

# **Secondary school students' voice in HIV/AIDS prevention interventions in Tanzania: A case study of Mbeya region**

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Through institutions in the region, EQUINET has been involved since 2000 in a range of capacity building activities, from formal modular training in masters courses, specific skills courses, student grants and mentoring. The capacity building activities in EQUINET are integrated within the existing areas of work of the network or build cross cutting skills demanded across themes by institutions in the network. The papers and reports produced in these training activities are products that are used to support or target mentoring. This report has been produced within the student grant programme and is disseminated in this context. It is not a formal EQUINET discussion or policy paper.

## **1. Background to the problem**

An estimated 1.7 million people between the ages 10-24 years are infected with HIV annually in Africa. Globally, more than half of the new HIV cases occur among young men and women aged 15 to 24 years (Population Reference Bureau, 2000). A recent behavioral survey amongst youth found that the majority of youths were sexual active. The median age of onset of sexual intercourse ranged between 15-24 years in different study sites (TACAIDS 2004).

Young people in schools and training institutions are vulnerable to peers influences (Tokin, 1987; Jessor, 1984) and end up being involved in premarital sex. Health workers need to realize these risks and make appropriate interventions. The Tanzania government with assistance from Global programme on AIDS instituted a short-term plan in 1985-1986 to examine the nature and dimensions of the epidemic. In 1992-1996 the national programme revealed the need to further decentralized planning and decision making, thus the medium term plan was formed, and this opened the big room for Non-Governmental Organizations (NGOs) to full involvement (MOH 2001).

In the year 2000 the government established the Tanzania commission for AIDS (TACAIDS) under the Prime Minister's office. This was after recognition that HIV/AIDS is not only a health issue, but also a serious developmental problem that requires effort from all sectors. In November 2001, the government enacted a national Policy of HIV/AIDS with specific objectives on prevention of transmission through creating, sustaining and increasing community awareness of HIV/AIDS.

HIV/AIDS interventions have been introduced in Tanzanian schools. These interventions aim at empowering students by providing them with the necessary information and knowledge about HIV/AIDS to enable them to make informed decisions about their sexual relationships.

## **2. Statement of the problem**

The school is an appropriate place for HIV/AIDS interventions. Students like other general youths are mostly at risk since they are sexually active and premarital sex among them is so high. In the past, two forms of interventions have been introduced to prevent HIV/AIDS transmission in secondary schools that is to say, programmes within and without the schools. Young people's Participation may lead to issues being identified which might otherwise be overlooked.

Tawil et al (1995) argued that, HIV/AIDS programmes that allow youth participation are more effective and tend to address the concerns and needs of young people better. Regular contact and cooperation in activity implementation as well as decision-making diminishes the distance between 'adult professional' and 'young person'. Young people can also make a valuable contribution in the project design phase. They are not stuck in the usual ways of thinking and 'how it's always been done'. Furthermore, youths are a great human resource and potential to add to organization or programme.

### **3. Objective of the study**

#### **3.1. Main objective**

To investigate how participatory HIV/AIDS prevention intervention are in secondary schools in the Mbeya region of Tanzania.

#### **3.2. Specific objectives**

1. To investigate the nature of HIV/AIDS preventions interventions in secondary schools.
2. To investigate whether the process of planning the HIV/AIDS interventions takes into account students' views about how to respond to HIV/AIDS problems in schools.
3. To investigate how participatory school-based and outside- school interventions are in their implementation of preventive measures at school.
4. To investigate students' preferences with regard to participation of students in HIV/AIDS prevention programmes.

### **4. Research methodology**

#### **4.1. Research Design**

The overall research was qualitative based on a case study of Mbeya urban district, Tanzania.

#### **4.2. Target population and sample size**

The target population was secondary school students, teachers and selected Non governmental organisations and government departments in the Mbeya region of Tanzania. A total of 112 respondents were involved in the study.

One hundred (100) student respondents were selected for ten Focus group discussions (FGD) made up by ten respondents in each school. That is, in four co-education schools two FGDs with ten girls and ten boys were conducted at different times. While in two single sex schools, only one FGD with ten respondents was conducted in each school. A total of ten FGDs were formed.

Six (6) teachers were involved in the study; one teacher was selected in each school. School counselors (teachers who are dealing with HIV/AIDS and counseling) were selected. For those schools which had no teachers as school counselors, students' matrons and discipline masters were appointed by school administration to participate in the study. By virtue of their position they qualified for the study.

Five (5) NGOs were involved in the study, from each NGO one key informants was selected. Furthermore, one (1) government HIV/AIDS coordinator was involved in the study. Therefore a total of 12 in-depth interviews were conducted.

### **4.3. Study area and the scope of the study**

This study was conducted in Mbeya region, specifically in few selected schools in Mbeya urban districts. There are several reasons for the choice of Mbeya; firstly the distribution of AIDS cases by region through Surveillance reports in 2002 show that Mbeya is the leading region in Tanzania with the highest HIV/AIDS case rate. However several data shows that there are very few HIV/AIDS research conducted in the region.

Secondly, Mbeya shares borders with countries of Zambia and Malawi to the immediate South, due to this, Mbeya is one of business strategic areas in Tanzania allowing intensive interaction of people. This also means Mbeya is bordering the HIV/AIDS vulnerable Zambia and Malawi. Zambia is one of the hardest hit by HIV/AIDS in Sub-Saharan Africa.

### **4.4. Sampling procedures**

#### ***4.4.1. Purposive and simple random sampling***

Six secondary schools were purposely selected in Mbeya urban district. Schools were selected considering criteria like; composition (co-education and single sex schools), ownership (private and public schools), residential status (day and boarding schools).

### **4.5. Methods of data collection**

A combination of three methods was applied to collect data. These include in-depth interview, Focus group discussions (FGDs) and documentary review. A combination of methods facilitated the collection of adequate information relating to the research topic as they complimented each other's strengths and compensated for each other weaknesses.

#### ***4.5.1. In-depth interviews***

The collection of primary data and information from the key informants were conducted through in-depth interviews. The interview schedule with open ended questions was mostly used; face to face interview helped to verify questions and responses with ambiguities; during the interview respondents were allowed to ask for clarification if the question asked was not clearly understood. In-depth interviews were conducted with only to the key informants that included; six secondary school teachers, three key informants from NGOs and one Government AIDS coordination unit representative.

#### ***4.5.2. Focus group discussion (FGD)***

This primary data collection method provided sufficient opportunity for respondents to express their feelings and opinion about the subject discussed. It often stimulates people to talk and to reveal facts and opinions that may not have been revealed otherwise.

Ten focus group discussions were conducted in the study. All FGDs involved ten respondents. In order to overcome the problem of gender and age a researcher did the following to select groups to be involved in the study. In co-education schools two FGDs were formulated, one involved only female students and the other group involved male students only. In two single sex schools (school with boys alone and that of girls alone) only one FGD was conducted in each school. Furthermore respondents were selected in the same class to avoid higher classes to dominate the discussion. All FGDs involved

form four students because the researcher wanted to have uniformity for all FGDs. Furthermore, having stayed a length of time in their schools compared to other classes, it was assumed that form four students have a good experience with HIV/AIDS prevention interventions in their schools.

#### **4.5.3. Secondary data**

Secondary data sources in the form of documentary materials were used; this involved visiting various literatures both published and unpublished books, reports, papers, articles and journals.

### **4.6. Data analysis**

Content analysis was employed in analysing qualitative data generated from the study.

## **5. Limitation of the study**

Due to the limited time and funds, this study was only confined in six secondary schools in Mbeya urban districts, five NGOs, six secondary school teachers and one government HIV/AIDS coordinator.

## **6. Findings and discussion**

### **6.1. The nature of HIV/AIDS prevention interventions in secondary schools.**

*Table 1* shows two types of HIV/AIDS prevention interventions in secondary schools: school-based interventions, provided in the school, and outside-school interventions, use of outside personnel from various. Two approaches were commonly used in school-based interventions: the integration approach where HIV/AIDS issues are integrated and incorporated into the secondary school curriculum, and extra-curricular activities.

**Table 1: Two categories of HIV/AIDS prevention interventions in secondary schools**

<b>School-based interventions</b>	<b>Outside-school interventions</b>
1. Integration of HIV/AIDS education in secondary school curriculum.	2. Seminars, conferences, video shows, lectures and speeches.
3. Extra-curricular activities including: <ul style="list-style-type: none"> <li>• Drama</li> <li>• Songs</li> <li>• Poems</li> <li>• Debates clubs</li> <li>• Role plays</li> <li>• Comedies</li> <li>• Music (Bongo flavour-hiphop)</li> <li>• Sports and games</li> <li>• Anti-AIDS clubs</li> <li>• Religious clubs</li> <li>• Cartoon drawing and article writing</li> </ul>	4. Other activities including: <ul style="list-style-type: none"> <li>• Drama</li> <li>• Songs</li> <li>• Comedies</li> <li>• Music festivals</li> </ul>

The integration of HIV/AIDS into secondary school curriculum was introduced in 1997 by the Tanzania Ministry of education. The ministry issued a new syllabus where Family Life Education (FLE) topics have been integrated with traditional subjects like Biology, Geography, Civics, Home economics and Economics. Family Life Education aims to teach students about their bodies, the principles of good health, how to respect each other, how to abstain from sex and how to protect themselves if they decide or happen to have sex. However, some of teachers who teach Family Life Education in their subjects confessed that they skip these topics or rushed through it. The reason given was lack of skills and material required in these topics. As one of the teachers remarked *“we are required to teach Family Life Education topics but the majority of us don’t have enough skills to teach Family Life Education, we don’t even have enough materials to help us. Most of the time we skipped the topic or rushed through it.”*

Apart from formal school curricular there were varieties of extra-curricular activities under school based programmes, the purposes of all these programmes was to help students make informed decisions about how to avoid AIDS–related risk behaviours through various activities like role plays, Anti AIDS clubs, religious clubs like YCS, BAKWATA, CASFETA and UKWATA, debate clubs, drama, songs, poems, comedies, bongo flavour music (Hip hop music), sports and games.

Furthermore, in all six secondary schools studied there were NGOs operating either irregularly or regularly to provide HIV/AIDS preventions education in secondary schools. These NGOs have different kind of activities; the common activities introduced by these NGOs in secondary schools were seminars, music festivals, video shows, drama, comedies, songs, lectures and speeches.

## **6.2. Students’ participation in planning process of HIV/AIDS prevention interventions.**

The findings of this study show that the extent to which students participated in planning differed from school to school and NGO to NGO. However, the overall findings show that, school-based programmes were more participatory in a sense that, students themselves were major planners of different activities established in secondary schools.

### **6.2.1. School-based interventions**

In numerous FGDs conducted in secondary schools students generally admitted their involvement in planning for the HIV/AIDS prevention programmes in their schools, this was also generally acknowledged by majority of teachers through in-depth interviews.

The mechanisms to solicit students’ views in the planning process were almost similar in all secondary schools studied. Most schools of these schools had a large population sizes; due to this, it is difficult to involve all students in planning process. Thus, in most cases students’ representatives (prefects) and class representatives (monitors) represents their classes in several issues one being planning for different programmes in their schools, this is done after collecting views, suggestions and opinions from their classes.

In other schools there were suggestion boxes and school magazines. In these schools students were requested to write their suggestions and views regarding different programmes carried out in their schools including HIV/AIDS prevention programmes.

However each school had a different experience on how teachers took the comments put in the box seriously; one school was found to be more effective on this, there were two teachers assigned to review students' comments. One big problem these teachers encountered was a tight school timetables which limit their abilities to read each suggestion put in the box as a result they always use a random sampling technique to select a minimum of twenty suggestions at the end of month. In other schools there were weak mechanisms employed to collect comments put in the box. The majority of teachers admitted that they read these suggestions once in a blue moon.

### **6.2.2. Out side-school interventions**

For outside-school interventions the extent of students' participation in planning process ranged from low to not participating at all, with exception of one NGO which had different experience. The result from this study show that the majority of NGOs do not involve students from the initial stage of planning, however the experience differ from NGO to NGO depending on the nature of activities introduced.

Responses on how NGOs take students views when planning also varied from NGO to NGO, some said through experiences, by looking at students' reactions during events; other NGOs do some evaluation by randomly selecting youths and asking them questions on what they like and dislike in HIV/AIDS prevention programmes. They believe that all youths share the same experiences and interests, therefore students' needs are represented by other youths. Some say they conduct a needs assessment to determine the needs of the youth. And some NGOs admitted that it is not easy to get students' opinions because unlike out of school youths, it is very difficult to get into schools, which needs some arrangements and special authorizations. Students' views are collected through schoolteachers, guardians, and the service providers.

One of the key informants from NGO remarked, *"Unlike out of school youths, students are guided by special rules, regulations and stiff school time tables. In most cases we do avoid these procedures especially when one seeking for permission to talk with students, therefore we take different views from their teachers, school guardians, service providers and other out of school youth to represent students' voices. We do believe students' interest are well represented, we note this through their reactions in these programmes"*. Only one NGO directly involved beneficiaries' i.e. secondary school students, in planning by randomly selecting secondary school students and gather their views, opinions and suggestions.

Lack of students' views in planning was said by students to be one of the factors which make students unaware of programmes and fail to identify themselves with those programmes.

## **6.3. How participatory are school-based and outside school interventions in their implementation of preventive measures at school?**

### **6.3.1. School-based activities**

The scope of school-based interventions differed from school to school; some schools had received more and well developed participatory interventions compared to others. In all secondary schools studied Family Life Education (FLE) was incorporated in the curriculum as requested by the Ministry of Education. Through in-depth interviews it was



gathered that all these schools were using traditional teaching approach. That is students are participating in either asking or answering questions in classes or through quizzes and examination.

There were several extra-curricular activities found in secondary schools, namely; Anti AIDS clubs, religious clubs, debate clubs, drama, songs, poems, sports and games, comedy, bongo flavour music (Hip hop music) and other group activities or peer education groups which aimed to prevent HIV/AIDS in schools.

The school based extra curricular activities were found to be more participatory in nature than other HIV/AIDS interventions programmes introduced in secondary schools. The school based activities were found to be well organised by students in all stages; in most schools teachers played a role of supervising and encouraging. Students took part in planning and implementing most of these activities by composing songs, poems, plays, proposing debate motion, writing articles, drawing cartoons, role plays and engaging in inter-school competitions like games and sports. In these activities students depict their perceptions of HIV/AIDS and how young people of their own age could protect themselves. Only in two schools these activities were “teacher-led and student-assisted programmes” and students seemed to play passive roles.

Most teachers who are supervisors in these school based programmes admitted that they do not experience problems in involving students in HIV/AIDS prevention programmes in their schools as they are always surprised to see how much students are capable of handling these programmes with little supervision.

Other HIV/AIDS prevention programmes and activities in secondary schools occurred through participation in self-help initiatives such as youth groups, religion organisation and Anti-AIDS clubs. These clubs differed in names from school to school but the general goal of these programmes were almost the same. In some schools there were permanent and well organised Anti-AIDS programmes established by students while in some schools most of these programmes were temporary and take place during special occasions like school graduations and school Baraza (school special meetings).

TUSEME programme was one of the permanent Anti-AIDS clubs established by students in one single sex secondary school, the programme title reflects its rationale meaning “lets talk” where female students encourage each other to talk different matters facing them, being academic issues and other issues regarding sexual health reproductive problems like teenage pregnancies and HIV/AIDS.

The ANTI AIDS AND CYCLING SAFARIS CLUB is another permanent Anti-AIDS club established in one co-education day secondary school; this is one of the active Programmes conducted by students themselves under the supervision of teachers dealing with HIV/AIDS programmes in the school. The programme title reflects its rationale, this programme based on riding bicycles and conducting study safaris as the part of physical exercises which prevent student’s to engage in sexual practices. This programme was also participatory in nature since students themselves were responsible in planning, coordinating and implementing this programme. However some weaknesses were noted in this programme through FGDs conducted in this school. Unlike the FGD which involved male students who preferred and participate fully in this programme. The FGD which involved female students had different experience, first, most female students seemed not to be aware of the programme, also those who knew it claim that

the nature of programme automatically exclude female students due to the fact that most of female students do not neither possess bicycle nor know how to ride bicycles. In addition, ANTI AIDS AND CYCLING SAFARIS CLUB involves a very long ride which seems difficult for most female students.

Despite the fact that the voices of students were much heard through extra-curricular activities, these programmes had some weaknesses. Both teachers and students generally admitted that these activities automatically exclude some students because students are not forced to participate and students volunteer or participate according to their abilities and interests, this automatically exclude some students who do not have abilities and interests to participate in these activities. Furthermore, operations of these activities are limited by stiff school time table, as a result, most of these activities are carried out on Saturdays and Sundays limiting participation of day students.

### **6.3.2. Outside-school interventions**

NGOs play an important role in school-based HIV/AIDS education in secondary schools. However most of these NGOs assumed a non-participatory approach i.e. a TOP-DOWN approach, meaning that they don't involve students from the initial process of planning or designing HIV/AIDS prevention programmes. In some cases even implementation is done by NGOs themselves and students remain mere viewers, as a result some of their activities were accused of being boring, not attracting and sustaining students' interest.

There was an exception of one NGO (which involves younger volunteers who are attached in secondary schools) this NGO was found to use a participatory approach in its programmes; students were involved from the initial stages of their programmes and activities. i.e. from planning, coordination and implementation stage. Where this NGO was attached, students were happy with the way they are involved in HIV/AIDS prevention programmes. This NGO has a special session for peer advice. In this session students are invited to talk with volunteers, asking questions, give their suggestion and preferences regarding activities provided by this NGO and how to improve their activities to suite students' needs. And after every event, whether it is festival, drama or seminar, they carry out an evaluation to get students' views about the programmes.

Despite the fact that this NGO adopted a participatory approach compared to other NGOs under the study and was preferred by many students and accepted by teaching staff, some teachers interviewed were not happy about the approach used by this NGO. They feel this NGO focus too much on condom use, which they claim to be inappropriate.

Moreover some teachers were not happy with the fact that, volunteers keep students busy in what they referred to as useless activities like condom demonstrations and other activities which are not part of school academic programmes which students seemed to prefer most than academic ones. In some schools teaching staff accused these young volunteers that they are too close with students and some had an affair with students. On the contrary young volunteers disputed these accusations; they said that, they are operating under "peer participatory friendly approach" which some of teachers do not understand. These peer participatory friendly approaches require them to sit together with students and help students to establish Anti-AIDS clubs, composing songs, prepare games, festival and other inter-school competitions.

Again the majority of students were against teachers on the issue of condom demonstrations; they think that teachers are running away from realities. Most students suggested that it is very important to have skills on condom use which must go hand in hand with encouragement to abstain from sex since students are sailing in two different boats; there are those who are already exposed to sex and those who are not yet exposed to it.

One common weakness noted from various NGOs dealing with HIV/AIDS prevention in secondary schools was what Lynette Gueits calls “one size fits all and adults know best frame work”. That is, although these NGOs in theory claimed to be using a participatory approach, in practice participation was not honoured and a top-down approach was commonly used. Programmes planning/designing are commonly done by NGOs and coordination being done by teachers; students are being manipulated in the final stages to ensure the success of these programmes.

Furthermore, some NGOs consider students participation as having students present at a certain meeting, conferences or seminars, listening speeches and nothing more. In the FGDs students requested for changing the modality of delivering message and information, were particularly unhappy about the lack of opportunity to participate fully in their own HIV/AIDS education; most of them were not comfortable with the top-down approach commonly used by most NGOs.

There were various reasons given by Key informants from various NGOs on why they don't involve students from the initial process of planning to implementation stage, the common reason was, weak school administration, conservatism among school administrations to allow openly discuss and students' involvement on sexuality issues, conflicting priorities among schools and NGOS, and tight school time tables.

Lack of funding was generally expressed as a serious limiting factor toward participatory approach. As one of the key informants from an NGO revealed this, *“in order for students to participate fully from initial stages they need extensive training to acquire appropriate skills. We don't have adequate funds to train students considering the fact that we have many programmes apart from school programmes”*.

It was also pointed out that although it is good thing to involve students in programme planning, the nature of some activities does not allow participation. One of the key informants from an NGO revealed this, *“involving students in planning is a good thing but not all programmes students qualify in planning because planning needs clear protocols, appropriate training and vision”*.

#### **6.4. Students' preferences with regard to students' participation in HIV/AIDS prevention programmes**

There were various preferences expressed by students through FGDs and others confirmed by key informants. Generally the kind of programme preferable by majority of students was one which carries students and other youths' interests. Most respondents preferred youth to youth interactive approach to HIV/AIDS prevention; they believe young people are more open than elder ones. Most respondents said they are likely to change their behaviour if persuaded by their fellow youths through activities or programmes which catch youth interest and their popular life style. For example, most

students prefer music festivals, and they commented that music festivals are effective way of gathering youths and addressing HIV/AIDS issues.

Bongo flavour music programmes was one of the music festivals which the majority of students prefer most. Its hot message was generally expressed to penetrate deep in youths' mind more than any other form of programmes and it is easy for the majority of students to compose verses since they don't require technical skills to do so.

However most of the students discouraged the musicians' ways of dressing that in many cases are provocative, leading to destruction of the real intentions of conveying HIV/AIDS message through Bongo flavour music programmes.

## **7. Conclusion**

This study sought to examine the extent to which HIV/AIDS prevention interventions in secondary schools are participatory. Students' participation covered students' involvement in planning/designing and implementation process for HIV/AIDS prevention programmes/ activities.

Although experiences differ from school to school and NGO to NGO, generally the findings show that, school-based programmes through extra curricular activities were more participatory in nature compared to outside school programmes. In school-based extra curricular activities students were involved from the planning/designing stage of these programmes/activities to implementation stage with supervision from teachers. There were few exceptions in some schools where girls played passive roles in participating in these programmes. Again in some schools due to stiff school timetables; some day school students were automatically excluded since most of these programmes were carried on Saturdays and Sundays. It was also noted that since students were joining voluntarily in these programmes; in most cases only students with abilities, talents and interest were active participants.

## **8. Recommendations and suggestions for further research**

### **8.1. Suggestions for further research**

Due to the limited time; this research was a descriptive one aimed at answering the general question to what extent are HIV/AIDS prevention interventions introduced in secondary schools participatory. The research recommends for a future explanatory research to expand several issues from this research including:

- Why school youths participate in HIV/AIDS prevention intervention programmes?
- What impact participation had on HIV/AIDS prevention intervention programmes introduced in secondary schools?
- What are students preferences visa vie teachers/NGOs priorities in the whole issue of HIV/AIDS preventions interventions?

### **8.2. Recommendations**

1. Although the study documents the importance of students participation in HIV/AIDS prevention interventions. This does not undermine the role of youth-adult partnership

in HIV/AIDS prevention programmes since in some cases young people lack sufficient information to make clear and challenging decisions on how best to plan and implement a programme to meet their needs. However, youth-led participatory approach is an effective methodology for empowering young people to communicate with each other and with adults about their sexual and reproductive health.

2. Schools have a responsibility towards the students since they are better placed to come up with programmes that would assist students make good decisions. It is important that students be involved in setting up such programmes introduced in secondary schools either within or from outside since it becomes easier for them to make decisions they are part of.
3. School administrations and NGOs working in HIV/AIDS prevention areas in secondary schools should encourage students to participate in various activities regardless of their interests and abilities because it is through participation students can internalize the knowledge acquired.
4. A lot of funds are not absolutely necessary to adopt a participatory approach in HIV/AIDS prevention programmes in secondary school, thus lack of funds should not be taken as a scapegoat; there is a need of creating the culture of involving the beneficiaries from the initial process of planning, these will generate many good idea, views and preferences related to the intended programmes.
5. Students' involvement is very important in programmes identification as well as planning solutions. It ensures that the solutions are relevant and appropriate to the targeted group. Therefore NGOs, Schools and other stakeholders dealing with HIV/AIDS issues in secondary schools should make sure that they create enabling environment for students' participation from planning to implementation of different HIV/AIDS prevention programmes.

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**Equity in health** implies addressing differences in health status that are unnecessary, avoidable and unfair. In southern Africa, these typically relate to disparities across racial groups, rural/urban status, socio-economic status, gender, age and geographical region. EQUINET is primarily concerned with equity motivated interventions that seek to allocate resources preferentially to those with the worst health status (vertical equity). EQUINET seeks to understand and influence the redistribution of social and economic resources for equity oriented interventions, EQUINET also seeks to understand and inform the power and ability people (and social groups) have to make choices over health inputs and their capacity to use these choices towards health.

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