



# Vijana Tunaweza Newala:

## Findings from a Participatory Research and Action Project in Tanzania

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# List of Acronyms

<b>FGD</b>	Focus Group Discussion
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICRW</b>	International Center for Research on Women
<b>LSE</b>	Life Skills Education
<b>KII</b>	Key Informant Interview
<b>MVCC</b>	Most Vulnerable Children Committee
<b>NEYONE</b>	Newala Youth Network
<b>NGO</b>	Non-Governmental Organization
<b>NNN</b>	Newala NGO Network
<b>PLA</b>	Participatory Learning and Action
<b>STI</b>	Sexually Transmitted Infection
<b>TAMASHA</b>	Taasisi ya Maendeleo Shirikishi Arusha/ Youth Participatory Development Centre Arusha
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS

**G**lobally, girls and young women are more likely to be HIV-positive than their male peers, due in large part to an array of gender inequalities that negatively impact their their mental and physical well being. The International Center for Research on Women (ICRW) and Taasisi ya Maendeleo Shirikishi Arusha (TAMASHA), in collaboration with Pact Tanzania, developed a participatory research and action project (*Vitu Newala*) that aimed to both understand and respond to girls' HIV-related vulnerabilities. The project was conducted in Newala, one of the least developed and poorly resourced districts of Tanzania. The formative research documented in this report highlights four key sources and root causes of girls' vulnerabilities: harmful gender norms, erosion of the social fabric, exploitative and early sex, and limited communication and support.

In response to the highest priority vulnerabilities identified by girls in the project communities, ICRW and TAMASHA developed and piloted a life skills education (LSE) program. The LSE program provides opportunities for learning and discussion about sexual and reproductive health, empowerment, self-awareness, and other social and interpersonal issues. Over the 6-month pilot period, *Vitu Newala* Peer Educators held 60 sessions in schools and their communities, reaching more than 1,600 young people with participatory activities and information about pregnancy, HIV, self esteem, puberty, love and sex, goal setting, and friendship formation.

The project's qualitative assessment suggests that some important changes occurred at the personal, interpersonal, and community levels. Chief among these were changes in attitudes about sexual relationships, more frequent communication about puberty and sex, and new by-laws regulating community events identified as sources of girls' vulnerability. While *Vitu Newala* was limited in its reach and the number of issues it could address in the pilot period, nevertheless it has stimulated dialogue about girls' rights, their role in society, and how communities can better meet their needs. Moreover, it has garnered support from girls, boys, parents and influential community members. *Vitu Newala* offers a promising model for reducing girls' vulnerabilities by identifying and addressing powerful gender norms and social influences using participatory methods that engage young people as researchers, educators, and champions for change.



## **B**eing young and female in Tanzania holds both peril and promise.

Globally, girls and young women are more likely to be HIV-positive than their male peers, with females accounting for over 60 percent of individuals between the ages of 15 and 24 years living with HIV (UNAIDS, 2004). While prevalence of HIV decreased among young people in Tanzania between 2003 and 2007, this reduction was more significant among young men than among young women (UNAIDS, 2010). A host of factors explain girls' heightened vulnerability to HIV, including early marriage, multiple concurrent partnerships, cross-generational and transactional sex, and sexual violence (Fleischman, 2003; Glynn et al., 2001; Clark, 2004; Underwood et al., 2011). In a study of adolescent Tanzanian girls, for example, 80 percent had exchanged sex for money, goods or favors (Luke & Kurz, 2002). Among girls in a multi-country study, 43 percent said that their first sexual encounter had been forced (World Health Organization, 2005). At the heart of these statistics lies the reality that girls' lives are shaped by gender inequalities and harmful gender norms that negatively impact their their mental and physical well being. (McCloskey et al., 2005; Sommer, 2010).

But girls' lives and the proscribed gender roles and disempowerment to which they have traditionally been relegated are amenable to change. Across East Africa and elsewhere, there is increasing attention by programmers, policymakers, and donors to tapping girls' potential for achieving not only HIV prevention goals but broader health, safety and development goals as

well (Levine et al., 2008; Temin & Levine, 2009). These innovators are learning that to protect and empower girls, one must start with the girls to understand the vulnerabilities they experience in their environment and then engage a variety of actors in responding to the particular needs that the girls themselves have identified (Mabala, 2006).

This report documents the findings from a participatory research and action project that aimed to both understand and respond to girls' HIV-related vulnerabilities. The pilot project was conducted by



*Youth Researchers practice a participatory exercise during the formative research training.*

Photo: Jennifer McCleary-Sills

the International Center for Research on Women (ICRW) and Taasisi ya Maendeleo Shirikishi Arusha (TAMASHA), a Tanzanian NGO committed to building the capacity of young people to realize their rights and their rightful place at the center of development in their communities and nation. ICRW and TAMASHA worked in partnership with Pact Tanzania and the Newala NGO Network (NNN) in carrying out this pilot project.

## Setting

This participatory research and action project took place in four rural, widely dispersed communities in Newala, a predominantly Muslim district in southern Tanzania. Located in Mtwara Region near the border with Mozambique, Newala is one of the least developed and poorly resourced districts of Tanzania. In Newala town, basic services are increasingly available and the infrastructure has witnessed improvements in recent years; a paved road was completed in 2010 and stronger coverage by electricity services and mobile phone networks emerged in 2011. However, these improvements do not extend into the wards surrounding Newala town. The roads between Newala and the wards are all unpaved and the road to the nearest city (Mtwara), about 150 kilometers to the north, remains almost entirely unpaved.

While data from Newala are very limited, the education and health infrastructure are widely considered to be among the weakest in the country. School dropout rates are thought to be even higher in Newala than in the rest of Mtwara Region. Many girls under the age of 15 head households and, as a result, are highly vulnerable to sexual exploitation through risky transactional sex with older men who offer to provide for their basic needs and those of their siblings. These harsh realities were the impetus for choosing Newala and its surrounding wards as the site of this project.

## Organization of the Report

The report is organized into four sections: first, we present the findings from the formative research conducted with a range of informants. Second, we describe the intervention ICRW and TAMASHA designed based on the formative research findings, and community-based validation workshops to vet the findings. Third, we discuss the evaluation methodology and the results from the qualitative assessment of the pilot project. Fourth, we present the conclusions from this pilot study and the next steps for the *Vitu Newala* project.

In this technical report, we summarize the main features of the research methods and the intervention design and implementation. The complete details about these components can be found in the companion publication, “*Using Participatory Research and Action to Address the HIV-related Vulnerabilities of Adolescent Girls in Tanzania*”.

**T**he formative research began with a round of participatory learning and action (PLA) exercises with 82 girls, ages 12 -17 years old in July and August 2010. Approximately 20 girls participated in PLA sessions in each of the four communities: Luchingu, Makote, Mcholi, and Nanguruwe. By design, half of the participants (41) were 12-14 years old and the other half were 15-17 years old. Most (72 percent) were enrolled in school at the time of the formative research. Eight girls (10 percent) had children but only one (1 percent) was married. Most girls (78 percent) lived in households with at least four people, and mothers were the primary earner in 40 percent of girls' homes. Nearly a third of girls (29 percent) reported fathers as the primary earners in their households, and only 5 percent reported living with two parents earning an income. Farming was the predominant (89 percent) source of income, with small numbers of girls reporting family income from government employment (2 percent), informal vending (4 percent), and skilled labor (5 percent).

The eight PLA exercises were led by nine young women 18-24 years chosen by their communities to be trained as Youth Researchers. In each community, the Youth Researchers carried out two separate PLA exercises, one with younger girls (12-14 years) and another with older girls (15-17 years). (See Box 1 for examples of PLA exercises and Annex A for an Outline of the PLA Sessions).

#### BOX 1: Examples of PLA Exercises Used with Girls

- Drawing of dreams and aspirations
- Discussion of obstacles to these dreams
- Voting on statements about gender roles and behaviors in the community
- Free listing and ranking of perceived HIV-related risks
- Mapping of the dangerous areas in the community
- Identifying and prioritizing solutions for reducing these risks

Researchers also conducted focus group discussions (FGD) and key informant interviews (KII) with adults in each community – parents, community leaders, service providers – to find out their views about the girls' vulnerabilities and the role the community could play in safeguarding girls' health and wellbeing. The findings from this research were synthesized and presented stakeholders at the District, ward, and community levels in a validation workshop held in Newala in October 2010.

The formative research findings are organized around four main themes that emerged as key sources and root causes of girls' vulnerabilities: gender norms, erosion of the social fabric, exploitative and early sex, and limited communication and support.



## Gender norms and behaviors

The formative research data show that certain social norms dictating expected and permissible roles and behaviors for females and males contribute to girls' disempowerment and shape others' sexual expectations of them, making the girls vulnerable to HIV infection and unintended pregnancy.

### *Sexual Expectations*

A nearly constant pressure to have sex permeates girls' daily experiences, and perpetuates strong gendered expectations about the sexual roles that they are allowed to play within their cultural context. Girls are expected by their peers and parents to refrain from having sex until they are adults, preferably until they are married. However, the girls are confronted with contradictory expectations from the men in their communities. As a result of the mixed messages they receive, girls feel responsible for fending off men's advances while also not offending men by refusing too strongly.

**"If a man sees you outside, he'll approach you and ask you to go with him. Even if you say no, he'll ask every day and you have to find a way to refuse without making him angry."**

- PLA PARTICIPANT, 12-14 YEAR OLD GROUP

The expectation that men will aggressively pursue girls for sex even in the face of refusal was also echoed by adult stakeholders.

**"It is a normal thing for a man to seduce a girl and it is not easy for a man to stop trying again and again even if a girl refuses him."**

- FATHER, FGD

**"If the girl has to say 'no' 20 times today, maybe tomorrow she will have a problem."**

- DISTRICT LEADER, VALIDATION WORKSHOP

Girls and parents agree that pressure and expectations from boys/men are strong determinants of girls' sexual behavior and vulnerability, but many adults place the bulk of the blame on the girls for not making "better choices". In response to a drama performed by the Youth Researchers depicting the relationship between a school girl and an older man in her community, most adults in the audience faulted the girl for becoming pregnant:

“I think she is the one who’s most to blame because she shouldn’t accept gifts and things from him. She should know he will expect her to have sex if she takes money and gifts from him.”

– FEMALE COMMUNITY MEMBER, VALIDATION WORKSHOP

In a PLA risk mapping activity, girls in both age groups revealed that there are few places in their communities where they feel safe, regardless of the time of day. Girls face unwanted sexual advances and threats on the way to school, to the water well, to neighbors’ houses, and the pharmacy. As shown by the red X marks on the risk map (right), girls face harassment from male passersby and neighbors, often in the form of catcalls, invasion of personal space, and groping. Adult participants in the validation workshop were surprised by the extent of risk represented by this map:

“When I look at the map, the only safe places I see are the church and the mosque. So where do we expect these girls to live?”

– DISTRICT LEADER,  
VALIDATION WORKSHOP



A Youth Researcher presents a risk map depicting the community sites where girls feel most vulnerable to sexual violence.

Photo: Jennifer McCleary-Sills

“It surprises me that there are so many Xs on the map for the playground. There is more interaction between boys and girls there, so I guess it makes sense that girls feel more at risk.”

– DISTRICT LEADER, VALIDATION WORKSHOP

## Rape and Coercive Sex

One of the immediate consequences of the daily harassment girls face is the very real risk of suffering sexual violence. Girls, parents, village elders, religious leaders, and service providers overwhelmingly identified coercive sex as a significant and persistent risk to girls’ safety. Girls frequently cited the persistent pressure from boys/men to have sex as ultimately a decision between giving in and being raped.

**“You might decide to say yes after saying ‘no’ so many times because you know that he will just force you in the end.”**

**– PLA PARTICIPANT, 15-17 YEAR OLD GROUP**

In PLA exercises, girls differentiated between “rape” and “forced sex”, defining rape as being carried off for undesired sex with someone they do not know (e.g., stranger on the corner). Such rape is often carried out by a group of men, who may help to restrain a girl while a primary attacker rapes her, or may take turns raping her.

**“Some of the men decide they have to have a girl even after she has refused him. They get together with their friends and carry her off to rape her. Sometimes they all take turns raping her.”**

**– PLA PARTICIPANT, 15-17 YEAR OLD GROUP**

On the other hand, “forced sex” is seen as undesired sex with an assailant known to the girls (e.g., a classmate, neighbor, or boyfriend). Such coercive sex frequently takes place after girls have refused the attacker’s sexual advances on numerous occasions, and is seen by many girls as an inevitable consequence of refusing sex “too many times”. This distinction between rape and forced sex was echoed by community members as well:

**“That’s right, forced sex is different from rape. If it’s forced sex, you know the person and you have the chance to tell him ‘no’ before he rapes you.”**

**– FEMALE COMMUNITY MEMBER, VALIDATION WORKSHOP**

Regardless of the perpetrator, girls said they lack the ability or right to refuse sex in many situations. When asked to respond to a statement about whether a girl’s refusal to have sex is enough to make a boy stop pursuing her, a PLA participant commented:

**“If a boy wants you for sex, he will get you no matter how many times you say ‘no’ to him and try to avoid him every time you see him coming near. It doesn’t matter if you don’t want him, it matters that he wants you.”**

**– PLA PARTICIPANT, 15-17 YEAR OLD GROUP**

## Erosion of the Social Fabric

Adults and adolescent participants provided numerous examples of the ways in which community structures, traditions, and family cohesiveness have undergone detrimental changes in recent years, leaving girls more vulnerable to sexual risks.

### *Community Structures*

As revealed in the PLA risk mapping exercise, girls identified very few places in their communities where they feel safe. Many girls feel unsafe even in their own homes, and see school as the single most dangerous place. Girls, parents, and other adult community members reported that girls fear being harassed or seduced by peers and/or teachers.

**“You go to school to learn from your teachers but it turns out that they don’t want to teach you. Some of them just want to have sex with you.”**

– PLA PARTICIPANT, 12-14 YEAR OLD GROUP

The danger of predatory teachers seducing students is perceived as especially high at boarding schools, which are fairly common in and around Newala. During FGDs, parents consistently voiced fear and distrust of formal education, stating that school is a place where their daughters constantly face risk from peers and teachers. While some parents expressed an appreciation for the value of education for their daughters, school is largely seen by parents as a place where girls’ futures get interrupted because of pregnancy:

**“The worst moment for a parent is when their daughters are selected to join secondary school. Most of the girls get pregnant before completing secondary school.”**

– MOTHER, FGD

Adults’ general perception is that schools encourage deviant behavior, such as truancy and early sex. Many perceive school as a domain where students can freely engage in behaviors that threaten their health and well being:

**“And school is where they do all their bad behaviors.”**

– TRADITIONAL INITIATOR, FGD

**“These days, the girl goes to school to study pregnancy and the exam is a child.”**

– TRADITIONAL INITIATOR, FGD

Despite the numerous community-based dangers cited by adolescent and adult participants, girls reported not feeling that anybody in the community takes responsibility for helping them stay safe. Many girls expressed frustration that they are blamed for not avoiding the risks from which nobody else helps protect them:

**“If your family sends you to the farm to work and you get raped in the bush, people ask you why you went to the farm alone. But why did they tell you to go there alone when they know it’s dangerous?”**

**– PLA PARTICIPANT,  
15-17 YEAR OLD GROUP**



*Farms like the one pictured here were identified as common locations for rape.*

Photo: Annagrace Rwehumbiza

## **Transitioning Traditions**

The layers of protection and support that used to usher girls into adulthood have also eroded as traditions have changed. Focus group discussions suggested that the collective parenting – described as neighbors helping raise each other’s children – that used to be commonplace in these communities, has diminished in recent generations. They blame this transition on high levels of divorce, migration, and adolescent pregnancy. As the expectations of parenting have changed in recent years, children are left without adequate guidance and support.

**“Nowadays, families break up all the time and parents end up seeing children as a nuisance and nobody cares for them. They end up begging in the streets. Nobody protects them or provides for them.”**

**– COMMUNITY MEMBER, VALIDATION WORKSHOP**

Many PLA participants reported living with only one parent or with another family member. Often, grandmothers take responsibility for raising children left behind after a divorce.

**“When a woman gets divorced once, she needs to marry again to survive. If she already has children, she will leave them with her mother because she can’t bring them into her new husband’s home. So she just leaves the kids.”**

**– PLA PARTICIPANT, 15-17 YEAR OLD GROUP**



Several adult participants blamed the grandmothers who are left to raise young children for facilitating their “socially deviant” behavior. One woman attributed her daughter’s (suspected) sexually risky behavior to her own mother’s ineffective discipline:

**“My mother lets her do whatever she wants. There are no rules in her house. She’s so spoiled, that she can go out whenever she wants and even have sex with anybody and her grandmother won’t punish her.”**

– MOTHER, FGD

In the past, mothers and/or grandmothers served as the chief architects of a girl’s initiation to womanhood. Once the girl started menstruating, her mother/grandmother would engage a nearby traditional initiator (*nyakanga*) to educate the girl about gender role expectations for married women in their community. This rite of passage inculcated and reinforced cultural norms and provided girls with information to help them navigate marriage, sexuality, and childbearing.



*A nyakanga discusses the challenges she faces due to changes in traditional initiation practices.*

Photo: Jennifer McCleary-Sills

**“The traditional initiator used to have the responsibility of educating girls going through puberty on what is to be a wife, how to raise your children, and sex. When a girl was ready, her mother would bring her to the nyakanga to learn these things.”**

– MOTHER, FGD

Anecdotal evidence from Pact Tanzania indicates that girls in Newala undergo traditional initiation earlier than girls in other parts of the country, sometimes as young as 8 years of age. The formative research also revealed that recent years have seen mothers seeking to have their daughters initiated at even younger ages. With many girls now being initiated well before puberty, they do not have an opportunity to receive vitally important information about relationships, sex, menstruation, and prevention of pregnancy or sexually transmitted infections (STI).

**“These days, we no longer sit with the children before they come out as they come out when they are very young even two years old. What can we teach a child that young about being a wife?”**

– TRADITIONAL INITIATOR, KII

The celebratory drumming and dance (*ngoma*) that accompanies a girl's initiation has also changed in recent years. It has devolved from an afternoon dance attended by only women and girls into one that now is held at night, and is attended by both sexes. The traditional songs with educational messages about transitioning into womanhood have largely been replaced by songs laced with profanity and vulgar references to sex.

**“When I came out, there were only women at the *ngoma*. It doesn't mean the same thing anymore. Now there are men there looking to have sex with the girl who is coming out and with her friends.”**

– MOTHER, FGD

Over time, forced sex has become strongly associated with the traditional *ngoma* dance. Girls reported that when returning home from *ngoma*, they are often at risk of unwanted fondling or rape by groups of boys or men. As one father explained:

**“If a man attends the *ngoma*, he believes he must have sex with a woman. If he comes home and says it was a bad *ngoma*, that means he didn't find anyone to have sex with him that night.”**

– FATHER, FGD

As a result of these changes, a practice that may have been protective in the past appears to have now become one of the most prominent sources of girls' vulnerability.

### **Family Pressures**

Changes in childrearing practices have been deeply affected by poverty as well, as parents often-times are challenged to balance their involvement in their children's upbringing with having to provide for the family. Adults who participated in FGDs indicated that, whether due to employment outside of their community, divorce, and/or remarriage, parents often end up compromising their involvement in the direct upbringing of their children.

**“A father will go away to earn his money somewhere else and will forget about his children here. He forgets his responsibility and then there's no way for mothers to provide for the children anymore.”**

– MOTHER, FGD

Separation from parents due to divorce appears to be very common in Newala. Although not a representative sample, seven of the ten women who participated in one community-based FGD are divorced. As one mother explained, many women feel it is necessary to enter into a second marriage childless in order not to burden their new husbands:

**“I did not go to the man with any burden, so he should keep the child. And if I go to another man, I should go alone.”**

– MOTHER, FGD

As discussed above, divorce often results in children being left in the care of another relative. All too frequently, girls become *de facto* heads of household. Whether due to divorce, poverty, or other family challenges, this early transition to adulthood brings with it expectations for girls to provide for their families. For some girls, this means finding ways to contribute to the household. As one young PLA participant explained:

**“Because they are left alone for a long time, they can run out of the basic things. That forces them to look to meet these needs by any means possible so that their younger brothers and sisters can eat.”**

– PLA PARTICIPANT, 12-14 YEAR OLD GROUP

Despite not having completed their education and not having any training to perform skilled labor, girls are often blamed by adults for their inability or unwillingness to support their families’ needs. This current of blame was consistently reported by girls, who feel that they are being burdened with making what should be adult decisions and being criticized for the actions they take. One PLA participant explains the injustice she sees in adults blaming girls for the choices they may make in order to provide for their families.

**“The parents leave the children with nothing and so the big sister has to go and find a way to provide for them. She’s still a child, so the only way she can buy things is if she goes with a man. But then the adults call her bad names instead of helping her.”**

– PLA PARTICIPANT, 12-14 YEAR OLD GROUP

In the eyes of parents and some adult community actors, the girls do not do enough to protect themselves from the threats and expectations that boys and men place upon them. One mother explained why she believes girls are at fault:

**“She goes out and has sex with a man, but it’s not to help the family, it’s because of her greed. She wants him to buy her presents and give her money. But if she ends up pregnant, she expects her mother to take care of her.”**

– MOTHER, FGD

This greed for material things, known as *tamaa*, is seen by adults as the cause of risky sexual behavior, i.e., that girls have sex as a result of *tamaa*. When daughters do receive some kind of monetary or material support from the relationship, parents would prefer that their daughter direct it back to the household, as opposed to retaining all for herself. One mother expressed her disappointment with what she perceives as her daughter's *tamaa*, as it doesn't provide any direct benefit for her family:

**“She goes and has sex somewhere and in the end returns home. We don't benefit at all, no salt, no 'mboga' she comes home empty handed.”**

– MOTHER, FGD

The strong perceived pressure to contribute to and provide for the family gives girls mixed messages about whether or not they should aspire to use *tamaa*, even for the good of their families. Given that they will likely be blamed for demonstrating undue greed and poor judgment if they do so, many girls are forced toward another decision that puts them at risk-marriage. Some girls whose most basic needs are not met at home may accept marriage at an early age to relieve the economic burden her care places on her birth family. One girl explained this decision:



*Two Youth Researchers prepare a presentation for leaders from their communities.* Photo: Jennifer McCleary-Sills

**“There's nobody to take care of her or send her to school. So, she accepts a husband so that she can have food, clothes, and soap. Just the basic things.”**

– PLA PARTICIPANT, 15-17 YEAR OLD GROUP

Older girls identified such forced marriages as a significant barrier to girls' ability to control their sexual experiences. These early marriages may be the most salient effect of the shifting social environment in Newala's communities. The erosion of the layers of social protection that were once in place for girls has made them more vulnerable than ever to early marriage, unintended pregnancy and HIV infection.

## Exploitative and Early Sex

As discussed above, one result of these transitions in social and familial structures is that girls are often in the position to assume adult roles at an early age. This premature transition to adulthood brings with it a host of HIV-related vulnerabilities, including sexual debut without adequate information, as well as transactional sexual relationships with older men in which girls' decision making ability and autonomy are severely limited.

### *Transactional Sex*

For many girls in Newala, having sex can bring material benefits – money, clothes or favors. Participants identified *tamaa* as a key reason that girls engage in transactional sex, pointing to both peer influence and economic deprivation as important influences on girls' sexual behavior and decisions. A focus group of nurses commented that many girls engage in transactional sex because they see their peers exchanging sex for money and subsequently, purchasing desired goods.

**“They see that their friends have nice body oils and cosmetics because lovers buy it for them. They want to have those things, too, so they do what their friends do.”**

– NURSE, FGD

Parents largely blame *tamaa* as the impetus for girls becoming sexually active. Girls in the PLA also recognized the desire for material objects as a driver of risky sexual behavior, but explained that this is not frivolous *tamaa*. Rather, when basic needs for food, clothing, and school fees aren't met by parents or caregivers, girls are often left with no other option:

**“I will have sex to get those basic needs I am lacking.”**

– PLA PARTICIPANT, 12-14 YEAR OLD GROUP

When asked to respond to the statement that a “lack of basic needs can force a girl to have sex”, PLA participants in both age groups overwhelmingly agreed with it. But transactional sex often places girls in a position of complete disempowerment, without any ability to exercise their basic rights:

**“The way these children start having sex at an early age and the *tamaa* they have for money, they have no power to tell a man to use a condom and so they don't use condoms.”**

– MOTHER, FGD



## Intergenerational Sex

Both adolescent and adult participants reported that this type of transactional sex is most common with men who are in their 30s or older, as they are more likely to have disposable income to spend on gifts for their young lovers. Parents expressed disgust but also some level of reluctant acceptance of this reality:

**“Many of these children have sex with much older men, as old as their fathers.”**

– MOTHER, FGD

PLA participants also indicated that relationships with significantly older men can be seen as a desirable situation for girls. Younger PLA participants (ages 12-14) overwhelmingly agree with the colloquial phrase *“Better an old lover than a young lover”*. While there was a lower level of agreement among their older counterparts (ages 15-17), girls generally acknowledged the benefits of having a relationship with an older man. However, such intergenerational sexual relationships place girls in disempowered positions and render them incapable of negotiating safer sex with their partners:

**“Most of the girls who are under 15 years of age are not using condoms. This is due to the culture of silence they grew (up) with. They are not able to bargain for sex, most of them are having relationships with adults and so they cannot tell them to use condoms.”**

– MOTHER, FGD

Findings from the PLAs indicate that regular condom use by girls is very low in these communities, despite knowing about their utility for dual protection. This low level of use is likely more pronounced for girls having intergenerational sex compared to girls who are in relationships with peers. A nurse explained the discrepancy she has observed in condom use among men in her community:

**“We are providing free condoms here, but those who are coming to take them are those boys in secondary school. This is because they are afraid of getting girls pregnant and disturbing their studies, also because they don’t have money for abortion.”**

– NURSE, FGD

FGDs with parents and adult community members supported this assertion that older men – age 30 and above – typically do not use condoms. This is likely because they have the ability to pay for their female partner’s contraceptives or abortion, should she become pregnant.

## Early Use of Contraception

Girls, parents, and adult community actors in the four communities agreed that sexual debut often occurs as early as 8 or 9 years of age for girls in Newala. Since many girls start having sex at an early age, the use of contraception to avoid unintended pregnancy also begins quite young. The most popular form of contraceptives is injectables (e.g., Depo-Provera), which is reportedly used by girls as young as 8 years of age. These girls are oftentimes taken to a dispensary or pharmacy by their friends or sisters to access these contraceptives.

**“Recently, a child of about 10 years came with her *Depo-Provera* and wanted me to inject her and when I asked her where she got it she told me from a pharmacy...The majority of those who sign up for these services are children rather than adults.”**

– NURSE, FGD

While girls may seek out contraception on the advice of friends without parental consent, parents report seeking contraception for very young daughters they suspect or know are sexually active. Some parents and community members condone this early use of contraception, in part because it allows these girls to pursue an education:



Community members prepare their response to a drama performed at the Validation Workshop.

Photo: Jennifer McCleary-Sills

**“After her puberty, I was always afraid when she left the house that she would come back pregnant. That’s when I decided to get her injections to make sure she wouldn’t get pregnant before she finished her schooling.”**

– MOTHER, FGD

The prevention of unintended and early pregnancy was consistently mentioned as the primordial concern of parents and girls. The overriding feeling among participants is that pregnancy poses immediate consequences and so must be prevented at all costs, whereas HIV and other STIs are seen as having more distant consequences:

**“We know about HIV and using condoms to avoid it, but right now we have to make sure we don’t get pregnant. If we do, we can’t finish school and we’ll just be at home with people calling us names all the time.”**

– PLA PARTICIPANT, 12-14 YEAR OLD GROUP

However, some mothers also express concern that girls are using contraceptive methods that do not protect against HIV. While condoms remain the most widely accessible form of contraception, there is a stigma attached to girls and women purchasing them or insisting on their use. As such, mothers’ primary focus remains protecting their daughters from unintended pregnancy.

In cases of unintended pregnancy, abortion is not a legal option. Nevertheless, in PLA exercises, older girls (age 15-17) made explicit reference to abortion as an option for meeting their reproductive health needs and responding to an unintended pregnancy:

**“If you are young and you get pregnant, you might get an abortion so your parents aren’t disappointed and don’t punish you. But it’s expensive and so you have to hope that your lover will pay for it so your parents don’t find out.”**

– PLA PARTICIPANT, 15-17 YEAR OLD GROUP

Despite this fear of communicating with parents about the critical issue of an unintended pregnancy, girls acknowledged that parents or adult guardians often play either a direct or indirect role in girls’ accessing an abortion. Some adult respondents explained that parents facilitate the process because they want their daughters to continue their studies.

## Limited Communication and Support

In each PLA group, girls were asked to identify the sources of support, both formal and informal, that they feel are available to them in their homes, schools, social networks, and communities. While girls reported seeking support from a variety of sources, these conversations reveal that many girls do not have a trusted adult to go to in times of distress.

## *Support Seeking*

PLA participants completed and discussed a matrix detailing from whom they seek support or advice in a variety of common situations such as: wanting information or advice about sex, beginning a relationship, having problems at school, getting



*Youth Researchers participate in a feedback workshop in Newala.*

Photo: Jennifer McCleary-Sills

pregnant, and experiencing sexual violence. For advice or support in situations related to romantic or sexual relationships, girls seek advice and support from their friends. Girls rely on community nurses for preventative health matters, specifically those involving prevention of pregnancy, and HIV, in addition to treatment for suspected STIs. With respect to matters of personal advancement, specifically education (payment of school fees) or starting an entrepreneurial activity, older girls indicated that they seek support from male family members – e.g., fathers, uncles, or brothers.

Most profoundly, girls report seeking support from their female kin – mothers, grandmothers, sisters, aunts – in matters of physical well being. It is important to note that “aunt” or “sister” might not be an individual with whom the girl shares biological ties. In sub-Saharan Africa, the auntie typically serves as a traditional source of information on matters including sexual and reproductive health (SRH), and puberty (Sommer 2010). Within this context, the aunt is often well positioned to support a young girl through decisions or challenges related to navigating and understanding sexual vulnerabilities. As such, it is not surprising that the majority of PLA participants reported that they would go to “aunties” for support to discuss sexual matters. This finding suggests that for certain SRH matters that could be perceived as difficult or embarrassing to discuss with a health professional or family member, there is another important agent of support for girls in the community.

## *Parent-Child Communication*

As the above findings indicate, parents are not generally the first line of support sought out by adolescent girls in Newala. PLA participants and adult respondents agree that communication between parents and children is strained and often uncomfortable, especially concerning sensitive topics like puberty, sex, and pregnancy:

**“Parents need to be more open about talking to children about sex and other issues. They need to give their kids life skills, so better communication is needed.”**

– COMMUNITY MEMBER, VALIDATION WORKSHOP

Other adults echo this opinion, insisting that it is not the responsibility of girls to prevent early pregnancy but, rather, the responsibility of their adult caregivers:

**“Parents have a responsibility to prevent teenage pregnancy. They need to talk to their daughters about the risk of pregnancy and how to avoid it.”**

– DISTRICT LEADER, VALIDATION WORKSHOP

Most often, references to parental involvement center on mothers. There are mixed opinions about whether or not fathers should be expected to communicate more, particularly about puberty and sex, with their daughters. According to some male participants, social norms do not support fathers’ active involvement in raising daughters. One father explained why fathers may intentionally be less involved in raising their daughters.



*Youth Researchers enact a drama showing parents’ responses to adolescent pregnancy.*

Photo: Jennifer McCleary-Sills

**“Due to customs and traditions here, it is very difficult to watch over your daughter because if you are seen to be watching over her a lot, your (wife) tells you ‘do you want to be her initiator?’”**

– FATHER, FGD

Parents have also abdicated the responsibility of educating their children about sex and reproduction because they believe that schools provide this information. However, several parents questioned the appropriateness of the material provided in schools:

**“Schools say that they’re providing children with information about their bodies and puberty, but they give this information when the children are not mature enough to understand it, so it doesn’t help them.”**

– MOTHER, FGD



PLA participants feel quite differently about the “sex education” they receive in school; they find it too biological and without any practical information about how to protect themselves from unintended pregnancies and STIs:

**“They talk to us about our body and the different parts, but they don’t tell us anything useful. What we really need to know is how do girls get pregnant and how can we avoid that?”**

**– PLA PARTICIPANT, 12-14 YEAR OLD GROUP**

As this quote illustrates, girls don’t feel their needs and perspectives are well understood by adults in the community. This communication gap speaks to the overwhelming feeling expressed by girls throughout the formative research process- they do not have a voice in their communities and they are not taken seriously by men, by their parents, or by older community members. This sense of powerlessness has a direct impact on whether and how they seek support when they face difficult situations, and ultimately whether they have the intrapersonal and/or interpersonal resources available to protect themselves from sources of vulnerability.

**B**ased on the findings from the formative research phase, the inclusion of boys in the pilot intervention was deemed critical, in part because of their role in perpetuating inequitable gender norms within the peer group. The research team was also sensitive to the potential for negative reactions and consequences for a program serving only girls in communities where all young people are vulnerable. As such, the intervention activities were designed to reach young people of both sexes between the ages of 12 and 17 and to begin to engage adults in the community as well. The Youth Researchers who led the PLA exercises and participated in the intervention design process gave their project the name “Vijana Tunaweza Newala,” (or “*Vitu Newala*”), which translates as “Newala Youth Can”.

### Design

ICRW, TAMASHA, and the Youth Researchers developed and piloted a life skills education (LSE) program targeting the highest priority vulnerabilities identified in the formative research. The program design draws on LSE curricula previously developed by TAMASHA and Pact. The key topics cover sexual and reproductive health education, empowerment, self-awareness, and an array of other social



A male Peer Educator talks about the positive influence *Vitu Newala* has had on him. Photo: Jennifer McCleary-Sills

and interpersonal issues. In order to ensure that the LSE curriculum was tailored to the particular needs of the adolescents, the Youth Researchers created the specific case studies and scenarios used in the curriculum. This design process took place over the course of three months, from October-December 2010. (See Annex B for the Outline of the LSE Curriculum.)

### Activities

The aim of *Vitu Newala* is to empower young people to be informed advocates for themselves and to reduce their HIV-related vulnerabilities through safer decision making, informed communication and a higher degree of social support. The success of the project thus depended on reaching young people with critically important information in the LSE curriculum. Given the relative strength of peer-to-peer

support revealed in the formative research, a peer education model was deemed the most appropriate method of education and mobilization. Thus, it was important to identify a cadre of young people from the selected communities to serve as Peer Educators who could mobilize and reach out to other youth in their community. In January 2011, the Youth Researchers, with TAMASHA staff, trained 16 older adolescents (ages 19-22) on the LSE curriculum and participatory methods for peer education. These Peer Educators, 8 young men and 8 young women, were nominated by their peers to represent their respective communities. In addition to the core information in the LSE guide, the training dedicated a significant amount of time to fostering the capacity of the young people to serve as agents of change and community mobilizers.

The *Vitu Newala* LSE curriculum provides a set of core activities and informational sessions that the Peer Educators implemented over the course of seven months of the pilot intervention. However, they were also encouraged to design their own community education and mobilization activities to implement as *Vitu Newala* Peer Educators, such as dramatic and musical performances, educational sessions at community centers and



Young people attend a *Vitu Newala* educational session in their community.  
Photo: Annagrace Rwehumbiza

schools, and themed games and contests. The goal of these *Vitu Newala* activities was to engage young people and adults in order to promote an enabling environment for improved intergenerational communication and sexual decision-making. Such activities were seen as important in fostering more open dialogue about the key issues raised during the formative research and helping the community identify mechanisms for providing better protection for adolescents, and girls in particular.

Over the seven-month pilot period, *Vitu Newala* Peer Educators, working in teams of four, held 60 sessions in schools and the community, reaching more than 1,600 young people with participatory activities and information about pregnancy, HIV, self awareness, puberty, love and sex, goal setting, and friendship formation. In addition to these sessions, the Peer Educators began to conduct other activities to raise community awareness and attract a larger audience. These included dramas, soccer matches, and “circus” dance groups, which blend traditional dance with the hip-hop style that is popular among youth in Newala.

## **A**ssessment of the project's success in reaching adolescents in the four communities and promoting positive change comprised:

1) a series of interviews with youth in the participating communities, 2) a set of endline PLA sessions with girls, and 3) an validation workshop with the *Vitu Newala* team and District and ward leaders. The details of this assessment are described in the companion document “Using Participatory Research and Action to Address the HIV-related Vulnerabilities of Adolescent Girls in Tanzania”.

### **1) Youth Interviews**

The research team followed 16 adolescents over the course of seven months- two girls and two boys from each community. As described in detail in the companion document, these youth were recruited using the registration of the Most Vulnerable Children Committee (MVCC) and with the consent of their parents or caregivers. TAMASHA researchers conducted interviews with these boys and girls in a quiet, private setting every two months, with the first interviews held prior to the launch of *Vitu Newala* activities. The intent of these interviews was to understand how various domains of young people's lives were affected as a result of the intervention but also to provide information on the process and quality of implementation. The targeted domains were drawn from a conceptual model outlining the anticipated changes, which recognizes that all the changes were unlikely to emerge in each individual participant, especially given the short implementation period. A summary of this conceptual model can be found in Annex C.

### **2) Endline PLA**

In the final month of the intervention implementation (August 2011), the same girls who had participated in the formative research were invited to attend a second round of PLA sessions. All 82 participants agreed to participate in the endline research, which took place over the course of two weeks. The content and structure of these sessions mirrored the formative research phase, with the same TAMASHA facilitators and Youth Researchers carrying out the work in each community. During the PLA sessions, participants were asked to reflect on changes in their responses and in their communities. While only individual and interpersonal-level changes were considered likely to occur over the short course of implementation, both the interviews and the endline PLAs revealed that changes also occurred at the community level.

### **3) Evaluation Workshop**

The final step in this participatory research and action process was a two-day evaluation workshop held in August 2011. ICRW, TAMASHA and NNN hosted this event with the Youth Researchers, Peer Edu-

cators, and Guardians of Vitu Newala. In addition to this project team, 15 representatives of the District Government, non-governmental organizations, and ward-level leadership participated in the workshop. These local leaders represented the District Offices of Community Development, Secondary Education, Primary Education, as well as the Newala Youth Network (NEYONE), and Ward Executive Officers. The Youth Researchers shared their summary of the positive changes observed since the beginning of the research and action process, and the Peer Educators highlighted their achievements since joining *Vitu Newala*. These presentations intended to elicit input and response from the stakeholders present about the project and to stimulate a dialogue about how the community can support *Vitu Newala* moving forward.

Based on these three methods of assessment, the findings presented below highlight promising attitudinal and behavioral changes relevant to the highest priority vulnerabilities identified in the formative research.

## Gender norms and behaviors

Among the male interviewees who had participated in *Vitu Newala* sessions in their communities, most reported changes in their own way of thinking about their sexual relationships and risk. Two young men who attended several of the *Vitu Newala* sessions explained the changes in their approach to sex after learning from the Peer Educators:

“I used to have lots of girlfriends. But now I’m more aware of my own health. It’s not the right way to be, having sex with different girls all the time. I used to be with girls every day. But after going to these sessions, I spend more time with my friends. I tell them about what I’ve learned. I’ve taught five of them about being empowered and three of them have also made changes in their relationships with girls.

– 17 YEAR OLD MALE

“From knowing about STIs and my goals, I am taking good care of myself because I know STIs can ruin my goals and life. I used to go to school without any direction but now I see my books as my way forward. I work hard, I study.”

– 17 YEAR OLD MALE

Another young man expressed optimism that the education provided by *Vitu Newala* could help to transform gender relations as well as locally derived conceptions of manliness:



“I feel so proud of this change. It can help boys have a better relationship with girls. At first, boys used to do things to make themselves seem like men, to give them a reputation. They used to need to have a lot of girls to feel like men and to be proud. I think that’s changing now. We’re learning because of this education.”

– 17 YEAR OLD MALE

Several of the Peer Educators also noted significant changes in themselves in terms of their responses to gender role expectations as a result of their participation in and training from *Vitu Newala*. One highlighted a shift in the way he views sex, particularly his previous practice of “sharing” a girl with several of his friends:



*A Peer Educator and Youth Researcher pose with Vitu Newala participants from their community.*

Photo: Jennifer McCleary-Sills

“Before I never knew how to deal with my sexual emotions. I was just doing what I’d learned from my friends, that once you feel like having sex you just have to find a girl and have sex with her. Also we used to think it was fun to share girlfriends or have group sex with one girl. But since I was educated on goal setting, decision making, love and sex and the effect of sexually transmitted diseases, it has changed me completely. I don’t do that any more. I feel these changes are important to me and to my friends as I feel I am a role model to my friends and my young brothers.”

– 19 YEAR OLD MALE PEER EDUCATOR

Another Peer Educator shared a critically important change in the way that he thinks of girls in his communities, noting that they are all someone’s sister. This idea, coupled with the training he received, has caused him to reconsider coercive sex as an acceptable practice:

“These changes are very important to me, my friends and my family as now they know the consequence of men’s behavior towards girls. Some of them are our sisters, because when we are doing this to the girls outside, there are some boys out there who are doing the same to our sisters.”

– 19 YEAR OLD MALE PEER EDUCATOR

## Erosion of the Social Fabric

While none of the girls interviewed explicitly mentioned noticing changes in the ways that boys and men in the community treat them, they did note a reduction in their sense of danger at many points throughout their community. They attributed these changes in part to measures taken by their community leaders as a result of the participatory *Vitu Newala* process, which were confirmed by District leaders during the evaluation workshop. Chief among these were new by-laws in three of the four wards reducing the number and timing of *ngoma* ceremonies, and the hours of adult video parlors, both cited in the formative research as venues that presented great risk to girls’ safety. One girl remarked on these changes:

“The *ngoma* makes girls vulnerable and now they’re happening only in December because a by-law moved them to this time. This helps to keep girls safer.”

– 17 YEAR OLD FEMALE

The *ngoma*, cited as one of the greatest risks to young girls in Newala, will now take place only once a year rather than on an ongoing basis throughout the year. This structural change means that there will now be dramatically fewer of these community events and that one important source of vulnerability now presents much less risk in girls’ daily lives. In addition to such structural changes, the girls also felt empowered by their newfound knowledge to take action to protect themselves against risks:

“I used to go to the video parlor all day and into the evening, but after attending the sessions I don’t do that anymore. I learned in the sessions that it (the video parlor) was a danger zone, a place where bad things can happen, so I don’t go.”

– 17 YEAR OLD FEMALE

“From these teachings I am able to protect myself from dangerous environment and situation so that not to get unwanted and unexpected pregnancy.”

– 17 YEAR OLD FEMALE

This perceived reduction of risk in the community was reflected in the risk maps drawn by participants in the endline PLA. However, it is important to note that the one site that did not see its risk level downgraded was school, which remained the single most dangerous place in the community according to girls. Despite this, there are other promising changes related to the priority structural risks. Some of the boys who participated in *Vitu Newala* activities also reported changes in behavior, and spending less time in the dangerous places identified in the research in favor of more protective behaviors:

“Before I went to these sessions, I wasn’t helping out at home at all. I used to go to spend all my time at the video parlor and playing...Now I’m all about my studies and being responsible. It’s just me, mom and the baby, so I have to be responsible for my family’s sake. *Vitu Newala* challenged me...when I’m with my peers, I tell them about what I learned. Some of them insult me and say that I have nothing to teach them, but a least three of them have listened to me. Now, they’re having fewer girlfriends and having sex less than before. Now they’re more concerned about their studies.”



*A Peer Educator poses with a Vitu Newala participant from his community.*

Photo: Jennifer McCleary-Sills

– 13 YEAR OLD MALE

A Peer Educator credited his experience with *Vitu Newala* for changing his relationship with and his respectful treatment of his grandmother, who is his primary guardian. He shared his testimonial at the evaluation workshop.

“Before, my sister and I used to lock my grandmother in the house so we could go out and do whatever we wanted. We’d never listen to her when she told us to come home or do anything around the house. We would go out with our friends and I was having sex all the time and smoking bang. Now, I’ve learned that these behaviors are only harming me. Even if my grandmother can’t make me stay at home, I do it now because I respect her and I respect myself.”

– 20 YEAR OLD MALE PEER EDUCATOR

## Exploitative and Early Sex

Young people also reported some changes related to transactional and intergenerational sex. One Peer Educator explained that the most significant change she experienced was a change in her own way of thinking about boyfriends:

**“My friends used to say that a real girl has to have at least three lovers: one is taking care of mobile phone expenses, another one is for providing clothes, and the third one is providing very little but you love him so much. I was implementing this principle very well. But now I know that this it’s not working for me. I can work and get my own money and plan for what I want. What I need to do is set my goals, plan for my future life by working so hard and be aware of myself and determined to get where I want reach.”**

**– 19 YEAR OLD FEMALE PEER EDUCATOR**

One young man discussed important attitudinal and behavioral changes among his peers regarding sexual relationships. Equally important is his sense that older men in his area have also been influenced by the dialogues *Vitu Newala* has inspired in the community:

**“We’re learning because of this education. Even for older men in their 40s, they used to go with girls as young as 12-15 years old and have sex with them. That character is changing now because they’re seeing the risks they bring to girls.”**

**– 17 YEAR OLD MALE CASE STUDY**

While there is no other evidence from the assessment data that men are seeking exploitative sex with girls less often now, even the indication that a few men may be starting to shift on this issue is promising for the reduction of girls’ vulnerability.

### **Limited Communication and Support**

Interview and PLA participants all reported more frequent communication about previously taboo issues such as puberty, menstruation, pregnancy, sex, and STIs. While most acknowledged that these are still very sensitive and embarrassing topics, they also recognized that this information is essential for their wellbeing and that of their peers. One young woman explained how she has become a source of information and support for her 13-year old sister:

**“I talk to younger girls about what I’ve learned. My younger sister used to go to *ngomas* but after I told her what I learned at the sessions about how dangerous they are, she doesn’t go anymore. I’m so happy I was able to share this with her, and she appreciates my help. She feels that I’ve helped make a change for her own good.”**

**- 17 YEAR OLD FEMALE**

Even male participants in *Vitu Newala* activities express a desire to share what they’ve learned with girls for the sake of helping to protect them. Despite being rebuffed by his peers, one boy expressed his determination to be a source of correct information for the girls in his life:

**“I want to teach girls what I’ve learned, too, but some of them ask ‘are you responsible for me?’ and tell me to leave them alone. God willing, if I’m there I’ll keep teaching and will be able to teach my baby sister how to live right and protect herself.”**

**- 13 YEAR OLD MALE**

This newfound knowledge has an empowering effect on participants and Peer Educators alike, as they derive great pride in being seen as having accurate and useful information about puberty, sex, and relationships. One Peer Educator explained that she is proud of her new status in the community:

**“The training I am conducting in my community has made me someone important, especially to girls. This is a great thing because now I am a place where girls can take their problems.”**

**- 19 YEAR OLD PEER EDUCATOR**

The sharing of this knowledge appears to be providing young people in Newala with a stronger sense of social support. As was found in the formative research, youth have very few opportunities to receive accurate and practical information about sex and sexuality. For many *Vitu Newala* participants, the sessions were the first time they had ever talked about these issues:

**“I was so happy at the first sessions because we talked about these things. Nobody else talks to us about these things, so the peer education sessions were the first time I got to learn about this.”**

**- 17 YEAR OLD FEMALE**

Untapping this communication blockage has also inspired some of the young people to try to reach out to their parents and begin a dialogue about puberty. One girl explained that she finally talked to her mother about her own menarche after attending a session in which she learned the proper terminology and began to feel less ashamed of her menstruation:



“When I started menstruating I didn’t tell anyone at home, not even my mother, I just kept it for myself. It remained like that until I joined the training and learned that menstruation is just a normal thing and it’s wise to talk with my mother so that she can assist and advise me. I talked to my mother and she was very surprised.”

– 15 YEAR OLD FEMALE

Though the peer education activities did not specifically target young married people, there is some indication that participants have used their new knowledge benefited their spousal communication about sex. A married girl describes the change that she has experienced in her ability to talk to her husband and have more autonomy in their sexual relationship:

“From this education, I have seen the difference in my relationship with my husband. When I came back he asked me what the training was all about, and I told him that day we’d learned about love and sex. And narrated everything I was able to remember, including what I’d wanted to tell him for long time. He used to jump on me whenever he wanted sex, but now he asks me and lets me decide.”

– 20 YEAR OLD MARRIED GIRL

In addition to these accomplishments, *Vitu Newala* reached a number of important process-related achievements over the course of the formative research and pilot period, as highlighted in Box 2.

While this pilot project did not allow for *Vitu Newala* to reach all of the most vulnerable young people in the participating communities, wider dissemination and outreach are the key goals of the next phases of project activities. *Vitu Newala* has garnered support from influential members of local and District government and has stimulated dialogue about youth rights and their role in society. This momentum will help to propel *Vitu Newala* into the next phase of establishment and expansion, and will ensure the sustainability of the activities begun under Positive Action funding.

#### BOX 2: Key Vitu Newala Achievements

9	Youth Researchers trained
16	Peer Educators trained
8	Guardians trained
60	Community-based activities implemented
1,678	Youth reached through activities

**T**he project's qualitative assessment suggests that some important changes have occurred at the personal, interpersonal, and community levels. *Vitu Newala* was limited in its reach and the number of issues that it could address in the pilot period. Nevertheless it has stimulated dialogue about girls' rights, their role in society, and how communities can better respond to their needs. Moreover, it has garnered support from girls, boys, parents and influential community members. *Vitu Newala* offers a promising model for reducing girls' vulnerabilities by identifying and addressing powerful gender norms and social influences using participatory methods that engage young people as researchers, educators, and champions.

While the funding from Positive Action has come to a close, *Vitu Newala*, with continuing support from TAMASHA, has taken steps to ensure the sustainability of project activities and their expansion to other communities in Newala. At the project validation workshop, youth and adults sought commitments from District and local officials to provide a dedicated



*Youth Researchers discuss plans for new Vitu Newala activities in their communities.*

Photo: Jennifer McCleary-Sills

space for a *Vitu Newala* Youth Center in each of the four communities. They also developed action plans for securing land and/or building space for each center. These plans will be shared with the relevant officials in the immediate future. *Vitu Newala* has also applied to be formally incorporated and registered as a Community-Based NGO, which will help in securing necessary funding. TAMASHA has committed to providing ongoing training to engage *Vitu Newala* in a national youth network, and is seeking funding for follow-on support to strengthen *Vitu Newala* and scale-up the intervention model to other communities. As *Vitu Newala* expands, its goal is to achieve independent sustainability and to reach the most vulnerable youth in Newala, many of whom were out of reach for this pilot intervention.

## OUTLINE OF PLA SESSIONS

This facilitator's guide contains the activities that were utilized after a process of piloting and adaptation through field work with young women researchers in Newala, Tanzania. The included activities were adapted from curricula previously and currently used by ICRW, TAMASHA, and Pact in Tanzania. Below is an outline of the activities conducted in each PLA session at baseline and endline.

### DAY 1

#### A: Opening activities

1. Introductions
2. Informed consent
3. Icebreaker
4. Setting ground rules

#### B: Goals and attitudes toward future potential

1. Drawing your dreams
2. Sharing dream drawings & group discussion

#### C: Attitudes towards reproductive health, HIV and gender

1. Agreement/disagreement with attitudes on reproductive health, violence, HIV testing, gender norms (voting with your feet)
2. What is love?

### DAY 2

#### C: Risk and prioritization

1. What kinds of risk do girls in the community face? (Introduction and free listing)
2. What is the source or location of this risk? (Risk mapping)
3. Which of these are the highest risks? (Using stones to rank)

#### D: Exploring solutions

1. Whom do you talk to about your problems, fears, and the risks you face? (Matrix + discussion)
2. What can be done to reduce (or eliminate) these risks? Who is responsible for these responses? (Free listing)

#### E: Closing activities:

1. Correct information about reproductive health, HIV and services

DAY	TOPIC	KEY ISSUES
Day 1		
	Self introduction	Getting to know each other. Participants introduce themselves to the group Objectives, expectations and fears and ground rules.
	Introduction to the workshop	Introduction to logistic issues
	Team building Ice breakers	Skills for team building Helping participants to work together and exercises for building self confidence
	Context and behavior Research findings	Bus story (assumptions) Relate to assumptions made about young people and their behavior Ward secondary school (girls having to rent rooms to go to school, no teachers, sex to pay for rooms etc) Why? Why?
	Discussion of research findings	Presentations (young researchers + TAMASHA)
Day 2		
	Self awareness	Who am I Values Understanding self strength and weaknesses,
	Self awareness	Influences; Contradictory influences and multiple identities
	Puberty	Body changes/behavior change Menstrual period for girls, source of information, body hygiene. What are young people told during puberty? Best and risky practices during puberty
	Sexual and reproductive health	Meaning Sex and sexuality
Day 3		
	Sexual and reproductive health	Gender, sex and sexuality Stereotypes, tamaa Gender roles, sex and gender role of young women in the society
	Goal setting	Exploring personal life dreams, The line of life Problems on the way How to achieve life dreams, Overcoming challenges, understanding opportunities and obstacle
	Goal setting	Resilience Coping with stress and difficulties
	Decision making	Decision points (using examples from research e.g. decision to allow boy to pay for video leads to several other decisions within a much riskier context)

# Annex B: Outline of LSE Curriculum

DAY	TOPIC	KEY ISSUES
Day 4		
	Decision making	Decision making model Case studies and mini dramas
	Communication skills	Body Language Listening skills
	Friendship formation	Circles of friendship Qualities of friendship Mini dramas and role plays
	Love and sex	The difference Volcano of emotions
Day 5		
	Early sexual debut	Pressures Culture and sex (initiation) Pressures, peer influence Coping with emotions Transactional sex
	Early sexual debut and consequences	Pregnancy Early pregnancy social perception on early and unwanted pregnancies,
	Consequences (con)	Abortion STIs: types, symptoms and effects
	HIV	Knowledge Myths and misconceptions (questionnaire on HIV transmission and prevention ... risky behaviors) Sources of information, where? Who gives information?
Day 6		
	HIV	Risk and vulnerability (Story of Asefi) Card game ... likelihood of being infected Immune systems Multiple concurrent partners Circumcision
	HIV	Prevention ABC/Abstinence in Newala? Condom use Enjoying sexuality without having sex, masturbation Assertiveness Negotiating skills
	Family planning	Contraception, access to health care services



DAY	TOPIC	KEY ISSUES
<b>Day 7</b>		
	HIV	Feedback on weekend assignment Testing: counseling Hopelessness and denial (reasons for not going to test)
	HIV	Stigma and living with HIV
	Sexual abuse	Domestic violence, sexual abuse, forced sex – rape, harassment
	Sexual abuse	Prevention of rape What to do if raped Support systems and coping with rape
<b>Day 8</b>		
	Protection and prevention	What are the protective mechanisms – individual level/family/institution Creating a protective environment SRH rights
	Long term relationships	Choosing a partner Coping with emotions Conflict resolution
	Marriage	Meaning and purpose Adults expectations Children's expectations
	Marriage and divorce	Marital conflicts Polygamy from perspective of partners, from perspective of children
<b>Day 9</b>		
	Coping with trauma	Breakup of marriage Abandonment Physical and social orphanhood Stigma Domestic violence Counseling
	Substance abuse	Why alcohol? Types of substance abuse, influence, Effect of alcohol/coping with alcoholism
	Substance abuse	Drugs, cigarettes
	Resisting substance abuse	Assertiveness, negotiation role plays

# Annex B: Outline of LSE Curriculum

DAY	TOPIC	KEY ISSUES
Day 10		
	Thinking skills	Critical and creative thinking Problem solving Case studies, mini dramas
	Behavior change communication	Ways of communicating with young people Messages and development of communication techniques
	Peer education	Programs and activities Youth participation in peer education, incentives, motivation, Retention and drop-out
	Entrepreneurship	Turning obstacles/challenges to opportunities
Day 11		
	Entrepreneurship	Social entrepreneurship Mapping of opportunities
	Leadership skills	Group formation and leadership Running peer education sessions
	Facilitation practice	Participatory approaches and methodologies
	Plan of action	The way forward Developing a plan of action for identifying and attracting young people Life skills activities Monitoring Evening task: each ward develops its own plan of action
Day 12		
	Plan of action	Wards present plans of action for further discussion
	Closing	Review and summing up Evaluation Closing



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