FATIGUE OR FAILURE
AN INVESTIGATION INTO YOUTH-CENTRIC SEXUAL AND REPRODUCTIVE
HEALTH PROGRAMS

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ABSTRACT

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Today there is increasing pressure on NGOs in Tanzania who are working with sexual and reproductive health programs (SRHP) from foreign donors because the HIV/AIDS epidemic has taken on emergency proportions. The risk of increasing interference into the policy shaping of domestic SRHP is that the programs lose their local relevance as they get too involved in pleasing foreign donor agendas in order to ensure donor funding. The aim of this study is to analyze the cooperation of The Tanzanian Family Planning Association (UMATI) and The Swedish Association for Sexuality Education (RFSU), who have jointly worked together to form the project Young Men as Equal Partners (YMEP). I argue that the YMEP project has failed to meet the needs of the adolescents with the peer-to-peer methodology as the needs of the adolescents are not being met. The reasons for this are twofold: the Eurocentric post-colonialist nature of the project planning and the local exclusion of adolescents in the project planning process as their sexual and reproductive rights are not being addressed in formal or informal education programs because of traditionalist values. This study is a qualitative study, which uses semi-structured interviews conducted in secondary schools in Manyara Region in Tanzania as a method of data collection. The theory used in this study is a literature review wherein empirical results from both individual and group interviews will be compared to other theoretical views. The conclusion of this study is that adolescents must be incorporated into the NGO programs as well as other stakeholders as this will perhaps challenge their traditionalist values and produce a sustainable behavioural change that will improve the sexual and reproductive health of adolescents in The United Republic of Tanzania.

Keywords: Sex, Reproduction, Health, Tanzania, YMEP
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<table>
<thead>
<tr>
<th>ACRONYMS</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>ACQUIRED IMMUNE DEFICIENCY SYNDROME</td>
</tr>
<tr>
<td>ARV</td>
<td>ANTIRETROVIRAL</td>
</tr>
<tr>
<td>UMATI</td>
<td>FAMILY PLANNING ASSOCIATION OF TANZANIA</td>
</tr>
<tr>
<td>MFS</td>
<td>MINOR FIELD STUDY</td>
</tr>
<tr>
<td>RFSU</td>
<td>THE SWEDISH ASSOCIATION FOR SEXUAL EDUCATION</td>
</tr>
<tr>
<td>STD</td>
<td>SEXUALLY TRANSMITTED DISEASE</td>
</tr>
<tr>
<td>STI</td>
<td>SEXUALLY TRANSMITTED INFECTIONS</td>
</tr>
<tr>
<td>SRH</td>
<td>SEXUAL AND REPRODUCTIVE HEALTH</td>
</tr>
<tr>
<td>SRHP</td>
<td>SEXUAL AND REPRODUCTIVE HEALTH PROGRAMS</td>
</tr>
<tr>
<td>HIV</td>
<td>HUMAN IMMUNODEFICIENCY VIRUS</td>
</tr>
<tr>
<td>UN</td>
<td>UNITED NATIONS</td>
</tr>
<tr>
<td>USAID</td>
<td>UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT</td>
</tr>
<tr>
<td>UMATI</td>
<td>THE TANZANIAN FAMILY PLANNING ASSOCIATION</td>
</tr>
<tr>
<td>PLHV</td>
<td>PEOPLE LIVING WITH HIV/AIDS</td>
</tr>
<tr>
<td>ICPD</td>
<td>CONFERENCE ON POPULATION AND DEVELOPMENT</td>
</tr>
<tr>
<td>YMEEP</td>
<td>YOUNG MEN AS EQUAL PARTNERS</td>
</tr>
</tbody>
</table>
## CONTENTS

ABSTRACT

ACRONYMS

LIST OF FIGURES

1. **INTRODUCTION** ................................................................................................................. 6
1.1. Introduction....................................................................................................................... 6
1.2. Demography .................................................................................................................... 7
1.3. Young Men as Equal Partners ..................................................................................... 8
1.4. Purpose of the study ....................................................................................................... 10
1.5. Theoretical Framework ................................................................................................. 11
1.6. Methodology and Method ............................................................................................ 14

2. **BACKGROUND: SEXUAL AND REPRODUCTIVE HEALTH** ............................................ 17
2.1. African perspective on sexual and reproductive health ............................................... 17
2.2. Tanzanian Perspective on Sexual and Reproductive Health ......................................... 21

3. **RESULTS** ......................................................................................................................... 23
3.1. Results of informants’ responses .................................................................................. 23
3.2. Conclusion ...................................................................................................................... 26
3.3. Methodological reflections ........................................................................................... 27
3.4. Discussion ....................................................................................................................... 27

4. **REFERENCES** .................................................................................................................. 30
4.1. NEWSPAPER ARTICLES ............................................................................................... 30
4.2. BOOKS ............................................................................................................................ 30
4.3. DOCUMENTS AND REPORTS ....................................................................................... 31
4.4. ELECTRONIC SOURCES .............................................................................................. 32
4.5. INTERVIEWS .................................................................................................................. 34
4.5.1. Officials ..................................................................................................................... 34
4.5.2. Schooling Adolescents ............................................................................................. 34
4.5.3. Non-Schooling Adolescents ..................................................................................... 34

**APPENDIX 1** ....................................................................................................................... 35
**APPENDIX 2** ....................................................................................................................... 36
**APPENDIX 3** ....................................................................................................................... 36
**APPENDIX 4** ....................................................................................................................... 37
1. INTRODUCTION

1.1. Introduction

“…Different industries are making condoms; you can have fake industries. Personally I don’t trust those industries and personally I have never used a condom. There is no variety of condoms to choose from, only one-brand salama condoms, you have to have a variety to check if condoms are of a high quality or not. Personally I am not certain if condoms leak or not and I have never used or intend to use a condom in my life. The risk is simply too high.”

On 7 March 2007 the newspaper, This Day, The Voice of Transparency published an article with the title ‘AIDS patients: we denounce the cocktail of death from India’, which reflected the views of people living with HIV/AIDS (who were protesting against an ARV drug cocktail Emtri, which was produced by the Emcu Pharmaceuticals Limited of Pune, India). This kind of criticism from people living with HIV/AIDS (PLHV) has become frequent, with groups protesting low quality drugs and lack of social/health services in Tanzania. The context of the article is relevant as it shows a growing understanding gap between donors and recipients, where the aim of philanthropic pharmaceutical aid has been replaced by governmental and corporate interest. What is not interesting here is the lack of good governance, but the actual interaction between foreign donors and their effect on domestic policy in the recipient country.

The program of action of the International Conference and Development (ICPD) in Cairo in 1994 emphasizes the importance of the universalization of sexual and reproductive health education, within the formal and informal education sectors. Chapter four of the declaration Gender Equality, Equity and Empowerment of Women focuses on the empowerment of men. The program of action states that men have a preponderant exercise of power over their partners and therefore the aim is to promote more gender equality. A way to move in that direction is to promote and demand equal participation and responsibility in sexual and reproductive decisions. By empowering men to be more engaged in life skill training, where they share the burden of their partners by taking an active role in STD prevention, family planning and thereby gain more knowledge on how to take informed choices that affect the whole household. Improvements in sexual and reproductive health and awareness

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1 See interview Babati Town Education Officer.
2 See newspaper article Kimaro, Sayuni (2007). “AIDS Patients: We denounce ‘cocktail of death’ from India” This Day, The Voice of Transparency
can have a positive impact on the market economy, by reducing absenteeism from work by the caretakers and the patients who are infected with STDs. The eradication of poverty, which is one of the MDGs and the implementation of universal SRHP are, correlated problems that need to go hand in hand in order to make successive steps to reach the MDGs milestones before 2015\textsuperscript{4}. Breaking the silence and stigma concerning sexual and reproductive health can therefore be a positive step forward in developing a thriving healthy economy.

1.2. Demography

The geographical area of study here is the town of Babati, which is the capital of Manyara region of the United Republic of Tanzania\textsuperscript{5}. According to 2005 census figures released by the national bureau of statistics, the country area is 945,087 km\textsuperscript{2} in diameter and the population was projected to be approximately 37,379 million in 2005, with 1,040 million thereof living in the Manyara region. The total number of primary schools (public and private) was 14,275 while the number of secondary schools was 1,745 (public and private) with approximately 36 of those in the Manyara region.\textsuperscript{6} According to housing and population census by the same bureau the census population in Babati Town was 31,077\textsuperscript{7}. The research area is three secondary level schools in Babati Town Aldersgate and Babati Day, also Galapo secondary school in the town of Galapo.

\textsuperscript{5} See Appendix 1
\textsuperscript{7} National Bureau of Statistics of the United Republic of Tanzania, Ministry of Planning, Economy and Empowerment, Tanzanian Figures, 2002 Population and Housing Census, Dar es Salaam 2002, P. 1 Available at: \texttt{(http://www.tanzania.go.tz/census/census/districts/babati.htm)} P. 1
1.3. Young Men as Equal Partners

This study is a case study where the research field is an evaluation of the Young Men As Equal Partners (YMEP) program. What is YMEP? Centerwell (2003) writes that YMEP is a peer-to-peer program where the underlying premise is that men in Tanzanian have a dominant role as decision makers in heterosexual relationships. They are therefore key actors in the transmission and spreading of sexually transmitted infections (STIs). Many sexual and reproductive health programs are only focused on women and children and try to empower them while excluding the men of the community. YMEP does the complete opposite: it does not challenge existing gender power relations. YMEP empowers young men to see their responsibility in ensuring the sexual and reproductive health of their mates and their family. This is done with a peer-to-peer approach where youth leaders such as football coaches, medical doctors, teachers or any other actors working with young men are given training in how to raise awareness and rethink their life strategies and actions that may affect their mates and families health. The underlying philosophy is that this methodology will build a common responsibility among couples in ensuring the health and welfare of themselves and their families.\(^8\)

According to the Final Conference on YMEP (2003) the project focuses on young men between the ages of 10 to 24 where the aim was to increase the active participation and responsibility awareness in ensuring the health and wellbeing of themselves and their partners. The project started in three sites Shinyanga village in Shinyanga district, Songea in Ruvuma district and Arumeru in Arusha district.\(^9\)

According to the Final Conference on YMEP (2003), the overall goal of the project was to firstly establish a sustainable behavioural change amongst young men that would deter young men from engaging in detrimental behaviour and take responsible action towards their health and their partners’ health. And secondly that young men would develop a respect for their partners’ sexual and reproductive health needs and being able to listen to their partners and take responsible action. And thirdly to eradicate disinformation and myths on subjects such as condom use, pregnancy, sexual abuse and sexually transmitted infections which are leading to behavioural


\(^9\) See Appendix 4
patterns which are increasing risk for sexually transmitted infections, teen pregnancy and other related problems. The UMATI Manyara Region Chairman in Babati stated that UMATI had been working in Babati Town since 1982, and the YMEP project was initiated in Babati in 2004, after the projects trial phase between 2000-2003 at the three sites mentioned above.

Centerwell (2003) writes in the YMEP final report that male involvement in sexual and reproductive health programs is helping to create a shared responsibility between couples, and is therefore contributing to a improvement in women’s health in the Tanzanian patriarchy. This is so in cases where the male has the last word in all decision making within male-headed households; this tautology does not apply for female-headed households. The main objective of the project was to create a concise, private and secure platform where male adolescents would be open to discuss matters of sexual and reproductive health and develop an understanding of mutual responsibility towards their partners. The secondary objective was to break the silence and give males involved confidence in speaking out about sexual and reproductive health concerns. To engage adolescents, and adjust the sexual and reproductive health programs to increase awareness. In another handbook Centerwell & Laack (2004) claim that the aim of the project is to challenge misconceptions concerning sexual and reproductive health with scientific fact, for misconceptions will lead to detrimental behaviour and high-risk sexual behaviour. This eradication of misconceptions and dismantling of disinformation will open up a dialog between the sexes and change harmful behavioural patterns and practices. YMEP’s aim seems to be at first sight to be diverse and grander, therefore I need to delimit these aims; therefore, the focus on this study will be on the last goal mentioned above: how the YMEP methodology focuses on eradicating misconceptions and disinformation among non-schooling and


11 See interview UMATI Manyara Region Chairman.


schooling adolescents. The YMEP baseline survey report (2006), which was the baseline study used to review and formulate the project planning and appropriate course of action in eradication of misconceptions and disinformation on sexual and reproductive health topics, is also a focus of this study and its results will be used in comparison with the informants responses of this study. The aim of the YMEP baseline survey report (2006) was to investigate what had been learned from pilot phase I of the YMEP project and investigate the problems and issues that came up during phase I of the project, the survey report was therefore needed to show the success and failures of the YMEP project and to argue for its expansion into other areas, which would be initiated during phase II of the project. Informants’ responses in interviews that the author conducted with field assistants will then be compared with the results of the YMEP baseline survey report (2006), the relevance of those results is that they were used to argue for the continuation of the project, and to argue that the methodology used to eradicate misconceptions and disinformation was a success. The rationale of the study was to learn from prior mistakes in the phase and to study whether the sustainability and continuity of the project could be ensured by carefully investigating what the needs of adolescents in Tanzania are. The results of the YMEP baseline survey report (2006) are therefore needed in comparison with the informants’ responses, in order to be able to answer the question as to whether the project has been successful in eradicating misconceptions and disinformation among schooling and non-schooling adolescents.

1.4. Purpose of the study

The purpose of this study is to evaluate if the YMEP project, which was founded by RFSU and UMATI, has failed to meet the needs of the adolescent students that are part of the focus group in this study that is schooling and non-schooling adolescents. The main research question is the following: has the YMEP project’s participatory approach been successful in eradicating the misconceptions and disinformation that it

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15 Ibid. PP: 12-13
seeks out to eradicate among schooling and non-schooling adolescents? Secondary research questions that have sprung forth as the work has progressed are:
- Has the participatory approach allowed adolescents to come with input about their needs on sexual and reproductive matters and to take part in the project planning?
- Could there be a knowledge gap between the schooling and non-schooling children concerning sexual and reproductive health matters?

1.5. Theoretical Framework

The sexual and reproductive health field is a very capacious field and therefore it is necessary to delimit the area of research. This study cannot make any generalization or hypotheses concerning all adolescents in Tanzania. The study in this case is demarcated to 24 interviews done in the town of Babati, of which six were not attending school (non-schooling) and 18 were attending school (schooling). The critical framework of this study is to evaluate the YMEP project, and as stated in the main research question, to investigate if the YMEP project participatory approach has been successful in eradicating the misconceptions and disinformation that it seeks to eradicate among schooling and non-schooling adolescents?

Dellenborg (2004) has some interesting remarks on the dangers of generalization about sexual customs in other cultures; she questions on what basis the western assumptions concerning other sexual customs are made? For example, in the case of female circumcision/genital mutilation, emotions run high in western discourse. Her conclusion is that these emotions do not rest on scientific reason alone, rather in a raison d’être on what sexual customs should and should not be. An ideal framework built on Victorian cultural and historical model on modes of sexual conduct\textsuperscript{16}. In retrospect I would argue that formal education systems in colonial and post-colonial times were designed to destroy traditions, customs and behaviours that were seen as a possible obstruction of the great western expansion and a threat to the sustainability of the exploitation of the peripheral state. White (2003) writes that in the view of the colonial powers ‘the wild men’ and certain customs of the new world represented the boundaries of humanity and were in some cases obstructing the expansion of the west.

Therefore colonial-rulled formal education systems sought to remove traditionalist practices that were undesirable and collided with the colonalist agenda. The symptoms of subduing and controlling sexuality of adolescents are not unique to colonies alone, but where according to Foucault (1978) the question of sex and particularly the sexuality of children became a predominant question of constant preoccupation. A question that touched all aspects of Victorian bourgeois society, for example in home architecture (separating the service personnel from the house owners and children), the relationship of midwives with the children, school and dormitories were designed in order to prevent any form of sexual contact, disciplinary rules in school and the hierarchical organization. The preoccupation of question of sex was also a part of the enlightenment and the export of schools based on the Victorian model, which used the spirit of renaissance to remove unwanted sexual behaviour that could have threatened colonial exploitation of the periphery. Today formal school systems in countries like Tanzania are also somewhat tainted with this post-colonialist idea that African sexuality is barbaric and backwards, but this fallacy was built on the Victorian misjudgements and generalizations about sexual customs that the bourgeois so violently misunderstood intentionally or unintentionally. The theoretical critique of this evaluation study is built on a similar critique as Diallo (2004), in which she states that common linear models of explanation that seek to generalize about sexual customs are inadequate and unsuccessful since they seek to generalize when explaining behaviours and attitudes that adhere to individual behavioural patterns. This generalization is inadequate since the sexual customs and social order of things is not linear but contains parallel sexual aspirations, conceptions and needs that are difficult to notice if the onlooker is not from that ethnocentric background. Projects such as YMEP have therefore fallen into the cultural imperialistic drop, where the intentions were to create a project that adhered to and answered the youth but ended up not filling the knowledge niche it intended to fill but overstepped it.

Noor (2003), in his research on adolescent perception and knowledge of SRH in Tanzania, suggests in his concluding remarks that SRH peer-to-peer programs have to become more youth centric, since adolescents are in the highest risk group for contracting STDs. Peer-to-peer programs have to adopt more friendly approaches and respect the rights, privacy, confidentiality and young people’s need-to-know instead of playing games and discouraging open dialog and discourse when addressing SRH education adjusted to the needs of the youth. Other theorists such as Hughes and McCauley (1998) contradict Diallo’s (2004) theories and state that the individual is an inadequate unit of analysis when drafting theories on SRH programs for youth, and that peer-to-peer programs need to take into account economic, social, ethnic/tribal and education background in adapting youth-centric SRH programs. Since these factors may influence the youths’ sexual activity, SRH program planners must adjust themselves to the different needs.

The theory is applied in the study in the form of informal interviews, where the underlying guideline when posing the questions was to challenge the misconceptions that lead to detrimental sexual and reproductive behaviour as they are described in the YMEP field handbook (2004) with the critique in mind that the guidelines in the field handbook were generalized and not in context with the needs of the informants. For example YMEP field handbook (2004) outlines a way to guide young men towards awareness of the actual problems by eradicating the misconceptions that they are hiding behind. If we take the topic of masturbation as an example, perhaps the misconception is that masturbation can cause blindness. The YMEP official would try to correct that misconception by stating that masturbation does not scientifically have any harmful effect. By building a trust between the practitioner and the peer, the peer would use male heroism approaches in convincing the practitioner that since the peer was masturbating with no harmful effect it surely would be okay for the practitioner to do so also. I therefore asked my informants if they had heard any rumours about

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masturbation from their peers. I asked if they believed the rumours were credible, if these rumours had been challenged by asking parents or teachers, and finally what approaches they thought were best in dispelling street rumours about sexual and reproductive health.

1.6. Methodology and Method

The methodology used to answer the research question in this paper is firstly based on qualitative semi-structured interviews conducted in Babati between; 15-18 March 2007. The focus group consisted of male and female adolescents, between the ages of 10-25. In the field the informants were divided up into two focus groups, the first focus group consisted of children who had only completed standard 1-4 primary education and had for some reason dropped out of school (here called non-schooling children). Secondly it consisted of children who were studying from 1-4 in secondary school (here called schooling children). The reason why these two groups were selected was to show the differentiation in sexual and reproductive health perception and knowledge between schooling and non-schooling children that have been exposed to NGO programs such as YMEP. The schooling adolescents were selected with a strategic sampling for convenience, i.e. if a student was not attending any scheduled school activity he/she was eligible for interview. This sampling technique was used in order to minimize the interruption and inconvenience within everyday school activity. I also used a hermeneutic method of interpretation in the approach of participation and tried to do my best to fall into the regular school activity, and not stand out but to be a practitioner in school activity; this was done by not interrupting activity but inconspicuously taking part in it without becoming the centre of attention. The non-schooling children were sampled with a strategic age and sex selection, where age and sex differentiation was in the hindsight.

The semi-structured interviews were conducted with an interpreter since I do not speak Kiswahili and English is not my mother tongue and in some cases the interpreters’ English was limited; therefore, some data might have been lost in the translation process. Other complications in the methodology arose because of the sensitive nature of the topic; some informants who were shy could have withheld information, for example in cases where the interpreter was of the opposite sex. In
some cases I could not use the interpreter assigned to me as that person was employed as a teacher at the school where the interviews were conducted, and the adolescents were more than reluctant to share any information while their teacher was sitting there as an informant.

To counteract the sensitive nature of the topic and create a productive interview environment, it was necessary for ethical reasons to protect the anonymity of the informants to conceal their true identities; informants will only be referred to by gender codes. This was made clear to the informants in the instructions that were given before the interview; furthermore informants were told that they could refuse to answer questions that they found uncomfortable and were allowed to stop the interview at any time if they felt the need to do so. Comic relief was used in order to break the ice and get the informant to be more open. This methodology worked well in most cases. The surprising openness displayed may be partly because all the questions were in the third person and not directed at the individual but rather to what he/she observed and heard from his/her peers. In some cases where the informants were very open it was possible to ask direct questions although caution had to be used in order not to embarrass the informant. The aim of the semi-structured interviews was to collect data on the perception, knowledge and views of the informants on topics such as masturbation, family planning, fertility control, STDs, condoms and on life aspirations and how those views had been challenged by guest speakers and NGOs who conducted sexual and reproductive health programs at the school.

The structured questions of the semi-structured interview were formulated using a holistic analysis, first the problem area was defined and from that premise the questions were formulated. I tried to triangulate the informants’ responses in order to confirm the data I received from them. The literature and articles used in this paper were collected using a snowball method that is through article database searches such as JSTOR and by looking at reference lists in books to find secondary literature. When selecting the literature I used Holme & Solvang (1996) methodology that is I used a critical selection based on origin (how does the origin of the literature correlate with the problem area?), interpretation (how does the content correlate with the
problem area?) and usability (how good is the content in arguing for and against the argument in the paper?)

I selected three different secondary schools as field study areas Gallapo, Alders Gate and Babati Day secondary day school to avoid biased sampling of qualitative data; however, the data of the non-schooling adolescents may be biased as I am not sure of the neutrality of one of the interpreters, an NGO executive who assisted with that interview process and who may have contaminated the responses of the informants. These responses will then be utilized and compared with the results of the YMEP baseline survey report (2006) as previously stated. This is necessary since the results were used as indicators to argue for the continuity of the project and revealed the strength and the weaknesses of the YMEP methodology as it has been applied in the field. The results of the YMEP baseline survey report (2006) argue that there has been improvement in the indicators from the final evaluation, which was done before initiation of Phase I, for example it is argued that social stigma regarding the procurement has lessened since more informants are procuring condoms from pharmacies and shops than getting them from peer educators. It is then argued that YMEP strategy to eradicate disinformation that condoms are useless for the protection from HIV/AIDS has been successful. YMEP also states that behavioural change has been implemented successfully since fewer young men who participated in the study consider girls to be prostitutes if they are seen procuring condoms or are caught with them.

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2. BACKGROUND: SEXUAL AND REPRODUCTIVE HEALTH

“…She is instructed to devalue her own body lest she be responsible for inciting unwanted male attraction. Simultaneously she is expected to cultivate the ability to hold the male attention as a desirable wife. She is kept ignorant about her body because it is alleged that the less she knows about it, the less likely she is to explore her sexuality and therefore compromise her virginity. At the same time, however, she is expected to develop a healthy and knowledgeable attitude towards motherhood”.

2.1. African perspective on sexual and reproductive health

The intention in this sector is to put sexual and reproductive health programs into a more global theoretical perspective, and to try to correlate global theories on sexual and reproductive health programs with the research question.

Prior to the establishment of governmental formal education programs in Africa, there were the so-called ‘bush schools’ whose aim was to give life-skill training to adolescents, and was also the informal education framework for sexual and reproductive health life skills. Diallo (2004) argues for example how traditionalist sexual socialization was done in accordance with the psychological and physiological growth of adolescents, and that SRH education was provided to each child at the appropriate time. This was done through initiation rites that the elders of the clan would hold at the so-called ‘bush schools’, which were the schools that existed before the arrival of the formal education programs established in colonial times.

Adolescents underwent socialization education programs, with guidance and counselling sessions, which would stratify the whole aspect of life such as family planning, sexual issues, farming and herding son and so forth. Inter-gender relationships and moral conduct also played an important aspect in the socialization training, where abstinence from sex was advocated and pre-marital sex discouraged and shunned. Pre-marital sex was compared with adultery, while chastity was seen as evidence of a good moral upbringing from parents and being from a respectable

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background, while the antithesis, promiscuity, is seen as a disobedience to ethical norms within the tribal community\footnote{See Diallo, Assitan. Paradoxes of Female Sexuality in Mali. Arnfred, Signe (Ed.) Rethinking Sexualities in Africa. The Nordic Africa Institute.Uppsala: 2004. pp. 173-181}.

It is my view, that the remnants of the moral code of the old ‘bush schools’ are still in place in many clans in Africa that still advocate abstinence from pre-marital sex. The ‘bush schools’ sought to sustain social continuity, such as teaching proper moral conduct, life skills and cultural values, these values are being advocated by some parents and teachers therefore non-schooling children might not be as exposed to these traditional values as schooling children. Watkins claims that the strength of the ‘bush schools’ is that they practiced sex segregation, which, he argues, helped shape proper moral conduct (the opposite of the moral degradation of the formal education system of today). Marah (2006) argues that the disappearance of the bush schools has resulted in the loss of identity among African youth, and one way to fight that moral degradation (pre-marital pregnancies that result in young girls dropping out of school) would be to assimilate the ‘bush school’ moral code into the formal education systems in African countries\footnote{See Marah, J.K. The Virtues and Challenges in Traditional African Education. The Journal of Pan African Studies, 2006; Vol 1, No 4: 15-24.Available at: (http://www.jpanafrican.com/docs/vol1no4/VirtuesAndChallengesTraditionalAfricanEducation_JPASv ol1no4.pdf) Accessed: 02/04/2007 PP: 2-10}. This traditionalist view is common in countries like Tanzania, where abstinence from sex while adolescents are in school is a must and breaking this rule is met with harsh disciplinary action. Girls are more vulnerable since their guilt is easier to prove when they get pregnant and expelled indefinitely from school. One girl informant in Gallapo Secondary Day School informed that six students (both girls and boys) had been expelled in 2003 after a teacher had heard that they were engaging in sexual activities outside of school. The girl further mentioned that abstinence from sexual activities was advocated, and those who brought up questions on sexual and reproductive health were criticized, threatened and mocked by the teachers\footnote{See interview Girl 12 Gallapo Sec Day School}.

In relating to my own empirical observation, I would state that abstinence is the starting point for all schooling youths in Tanzania. The question is as to whether non-schooling children see abstinence in the same light as they are not subject to school regulations that forbid pre-marital sex. In the biology syllabus for a secondary school teacher, the teaching objectives carry the expectation that students be able to explain ways to avoid risky behaviour that can lead to STD infections and know what
behavioural patterns to avoid and why\textsuperscript{29}. Teachers have adopted the ABC teaching model. ABC stands for abstinence, be faithful, use a condom. There are some critics of this mode of teaching sexual and reproductive health. I would contend here that it is questionable how much non-schooling children are subjected to the ABC model. Most of the non-schooling children interviewed were engaging in unprotected pre-marital sex and were sexually active at a younger age, some as early as the age of nine\textsuperscript{30}.

For example, Welbourn (2002) argues that the ABC model and approach has failed because it is extraordinary for adolescents to abstain in African countries. The reasons behind this are threefold: firstly because many young girl students (and in some cases boys) are economically dependent on the so-called ‘sugar daddies/mommies’ who sustain children from poor families in exchange for sexual favours. Secondly the ABC approach does not acknowledge that in some cultures contraceptives are illogical since the maximum number of children is desired. For example some agro-pastoral societies see a high number of children to be a good indicator since they help with herding of livestock and other chores. Thirdly in some African cultures it is socially acceptable that a married man has multiple sexual partners, as it is seen as sign of masculinity, social stature and economic superiority. Therefore engaging in unprotected sex has little or no meaning if one is engaging in unprotected sex with multiple partners\textsuperscript{31}

An alternative to the ABC model is the education and communication (IEC) model of teaching, where the underlying thesis is that if the student is given enough information, he/she will stop engaging in detrimental behavioural patterns. Welbourn argues that the strength of the IEC is that it raises knowledge of STDs, such as HIV/AIDS with awareness campaigns while the weakness of the IEC approach is that it does not promote behavioural change. The reason behind this is that there is zero focus on the power equilibrium between different gender roles, and how those roles affect sexual and reproductive health topics\textsuperscript{32}.

\textsuperscript{30} See interviews Non-schooling boys 10-13 & Non-schooling Girl 11-12
\textsuperscript{31} See Welbourn, A. Gender, Sex and HIV: How to address issues that no one wants to hear about. In: Cornwall A. & Welbourn A. Realizing Rights Transforming Approaches to Sexual & Reproductive Well-Being. London: Zed Books, 2002.PP: 103-106
\textsuperscript{32} Ibid. P:109-111
In retrospect, I would contend that this critique only shows that there is a dire need for participatory teaching approaches, which promote behavioural change away from detrimental behavioural patterns. In speculation and in my empirical observation, there are many obstacles to youth participation in sexual and reproductive health programs. Social values toward adolescents and the school system do not acknowledge or respect the right to an opinion, or objection and the thought that students could affect the curriculum might sound absurd to many teachers. Partly because differentiation in adolescents’ perspectives may be seen as a threat to social values, which the public school system is struggling to withhold through continuity. The situation is even graver for non-schooling children who do not have the advantage of having formal sexual and reproductive education from guest speakers and are in many cases sidelines by NGOs since they are seen as social outcasts. The question then arises if youth have their human rights respected, as their need to know can be knowledge, which could when put into practice save their lives?

According to article 3 of the UNICEF Convention on the Rights of Children, adolescents under the age of 18 have the right to have access to preventive health information and services, which are necessary for sustaining a state of good health and well-being. The answer to the question above, I would argue is perhaps to try to bridge the generation gap in discussions on sexual and reproductive health. Sexual and reproductive health programs need to be community based and strategically engage all actors within the community on the importance on preventive sexual and reproductive health education, which would involve schooling and non-schooling children. The risk with this kind of focus change is, according to Dehne & Riedner (2001), that certain marginal groups that are considered as high-risk groups for sexual transmission of infections (such as adolescents, divorced women with children or prostitutes) may become the sole benefactors of sexual and reproductive health programs. For example many projects are forced to focus their preventive sexual and reproductive education efforts on men, but in reality young women are the group in direst need of education, as they have a higher risk and are more vulnerable to infection (as they have a larger area exposed to allow the transmission HIV/AIDS.

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The challenge for sexual and reproductive health programs in Africa is then to find new intuitive ways, such as bottom-up approaches in order to break the silence and involve both schooling and non-schooling youth in the sexual and reproductive health discourse and by doing that encouraging the participation of the whole community.

Helgesson (2006) argues that the adolescents are more exploited and subjected to corruption and abuse of power regarding division of resources. For example funds that are allocated by donors for adolescents’ sexual and reproductive health programs such as YMEP are not allocated but disappear along the way. Therefore the sexual and reproductive rights of adolescents are often dismissed because older generations often determine what adolescents have the right to know and not to know. This is evident in programs where project planners decide which youth are included in the awareness programs and which ones are excluded. Adolescents have a hard time negotiating with resources. An attitude change is needed. Foreign donors such as the Swedish association for sexual education have to implement bottom-up approaches, which ensure that the concerns and needs of the adolescents are heard and implemented in the project planning stage. It is not enough that partners and collaborators are practicing in the project planning phase the youth themselves have to be involved as they themselves best know what their needs lay. It is not sufficient to use generalizations and common linear models to explain sexual and reproductive behaviour, which are dynamic and individualistic patterns. In order that a program be successful it has to adjust itself to the participator, his/her needs and desires.

2.2. Tanzanian Perspective on Sexual and Reproductive Health

To my knowledge there has not been a similar documented study in the geographical area of Babati town, nevertheless similar studies have been done in Tanzania. For example Noor conducted an MFS study, which focuses on adolescents’ perception and knowledge of sexual and reproductive health in Dar es Salaam, Arusha and Morogoro.

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Noor’s study focuses on the sexual customs of the adolescents and how those behavioural patterns make adolescents one of the high-risk groups for STDs, unwanted pregnancies and HIV/AIDS transmission. The study argues that there is an immense thirst and need for knowledge on sexual and reproductive issues among adolescents. Noor argues that the main obstacle to bridging this knowledge gap is the taboo-laden nature of discourse on sexual and reproductive issues. Peer-to-peer programs are unable to adapt themselves to the needs of adolescents since they are excluded from the planning process. This knowledge gap increases the health risk for adolescents and hinders them in making responsible life and health choices. I would therefore argue that it is important to intervene and promote behavioural change in youth as early as possible and in their formative years, and to confront obstacles on sexual and reproductive issues.

Adolescents enter the high-risk group when they are in their transition towards adulthood, when they have difficult life choices ahead of them in their path of self-discovery. It is therefore imperative that the adolescents have the basic life-skill training that will enable them to take responsible and cautious life choices. Furthermore another problem is that the adolescents do not have a SRH program that is adapted to their needs since many of the programs NGOs have targeted married women or men.

Noor concludes that the majority of his adolescent informants are sexually active with multiple sexual partners. He further argues that even if the awareness of STDs is high youth are still engaging in detrimental behaviour, for instance many of Noor’s informants claim that their biggest fear in engaging in unprotected sex is not HIV/AIDS but unwanted pregnancy. I would contend to that this result shows that awareness campaigns are not enough to establish a permanent sustainable behavioural change. Behavioural changes like change in culture, tradition and society take time to occur as gradual processes that change from one generation to the next. The challenge is opening a dialog on sexual and reproductive health, which is a very sensitive topic of discussion, and getting the whole community involved to build the consensus that certain behavioural changes would benefit the community as a whole. These reforms

36 Ibid p.7
37 Ibid PP. 31-34
should not come from an outside party, but the community members themselves with the aid of a professional consultant. Another way to approach this problem is through participatory sexual and reproductive health programs that focus on the needs of adolescents – participatory in the sense that they engage the youth in the planning and implementing the program. Furthermore the rights, privacy, confidentiality and needs of the adolescents are met by the adults supervising the project.

For example UMATI (2004) states in its strategic plan that its vision is to create a society where adolescents can engage in an open dialog about sexual and reductive topics without being stigmatized and receive high quality SRH education. UMATI wants to put this into practice by adjusting their SRH programs to the needs of the younger generation and to promote to them a scale and scope of programs that fit their needs. The aim is to help adolescents to stop engaging in detrimental behaviour and help them understand the effects of their behaviour and help them to develop a sense of social responsibility when taking decisions such as engaging in unprotected sex.

YM EP was initiated by RFSU in collaboration with UMATI, the theory behind the project being that young men between the ages of 10-24 are the underlying problem behind detrimental behaviour causing unwanted pregnancies, unprotected sex, the spread of STDs and the lack of condom use, etc. This theory was established from the result of a 2001 baseline survey report, which showed that young men were willing to change their detrimental behaviour if given enough education.

3. RESULTS

3.1. Results of informants’ responses

As stated in the method and methodology section the responses of the informants will be compared to the results of the YMEP baseline study, as the interviews themselves are inadequate to give a detailed answer to the research question, as the interviews themselves do not give the background data that the project itself is funded and built upon.

The answer to the first research question: has the YMEP project participatory approach been successful in eradicating the misconceptions and misinformation that it seeks out to eradicate among schooling and non-schooling adolescents? The

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informants where asked the question, who they felt more comfortable to discuss questions they had about sexual and reproductive issues? More than three of the schooling children stated that they felt ashamed to discuss topics of a sexual nature with their parents and teachers, and that in the rare instances where the adolescents had asked for some advice they were met with accusations and threats from parents and teachers. More than three of the schooling children were also reluctant to discuss their sexual and reproductive issues and even love life with their peers as they wanted to keep their pre-marital love affairs a secret, as they were afraid that they would get expelled from school if any adult overheard the gossip. Therefore most of the schooling informants seemed reluctant to discuss matters of sexual and reproductive health with their partners and teachers and in some instances their peers. The real challenge is therefore for projects such as YMEP to break the silence and establish trust with the practitioner of the program. What is questionable however is whether the adolescents, who are reluctant to talk to parents, teachers and peers, will open up to third parties such as guest speakers in schools or non-governmental organization officials?
Non-schooling children are even more vulnerable to sexually transmitted infections because of economic hardships that contribute to injustices and inequality in their sexual relations. Most of the non-schooling boys that are living on the street work as baggage handlers or cleaning the buses in the Babati bus stop, as they use all of their free time to scramble to make a living, they don’t have any time for the sexual and reproductive health awareness programs. At least three of the non-schooling boys admitted that they did not ask anyone for advice on sexual and reproductive health issues, and they based their knowledge mostly on rumours that they heard from friends. Three of the informants reported that they believed that all the condoms that were sold in vendor stores were second-hand and had been repackaged after use. Therefore they claimed that there was a high risk that the HIV/AIDS virus was found within the condoms they bought, that the only way to get rid of the virus was to place the condom outside in the blazing afternoon sun to get rid of the virus before usage. One of the informants even claimed that he had seen white spots forming on the condom when he had put it out in the sun, which was the result of the virus being

39 See interviews Boy 1-6 Babati Sec Day School
terminated by the sunlight. More than three of the schooling boys believed that condoms contained pores, and were therefore inadequate protection against sexually transmitted infections and unwanted pregnancy.

It is a daunting task to evaluate whether the YMEP projects’ participatory approach has been successful in eradicating the misconceptions and misinformation that it seeks out to eradicate among schooling and non-schooling adolescents. What I can conclude is that the 24 informants in this study, all held moderate to extreme misconceptions, which led to some kind of detrimental behaviour. It is debatable what factors are behind misconceptions and misinformation. Is it economic hardship, gender inequality, low quality education or are donors simply not interested in adolescents’ sexual and reproductive health education?

The answer to the secondary research question: has the participatory approach allowed adolescents to come with input about their needs on sexual and reproductive matters and allowed to take part in the project planning? The YMEP baseline study report (2006) recommends participatory approaches that seek to involve parents, teachers, youth and religious leaders in understanding the needs of adolescents. The question then is what negation possibility do the adolescents have when it comes to dealing with adults? In a society where adolescents are not supposed to question their older peers and must obey them, it is quite clear that in many cases their rights, needs, desires and voices will not be heard. In other cases open-minded older peers might engage in an open cooperative dialog. Then again what use is it to engage in a participatory approach if the adolescents’ are too ashamed and afraid of stigmatization when discussing matters of sexual and reproductive health? How can a young boy born into a culture with these sentiments, suddenly become open a start engaging in peer-to-peer program that is not adjusted to his cultural understanding of sexual and reproductive activities? For example schooling and non-schooling informants responses strengthens the arguments above, when one schooling boy was asked if he had ever asked his parents, teachers or peers on sexual and reproductive matters? He claimed that he was too ashamed of being stigmatized by his teachers or parents and his peers would simply laugh at him if he would pose a question on the subject of

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40 See interview boy 7-10 Babati GIYEDO Town Office  
41 See interview boy 1-6 Babati Day Secondary Day School  
sexual and reproductive health. Another schooling student who was a practicing Christian claimed that it was against the will of God to discuss and practice or discuss sexual and reproductive health issues. Therefore cultural, religiosity and traditional factors are obstructing active participation of the youth in these programs. For example if a youth is punished for having condoms in his/her pocket in school by their teachers and in their homes by their parents, how can they be expected without some kind of methodology to be actively participating in a program on sexual and reproductive health?

The last secondary research question was as to whether the knowledge gap between the schooling and non-schooling children had proven that non-schooling children are not being included in the YMEP strategy? The non-schooling children that I interviewed were not a part of the formal education system, in many cases had little or no contact with their parents. Furthermore they did not attend other social structures such as youth events, football training sessions, community centres, tribal meetings or religious ceremonies because they were forced to work most of the time in their informal employment activity as baggage handlers and cleaning of buses. As projects like YMEP focus on social structures, therefore street children, who are seen as social outcasts (The scared children ‘homo sacer’), do not attend activities where guest speakers are conducting informal awareness training programs. For example non-schooling adolescents in my focus group had more extensive misconceptions, which were based on street myths on matters of sex and reproductive issues and relied more on peer advice, since their parents were absent because of alcoholism or had simply passed away.

3.2. Conclusion

In conclusion it is impossible to do a thorough and detailed evaluation of the whole project within this essay, but in my view the study has been able to show that there is a significant difference in the level of knowledge awareness, misconceptions, misinformation and perception among schooling and non-schooling adolescents. And as the YMEP project has focused on adolescents that are attending schools, youth centres and sport centres or other forms of social institutions with their peer education

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43 See interview Boy 6 (08/03/2007) Babati Secondary Day School
44 See Boy 11 (12/03/2007) Babati Day Secondary School
45 See interviews Non-Schooling Boys 10-13
approach, one could interpret the results that the change in level of misconceptions as an indicator that the YMEP project has been successful, but at the cost of non-schooling adolescents, who seem to have been marginalized in the discourse on adolescents’ sexual and reproductive health.

3.3. Methodological reflections
The conclusions here are only based on the responses of the 24 informants, and can in no way give a general representation of the majority of all Tanzanian adolescents and the YMEP project success or failure. The reasons behind this are the following firstly the small size of the focus group, secondly the focus group is delimited within the demography of Babati, thirdly time restraints since I had only 14 days to conduct interviews and fourthly the intention was never to evaluate the project in its totality but to limit the evaluation within Babati which is the area of research. The conclusions are delimited within the two focus groups of schooling and non-schooling children, and the recommendations and critique are based on their responses. Therefore the results of this study can in no way be used to give a final judgement of the overall success or failure of the YMEP project in other regions of Tanzania, since of the demarcation of the study area and limited number of informants therein. The results of this study can therefore only be used to interpret the performance of YMEP in Babati Town.

3.4. Discussion
Urbanization, modernization, globalization and the western media are creating tensions in the societal order. Youth are demanding more westernized lifestyles where individualism has replaced tribal laws and family values. These rapid changes are putting pressure on reforms in the health sector and especially in disease prevention. Decentralized adolescents sexual and reproductive health programs such as YMEP are an effort to meet the needs of adolescents who are adopting to this new way of life. Increased promiscuity and pre-marital sex calls for certain health consideration to be taken into action; it is therefore necessary that the rights and needs of the adolescents are respected, and that older generations do not prevent health sector reforms who focus on sexual and reproductive health issues. Responsible health
choices and a healthy way of life are strongly correlated with a vibrant economy and poverty reduction. Participatory approaches therefore needs to empower all stakeholders’ parents, teachers, and religious and youth leaders to meet the needs of the youth on the youths’ terms.

Adepoju et al writes that globalization, modernization and urbanization are changing the challenges and lifestyle of adolescents, and the structure of the African family. Schooling adolescents who are living outside their rural households in villages or cities far away from home do not have a close-knit family network to get advice on sexual and reproductive matters. Schooling and non-schooling adolescents today have different social values such as greater demand for personal freedom and mobility, which clashes with the traditional societal order. Change in behavioural patterns of adolescents goes hand in hand with modernization and economic factors, for example changes in overall consumption patterns, which are promoted through the western media, change the consumption patterns of adolescents, for example with increasing social peer pressure on stylish clothing, cigarettes or other luxury items that are not covered by parents. Schooling and non-schooling adolescents are therefore forced to turn to cross-generational sexual relationships in exchange for economic support. Economic vulnerability therefore puts the youth in one the highest risk groups for premarital pregnancy and sexual transmitted infections through unsafe sexual practices.

Kuate-Defo (2004) writes that cross-generational sexual relationships with sugar daddies and mummies put adolescents in a high-risk zone for physical and sexual abuse, particularly young girls since gender inequalities are one of the focal factors of spreading sexually transmitted infections such as HIV/AIDS. Cross-generational sexual relationships are not helping in reforming sexual and reproductive health since the power balance in those relationships is often in the hands of the older man or woman, meaning their economic advantage dictates to the younger partner if he/she is willing to have safe sex or not.

The YMEP project therefore has to work in a very difficult environment, where fear of stigmatization often prevents adolescents from asking difficult questions and where economic hardships often coerce young people into detrimental behaviour in

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exchange for economic benefit. In my empirical observation, projects such as YMEP have greater ease in reaching schooling children as opposed to non-schooling children, such as when YMEP officials were invited in as guest speakers. The project has had some effect on the level of misconceptions and misinformation among schooling adolescents, but has not established sufficient trust among themselves and the schooling children. Common trust in peer-to-peer programs as the establishment of trust entails reliability of information. In order to obtain trust, projects need sustainability and continuity with long-term commitment because behavioural change takes time to implement. Projects such as YMEP need long-term commitments with follow-up studies that investigate the needs of the adolescent stakeholders, without adhering to the advice of the older generations. Who because of conflict of interests, may not have the best intentions in mind for the younger generation because of societal conflicts.
Projects such as YMEP should revise their strategic efforts, and ensure that the youth are not marginalized in projects that are planned for their benefit. Sexual and reproductive issues are highly personal and differ from one individual to another; therefore, peer-to-peer programs must work on an individual level and avoid generalizing linear models of explanation such as claiming that all men want sex and all women want things. All individuals are different, and have different needs and aspirations in life.
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4.5. INTERVIEWS

4.5.1. Officials
Babati Town Education Officer (16/03/2007) Babati
UMATI Manyara Region Chairman (14/03/2007) Babati

4.5.2. Schooling Adolescents

Boy 1 (05/03/2007) Babati Secondary Day School
Boy 2 (05/03/2007) Babati Secondary Day School
Boy 3 (06/03/2007) Babati Secondary Day School
Boy 4 (06/03/2007) Babati Secondary Day School
Boy 5 (07/03/2007) Babati Secondary Day School
Boy 6 (08/03/2007) Babati Secondary Day School
Boy 7 (10/03/2007) Babati GIYEDOTown Office
Boy 8 (10/03/2007) Babati GIYEDO Town Office
Boy 9 (11/03/2007) Babati GIYEDO Town Office
Boy 10 (11/03/2007) Babati GIYEDO Town Office
Boy 11 (12/03/2007) Babati Day Secondary School
Boy 12 (13/03/2007) Babati Day Secondary School
Boy 13 (14/03/2007) Gallapo Secondary Day School
Girl 5 (05/03/2007) Babati Day Secondary School
Girl 9 (12/03/2007) Babati Day Secondary School
Girl 12 (14/03/2007) Gallapo Secondary Day School

4.5.3. Non-Schooling Adolescents

Boy 7 (15/03/2007) Babati
Boy 8 (15/03/2007) Babati
Boy 9 (16/03/2007) Babati
Boy 10 (16/03/2007) Babati
Girl 6 (15/03/2007) Babati
APPENDIX 1

(Appendix 1: Source; Utrikes politiska insitutet, http://www.ui.se)
APPENDIX 2

Schooling and Non-Schooling Adolescents' 

Gender 

Female 

Male 

Number 

Non-Schooling Adolescents 
Schooling Adolescents 

(Appendix 2: Source; Informant Interviews)

APPENDIX 3 

Age Stratification 

Age 

Non-Schooling Adolescents' 
Schooling Adolescents' 

Number 

(Appendix 3: Source; Informant Interviews)
APPENDIX 4