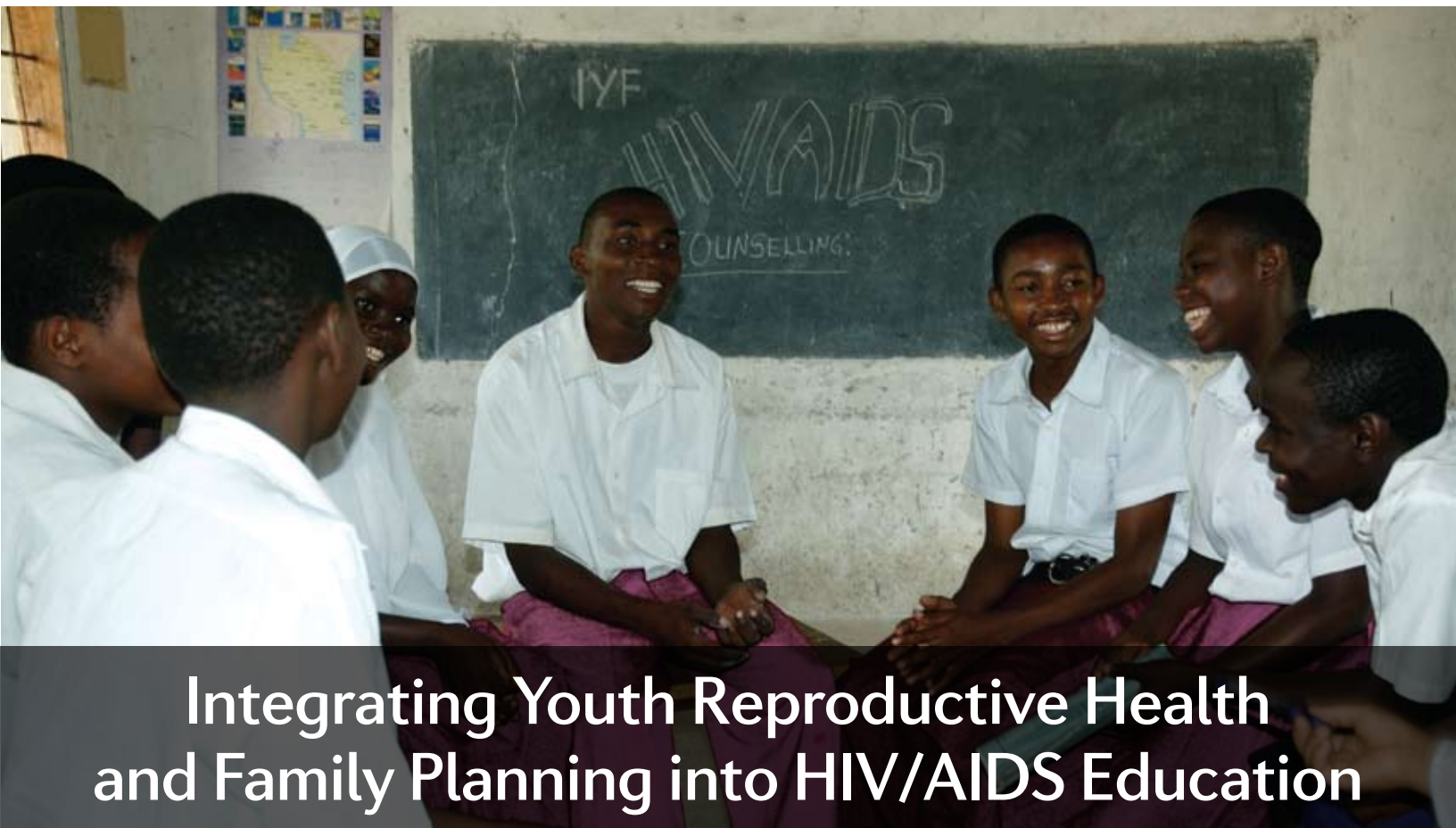


FieldNotes

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Integrating Youth Reproductive Health and Family Planning into HIV/AIDS Education

“You should wait until you are older to have sex. You will protect yourself against unexpected pregnancy, STIs and HIV/AIDS because you will be more educated.”

— Participant in IYF’s Planning for Life program in Tanzania

Young people in Sub-Saharan Africa presently face enormous health challenges. Approximately 3.2 million 15-to-24-year-olds live with HIV/AIDS, and more than one in every four young women has a child by age 18¹, which increases the risk of disabling injuries or death. Many of these youth lack basic knowledge on how to prevent HIV and unintended pregnancies, which could reduce risky behaviors and lead to positive life choices. Because the pathway to becoming HIV-infected and pregnant is the same—

unprotected sex—HIV prevention programs and services offer an invaluable opportunity to provide youth with the knowledge and skills needed to address a range of reproductive health issues, including pregnancy prevention.

Since 2007, the International Youth Foundation (IYF) has been working to increase the integration of youth reproductive health (YRH) and family planning (FP) into existing youth development activities through the Planning for Life program. During that time, Planning for Life has sought to strengthen the capacity and

1 Nugent, R. 2005. *Youth in a Global World*. Population Reference Bureau.

“ If my friend is forcing someone else to be in a sexual relationship, I will tell them the [potential] consequences of being in a relationship, like unwanted pregnancy, STIs and HIV/AIDS. ”

—Peer Educator in the Planning for Life Program

increase the awareness of RH issues among youth-serving partner organizations through one-year pilot projects in India, Philippines, and Tanzania. Each country has taken a customized approach. In India, YRH/FP curriculum and materials were developed and integrated into several livelihoods programs. In the Philippines, a reproductive health curriculum for Muslim youth was included in their employability training.

This issue of *FieldNotes* presents IYF's experiences and lessons learned in Tanzania, where Planning for Life integrated youth reproductive health education and family planning services into its HIV/AIDS prevention activities and trained local youth service providers to offer youth-friendly reproductive health services.

Case Study: Tanzania

IYF has partnered with the Tanzania Red Cross Society (TRCS) to reach youth with HIV referral services and prevention messages since 2005 through the Empowering Africa's Young People Initiative (EAYPI). This five-year US\$8.5 million program, which implements activities in Uganda and Zambia as well as Tanzania, engages youth in HIV prevention through life skills-based peer education, parent-to-child communication, and community mobilization efforts. As of

April 2009, EAYPI partner organizations in Tanzania—which also include the Girl Guides, Scouts Association, YMCA, YWCA, and Source of the Nile Award—have made significant progress, reaching 805,609 individuals and training 12,980 peer educators and Parent-to-Child (PTC) facilitators.

Through Planning for Life, IYF chose to integrate RH and FP into EAYPI to address the need for increased knowledge around reproductive health. Additionally, the youth referral component was expanded beyond HIV counseling and testing services to include referrals to family planning services. The program emphasized dual protection from HIV transmission and unintended pregnancy through promotion of education in abstinence and condom use. By taking part in both HIV and pregnancy prevention education, youth have benefited from a comprehensive understanding of the risks of unprotected sex and early sexual debut, and are better able to take the proper steps to protect themselves.

Using a comprehensive strategy

TRCS used a multi-pronged, multi-stakeholder approach to implement the integration project. For example, sensitization meetings with local communities were held in both districts of the project,

■ Tanzania Red Cross Society staff, peer educators, and trained service providers reach out to young people in the community with reproductive health, family planning, and HIV prevention messages.



Bagamoyo and Rufigi. Teachers already engaged through the EAYPI project provided age-appropriate health lessons twice a week to in-school and out-of-school youth, covering such topics as abstinence, consequences of early pregnancy, and various contraceptive methods. These lessons were “add-ons” to those already being taught about HIV prevention. In addition, nurses, medical officers, and other health professionals visited schools to raise awareness about the availability of youth-friendly FP and counseling and testing (CT) services at clinics and hospitals, while peer educators provided an additional avenue for education, referrals, and collaboration.

TRCS selected 30 peer educators who had previously been trained in HIV prevention through the EAYPI project, and trained them to promote RH and FP education using the Ministry of Health’s curriculum. From June to August 2009, these peer educators reached 255 youth ages 15 to 24 with messages relating to RH, FP, life skills and HIV prevention. There is some evidence that this outreach has led to greater knowledge about dual prevention, including where to access services, as well as higher uptake of family planning methods, particularly condoms, injectables, and implants.

Promoting Youth-Friendly Services

In order for youth to trust adults who offer reproductive health education and services, those young people must be treated with respect and made to feel welcome at clinics and hospitals. TRCS has done this by providing youth-friendly training for service providers. Training under Planning for Life has underscored the importance of interacting with youth in a friendly, non-judgmental manner, and has helped providers feel more at ease in their dealings with youth. As a result, young people are more likely to trust and talk with providers.

According to Awadhi Mbagi, a primary school teacher: “The trainings have made me comfortable, especially when it comes to things that are considered to be taboo. Young people like that and become very engaged; they ask questions.” Reproductive and Child Health Nurse Marry Sagara agrees: “I feel better equipped in interacting with and relating to young people. Before the training I was scared to give

family planning methods to young people... I thought young people would have severe side effects. But now I give friendly services and am confident in the methods.” Health professionals have also used school visits as an opportunity to provide basic medical services such as taking blood pressure and cleaning minor cuts and scrapes, thus demonstrating their ‘youth-friendliness’ and encouraging in-school youth to access additional services.

Young people’s level of comfort in discussing sensitive topics with teachers and health care providers is demonstrated by the questions they ask. For example, Ms. Mbagi recalls several students asking her if condoms have holes in them. “I tell them that condoms do not have holes,” she says, “but I also advise students to examine condoms before using them to ensure they are in good condition.” Such questions indicate that providers are engaging youth in interactive discussions about reproductive health issues, rather than providing information in a didactic manner.

Having a Positive Impact on Young Lives

Receiving HIV/AIDS, FP, and RH education from multiple sources is an important component in increasing knowledge and changing attitudes and behaviors among young people. Through sessions with peer educators, teachers, and health workers, many young beneficiaries have learned the differences between the myths and truths of sex, HIV, and FP. For example, young people understand that HIV cannot be transmitted through mosquitoes or food, but can be transmitted through sex, sharing needles, and during the birthing process. They have also learned that girls who become pregnant at an early age are more likely to die during childbirth. Additionally, as a result of the program, young people know how to protect themselves from contracting HIV and unwanted pregnancies, and where to access condoms and other family planning methods.

When asked if she would feel embarrassed to get condoms or pills from a pharmacy or clinic, one 17-year-old girl who received peer education outreach on dual protection replied: “No, I am not going to feel embarrassed! I am confident with myself. It’s important to be

WHY INTEGRATE FAMILY PLANNING INTO HIV/AIDS ACTIVITIES?

Integrating reproductive health (RH) and family planning (FP) into HIV/AIDS education and services for youth is sensible for many reasons. Young people need both types of education and skills, and promoting HIV and pregnancy prevention simultaneously achieves several separate but related objectives.

- Youth who are at risk for HIV are also more likely to be at risk for unintended pregnancy. Abstinence or correct and consistent condom use is proven to prevent both, so integrated RH and HIV/AIDS programming can reinforce these positive behaviors.
- Young people generally have limited access to health services. Given these limitations, it is important to apply the

concept of “no missed opportunities”: that is, when youth do access services such as voluntary counseling and testing (VCT) or treatment for a sexually transmitted infection (STI), health service providers can capitalize on these visits to also provide family planning services.

- Integrated programs also save money. While each individual program assumes its own overhead and other baseline costs, programs that integrate family planning into HIV/AIDS “share” those expenses.

“The rational use of resources through integrating family planning activities into HIV activities minimizes the cost of these programs.” — Kheri Issa, District Health Coordinator, Tanzania Red Cross Society

confident, because if I don't go (to get condoms) then I can get myself into trouble.”

Other young people who have participated in the dual protection program show increased self-esteem and the confidence to say “no” while discussing how they would respond to sexual pressure from friends. “I will tell (those who are pressuring me) to wait until we finish school, and if they still keep pressuring me then I will end our friendship. I do not want to get a disease or get pregnant,” states one 13-year-old girl. Another young woman says, “I will openly tell older people who want to have sex with me that I am young and I am like their own child. They should not want to have sex with a person of my age, and if they are wise enough they will leave me alone.” Such positive attitudes demonstrate that educating youth around integrated RH/FP and HIV prevention messages equips them with the skills they need to make healthy life decisions.

What Have We Learned?

IYF and the Tanzania Red Cross Society offer the following lessons learned on how a youth-serving organization can integrate family planning into HIV/AIDS programs.

- **Involve parents and the larger community.** Though many youth health programs have focused on HIV/AIDS prevention in recent years, it is important that parents and community leaders continue to be involved and sensitized—particularly when you are adding messages on family planning and other reproductive health issues to existing programs. Many adults have misconceptions regarding puberty, early childbearing, and contraceptive use. Gaining the support of influential leaders in the community helps providers reach youth and helps parents support each other and their children to prevent HIV and pregnancies.
- **Encourage referrals to well-equipped health facilities.** Provide information to peer educators, teachers, and community members so that they can link young people with the appropriate local health facilities for counseling and testing services or contraceptives. It is important to identify local health facilities or mobile clinics that have proper resources, since young people who seek services but fail to find trained providers or commodities will be discouraged from seeking those services in the future. If there are no suitable health facilities in the vicinity of your project site, seek to build the capacity of the local health system as a component within the intervention.

SUCCESSFUL STRATEGIES FOR INTEGRATION

- To be effective, programs that integrate family planning and reproductive health with HIV prevention must be tailored to fit the country-specific context. Countries with generalized HIV epidemics can promote integration across a range of interventions for youth, with FP integrated into HIV prevention activities, and HIV prevention integrated into FP activities. However, in countries where both HIV prevalence and contraceptive prevalence are low, integrating these programs may not work as effectively.
- Abstinence, being faithful, and/or using a condom consistently and correctly are relevant to preventing both HIV and unintended pregnancies. Age-appropriate education must be provided to youth, with a focus on abstinence and delaying sex among younger youth.
- Family planning services or referrals should be included with CT services. During CT, all risks of unprotected sex—including pregnancy—should be discussed with youth.
- Life skills-based education, with a focus on improved negotiation and decision-making skills, should be the common ground for HIV and youth RH programs. Supporting youth to enhance these skills leads to informed and responsible choices.
- **Train service providers that are trusted by youth.** Young people access services and counseling when they trust the adults providing them, and may seek out specific providers with whom they feel comfortable. If resources are limited for additional training on family planning, one criteria is for you to choose those who express interest in working with youth. Mutual trust will increase once a substantial part of provider-training focuses on strategies to help adults interact with youth in a respectful and non-judgmental manner.



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