in people's homes and communities.

Challenges

- *Clarifying the BCC strategy was a lengthy process.* Ma-PLAY worked extensively with AYA consortium partners early in the project to develop a BCC strategy that would be feasible and effective.
- *Offering information about sexual and reproductive health to young people caused initial resistance among adults.* Many adults felt that edutainment in particular was an inappropriate strategy for communicating serious health issues. Ongoing advocacy among youth leaders, parents, teachers, and administrators helped mitigate this resistance.
- *Obtaining long-term funding commitments for this innovative intervention proved difficult.* At the project's end Ma-PLAY was actively pursuing funding options to ensure project sustainability. Though members have continued their efforts with the Cl'qsta Clubs at all the schools, they have necessarily had to scale back many of the activities.

Lessons Learned

- *Trust young people to lead the way.* The wisdom, creativity, commitment, and energy of the Ma-PLAY staff and Cl'qsta Club leaders and members were what made this program so successful. Together they created an environment for youth in which making positive decisions about reproductive and sexual health was not only normal, but cool.
- *Focus early on integrating a BCC strategy into schools.* While Ma-PLAY's efforts are recognized by youth and adults as important health interventions, they are still seen as taking place outside of school. Under the AYA program, the LPS curriculum was integrated under the Ministry of Education (MOE) into schools within the project districts. The sustainability of Ma-PLAY's efforts would be strengthened by linking to the MOE's program and developing strategies for institutionalizing BCC into academic activities would greatly impact the component's sustainability. ⁴
- *Provide ongoing support to youth facilitators.* The best way to provide young people with appropriate ASRH information is to harness the energy and capacity of well-trained and supported youth, as they are usually the best peer educators. Providing them with ongoing support and supervision will help them remain motivated and effective.

Conclusion

Ma-PLAY's BCC intervention brought young people and adults together as a united front against common ASRH problems in Kampala. Gaining support for the intervention from parents, teachers, and administrators was essential to implementing the project. However, the project did more than just gain adult support—it relied on adult involvement as part of its success. Parents participated in Cl'qsta Clubs, teachers served as club patrons, and administrators allocated resources to support the work. These investments of time, energy, and resources helped adults feel engaged with the project and motivated to see it succeed. Ma-PLAY's BCC intervention—

⁴ The government of Tanzania adopted AYA's LPS curriculum into its national vocational training programs for youth. This allows the BCC component to be sustainable, and thus it will have a significant impact well after the AYA program ends.

one of the few genuinely youth-led interventions of its kind—was based on creating a culture where opting out of risky behavior is normal and healthy and ensured that its messages spoke to the realities of youth in Uganda. Participants developed skills and self-awareness, which are necessary to make positive, but often difficult, decisions to protect their health. These young people and adults jointly created a culture that actively prizes and supports healthy decision-making, openly endorsing young people’s courage to be “cooler” than ever before.

Implementing agency contact information:

Mbazazi Jackson
Program Manager
Ma-PLAY
Plot 2 Kafu Road
P.O. Box 11096 k’la-Ug
Kampala Uganda
Telephone: 256-41-345935
Fax: 256-41-255942
Email: director@maplay.org