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COMMUNICATING *with* ADOLESCENTS *about* AIDS

EXPERIENCE *from* EASTERN *and* SOUTHERN AFRICA

RUTH NDUATI AND WAMBUI KIAI

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FOREWORD

The 20th century has made dramatic advances in the control of infectious diseases. Public water treatment, and sewage disposal systems have dramatically reduced water borne diseases that ravaged the world for many centuries. The success of these public health interventions is not dependent on human behaviour. For example, if the only source of water is clean treated water, then individuals will drink clean water without making any extra effort to clean the water. There have also been very major advances in the field of bio-medicine and many new therapies have evolved. Immunizations services have significantly reduced morbidity and mortality from illnesses such as measles, diphtheria, tetanus, poliomyelitis, and disease like smallpox has been eradicated.

Today, the world is faced with the global pandemic of HIV/AIDS that has evolved rapidly in the past 15 years since it was first described. The disease is now described as endemic in sub Saharan Africa and the epidemic is rapidly evolving in the Asian continent. The HIV/AIDS epidemic has had a significantly negative impact on individual families through loss of loved ones, communities by increasing the burden of caring for the ill, and countries through reduced productivity.

The HIV/AIDS epidemic presents special challenges and new frontiers for public health interventions and research. AIDS is a sexually transmitted disease that has clearly demonstrated how the interaction of human behaviour with a micro-organism can result in an epidemic of untold proportions. The ugly diseases of yore centuries such as tuberculosis, typhoid and dysentery are once again rearing the heads in the wake of the AIDS epidemic. The adverse effects of this epidemic are most pronounced in underdeveloped countries, and within poor communities in developed countries.

As we look forward to the 21st century, the human population is reminded that even in an age where drugs to treat most ailments are available, human behaviour and individuals aspirations are critical in the control of disease. Factors that affect human and social behaviour, such as poverty, discrimina-

tion, and disenfranchisement have to be addressed on a global basis if HIV/AIDS epidemic is to be controlled. HIV/AIDS has revealed the gaps in the understanding of how human behaviour is motivated and how it can be changed. Research in this field will be one of the most important frontiers of scientific development as we go into the next century.

In this publication we present a review of some of the programs that are specifically targeting youth with HIV/AIDS prevention activities in the countries of Malawi, Zambia, Uganda and Kenya. These countries are at the epicentre of the HIV/AIDS epidemic. They are also some of the poorest countries in the world and are grappling with major problems of poverty, internal human population displacement, and refugees.

This publication presents the results of a rapid assessment of HIV/AIDS communications to the youth. The first half of the publication reviews the current status of the HIV/AIDS epidemic in the region and its impact on the youth, and traces the main themes in HIV/AIDS prevention and communication activities with the youth. The second half of the publication describes the specific programs that were visited in the region. The study documents the types of activities that are being carried out, the difficulties being experienced and some of the successes. There is a need for impact evaluation of all these programs in order to determine which method really reduces the incidence of STDS/HIV/AIDS among the youth. We have included a guide for evaluating HIV/AIDS prevention programs among the youth. This guide can be adapted for other types of programs.

This publication records the stories of men and women in Eastern Africa, who have tremendous commitment to the work they do even with minimal resources, because they have a vision for the youth of the African continent. It is a story of innovation, creativity, determination and partnership between adults and youth, communities and governments, countries, aid agencies and NGOs. We hope to convey the excitement the we experienced, and tremendous hope that exists for the future of the youth in the continent. It is our hope that the readers will be motivated and recognize that there is a lot that can be achieved even with minimal resources.

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DEDICATION

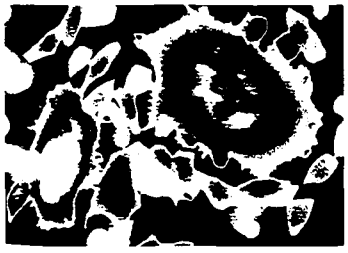
To the youth of

East and Southern Africa

who are our

"Window of Hope".

CHAPTER 1



INTRODUCTION

1. INTRODUCTION

The HIV/AIDS epidemic has been termed as one of the greatest challenges facing humanity in the 20th century. In the current situation, where a cure continues to elude researchers, and where infection results in death, curbing the spread of HIV/AIDS through prevention has been the focus of efforts all over the world.

Epidemiology of HIV/AIDS

Acquired immunodefficiency syndrome (AIDS) was first described among homosexual men in the USA in 1981 (WHO/GPA, 1994). The etiology of AIDS was identified to be the HIV virus in 1983. Since then the epidemic has spread all over the world and has become a major pandemic. It is speculated that extensive spread of the HIV virus began in the late 70's in western Europe and sub Saharan Africa. Based on this assumption and epidemiological data, three epidemiological patterns have been described (Chin). Pattern 1 disease found in the Americas, Australia, and Western Europe is characterized by homosexual and intravenous drug use (IVDU) transmission and a male:female ratio of 10:1. Pattern 2 countries which include sub-Saharan Africa and Caribbean are characterized by heterosexual transmission with a male:female ratio of 1:1. Pattern 3 countries include countries in the Asian continent which became exposed to the HIV epidemic in the mid 80's. Pattern 3 countries arre characterized by heterosexual transmissions and IVDU as the main modes of transmission (Chin, WHO/GPA 1994). By 1994 WHO estimated that over 17 million people had acquired HIV AIDS world wide. Table 1 (Page 2) illustrates the estimated distribution of HIV infections in the world.

Methods of HIV/AIDS data collection

In the mid 80's WHO/GPA program began National AIDS Control Programs in the member countries and provided funding and technical support services. Methods of documenting the unfolding AIDS epidemic were developed and included a system of sentinel surveillance and case reports.

To facilitate case reports, an AIDS case definition was developed to be used as an epidemiological tool in situations where HIV serological testing was not avail-

Table 1: Estimated global distribution of total HIV infections in adults from late 1970's /early 80's to mid 1994.

Region	*Estimated Total HIV Infections*
Sub Saharan Africa	10,000,000
South & South -East Asia	2,500,000
Latin America	2,000,000
North America	1,000,000
North Africa and Middle East	100,000
Western Europe	50,000
Eastern Europe & Central Asia	50,000
East Asia and Pacific	50,000
Australia	25,000

able. Factors that affect the accuracy of data that is based on the case reports include;

i) efficiency of clinical criteria in diagnosis of HIV,

ii) health worker knowledge

iii) awareness of the criteria and completeness of data collection.

The clinical criteria for AIDS diagnosis has been evaluated and found to have a reasonable specificity at 90 percent but a low sensitivity at 59 percent and positive and negative predictive value of 74 percent and 81 percent respectively(MMWR 1987). In other words, this criteria is not very good at identifying those individuals with HIV infection but it is good in discriminating those without the infection. For this reason, the clinical criteria significantly underestimates the prevalence of HIV infected individuals (De Cock, 1991). An important constraint is that case reports only access individuals who present themselves to the modern health facilities. Studies examining illness in the two weeks preceding a survey have found that only 50 - 60 percent of the individuals visit a modern health facility (DHS, 1983, Gakuru, 1995). In an era of cost sharing in health, HIV infected individuals

may be seen as a poor investment by their families and thus be denied access to modern health care by the family. Many health workers in the region have limited access to continued medical education and therefore may be unaware of the clinical criteria or lack the skills to diagnose HIV/AIDS. In many African countries, well established health information systems do not exist and as a result, case reporting is incomplete and often delayed.

The second method of monitoring the evolution of the HIV/AIDS epidemic has been a sentinel surveillance system that is based on anonymous unlinked testing of sera from pregnant women, blood donors and individuals under treatment for STD's at designated sites. The sites were selected to represent both rural and urban populations, as well as high risk and low risk general population. Each site tests 200-300 specimens every 3 months, and this data has been used to describe the epidemic. Pregnant women and blood donors are expected to represent the sexually active low risk general population, while individuals with STD's represent a high risk population.

Data collected by sentinel surveillance has several drawbacks; sentinel surveillance on pregnant women gives data on women aged 15-39 years, while prevalence data for males is based on blood donors who are at best a select group. Important assumptions are that pregnant women access care through modern health facilities. There is evidence that women who are less literate are less likely to attend antenatal clinic, or deliver in a health facility and thus facility based data may be biased (DHS, 1993). It is also assumed that the risk of acquiring HIV infection is similar in men and women. The Demographic Health Survey in Kenya has documented that in many instances men report more sexual partners than women of the same age and socio economic status (DHS, 1993). Another assumption is that blood donors are similar to the general population in sexual biological and social risk behaviour. In practice, the blood donor services usually seeks individuals who are at low risk and in this region, the blood bank often collects blood from school children who often are not sexually active as opposed to older people.

The ideal method for collecting HIV/AIDS prevalence data would be to carry out population based surveys. These types of studies are expensive and have only been carried out in a few countries. A study in Mwanza, Tanzania compared sentinel surveillance among pregnant women to a population based survey and found that the sentinel surveillance underestimated HIV seropositivity rates on all age groups less than 35 years of age. The estimated HIV seroprevalence rate using sentinel surveillance was 11.7% (95% Confidence Interval (CI)10.2-13.2)

compared to the population based figure of 15.1%(95% CI 12.2-18.0) (Kigadye 1993). Notwithstanding these difficulties, the data collected through sentinel surveillance and case reports document an extensive HIV/AIDS epidemic in sub Saharan Africa.

Modes of transmission

The three main modes of transmission of HIV are sexual intercourse, contact with blood and blood products, and mother-to-child transmission. It is estimated that sexual transmission accounts for three quarters of the transmission in Sub Saharan Africa and less than 10 percent occurs through blood transmission. In Uganda 80 percent of HIV/AIDS transmission is through sexual intercourse, 8 percent by contaminated blood, 7.6 percent perinatal transmission and 4.6 percent through other modalities (UNICEF).

HIV like other STD's can be transmitted through blood transfusion. This mode of transmission can be reduced by screening of donor blood and selecting and retaining voluntary, non-remunerated low risk donors. Less common is the transmission of HIV from contaminated skin piercing instruments used in the health facilities and outside the health facilities. HIV is not transmitted by everyday contact like hugging, kissing, through food or water, or by biting insects like mosquitoes.

In paediatric HIV disease, 90 percent of the children acquire infection from their mothers. Mother to child transmission has been shown to take place during pregnancy, during delivery and through breast milk. Overall, approximately one third of the infants born to HIV infected women acquire HIV infection. The risk is highest for mothers with high viral load as in newly infected mothers, and women who are already symptomatic with HIV/AIDS. As the epidemic goes into the second decade there is an emerging population of adolescents with HIV/AIDS acquired in early childhood.

Prevalance of HIV/AIDS in Sub Saharan Africa

The HIV epidemic in Sub Saharan Africa is estimated to have started in the late 70s and by 1994, 330,000 cumulative cases of AIDS in adults and children had been described. In view of extensive under reporting and under diagnoses, WHO estimates that 2 million cases of AIDS have occurred in the region. Of the AIDS

cases that have occurred in sub Saharan Africa, 50-60 percent have been in the East and Central Africa region(WHO/GPA, 1994).

The HIV/AIDS epidemic has been reported to be on the increase in West and Southern Africa. In Cote de Ivoire, seroprevalence rates of 6 percent has been documented in one of the states while in the Republic of South Africa, among pregnant women, the prevalence of HIV increased three fold between 1990 and 1992 in several regions with an overall seroprevalence of 2.4% among pregnant women 1994(WHO/GPA, 1994). Epidemiological studies suggest a stabilizing of the epidemic in the developed world and in isolated areas in the developing world. In much of the developing world the epidemic marches on relentlessly especially in Sub Saharan Africa and the Asian continent.

This study focused on the countries of Zambia, Malawi, Uganda and Kenya. All four countries like others in the region are experiencing an enormous HIV/AIDS epidemic. The seroprevalence among the adult population in the cities and small towns ranges from 10-40 percent and 5-15 percent in rural communities. The seroprevalence has been highest along the major transport routes from the interior to the coast. Truck drivers and sex commercial workers have been identified as high risk groups with frequent partner change and have certainly been important agents of promoting the HIV epidemic. Among these high risk groups, the HIV prevalence has ranged from 30-90 percent. Table 2 reports on some of the documented prevalences of HIV/AIDS.

Table 2: Reported HIV/AIDS seroprevalence in some East Arican countries

Country	*HIV Seroprevalence In Urban Areas (%)*
Lusaka, Zambia	36.9
Blantyre, Malawi	11
Kenya	11-12
Kampala, Uganda	27
Kigali, Rwanda	30
Bujumbura, Burundi	20.4

Source: Wilson Carswell April 1990 and NACPS Sentinel Surveys 1993

Sex workers and truck drivers are not the only risk group in HIV/AIDS transmission. Researchers have begin to unveil many other sexual networks among individuals who would not identify themselves as high risk. Many cultures in the region support the practice of older men seeking sexual partners among younger women. In these cultures adolescents girls are exposed to sexually transmitted diseases by a cohort of males that is on average 10 years older (Ankrah, 1994). As the news of the epidemic spreads, men seek younger girls as sex partners in the belief that they are pure.

The Significance of HIV/AIDS among Adolescents

Adolescence is defined by WHO as the age between 15-24 years. Centres for Disease Control (CDC) define it as 13-19 years, while the American Academy of Paediatrics and Society for Adolescent Medicine define it as 13-31 years (Kunins 1993). Adolescence is seen as a new phenomena that has evolved because of the improved nutrition status of children and increased survival into adulthood. Before the 20th Century in Europe, and in the earlier half of the 20th century in Africa, and other developing regions, children who survived into teen years assumed adult responsibilities immediately and were expected to marry early(Raugh, Balmer). Adolescents with babies were admired and supported by their families and communities. Early reproduction was necessary for the survival of the group whose life expectancy was very limited because of diseases and accidents (Raugh 1973).

Improvement in health care and nutrition has resulted in an increase in the number of children reaching adolescence. In the region of East and Southern Africa, nearly 20-30% of the population are adolescents aged 10-19 years (World Bank 1994). The needs of adolescence such as education, skills training and employment exert tremendous pressure on the society in terms of the physical, and technical resources that are required to meet those needs (Muhich 1973). In addition, adolescent fertility has been shown to be a driving force in the total fertility in the region and accessing contraception to this group has presented tremendous challenges.

The improved nutritional status has resulted in early physical maturation as observed by the declining age at menarche. As these changes have taken place, there has been an increasing demand on the social and technological skills, an ad-

olescent needs to be able to survive in the modern world (Raugh, Muhich, Raugh, Carael, 1991,1995). Earlier physical maturation, and the delayed psycho-social maturation has led to what has been termed as the biological maturation gap. Age at first coitus appears to be related more to age of physical maturation and similar to the decline of age at menarche, there has been an observed decrease in the age at first coitus. In a large study of adolescents in Kenya, 4 percent were sexually active before the age of 10 years (Youri 193).

Adolescent sexuality is associated with many adverse outcomes that include pregnancy, disrupted education, reduced employment opportunities, low income, unstable marriages, sexually transmitted diseases, health and developmental risks for the children of adolescents, curtailed life, early widowhood and now orphans given the advent of HIV/AIDS (Grant). The concern for adolescents is from two view points; first, the 5-15 years age group is relatively free of HIV/AIDS and secondly, it is extrapolated from epidemiological data that 2 out of every 3 HIV infected individuals acquired infection during adolescence (WHO/GPA). Thus, the adolescents and youth need to be targeted specifically so that they remain free of HIV infection.

Youth aged 0-15 years comprise 50 percent of the total population. Epidemiological data has demonstrated that the period 5-15 years is relatively free of HIV infection and the term " window of hope" had been coined. Governments are targeting this group of young people for information dissemination and training in methods of preventing HIV/AIDS.

After the age of 15 years, both HIV/AIDS and sexually transmitted diseases have been shown to increase rapidly in adolescents. This increase in HIV/AIDS and STDs correspond to initiation of sexual activity. Sexually transmitted diseases have been a significant co-factor in the transmission of HIV/AIDS. A study in Uganda among 5,248 STD patients documented HIV seroprevalence of 52 percent in the women and 40 percent in the men (UNICEF, Uganda 1993). This increased HIV seroprevalence among individuals with STDs has been demonstrated in many studies. Sexually transmitted diseases are a significant problem among adolescents. Several studies have shown that the age group 15-24 years accounts for a significant number of patients diagnosed with STDs. For example, in the syphilis survey in Malawi, the prevalence of positive syphilis serology was 4.6 percent

among 15-19 year old pregnant women and 14.4 percent among the 20-24 year olds as shown in Table 3 (Syphilis and HIV Survey, Malawi 1994).

Table 3: Age Distribution of Syphilis among pregnant women in Malawi

Age Group in Years	Number studied	Number seropositive for syphilis	Percentage of clients that are positive for syphilis
15-19	175	8	4.6
20-24	352	35	14.4
25-30	199	29	14.6
>30	266	24	9

Source: Ministry of Health - AIDS Control Programme Malawi 1994

HIV seroprevalence among adolescents is limited to blood donor figures and for example in Malawi the prevalence among 15-29 years in both males and females has consistently been 17 percent since 1988. This grouping unfortunately masks variation by 5 years age categories (National AIDS Control Program - Blood donor situation 1994). There has been an additional number of small studies in limited population groups that suggest the same trends. For example, a study of blood donors in Ndola found an HIV seroprevalence of 10 percent among high school donors and 8.4 percent among high school boys in Lusaka (Feldman). In the Rakai area of Uganda, HIV prevalence among adolescents was 11.3 percent in 1991 (Konde-Lule 1993).

Gender disaggregated HIV/AIDS prevalence data demonstrates that the female adolescent are at significantly increased risk of HIV/AIDS compared to the male adolescent. Female with HIV/AIDS are usually younger than males; for example in Uganda the mean age of female patients is 30.4 years compared to 34.3 years in males (Republic of Uganda, 1995). In Kenya, the prevalence of HIV/AIDS peaks in young women aged 25-30 years compared to 10 years later in males (NACP, Kenya 1994). Since the latency of HIV/AIDS is 5-10 years, this prevalence data implies that a lot of these women were infected during adolescence. In Malawi by 1994, 4916 AIDS cases had been reported, 2536 females and 2378 males.

In Malawi among adolescencents aged 15-19 years, there are 4 infected females for every infected male while in Uganda the ratio is 6:1. This disparity reduces in the age group 20-24 years where there are 2 infected females for every infected male in both Uganda and Malawi (Ministry of Health, Malawi AIDS screening STDs/AIDS Control Programme, Uganda 1995). Based on these epidemiological findings there is a growing realization that in addition to the socio-economic and cultural factors that predispose the girl to HIV infection, there is a unique biological vulnerability (UNDP). The wall of the genital tract of the adolescents girls is thin, lacks sufficient mucous and is immunologically naive. In addition the mucous membrane of the endocervix extends to the ectocervix (cervical ectopy). It is postulated that these factors increases the vulnerability of the adolescent girl to STDs and HIV/AIDS (UNDP).

Table 4: Age Distribution of HIV/AIDS

Age group	Malawi Pregnant women*	Blantyre, Pregnant women**	Mwanza, Tanzania- Poulation based study+	Zambia Pregnant Urban Women	Zambia Pregnant Rural Women
15-19 yrs	10.3	30	10	22.7	10.8
20-24 yrs	16.5	37	12.3	38.7	13.3
25-29 yrs	13.1	36	12.8		
30-34 yrs	7.5	26	1.0		
>=35 yrs		16	8.3		
Overall		30.2	11.5		

(Figures in the table are percentages)

** Malawi AIDS Control Program - Syphilis and HIV seroprevalence survey in rural women sentinel report 1993.*
*** Taher et al. + Kigadye*

Adolescents are reared in a nurturing unit, which is usually the family or clan. These units set the spiritual, emotional and physical identity of the youth. The family is very important in setting the limits for behaviour. Families that have a mutual closeness are characterized by youth who defer their sexuality (Grant 1988). However, lack of information and barriers in communication because of

socially determined taboos, limits parents ability to counsel the adolescents. A second barrier is the observation that parents have a bigger impact on the younger adolescent while the older adolescent are influenced more by their peers (Grant 1988). Young people seek out peer groups in which they feel that their potential is fulfilled. These groups may have tremendous impact on the youth behaviour (Muhich 1973). The role a youth is playing in life has a significant impact on how they perceives themselves. For example, a student is very different from the unemployed youth or the youth who already has a family to look after (Muhich 1973).

Adolescents need to go through several developmental tasks in order to develop a mature constructive sexual attitude and behaviour. Adult sexual relationships, are more than physical adequacy and physical performance and include the ability to love and care for another human being, and to establish deep and long lasting relationships with a spouse, children and community members. There are nine developmental tasks for the adolescent;

- *Establish emotional and physiological independence from parents and other adults.*
- *Arrive at self definition which then results in the development of stable self concept.*
- *Develop self motivation and self determination.*
- *Establish an appropriate set of values to be used as a guide into adulthood.*
- *Develop self control to implement and adhere to the ethical system that has been selected.*
- *Develop sympathy and practice reciprocity in interpersonal relationships.*
- *Develop new intellectual capabilities.*

  The adolescent moves from a stage of concrete thinking to a stage of being able to develop a decision taking tree (operational thinking). Researchers in the west have found that some individuals never achieve this level of development. Concrete thinking and incomplete development of formal operational thinking results in adolescents believing they are infallible and misfortune only happens to someone else. This type of thinking results in excessive risk taking and when coupled with sexual experimentation, it definitely results in STDs and pregnancies. An adolescent who has not devel-

oped formal thinking is not going to understand the course and effect of sexual behaviour in the same way an adult does. Guidance for such a youth needs to be more concrete and geared to the present and not future (Grant 1988).

- *Develop the ability to function satisfactorily with agemates and behave appropriately in relating to peer groups.*
- *Develop skills through training in order to achieve economic independence (Raugh 1973).*

It is important to make the observation here that physical maturation does not imply sufficient cognitive maturity to understand and anticipate the undesirable consequences of sex such as pregnancy, and sexually transmitted diseases (Grant 1988). There is need to understand the evolving nature of adolescent sexuality in order to develop programs that make them more responsible.

Determinants of risk taking behaviour in adolescents include developmental characteristics, biological and physiological uniqueness, individual attributes, and the influence of the environment (Grant 1988). Young people with a high sense of self esteem and direction are less likely to be involved in sexual experimentation (Grant 1988, Youri 1993). Similarly, youth who are religious and attend church regularly are more likely to abstain (Grant 1988).

Adolescents are increasingly seen as an important economic factor and have been identified as target group for aggressive advertising. The media has often portrayed lifestyles which are at variance with the society values but which nevertheless have a tremendous impact on the adolescent (Muhich 1973, Grant 1988).

Adolescence in the African context

In the diverse African cultures, the passage from childhood into adulthood was marked with a variety of rites and specific customs. Customs are the important building blocks for each culture. Each of the African countries has had a diversity of cultures and it is only in the 20th century that a process of developing a national culture has emerged. Culture is based on sets of customary laws that are different from the written laws. Customary laws define the transition from childhood to adulthood, and prescribe behaviors and roles that newly initiated adults should take. This transition is different in every cultural group. Customs were

maintained through traditional education and the traditions were concerned with maintaining a moral order. The African cultures taught that common good was more important than private welfare and social consensus was of greater consequence than self interest. Social integration took precedence to individual interest. These statutes were the basics of customary law and legitimized its practice (Balmer 1994).

In contrast, western education and culture emphasizes individual and self consciousness and motivates an individual to prioritize personal goals rather than communal goals. The process of traditional education was through imitation and observation of parents and community members in their various roles. The child belonged to the community and everyone was responsible for his or her welfare. If children could hear, feel, taste and smell, they would learn (Erny). With the current modernization processes, parental employment away from home and urbanization has resulted in a dramatic decline in the exposure to cultural learning. Infact some authors argue that the adolescent phenomena as experienced in Sub Saharan Africa today is a creation of the westernisation and modernization of the African Cultures, resulting in a vacuum which lacks clearly defined roles and values that adolescent can emulate (Balmer 1994). Thus, the adolescent is left to find his or her own set of values and moral codes.

In the latter part of the 20th century the adolescent in Africa has been exposed to political change as countries experienced a transition from colonialism and to independence, civil strife, dictatorship, military coups, wars and internal displacement. In the late 80s, and beyond, HIV/AIDS has decimated families and increasingly young adolescent are called upon to be the heads of households. At the same time, Africa has been in economic crisis for several years and the population has experienced poverty, which affect the adolescents in their spheres such as education and meeting of their basic needs. The influence of westernisation has led to change in social interaction and social patterns, which in turn has resulted into lack of common responsibility on social issues. For instance, the lack of clear definition of who will undertake sex education for adolescents, the confusion created by the cultural vacuum has hampered communities and governments from developing a clear policy. The prevailing political, cultural, economic and social turmoils in Africa have resulted in the emergence of the disempowered and demoralized adult society, that is complacent or helpless when faced with handling the issue of adolescent development, or with the HIV/AIDS epidemic.

Status of Adolescent Sexuality

In order to be able to develop programs that address change of behaviour in adolescents it is important to have an understanding of the youth culture surrounding sexuality, their sources of information and the factors that influence them. This section presents a synthesis of the status of youth in the region based on published and unpublished studies as well as interviews carried out during the rapid assessment of HIV/AIDS communication targeted at adolescents.

Research methodology utilized to document the status of the adolescents.

Sexuality in adolescents has been evaluated using quantitative and qualitative research techniques. The quantitative studies were often cross-sectional descriptive studies that measure prevalence of different types of behaviours, attitudes and knowledge among adolescents. These methods have an advantage in that they can be carried out rapidly with the assistance of researchers who have had minimal training. The data can be analyzed with relative ease and inferences can be made from the results. The major draw back to this kind of study is the inability to document in depth the reasons certain behaviour occurs and the factors that young people take into consideration in decision making. Another important limitation is the validity for individual's self report on sexual behaviour.

The second approach to the studies was qualitative in nature whereby ethnographic studies were carried out to determine why certain behaviour took place and overall to understand the prevalent youth culture. Most of the studies were cross sectional rapid assessments, with the exception of the study by Balmer which was longitudinal in nature and allowed the participating youth to reach a consensus on what is common practice among the youth (Balmer 1994). A variety of methods were used in these studies but the most frequently used methods were focus group discussion and key person interviews. Some of the studies involved only the youth while others involved other people who were important in the lives of the youth such as parents and teachers. Some of the studies among adolescents that we reviewed were directed at only defining the problem while others were part of a needs assessment for programs targeting the youth or for developing relevant AIDS educational materials. One project utilized essay writing as a method of evaluating the knowledge and attitudes of primary school children to HIV/AIDS in the intervention area. Children were given the first sentence for a composition and then they were requested to complete the rest (Kiamba 1994).

Knowledge about HIV/AIDS among adolescents.

Knowledge of HIV/AIDS among adolescents was found to be consistent with knowledge level among adults. A major survey in Kenya documented that at least 90 percent of the women and 96 percent of the men aged 15-50 years who were interviewed had heard about AIDS (KDHS 1993). The level of knowledge was not dependent on age, urban-rural residence, education level and province of residence. HIV/AIDS was identified as a sexually transmitted disease, however, only a small proportion of the population recognize circumcision, mother-to-child transmission, blood transfusion and use of unsterilised instruments (razor blades, needles, hair shavers) as risk factors for transmission (DHS 1993, Sindiga 1993). However, in some studies, a significant proportion of the youth do not identify HIV/AIDS as an STD. In a study of high risk youth 45.6 percent did not identify HIV as STD (Lema 1994). There is some knowledge about the clinical presentation of AIDS and many individuals in the various studies know of somebody who had died of AIDS (DHS 1993, Mchangwi, Sindiga). Youth are aware of other sexually transmitted diseases such as syphilis and gonorrhea but appeared to be unaware of the others such as chancroid and chlamydia. Knowledge about HIV/AIDS and STDs on the whole is very limited (Lema, Mchangwi, DHS 1993). Youth in several studies indicated they knew a friend who had a past or currently an STD (Mchangwi, Balmer 1994).

Youth explain the cause of HIV/AIDS using both the biomedical model and the traditional/cultural model of disease. Using the biological model, also called the germ theory, the youth are aware of HIV as a viral disease and are familiar with the modes of transmission. The youth also recognize the social context of STD/AIDS, for example, in a study on Zambia youth STDs were attributed to immorality, practice of having multiple sexual partners, sex outside marriage, and lack of adequate information on STDs and HIV/AIDS (Mchangwi).

Using a traditional model to explain the cause of HIV/AIDS, cultural factors such as indulging in sex with a woman after an abortion and sexual cleansing are identified as risk factors for transmission. The names used for AIDS in different communities sometimes implied supernatural causes of the disease; for example among the Tonga of S. Zambia, "Lukanko" is the word for thinning and coughing after sleeping with women who had had an abortion or an illness that occurs after sex with someone whose spouse has taken traditional medicine to prevent him/her from having extramarital sex (Sichinga). Another example is the Luo in Kenya who attribute the disease to a curse (Chira) which is acquired when one fails to observe certain traditional norms (Gakuru 1995).

This dichotomy of belief is well crystallized by Zambian youth who know there is no scientific treatment of AIDS but they still believe that traditional medicine and the power of God are effective and powerful cures of AIDS. The youth also believe there is a cure for AIDS in other countries like Korea, China and Thailand which according to the youth are reputed to have powerful alternative medicine. The same dichotomy of modern and traditional disease explanation can be seen in strategies adopted by the youth in order to present HIV/AIDS. The youth think they can prevent AIDS by avoiding risk situations such as, abstaining from sex, avoiding a woman who had not resumed normal menses after an abortion or sexual cleansing. The youth think that all STDS except AIDS could be cured using a variety of traditional and modern medicine e.g. gonorrhea can be treated by antibiotics, while lymphogranuloma is effectively cured with a mixture of orange and guava leaves mixed with banana roots (Mchangwi).

Misconceptions about HIV/AIDS.

There are common misconceptions on the modes of transmission of HIV/AIDS that can be understood in the context of the health education provided about transmission of other diseases. For example, some youth believe that HIV/AIDS can be transmitted by sharing clothes, while in the Kenyan DHS, 50 percent of the population thought mosquitoes transmit HIV and just over a quarter believed that sharing clothes, eating utensils, touching the dead, and kissing are risk factors for transmission (DHS 1993).

Among adolescents misconception on the transmission of HIV/AIDS included belief that the illness is a punishment from God, that only girls in brothels are at risk, and that all infected people are thin and look sick. Body secretions such as sweat, insect bites (mosquito, bed bugs and other insects), were are seen as a risk factor. Some adolescents also think that abstaining from sex after acquiring HIV will protect them from AIDS (Kumah 1993).

Perception of personal risk.

The youth recognize that the general public is at risk of HIV and that young people may be at even higher risk. The concept of personal risk is not well articulated. The youth and especially the females express concern about contracting

AIDS and other STDs. Some youth think they are not at risk because they were not engaging in sexual intercourse or they do not have multiple partners. Perceptions of risks among adolescents are not very different from adults; for example in the Kenya Demographic Health Survey, about 65 percent of the men and 46 percent of women felt at risk of HIV infection and most thought their regular partner would be the source of infection (DHS 1993, Carael 1991).

The youth have certain stereotypes and these included people at risk of HIV infection, prostitutes, immoral people and victims of rape, rich people, women working in bars, high class people, learned people especially university students, drunkards, footballers, teenagers, school going children, poor people who do not use condom, girls without regular income, polygamists, and people aged between 15-35 years.

Sexual practice among adolescents.

Knowledge of HIV/AIDS as an STD does not appear to have deterred youth from becoming sexually active. Youth continue to be exposed to multiple partners without any form of protection even though they recognize the inherent risk of HIV in individuals with multiple partners (Lema 1993, Feldman 1993). Age at first intercourse among youth in the region has been found to be 10-19 years and most youth have been initiated into sex by the age of 15 years. Among Kenyan youth, sex is mainly with peers/age mates and is usually sporadic and opportunistic with a peak occurrence in the exit classes of primary and secondary schools (Youri 1993, Kumah 1993). Zambian youth reported that practices of having multiple sexual partners are very common among married and unmarried couples (Mchangwi). In several surveys in the region, men and particularly single men, and men in polygamous relationships were more likely to have had more than one sexual partners in the 6 months preceding the survey (Mchangwi, Carael 1991).

Gender differences in sexual practices have been demonstrated. In a study of Kenyan high school students, boys initiated coitus earlier than girls, and had more sexual partners compared to the girls. In one study among sexually active boys, 43 percent primary, 33 percent secondary and 62 percent out of school youth had more than 4 partners which is in contrast to 15 percent of the girls reporting 4 partners (Kumah 1993). Lema in a study of adolescents found that 61.5 percent of

the males had more than 6 lifetime partners compared to 4.1 percent of the females (Lema 1994). Men and women with 3 partners were more likely to use condoms with at least one partner in the 6 months preceding the survey but the proportion was only 40 percent in males and 25 percent among females (DHS, 1993). In a study of adolescents, 37.3 percent had coitus with high risk groups which included strangers, bar girls and prostitutes and males were significantly more likely to have high risk exposure (Lema 1994). Seventy percent of the adolescents did not change their behaviour after hearing about AIDS and of those who did 29.9 percent opted to stick to one partner and 6.9 percent of the males reported condom use. Females were more likely to report change in behaviour (Sindiga 1993).

The environment in which the youth lives in also has an impact on their sexual activity for example rural youth are more sexually active than urban youth. The type and location of school affected sexual activity e.g. boys in boarding schools were more likely to be sexually active (Kumah 1993). In a crowded one room family residences in urban slums, youths grow up observing parental sexual activity and begin experimenting while they are still very young. Girls quickly learn from their mothers that sex can be used as a tool to manipulate men for economic gain while young girls may be raped by neighbouring men who may have requested the girls to go and assist them with household duties (Balmer).

Indicators of high risk behaviour: STDs, pregnancy and abortion.

Teenage pregnancy and abortions are indicators of unprotected sex and they can be used as indicators of high risk behaviour. Several studies have documented that adolescents are at risk of STDs. In a hospital study in Kenya, 36 percent of the pregnant women aged 15-24 years had an STD while in one rural community in Kenya 33 percent of 13-15 years old were found to have an STD (Lema, 1994).

The outcome of teen pregnancy included teen parenthood, abortion, school drop out, and early marriage. In Kenya it has been documented that the pregnancy rate among 20-24 year olds is 13.6 percent (DHS, 1993), while in an earlier study, 18 percent of deliveries in the city of Nairobi was to teenage mothers (Mati 1982). In several studies in Kenyatta National Hospital, 53 percent of abortion seekers are under 25 years, 15.3 percent under 20 years and often are single and still in school (Lema, 1992).

School drop out among girls is a significant problem in the region. In Kenya, a study among primary school students documented a drop out of 13,000 girls in 1987 and 10,000 in 1988. The UNICEF AIDS program officer noted the same trends in Malawi (Olson 1995) where 20,000 girls drop out from school every year. Early marriages because of teenage pregnancy have found to be problematic. For instance, a study of rural youth in Kenya found that many of these marriages did not last a year and the girls resorted to seeking employment as domestic workers in urban areas as a way of fending for themselves and their babies, while others sought employment as sex workers in the cities and small market centres. Undugu Society in Kenya has found out that many street girls in the city of Nairobi had previously been employed as domestic workers.

Reasons for indulging in high risk sex

Adolescents become involved in sex probably for monetary. Poverty may explain their limited knowledge and involvement in high risk sexual encounters. There are gender differences in the reasons why adolescents indulged in sex. Boys have sex to demostrate their dominance over girls and hence are aggressive in seducing them. Youth also indulge in sex with multiple partners in order to satisfy the sexual desire for change and find it important to experiment with different partners. Some youth describe this as "spicy change". Some young men want to prove they are real men and feel great and famous by having many partners. In a Zambian study, adolescent males claimed that provocative female attire drove them to having sexual relationship on casual contact. Miniskirts were seen to be particularly provocative. Use of traditional medicine to make women attract men and make men more aroused was cited as a cause of seeking multiple partners in Zambia.

Extra marital sexual relationships for people in unsatisfactory marital relationships are seen as justification of multiple partners. The male adolescents were particularly concerned about female hygiene. They said dirty, untidy girls sexually put off their boyfriends who then seek new partners. Youth in stable relationship felt that it was important to protect their girlfriends from pregnancy and preserve them for marriage. Such youth would seek to satisfy their sexual desires with other girls. Similarly, older men were reported to be giving their wives a rest from sex especially in late pregnancy by seeking other partners. As a result of this practice there has been an observed increase in STDs among newly lactating women.

Factors that make unmarried girls become involved in sex include; the need to demonstrate love to their boyfriends, economic needs, naiveness, being lured with promises of cosmetics, pornography, idleness and curiosity, peer pressure, and pressure from teachers. Other factors contributing to early sexuality include: availability and attraction of drugs and alcohol, lack of parental guidance during the adolescent years, lack of jobs accompanied by increase in cost of living, and peer pressure to participate in sexual activity (Kumah 1993, Balmer 1994).

The study by Balmer was able to explore in greater depth the preffered sexual partners and reasons for indulging in sex in a group of adolescents in Nairobi. The girls indicated that the main driving force to being sexually active was economic as well as the feeling this was their right. "Sugar Daddies" were preffered by this group of girls because they were more understanding and did not force girls to have sex when they were not in a mood. Girls reported having sex in exchange for a packet of chips (Balmer). This preferences for "sugar dadies has been observed in other studies in the region (Vos). This is in contrast to boys of their own age who were perceived to be rough and did not take into consideration the girls feelings.

In the city of Nairobi there is a thriving (Mini bus) "Matatu" public transport system which offers employment to young people who have just left school. The matatus are painted with bright attractive colours, have the latest pop music and music system while the driver and the matatu touts are usually dressed in the popular teen fashion of the day. In the Balmer study, the youth made the observation that young girls take free rides on the mataus in exchange for sex and also as a way of saving their busfare for their out of pocket spending (Balmer 1994).

In the same study, the boys reported that they had sexual relationships with "Sugar Mummies". These relationships were very secret because the boys feared being assaulted by the women relatives. The young men liked these relationships because they were paid or given presents by the 'Sugar Mummies". The boys also indicated they liked having sexual relationship with school girls because they were not demanding or complicated even when when they become pregnant. Although this study was limited to a small group of youths and the findings cannot be extrapolated wholesale to youths in other circcumstances, nevertheless they offer some important insight into youth culture surrounding sexuality. An important observation is that the youth are not victims but active participants in being sexually active.

Attitudes of adolescents towards adolescent sexuality

Adolescents recognized that they were different from adults. They had more advanced physical and emotional development compared to children but did not have the emotional maturity, self reliance and responsibilities of adults. Physical changes of adolescence were well recognized but emotional changes were not. The ideal youth was expected to be hard working, intelligent, respectful, obedient to elders, law abiding, polite, attractive to members of the opposite sex, religious and possessed "self control". The youth aspired for satisfying careers including good and well paying jobs. Marriage was in the plans but was not listed as a priority future ambition.

Gender inequality was recognized at home as girls had more responsibility while the opinion was mixed for the school environment. Boys felt girls are treated more leniently and especially when they were having a relationship with the teachers. The boys thought girls were "fragile".

Some of the youth felt it was important to have boy/girl relationships although dissenting youth cited "expense of having a girlfriend" and pregnancy as major draw backs. The youth were familiar with non sexual ways of relating to members of the opposite sex e.g. sports, dancing, exchanging letters. However, many felt that in a relationship, sex is a definite eventuality that they were unable to prevent, and that once boys and girls were involved, they would not defer sex until they were married (Kumah 1993).

Culturally, young people received mixed messages about their sexuality from the community. For example, in partrichal societies, boys are encouraged to engage in sex to acquire experience while girls are punished if they become pregnant. In a Kenyan study, parents were unhappy about boy/girl relationships because they lead to unwanted pregnancies and girls dropping out of school while on the other hand some fathers expressed pride in their son's sexual relationships but were unhappy and frightened if the girls were doing the same. This dichotomy of expectations is further exemplified by the prevalent expectations that women are meant to be faithful to their sexual partners while the men are not. It is also the expectation that older and married people are expected to have more sexual partners. In modern times this expectation has emerged as the sugar daddy syndrome in which older men seek younger women as sexual partners.

Pregnancy before marriage was seen to bring shame to family and community. Girls expressed an attitude of helplessness among adolescent girls when faced

with pregnancy. Consequences of teenage pregnancies included expulsion from school, and clandestine, illegal and often dangerous abortions. Most male adolescents did not assume responsibility for a pregnancy. Both male and female adolescents had mixed feelings as to whether the male should be punished and made to take responsibility (Kumah 1993). The way we deal with teen pregnancy may be related to traditional/cultural systems of banishing unmarried and uncircumcised pregnant females. These traditional biases have been further added to by other deep rooted Christian religious beliefs prevalent in the region.

People with multiple partners were viewed negatively and were described as lacking self control, immoral, sinners and inconsiderate. The youth recognized the consequences of having multiple sexual partners to be; ill health, route for STDs and AIDS, risk of pregnancy from an unknown man, and the stress of lying to different partners.

Youths knowledge on HIV/AIDS/pregnancy prevention

The youth acquired most information about contraception from their peers. Many youth and parents felt that youth should not be provided with contraceptives because it would increase promiscuity, however, adolescents who have had a baby could be provided with contraceptives. Youth were divided on issues concerning abortion. Some felt it was "killing" and "sinful" while others felt it was a dangerous illegal activity. A small number of the youth felt that those who were raped or whose lives were in danger should be provided with a legal abortion.

Methods of preventing STDs and HIV/AIDS were correctly identified by the youth (Mchangwi). Youth felt marriage was good because it enabled one to have children and to be protected from STDs and AIDS. Faithfulness and avoiding pre-marital sex was also considered important. In several studies individuals who were sudied felt that they would reduce risk of HIV by limiting their sexual partners, a small proportion said they would practice abstinence while an even smaller number said they would use condom (Sindiga 1993, DHS 1993). In both adults and youth condoms are not well received even after intense HIV/AIDS education; for example in Rakai, a region in Uganda with very high HIV/AIDS prevalence only 10 percent of the males and 3.4 percent of the females were using condoms after 4 years of health education (Konde Lule 1993).

Most youth said they had changed their own behaviour on hearing of AIDS but made the observation that it would be difficult to avoid pre-marital sex. Youth who had many misconceptions about the transmission of HIV/AIDS tended not to change behaviour because there were so many ways of contracting HIV that it would be difficult to avoid being infected (Mchangwi DHS, 1993).

The youth correctly identified the benefits of condom use in preventing STDs and unwanted pregnancies. There however was a very large gap between HIV knowledge and behavioural patterns such as condom use. In the study by Mchangwi although more than 90 percent of the youth were aware of the benefits of condom use only 50 percent of the sexually active youth indicated they had used condoms. Failure to use condoms was attributed to the belief that condoms interfered with physical and psychological sexual enjoyment, and promoted mistrust between partners. Lack of knowledge on proper use, religious belief that condoms were against God's will, fear that they were not 100 percent protective and fear that they contained chemicals that may interfere with one's health were also cited as reasons for not using condoms. Youth who were not sexually active were biased against condom use and advocated no sex before marriage. They perceived people with HIV/AIDS as sinners and believed that the church should pray for the public to change their behaviour and to have self control. These youth held the view that successful marriage is built on mutual understanding and not on sex. This group of youth felt strongly that polygamy should be discouraged by law because it made women feel unloved and thus led them to other partners.

Condom use was not associated with ordinary adults but rather with special groups such as teenagers, prostitutes, drunkards, sugar daddies, rapists, managers who have sex with their secretaries, footballers. Among the study participants, less than 25 percent of the youth had used a condom but they knew of a friend who had used one (Mchangwi).

The major source of information on condoms was radio. Other sources of information included friends, siblings, and to a lesser extent print material (books, magazines), health facility outlets (chemists and clinics) and school drama clubs. Communication on condom use from teachers and parents was limited. Half of the youth believed that teachers and parents disapproved of condom use. Health education material such as mass media (newspapers, radio and television), health education posters were not mentioned as sources of condom information.

Youth living with HIV/AIDS

In this study as well as the study by Mchangwi youth living with HIV/AIDS were interviewed. The youth feared death, marital and emotional problems as well as the deterioration of health with HIV/AIDS. They were concerned with the impact of HIV/AIDS among young people, and among HIV negative youth. There was worry about their ability to find marriage partners who were free of HIV infection. Other concerns were the agony of parents and children watching their beloved ones die slowly. The youth were concerned about the government's inability to find a cure for AIDS and the continued infection of people through infected hospital materials such as syringes and blood transfusion. Faced with the question of what they would do if they were HIV infected - the youth were apathetic - they said they would wait to die, or commit suicide before getting AIDS.

Mchangwi in an interview of 12 HIV infected youth found that only 6 out of the 12 youths in the study had "gone public". Although this is a very small sample size their experiences are characteristic of the problems faced by HIV infected youth. Youth who have gone public about their AIDS status experienced stigmatization and isolation from both the public and their families. Friends were unwilling to shake hands, share utensils and one youth was not even allowed to play with small children.

The youth infected with AIDS (PWAs) in this study had made serious decisions about their sexuality and many had stopped being sexually active and did not have any plans of marrying. Those who were married used condoms and did not plan on having a child. The few couples who were HIV infected were experiencing considerable pressure from family members to have children. Their parents and other family members had difficulty understanding how a well person could be having HIV/AIDS. In many African traditions a woman is expected to conceive immediately after marriage and failure to do this is grounds enough for a man's family to instigate divorce proceedings. Youth who had not gone public about their HIV status feared stigmatization and isolation from their families who were relatively uninformed and who were already less supportive to other people living with HIV/AIDS(PWAS). The PWA's refusal to share this information with the family denied them the opportunity to have a supportive environment.

The young people living with AIDS had organized themselves into a network called 'positive and living with AIDS' through the efforts of KARA counseling in Zambia. These young people were involved in peer counseling and encouraging other youth to do an HIV test. The HIV infected youth felt that promotion of a network or program among youth PWAs would promote knowledge and support to youth living with AIDS.

The youth in this study felt that there was a need to accept and encourage PWAs. The PWAs felt that they should stick to one relationship and thus reduce the risk of infecting new partners. The youth felt that PWAs should go public, accept their status and live positively. This in turn would enhance their interaction with family members. They felt that HIV positive people should not have children because there was a risk of passing HIV infection to the child and the pregnancy would weaken the mother. The youth emphasized the need for PWAs to use condoms every time they had sexual contact. A few youth mentioned that eating good food was important and also recognized that the decision to marry is personal. A few youths strongly felt PWAs should not marry and should be put into rehabilitation centres.

The youth who were living with HIV/AIDS felt the need for more information in the areas of factual statistics of HIV/AIDS, HIV transmission and whether mosquitoes and breast milk have a role in transmission of HIV. The youth wanted to know how they could live positively with AIDS and how they could communicate to their family members about their HIV/AIDS status. Some of the youth PWA felt that they were effective communicators on HIV/AIDS and their personal testimonies were powerful motivation for change (Muriuki 1992).

The youth thought an AIDS network would be a useful forum for HIV/AIDS prevention through support for PWAs, a forum for expressing themselves and for orphan support. The youth thought the government and parents should have a leading role in STDs and HIV/AIDS education. The youth did not perceive themselves to be individual contributors in providing HIV/AIDS information instead the government, the church and family were seen to be the main actors.

Source of information on HIV/AIDS and STDS

Peers were the most important source of information on sexuality for adolescents. Male adolescents were more likely to discuss sex more frequently than female ad-

olescents and the majority discussed with their friends. In Zambia and Kenya relatives and parents were an infrequent source of information on sex, however in Malawi, the most important source of information for the youth was informal communication with friends, relatives and siblings in particular. The inter-country differences probably reflect the age of the respondents and in this instance the studies in Malawi were among primary school youth while the Zambian and Kenyan studies were among secondary school youth.

The youth valued parental counseling on sexuality and felt that they should play a larger role than they already were. The youth noted that often they observed parents in negative role models such as involvement in extramarital sexual relationships, consumption of excessive amounts of alcohol etc. The parents indicated a need for communication skills, and the need for training to improve skills on how to discuss sensitive topics with their children. Fathers felt that youth should know the social and legal consequences of improper behaviour e.g. alcohol and drug abuse, impregnating a girl etc.

Adherence to religion was seen as a way of ensuring appropriate behaviour. The youth felt that other youth should be encouraged to participate in youth groups run by religious organizations. The youth felt that it was important for communities and parents to keep youth busy with useful activities, thus preventing boredom and the tendency to use sex as a recreation. The youth felt that access to pornography through movies, television and the print media should be discouraged by parents and other community members. The youth noted that there was a need to discourage harmful cultural practices. The youth were concerned about the quality of health services and noted that there should be careful screening of blood, and use of sterile skin piercing instruments. A few adolescents felt that prostitution should be legalized so that prostitutes have better access to health care. Youth indicated the need to have information promoting behaviour change on television, radio and print media.

Significance of adolescence

The current HIV/AIDS statistics leave a cold chill when translated into social, economic and political impact. AIDS has therefore ceased to be a purely medical problem but is now one that has enormous socio-economic and political implications. It is anticipated that the AIDS epidemic will hamper growth in the in-

dustrial sector will be hampered. A study carried out in Kenya estimated that by the year 2,000, industry will use 20 percent of the gross earnings in staff retraining to replace those lost through the HIV/AIDS epidemic (Gakuru). A lot of working hours are consumed in caring for sick family members resulting in reduced economic productivity while a lot of time, money, and emotions are devoted to grieving and giving loved ones a decent burial. One high ranking bank official in Zambia is quoted to have declared that his bank would have to close down if the AIDS epidemic was not reversed because of a very high rate of death among his employees (Karuru, 1993). It is estimated that it costs $ 75,000 per individual with AIDS in terms of lifetime medical expenses in a developed country (North 1990). In comparison, in Malawi, it is estimated that AIDS will consume 30-40 percent of the curative health care budget by the year 2000 (Kanene, 1993).

This chapter demonstrates that achieving adult sexuality is just one of the developmental tasks that an adolescent is faced with. The quality of life of an adolescent is offered by family, community and environmental factors which include culture economic, religious, social and political events in his or her world. Successful attainment of these developmental goals ensure successful transition from childhood to adulthood.

Impact of HIV/AIDS

- *There will be an overwhelming of the health system with AIDS patients, as well as reduction in national productivity due to loss of productive agricultural workers, professional managers and skilled workers.*
- *Increase in infant under five mortality, wiping the gains made through child survival programs like growth monitoring, oral rehydration, and immunization against childhood diseases.*
- *Increase in orphaned children.*
- *Drain of foreign currency due to increased in demands for drugs to treat HIV/AID related illness.*

It is imperative that HIV/AIDS programs are implemented. Targeting the youth makes good sense and is an important investment for the future. The governments and NGOs in the region have identified this as a priority and this study is a record of some of the work they are doing.

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CHAPTER 2

STUDY OBJECTIVES AND RESEARCH METHODOLOGY

2. STUDY OBJECTIVES AND RESEARCH METHODOLOGY

2.1 Objectives

The objectives of the assessment were as follows:

- *To identify, critically assess and summarise the status of AIDS Communication for adolescents including the strategies, programs and policies in Kenya, Uganda, Malawi and Zambia. This inventory would include modlities and methodologies utilised in these programs and be supported by a literature review.*
- *To provide an inventory of institutions (both civil and state), community organsations, donors and individuals involved in the programs and strategies referred to in the above.*
- *To identify gaps and needs for research and evaluative research in the area of AIDS communications for adolescents, relating to the first two objectives and as articulated by organisations, community groups and individuals involved in the activities.*
- *To suggest an evaluative and analytical research framework needed to determine the impact of AIDS communications interventions and to explore alternative and effective ways for:*
  - *message design, packaging, dissemination and feedback.*
  - *the identification of issues/research needs.*
  - *the suggested framework based on the finding.*
  - *identification of potential research partners.*
  - *recommendations for the development of regional research initiative.*

2.2 Methodology

This study was qualitative in nature and this approach was adopted in order to allow for an indepth exploration of the activities and programs targeting adolescents with anti-Aids messages. The following methods were applied:

a) **Interviews of program managers/representatives of HIV/AIDS projects that were targeting adolescents**

Program managers and representatives in projects targeting adolescents were interviewed on their programs using an unstructured interview schedule. The objectives and rationale for the initiation of the program,

methodologies used and channels of communication utilised in the different programs were determined. Information was sought on whether needs assessment and evaluation had been carried out, on the target group for the intervention and the type of inter agency collaboration that exists between the organisations. There was a discussion with the program managers on their perception of the key issues and constraints in addressing HIV/AIDS prevention in the African context

b) **Review of published and unpublished literature.**
Material was identified through electronic library searches, obtained from the programs that were visited and from interviews with researchers in the different institutions.

c) **Review of IEC material development by the various NGOs and government agencies targeting adolescents.**
IEC material targeted at adolescents for he prevention of HIV/AIDS was collected from the different programmes and others were purchased from book stores. These materials were reviewed for their content, presentation and style, applicability and cultural relevance. The programmes were also evaluated utilising an approach developed in the United States (Di Clementi).

Site selection

This evaluation was mainly undertaken in The East and Southern African countries of Uganda, Kenya, Zambia, and Malawi. There was an attempt in this selection to draw comparisons on the different approaches in the countries and in the regions.

Due to the constraints of time and logistics, most of the interviews took place in the main cities of the four countries: namely Kampala, Blantyre, Lilongwe, Lusaka and Nairobi. However, the consultants were able to interview project representatives in small urban centres such as Liwonde—(Malawi) and Kisumu and Kiambu—(Kenya).

Sampling

Researchers procured lists of organisations involved in Aids Communication to Adolescents in the four countries from the WHO, National Aids Control Pro-

grams and UNICEF, and then attempted to interview representatives of as many projects as possible, as judged to be relevant or significant within the stated constraints. The consultants also managed to gather several samples of the materials being produced and published in the various porjects, which they assessed.

Limitations of the research

The consultants were limited in respect to time. This constrained the scope and breadth of the study, and the number of projects that could be assessed within the time limits. Pertaining to this is the voluminous amount of material gathered that is being produced for dissemination to adolescents in relation to HIV/AIDS.

The above limitation particularly constrained the manner in which assessment could be done in relation to media efforts in Aids Communication to adolescents. Thus, the conducting of content analysis was impossible due to the short duration of the visits, the unfamiliar environment to the consultants, (language barrier of some of the publications and programs) and the scanty samples of material from the media sector, which would not have been representative in any analysis.

The varying nature of the data and material collected presented peculiar difficulty in analysis and in format of presentation. This was compounded by the fact that the number of organisations visited and the varied nature of the programs. The varying stages of implementation of the program and the informal nature of the interviewing also proved to be tricky.

The consultants were also dependent on the availability of material from representatives of the various projects, who fortunately were very cooperative. However, certain documents were not available (e.g. from the Institute of African Studies in Zambia, Chancellor College in Malawi and from the ZAMCOM Institute). Nevertheless, by the end of the visits in each country, the researchers had began to receive the same information, implying that the coverage was fairly comprehensive.

Significance of the study

The results of this study are significant in various respects. Firstly, from the findings it is evident that there are glaring gaps in specific reference to communication to adolescents and in the approaches being applied in the projects, in relation to effectiveness. Secondly, certain factors clearly call for further research such as

behavioural interventions. Thirdly and most important, the varying approaches and the experiences being applied in the different programs can be disseminated to other organisations undertaking similar work and individuals interested in such research.

Analysis of data

Primary data was collected in a qualitative fashion, and the development support communication framewok on analysis of development project by Colderin et al (1987) was utilised to analyse data regarding communication (DSC) aspects. The model has eleven steps but was modified for our purposes. The following were the steps utilised in analysing the projects and specifically the communication components in the various programs assessed.

The communication component was evaluated in terms of the following:

- **Was a needs assessment carried out?**

In communication, an understanding of the situation and of the context where one wants to undertake communication is crucial. Thus, besides for example a knowledge attitude, practice and belief (KAPB) study, other influencing factors related to socio-economic status are relevant to an understanding of the contextual background.

- **Was audience segmentation done?**

For messages to be more effective it is critical that an audience be segmented. This enables one to design messages through channels that are specific to a given audience. The DSC model classifies this steps from 0-4; where 0 is where an audience is general for instance "Ugandans" 1-represents further classification such as "adolescents in Malawi" 2 would represent further segmentation such as "male adolescents in Blantyre" and so on.

- **Was there a target audience analysis?**

Although there may be clear grasp of the target audience further analysis is required on their communication habits and preferences, and sources of information.

■ **Were communication objectives set?**

For communication to be effective, an organisation should set objectives in relation to their communications goals. Communication objectives in this case were classified as:

a) Seeking to influence bahaviour
b) Seeking to inform or educate
c) Aims at raising awareness
d) Undefined.

■ **What was the message content?**

There were three categories under this unit of analysis. The messages content was classified under:

a) Information
b) Affective
c) Skills building

■ **What was the choice of channels?**

Under this steps, the following were the channels listed:

- *Print media*
- *Radio*
- *Theatre/music*
- *Newsletter:*
- *Club Activities:*
- *Peer Education:*
- *Curriculum:*
- *Traditional Agents;*
- *The Church;*
- *Small media;*
- *Mixed media;*
- *Workshops/training:*

■ **Was a pre-test done?**

This step is vital in communication. One needs to have an idea of the response to certain productions and publications before venturing on a large scale application. The categories were Yes & No.

■ **Was evaluation and monitoring done?**

This component which is often ignored is critical because the knowledge of impact or response to the project is needed to modify or to change certain aspects in a project.

■ **Was there participation of the target audience?**

Participation of target audience has been found to be integral to the success of communication efforts. The classifications here were:

- *High,*
- *Moderate,*
- *Low,*
- *None.*

Another method utilised in evaluation was one which evaluates or program on the back of key factors which have been identified for a successful HIV/AIDS and STD prevention program for adolescents (Di Clement 1993).

■ **Was there use of the social learning theory as a foundation for program development:**

These theories include social learning theory, cognitive behaviour theory and social influence theory.

■ **Did the program maintain a narrow focus on reducing sexual risk taking behaviour.**

■ **Was there use of active learning methods of instruction**

These activities includes activities that address the social and/or media influences and pressure to have sex.

- **Was there a focus on re-enforcing clear and appropriate values**

For example messasges should focus on providing approprite values against unprotected sex, postponing sex, avoiding unprotected intercourse and avoiding high risk partners.

- **Did the program provide modelling and practice communication and negotiation skills.**

Modelling helps the youth /learner to be assertive and by presenting hypothetical situations allows them to be more aware and ready with responses.

- **Programs must be tailored to be developmentally appropriate and culturally relevant.**

- **Use peer educators as agents for behaviour change.**

Peer education has been shown to be successful in reducing substance abuse such as alcohol, drugs, tobacco and reduction in risk behaviour (Di Clementi) .Peer educators are desirable educators because;

- *They are more credible sources of information*
- *They communicate in a language that can be understood by their peers*
- *They serve as positive role models that dispel normative concepts that youths are involved in high risk behaviour. This is particularly important in high risk environments where adolescents may perceive the community norms as supporting high risk behaviour rather than HIV prevention.*
- *Peer educators may be more effective in facilitating adolescent acquisition of social skills such as sexual negotiating and assertiveness that are essential for avoiding situations and high risk behaviour associated with AIDS.*

- **Did the programs go on for long enough?**

Programs must go on for long enough to effect change and must have a system of reinforcing the message and supporting the positive behaviour change.

- **Were the teachers, trainers, peer educators trained on the program.**

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CHAPTER 3

RESULTS OF THE RAPID ASSESSMENT OF THE PROGRAMS TARGETING ADOLESCENTS AND YOUTHS

3. RESULTS OF THE RAPID ASSESSMENT OF THE PROGRAMS TARGETING ADOLESCENTS AND YOUTHS

3.1 Types of HIV/AIDS Communication Programs Targeted at Adolescents

In our study we were able to identify three broad categories of HIV/AIDS programs targeted at adolescents. These were;

- *Behavioral modification programs*
- *Media initiatives and*
- *A combination of media and behaviour modification programs.*

The vast majority of programs were utilizing a mixture of media and behaviour modification techniques.

In our analysis of these programs we have categorized them in terms of audience and nature of institutions that have initiated the program. Thus we examined;

- *Formal and informal school based programs*
- *Religious based programs*
- *Secular based programs*
- *Media based programs*
- *Government initiatives*
- *Donor and NGO Initiatives*

There is intense collaboration among all these groups and in a certain sense all these categories are artificial and are only to facilitate the presentation of this material.

This was a very rapid assessment that did not allow a comprehensive or in-depth analysis of the various programs that were visited. Nevertheless the documentation of these programs and the identification of the gaps is an important step in developing an effective strategy in HIV/AIDS communication to adolescents.

3.2 Summary of a Rapid Process Evaluation of the Programs that were visited

During this study 13 program managers from Zambia, 8 from Malawi, 10 from Uganda and 18 from Kenya were intervied. Table 3.1 is a summary of the findings of our rapid evaluation.

Table 3.1: Analysis of IEC activities directed at adolescents in the target countries: evaluation of needs assessment and target audience segementation

	Zambia N=13 (%)	*Uganda N=10 (%)*	*Kenya N=18 (%)*	*Malawi N=8 (%)*
Needs assessment				
Yes	15.4	20	33.3	37.5
No	84.6	80	66.7	62.5
Audience segmentation				
1	30.8	10	22.2	37.5
2	46.2	30	55.6	37.5
3	15.3	40	11.1	12.5
4	7.7	20	11.1	12.5
5	0	0	0	0

Key: Figures are percentages

Needs assessment

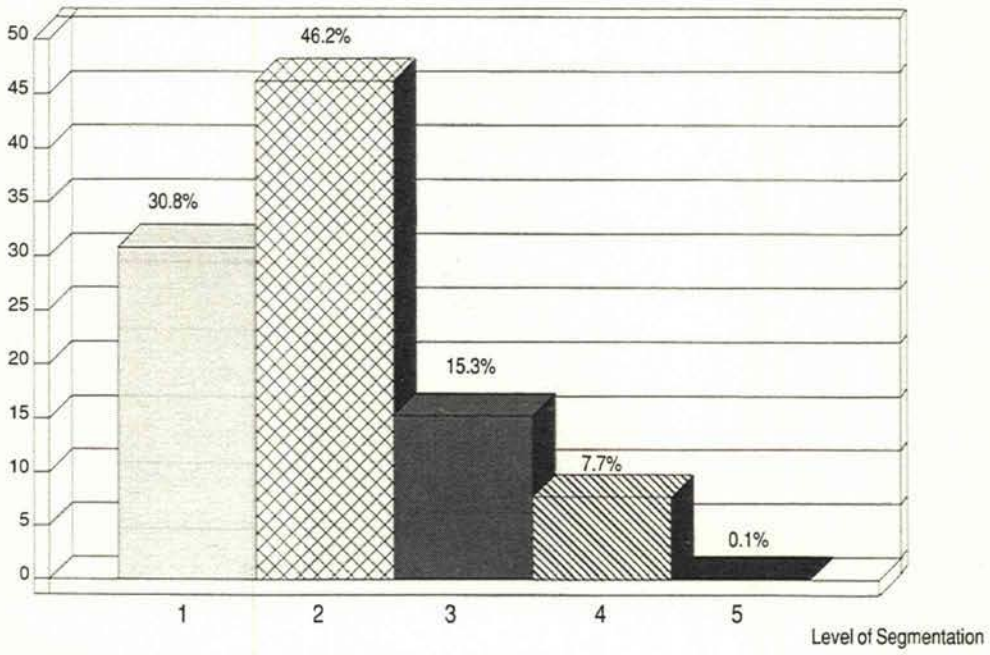
Respondents were asked whether they had undertaken a needs assessment before undertaking the project. Less than one third of the programs had carried out a needs assessment before initiating their activities. In Zambia 2 (15.4 percent) of 13 programs had conducted such studies compared to 3 (37.5 percent) of programs in Malawi, 2 (20 percent) of 10 programs in Uganda and 6 (33.3 percent) of 18 programs in Kenya. In Malawi one of the three programs that carried out an assessment did an informal study.

The low proportion of those who conducted a needs assessment affirms the allegation that some organisations at times hurriedly plan and implement their projects, without a thorough understanding of the context of their audiences.

Audience segmentation

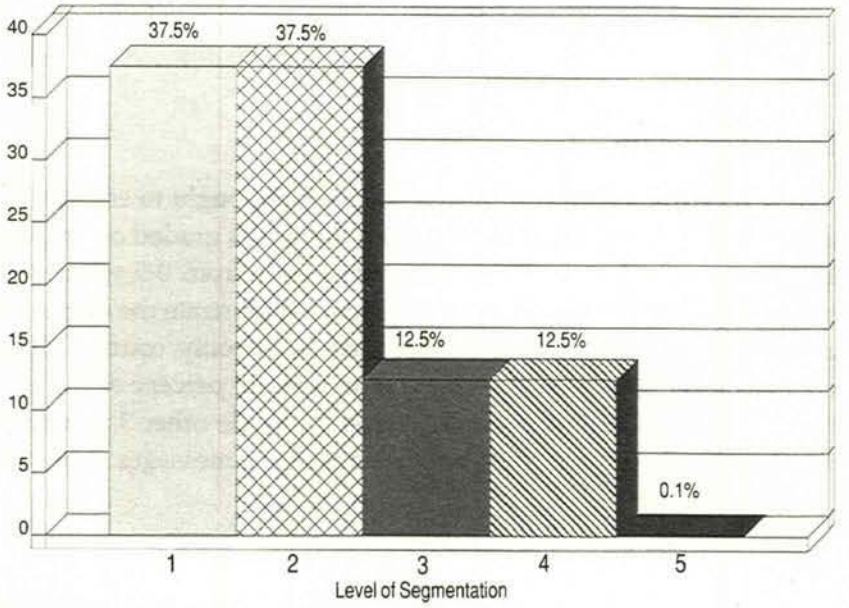
The interview schedule had a specific question which sought to establish the target audience of the project. Audience segmentation was graded on the Development Support Communication (DSC) framwork scale from 0-5 where 0 is least segmented and 5 is highly segmented. Diagrams 1-4 illustrate the degree of audience segmentation in the 4 countries. Uganda is the only country that had a realatively high level of audience segmentation with 20 percent of the programs being graded as level 3 and 40 percent at level 2. In the other 3 countries there was minimal audience segmentation and as a result the messages were very general.

Diagram 3.1: Analysis of audience segmentation in Zambia



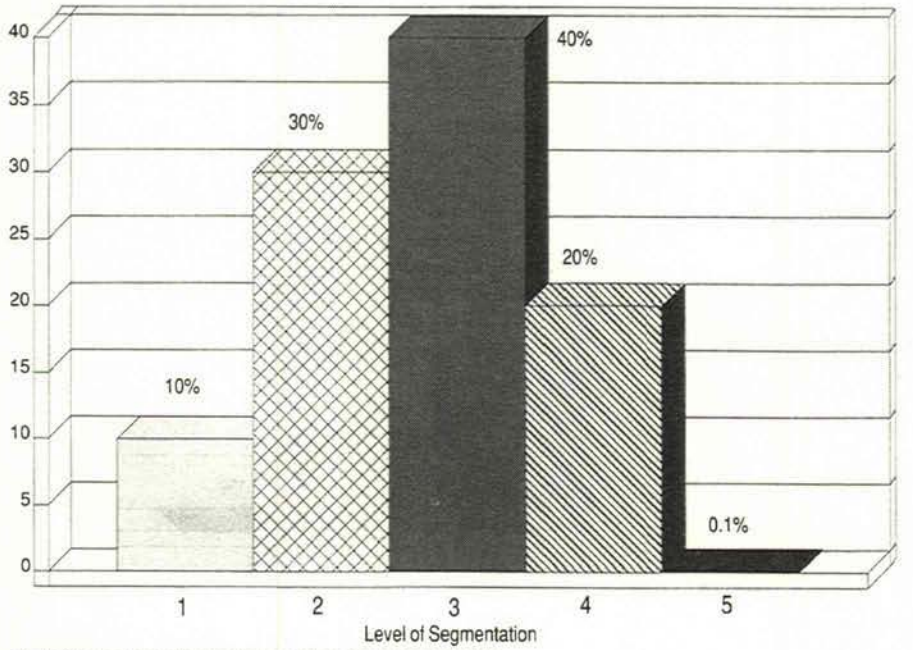
Scale 0-5 represents increasing level of audience segmentation

Diagram 3.2: Analysis of audience segmentation in Malawi



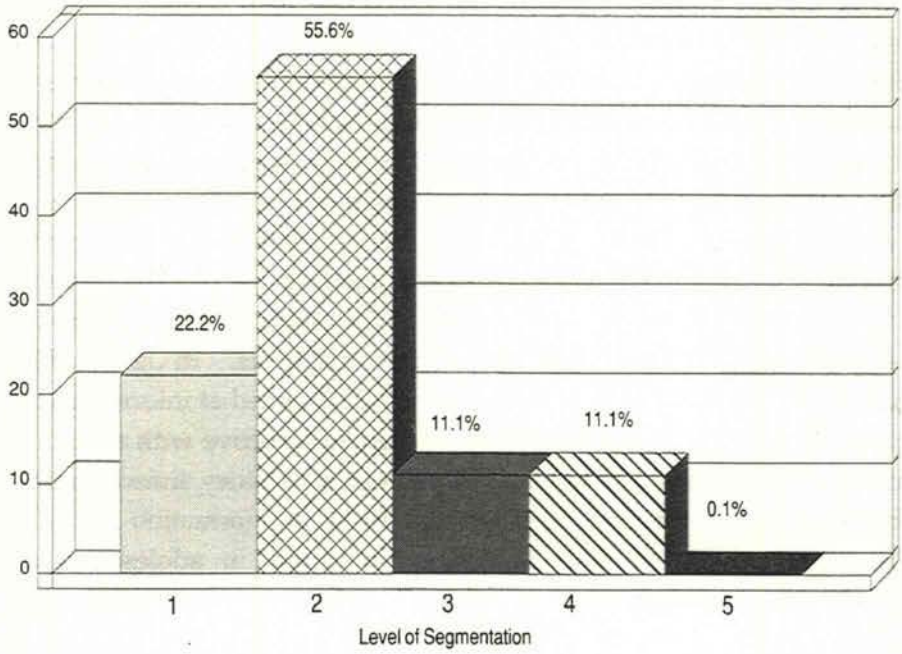
Scale 0-5 represents increasing level of audience segmentation

Diagram 3.3: Analysis of audience segmentation in Uganda



Scale 0-5 represents increasing level of audience segmentation

Diagram 3.4: Analysis of audience segmentation in Kenya



Scale 0-5 represents increasing level of audience segmentation

Target audience analysis

Target audience analysis was classified into comprehensive and general analysis. On average more than two thirds of the programs in the four countries did not carry out a target audience analysis and when they did it was not comprehensive. In Zambia only 1 (7.7percent) of 13 programs had conducted a comprehensive target audience analysis while another 1 (7.7percent) had undertaken a general study on the target audience. The majority (84.6 percent) had not undertaken such analysis. In Malawi none of the programs had carried out a comprehensive target audience analysis, 3 (37.5 percent) of 10 carried out a general analysis and the remaining 7 (62.5 percent) did not. In Uganda 50 percent of the programs carried out a target audience analysis while 50 percent did not while in Kenya only 2 (11.2 percent) of 18 programs had carried out a target audience analysis.

Communication objectives

The programs were evaluated in terms of whether they sought to change behaviour , inform adolescents or raise awareness. In Zambia, only one organisation (or 7.7 percent) of the organisations studied has given this item serious consideration. This organisation had worked out the process, and set objectives and activities to influence behaviour. Most of the respondent organisations (46.1 percent) focused on communication strategies and activities to inform and educate adolescents. Of the remaining respondents, about 23.1 percent sought to raise awareness on HIV/AIDS, while 23.1 percent had undefined or unexisting objectives as related to communication. Similarly in Malawi, one organisation or (12.5 percent) had set objectives seeking to influence behaviour, another one or (12.5 percent) sought to raise awareness among adolescents on HIV/AIDS, 37.5% aimed to inform and educate and 37.5% had undefined or unexisting goals. In Uganda 50% of the organisations sought to influence behaviour. 30% aimed at informing and educating adolescents while 10 percent had undefined objective with regard to communication to adolescents. In Kenya, 11.1 percent stated they aimed at influencing behaviour, 66.7 percent of the program centred on information and education while 22.2 percent aimed at raising awareness in adolescents on HIV/AIDS. An interesting observation is that all of the organisations that were visited in Kenya had defined objectives in relation to communicating AIDS issues to adolescents which is in contrast to findings in Malawi, Uganda and Zambia.

Message content

Messages were evaluated in terms of whether they were informative, affective (appear to emotions) or developed skills in the adolescents. In Zambia Most of the organisations concentrated on informative message content (69.2 percent). There were some organisations that aimed at reaching adolescents emotionally (15.4 percent) while a few focused on building skills on negotiating behaviour within relationships (15.4 percent).

In Malawi, the bulk of the organisations focused on informative messages (62.5 percent). Twenty five percent, had messages with content on changing behaviour, while one organisation (12.5 percent) had a bias towards messages on building skills on change of behaviour and negotiation in relationships and other social situations. It is interesting to note that a considerably high proportion (50 percent) of organisations in Uganda focused on building skills in adolescents in their mes-

sages. Informative messages took 40 percent while affective messages were 10 percent.

In Kenya the bulk of the organisations formulated their messages to be informative (72.2 percent). There were efforts made at organising messages that were affective to emotionally touch and move adolescents (11.1 percent), while 16.7 percent of the organisations had messages designed to build skills in adolescents in their lives as regards sexuality.

Choice of channel

Peer education and club activities were the most utilized channels of reaching adolescents. Traditional mass media such as newspapers, radio, and television were frequently utilized in mixed media programs. Traditional channels of communication were found to be commonly utilized in all the countries that were visited.

Pre-testing

In Kenya and Malawi over 60% of the programs were pre-tested before implementation which contrasts sharply with programs in Uganda and Zambia where only 20% and 30.8% respectively were pretested

Evaluation and monitoring

In Uganda, Zambia and Kenya only 27.8% 30.8% and 27.8% of the programs were regularly monitored while in Malawi 62.5% of the programs that were visited received regular monitoring and evaluation.

Participation of Target Audience

In all programs there was some level of audience participation. In all 4 countries 50-70 percent of the programs could be classified as having low to moderate audience participation as shown in table 3.2. (page 50).

Table 3.2: Analysis of target audience, message content and choices of media channel

	Zambia N=13	*Uganda N=10*	*Kenya N=18*	*Malawi N=8*
Target Audience analysis				
Comprehensive	7.7	0	11.2	0
General	7.7	50	11.23	7.5
None	84.6	50	77.8	62.5
Message content				
Information	69.2	40	72.2	62.5
Affective messages	15.4	10	11.1	25.0
Skills development	15.4	40	5.6	12.5

**Figures in the table are percentages.*

3.3 Cultural Considerations In HIV/AIDS Programs

In any discussion of HIV / AIDS and behaviour, the centrality of culture cannot be ignored. There is a consensus among communication scholars and researchers that culture is a significant factor in communication and behaviour, in spite of variation in views on what cultural values are and how they influence attitude and behaviour.

Culture has been defined in different ways:

> *"that complete whole which includes knowledge, belief, art, morals, laws customs and any other capabilities and habits acquired by man as a member of society" the sum total of the knowledge, attitudes and habitual behaviour patterns should be transmitted by the members of a particular society*
>
> **(Borofsky Dissanayake et al (1983) pg. 24).**

	Zambia N=13 (%)	Uganda N=10 (%)	Kenya N=18 (%)	Malawi N=8 (%)
Choice of channels				
Print	15.4	0	5.6	0
Radio/Television	7.7	20	11.1	0
Theatre/Music	0	10	0	25
Newsletters	0	0	0	0
Club activities	15.4	10	16.7	12.5
Peer education	30.7	20	11.1	25
Curriculum	7.7	10	0	12.5
Traditional agents	7.7	0	33.3	12.5
Mixed media	7.7	20	11.1	12.5
Workshops/trainning	7.7	10	22.2	37.5
Pretesting of programs or materials	30.8	20	77.8	62.5
Evaluation and Monitoring	23.1	20	27.8	62.5
Target Audience Participation				
- high	7.7	10	5.6	37.5
- moderate	38.4	30	33.3	25
- low	30.8	40	27.8	25
- none	23.1	20	33.3	0

Figure in the table are percentages

Clearly, because the specific interest lies in the change of behaviour which is governed by attitude and levels of knowledge, special concern and analysis of culture must be given in HIV/AIDS programs.

Communication is integral to a cultural system in that cultural values beliefs, knowledge are conveyed through symbols and language. In a people's endeavour to adapt to and understand their environment, communication is significant

in their interaction and adaption to this environment (Hamelink, 1983). Mass media, a form of mass communication has been viewed as critical as well as a catalyst in developing countries national efforts at transforming their countries to industrialised or developed countries (Ansah, 1993).

Certain aspects of culture are pertinent in any deliberation on communication on HIV/AIDS and behaviour. The basic consideration is that:

> *"culture constitutes the very matrix within which people formulate their ideas, within which they carry out their activities".*
>
> **(Borofsky in Dissanayake et al, pg 22).**

A comprehensive understanding of what culture dynamics are at play in regard to behaviour surrounding sexuality, human relationships and how this impacts on the spread of HIV/AIDS is a necessity. Thus a program may focus on the manner in which new and critical knowledge can be introduced within a culture system to generate debate and possibly force a community to re-think their approach towards issues regarding sexuality and human relationships. Of specific concern, would be an attempt to discern how communication processes are linked to or interact with dynamics of culture in influencing behaviour.

Other aspects pertinents to culture is the need to understand how people in a particular community select or gain knowledge and whether and how they utilise such knowledge (Borofsky 1983). Such an understanding will undoubtedly be useful in the design of communication that seeks to influence behaviour.

The way in which people acquire knowledge is dictated to some extent by cultural norms. There are numerous instances where well intended development projects have been undermined by limitations of the planners in regard to the culture of the beneficiary community.

> *"When people who are talking don't share the same culture, knowledge values and assumptions, mutual understanding can be especially difficult. Such understanding is possible through the negotiation of meaning with someone.*
> *To negotiate meaning with someone you have to become aware of and respect the differences in your backgrounds and when these differences are important.*

> *You also need to portray patience, a certain flexibility in world view, and a generous tolerance for metaphor to communicate the varied parts of unshared experiences".*
>
> **(Borofsky in Dissanayake(ed) et al, 1983(pg 119).**

Secondly, it has been observed that there are existing communication systems within a given community:

> *"....the basic resource, information is already present within the national system and is controlled by the people themselves.*

This cultural resource is built out of the knowledge, experience, events and historical development present in every society. Every society also already possesses a great variety of traditional alternate symbols through which information can be expressed and exchanged in ways especially meaningful and comprehensive to the people of that country or origin.
(Hamelink 1983)

Clearly, cultural considerations in terms of message design and choice of channel are critical for effective communication. In addition and as underscored by Hamelink, working with a community to integrate specific information into the existing communication system would be less expensive and more participatory, lending the program some sustainability. Some traditional systems of communication such as drama and musical performances demand more active participation and facilitate for greater integration than do mass media systems. Further, people require no special training and this system is integral to the lives and subsequently the culture of a given community.

Significantly and of great importance is the limitation that outsiders have in assessing the interplay of culture and behaviour. The focus in evaluation should be on the awareness of the limitations, and on dealing with the problems specific communities face, rather than with one's perception, judgement and reaction to a specific community's culture patterns and dynamics.

Cultural factors that increase the risk of HIV/AIDS in young people

Several studies have been done to identify risk of HIV/AIDS infection in young people. Notably, the needs assessment carried out by the GTZ community based

project, noted that cultural factors were important determinants of unsafe sexual practices in Malawi. The second major study was the UNICEF baseline study among school children to determine their attitude, knowledge and practice relating to sexuality in Malawi. This study has guided the IEC activities. A summary of the key issues is presented. Factors identified in the increase of the risk of HIV/AIDS and particularly in young women in Liwonde area of the Southern District were:

Initiation rites

Initiation is an important rite of passage in African communities. The procedures are as varied as the cultures are in the region. Important tradition values on expectations of an adult, including acceptable expression of sexuality were communicated during this period. In this study, some practices that have been documented to increase exposure of adolescents to unsafe sex have been highlighted. This discussion is by no means comprehensive and there is no intention to attach judgment on any of the cultural practices. The fact that these practices have existed for many years means that they may have served an important role in the survival of the group. The central part of Africa was exposed to the slave trade where thousands of able men and women were stolen from their homes. It is conceivable that communities responded by promoting practices that increased the overall fertility of the community. Nevertheless, HIV/AIDS/STDs have presented new challenges and threats to the survival and hence the need to re-evaluate these traditions in this context.

Among several tribes in Southern Malawi there are practices that increase HIV/AIDS transmission. According to the National AIDS figures this region has the highest sero prevalence (18 percent compared to 10 percent in the Central and Northern region). It was the feeling of the people interviewed that the practices were contributing to increasing HIV/AIDS epidemic.

Female initiation in Southern Malawi is carried out in the two stages. The pre-adolescent girl is exposed to the first stage of initiation. These girls are gathered together for a week and instructed on sexual matters and there is a major emphasis on how to please a man. The second stage of initiation is after she attains sexual maturity and her menses begin. She is further instructed with a major emphasis on sexuality. She may even have an egg placed in her vagina to help her get a

practical feeling of what sex could be. There is a belief that at menarche she has dirt/dust in her vagina that can only be removed by a man. The village chief assigns a man to do this job for all the initiates. This man is called "Fisi" and he has sexual intercourse with all these initiates. If a girl conceives after exposure to a "Fisi" the family will procure an abortion for her because this community believes a child born from a "Fisi" is abnormal. If for some reason the pregnancy is carried to full term the girl and the baby become the laughing stock of the village. Abortion is procured using traditional herbs or excessive amounts of antimalarial components such as chloroquine or Fansidar. Many girls die in this process, from poisoning by these drugs or from the consequences of the abortion.

Following this initiation process the girls become very interested in sex and may even challenge a strange man to have sex. After initiation of boys and girls in the South there are traditional dances held in the night, and characteristically these dances are usually sexually stimulating. Many of these communities are matrilineal and a baby born out of wedlock is well accepted. In contrast, the in the north the girls are discouraged from engaging in sex. Even today girls from Northern Malawi are considered "very difficult" and babies born out of wedlock are not accepted.

Cleansing rituals

i) **Cleansing after a child dies**

Among the Yao tribe of southern Malawi, if a child dies the village chief will secretly (especially without a husband's knowledge) assign a man to have sex with the woman whose baby/child had died. It is believed that a child dies if his father has been having sex with other women and then has sex with his wife and makes her unclean. The ceremony is called removing dust "ku chotsa phulusa".

ii) **Widow inheritance**

When a woman is widowed, the chief or family elder would select a relative for the dead husband to inherit the widow. The woman has the choice of accepting or declining this responsibility. This practice is prevalent in many parts of Africa. The rationale is to ensure that the family is well taken care of by the clan and community (Were,Williams, Mwangalawa).

iii) **Male circumcision**

Boys are circumcised at the age of 15-16 years. The traditional circumciser would use one knife for all the boys leading to exposure of blood from one initiate to the other. There has been a reluctance by circumcisers to adopt more hygienic methods, because the knife is felt to have potent divine powers that would be lost if it was sterilised from one initiate to the other. The only mitigating factor is the fact that the boys are not usually sexually active before circumcision and thus the risk of passing HIV from one initiate to the next is low. People who were circumcised at the same time were very close and loyal to each other and this was even the basis of circumcision age groups; for instance, riika in the Kikuyu ethnic group of Kenya). The process was designed to instill courage, bravery and a sense of responsibility (Kenyatta, 1938).

Both male and female circumcision has been described in Uganda and Kenya with similar problems. There were also ceremonies that lead to excessive drinking and merry making like harvest time or "entering a house".

Traditional practices for augmenting sexual desire

There were many cultures within the region that have herbs for improving sexual pleasure. In Central and South Africa, drying agents are commonly used by women to increase their partners pleasure. In Zambia, there were agents that increased the body temperature and this enhanced sexual pleasure again (Shikanga M). These agents were commonly used by women. Key person interviews and focus groups discussions with traditional birth attendants in Zambia revealed the following information about traditional aphrodisiacs.

i) Use of agents to dry mucus. Discussions with traditional initiators include methods of storage of the agent and the possibility of infection which can affect the membrane of the vagina, and expose one to HIV if agents are contaminated.

ii) Warming agents which are sometimes used like porridge and other drinks to raise normal body temperature. These agents were said to be fungi which had not been tested for their potency. There is a belief that they enhance sexual pleasure.

iii) Use of agents which have stimulating effects. These agents presumably activate body to chemical exciting in sexual stimulation.

During this interaction with the traditional birth attendants, there has been a sharing of information on other herbal uses, for example herbal use after delivery to avoid infection. The traditional birth attendants also learned some modern skills such as self examination for breast cancer and other diseases (Shikanga).

Many cultures in the region support the practice of older men seeking out young women as sexual partners, thus young girls are exposed to the STD and HIV experience of older men. The same cultures only recognize women when they are married and have children. Womens access to land is only when they fulfill this natal role. The females are expected to be chaste in order to successfully fulfill these roles while the male is encouraged to have many partners in order to make the best choice. These culturally determined norms exert pressure on young women to enter into sexual relationships before they are psychologically mature (Ankrah 1994).

Cultural considerations in programs assessed

There was an acknowledgement in the various programs assessed, that culture is central in analyzing and in seeking to influence behaviour patterns positively. There had been studies undertaken, specifically in Zambia by researchers at the Institute of African Studies (IAS), which the consultants were unable to procure due to constraints of time and logistics.

This recognition of the centrality of culture was discernible at three levels in the implementation of programs:

- *Cultural considerations in needs assessments.*
- *Cultural considerations in programme implementation (formal approach).*
- *Cultural considerations in programme implementation (informal approach).*
- *Cultural considerations in needs assessments.*

Although needs assessment were not conducted in the majority of the programs, there were several attempts made to comprehend cultural factors, communication and behaviour through research and surveys. Some programs relied on knowledge, attitude, practice studies undertaken by other agencies dealing with HIV/AIDS communication to adolescents.

It is important that communication program planners and implementors be thoroughly grounded on culture and behaviour. Of particular interest is the issue of culture and sexuality. Adolescents acquisition on knowledge on sexuality and the cultural norms that influence their behaviour should be comprehended before the initiation of the program.

While there is general knowledge on cultural factors that increase the risk of HIV/AIDS, this needs to be examined in the context of the acquisition of other knowledge on cultural factors that increase the risk of HIV/AIDS. The impact of culture is further modified by other acquisition by adolescents of other knowledge through school and other sources of information such as magazines, peers and television. Equally important is the processing of that knowledge, motivation and behaviour by the adolescents.

A program that has experienced some difficulty in regard to cultural constraints is that of Kara Counselling. Efforts to hold counselling sessions with married couples have been affected by such cultural dictates which stipulate that women should not speak out in the presence of their husbands, and that they should bow and kneel when talking to men. Sister Shirley Mills in an interview reported that one of the criticisms of their program is that is has a Westernised approach. However, some culturally acceptable aspects such as holding counselling sessions with groups of people of the same age group and gender are sucessful (Mills).

An illustration of an effort made take culture into consideration in programs planing was that of the GTZ programme in Liwonde Malawi, that was started in 2 rural areas identified to have very high seroprevalence in Southern Malawi: Nyambi and Gawanani Health centres catchment areas. Nyambi is predominately Islamic while Gawanani is a Christian dominated area served by Christian Health Association of Malawi. The main objective of this project is to increase the knowledge and awareness of AIDS, initiate involvement of community leaders and inhabitants through discussions, counselling and action against the spread of AIDS, formation of community based self help groups for home based care services for AIDS patients and other chronically ill community members.

Theatre for Development was used to identify the problems through participatory research using focus groups discussions followed by a drama presentation of the situation to the community to facilitate discussion. Through such efforts, tra-

ditional initiation and cleansing rites were identified as risk factors for HIV/AIDS.

Cultural considerations in programme implementation - formal approach

In various programs drama and local music incorporating HIV/AIDS information and practices that put the communities at risk are performed in selected villages in the presence of community leaders. The practice on display then became the focus of discussion. This type of activity has been carried out in the Liwonde Project in Malawi and Kamakazi palyers in Kenya. Traditional dances are used to convey AIDS messages and group discussions with the community and its leaders have then been used. IEC materials/condoms distribution within the project areas are in the process of being developed to meet these needs.

One unique proposal of using cultural systems of communication is that of YWCA-Zambia, which intends to integrate the elderly people who were in the traditional context transmitters of culture, and the responsibility of facilitating the rites of passage. The program officers have been involved in a discussion with elderly women and TBAs on the use of traditional clay models to teach adolescents their anatomy and to teach on sexuality.

Special attention is given to women, who traditionaly are the initiators because of their influence on the youth. There is a significant attempt to integrate traditional and cultural aspects in the YWCA programme in Zambia.

The YWCA program has been seeking ways of effectively communicating with children and the youth and one of the methods being studies is the traditional method of teaching through song and dance. Ways of implementing this after some modification are being prepared. In addition adults are targeted as an important resourec group for youths.

A second example of a program that is concerned with culture is the Church Medical Association in Zambia (CMAZ). One strategy that the CMAZ had been utilising in AIDS prevention has been to educate people on the disease, cause and how to avoid it. Their educational program has been instrumental in bringing about change in activities that put people at risk of AIDS. Among the Tonga and Monge of Zambia, the Salvation Army hospital at Chinkakata, a CMAZ member, has been working with the chiefs on traditional practices. This have resulted in a

change in wife inheritance and sexual cleansing rights to avoid sexual intercourse and offer safe alternatives (Williams).

The officer at CMAZ noted that the public do not have the same interpretation of AIDS like the health professionals. Some of the examples of this divergence are for example; in Zambia, there are people who believe "Slims" disease is caused by having sex with a menstruating woman, "I know her well, so I don't need to use a condom", or a casual partner is understood to be someone that is not well known and therefore the 6 or more sexual partners you have known well is considered to be alright. This officer concluded that there is need to understand the culture of a people and then proceed to address the core issues with health message.

Utilisation of traditional cultural systems to communicate HIV AIDS messages

Africa's rich cultural heritage offers vast possibilities in relation to what can be borrowed in a mixed media communication approach. Channels such as drama and song are being utilised in various ways in some projects. This is in recognition of the fact that a community will identify with certain cultural elements and decide to attend to the message at times based on this.

Depending on the influence and the predominant communication systems, it may be useful to explore methods of using traditional communications systems to support efforts in combating the spread of AIDS. There were attempts to use community theatre in a few programs such as in the FPPS Puppetry project in Kenya, and UNICEF projects in Malawi (see chapter 4).

Theatre as an educational tool is being utilised in many development projects. One rationale for using theatre is based on the fact that in many cultures, theatre was central to the educative process. In an article in Aids Health Exchange (1991, No.3), Nina Frencie and F. Austin Yao outlined some of the features of theatre that make the art effective for mass education, and which can be applied effectively in the promotion of sound health procedures:

Theatre can offer diversion and stir an audience's imagination. The entertainment quality of the performing arts if exercised effectively can contribute in increasing an audience's receptivity to messages.

Theatre can address difficult topics. This feature is particularly pertinent in the discussion of health related issues such as AIDS which touch on sexuality. Whereas in some African cultures, it is difficult to openly discuss issues such as sexuality or to mention certain terms, characters in a performance can act out situations, addressing the terms by implication and thereby facilitating meaning to that situation. Use of dialogue in a play can also address issues openly between the characters of the play.

In participatory theatre, characters in a play often solicit for the involvement of the audience, hence playing a cathartic role. Besides this, participation or involvement of the audience can be indirectly provoked by the introduction of certain issues into the public domain for discussion and debate, based on the messages and the behaviour of the characters.

Theatre can be flexible. The creative nature of the performing arts facilitates for the adaptation of the same message or storyline to different forms. This is critical in the attempt to make education formats culturally appropriate. Flexibility is also inherent in theatre in that changing trends of themes or topics can be accommodated in theatrical performances.

Theatre is action-driven and is relevant to the focus of "AIDS Education Strategies" which centres on motivation, skills training and the creation of a social climate conducive to change rather than on provision of simple information alone.

As recognised by Forencie and Yao the theatre may have limited reach. However, this reach may be expanded with the combination of mass media utilisation such as the use of videos and radio cassette equipment. The training of community based theatrical groups will also increase the coverage of theatre. This strategy has been used in the Burundi Forum Theatre.

Another strategy cited is that of using theatre for social change. In Thailand, for example, a theatre group composed of male and female sex workers has been presenting an entertaining cabaret show on safer sex practices in bars and sex businesses. In Tanzania, theatre groups attempted to involve the actors in the village community's life. This makes it easier to adopt the storyline and style to culturally acceptable formats because the actors and actresses try to thoroughly understand the communicator's values, norms and behaviour first.

One programme that is using theatre to educate the youth on AIDS is the Kamakazi Players group, in Kisumu, Kenya. The group was initiated in 1992 by a

group of youth who wanted to be busy after completing their secondary education. The objective of the group right from the beginning was to educate the youth on AIDS and they quickly discovered the power of drama in entertaining and educating people. This group has been contracted by a NGO - CARE Kenya for their CARE-CRUSH program after they found it difficult to reach the youth. Parents in this community were unwilling to allow their children to be taught on sexuality by the CARE officers possibly because they were not seen to be the legitimate advisors on their sensitive matters. In using this youth group, previous barriers in reaching this community were surmounted. During this process, these young dramatists identified the need for players and messages targeted at upper primary school children many of whom they noted were sexually active and misinformed.

We can conclude that culture is being taken into consideration in the execution of HIV/AIDS prevention programs. Culture has been shown to have both negative and positive impact on the epidermic and on human behaviour as it relates to peoples lives. There are still major gaps in the understanding of the various cultures and even how culture can be manipulated to support norms that reduce the risk of HIV disease.

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3.4 Overview of HIV/AIDS Behavioural Programs Targeted at Adolescents

The goals of an AIDS prevention program for adolescents is to reduce HIV/AIDS through adoption of safe patterns of behaviour. Before the era of HIV/AIDS the most important consequences of adolescent sexuality were pregnancy, teen motherhood and accompanying morbidity and mortality related to induced abortions. Various school based sex education projects were initiated in response, and a decrease in teen pregnancy has been documented. In the Nordic countries a strategy of providing information and contraception to sexually active adolescence was developed. In the period 1974-1981 a decline of teen pregnancy by 27 percent was documented. By contrast, in the United States where comprehensive sex education programs have not been introduced, there has been an increase of teen pregnancy by 59 percent in the same time period. Thus it can be concluded that addressing adolescent sexuality has a significantly positive impact.

Experience in counseling adolescents has been gathered in the context of counseling against pregnancy. An important observation of programs is that information alone does not lead to a change in behaviour and increasingly there is the recognition that the adolescent needs to be equipped with the necessary skills to sustain behaviour change. Sexual abstinence is the most effective method of preventing HIV/AIDS and other sexually transmitted diseases (Di Clementi 1993). However many adolescents are sexually active and few will adopt abstinence once they become sexually active (Di Clemeti 1993). One of the key strategies in preventing HIV is for male adolescent to use condoms for every exposure and for female adolescent to insist that their partners use condoms. Condoms prevent the transmission of viral agents including HIV but success is dependent on appropriate and consistent use. Increasing consistent condom use among adolescents has proven to be a formidable challenge (Di Clementi 1993).

In the United States, several programs have been evaluated to identify the approaches that lead to adoption of safe behaviour as measured by a decline in high risk behaviour and increased consistent use of condoms. Unfortunately, increase in safer sex practices have not been accompanied by a decrease in STDs neither has sex education resulted in an increase in self reported abstinence.

HIV/AIDS education can be approached through parental counseling, school based programs, and through community based agencies. Whatever the approach there should be an emphasis on risk information, self efficiency, and sexual negotiating skills. Beliefs about perceived susceptibility, barriers and benefits of engaging in AIDS prevention programs, perceptions in acceptability and in-

volvement in AIDS prevention behaviour need to be addressed. It is crucial that who ever is teaching is trained. The key message in HIV/AIDS prevention in the region has been; abstinence, faithfulness to ones partner, and to a limited extent, condom use. Surveys in the region have demonstrated that this is the practice with nearly half the population proposing abstinence and partner reduction as the main strategy of reducing HIV/AIDS while less than 10 percent of the population studied in the region opting for condom use.

Parental counseling

Most adolescents are exposed to limited information from their parents, usually girls are more likely to be counseled than boys. The counseling is limited to information on their menstruation and to be careful to avoid boys in order to avoid pregnancy. Fathers hardly ever participate in counseling. Parents as a rule do not train their youth on sex negotiating skills, nor are they likely to discuss in any detail the risk situations. Parents are more effective in communicating information on sexuality to the younger adolescent compared to the older adolescent and young adult.

School based programs

In all the four countries of Zambia, Malawi, Uganda and Kenya, the government had identified HIV/AIDS education as an important strategy of reaching young people. HIV/AIDS epidemiological data has demonstrated that the age group 5-15 years is relatively free of AIDS. This an age group that coincides with the school going children. The approach in Uganda and Kenya has been to infuse HIV/AIDS education into existing subjects and thus it becomes an examinable subject . In Malawi it was developed as a separate non-examinable subject and as a result teachers have not seen the need to give it priority while in Zambia the school curriculum was being developed at the time of the study. The common approach in all the 4 countries has been as 'family life education which emphasizes on general health and physiological development. There is a reluctance to discuss condoms, contraceptives and provision of services to the young people through youth programs. In addition to the formal curriculum, there have been active health clubs/anti AIDS clubs running schools. Both Malawi and Zambia have active Anti-Aids clubs programs. The Kenyan program has given minimal

encouragement to youth clubs and it is only now that they are evolving in the universities and mid level training institutions albeit in a somewhat haphazard manner.

School based programs offer logistical advantages in that there is access to large numbers of youth. Additionaly, schools are the only institution that children attend regularly before initiating behaviour that puts them at risks of STDs HIV/AIDS. Opponents of school based programs have accused parents and the community for abdicating the responsibility of counseling and educating adolescents. In Kenya, the school based family life program of the Ministry of Education is caught up in accusations and counter accusation that the ministry is teaching school children sex. The Ministry of Education has been compelled on several public fora to state the objectives of the program. Similar proplems are being experienced in the other countries with varying degrees.

School based programs have been shown to increase the adolescent knowledge about HIV/AIDS and to a lesser extent promote health behaviour (Klepp 1994). An example of this is a school based program which was offered to school children in Arusha, Tanzania to reduce risk of HIV infection and to improve tolerance to those experiencing HIV/AIDS. Local teachers were trained for 1 week before implementing the program for 2-3 months. Children who were exposed to the program reported significantly higher exposure to AIDS communication, had more knowledge about AIDS, were more tolerant of individuals with HIV/AIDS and changed their subjective norms. The program had no effect on their attitude towards sexual intercourse. Major constraint have been that school based programs fail to reach out of school youth. In Uganda and Kenya curricula was being developed by the Ministries of Education to reach out of school youth. In Malawi and in the PLAN Kiambu program a child-to-child approach had been adopted to reach out of school primary school children. The program manager in Malawi had noted that primary school children did not discriminate against those who were out of school during play activities in the village, and thus the AIDS prevention program was focusing a lot of energy in reaching primary school children, and as agents of change in local communities. Successful utilization of school children as agents of change and information has been described in other parts of Africa. For example, in Benin a study in which children were requested to take brochures on HIV/AIDS home to their parents was evaluated and it was documented that 80% of 160 parents confirmed they had learnt a lot about AIDS from the brochure and discussion with their children (Verbeke 1991)

Teachers expressed the lack of adequate knowledge and self confidence to teach sexuality to adolescents. They found it difficult to identify culturally appropriate words to describe various body parts and matters related to sexuality. The Malawi and Kenyan teachers guide were examined and found that they had additional information but the researchers felt that it was still inadequate. Mr. Olson in Malawi, UNICEF office observed that the reading level of many primary school teachers was very low and they would find it difficult to utilize the teachers guide without prior training. At the time of the study only Uganda had trained teachers and education officers on how to teach on sexuality and prevention of HIV/AIDS and was continuing to train the new teachers. Both Kenya and Malawi were hoping to train teachers but were constrained by a lack of resources. A curriculum was just being developed in Zambia which aims to infuse HIV/AIDS education into examinable subjects.

Inspite of many criticisms, school programs have been shown to make inroads into teen sexuality. It has been shown that adolescent who are exposed to sex education when they are still virgin tend to postpone sexual activity. Among the sexually active adolescents, sex education has been shown to decrease the frequency of teen pregnancy and abortion (Davis).

Key components for a successful HIV/AIDS and sexuality training program

Several factors have been identified to be key to a successful program. The HIV/AIDS prevention programs are examined in the context of these factors, and in this review, the curriculum in Malawi and Kenya were examined in depth.

1). ***Use of the social learning theory as a foundation for program development and inclusion of social learning and social influence theory.***
In the pre-amble of different curricula that were examined there wasn't a conscious adoption of these theories in the development of the curriculum.

2). ***Maintaining a narrow focus on reducing sexual risk taking behaviour.***
The curricula tackled non sexual risk behaviour in a fairly adequate and consistent manner and addressed relevant issues such as caring for an HIV infected person, touching blood from the wound of another person or sharing items such as razor blades and tooth brushes. However, the issue of sexual risk taking and drug use were inadequately discussed es-

pecially in the primary school. There was inadequate use of the examples that children were familiar with such as birth of various baby animals in informing children about their own physiology and development. The college and out of school curricula were more realistic and included a discussion on appropriate condom use. In both Malawi and Kenya, the scope of the curriculum is maintained through out the school years while the depth and complexity of the discussion increases as the child moves into a higher class.

3). ***Use active learning methods of instruction which includes activities that address the social and or media influences and pressure to have sex.***
In all curricula there was use of active methods of learning. The curricula encouraged teachers to allow students to discuss in class, develop drama presentation, as well as didactic teaching. The teachers manuals encouraged teachers to ask questions at each lesson to ensure that the children have grasped the most important concepts. In the Malawian curriculum there is a major emphasis on the fatal outcome of HIV/AIDS. The children are encouraged to think of the adult responsibilities they would take on if their parents died of AIDS. In the Kenyan curriculum the children are encouraged to seek information from the mass media as well as Ministry of Health sources. As noted earlier there is a reluctance to discuss sex and it is possible that HIV/AIDS prevention can be covered without ever discussing sexual risk taking. The curriculum expects the teachers to be resourceful and enthusiastic about HIV/AIDS education. The vast majority of the school teachers live in remote areas with minimal access to information or even supervision and as a result a well written curricula remains unimplemented due to lack of skills or professional support for the teachers. The Ministries of Education have developed reading materials for the children but these remain the school property and are often few and require to be shared by many children. Parents often do not have the resources to buy the books for their children if they are available for sale.

4). ***Focus on re-informing clear and appropriate values against unprotected sex, postponing sex, avoiding unprotected intercourse and avoiding high risk partners.***
The curriculum emphasizes the need to practice abstinence but because there is a reluctance to talk about or even say the word sex, there is no discussion of protected versus unprotected intercourse. The youth are ad-

vised to avoid high risk groups without enough information on who is high risk and why. This is an important omission because youth need to relate what they learn to their everyday lives.

5). ***Provide modeling and practice communication and negotiation skills.*** This helps them to learn to be assertive and by presenting hypothetical situations allow them to be more aware and ready with responses. In all 4 countries role modeling has been adopted to address the issue of skills training. Because of political and religious pressure, condom skill use and safer sex negotiating skills are omitted from the curriculum or are seldomly practiced. This approach ignores the fact that adolescent are becoming sexually active at an earlier age and that counseling is more effective when it is carried out before youth become sexually active.

A major objective in all curricula that were examined is the need to train adolescent on how to conduct healthy relationships, how to communicate and negotiate in real life situations, and to develop a conscious process of decision making that critically examines the matter at hand. However it should be noted that approaches that are successful for one gender are not necessarily successful with the opposite gender. A study was carried out to train adolescents on assertiveness, sexual negotiating skills, and avoidance of high risk behaviour. An evaluation of this intervention found that the package significantly impacted on the female participants; there was a definite decline in sexual risk taking among the girls while the boys demonstrated no change. The authors concluded that in a culture that already gives men the dominant role, a project that wants to promote assertiveness has a little impact on those who already perceive themselves to be in authority (Malonza 1995).

6) ***Programmes must be tailored to be developmentally appropriate and culturally relevant.***
The HIV/AIDS curriculum has been developed with the assumption that children will be a certain age in a specified class. This assumption ignores the reality, in that many children enrolled in school late and that there are many episodes of repeating classes so that by mid primary school, age range in any class varies considerably. The advantage of tailoring the curriculum to the class is that it makes it easier to assess and monitor through national examination systems. The alternative approach would

be to group the children according to their ages and needs. This approach lends itself to a club like activity which may be popular with the children. Zambia's initial focus on HIV/AIDS education was through anti-aids clubs in schools, Malawi has adopted both curriculum and club activities while in Kenya and Uganda the formal curriculum is prominent. An evaluation of anti-AIDS clubs in Malawi found that the participants rushed over learning activities in order to start on more fun activities of drama etc. and as a result the children did not have sufficient knowledge.

The curricula are cognizant of the prevalent culture. Positive aspects of family life and caring nature of the extended families are emphasized. The deficiencies in the discussion on sexuality that are found in the curriculum reflects the African culture which in many instances expected the young person to learn from the observation with minimal explanation (Balmer 1994, Wangui).

The governments in the region have made major efforts to work with the public to develop a curriculum that is well accepted and meets their needs. Needs assessment using focus group discussion with youth and their parents have been carried out. Religious organizations and relevant NGOs have been involved in the preparation of the curriculum (Nturubi, UNICEF-Uganda, Dupree, Kenya Youth IEC assessment).

7) ***Use of peer educators as agents for behaviour.***

Peer education has been shown to be successful in reducing substance abuse such as alcohol, drugs, tobacco and in reduction of risk behaviour. Peer educators are desirable because they are a more credible source of information, they communicate in a language that can be understood by their peers, they serve as role models that dispel the normative concepts that all youth are involved in the risk behaviour (Di Clementi 1993). The normative role of the peer educators is particularly important in facilitating adolescent acquisition of social skills such as sexual negotiating and assertiveness that are essential in avoiding high risk behaviour associated with acquisition of HIV/AIDS (Di Clement 1993, Bishangara 1991 and Sennoga 1992).

In the various studies among adolescents it has been shown that peers are important source of information on sexuality and on boy-girl relationships. The boys tend to be informed and are often the source of informa-

tion on sexuality even for the girls. The youth have a lot of misinformation and a period of training is required if they are to be effective sources of information.

The curricula in the region involve peers to varying levels, for example the peer education is an important goal for the Kenyan and Malawian curricula. In Zambia and in Malawi the school anti-AIDS clubs have been left to be run by the youth with the minimal input from an adult patron especially in secondary schools and colleges. Some community based programs such as CHUSA and Youth Alive in Uganda use peer educators extensively. In the YWCA program in Lusaka, youth street gang leaders have been recruited and trained to reach out to fellow youth with HIV/AIDS programs as well as participating actively in the development learning materials.

The UNICEF Country representative in Zambia Mr. OKeefe expressed reservations about this arrangement - peer and peer groups may be used for destructive purposes such as gangs involved in theft and other anti-social behaviour. Over involvement with peers and other peer groups may make it difficult for a youth to develop appropriate skills for individual decision making and negotiation of tricky situations. Peer group leaders may use their position to intimidate other youth.

8). ***The programs must go on for long enough to effect change and must have a system of reinforcing the message and supporting the positive behaviour.*** The HIV/AIDS curriculum has been planned in a manner that a leaner needs to finish school in order to be well informed. This approach is based on the assumption that there will be minimum attrition from school. Contrary to the expectation, there is considerable attrition from school and particularly among girls who are seen as a poor investment by their families, especially in this era of cost sharing in education. The second major constraint in the curriculum is the time allocated; at best the subject is allocated 3-4 hours per year. It is difficult to expect young people to make meaningful change in their life after 4 hours of learning in a year.

9). ***Teachers, trainers, and peer educators must be trained on the program.*** Uganda was the only country that had successfully trained teachers, and their supervisors. The Kenya and Malawi programs had plans for train-

ing that were constrained by finances. In Botswana, a program has developed to train secondary school on HIV/AIDS. Thirty teachers were initially trained who in due course organized training for other teachers such that 60 percent of the science teachers were trained with a potential for reaching 40,000 pupils. The teachers have been actively involved in counselling and material development in collaboration with the National AIDS Control Program and Ministry of Education in Botswana (Nyebeta). This approach is slightly different from the more formal approach that has been adopted in Kenya, Uganda and Malawi but both demonstrate the tremendous capacity teachers have in shaping HIV/AIDS education to the youth.

Some of the constraints experienced by teachers are the lack of vernacular language to describe body parts, cultural inhibitions to discussing intimate matters, fears of parents disapproval and lack of confidence in the subject matter (Olson 1995, Dlodlo 1992, Nturubi 1995)

School based programs are difficult to organize and require a lot of commitment to provide service and advocacy so that they are well accepted in the community. Measures that can improve the school based program include community interventions to create an environment that is promotive of preventive norms and HIV/AIDS prevention programs. The community should be involved in deriving methods of surmounting the social barriers to more sexually explicit messages and which are cognizant of the current practices among the youth.

Health Clubs/Anti-AIDS Clubs/Youth Serving Clubs

The anti-AIDS club began in Zambia and was then adopted with modifications in Zimbabwe, and Malawi. In Kenya, traditional youth serving organizations have picked up anti-AIDS activities. Successful clubs require the same qualities as school curriculum as well as a well trained, enthusiastic group patron(Di Clementi). One of the constraints observed in anti-AIDS clubs, is that it is only in Malawi that an effort was made to implement a defined curriculum. In the other countries, the clubs were training on HIV/AIDS on a sort of *ad-hoc* basis. The boy scouts and the girl guides , and the girl and the boy brigade have a long history of training youths in life skills and community participation. These agencies have a tremendous potential for reaching a large number of children in an effectively and culturally acceptable manner. The Scouts and guiding movements were very

active in Kenya while the Brigade was well established in Uganda. These organisations appear to be non-existant or very limited in Malawi and Zambia.

Traditional institutions

In African tradition, initiation was an important rite of passage from childhood to adulthood. This process included the counseling of young people on the socially expected roles, to the family, and the community. Gender roles were greatly emphasized as well as management of sexuality within the culturally accepted norms. Personal rights and needs for any form of gratification were of secondary importance with the cultural groups being of paramount importance. The different cultures had a system of sanctions, punishment, and taboos cushioned in the supernatural to ensure that norms were followed, for example a Chichewa woman who failed to have cleansing rites after the death of her child would go mad according to the traditional belief. Mental illness is feared a lot in Africa and therefore a woman in this type of situation may choose to undergo a traditional sexual cleansing rite to avoid the consequences.

Traditional institutions are still very powerful in parts of the region. Involving them in HIV/AIDS education offers certain advantages such as the ability to address, specific cultural risk factors and culturally acceptable substitutes developed. Traditional institutions have the social mandate of addressing issues of sexuality. In areas where school enrollment is low or where there are high school drop rates, the traditional institutions maybe the only source of information on sexuality and development. Programs addressing sexuality cannot afford to ignore the presence of this traditional institutions and some effort should be made to ensure that the HIV/AIDS prevention program and the traditional institutions are speaking the same language. Cultural institutions may even be able to impose certain sanctions that ensure community members follow specific norms of behaviour.

The YWCA program in Zambia has used this traditional model in its AID prevention program. Recognizing that older women and men were traditionally charged with the responsibility of counseling on sexuality, older men and women have been trained as counselors and they visit from house to house with AIDS prevention messages in the "compounds" of Lusaka. The program has been able to address the use of traditional clay models for teaching sexuality, the role of

sexual stimulants in increasing HIV/AIDS and the cultural beliefs about polygamy and multiple sex partners (Shiganga, 1995).

Religious organizations

Religious organizations in the 4 countries are largely Christian and Muslims. Religious organizations are also represented by a variety of NGOs. The religious organizations have a role on three levels. The first role is as sources of information to the public, secondly they can be involved in improving parental skills in counseling adolescents and thirdly, they have an important role in setting and re-enforcing societal norms.

Religious organizations have regular meetings of their members. Members attend voluntarily and with a willingness to listen to the preacher. The members know and expect the preacher to deal with the moral issues. The churches in the region have responded to the needs of the HIV/AIDS epidemic in a somewhat patchy manner. Affluent congregations have been able to organize youth clubs and youth camps that actively address teen sexuality and drug abuse while many poor churches have not yet worked through the dogma and taboos that make it difficult for them to talk about human sexuality or even counsel the youth.

The thrust of the church message has been to encourage abstinence. There has been minimal involvement of the parents and a definite curriculum of what is taught in the church has not been developed. The only exception to this is the CHUSA and Madrasa education in Uganda that has set out to systematically reach young children and youths.

Religious organizations have been involved in developing school curriculum for family health education. This has been in recognition that human sexuality cannot be taught without teaching morals. The latter are culturally based and hence the need to involve different cultures at the inception. Traditional leaders have not been involved in developing school curriculum.

Many religious institutions and particularly the Catholic church owns many institutions of secular education. In this scenario the church is directly involved in educating children and youth on human sexuality, morals and behavioral skills. The religious organizations are also teaching children through club activities.

Health oriented religious NGOs and hospitals have been the backbone of health care in remote areas of many countries in the region of East and Central Africa. These organizations have strengthened the capacity of peer educators through dissemination of accurate information on HIV/AIDS. Two organizations that can be singled out are the Church Medical Association of Zambia (CMAZ) and Medical Assistance Program in Kenya (MAP) which are actively involved with local churches in addressing HIV/AIDS.

It can be concluded that HIV/AIDS and adolescent sexuality have been recognized as important issues by both government, religious organizations and the community, and tremendous efforts are being made to address these problems. In all four countries, schools have been identified as an important entry point for HIV/AIDS education. The curriculum has been approached in the traditional way. There is need to re-evaluate this approach because there is a very high drop out rate such that young people fail to complete the set curriculum. Major deficiencies have also been noted. For example only Uganda has specifically trained teachers in a systematic way on how to teach human sexuality in the classroom. Secondly, to our knowledge, none of the school based curriculum had been evaluated to determine their impact.

The second thrust in adolescent counseling and training has been through youth club activities that have been run as extra curriculum activities in school or through religious organizations. The anti AIDS clubs in Zambia and Malawi had been evaluated. The Zambian evaluation found that the clubs had successfully improved the youths knowledge but risk taking behaviour had changed only minimally.

Both the curriculum and club based activities aim to increase knowledge and train in life skills. The curriculum contain most of the elements that have been identified as necessary for a successful program. There is no information on the extent to which these curriculum are implemented.

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3.5 An Overview of Media Efforts in HIV/AIDS Communication

Since the onset of the HIV/AIDS epidemic, the media has played a prominent role in raising awareness and providing information on HIV/AIDS. The mainstream media has been instrumental in keeping the public informed of the latest medical advances in the fight against HIV/AIDS. Fifteen years into the epidemic, there is still no cure, and major advances in the treatment only benefit technologically advanced countries. Thus, the main thrust in HIV/AIDS is prevention through behavioral change.

In recognition of the fact that adult sexual habits are developed largely during adolescence, this period of time has been targeted for intense HIV/AIDS education and behavioral modification. Communication is central to these initiatives. The challenge is to develop communication strategies within projects and programs that will support and facilitate positive behavioral change.

Studies in communication have evolved over time from the view that communication is all powerful to the current situation where communication is regarded as being multifaceted and dependent on other variables in a given environment. A significant shift which is relevant to AIDS communication and adolescents is that audiences are no longer viewed as being passive and recipient to any messages as determined by project/program initiators. Audiences are active people who are influenced by various factors, and who are capable of being part of the communication process. This has given rise to participation as a key component in the development of the communication process, in its implementation, and in the monitoring and evaluation.

In many programs, there is lack of recognition that communication is a specialized discipline. This is based on the fact that communication is so integral to human behaviour and life, and it is taken for granted that anybody can undertake to implement a communication program. Planned communication efforts are often ignored, and human and technical resources not allowed in the planning and development of projects (Agunga 1990, Aznar, 1992). The success of the UNICEF media campaign programs in child survival has given prominence to the media as a tool in supporting specific development initiatives.

The media can be described as a medium/channel that is utilized to convey or communicate certain information. Such a channel can be formal; for instance a newspaper or radio, or informal; such as drama, a poster or interpersonal interaction. The choice of channel is dependent on factors such as the purpose of com-

munication, the description of ones audience, the nature of the message, the resources, and significantly the creativity and imagination of those initiating the communication.

The utilization of formal or the mainstream media has been found to be most effective at the awareness rasing level. Mainstream media is crucial in introducing certain issues into the public forum for discussion which may inturn have an impact at the policy and the decision making levels depending on the crusading efforts of the media practitioners.

Factors in effective communication

There are several considerations that have been found to be necessary in planning and implementation of communication in order to attain a reasonable degree of achievement. These include:

The Audience

This factor has been described as being of prime importance in the communication process. An understanding or lack of knowledge of the audience will dictate the success of the communication process. In seeking to evaluate communication in the media process, a study of audience analysis or research is critical. Assumptions about the nature of one's audience and circumstances that may influence such an audience has led to many blunders in developing initiatives. The audience and the environment will determine the selection of a channel and the design of messages.

The channel

Selection of the channel is commonly influenced by access to the channels, and resources, the purpose of the communication, and the audience. Emerging approaches in communication advocate for the participation of the audience in the selection of the channel.

Message design

Even the most critical message conveyed through a sophisticated channel will be useless if designed clumsily and uncreatively. Bland presentation of content will undermine even the best of intentions. Thus a factor should be considered in the development of communication programs and projects.

Participation

The participatory component in all development efforts has become prominent. The basis of this principle lies in the argument that the beneficiary or the target audience knows best what they need and the methods to achieve this end.

In communication, participation of the target audience is critical. Facilitating the process whereby the audience realizes that they have a role in the control and management of the process will result in programs whose content, style, and implementation are consistent with the norms and values of the target audience.

Media utilization in AIDS communications to adolescent's programs

Varying approaches in the use of media are evident in all of 4 countries visited. However, the media utilization can be classified into 3 broad categories:

- *Mass media.*
- *Alternative non formal media.*
- *Alternative informal media.*

Mass media

AIDS coverage is yet to become integral to mass media reporting. There are ongoing efforts to redress this situation particularly in Zambia, Uganda and Kenya. Unfortunately the limit in respect to time of this assessment ruled out a comprehensive content analysis of mass media (i.e. of newspapers, radio and television), and the examination of the available materials cannot therefore be applied generally due to this limitation. However, reference has been made to evaluation studies in Zambia and additional mention will be made to material collected from the four countries. In addition, the choice of channel has also been covered in the chapter on communication analysis of the programs.

Print media

The print media included reading materials that have been developed for use in school, published supplemental reading materials by independent writers, news letters and news items in the newspaper.

School reading material

UNICEF in collaboration with Ministries of Education and NGOs such as Family Health Trust in Zambia, and CARE in Kenya have been involved in the process of materials development. Ideas are being shared in the region; for example, the PIED CROW magazine in Kenya which has been found to be an effective method of communicating AIDS and health messages to school going children, (Kanani 1994) has been adapted by the Family Health Trust of Zambia as Dr. Kalulu.

School reading materials had been developed to be used within a certain curriculum and were often are culturally specific. The preparation of the materials included a needs assessment, development of culturally and developmentally appropriate material with a lot of attention of whether the text and pictures really communicate the message they are supposed to communicate. The materials focused on presenting relevant situations to the child, and bright colours have been used to make the books attractive to the children. The materials are evaluated by adults before they are pre-tested on the youth and for instance in Kenya, the curriculum development committee of the Kenya Institute of Education is one agency that is involved in this process. The materials are finally pre-tested on children and necessary changes made before whole distribution.

There is a recognition that symbols have different meaning in different cultures and the packaging of messages has a different impact depending on the audience e.g. comic forms were found to be more effective in the younger child while photo novellas was more effective than comics in adolescents. Famous characters from African folk tales like the smart hare who has been named Dr. Kalulu in the "Pied Crow" are used to communicate the messages to the readers. The materials include text books, teachers guide, posters and comics. These materials have been distributed widely and made available for use in school by children and their teachers.

Some of the constraints experienced in developing appropriate materials for the schools include the lengthy process and the need to have individuals trained in communications to facilitate the process. In the region of East and Southern Africa, monetary resources to develop the materials have been provided for largely by donors such as UNICEF and ODA. There is often a requirement that the materials should not be for sale. As long as the donor is involved with the program the materials are freely available in their area of operation but once the project

ends the materials may then become unavailable because there are no monetary resources to allow for reprints. A further constraint is the fact that, the materials have a limited distribution. There is a real need for donors, NGOs and publishers to make materials developed within specific projects be available for publication, at a low price and thus ensure a wider and sustained circulation.

Supplemental reading material

There are broadly 3 categories of supplemental reading materials; supplemental material developed along side the curriculum, materials developed by NGOs involved in AIDS education and materials developed by independent publishers.

Supplemental reading material like textbooks which have been developed as part of the curriculum development will normally have been taken through the stringent process of development. The materials are less formal in their approach and strive to interest the reader. The comic format has been used extensively in reaching the younger reader.

A second category of supplemental materials have been developed within NGOs to reach all members of the community. There is a thrust to develop materials for adults in order to empower them to be able to communicate more effectively with their children and their spouses. UNICEF Uganda and Kenya Youth Initiatives Project, and MAP International are involved in such an activity.

A third category is materials that have been developed by publishers and marketed to the general public. Macmillan Publishers have been involved in an initiative of increasing AIDS awareness in East and Southern Africa. A series of stories capturing the lives of young people were published in Botswana and have now been published in English in Kenya and Uganda. The publishers have worked with AIDS curriculum developers from the Ministry of Education in Kenya in order to adopt the stories so that they are culturally appropriate for East Africa. Currently 18 titles are available at very reasonable prices.

An important gap, was the relative deficiency of well developed materials for the adolescents in all four countries in the study. The Kenya Youth Initiatives Project, and the YWCA-Morehouse School of Medicine program in Zambia and MAP International were in the process of developing materials for the adolescents. A series of surveys, focus group discussions and key person interviews had been carried out to identify the gaps. The materials were to be evaluated for the content and illustration before being distributed widely.

An important constraint for materials developed by individuals or NGOs is the lengthy process of verification by the Ministry of Education in which some of the material may be deleted or become outdated. An example is the materials published by MacMillan publishers in Nairobi, which still need the endorsement of Kenya Institute of Education before they can be recommended as official supplemental reading in schools.

A third important observation is that illustrations are not always culturally recognizable for example viruses in Pied Crow and Dr. Kalulu comics are illustrated as gnomes. These are characters from European mythology which maynot be recognised by the target audience for what they really are and hence they fall short in communicating the message.

Some NGOs develope materials without professional input by experts in material development and the result is poorly produced materials that has the potential for misinformation. An example is materials produced by the Commonwealth Youth African Region secretariat.

Newsletters

Several news-letters have been developed in the region in response to the HIV/AIDS epidemic. The news letters provide a forum for communication and dissemination of information to the readers. Two types of newsletters were found; newsletters that seek to communicate with the youth and those that seek to communicate with program managers.

Newsletters targeted at the youth

We reviewed EDZI TOTO in Malawi, and Straight Talk (ST) in Uganda and the news letter for anti-AIDS clubs in Zambia. In both Malawi and Zambia the news letters are distributed to the anti-AIDS clubs. The EDZI TOTO has articles contributed by both program managers and the youth. The news letter for anti-AIDS clubs has a similar mix.

The most apt utilization of mass media was found in Uganda under the Safeguard Youth from AIDS and Save Yourself from AIDS program (SYFA). The second message is to adults emphasizing the need to guard themselves against AIDS and to be role models for the youth. The program aims at reducing the number

of sexual partners, the improvement of diagnosis and treatment of AIDS and the encouragement of youth to adopt safe practices during early sexual activity. Towards achieving these goals the SYFA program which is coordinated through Uganda AIDS Commission is utilizing the mass media, namely the news papers, radio and television.

The StraightTalk (ST) newsletter is a SYFA initiative, and it is distributed as an insert of the New Vision Newspaper, the most widely read news paper in Uganda and 20 copies are sent to every secondary school in Uganda. The news letter has real life stories and problem and answer columns. Through interviews of successful youths who are making appropriate decisions about their lives, the Straight Talk news letter seeks to normalize among the youth safer sex practices. Commonly held myths and gender issues in sexuality are discussed openly. The Straight Talk is a good example of a successful Newsletter yet it has certain problems it faces. ST is not read by youth less that 15 years and yet this is a group that one would want to reach before they are sexually active and at risk of HIV/AIDS. The surrogate recipient of the information for the under - 15 years old would be parents. However, the evaluation demonstrated that parents felt alienated and that parental guidance was being played down by the Newsletter. The Newsletter has focused almost entirely on issues of sexuality and yet as discussed in earlier chapters, adolescents are faced with many tasks of growing up which are as important as achieving normal healthy adult sexuality. Nevertheless the newsletter has succeeded in bringing traditionally 'taboo subjects like human sexuality to the forefront of everyday conversation for adolescents and adults.

The Kenya Youth Initiatives Program has adopted a similar approach by running a column on one of the Sunday dailies and the Kenyan Professional Counsellors Association is in the process of developing an ST Newsletter.

SORAN in Southern Malawi, and NARESA in East and Southern Africa are examples of news letters in the region that are used to communicate with program managers. They can be used to disseminate information and skills on how to initiate and manage effective anti-AIDS activities among the youth. In a region which has limited trained manpower, resource people can offer their skills to a wider audience. These news letters are not yet being used adequately. Their regularity and coverage is frequently constrained by lack of resources. Many of these newsletters are run on generous doses of enthusiasm and real shoe string budgets.

EDZI TOTO in Malawi (now called Shamala Moyo), and the anti-AIDS clubs Newsletter in Zambia are examples of newsletters that aim to link youth in anti-AIDS clubs from different parts of the country through shared experiences and competitions sponsored through the newsletter. Program managers use the same forum for communicating messages to the youth.

Radio

Radio is a mass media with the widest coverage. In all four countries that have been studied, radio has been used extensively to reach adolescents and adults. The radio programs included; youth variety shows radio soap opera and drama, radio spots, and discussion programs.

Radio variety show

The program includes music, short stories, short interviews and jokes. There was a lot of material condensed into one program and as a result the materials lacked in-depth coverage.

Radio soap operas and drama

Interesting stories were enacted which really captured the experiences of the youth and their families. There was an assumption that the youth would discern the message the play was portraying without a guided discussion. This reflects limited knowledge on adolescent development. As discussed in the introduction, operational thinking develops in late adolescence and prior to this youth reason out very concretely such that the lessons an adult will learn from a play cannot be assumed to be the same learning in youth. The youth may sympathize and identify with the negative characters and feel they are negatively treated.

Radio spots

These have an advertising format often accompanied by catchy tunes. They are effective in emphasizing the message. The use of young people to communicate the language is very effective in reaching the youth and facilitating the process of normalizing specific patterns of behaviour.

Radio discussions

These radio discussions are between experts and youth and allow for in-depth discussions of issues. They are useful in giving accurate information and advice. The fact that they are on radio gives them an authority that significant adults in a youths life may not have. The radio programs have music integrated into the program in order to make them interesting. These types of programs are more appropriate for older adolescents.

UNICEF in Uganda and Malawi, and USAID in Kenya and Zambia were providing funding and technical support for the radio programmes.

Television

Television has limited reach and is found in urban areas and within a certain social economic class. These are programs targeting youth usually in a talk show format and occasionally TV spots. The TV spots appear to be very effective in generating interest and discussion and reach even younger children. The talk shows cover interesting topics but when a paternalistic approach is used in presentation, it is well received by the parents but the youth in the studio and at home look bored. Some of the TV shows are presented by the youth and they appear to be more popular with the them. Television was found to be popular with youths in the cities of Kampala in Uganda and Lusaka in Zambia. Television viewing has not been evaluated in Kenya and thus the popularity of the programs cannot be assessed. Malawi does not have a National Television Service.

Video

In all four countries, videos have been developed as resource material. These are frequently used as complementary material for the lectures and talks or placed in resource centres. The format is usually drama or a documentary format. In Malawi, UNICEF had provided a video set in all school districts as well as developing a film on HIV/AIDS that all form one students were expected to watch. In Zambia, the Family Health Trust had a video.

Video is potentially effective in communication. Its use is limited by lack of infrastructure such as electricity, video sets or community centres. There are many

mobile and video units that promote various messages. The shows are usually in the evenings after dark, a time which families will not allow daughters to venture from the house because of fears for their safety.

Informal media

The informal media encompasses theatre, music and 'small media such as posters, T-shirts, baseball caps, pens and interpersonal communication. This informal media has been the most extensively used method of communication.

Theatre

The theatre has been used to communicate messages as well as address culturally sensitive issues of sexuality. Theatre also has been used as a research tool and to facilitate dialogue in communities. An example is the players from the Faculty of Performing and Fine Arts in Malawi who participated in a research initiative in Phalambe, Southern Malawi. The students carried out observation and focus group discussions with the community in attempts to find out the existing knowledge, attitude and practice of sexuality in the community. This community was selected because of the already documented high prevalence of HIV/AIDS.

The students developed skits that portrayed sexual risk factors within the community. These skits were performed before the community in a manner that allowed discussion and solutions to be proposed. According to the program managers, the activity was well received in the community and there have been repeat performances with the community developing their own drama groups. During the time of the study, the community was in the process of developing culturally appropriate messages.

There are other examples of community theatre initiatives like Kamakazi players in Kenya. This is a group of young people in Kisumu, Kenya, an area which is severely affected by HIV/AIDS. The youth, secondary school graduates felt the need to communicate the HIV/AIDS prevention message to fellow youth through drama. The activity also provided the youth with an occupation which was fun and made them popular with peers, during the time they were waiting to go for further studies. This group was commissioned by an NGO that was finding it difficult to reach the youth with messages on HIV/AIDS prevention.

Drama and theatre are probably one of the most effective and appropriate vehicles of giving HIV/AIDS prevention messages to rural and poor urban communities in Africa which have limited access to modern media. The entertainment function of theatre/drama makes it attractive to the youth, while allowing for exploration of sensitive issues. It is a media with minimal requirements in terms of resources and literacy, and a community can easily develop an interesting expertise of performances.

A different form of theatre that was found was Puppetry. This is not integral to the African culture, but it can be effective with very young children. Puppetry allows an individual to detach themselves from a sensitive topic and thus neutralizes paternalistic approaches that irritate youth, while still delivering the same message.

An example of this was the FPPS Puppetry Project in Kenya which is involved in training puppeteers. There are several puppets shows on Kenyan and Ugandan Television such as the Muppet show and Sesame street, that have been developed as educational programs for school-age children in the west. These shows are extremely popular, suggesting that programs formatted in a similar manner would effectively reach the children. Puppetry like Television is still limited to the middle and upper class, urbanized population.

An interesting use of social marketing utilizing theatre was a road show presented by Group Africa (based in Kenya) to promote condom use in Uganda. These approaches have been used by commercial companies to advertise their products and have been very popular. The Group Africa program was very well received in Uganda.

Small Media

In all four countries, posters, fliers, T-shirts, key chains, baseball caps, calendars and pens were widely utilized. The initial fear messages are being replaced by a more affirmative message. There was a lot of borrowing of ideas for example "Young men/women say no to sex" which originated from Malawi and had been reproduced in Kenya and Zambia is an example of the type of affirmative messages being directed to the youth.

The ideas for messages or design of calendars came from the public through sponsored competitions. A lot of the material was not pre-tested, and sometimes

failed to communicate the message. A good example of this lack of careful assessment of messages is in Kenya, where one poster developed portrayed a python cradling a baby while another portrayed a python swallowing an apple. These posters failed to communicate the message, because people were unable to connect the python with the HIV virus.

The borrowing of concepts for posters from one country is a good example of collaboration but there is always a need to validate the materials and test it for cultural relevance through pre-testing. There is a diversity of culture within the country and from country to country, and as a result, messages that are very effective in one community will be ineffective in another, for example posters that promote monogamy will not make sense in a community where polygamy is the socially accepted norm and thus a different type of symbol would have to be used.

Small media are appropriate in reinforcing messages by constant repetition and appropriate placement at venues that are continually utilised by the target population and when at accessible points.

Interpersonal communication

In all the studies of the adolescents in the region, interpersonal communication was the most common source of information on sexuality. Both boys and girls were willing to talk about sexuality and boys were more informed on the subject.

A number of behavioral modification programs were using interpersonal communication primarily through peer counseling. The commonly adopted method was of older youth counseling, younger youth as opposed to youth of the same group counseling each other. Malawi which has a low primary school enrolment was deliberately targeting primary school children and promoting child-to-child outreach from school to the out-of-school youth. Many of the surveys found that parents had inadequate information and the required skills to carry out interpersonal communication with their children. The children themselves expressed the desire to have more interaction and information from the parents, who are seen to give accurate facts and appropriate advise. In response, UNICEF in both Uganda and Malawi and USAID-Morehouse School of Medicine in Zambia, Kenya Youth Initiatives in Kenya, and MAP International (Kenya) are developing

materials to equip parent with the relevant knowledge and skills in communicating with the adolescents on issues of sexuality and growing up.

The advantage of interpersonal communication is the opportunity it gives for the immediate clarification as well as intimacy and privacy created. It involves more than spoken language and encompasses body gesture and facial expressions. Another advantage is the minimal amount of resources required. The communication skills empower an individual to be able to negotiate, lobby for certain viewpoint and carry out advocacy which in turns results in a sense of confidence and control in social interactions.

Oral culture is fundamental in the African communities. There are well developed methods in instilling norms and values and critical thinking through riddles and proverbs. We did not come across any programme that was active in promoting this form of communication and yet there are many messages in these oral forms that would be relevant to HIV/AIDS prevention and particularly in terms of behavioral modification. The formal orientation of modern education denies adolescents/children opportunity to learn from this informal form. The informal nature of oral culture denies it the due recognition it deserves in a world where symbolic language dominates communication.

The media offers tremendous opportunities for HIV/AIDS prevention programmes. Apart from Straight Talk which had been evaluated, none had been evaluated in regard to modifying behaviour. There is an urgent need to carry impact evaluation both in the short and long term, in order to identify the most effective way of reaching the different sub-groups of youth. Such evaluation should help define the culturally relevant framework in HIV/AIDS prevention programmes and the most effective media to be utilized.

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3.6 Government Efforts to Prevent HIV/AIDS Among Adolescents

The governments of East and Southern Africa have recognized the importance of HIV/AIDS. The WHO/GPA program facilitated the setting up of National AIDS Control Program (NACP)Secretariats in 1987. The major tasks were to ensure safe blood supply, monitor progression of the epidemic and to inform and educate the public on HIV/AIDS prevention. The need for clinical care and home based care of sick individuals has emerged as the epidemic developed. An important development in the mid- 90s has been involvement of more government ministries in HIV/AIDS education.

The level of awareness among youth and adults as well as the routine screening of blood and blood products is an indication of the success of these programs. The National AIDS Control programs are a good illustration of how international UN agencies in collaboration with governments around the world, including Sub Saharan Africa have been able to put into place some measures to limit HIV/AIDS epidemic.

Sentinel surveillance data has revealed that children and adolescents age 5-15 years are a relatively HIV/AIDS free population and the term "Window of Hope" has been used to describe this group. Governments in all 4 countries studied are targeting this population for intense HIV/AIDS/STDS prevention activities.

Adolescents pregnancy and its negative impact had been identified as important in previous initiatives that target the "Girl Child". Several studies had been commissioned in all the four countries that were visited, and there is reasonable knowledge about the adolescents sexuality practices and the factors that contribute to unsafe practices. The studies have been carried out by independent researchers with funding from NACP or from other funding agencies and in this respect UNICEF has been very instrumental in the initiation and implication of such studies. The second type of studies have been by government departments or NGOs with a specific task in mind such as curriculum development.

Specific governments departments have been charged with the responsibility of targeting youth and children in counseling and informing young people on HIV/AIDS. The common approach in the countries that were visited was that young people need life skills that allow them each to develop as a total person as opposed to providing information that is focused only on sex education. The

Ministries of Education in collaboration with the Ministries of Health and with technical and financial assistance from UNICEF and other organizations such as USAID have developed curricula to be used in schools to inform young people on HIV/AIDS and develop life skills that will enable the youth to make responsible choices about their lives.

Only Uganda has completed the process of curriculum development, materials development and training of teachers. In Kenya, teachers are not trained while both Zambia and Malawi were still at the stage of curriculum development. The target of these efforts have been school children and youth in tertiary institutions and it was only during the time of the study that curricula for out of school youth was being developed in Uganda. The examinable nature of the materials on human sexuality and HIV/AIDS in Kenya and Uganda is an indication of the seriousness with which governments view HIV/AIDS prevention.

The governments of all four countries that were visited recognize the importance of media in Health Education. The NACP in collaboration with Health Education Units of the ministries of Health have developed HIV/AIDS educational materials which have included pamphlets that explain the transmission, clinical presentation, and prevention of HIV/AIDS, calendars, fliers, posters as well as radio and television programs. The initial approach was to inform the public at large but increasingly the messages are targeted at specific groups such as school children, youth and high risk workers (sex workers, truck drivers etc.). There has been involvement of UN agencies in funding and technical advice. UNICEF, and the WHO/GPA program have featured prominently in this manner.

In Uganda the SYFA "Straight Talk " media initiative that includes a newsletter, radio and television program is an example of a successful collaboration between governments, UNICEF and independent mass media in this case New Vision newspaper.

Since the Reproductive Health Conference in Cairo in 1994, the expanded definition of reproductive health to include whole life cycle has resulted in involvement of traditionally reproductive services in a more active role of STDs/HIV/AIDS prevention. A good example of this is in Kenya where the "Kenya Youth Initiatives" program which is a pregnancy/HIV/AIDS/STDs prevention program targeted at youth and their parents is spearheaded by the National Population Development Council (NCPD), in Kenya. This is a government agency that has been traditionally involved in population control issues.

The escalating adult mortality from HIV/AIDS and the reduction of the work force has resulted in a more broad based government response. AIDS is increasingly seen as a threat to public security and in response senior governments ministries such as the Office of the President and Ministries of Planning have became the coordinating departments for government initiated HIV/AIDS prevention programs in order to ensure closer supervision of HIV/AIDS prevention programs. In Uganda there is a well coordinated effort under "the Uganda AIDS Commission" a special program under the Office of the President, which reports directly to H.E. President Yoweri Kaguta Museveni.

The Uganda AIDS Commission in collaboration with the local religious and secular NGOs, and funding agencies initiated the SYFA and SYFA project "safe guard youth against AIDS, safe guard yourself against AIDS" (UNICEF). Under this umbrella, there are both behavioral modification programs, and media program targeting the youth. Much of the funding has been from UNICEF and small components from USAID and other donors.

In Kenya although there is no central control by government on anti HIV/AIDS prevention activities, the Ministry of Planning which is the parent ministry for the NCPD is playing a major role in coordinating the thrust of HIV/AIDS prevention among youth through the media and advocacy for development of appropriate policy. Public administration in Kenya is currently one of the most active players in HIV/AIDS education to the public. A study of women attending a well woman clinic in Nairobi found that the most common source of information on HIV/AIDS was the chiefs Baraza (public meeting held by the chief)(M.Tydall).

In Malawi the government has charged the Ministry of Youth and Sports to be more involved in the youth development and in counseling of HIV/AIDS while in Zambia, Zambia Institute of Mass Communication (ZAMCOM) is playing a significant role in educating members of the media in order to improve their skills in HIV/AIDS prevention programs.

The spirit of the HIV/AIDS programs varies from country to country. The initial message instilled fear and in conformity with this, the earliest IEC materials focused on images of death and hopelessness. Although these messages were informative they created a feeling of hopelessness and defeat. Several studies among the youth have documented this hopelessness (Sindiga). In the recent

past messages have began to emphasize that individuals have within themselves the capacity to prevent HIV/AIDS and to support those who are infected (Dakar Declaration). This approach is best developed in Uganda where they talk of the "Window of Hope" when refering to the relatively AIDS free age group of 5-15 years, and emphasizing that 80 percent of the Ugandans do not have HIV/AIDS and encouraging them to remain that way or emphasizing how successful young people are at adopting patterns of behavioral that do not expose them to HIV/AIDS. These messages are constantly in the media (radio and newspapers) and they re-inforce a message of hope.

From the above discussion it can be seen that the governments in the region have shown a commitment to HIV/AIDS prevention programs and especially in targeting youth and children with preventive messages. There are however some major constraints being experienced in these government efforts . One of the most important problem has been the failure, or the inability of African governments to develop a budget line that is specifically targeted at HIV/AIDS prevention leading to an over reliance on donors for the HIV/AIDS activities. This deficiency probably reflects a lack of awareness of just how serious the HIV/AIDS epidemic is and the serious negative impact it has on the demographics and economies of the Sub Saharan Countries.

The second obvious constraint was lack of consistency of prevention programs brought about by both a lack of commitment and limited human and material resources. It is understandable that funds were not always available but the lack of governments financing of HIV/AIDS projects made it even more difficult to bridge the inter-funding time periods.

A third constraint that was observed to varying degrees in the countries visited was the lack of a clear policy on what education of sexuality should be and what types of back-up services should be made available to the youth. For example, there has been considerable controversy on whether to supply condoms to young people and school youth. In these countries, religion plays a very important role in peoples lives to the extent that religious organizations influence government policies and especially in areas concerned with morals and cultural issues. Political leaders often have no choice but to tow the line of the religious factions because their entry and continuance in politics can be adversely affected if they are seen to promote values that are contrary to the current religious beliefs. In all 4 countries religious organizations were of the opinion that abstinence is the only

method that should be presented to the youth and talking about other alternatives is corrupting the minds of the youth. Even among the most liberal religious groups, condoms were discussed reluctantly with a major emphasis on the negative aspects of condoms.

In this study, the researchers were disturbed by the attitudes of senior civil servants who attributed the ownership of a project to the principal donor. For example, programs were referred to as EC project, GTZ project or Plan project. This probably indicates that government bureaucrats working in these projects do not feel a real sense of ownership. The lack of a sense of ownership and involvement negatively impacts on the implementation of a program. The sense of ownership of the problem of HIV/AIDS and the programs to address this is being addressed in Uganda through involvement of the public administration as well as the National Resistance Councils(Political arm of Uganda Government), right up to the grassroots. In Kenya the NCPD is involved in an advocacy program targeting leaders and policy makers in order to develop youth friendly policies.

In Kenya it has been identified that there are several archaic laws addressing prostitution, pornography and sex with youth. These laws are not comprehensive so that they are open to different interpretation. These laws have been identified as important barriers to developing materials that are comprehensive and that have explicit illustration and which under the current law maybe classified as pornography.

The credibility of governments program in HIV/AIDS prevention is frequently undermined by the conduct of the civil servants and political leaders. It doesnt make sense to counsel youth to stick to one partner when the local member of parliament or chief has many wives and girl friends. Many leaders will claim that the is African culture but often they will fail to observe the procedures stipulated by culture and only observe those that suit them and in the process disillusion a lot of young people.

Finally there is a reluctance of the African governments to address cultural issues that contribute to HIV/AIDS transmission such as wife inheritance and a variety of cleansing and initiation rites. Each of the counties visited and similar to other sub Saharan African countries has a diversity of ethnic groups with specific cultural practices. Targeting specific cultural practices maybe seen as interfering

with what is sacrosanct to the community and by individuals who are not qualified to do so.

The second problem in addressing cultural practices is that it may be perceived as a process of isolating and stigmatizing a certain ethnic group. As a result government health education strategies have been silent on specific cultural practices and it is only in the last few years that some discussion has been taking place in the media. It is hoped that as the people become well informed on HIV/AIDS, they will spontaneously evolve safer practices. The reluctance of governments to be involved in the debate at this level is understandable, for example there are examples in history of major repercussions when a government tries to interfere with the cultural life of a people. An example was the splitting off and formation of the Kikuyu Independent Churches and Schools from the Church of England in the 1930s as a response to the missionaries prohibiting female circumcision and expelling girls who had been circumcised from the missionary schools (Kenyatta)

In conclusion, it can be seen that governments have identified HIV/AIDS prevention as an important activity. Remarkable progress has been made in informing the public about HIV/AIDS. Sustenance of these programs and effecting real change of behaviour and ultimately reducing STDS/HIV/AIDS and unwanted pregnancies unfortunately continues to be an elusive goal.

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Donor Assistance to Programs On AIDS Communication to Adolescents.

3.7 Donor assistantance to programs on HIV/AIDS communication to adolescents

There are various donor agencies involved in funding the programs on AIDS Communication to adolescents. There is a discernible trend in the funding patterns with certain donors focusing on some projects or on some countries as key funders. This chapter summaries the various donor agencies and the kind of programs they are supporting. Levels of funding were available from certain program representatives, but some were not comfortable availing that kind of information. Of significance was the general consensus on the need to collaborate in AIDS projects and programs, and in many of the programs the representative indicated that they would be willing to cooperate with other organizations which have similar objectives.

As in many development programs, donor funding to AIDS communication and adolescent programs is varied, and clearly dependent on the mandate and priorities of the different donors. There are however, key donor agencies that are distinguishable in the programs assessed. Certain projects such as SWAAZ depend on different donors, while others receive their funding from one specific donor (like the GTZ project in Malawi which is being funded by the European Union).

UNICEF is one organization that is heavily involved in the support and at times the implementation of programs in the form of technical assistance to AIDS projects that focus on adolescents, in all of the countries visited. The main focus of UNICEFs projects in HIV/AIDS prevention among children and youth has been in the support of anti-AIDS Clubs and technical assistance to develop school curricula. This is a focus on school-going youth. In Malawi, UNICEF is primarily funding and providing technical advice on the management of anti-AIDS clubs. This project is funded for US $ 200,000 (2 million Malawian Kwacha) for a period of three years with funds donated by the Australian government.

In Zambia, Unicef is collaborating with the Family Health Trust (FHT) in anti-AIDS clubs and in IEC activities for the youth. There is also on going collaboration with the Ministry of Health and develop education to a curriculum on AIDS education.

Similarly UNICEF is heavily involved in youth programs in Uganda, where the mass media project of Save The Youth From AIDS (SYFA), is heavily funded by UNICEF. The SYFA newsletter is being published in conjuction with the New Vi-

sion newspaper at the cost of US$ 8,000 per issue. There has been similar support to CHUSA and Youth alive programs. UNICEF is facilitating the development of a manual for parents on how to communicate and guide adolescents in regard to sexuality, relationships, HIV/AIDS and the possible risk.

In Kenya, UNICEF is involved in curriculum and materials development project in cooperation with the Kenya Institute of Education (KIE). There is a slight variation here because Anti-AIDS clubs have not yet been established in Kenya, but UNICEF is supporting media dissemination through radio spots and programs and a photo novella. There are plans to establish television spots and to enlist the cooperation of music DJs in communicating AIDS messages.

Another agency which is dominantly involved in the support of Aids projects particularly with reference to Zambia is the Morehouse School of Medicine. This agency is involved in funding the media training institute, Zambia Institute of Mass Communication (ZAMCOM), which has set up an Aids unit to monitor media reports on AIDS. The Morehouse School of Medicine also funds one of the projects of the YWCA, which targetes out-of-school youth. This project is focused on rehabilitating former gang leaders and training them as peer leaders for behavioural change. This agency has also shown interest in terms of incorporating an intellectual or academic slant in research activities.

Substantial support in AIDS programs is also being given by USAID. In Zambia, the YWCA Materials Development Production program is a beneficiary of the USAID funding, as is the DISH program in Uganda which has a focus on male adolescents (utilising drama, Straight Talk newspaper in seven languages and competitions).

Similarly, there has been reasonable support to the FPPS Puppetry Project in Kenya, which has received about Kshs. 93 million from the IPPF through the FPAK for the 5 year program. The ODA and World Bank are providing funding to the Plan International Program in Kiambu, which has a school-based program.

Several agencies also fund and avail technical assistance in programs that are multi-faceted or multi-dimensional. These include AIDSCAP which is funding the AIDS Consortium in Kenya, a weekly newspaper column on AIDS issues, a drama group staging plays on AIDS-related topics, university student activities and MAP (Medical Assistance Program - with a religious bias). The focus here is on out-of-school youth in Kenya. In Zambia UNDP had been supporting volun-

teers to assist communities in areas such as home-based care, income-generating projects and in the supply of educational material and contraceptives such as condoms.

The European Union (EU) has been funded several major activities in control of sexually transmitted diseases. An example of a major project is the EU project in Malawi which has focused mainly on truck drivers and sex workers. IEC activities have only been a small component. In Zambia, EU funds were used in the Health Education Unit of the Ministry of Health to develop IEC material for the prevention of HIV/AIDS. EU prefers to work within the existing institutions as partners where they provide the necessary technical support as they train of local manpower to eventually take over. In Kenya, EU funds have been used for promotion of STD management, including the testing and treatment of syphilis in pregnant women.

In both Kenya and Uganda, major funding for the STI (Sexually Transmitted infections Control) project is available from the World Bank. In Kenya, 30 percent of the funds have been earmarked to be spent by NGOs involved in the control of STDs. A memorandum of agreement has been developed between the government and the NGOs to define the procedures of accessing the funds. The program is to run for 5 years and their operations were scheduled to begin in mid-1995. It is interesting to note that UNICEF officers from Kenya country office are hoping to apply for funds from this source for some of their programs. Levels of funding for the STI project in Kenya are US$ 64 million, which includes support from the ODA, DANIDA, the Netherlands government and KTW(German bank) for 15 years.

The Rockerfeller Foundation has identified young girls to be at risk of getting infection with STDs and HIV. The Foundation has prepared a policy paper outlining the areas in which it plans to make an intervention. Rockerfeller does not channel funds through other agencies but it has the potential to collaborate on a project. Rockefeller Foundation has also provided US$ 6 million for the Rakai AIDS Information Network (RAIN), in Uganda for a program focusing on out-of-school youth.

The Foundation is currently focusing on abortion, care and prevention and treatment of sexuality transmitted diseases (STDs) for adolescents under twenty years of age. A needs assessment by the Foundation has identified these two areas of

abortion care and STD management and prevention in girls are neglected areas. The Foundation will support:

Documentation Research- to supply evidence and magnitude of the young people's reproductive risk, need and demand for services and burden of disease due to STDs and abortion.

Intervention Research- to set family planning and reproductive health services for young people (males and females). The Foundation plans to work with researchers, service providers, opinion leaders, policy makers and international donors.

In regard to HIV/AIDS, the Foundation recognizes the links that exists with reproductive health and will therefore;

- *Strengthen indigenous research to identify useful intervention with special emphasis on reproductive health and HIV.*
- *Speed up the development of inexpensive testing to diagnose HIV.*
- *Support NGOs in developing countries to address the problem.*

The Foundation hopes to work with other donors on these activities particularly to help cover operating costs for services experiments.

A different approach in donor funding and assistance is the recent establishment of the UNAIDS program, which is the UN arm in charge of managing Aids-related programs. UN agencies like UNICEF, UNESCO, UNFPA, WHO and UNDP will combine their efforts under this agency, which is expected to be more efficient in its undertakings.

A few NGOs have been able to draw funding from different agencies based on their multi-dimensional objectives and approaches. A case in point is that of SWAAZ in Zambia which has benefited from funding from bodies such as The Royal Netherlands Embassy, UNICEF, Irish Embassy, French Embassy, Ford Foundation and SAREC. Similarly, CMAZ, which is also located in Zambia has managed to procure funds for its STD training program from CIDA while DANIDA is providing support to 5 specific hospitals. AMREF program in Kenyax on Sexual and Reproductive Health has attracted funding from Norway and Sweden.

An issue that should be seriously deliberated on and discussed is that of sustainability. Globally, donor funding is being tightly managed and there are indications that the levels of funding are decreasing. Thus the element of sustainability of the program is critical, particularly in respect of the fact that the AIDS prevention programs are urgently needed in terms of expansion and are crucial in respect to the desperate situation where some communities have little access to information on AIDS.

Several programs have attempted to address this issue in different ways. For instance, the John Hopkins University Program in Kenya, which has a radio program for adolescents being aired on a weekly basis, has attracted potential sponsors such as Johnson & Johnson and it is felt that deliberate marketing techniques should be used to tap into the resources of related organizations in the private sector.

A different approach on this same issue of sustainability has been adopted by the YWCA in Zambia. The next and future groups of adolescents who want to enroll for the peer counselling course will be expected to submit their proposals for income-generating activities. Such assistance also helps the adolescents to look after others in the community and caters for the adolescents in their socio-economic context.

At Hope House, in Lusaka, Zambia, youth who are infected with HIV are being assisted in income generating activities such as crafts, which not only gives them a means of survival but in addition, occupies these adolescents responsibly and positively.

CHAPTER 4

DESCRIPTION OF SPECIFIC PROGRAMS THAT WERE ASSESSED FOR THEIR HIV/AIDS COMMUNICATION TO ADOLESCENTS IN MALAWI, ZAMBIA, KENYA AND UGANDA

4. DESCRIPTION OF SPECIFIC PROGRAMS THAT WERE ASSESSED FOR THEIR HIV/AIDS COMMUNICATION TO ADOLESCENTS IN MALAWI, ZAMBIA, KENYA AND UGANDA

School Based Programs.

This chapter describes school programs addressing HIV/AIDS that were visited by the consultants in the countries of Malawi, Zambia, Kenya and Uganda. Both formal and informal programs were visited and they are categorized as school based programmes (both formal and non formal). The next two chapters will present community based programs which are either religious based or secular based. The common approach to anti-AIDS programs to the youths has been either through a school curriculum or through club activities organized through the school or through the community. School based programs include activities that were carried out as part of the curriculum, and informal activities that were carried out through voluntary involvement.

4.1 Formal School Based Programs

KENYA—Kenya Institute of Education AIDS Education Project for the Youth.

The Kenya Institute of Education (KIE) is charged with the mandate of developing school curriculum for Kenyan schools from primary school through to middle level colleges and there is a whole department in this unit that is devoted to HIV/AIDS/STD curriculum development. HIV/AIDS/STD curriculum is taught as part of the family life program that has been taught in schools since 1989. HIV/AIDS is dealt with as a communicable disease.

The most recent review of the curriculum has identified the need to strengthen its teaching and a proposal was developed and funding obtained from UNICEF. The main thrust has been;

- *To develop a comprehensive curriculum.*
- *Develop student materials.*
- *Train teachers.*

The current objectives are to expand and strengthen the teaching of the HIV/AIDS curriculum. A life skills training approached has been adopted and in built to this is the child- to- child approach. This method is cognizant of the reality that children need both the knowledge and the skills to achieve the goals of risk-free behaviour. The program also recognizes that many children do not attend school or drop-out and hence their school going peers are trained in child-to-child activities so that they can reach their peers.

The curriculum was planned in 3 phases;

- *Curriculum and materials development,*
- *Teacher training and*
- *Supervision and evaluation of the program.*

A needs assessment was carried out in Nairobi, Kwale, Busia, and Migori, districts which are supported by UNICEF. The results of this study has been used to develop materials and teachers manuals. The first phase has been completed. The second and third phase have not been implemented because of lack of funds. Funding and technical support was from UNICEF, Kenya Country Office.

Currently AIDS is infused into the subjects of Home Science, Religious Studies and Geography/History/Civics. It is taught from Standard 1 in primary school throughout to the end of secondary school and is an examinable subject. The new thrust in the curriculum is to show teachers how they can integrate AIDS into all subjects e.g. in maths, AIDS data can be used when teaching on bar charts. It is hoped that in the new approach, life skills will be instilled in children. These skills include ability to make decisions, skills on the concept of building friendship and relationships, assertiveness, ability to think critically and skills on how to negotiate. Teachers will be trained on how to instill life skills and to recognize that children can be very effective peer educators.

Student materials have been developed and they promote interactive reading and learning. There are case studies followed by questions and role plays, and teachers are encouraged to generate discussion among the pupils. The common theme is "How does this information apply to me, my family and my country?". The curriculum aims to equip the learner with knowledge about HIV/AIDS/STDs, actions that can be taken to protect oneself from AIDS and how to support those affected by AIDS.

The main objectives are:

- *Acquire necessary knowledge, attitudes and skills to enable them to appreciate facts about HIV/AIDS and STDs.*
- *Develop life(survival) skills to enable them to live an AIDS free life.*
- *Knowledge of where to find appropriate information, counseling and medical care.*
- *Make decisions about personal and social behaviour that reduces the risk of HIV infection and STDs.*
- *Show compassion and concern to people infected and affected by HIV/AIDS.*
- *Participate in school and out of school activities aimed at prevention of HIV/STDs infection.*
- *Communicate effectively with peers and others on HIV/AIDS/STDs transmission and prevention and control.*

Specific objectives for curriculum design for primary schools.

The specific objectives are to:

- *Be able to define the terms HIV, AIDS, STDs.*
- *Explain the cause of AIDS/STDS.*
- *Relate HIV infection to STDs and AIDS.*
- *Explain the different ways of acquiring AIDS.*
- *Know the ways AIDS is not transmitted.*
- *Develop the habit of positive living as a group member.*
- *State the different stages of HIV infection.*
- *State ways of prevention and control of AIDS.*
- *Develop the skills that will enable learners to decide and act in the prevention of HIV infection.*
- *Explain the effects of AIDS in relation to family, community and the nation.*
- *Identify beliefs and practices which promote or control the spread of HIV/AIDS.*

- *Develop a sensitive attitude towards people with AIDS.*
- *Describe ways of providing care and support to persons with AIDS.*
- *Develop skills in caring and supporting persons infected and affected by AIDS.*

The time allocation is a total of 19 lessons which last 35 minutes each (approximately 11 hours).The curriculum does not emphasize on the act of sex as the most common exposure to HIV, and thus fails to come out with emphatic messages relating to the same for example abstinence is not emphasized adequately. The apparent silence on this matter is probably related to the ongoing bitter controversies in which the Catholic Church is accusing the Ministry of Education of teaching sex to children in Kenya.

Curriculum design for secondary school education.

The curriculum has the same objectives as the primary school curriculum and deals with the subject matter in greater depth. In addition, the curriculum covers adolescent physical and psychological development and aims to develop skills in the youth on how to be responsible, and to cope with these changes better. Religious and cultural values and their role in promoting or preventing AIDS are discussed in the context of learning how to relate appropriately to members of the opposite sex, and learning proper management of work and leisure time. The secondary school curriculum is taught in 50 lessons of 40 minutes each (33.3 hours).

Curriculum design for teachers education program.

The curriculum covers the same areas as the primary and secondary school curriculum. In addition the trainee teachers are expected to be able to;

1. Identify appropriate sources of information on HIV/AIDS.
2. Communicate effectively on issues relating to HIV/AIDS.
3. Give an overview of the context of AIDS education for the levels they are prepared to teach.
4. Appreciate the purpose of AIDS education.

Curriculum for out-of-school youth.

The curriculum covers the same broad subject materials. It is more factual and deals with the same areas of HIV/AIDS/STD control and personal life styles in a more explicit manner. This is the only curriculum that spells out the ABC of AIDS prevention (abstinence, being faithful to one's partner and condom use). It is targeted for the youth in vocational and technical training institutions, youth clubs and societies, social and economic youth groups, church youth groups, street and other disadvantaged youth, youth rehabilitation centres and other organized groups. The curriculum will be infused into existing curriculum and where a set curriculum is non-existent, the learning activities will be incorporated into youth group activities. The training modules will be developed to meet the specific needs and emphasize peer methods of learning.

Primary school enrollment in Kenya is nearly 100 percent and even though the attrition rate is high, it is usually in the upper primary classes of standard 6 and 7 before the completion of class of standard 8. Most children who drop-out would have repeated several classes because of poor performance while another group drops-out because of lack of monetary resources. Nearly all children will have been exposed to some HIV/AIDS education.

Future plans

There is need to complete the needs assessment exercise, in other parts of Kenya, and to complete the exercise of developing materials. The teachers manual was to be discussed in a materials workshop during the last week of June 1995. There is also an urgent need to train teachers. Lack of funds is holding back the training of teachers. This activity had been planned to be in-service for teachers in service and in teacher training colleges for new teachers.

Monitoring and evaluation of the program is planned. The anticipated activities include questionnaires to teachers and students, frequent visits to observe lessons, scheme of activities and interviews with school heads to determine the activities they are involved in to promote knowledge about AIDS.

The curricula are well thought out and are sensitive to the passionate feelings of various religious groups of the teaching on sexuality in schools. The lack of sexual explicitness is also a reflection of the traditional methods of teaching young

people where much of what was learnt was through observation. One hopes that children will come out with the necessary skills. An evaluation of the curriculum from the point of view of the learner needs to be undertaken since the planned monitoring and evaluation is focusing on the process of learning.

Plan International Kiambu.

Plan International was established in Kiambu in 1987, and has been involved in development of education through provision of physical structures, in service to teachers, curriculum and development for health, environmental and agricultural issues. Plan International's mission is to improve the condition of the child by direct support to the child and by improving community resources and communitys capacity to care for the children. AIDS education in Plan International is integrated into activities of the organization. Currently, there is an ongoing project initiated in 1993, funded by the World Bank and ODA.

At the inception of this project an assessment was made of Kiambu District to determine which areas have a large proportion of very poor, needy children. One division in Kiambu and one in Thika were finally identified for direct child support. Since then this NGO has been working with the community to enhance physical infrastructure and resources available to the child.

Plan International utilizes Child-to-Child methods; each primary school in Kiambu has a health club led by a teacher who has been trained as a health promoter. The children are involved in learning activities with an emphasis that he/she will be an educator to peers, the family and the community. Written comics for 7-9 year old children have been developed and tested in schools and the participating communities to ensure that the messages were clearly understood. The story aimed at 10-14 year old children communicates about AIDS by emphasizing prevention and the care of those affected by AIDS. The 1995 Calendar carrying the same message was distributed to all households in the participating division.

Plan International targets the following groups;

- *Primary school children*
- *Deputy Headmasters in the schools*
- *Teachers who are trained on child to child methods and child survival strategies.*

- *Youth who are out of school.*
- *Youth clubs.*

Plan International Kiambu AIDS education focuses on;

1. Preventing HIV infection by promoting abstinence until marriage and providing children with the skills taught to recognize interactions in which they may be sexually abused.
2. Compassion for those with HIV infection.
3. Caring for sick parents with an emphasis on good nutrition.
4. Support and care of orphaned child.

The target groups are reached through health clubs, books, plays, poems, songs, classroom teaching and child to child communication whereby children are encouraged to perform to each other, and to other school mates and adults.

An evaluation was carried out in 12 primary schools. Children were given one out of three possible beginnings of a composition and asked to write on AIDS. The children demonstrated a good knowledge of how AIDS is acquired, personal protection matters and the need to be compassionate and caring to those with AIDS (Kiamba 1994).

A further evaluation of the success of this program would be to measure school drop out rates, school girl pregnancy rates, and substance abuse in program schools versus non program schools. The program is not yet actively reaching the older adolescent.

Plan International is very willing to collaborate with other agencies. Currently they are collaborating with Christian Health Association of Kenya (CHAK), through Presbyterian Church of East Africa (PCEA) Bibirioni health centre (Kiambu, Kenya), as well as participating in training Community Based health workers (CBD) in HIV/AIDS counseling and other elements of health.

UGANDA—School Health Education Program (SHEP).

An active School Health Education Program exists in Uganda and it is within this subject that HIV/AIDS prevention is taught. The project at inception was fully

supported by UNICEF but has now been fully handed over to the Ugandan government. The program aims to reach children with health education before they are sexually active. This project was initiated in 1987 and through it, teachers have been exposed to in-service training on how to teach health education. Graduating teachers are taught the skills while they are in school. District Education Officers and Inspectors have also been trained in order to improve their supervisory capacity. SHEP was initiated after identification of a gap through a needs assessment. HIV/AIDS prevention is now embedded in the curriculum as Family Health Education which is an examinable subject.

Health Education Network (HEN).

A second relevant program is the Health Education Network, HEN. This also involved the provision of water and communication within the communities. Through HEN, the Ministry of Health has been able to train 120 health educators at district and country level.

Community Primary Education Program (COPE)

This is a new program that aims to teach life skills to the out-of-school youth under the Complimentary Primary Education (COPE) Program. The target group will be aged 5-15 years out of school youth. The program aims to provide alternative education to out of school youth over a period of 3 years so that they attain P5 level education. The program has been developed with the realization that there is a 65 percent drop out rate at higher primary against the backdrop of a reasonably high enrollment at beginning of primary school. The drop out rate among girls is predictably higher.

The curriculum includes literacy skills, skills on various crafts and how to manage a simple business account. Classroom time is limited to 3 hours a day and it is flexible so as to fit into the children's time. At 15 years, these adolescents will have acquired knowledge on better skills such as farming and book keeping to gain some self sufficiency.

The Ministry of Education with the assistance of UNICEF is actively involved in the program and the design of a curriculum. The program is set to start in Bushengi District. Children, parents and the relevant authorities have already

been approached and involved in discussions on the type of preferred curriculum. Through this approach it is hoped that a significant number of adolescents will be reached.

In the new UNICEF Country Program, the approach goes beyond mere dissemination of information to education and the provision of Life Skills. This is expected to strengthen the high awareness of basic AIDS messages which already exists. It is planned that Life Skills will be taught at the psycho-social level. This involves critical thinking, self assessment and awareness to gain confidence. Adolescents with such confidence can face their problems, examine them critically, tackle them and also know where to seek help.

In an an interview, Ms. Olowo Freer a program officer with UNICEF, Uganda Country Program, made the observation that adolescents need more interactive communication methods, which affect them at the personal level. Mass media creates awareness but for most people these messages appear irrelevant to their personal behavior. Methods that motivate people to think through their behaviour patterns in the context of their cultural practices, are required. Those practices include widow inheritance, spouse sharing, and "Good time" at last funeral rites.

Religious organizations are actively involved in HIV/AIDS education programs. This is critical given the close interactions of youth with leaders of catechism and Madrassa classes. These institutions help crystallize messages that parents are being urged to teach their children.

According to Ms. Olowo Freers, there is an NGO called WAYS which is urging mothers to talk to their daughters and think through ways of what is best for their daughters. Organizations that are church or religious based such as various christian Churches and the Islamic Medical Association of Uganda (IMAU), have been approached to assist because of the trust and responsibility communities vest in them.

Zambia

Currently HIV/AIDS prevention programs are not being taught in a formal way in Zambia. In 1995 the Ministry of Education Curriculum Development unit in collaboration with Ministry of Health and other agencies involved in health edu-

cation among adolescents were finalizing a school curriculum to teach HIV/AIDS prevention. Teachers and parent-teacher associations were involved in the development of materials. The involvement of parents was found to be difficult because of the sensitivity of the subject and the disapproval by some of the religious groups such as the Catholic Church.

A curriculum has been developed for children in Grade 5 to 12 and the initial draft was prepared in 1993. HIV/AIDS education will be integrated in Science, Biology, and Nutrition and thus will be an examinable subject. The Ministry of Education has approached UNICEF to assist in funding for teacher orientation into the teaching of HIV/ADS prevention. An evaluation is planned once the program is implemented.

Malawi

The Malawi Ministry of Education in collaboration with the Ministry of Health and with funding from USAID developed a curriculum to be used from Class 1 through to 8. A teachers manual and pupils books were also developed but were never dispatched to the schools until 1994. The curriculum was examined as outlined in the teachers manual and the students books.

The curriculum for standard 1 to 4 is in Chichewa, the commonly spoken local language in Malawi. The researchers could not understand the language but the message was clear from the illustrations.

Pupils handbook for standard five and six.

The book began by introducing the concept of the family, extended family and the community. Active participatory learning was encouraged through asking children questions about their families and the roles different family members play. The pupils books had clear illustrations but perpetuate the typical gender stereotype in roles. The book then introduces the concept of disease and HIV/AIDS is described as a communicable disease of which there is no cure or vaccination. It is then followed by a definition of the term AIDS and a discussion of the body's immune system. The illustrations are apt and definitely interest the reader. Common symptoms of HIV/ADS are discussed with an emphasis that only a test can truly determine whether an individual has an infection or not. The

methods of acquiring HIV/AIDS are presented and the ABC of HIV/AIDS prevention is presented. Pupils are encouraged to assist individuals who are HIV infected. The last chapters in the book discuss the socio-economic impact of HIV/AIDS in the family, community and Nation.

Pupils handbook for standard seven and eight.

This book opens in a similar way to the Standard five to six handbook but covers the materials in greater depth. There is a major emphasis on the consequences of death of parents and its impact on children as well as addressing common misconceptions. The pupils are introduced to the importance of the immune system in protecting and assisting an individual faced with an infectious disease before discussing how HIV infection affects the immune system. The pupils are encouraged to assist those individuals who are suffering from HIV/AIDS as discussed in the earlier section. In each section there are exercises to be done by the pupils in order to ensure participatory learning. The linking of issues from one chapter to the next is rather abrupt.

AIDS for secondary schools Book 1.

The material in this book builds on the same areas that were covered in the primary school curricula. The youth are encouraged to role play various roles such as teacher, nurse, doctor, and in the process information and myths about HIV are explored with the students. A discussion on monogamy and condom use is introduced at this level. The book has good cartoon illustrations on how the immune system deals with HIV. The cartoons depict symbols that are familiar to the Malawian child.

AIDS for secondary schools Book 2.

The material presented in the earlier books is presented in a more sophisticated manner and with more detail. At this point a discussion of moral values and how the lack of the same leads to AIDS is presented. The epidemiology of HIV/AIDS is introduced and there is a discussion on why certain groups in the population are more affected than others. This discussion includes an analysis of how gender impacts on HIV infection. The students are presented with case scenarios which are to be discussed in groups in the class.

Teachers handbook for standard 5-6.

This book contains guidelines for the teachers for class 5-6. Each topic contains the rationale for the lessons, the objectives which state what the children should have learnt by the end of the lesson, as well as background information for the teacher. There are also guidelines on what depth the teacher should go into when discussing the matters with the students. The guideline includes teaching materials and activities and gives the teacher an indication of how to evaluate the student. The book suggests various learning activities such as role play, drama, and games. Teachers are advised to liaise with health professionals and health educators who visit the school in order to clarify issues and place emphasis on certain messages and information.

Secondary school guide.

This has a similar format to the primary school guide. The teachers are requested to try and think like a young person, use convincing examples when presenting information on feelings and behaviour, and to use multiple channels for communication. Teachers are encouraged to invite health workers to come and present factual information, and religious leaders to give a moral view on sexuality. A glossary of AIDS related terms is included at the end of book. The teachers are encouraged to evaluate their students. Some additional activities that are proposed include requesting students to write their own script for a drama presentation.

Colleges guide.

The guide is developed along the same lines as the primary school manual. The activities that are proposed for this age group include panel discussions, questions and answers, quizzes and use of audio visual materials. Games such as the 'Devils Advocate' and engaging the students in local survey on beliefs about AIDS gives a preparatory element for teaching. The guide also has a glossary of HIV/AIDS related terminology.

Discussions of the HIV/AIDS curriculum in Malawi.

The content of the curriculum is constant throughout the school system and only increases in complexity as one goes into the more senior classes. This presents

difficulties for the teacher and the pupil in that it becomes very difficult to sustain interest. Perhaps there is a need to broaden the curriculum to include other relevant health topics in the curriculum. The second major draw back in this curriculum is that it focuses mainly on disseminating information and hardly addresses itself to skills development for behaviour change. This omission is probably related to the shyness that is prevalent in many Africa cultures about talking about sex in an explicit manner and thus teachers will skirt around those issues and the lessons end up becoming a pure academic exercise. The third major problem is that the curriculum requires the teachers to be very creative and motivated. To achieve this objective the teachers require training that was not immediately available. A fourth major omission has been the scanty discussion of the role of culture and cultural practices in increasing individual risk to HIV/AIDS.

Factors that put an individual at risk are not emphasized adequately. The examples that are given in the book fail to address the real life situation the youth are faced with. This omission is probably due to a lack of awareness among the curriculum developers about the real lifestyle of the youth. The style of writing is not very captivating and there is the likelihood that the youth to whom this information is targeted will not read the material.

Several problems face the school curriculum in Malawi and these include;

- *Frequent change in the source of funding, for example, the project was initiated by AIDSCOM, was taken over by FHI, and currently is being funded through JSI. Each agency probably has a different set of priorities which most likely have affected the implementation of the project.*
- *The learning materials are limited in supply and they belong to the school. Children are expected to share the books and cannot take them home leading to a limited penetration of the information.*
- *The Ministry of Education has not given clear guidelines on what and how the subject should be taught. Coupled with this, is the non examinable nature of the subject resulting in minimal motivation for the teachers to teach the subject.*
- *The curriculum itself is shallow and the teachers have not been trained on how to use it.*
- *There are many teachers with a negative attitude towards the teaching of sexuality in schools and one would expect them to be unwilling to teach the subject.*

4.2 Informal School Programs: School Club Activities

Informal school programs are conducted within the school but are not part of the formal curriculum. The institution is involved in facilitation at primary school and secondary school through provision of teachers who facilitate the activities on a voluntary basis. The major emphasis within the club focuses on child-to-child training.

In the tertiary institutions of education, the organization and planning of the HIV/AIDS clubs is almost entirely in the hands of the students themselves and staff are only called in to work to offer an expert opinion. These programs do not have a set curriculum and their activities are more geared to disseminating information and less on skills and training.

Examples of a informal school program is the Scout and Girl Guide Movements which are old and well established programs that have the objective of instilling skills in the youth for community service and leadership. The trainers are usually graduates of the movement and are exposed to regular training on child-to-child methods of teaching and also on how to promote skills for life and leadership in the children. The children are expected to learn different life skills which are organized as a series of tasks for which a child receive a badge on successful completion. Testing and evaluation is carried out by a separate team of testers that are based at the district level. Older children are expected to teach the younger children and in the process establish skills as peer counselors. The activities are focused on the home for the youngest members and then expand to the community and country as the youth grow older. The HIV/AIDS program has been built into both movements in Kenya such that within the scout movement there are two badges to be earned in this area while in the girl guide movement plans are at an advanced stage of starting an AIDS badge.

KENYA—Kenya Girl Guide Association

This is a movement for girls aged 6-25 years. The movement was established in Kenya in 1922. Kenya became a full member of the Global Movement of Girl Guides and Girl Scouts in 1975. Currently, it has 100,000 active members in the movement and most of whom are in schools but there is a recent initiative to encourage girls to continue with guiding even when they drop out of school.

The girls are grouped according to age. Lower primary girls are called brownies, upper primary are girl guides, secondary school girls are rangers and college girls

are ranger cadets. Each administrative district has a Commissioner, and immediately under her are Trainers whose work is to train the leaders of individual companies or flock as they are called. Each leader will have under her care, a group of girls who are grouped into patrols with a team leader called a patrol leader. The patrol leader functions as a peer educator.

Guiding is centered around the Guide promise and the Guide rule whose central theme is duty to GOD, Country and others. The movement aims at shaping girls into self-reliant and useful citizens who respect themselves and others. The current policy is to integrate AIDS education in the training of girl guides.

Current Program

Since 1992, there has been an active program of educating on AIDS in the Guide movement in Kenya. The initial phase was "training of the trainers" and troupe leaders through 2 workshops that were held in 1993. In addition, in all training workshops of the Guiding movement, a day is always devoted to AIDS communication and education. In 1994, the main emphasis has been activities centered on the patrols. The 2 leaders training workshops were funded by ACTION AID and UNICEF. The ongoing AIDS training activities are carried out as part of the every day activities of the organization.

A needs assessment is an ongoing features of the guiding movement. During the beginning of every term, the girls with their troupe leader identify the activities they are going to be involved in and this feed back is received by the Guide Headquarters. In addition, every year they have a camp for patrol leaders from all over the country during which priorities for next year are set. In December 1994, the girls requested their leaders to develop a badge for AIDS awareness.

The learning methods in the guiding movement are participatory for the girls and their leaders. For example, the girls are involved in discussions, visiting people who are ill with AIDS in their local communities. The guidance in some communities care for the orphaned children by spending time with them playing, singing or cleaning for them. The troupe members are encouraged to develop their own learning materials e.g. one group had developed a game of snakes and ladders focused on HIV/AIDS.

The target population for this HIV/AIDS communication has been

1. Leaders dealing with leaders and Guiding commissioners.

2. Leaders who are trainers.
3. Leaders dealing with the girl guides.
4. Patrol leaders - peer counsellors.

The channels of communication include;

- *Training workshops.*
- *Games e.g. snakes and ladders, pick-up-cards.*
- *Community service-visiting the ill, and caring for orphaned children.*
- *Debates, lectures, discussions.*

The contents of the HIV/AIDS control activities is centered around the girl guide promise and law which focuses on duty to oneself and duty to others. Duty to oneself emphasizes personal discipline to avoid HIV infection and the girls are encouraged on abstinence. Duty to others includes sharing information with others and caring for the sick and the orphaned children.

The organization has been using material developed by the Ministry of Health "More About AIDS-Manual" for Health Workers, and materials prepared by PLAN Kiambu. The HIV/AIDS communication and training activities had not yet been evaluated but there are plans to do so soon. Evaluation within the guiding movement is through enumerating the number of girls who have achieved a specific badge. To receive a badge, a girl has to achieve certain tasks in the specific area, and be tested by an independent evaluator from the guiding headquarters to ascertain that she has really achieved the goals. Thus, one method of evaluating the success of this program is to carry out a count of the number of girls who have acquired an AIDS badge.

One of the gaps identified in the Kenyan guiding movement is the need for a newsletter to enable the movement to communicate easily and exchange information. In addition, a lack of adequate resources has limited the launching of an AIDS badge. The organization requires $10-12,000 US to be able to carry out this activity.

The girl guide movement is already collaborating with Maendeleo ya Wanawake in Kenya (a National Womens' Movement) particularly in Baringo District to

counsel girls in safer behaviour. In Kwale the guide leaders have been identified as the program leaders in "The Girl Child Project".

The University Students Aids Control Association (USACA).

The University Students HIV/AIDS Control Association (USACA) was established in 1991/2 as a registered student's body at the University of Nairobi's Dean of Students office. The main preoccupation of the organization in 1991/2 was to become registered and to carry out a membership recruitment drive in the university. Thus activities began in earnest in 1992. The current chair based his interest in USACA on his previous background in street children programmes, where AIDS issues were receiving some attention. He participated in organizing and training youth drama groups for the 1st National HIV/AIDS Conference and he had also come into contact with AIDS researchers like Dr. Elizabeth Ngugi.

USACA is seen to have an important role in the university. Studies have shown that University students lead a lifestyle that makes them prone to the HIV virus. For instance, an FPPS study demonstrated that male students are likely to have multiple partners compared to female students. Although there is a lot of knowledge on AIDS, it has had little effect on behaviour because many young people feel that confronting the isues of HIV/AIDS in the relation implies a lack of trust for the partner. USACA members felt that every effort should be made to target youths with HIV/AIDS prevention messages because they are not yet set in their ways. The realization of success in HIV/AIDS prevention among adolescents can only be achieved if the affected group, adolescents participate.

USACA currently has 150 members at the University of Nairobi an institution that has a student body of 8000 undergraduates. Efforts are now being directed to forming committees in the various campuses, and to date students that comprise the University of Nairobi, have expressed their interest in participating. There is also an initiative to link up with students in private universitiessuch as the Catholic University and United States International University in Nairobi.

Thus far, USACA has been engaged in the following activities:

1. ***Peer Education and Counseling:***

   USACA members have been involved in an outreach program educating people mainly through collaboration with churches. In Kiambu, Limuru,

Dagoretti and Embakasi suburbs of Nairobi, there have been AIDS awareness and education activities at the primary, secondary and college levels. In the primary schools, the students are grouped into clusters based on age and the class the child attending.

2. *HIV/AIDS Research Program:*

   Topical HIV/AIDS related issues are identified and then members are encouraged to research on the issues. USACA then convenes a workshop for presentation of research findings and discussion of the same with the members. Other agencies involved in HIV/AIDS activities have participated in these seminars and discussions.

3. *Awareness Creation:*

   USACA has endevoured to increase the awareness of HIV/AIDS through events such as poster competition. The participants have been offered incentives such as promises of having a poster exhibition, as well as financial resources to facilitate the development of posters.

USACA has mostly utilized the interpersonal communications and contact although a television documentary on USACA activities has been made. Posters targeted at various audiences from primary to college level have been produced. USACA hopes to develop a newsletter in the near future. Last year, USACA initiated a writing competition on what can be done about HIV/AIDS in collaboration with the National AIDS Task Force.

At the time of the study, USACA was planning to host a variety show on Saturday, 3rd June, 1995 featuring drama, puppetry etc. in order to raise AIDS awareness as well as to raise funds to be used in the organization of the First International Students Conference on HIV/AIDS. This conference was held on September 10-16th, 1995, Nairobi, Kenya.

One of the expectations of this Conference was to develop a Youth manifesto on sustainable control and prevention of AIDS. The development of a National youth HIV/AIDS Network was perceived as a priority to enable the youth monitor activities around them, and the exchange of ideas. The conference activities included workshops, discussions, trainning on workshop facilitation, and study tours. The workshop participants were expecting 500 participants. The conference was very successful and a lot of the issues that were deliberated on featured

prominently in the Kenyan mass media. The conference was supported by WHO, NACP and the HIV/AIDS NGO Consortium as well as the host institution- the University of Nairobi.

USACA has also been organizing for their members to attend AIDS Conference globally as a method of expanding the student's exposure to HIV/AIDS prevention activities. For instance in July, one member will hopefully to South Africa, and last year the Chairperson attended the HIV/AIDS Conference in Japan.

Issues that USACA has documented as pertinent to youth through their research activities include concerns about marriage in the context of the AIDS epidemic, whether to screen for HIV before marrying, concern about their future and the confusion experienced by many youths as they transit from childhood to adulthood. The youth recognize the impact of socio-economic disparities on the concerns of youth. For example the USACA members were aware that the priorities among of youth living in poverty was survival and not HIV/AIDS. USACA had also found out that young children had some information on sexuality and HIV/AIDS issues, and generally expressed more interest in HIV/AIDS issues than adults.

MALAWI—Anti-Aids Youth Clubs

The interview was carried out with Mr. Olson at the UNICEF Malawi office. School enrollment has increased in Malawi since the introduction of a free primary school education. There are 3 million school children of whom 40 percent are girls. School drop-outs especially among girls is a significant problem and it is estimated that at least 20,000 girls drop out of school each year in Malawi. There are very few primary schools and as a result the classes are over-crowded, severely understaffed, and lack resources such as textbooks, exercise books, as well as other learning resources. Primary schools may have as many as 10,000 pupils and as a result, the standards of education have declined.

The Anti-AIDS Youth Club concept was adopted as the main thrust of anti-AIDS activities in Malawi schools because it was found difficult to determine precisely when and where HIV/AIDS education should be incorporated into the curriculum. It was felt that it was important that the children take the activities very seriously, and there was a need to reach the children who were not attending school through their peers.

The initial anti-AIDS messages were to whole communities but soon there evolved the need to target specific groups. Teachers emerged as an important group because of the important role they were playing in molding the lives of young children. The program was initially in a few schools around Lilongwe and Blantyre. Teachers who were interested were invited to a one day work shop on how to start an anti-AIDS club in their school. The briefing included information on transmission and prevention of HIV/AIDS, ideas on types of activities to involve the children in order to raise their awareness about HIV/AIDS, and a step-by-step instruction on how to start an anti-AIDS club. Before 1993, the clubs were sporadic and only in a few schools.

In 1993, UNICEF Malawi received a grant from the Australian government and a needs assessment was carried out in primary and secondary schools. Data obtained from this study is included in the synthesized report on the status of youth in this region of East and Southern Africa. Important observations were that primary school children unlike the secondary school students, interact well with their peers who are out of school and thus a program that incorporates child-to-child activities in the primary schools would have a wider reach. Girls are less able to disseminate information to their peers because they are usually busy at home assisting their mothers. A third important observation was that the children were more comfortable discussing sex with their peers than with adults.

Organization of the Anti-AIDS Clubs

The main objective of the clubs is to instill in-depth knowledge about HIV/AIDS, motivate club members to carry out caring activities among families affected by HIV/AIDS and to raise issues of gender stereotyping. Club membership is graded and passage from one step to the next is dependent on one achieving certain knowledge and skills. There is a minimum level of knowledge and skills that all the club members must achieve before becoming engaged as peer educators. The curriculum includes knowledge about HIV/AIDS, prevention and transmission, life-skills and communication skills. A manual has been developed to be used by the club members.

The children are encouraged to be a big brother or sister to the orphaned children. In this role they are expected to spend time with these children, play with them and advice them. The anti-AIDS club members are expected to help fami-

lies affected by HIV/AIDS or elderly people caring for orphans with fetching firewood and water, or working in the fields. It is recognized that the children do not have the capacity of participating in more direct caring for an HIV infection person. The children are encouraged to participate in all roles without consideration of the gender of the individual.

A system of rewards has been developed in order to sustain interest in the children. Rewards include T-shirts, baseball caps, badges and membership cards. These are awarded when the club member achieves a certain goal. Inter-club competitions are being arranged.

There are 500-1000 clubs scattered in Malawi. All the clubs are registered with UNICEF and have a trained patron. The aim of the program is to have 20 trained patrons in each of the 22 districts that make up Malawi. A need for trained assistant patrons has been found.

Each club has 72-150 members and sixty to seventy percent of the membership is girls which is consistent with the observation that girls perceive themselves to be at increased risk of infection. In secondary schools, the total numbers of students per club are 50-60 of whom 40 percent are girls. The male to female ratio in secondary schools is 7:3 thus even in secondary schools proportionally more girls are participating in the anti-AIDS clubs. There are plans to have several teams in each school to facilitate management of the clubs.

At the district level, there is a process of developing a district coordinating committee for the anti-AIDS clubs which will comprise of personnel from the Ministries of Health and Education, Youth and Sports activities, as well as local NGOs. This committee is expected to have a technical committee that is responsible for anti-AIDS clubs within 3-4 primary schools. These committees are expected to arrange the inter-club activities. It is expected that it will take approximately 2 years to have the clubs fully implemented. It is also hoped that the functioning of the anti-AIDS clubs will be integrated into the normal district activities to facilitate their sustenance.

Consolidation of the activities of the anti-AIDS clubs has included a consolidation of their activities with the Traditional Authorities (TA) who comprise the grass root administrative arm of the Malawian government. The TAs have several chiefs who have authority over a defined geographic area and is the judge in a traditional court. The TAs have expressed their concern over the growing inabil-

ity to exert their authority over young people and along with this there has been an increase in delinquency, drug use and loafing around after dark. Involving the TAs will help create an enabling environment for the youth.

The program is being evaluated by an officer from the UNICEF office. The officer talks with the children in order in find out what they have learnt. The main concerns have been that the clubs are rushing through the core material on HIV/AIDS in order to start on the fun things such as drama, singing and spend less time on information gathering. The parents are happy with the anti-AIDS clubs and believe that if their children are club members, then they will not indulge in sex. The children feel that school does not allow them enough time for their extra curricular activities.

Future plans are to ensure that there are trained patrons for anti-AIDS club members in all of Malawi and not only in Blantyre and Lilongwe. The program is currently funded for 3 years by the Australian government at US $ 200,000 per year (2 million Kwacha).

Learning Materials For The Anti-Aids Clubs

UNICEF in collaboration with the National AIDS control program is in the process of developing a comprehensive set of learning materials which include manuals, radio spots, comic books, radio soap operas, and a variety show.

Draft handbook for Anti-AIDS clubs

Two manuals have been developed; one for primary school children aged 11-14 years and one for secondary schools.

The objective of these manuals are:

- *To ensure that the youth have accurate information on HIV/AIDS*
- *Youth participate as educators.*

The club activities are planned to correct misinformation and myths about the disease, and to develop compassion for the individuals who are affected by HIV/AIDS and their families. The activities are extra-curricular and have a lot of room for creativity and involvement of all the group members. Suggested activities for the primary school youth include small group discussions, debates, songs, poetry, drama, visits to health centres, making posters and pictures, walks and

games. The handbook contains suggestions on messages and on problems the group can deal with in games and in role play.

The manual for secondary school youth in addition has case studies which the youth are encouraged to discuss. There is also a suggested constitution for the club, as well as an anti-AIDS initiation quiz. There is an accompanying manual for the patrons of anti-AIDS clubs in secondary schools, which contains the main prevention messages provided by the National AIDS Control Programme. Abstinence is promoted and the book encourages the teaching of skills for delaying sex and the principles of true friendship. The manuals also suggest sources of resource materials.

The extra-curricular nature of the program and the participatory approach make the program fun and appropriate for the students. Mr. Olson, at the UNICEF office indicated an overwhelming response to the club. There are plans to develop a manual for the patrons in order to help them learn ways of sustaining interest in the youth.

Radio spots

Radio spots are planned and will be aired using Chichewa slang from both rural and urban areas. Some programs have already been taped and they depict youth in situations that they are called upon to negotiate sex such as village wedding scenes showing youth negotiating safe sex or peers laughing at each other in the same context.

Radio variety show

There is a radio variety show that focuses on AIDS and Youth and it includes music, quizzes and soap opera scripts. Music video tapes focusing on youth, and anti-AIDS messages have been "rapped" by one of the most popular groups in Malawi and were about to be released for marketing. All this material is in Chichewa.

Video

Malawi does not have a national television service. However, videos are available in every school district as a donation from UNICEF in 1992, and they can be used for educational purposes: A video soap opera taped in 1992 for secondary

school students called "Life is Precious" (English subtitle) is supposed to be shown to all incoming Form 1 students. The video has been expanded into 30 episodes and will soon be aired on radio.

Print media

A comic with the same characters as the video soap is being developed. This comic will be targeted to primary school children.

Adolescent HIV/AIDS Prevention Programs In Malawi, Zambia, Kenya And Uganda: Community Based Club Activities

There are a variety of community based programs that are addressing HIV/AIDS education. Some of the programs are old and HIV/AIDS is being incorporated as part of their ongoing activities, while others have evolved as the need for more targeted HIV/AIDS prevention messages to youth arose. Nearly all the functioning programs that were visited were sponsored by religious organizations or Non Governmental Organizations (NGOs) that were closely associated with the church. Other programs were sponsored by community based agencies that traditionally provided reproductive health services.

4.3 Religious Based Programs for the Prevention of HIV/AIDS Among Adolescents

Although mainline religious organization were not actively involved in HIV/AIDS communication, many youth serving organizations that were affiliated to religious organizations were involved to some extent in HIV/AIDS communication and behavioral modification to adolescents. A description of programs that were assessed is presented below. The religious based youth serving organizations emphasized abstinence, caring for the afflicted and affected but did not provide services such as condom distribution or STDs and family planning services.

KENYA—Young Women's Christian Association (YWCA) Kenya.

The primary activities of YWCA are providing hostels for young women, leadership training and in Kenya, they have been involved in democratization seminars

in 1989, and small scale enterprises for income generating for young women. As an example there is the Tana River Mango Project which stocks mango trees, packages and markets the mangoes; It also provides spiritual training, revolving funds for income generating activities, and trains women on how to manage a project, and maintenance of simple accounts and savings. In the revolving fund project women groups that were involved had on average 30 members and individuals were lent money through the group. The pilot project for the revolving funds was in Meru, and it was successful with greater than 90 percent repayment of loans. There are plans to try it in other areas. Core funds for revolving were from ICCU a church organization for development co-operation. USAID has provided 3 years support training in small enterprise management.

YWCA adolescents and HIV program.

The YWCA in Kenya has realized the need for HIV/AIDS education to their members and program officers wrote a proposal to address the problem . The program is focusing on creating awareness on HIV/AIDS and STDs. Currently the program is funded for 1 year by CEDPA and is targeting young women aged 18-30 years. Although the program has started, a needs assessment has not been carried out, specific materials to be used in this training have not been developed, and currently there are no plans to carry out an evaluation. The YWCA plans to recruit a program officer and a consultant to spearhead the program. Senior officials in the organization were not aware that girls were sexually active before the age of 13 years.

The YWCA has a club, the Y-team comprising girls aged 7-17 years who will now be a target for the AIDS prevention activities. The program began in May 1995 and by December a leaders training had been carried out with the assistance of the Centre for Adolescents Studies. During this training, young teenagers were included in the course and they appeared not to comprehend all the materials presented to them. The organization collaborates with other NGOs which target girl and young women such as Maendeleyo ya Wanawake (a grassroot womens movement in Kenya), and the Kenya Girl Guide Association.

UGANDA—Church Of Uganda Human Development Services (CHUSA).

This program of the church of Uganda was initiated by Rev. Sam Ruteikara a priest in the Church of Uganda. The program is one of the SYFA's initiatives and

has been funded with funds targeted for SYFA activities. The program has been running for approximately 2 years. The target population has been school age children (15-19 years) through the girls and boys brigade which includes the SYFA "Window of Hope". Mission statement of the boy's and girl's brigade is shaping young people into good leaders.

There was initially some opposition by sections of the clergy who think prayer alone is sufficient to deal with the AIDS pandemic. Some of the original opponents however have realized that discussion of the AIDS issues does not mean that people are being encouraged to become involved in sex.

Youth leaders are trained at the diocese level. The training lasts for a week. These leaders then become responsible for training of the children in the brigade. The children's training lasts 3 days. On the first day of training, children are given information about AIDS. The second day addresses issues of life skills and changing behaviour. The children are encouraged to think of the problems that make them vulnerable to acquiring HIV/AIDS and how they can avert these situations. The third day instills the rudiments of peer counselling. The information thus acquired will be reinforced in the group activities of the brigade. The youth trainers are supervised as they train to ensure that the children are receiving accurate information. There is a major emphasis on training children on how to deal with peer pressure from non brigade members. Abstinence is emphasized but children are also taught safe alternatives. The program recognizes the need for consistent messages to the youth from all SYFA programs in order to avoid confusion.

The youth training takes place on Thursday to Saturday. The young brigadiers are then commissioned on Sunday. The children are also given the opportunity to share AIDS messages through songs, drama and poems with the congregation. The children are given T-shirts and badges to acknowledge that they have gone through this training. The boys/girls brigade normally meet once a week. The activities include sports, drills, bands, bible study and discussion of life's issues. During such a discussion, issues about AIDS and life skills in solving problems are covered. The experience of the Church of Uganda is that the children are very effective in reaching out to parents.

Each brigade also has a teacher and a parent involved to provide guidance. The brigade members are encouraged to write to the headquarters to solicit for feed-

back. The teachers and parents are also encouraged to send in regular reports to facilitate efficient monitoring.

The program has been running in 5 dioceses and has reached 1,421 clubs with approximately 100,000 children members. Rev. Sam Ruteikara was of the opinion that the brigade was attractive to children at high risk for deliquent behaviour such as children who want to show off and be leaders because of the activities the clubs were involved in e.g. being a band leader or playing the bugle.

The CHUSA program uses materials developed in other programs. It however incorporates the biblical perspective to the message. The message is to emphasis abstinence but failing this, individuals are encouraged to practice safer sex. The CHUSA program recognizes traditional practices that encourage unsafe sex and such problems are addressed. Traditions such as widow inheritance and ceremonies related to events such as the harvest time have proved difficult to change. CHUSA is attempting to design messages to address these practices, but IEC has proved to be a slow process.

In November 1995, a new program to reach out of school.youth was planned. The main components were going to include:

- *Information on AIDS/STDs.*
- *Skills on how to change behaviour.*
- *Study problems that make the youth vulnerable.*

The church of Uganda has been working in collaboration with UNICEF, Ministry of Education and Ministry of Planning in developing these programs. Most of the CHUSA's funding for the adolescent program has come from UNICEF. There are plans to embark on an out-of-school program and funds have been allocated for this by UNICEF. USAID has also funded other components of CHUSA's program. There have also been efforts to galvanize the congregation to assist in raising funds such as on All Saints Day (1st November). Because of poverty and at times lack of initiative of CHUSA leadership, some efforts have moved at a slow pace. The growing illiteracy in Uganda is also becoming a serious constraint.

In field visits to support the CHUSA program, special problems experienced by orphaned children have been observed. Children brought up in the city and who

then go to live in rural areas after their parents die lack life skills of surviving in the new environment e.g. they have no knowledge of how to use a pit latrine, fetch water etc. Guardians fail to understand that the children lack these skills and instead cane the children in the misguided belief that it will correct this misconduct. The orphaned children become terribly stigmatized and sometimes will run away from their guardians. The Church of Uganda has noted this problem and recognizes the need to sensitize guardians to the plight of these children.

CHUSA is a well thought out program and has a follow through component that should support sustainable change. The program does not call on young people to participate in community based care of those affected by AIDS. Involving young people in these kinds of activities could be useful in driving home the message of AIDS prevention and community commitment in caring for those affected by AIDS.

Youth Alive Program

This is a program that operates from Kamwokya Catholic Church of Kampala. It is a SYFA program targeting out-of-school youth in Kamwokya scheme and other parts of Uganda. The program was started following the Behaviour Change Conference in Dakar Senegal 12-15th December 1991. This conference came out with a resolution that "individuals and communities have the inherent capacity to change attitudes and behaviors and that the power to do this is often denied or is not exercised". The program is based on the belief that information alone does not change behaviour. People have the capacity to change although many think they do not. Sex is a deliberate choice and individuals make a deliberate choice of with whom, when and where to have sex. An individual can make the choice not to have sex and should be supported to refuse.

The program uses a behaviour model to train youth based on the "helping skills" model of Gerald Egan. This is a behavioral and problem solving model. The model was chosen because it facilitates a person's movement through the various stages of behaviour change; identifying the problems, choosing goals, and planning action. The participating individuals are encouraged to look at their lives and especially their sexual behaviour, determine what behaviour is safe and possible for them, and then commit themselves to action.

The participants are encouraged to form a group so as to enable continued pursuit of their goals even when there is tremendous peer pressure to do otherwise.

The young people are encouraged to consult a group member who is close to them before making a decision to be sexually active. Young people are taken through the following steps in this program: What is your present life like? Why are you sexually active? What is the biggest problem? Youth indulge in sex due to economic problems, boredom, peer pressure or beliefs like "my body will wither if it is not used", "I need to be popular", sexual desire, and influence of alcohol. Others do not necessarily want to be involved but they lack a good reason not to be involved. Many have the feeling that nothing can be done about AIDS. Cultural practices such as wife inheritance and wife sharing, cultural beliefs that if a man is faithful to his wife, or she will dominate him were cited as reasons for having sex.

The next stage in the program is to work with the individuals on what is safe sex and to encourage them to "dream" of what they would like their life to be. This process helps an individual have "hope" and a goal in life. The next stage is to help the individual identify a strategy for achieving these goals. It is important that they identify those factors that will facilitate this process and those that will hinder it. The young people are encouraged to exploit their talents to achieve their needs e.g. if you want to be popular, you can excel in sports, music, or drama.

Young people are encouraged to form a group and to meet regularly. In this way they will continue to encourage each other. In the group they discuss how to deal with negative peer pressure.

Youth Alive Program has had programs in western Uganda through 1994. Three quarters of the prefects in some schools are Youth Alive members, The program officers in the neighbourhood of the program office in Kamawokya have noticed a reduction of night clubs and excessive drinking in the neighbourhood of their project area. They note that the youth discuss sexual matters freely with each other.

There were 32 Youth Alive clubs with 5,500 youths by December 1994. The organization has been organizing competitions between the clubs and as a way of keeping them encouraged, they have produced a cassette with music produced by the young people.

An evaluation was planned before the end of 1995, and Makerere University has been approached to design the evaluation. At the time discussions were under-

way with Rockerfeller Foundation to fund the evaluation and possibly future project activities. Current funding has been from UNICEF.

The Youth Alive program has trained groups in Kenya, Dar-es-Salaam, Mwanza and Kagera. They feel overwhelmed by the demand and would be happy to train other NGOs so as to enable them to spread the work to other parts of Uganda and neighbouring countries.

A program called "Adventure Unlimited" is being planned for youth in school. This program will approach sexuality gradually for children in primary school. Training will be targeted at primary school teachers with an emphasis that during biology children should be taught both anatomy and functions and with emphasis to defer sexuality.

Youth Alive program had hopes of attracting parents. In many of the areas of their operation the parents/adults feel challenged by the philosophies of the program and they have tended to withdraw from being involved in its activities.

This program looks promising in that youths develop life skills in the youths that are useful in addressing sexuality as well as other problems that confront them. The program addresses the sense of hopelessness and helplessness the youths have been experiencing and expressing in the phase of an enormous AIDS epidemic, and as they experience the deaths of family, loved ones and friends.

ZAMBIA—Family Health Trust. (FHT)

The Family Health Trust (FHT) organization was set up in 1987 as an umbrella organization to respond to the HIV/AIDS epidemic. The interview was carried out with Mrs. Nkunike a senior officer with FHT. The FHT has several programs.

- *Information, Education and communication (IEC) program*
- *Anti-AIDS clubs*
- *Newsletter*
- *Drop-in-centre*
- *Materials development*
- *Children in distress program*

FHT was the first organization to organize Anti-AIDS clubs for the youth. This initiative was started after FHT carried out lectures in 2 Lusaka secondary schools, and the students responded by expressing an interest in starting an Anti-AIDS club. The interested youth discussed HIV/AIDS with their age mates during the holidays and out of this a movement was formed.

A materials production unit was set up to respond to the need for Anti-AIDS messages targeted to youths and children. To date FHT is the main production unit for HIV/AIDS materials in Zambia. The FHT has a small resource centre which stock books, videos and other materials related to HIV/AIDS control. In addition, there is a drop-in-centre in Lusaka where interested people can drop in and access information on HIV/AIDS or receive counselling. As a result of this activity FHT began receiving a lot of correspondence and in response a letter answering project was began. Questions relating to the same theme are answered with one letter, while unique questions receive individual replies. FHT solicits for materials from members of the public and through competitions that are advertised through the press. The picture on the 1994 calendar was developed by a 15 year old boy.

FHT utilizes different methods to communicate with the youth; these methods include drama, and an out-reach program. The outreach program is best implemented in the Lusaka areas and is weakest in Northern and Eastern provinces where roads and other infrastructure are limited. In an effort to reach as many people as possible, the FHT is operating a mobile AIDS education project which has a video screen and tent for the sitting area and thus allows for programs to be screened at any time during the day. The unit is driven out to the communities where people live and in this way a wider audience is reached.

FHT has began a pioneer program for training teachers on how to teach on HIV/AIDS. The teachers are being trained to run anti-AIDS clubs effectively and in an interesting manner. It is hoped that through this training, the teachers will acquire a culture of being interested in HIV/AIDS prevention. FHT is training teachers selected through out the school system including tertiary institutions and the University of Zambia.

FHT soon realized that HIV/AIDS education is not enough and have gone on to organize a home based care unit to look after people suffering from HIV/AIDS. There is a team of volunteer nurses that assists particularly in distribution of

food. The program is currently operating in three provinces of Zambia. Closely related to this is the children in distress program which is catering for orphaned children by supplying necessities such as blankets and school uniforms.

The constraints that have been experienced by FHT have been to identify a meaningful method of assessing the impact of the program and developing meaningful and sustainable behaviour change in the youth. It is the feeling within the organization that there approach lacked flexibility and creativity. A second important problem has been the lack of adequate transport and in some areas the lack of adequate roads. A third constraint is that Zambia has a diversity of languages and as a result materials and trained AIDS educators are not available to meet the demands interms of language needs.

FHT works in collaboration with various organizations such as the CMAZ (Church Medical Association of Zambia), the Red Cross Society, Copper Belt Health Education Unit, Churches and youth groups. Some of these organizations provide resource people for the anti-AIDS clubs as well as provide some supervision.

FHT is planning on developing an out-school program for peer education through Anti-AIDS clubs. Two areas in Southern Zambia have been targeted as the pilot areas. Some organizational changes are being made in the management of anti-AIDS clubs in order to make them more efficient such as; 200 clubs will be co-ordinated by a regional co-ordinator, 20 clubs by a zonal co-ordinator. The co-ordinators will undergo specific training to be able to supervise, educate and train peer educators effectively. Multi-media methods will be used to sustain the interest of the children and a more holistic approach to health is planned. Current supervision of the anti-AIDS clubs has been structured. A second important area will be to tackle in greater depth the cultural practices that promote HIV/AIDS and develop educational materials that are related to them.

Kara Counselling Centre

The KARA counselling centre is a secular organizational that is sponsored by the Catholic Church in Zambia and which was began by an expatriate. The interview was carried out with Sister Shirley Mills who works as the deputy director of the program. The main objectives of KARA are;

1. General counselling in areas of marriages, and survival in the existing difficult socio-economic situation.
2. AIDS counselling with an emphasis of assisting HIV infected individuals come to terms with their illness.
3. Skills trainning for the HIV infected youth to provide an alternative livelihood.
4. Post test counselling for both HIV seropositive and seronegative individuals.
5. Providing voluntary HIV testing services.

KARA counselling has 5 centres within the city of Lusaka. The main thrust of the program has been on group counselling and less on education and dissemination of information. The centre operates as a drop-in centre where the individual is encouraged to join a group counselling session. Videos and group discussions under the facilitation of a trained counsellor are the key methods used in group counselling. The counsellors are encouraged to write up the results of each of the sessions. Peer counsellors are sent out into the community and work place to interest them in the program activities.

KARA counselling has carried out group counselling with some schools in Lusaka. The feedback from the teachers is that the children are discussing more frequently the consequences of pregnancy and other related problems. Not all schools are receptive to the methods being used by KARA counselling and in our discussion with Sister Shirley Mills she gave the example of a school where the parent-teacher association refused to allow their children to participate in such a session. This particular school was of high socio-economic status.

KARA counselling is also actively involved in the training of counsellors. Sister Shirley made the observation that the training is based on a western module of counselling because of the absence of an African module. The program has made the observation that in the Zambian context, group counselling for marital problems is not successful because of prevalent cultures such as; women should not discuss marital problems with strangers, couples do not discuss their marital problems in the presence of a younger person, a husbands should not spend too much time with his wife, and a wife must consult her husband in all decisions and should bow and kneel when handing him anything. The program has found more success when the groups are relatively homogeneous and divided along gender lines which is in keeping with cultural norms for such interactions.

KARA counselling has a home-based-care program that distributes food provided by the World Food Program. The unit has two community based care units currently, each of which employs 10 volunteers. The units are linked to local churches and the volunteers have demonstrated tremendous commitment to the program. Sister Shirley Mills made the observation that secular based units unlike religious based units collapsed soon after inception possibly because the individual who were involved had other motives other than to provide care.

Future plans are to establish a TB testing and treatment unit for the 'people with AIDS' (PWA's). Funding for KARA counselling has been mainly from USAID as well as other collaborating NGOs and churches.

Hope House

This is a unit of KARA counselling that is targeted at HIV infected youth. The objectives of this house is to improve the welfare of HIV infected people in-order to give them more hope for living. The youth are trained in various crafts out of which a small cottage industry has evolved. Tie and dye, macrame, papier marche and other such craft products are being sold and especially to members of the diplomatic corps based in Zambia. The proceeds of these sales provide a livelihood for the craftmen and women as well as maintain the house. A few of the youth are homeless and live on the premises of Hope House. A second objective of Hope House is to help the young people living with HIV/AIDS develop skills in decision making in all aspects of their lives, and not just on issues of sexuality.

The Positive Living Society (Pals)

PALS was formed in 1991 as a support group for the youths with HIV/AIDS. The groups objectives was to counsel young people to stop spreading HIV/AIDS. The PALS planned to use personal testimonies to lend credence to their message. The second objective of the group was to give each other emotional and spiritual support. The discussion on PALS was with David a member of the PALS club. Much of the PALS activities operate from HOPE HOUSE.

The members of PALS receive training on counselling from the KARA counselling centre. The group has many members but only a few of them have gone

public on their HIV status. The group meet regularly to share in personal problems and issues that affect them.

David our contact person in PALS was of the opinion that the initial educational methods adopted by health workers were ineffective. The facts that he was given did not have much impact on him. The messages failed to focus on risk factors, nor did they give any information on the body changes that take place in adolescence.

He was of the opinion that discussion with an infected person, factual information on HIV/AIDS from the health worker and a discussion with a social worker on the social and psychological impact of contracting HIV/AIDS, is a more effective method of communicating. The messages should address themselves to risk behaviour, factors leading to risk behaviour and every effort should be made to personalize the issues to the individuals who are being counselled and avoid a set prescription style in counselling. For example, David made the observation that Zambia youth treat relationships as a fashion and youth will continue to have sex because it is fashionable to do so.

The PALS program reaches out to people in the work place where they spend most of their time, and as a result this program is reaching older youths. PALS members talk about their own experience in order to empower people who have HIV/AIDS feel they are not alone nor are they out-casts. The down side of this approach has been that some members of the public have the false impression that being HIV infected is glamourous and one should not worry too much about acquiring HIV/AIDS. The challenge has been for HIV infected people to be accepted in their normal roles as human beings such as marriage, and parenthood. The PALS have to deal with these issues themselves as well as the every day necessities such as shelter, housing and food.

Young Women Christian Association of Zambia (YWCAZ) Family Life Education Program.

The YWCAZ AIDS program began in July 1994 under the Family Education program in collaborationa with the Morehouse School of Medicine. The interview was carried out with Mrs. Monica Shikanga, the YWCA program officer concerned with this program. The initial objectives of the program were to target out-of-school youth in Lusaka but it was soon realized that the parents of these

children also needed to be involved. Currently the program specifically targets the adolescents and to a lesser extent adults.

The content of the education program to the adolescents includes emotional, spiritual, physical, social and intellectual aspects of the adolescents development. Subjects such as fertility awareness, female and male hormonal cycles, teenage pregnancies, and contraceptives are discussed as well as practices that increase the spread of HIV/AIDS. The program emphasis the need for youth to make informed choices.

Training is carried out in a 2 week workshop of 15-20 young people. The young people have been recruited from the street gangs of Lusaka and the traditional beer brewers. The training emphasizes character building, team work and community work. The youth are trained in peer counselling and outreach to their peers. After the training, the youth are expected to carry out a one-to-one outreach to their age mates in the communities where they live, as well as the local markets and shopping centres. Videos such as "Its not easy", "Making choices" and "Sharing the price" are used in the youth outreach program. Traditional media such as dance and song is being used. The basic message for youth under 18 years is abstinence to avoid pregnancy and HIV infection. Youth who are already sexually active are referred to health services for regular check-ups. The peer educators have also been involved in developing a peer education manual.

The youth counsellor/peer educator is expected to reach at least 50 other youth in the period of 3 months. The peer educator is given an allowance and monitoring tools such as questionnaires for community diagnosis, activity reports and records of focus group discussions of the peer educators with other youth. The coordinator in turn writes a comprehensive report to the contact person from the MoreHouse School of Medicine. A comprehensive evaluation was planned for August 1995. Some of the proposed monitoring activities include assessing condom use, pregnancy rates and reports at the STD clinics and home follow-up for girls who have acquired syphilis.

The second component of the program is targeting adults. Schools enrollment is very low in rural Zambia and even in the towns there is a high drop-out rate before completion. In this scenario, traditional institutions that taught young people on sexuality are possibly still the main source of information for these young people. In addition, the traditional systems are still seen as the legitimate method

of teaching sexuality to young people. Specific traditional practices that have been found to increase the vulnerability of girls and women to HIV/AIDS are still promoted through traditional institutions. The YWCA program had found it necessary to develop a program that incorporates both the modern and the traditional approaches in its HIV/AIDS prevention program.

The program officer Mrs. Shikanga has also been working with female traditional initiators who still exert tremendous influence on the young people. Girls are trained to grow up to be submissive to their husbands and their sexuality was limited to reproduction and to please the man with no thought of their own pleasure. Mrs. Shikanga, with the traditional initiators has established some of the practices that were applied to achieve these goals and they include use of plant and chemical substances such as:

1. Use of vaginal mucous drying agents - their effect on the genital mucus and the correlation to HIV infections is not fully defined.

2. Warming agents such as porridge and other drinks that raise the body temperature. Some of the agents that have been identified are fungi. Their effect on health is not known.

3. Agents that stimulate the sex drive. The message to the youth is that these agents are harmful as they may lead an individual to seek sexual experiences with multiple partners.

Some of the traditions appear to encourage sex as a recreational activity and alongside this are many misconceptions on how HIV/AIDS is caused. The involvement with traditional initiators and TBA has been on improving the care of the new born and avoidance of herbs that may put the infant at risk of infection.

The constraints experienced in this program include lack of adequate transportation, and support personnel. A second problem has been the difficulties in breaking through cultural barriers that are deeply rooted. There has also been some petty resentment towards the youth who were recruited for the program and who received bicycles to facilitate their transportation. The youth who were trained initially recognize that the allowance is temporary and there is a move towards development of an income generating activity for the peer educators in order to sustain the program. Current funding and technical support has been from USAID through the MoreHouse School of Medicine.

The YWCA has solicited support from parents and organizations such as the Health Care Unit at the University Teaching Hospital and from churches. The Catholic church has been very supportive because of the approach that has been adopted. Sensitive issues such as condoms are promoted only in the context of protecting a wife from a wandering husband or in discordant couples.

In our discussion with Mrs. Shikanga it was not clear whether this program was initiated by the YWCA and the MoreHouse School of Medicine came in later or whether this was conceived as community based research program at the More-House School of Medicine. During the discussion it was obvious that the More-House School of Medicine was keeping a very tight reign on the project activities and possibly stifling creativity.

A third component of the YWCAZ program has been to target health workers in order to sensitize them to the needs of adolescents in the treatment of HIV/AIDS STDs and pregnancy related program. There is collaboration with UNICEF and the Institute of African Studies to develop youth friendly services.

Family Life Movement (FLM)

This is a program that is sponsored by the Christian Council of Zambia and the Zambian Council of Social Services. The movement began in 1981 and targets the 10-24 year old youths. The mission is to give families skills to achieve a more fulfilling life. This program believes that it is the responsibility of parents to educate/teach their children family values on sexuality. Thus the main objectives of the FLM are to promote family life education, and secondly to promote scientific natural family planning.

The organization approaches this process initially by training parents and then follows up with a second stage of training children. In this second phase, it is assumed that children will have already been introduced to the topic and the FLM would build on skills and knowledge what the children already have. A third component of the program developed afterwards in response to the HIV/AIDS epidemic. HIV/AIDS education began in 1989 in the low income compounds of Lusaka and in 1990 saw the beginning of an out-reach program. In 1993 a youth club called the SMART youth association developed. SMART is the acronym for "sex is for marriage, AIDS ruins teens".

The children are taught a core curriculum on AIDS and behaviour skills. The key message is chastity. Those children who accept the teaching take a vow of chastity and receive a badge to become members of the SMART Youth Brigade. The young people who have taken a vow of chastity are trained as peer educators in order to be able to reach out to other youth with the support of the parents.

The curriculum covers the following core areas;

1. Communication skills and how to talk about sexuality.
2. Cultural factors that put people at risk of HIV/AIDS. Parents and children are to discard harmful practices.
3. Utilization of methods that are sensitive to the mood of modern youth .
4. Working with traditional institutions like the initiators who continue to have an important role in counselling youth on sexuality.

The sexually active youth are referred to the Family Planning Association of Zambia clinics for further counselling and service such as condoms and contraception. The FLM staff feel they lack the competence to provide the se services.

The outreach program has been functioning since 1990. FLM works through other organizations in this activity. The officers visit a new area and describe the program that they are offering and then they wait to be invited to go in and train. This approach was adopted because the FLM is a small organization and can only have an impact if they develop a large network of trained personnel in other organisations.

A needs assessment was not carried out at the initiation of the project. It was felt that the National HIV/AIDS surveillance data was reasonably indicative of the need for HIV/AIDS education in the youth. The target population for the youth and AIDS program is 10-24 years. To date, more than 900 adults and 1,500 youth have been trained. The program activities have been limited to the Lusaka area.

A needs assessment is planned in order to be able to determine how to strengthen the current program. A study is planned among 100 youths in Lusaka using qualitative research tools. The program officers hope that this core group of youth will in the second phase participate in finding out more about the prevailing youth culture in Lusaka.

Church Medical Association of Zambia (CMAZ)

The CMAZ is an organization that serves member hospitals and NGOs. Hospitals that are members of CMAZ provide 30 percent of the health care in Zambia. Their involvement in AIDS prevention includes home based care, counselling and AIDS education. CMAZ is not involved in materials development and uses materials developed by Family Health Trust of Zambia (FHT). CMAZ is not a policy making body but one that facilitates the work of the member organizations for the AIDS education program. Financial support has been from NORAD, CIDA and $54,000 for the STD training initiative, and over 5 years DANIDA Church AID has supported 5 specific hospitals for the normal work as well as HIV/AIDS prevention activities.

CMAZ collaborates on 2 programs that serve youths;

- *The anti-AIDS clubs that have been spear-headed by the FHT. Members of FHT act as resources for the anti-AIDS clubs in various parts of Zambia.*
- *Street kids International. This is program is designed and run by the International Red Cross in Lusaka. The project is involved in home-based care, orphan support and community education.*

To form anti-AIDS clubs, CMAZ member institution give an AIDS talk in the schools within their vicinity. They then encourage the school to form an anti-AIDS club. CMAZ members then facilitate by providing materials like a register, membership card, T-shirts etc. CMAZ has found the anti-AIDS initiative to lack a clear definition and line of action in reaching out to the youth. The anti-AIDS clubs do not have a set curriculum and it is conceivable that a child may be a member and gain very little as a result. There has been no evaluation on the impact to anti-AIDS clubs on the youth. However, the assumption is that children in anti-AIDS clubs have the information, are careful in their habits and are more likely to talk about condoms and abstinence. The major challenge as seen by CMAZ officers is that children imitate parents and the society around them.

CMAZ convened the first national AIDS conference. The conference highlighted the problem of orphans and other 'innocent victims' of the AIDS epidemic. The CMAZ Officer noted that the Catholic Church has been at the fore front of AIDS education and support systems to the community.

The strategy of CMAZ in AIDS prevention has been to educate people on the disease, cause, and how to avoid it. Their educational program have been instru-

mental in bringing about change in activities that put people at risk of AIDS. For example, at the Salvation Army hospital at Chinkakata, a CMAZ member, has been working with the chiefs among the Tonga and Monge of Zambia. This has resulted in changes in wife inheritance and sexual cleansing rights. The Shikankata hospital is offering training for hospital teams on home based care.

The officer at CMAZ noted that in the past cleansing after a death involved a man jumping over a woman but somewhere along the way this changed and became a sexual rite. A second observation related to peoples beliefs system: an important assumption is that people have the same interpretation of AIDS like the health professionals but this is not necessarily always the case and following are some examples. In Zambia there are people who believe "Slims" disease is caused by having sex with a menstruating woman. Another myth is the belief on that because I know X well, I don't need to use a condoms. A casual partner is understood to be someone they do not know and therefore 6 or more sexual partners you have known well are considered to be alright.

In Zambia there has been concerns about the "sugar daddy" syndrome. The officers at CMAZ believe this practice has a relationship to a traditional practice in eastern Zambia where old men (usually uncles) would 'taste' a girl to evaluate whether she is ready for marriage. Thus men are socialized to go out and 'taste young girls. This practice exposes young girls to incest because often these uncles are in the same household and they will intimidate the young girls into sex.

CMAZ is a Christian organization and it advocated for people to have only one sexual partner. The CMAZ officer felt that there was a need for true Christianity in order to get rid of these adverse practices. Young people need to be trained to know they can say 'no' to adults. This is in contradiction to cultural standards where a child must be respectful to an uncle.

This officer concluded that there is need to understand the culture of a people and then proceeded to address the core issues with health messages. A second important strategy is to raise girls self esteem and encourage them to excel in school so that eventually they can achieve economic independence.

MALAWI—Presbyterian Church of Malawi -Synod of Blantyre St. Michael's and All Other Angels Church

In Malawi we were unable to locate a youth program that was sponsored by a church. Clergy from the Presbyterian Church of Malawi, one of the oldest

churches in Malawi were interviewed and we established that this church does not have anti-AIDS program. The Sunday school director in the synod of Blantyre St. Michael's and All Other Angels Church was of the opinion that parents should educate their children on sexuality.

An interview was carried out with a woman working as a housekeeper in a church guest house, and a member of the Women's Guild in the same church. She had three grandchildren under her care 14,10 and 3 years and whom she counselled on HIV/AIDS and sexuality. She felt powerless to suggest the need for HIV/AIDS education to youth through the church or through the Women's Guild and yet the women were closely involved in caring for the widows and orphans. In the face of this major epidemic, the members of this church did not see themselves playing an active role in HIV/AIDS education. In this congregation, in the past 2 years there had been only one seminar to disseminate some HIV\AIDS information to the elders.

This lack of involvement of the church is very unfortunate because the Church in Africa has a very large following of individuals who come voluntarily to listen to the preacher. Failing to address a problem that is completely disintegrating families and communities as a priority is failing the members of their congregation.

4.4 Secular Based Programs for the Prevention of HIV/AIDS Among Adolescents

In this section a selection of secular programs that are addressing HIV/AIDS education to adolescents is presented. The programs in Zambia and Kenya are NGO based while the examples from Uganda and Malawi are government initiated and implemented. The latter are examples of a National government being involved at program level and not only at policy level in HIV/AIDS prevention.

In contrast to religious based programs secular based programs have emerged from the field of reproductive health. Their orientation therefore is to provide services such as condom promotion as well as providing information on HIV/AIDS prevention with minimal involvement in behavioral change programs.

KENYA—Family Planning Association of Kenya (FPAK)

FPAK has been involved in creating awareness, and providing education and information regarding HIV/AIDS. The youth program was initially concerned with teenage pregnancy, abortion, and the increasing incidences of STDs. FPAK has been focusing on the youth because this group comprises a large proportion of the population and requires attention in population management. Originally, FPAK had assumed that training teachers and leaders of youth clubs would result in the awareness raising in both adolescents in schools and out of school. Information on HIV\AIDS was integrated in the training. Unfortunately the mechanisms for follow-up of the trained teachers and youth leaders did not exist. It also became clear that the education on family life was not meeting the demand for other needs in the lives of the youth. The mere provision of information was found to be inadequate, it did not deal with development of negotiating skills for when adolescents find themselves in threatening circumstances. Along with this, was the realisation that there exists wariness in parent/child communication and that there are major changes in girl-boy relationships in Kenya with a major divergence from culturaly accepted norms.

To respond to this, FPAK established two centres, one in Nairobi and the other in Mombasa which sought to deal with the individual and specific problems of adolescents. The centres were available to undertake lectures and talks on reproductive health issues as concerns adolescents in school once they are invited by the head teacher.

There was another re-focus when it became clear that the centre was not reaching the adolescents as assumed, because of the lack of access. The concept of volunteer youth workers was developed where adolescents aged 16-19 years were trained to counsel and educate their peers. They work under the supervision of volunteer youth co-ordinators who are aged 19-24 years. These volunteers can refer certain cases to the centres or call on staff at the centres to deal with groups in the neighbourhoods.

Although FPAK primarily emphasizes abstinence, there is a proportion of adolescents who are sexually active. For their protection, FPAK encourages the use of contraceptives such as condoms. According to FPAK's experience, sexually active adolescents who have not suffered the consequences of their behaviour such as pregnancy or contracted STDs/AIDS are skeptical about the occurence of such events. For those who are already affected FPAK provides services in the management of diseases, or pregnancy and counsels to the youth avoid the same risks of such in the future. FPAK has been advising teenage pregnant girls to have the baby as the first option and refers these cases to teenage mothers' homes and to hospitals.

The Volunteer Youth Programmes (VYP) produces a newsletter which is designed, developed and produced by adolescents. The main focus is on lessons to be learnt based on adolescents' experiences. Cartoons as well as long prose articles are used to communicate messages to adolescents on reproductive health issues. The VYP also responds to correspondence and highlights letters which reflect common issues in the newsletters to help other youth learn. Professionals give guidance on specific issues but the newsletter is primarily a VYP activity. Since 1989, the program has produced 2 issues annually and distributed 6,000 copies to schools, youth organizations and to individuals through the centres.

Recreational activities such as sports, panel discussions, focus group discussions after viewing videos are also held at the centres. About three quarters of the videos shown have been on AIDS/HIV. According to Mr. Karueru (Programme Officer at FPAK) one of the constraints experienced by the program has been the high turnover of the volunteers, who leave to pursue other opportunities in training or employment.

FPAK has reached a consensus on the policy relating to youth and reproductive health in the future; FPAK will be emphasizing that adolescents who are not sex-

ually active, should be assisted to postpone sexual activity, and sexually active adolescents will be provided with the appropriate services for protection, diagnosis and management of STDs and pregnancy.

There is also an initiative to gather support for a number of programs in Nairobi, Mombasa and Nyeri. FPAK will undertake operational research among adolescents on information and services. The program is set to dispel the commonly held belief that adolescents do not require information and services. The program is planned to take place over three years and the Population Council and Rockerfeller Foundation have indicated some interest in funding it.

A country wide survey conducted in 1992 with the National Council for Population and Development (NCPD) on reproductive health and adolescents indicated that the existing environment for any youth intervention on reproductive health was unaccommodating and that adolescents and parents did not have accurate information on the subject. A lot of NGOs working in this area also lacked the capacity to deal with large scale programs. Most policy makers in interviews indicated concern about adolescent sexuality. Based on this, NGOs working with adolescents established the Kenya Youth Initiative Project, which has developed a fact sheet, booklet, and a chart for policy markers giving vital facts on adolescents and reproductive health.

Three booklets on STD/Aids, boy/girl relations (comic format) and teenage pregnancy are about to be published. A program Youth Variety Show on radio is being aired every Saturday morning. Adolescents can have their queries answered through the phone by experts who attempt to educate and clarify issues. There is also a drama radio series on the National Service on Sundays from 6.15-6.30 p.m. In addition, FPAK has sponsored trophies for the best play on reproductive health at the National Drama Festival. The project is about to end in July but there are plans to extend it. Content analysis of newspaper coverage of reproductive health issues in regard to adolescents has also been undertaken.

UGANDA—The Rakai Aids And Std Research Project

The Rakai project is a research project that is evaluating whether mass treatment of STD's will reduce HIV transmission. The Rakai project has been providing support services along with the research project because it is difficult to undertake research in a community, while ignoring urgent and essential needs for ser-

vices such as treatment of diarrhoea and AIDS. In anticipation of the need to continue these programs after the research program ended, a locally incorporated NGO was started.

A peer education program has been developed whereby some adolescents are trained to go and educate their peers in the community on safer sex practices. The program implementors believe this is working rather effectively. In general, the Rakai experience is showing that messages seem to work better when intensive efforts are directed towards smaller groups, in smaller areas, and persisting over time. However, the dilemma is that the AIDS epidemic is a desperate issue which requires attention on a broader scale, than the NGO is able to achieve.

Although Uganda has a high knowledge level of AIDS awareness, (about 80-90 percent) this has not been translated into evident behaviour change. Condom use has increased over time especially among the younger people in the catchment area of Rakai project, but there is a problem of users who cease using the condom when they become familiar with their patterns.

The challenges have mainly been in the area of providing services while undertaking research. Despondency and hopelessness has been observed among the adolescents making it difficult to motivate them into behaviour change. Poverty, as contributed is of prime importance alongside HIV\AIDS control programs.

Rakai AIDS Information Network (RAIN)

To ensure some sustainability in the services to the community an NGO, the Rakai AIDS Information Network was formed after discussions with the community members. The research project and RAIN has used participatory methods with the community for HIV prevention. Discussion topics have included abstinence, selection of partners and use of precautions.

This is a locally incorporated NGO which was started in response to the needs of people in Rakai. Although the Rakai research project was providing health care for people within the research area, a need was felt for expanding services to neighbouring communities and also sustaining services after the project was completed. The target activities for RAIN include counseling, community health care project and IEC among adolescents.

The target population for the IEC activities are the out-of-school youth. A 3 day training workshop is carried out among youth aged 17-25 years. Each training

group had 30 members with an even split between men and women. The training has reached 2,500 youth in a country with an area of 400,000 youths. During the training the youth are encouraged to form a group so they can support each other.

The training includes:-

1) AIDS information

2) Prevention of HIV - with emphasis on condom use and safer sex practices

3) Negotiation skills and group facilitation skills.

A baseline survey was done and a follow-up evaluation done 1 year later. Trained youth were more knowledgeable about HIV and condom use as well as more likely to use condoms than youth who had not been trained.

Constraints

The RAIN project began its work during a time when communities and churches were very resistant to frank talk on sexuality and supply of condoms to young people.

- *Trained youth have difficulties in being recognized as credible sources of information by their peers or adults in the community. The program found that visiting these young people at their homes after training improves their credibility with the community.*
- *Group dynamics were shown to be better when boys and girls discussed together and were grouped into categories of older and younger adolescents.*
- *Follow up of girls was more difficult because they were found to be busy with household duties or they were more shy compared to the boys.*
- *Many of the groups broke up soon after they were formed. There are a few who formed drama groups and these have continued to reach out to the community.*
- *There are no resources to pay the peer educator.*

There is a hopelessness experienced by the youth in Rakai. Their concerns include

- *How to choose partners, how to raise children and the prevalent feeling of impeding*
- *Destruction as a result of the AIDS epidemic.*

Older members of the community report observations of changed behaviour particularly in cultural festivals such as the installation of heirs, or post-harvest celebrations which were characterized by people engaging freely in casual sex. This observation has not been evaluated and it may be that such liaisons are now being undertaken in great secrecy.

The churches are also making attempts to be involved in this area, although some sections of the clergy have been seen as being too judgmental in their approach. Some clergymen have however responded to the reality of the AIDS epidemic. The great mushrooming of churches of all types is also being related to the epidemic, as a response. The RAKAI project has been funded by Rockfeller.

Rakai is one of the poorest areas and hard hit by the AIDS epidemic, leading to some girls being involved in sex for survival. Peer education has not been that successful here, and there are efforts to develop interventions with the involvement of the community, that can be sustained.

The Delivery of Improved Services in Health Project (DISH).

The DISH project, which covers 10 districts in Uganda (i.e. Jinja, Kampala, Kauli, Luwero, Masingi, Masaba, Rakai, Mbarara, Ntug and Kasese) has the main objective of improving delivery of maternal health services at antenatal, delivery and post natal care. Training of nurses, TBAs and other health workers will be undertaken to ensure better health care and counselling to improve family planning acceptance. Family Planning in Uganda has a low acceptance rate (less than 10 percent).

A second component of the program is improving the STD diagnosis and treatment. The DISH project is addressing AIDS/AIDS and its prevention among adolescents. Prioritization of this group followed the observation that the age group 15-19 years face the risk of being HIV infected. A needs assessment using qualitative methods identified that adolescents have high levels of knowledge on family planning and HIV/AIDS. However, sustained behaviour change has proved difficult due to pressure on adolescents to prove they are adults by engaging in sexual intercourse. This pressure among peers and male relatives has contributed to high risk behaviour in boys particularly, without the use of condoms. In the research, the youth expressed a powerlessness over their discussion on sex, and beliefs that condoms are not effective in preventing HIV.

At a workshop on Strategies of Communication Design in February/March, the target group of male adolescents aged 15-19 years was selected. This was based on the feeling that boys are more likely to change their behaviour because they have more control about their sexual behaviour than girls. The expectation is that this will reduce the pressure on girls, and enable the boys to acquire skills to counter the intensive pressure to have sex. Girls will form the secondary audience.

The project is designed as a six month campaign that has a mass media component, and a district based activity component to support the mass media messages.

The mass media campaign will utilize the following;

Radio spots:
30 spots will be developed commercially and aired at peak times in English, Ruganda and the 4 Rs (Runyankole, Runyore, Rutoro and Rukiga).

Radio programmes:
This will include the use of popular music, drama, episode and question and answer session. The youth will be involved in developing the programmes which will be popularized in radio spots.

Straight talk:
Two special issues of the Straight Talk (ST) newspapers will be translated to Ruganda and the 4 Rs. These two issues will be prepared by the DISH project.

Posters will also be used in the local languages as well as the convening of a "Hits For Hope" song competition. These will take place at the district and the national levels, with prizes of U.G. Shs. 200,000 and 500,000 respectively. The winning song will be translated into 4 local languages and produced by a professional producer/distributor. Video cassettes such as More Time will be translated into local languages.

The district based activities are designed to support the messages in the mass media component. Thus in Jinja for instance, through the discussions with the community, a bicycle race was planned as a key activity. Participants were to wear T-shirts and caps to promote the messages and reinforce them further. Other activities that have been selected include drama competitions and performances by special troupers. During the events, materials such as posters will be

distributed. Debates and panel discussions are also being used to enhance and clarify messages and issues.

The project is being undertaken with the collaboration of the Ministry of Health, particularly with the District Medical Officers at the district level. The campaigns are designed to run in phases in order to maintain continuity and reinforcement of messages.

AMREF - African Medical Research Foundation

Sexual and Reproductive Health Program (SRH)—The program is being carried out in Ethiopia, Kenya, Tanzania and Uganda with Norwegian and Swedish funds. There are 6 projects that encompass in and out of school youth as well as rural and urban youth;

- ***Ethiopia**: Addis Ababa - Regional fourteen*
- ***Tanzania**: Mwanza rural -*
- ***Dar-es-Salaam**: Linondoni*
- ***Uganda**: Kabale (W. Uganda)*
- ***Kenya**: Nyamira, Trans Nzoia.*

These study sites were selected because in these areas there was a documented increase in adolescent pregnancy, STDs and AIDS. The officer in whose office this project was being managed made the observation that in Nyamira, Kisii District, nearly every girl becomes pregnant in Standard 6, while Trans Nzoia (Eldoret Town) has seen a large influx of Turkana normadic tribesmen whose lives have been disrupted by famine and influx of refugees into their home areas as a result of the war in Somali. The change in lifestyle has disrupted their families and increasingly their children are finding their way into the streets of Eldoret town in Kenya. A recent count documented 700 street children in Eldoret, a small rural town.

The planned activities of this project at every site include:

- *Diagnostic studies on the community*
- *Create information centres that youth can utilize to access information and knowledge of where various services are offered.*

- *Strengthen/initiate health services for youth and adolescents.*
- *Mobilize parents/guardians to increase their awareness of problems facing youth and to improve the parents capacity to support youth.*
- *Integrate out-of-school youth into productive activities e.g. brick making, shoe making. There are small grants to support these activities.*
- *Training service providers to be more sensitive to the needs of the youth and the unique nature of youth.*
- *Network with other agencies providing services to the youth.*
- *Advocacy for youth among NGOs, parents, governments and academia.*

The project aims to reach half a million adolescents in total. Through multi-disciplinary approach. The project has just began and it is planned that in 2 years time there will be a process evaluation and at the end of the third year an impact evaluation will be carried out. The project will encourage information sharing, peer group activities and inter-generation dialogue.

ZAMBIA—Society of Women Against AIDS in Zambia (SWAAZ)

The SWAAZ chapter was set up in 1989 to focus mainly on HIV/AIDS issues as they relate to women. In their work, SWAAZ also addresses the problems of adolescents and orphans. The interview about SWAAZ was carried out with Dr. Luo.

SWAAZ began its operations by conducting educational workshops and in the process it was realized that out-of-school youth were experiencing a lot of problems related to their lack of skills and gainful employment. Two programs have evolved as a result of these early experiences; TASINTHA and Kuasha Mukweu. Tasintha is a program that targets girls who are in the sex trade and assist them in skills training and building self esteem.

The second program, Kuasha Mukweu is a program for supporting widows and orphans. SWAAZ has bought 4 houses in the low income areas of Lusaka and hopes to increase them to 6 in the future. These houses function as family support units. The activities include providing some health care; For example, women have been trained in the community to be able to take blood spots for syphilis testing. It is hoped that this service will expand to target the adolescents. The houses help provide services to the orphans or the families that are caring for

the orphaned children. It has been realized that it is better for orphaned children to grow up in the community where they are known and among their own people. Thus, there are income generating projects linked to these houses that try to support the activities and families with basic needs such as food, uniforms, and health needs.

Within SWAAZ it was observed that narrowing interventions limits their success. AIDS is a multifaceted problem that brings out our deficiencies such as poverty, poor communication infrastructure, lack of capacity building and poor self esteem in women. Organizations need to be broad based in order to meet the total needs of the individual. For example the needs of the women who volunteer to work with the orphans need to be met.

SWAAZ is hoping to continue with an integrated approach. It hopes to provide a forum for women to talk about the issues and problems facing them, and their families. Counselling services will be provided and women will be trained to be effective counsellors. A soft loans program is also proposed to help women build up their income generating activities.

SWAAZ recognizes the importance of traditional institutions in teaching on sexuality. SWAAZ is looking at the traditional structures that taught hygiene and personal health habits and expectations of marriage. SWAAZ hopes to work with these institutions to strengthen teaching of sexuality to adolescents.

Funding for SWAAZ has been from NORAD, The Royal Netherlands Embassy, Ford Foundation and SAREC. The constraints facing SWAAZ is the high cost of programs that have a home care component. Zambia is a vast country and the distances have made it difficult to have a wider coverage of the country by SWAAZ. Most of the resources received by SWAAZ have been allocated to beneficiaries leaving very little for human resources and operational costs. A third constraint is the deeply rooted cultural beliefs that determine some women's self perception and creates a dependency syndrome and along with this has been the breakdown of some beneficial cultural practices due to western influence.

Tasintha program

TASINTHA which means "we have changed" is an organization that was established in 1992 by SWAAZ to provide commercial sex workers with an alternative

means of livelihood. This goal is achieved through provision of skills training in various crafts.

The organization is comprised of sex workers, most of whom were divorced and school drop-outs. It has been found that many of these women are lowly educated with limited skills thus making it nearly impossible to find a dignified form of employment. There have also been a few girls from elite homes who claim to have become sex workers as a result of peer pressure. There are very few widows in the sex trade. SWAAZ officials thought that the matrilineal nature of some of the groups in Southern Zambia e.g. Tonga, Ida, Lenje and Sati has probably cushioned widows to a certain extent and as a result they have not needed to resort to commercial sex.

TASINTHA recruits the women from the bars and streets. More recently because of the long-term link with the sex workers, there are many self referrals from women who have heard about the organization by word of mouth from their colleagues. The women are trained in skills such as baking, typing, crafts, tie and dye, knitting, crocheting and polish making. Two exhibitions have been held to market their goods. The program is sensitive to the spiritual needs of the women, and twice a week pastors and religious teachers hold counselling sessions with the women.

TASINTHA carries out an active HIV/AIDS control program. Drama is used to portray the lives of the commercial sex workers and the risk and consequences thereof of HIV/AIDS to them as sex workers, to their families and to the community.

Tasintha has trained 263 girls in crafts and related skills since April 1992. This has been possible through funds donated by NORAD, UNICEF, Lutheran Church, USAID, UNDP, the Southern Africa Embassy, World Food Program, the Danish volunteers, the Netherlands Embassy, the French embassy and WHO/GPA program. Tasintha collaborates with other organizations such as Family Health Trust and Planned Parenthood of Zambia.

Constraints are the resistance of certain sections of the sex workers who interfere with enrollment. An estimated 15 percent of the girls who were trained have returned to their former trade, however, no evaluation has been carried out to determine the reasons. An evaluation of the program was planned for May 1995.

Malawi

The community based programs that were identified for study in Malawi are unique in that there is direct government involvement in partnership with funding agencies unlike the programs that are described above which are NGO initiated in partnership with donor agencies. In the 2 community projects that are funded by GTZ the youth are beneficiaries as members of the community.

European Union (EU) AIDS Project

This is a program that has been using peer education as the key approach among truck drivers and bar girls/sex commercial workers, and to a lesser extent the youth. The program is also targeting traditional healers who are the commonest source of health care in Malawi. There are two registered organizations for traditional healers in Malawi which have a membership of 65,000.

This program also targets youth in tertiary institutions of learning, though implementation has been delayed because of the closure of the University Chancellor College. In August 1994, a training of trainers (TOT) workshop was able to incorporate some of the youth from the Chancellor College in the training. During this workshop the youth identified the activities that they would like their clubs to be involved in.

An informal needs assessment was carried out during the workshop where the youth were encouraged to brainstorm on their needs and the information they would like to acquire for their health clubs. Other needs have been identified through the UNICEF survey carried out in primary and secondary schools. This first TOT trained 30 students who were expected to be able to reach another 2,100 students through peer interaction. As a result of this activity a group of students in the Chancellor College formed an Anti-AIDS awareness club called the Chancellor College AIDS Awareness club and approached the EC (now EU) for funding.

The founders of the anti-AIDS club in a paper presented in a conference on the World AIDS Day in December 1994 identified some constraints to their activities that included:

1. Failure of parents and grandparents to discuss HIV/AIDS.

2. Feeling among the 17-25 year olds that they are not at risk of HIV/AIDS infection.
3. Females finding it difficult to refuse sex from boyfriends who demanded proof of their love and caring.
4. Misconceptions that there is no HIV/AIDS.

The club emphasizes the ABC of AIDS prevention that is advocated by the National AIDS Control Program. That is A for abstinence, B for being faithful to one's partner, and C is for condom use. An off-shoot of this club has been the initiation of anti-AIDS clubs in primary and secondary schools by university students. The proposed club activities of the Chancellor ant-AIDS awareness club include an HIV/AIDS newsletter, integration of HIV/AIDS messages in youth activities such as disco, game raffles, group discussions, lectures and role playing.

The officers working with the EU program felt that the youth were increasingly aware of HIV/AIDS and the demand for condoms has increased. In the tertiary institutions, condoms are included together with the IEC materials. Condoms are not supplied in secondary and primary schools which then limits their availability to sexually active youth in these institutions.

The program constraints include a lack of resources for transportation and HIV/AIDS coordinators to supervise and maintain the enthusiasm that has been demonstrated by the youth. These constraints are even more marked in the rural areas.

Regular evaluation of the EU program is planned and the indicators to be used will include knowledge about HIV/AIDS and self reported condom use. Anti-AIDS clubs have been formed in 6 tertiary institutions and it is hoped this activity will spread to all the other tertiary institutions in Malawi. The EU project plans to cooperate with UNICEF and the school curriculum project to enable a better harnessing of resources, and application of different approaches to different population groups.

The EU HIV/AIDS project staff participated in an evaluation of the Save the Children Fund anti-AIDS Clubs project in Southern Malawi and learnt key lessons in project management;

1. The need for regular visiting, incentives, and effective training in peer counselling in order to sustain an effective program.

2. Integrating HIV/AIDS messages into other clubs.

3. The need for community based approaches that involve the parents and other groups in order to create an enabling environment for the youth. An example was the Women's Action Group on AIDS (WAGA) in Southern Malawi which has helped to give the anti-AIDS campaign a concerted aspect and greater multiplier effect.

4. The need for teachers and head teachers to have a comprehensive knowledge of HIV/AIDS, skills in utilizing the curriculum as well as effective IEC skills.

5. The need to address youth perception of sex e.g. out-of-school youth in this region of Southern Malawi thought that sex could not be discussed in relationships because it implied a lack of trust and secondly sex was seen as an important part of the relationship.

The EC is exploring ways of developing income generating activities that would draw girls away from the sex trade into other forms of employment.

Youth clubs

In the previous government of Malawi, the only youth movement was the Young Pioneers of Malawi. The movement was supposed to train the young in vocations and a sense of nationhood. This movement was hijacked by politicians and become a paramilitary movement that was finally proscribed by the new government of Malawi. There are no other youth movements operating in Malawi.

The government of Malawi is interested in developing a youth movement and at the time of this study a national guideline had been developed and was about to be distributed. The youth club movement is being targeted at out-of-school youth with the explicit objective of alleviating poverty. The national guideline was developed through consultations by the Ministry of Youth, UNESCO, and the Commonwealth Secretariat. UNICEF has set aside $100,000 to increase literacy among the youth using mixed media approach in this project.

It is expected that the youth officers will be trained to improve their skills in working with the youth. The project aims at instilling skills and development and vocational training. The activity point will be the youth club which will be

managed by the youth themselves. The youth will be involved in fund raising to support their clubs activities. HIV/AIDS education will be incorporated in their activities. The target are out-of-school youth aged 14-20 years, a group that is often not reached by the anti-AIDS clubs.

GTZ AIDS control projects

GTZ in partnership with the Ministry of Health in Malawi is involved in two AIDS projects one in Blantyre and the other in a rural community in Liwonde, Southern Malawi. The GTZ projects operate in two areas; it provides for a National Reference Laboratory for testing for HIV in Blantyre and IEC programm in two communities. The IEC activities are in Phalombe and Liwonde where the use different methodologies have been used in each of the ares.

The Phalombe project is in the Traditional Authority area of Mukuniba in Miulanje district, southern Malawi. The project area is served by a district hospital, 2 mission hospitals, health centres and dispensaries. Most of the population use traditional sources of health care which are more readily available than the modern health facilities. The area has a very high HIV/AIDS seroprevalence and people are beginning to die of AIDS.

The main objective of the project is to build the capacity of the communities to prevent HIV/AIDS, care for those who have AIDS and develop a program for caring for orphaned children within the community. In Phalombe there is a foreign volunteer living in the community and working as networker for AIDS IEC and community care projects.

The project began in 1990 with IEC activities while the home based care component was added in 1994. Two income generating projects were initiated in these communities; poultry farming which has been very successful and paper recycling which failed to take off. The project is run by the community with technical adivice from the GTZ recruited volunteer who lives in the community and imparts skills to the community on how to run the project.

As a result of the IEC activities, 6 drama groups evolved and they regularly perform at least once a month to community members and schools in the area. The plays have themes that are relevant to the prevention of HIV/AIDS. The drama group members include youth as well as members of the community. A total of 36,000 people attended drama presentations in the first 6 months of 1994.

The project has an in-built evaluation that involves a weekly discussion with community members to assess the acquisition of knowledge. The project officer made the observation that they have not seen a decline in adolescent pregnancies implying that the youth are still being exposed to unprotected sex. Initiation ceremonies were important in initiating sex among girls in this region of Malawi. The program is making attempts to address the problem with the community and to develop culturally acceptable modifications in order to reduce the risk of HIV infection in young people.

GTZ Liwonde project

The GTZ Liwonde project is managed directly through the Ministry of Health. The program officer is a clinical officer from Liwonde district hospital. The project was started in 2 rural areas identified to have a very high seroprevalence of HIV/AIDS in Southern Malawi, Nyambi and Gawanani Health centres catchment areas. Nyambi is Islamic dominated while Gawanani is Christian dominated and is served mainly by the Christian Health Association of Malawi.

The main objectives of the project have been to increase knowledge and awareness of AIDS in the communities and to initiate involvement of the community leaders and inhabitants in;

- *Discussion and action against the spread of HIV/AIDS.*
- *Formation of community based self help projects to assist with home-based care services for individuals suffering from HIV/AIDS.*
- *Initiate community based counselling for HIV for infected individuals and others who are interested.*

The project used the Theatre for Development group from the Department of Fine and Performing Arts of the Chancellor College in Malawi to carry out their needs assessment. This group spent a month in each area carrying out focus group discussions with the communities in order to identify those factors that were putting people at risk of HIV/AIDS and the problems sick people were experiencing within the community. The group then developed skits illustrating the problem and presented it at a community meeting. The community was then challenged to suggest solutions to those problems.

This study identified poverty, drug use, cultural practices and family problems as important contributors to the HIV/AIDS epidemic in the region. Because of poverty families were encouraging their girls to go to the local markets and exchange sex for money or their other needs. Alcohol and drug use and particularly chamba (Indian Hemp) led to unsafe sex when individuals were intoxicated.

Cultural practices including male circumcision were carried out using one knife that was not washed in-between in case it lost its potency. Girls were subjected to initiation messages that encouraged them to have sex, while cleansing rites following bereavement involved sex. Marital breakdown was seen to contribute to HIV/AIDS at several levels. Couple with marital problems were perceived to be at risk of seeking other sexual partners, while children growing in a broken family often lacked guidance. The community recognized the nature of youth that seeks to explore and experiment and this in the absence of adequate information was seen to increase indiscriminate sex among youth thus increasing the risk of HIV/AIDS.

Within the project various communication media is being used to convey information such as group discussions, drama, and music and there is an active program for distributing condoms.

4.5 Mass Media Initiatives Targeted at Adolescents for HIV/AIDS Prevention

The projects that are included in this section are utilizing mainly mass media methods for reaching the youth with HIV/AIDS messages. The sponsors of the programs include government agencies as well as private media companies and community initiatives. These examples demonstrate the remarkable variety of media activities in the area of HIV/AIDS control. Some of the materials have been developed to support specific programs such as materials developed by PLAN International Kiambu project, or the materials developed by Kenya Institute of Education, while others are directed at a more general audience such as 'Straight Talk" newsletter in Uganda.

KENYA—Kenya Youth Initiatives Project

This is a project of the National Council for Population Development (NCPD) in Kenya which evolved following the 1992 needs assessment. The implementing agency is the FPAK (Family Planning Association of Kenya) with technical sup-

port from John Hopkins University Population Communication Services (JHU/PCS) and funding from USAID. The objectives of the program are to promote information, education and communication among parents and youth, and carry out advocacy and networking to leaders in order to influence the policy.

The IEC activities include radio programs, print media and a letter answering service. There are two radio programs; 'Show la ujana' a radio soap opera targeted at youth and parents, and a radio variety show in which youth have an opportunity to call the radio station with questions which are answered during the program. The program has 4 standardized replies that tackle different areas e.g. AIDS, STDs, sexual maturation etc. Technical staff will answer specific answers to questions outside this area.

The programs are aimed at promoting responsible behaviour in youth. In June 1995, Sunday Standard in Kenya, started devoting half a page to youth issues. The content includes; a youth testimony, a cartoon and an answered letter. The feature is called "Teen Bus".

To support the IEC activity, 3 booklets are being developed based on the results of group discussions among the youth (see review on Kenya youth speak). The topics that are covered include boy-girl relationship, youth-parent communication and STD/AIDS. During the time of the study the artwork for these materials was being finalized while the text has been pre-tested.

Some of the constraints that have been experienced are; limited media coverage of the radio program, and an inability to deal adequately with questions from the youth and especially when there is a need for back-up services. A comprehensive list of care providers who have committed themselves to see these radio referred cases throughout Kenya is needed. In the newspaper column the youth testimony stands alone without a commentary. It may be too much to assume that youths will be able to synthesize this information in order to reach reasonable conclusions on appropriate behaviour.

The advocacy component of the youth initiatives program targeted at legislation review and improving the Anti-AIDS activities has included development of a fact sheet, booklets for readers, and a wall chart. There were plans to develop a video and a desk diary but these two activities have been shelved due to funding constraints. Advocacy has been planned to begin from the grassroots right up to national level. The John Hopkins University/Population Communication Ser-

vices (JHU/PCS) wrote to every district and requested them to short list 11 people who were good in advocacy. JHU/PCS participated in the selection of the final 6 member committee. These individuals were to undergo a 1 week training on advocacy.

Even before the completion of the tasks some leaders had suggested peer advocacy would be the effective method of addressing parliamentarians (legislators). The second observation was that there was a need for youth advocates in the community and the youth themselves should be given an opportunity to lobby for the problems that were affecting them.

Just prior to our study, a luncheon for chief editors of the leading newspaper in Kenya was held. During this function HIV/AIDS reporting and the role of the media in public education was discussed. The result has been a distinct increase in the number of reports on HIV/AIDS in the local newspapers and magazines.

This program has not been fully implemented and hence it is difficult to say what kind of impact it will have on the youth. A mid-term review as well as a complete evaluation is planned at the end of the implementation period.

The FPPS puppetry project

The objective of the project is to increase the motivation of the youth to participate in HIV/AIDS prevention programs. This project targets male youth and adults. The project began in 1994 and will continue for three years. The focus districts include Nakuru, Kisumu and Kakamega with a limited amount of work in Nairobi.

The initial aim of the project was to train people sent by collaborating NGOs as puppeteers, in order to enable them to set their own puppet shows with the support of their organizations. Such organizations include those dealing in family planning, AIDS and health institutions. The training usually takes two weeks and covers methods of construction and manipulation of puppets. The trainers have been from the African Research and Educational Puppetry Program (AREPP) in South Africa. FPPS now has 8 Kenyan trainers, 2 of whom are women, and about 40 trained puppeteers, of whom 10 are women.

When the puppet shows began, questionnaires would be distributed to audiences to be filled before and after the performances in order to assess the response to

message. The AIDS message are integrated into the whole family planning education. An evaluation has been undertaken by AREPP. Activities were viewed as being successful, although FPPS , does not yet have the complete report.

A major constraint has been the inability of the organizations to support the people they train as puppeteers. This has led to these puppeteers turning to FPPS which does not have the ability to accommodate them, in terms of providing the equipment and the materials to construct the puppets. These puppeteers are predominantly young people and there are an efforts to encourage them to look for alternative sources of income.

For instance, one group in Nairobi has been performing at the Sportsview Hotel Kasarani, which pays them for the performances. In Kisumu the Nyawita group is also exploring such possibilities with a hotel there. FPPS has also written to other NGOs informing them of the existence of the puppetry groups and their willingness to avail the groups for hire where possible.

Funding for the project has been provided by IPPF, through the Family Planning Association of Kenya which has sub-contracted FPPS. The funds are an estimated K. Shs. 93 millions. Although no needs assessment was undertaken locally, FPPS relied on the South African experience of AREPP. AREPP began its shows in 1987, and has performed and trained puppeteers in other countries such as Canada, Australia, France and Germany. One concert was performed in front of 25,000 people. AREPPs audiences have been varied and include people in hospitals, shopping centres, churches and market places.

The methodology used is to put up a performance, demonstrate the use of condoms and to distribute comic brochures in local languages. These have been found to facilitate useful discussion, enabling AREPP to assess the problem areas of their presentation for future adoption or modification, due to a lack of clear understanding. The training of local puppeteers is intended to enable the spread of the message to other people and areas.

AREPP usually attempts to fit the messages with the local context and the intention is to preserve certain aspects of cultures and achieve behaviour change within the cultural context. The puppets have been found to be more acceptable in the portrayal of certain situations that human actors would find somewhat embarrassing, and also useful in the community based approach. In addition it is low cost because two puppeteers with versatility can operate a whole range of characters.

Radio and Television

Transworld radio

This is a Christian broadcasting station whose regional offices are in Johannesburg, South Africa, and which has stations in Burundi, Malawi, Zimbabwe, Mozambique and Kenya. The radio station has been broadcasting an AIDS program once a week for the past 5 years. The Nairobi offices shares its programs with other Transworld stations and transmits through short wave from Swaziland every Friday to 11 other stations in Africa including French speaking countries. The program is aired on Saturday at 7.30-8.00 p.m. on general service in Kenya. Transworld radio buys radio air time in countries that do not give the radio air time free.

The programs in 1994 were targeted at individuals with HIV infection, while in 1995 programs were targeted at parents and children. The program hopes to open up dialogue between parents and children on matters concerning sexuality, and life skills. The programs also seek to provide information for youth and parents.

Most youth derive information from the mass media, radio, television and newspapers and also from their peers. Professionals such as doctors and lawyers present information in language that is not easily understood by the youth and lay public. Transworld radio gathers this information and fashions out simple messages that are easily understood. MAP (Medical Assistance program) has just completed a needs assessment for the youth. Messages developed out of this report are currently being presented in the radio program.

The layout of the program is:-

1. News brief - This can be any new and interesting findings like a new drug, therapies, diet, lifestyles and so on.

2. Main features for the week will include;

- *Interviews*
- *Music*
- *Short stories and poems*
- *Personal experiences*

- *Answering letters*
- *Background to the information presented.*

The journalists who interview for the radio program have tried to leave their participants with some skills. Last year they worked with a group of commercial sex workers through several sessions of group work and followed it with training on bread making using a charcoal stove and how to deal with household pests. This type of exercise is taped and used in future radio programs.

Mail service

Transworld receive a lot of letters usually from the 18-45 year olds. Younger youth probably do not have money for stamps. All the letters sent in by the radio listeners are answered.

Transworld radio newsletter

Trans world has a newsletter that circulates to donors, churches and listeners. The newsletter covers a broad range of topics including AIDS messages. There are no current plans to evaluate the current radio program.

UGANDA—New Vision-Straight Talk (ST) Newsletter/ Television and Radio Programmes

This is a program of the Ministry of Information and Uganda AIDS Commission -SYFA (save youth from AIDS) with UNICEF. The main objective of the newsletter is to make adolescents more responsible about their sexuality. Specifically targeted goals include postponing age at first sexual intercouse, increasing awareness of their bodies, encouraging the youth to ask themselves the question whether they are ready to be sexually active and to develop an open dialogue with parents.

When the newsletter was launched it was hoped that both youth and parents would respond with letters and questions and it would open up dialogue. The youth responded promptly with many questions. Parents did not respond and as a result the newsletter has been based on questions young people ask and say

about parents. The letters are filed according to the topics and a few letters are selected each month and used in the current issue. The newsletter also commissions writers to contribute to the theme of the current issue. Youth participate by writing in with questions as well as by giving advice to other youth.

The first issue was in 1993 and early issues were on sexuality. However, recent issue have broadened the coverage and discussed health problems experienced by young such as acne, dental problems, personal hygiene. Straight Talk is produced once a month and distributed with a Friday issue of New vision which has a circulation of 37,000. Twenty issues are sent to all secondary schools in Uganda giving a circulation of 92,000. In addition there is a Straight Talk television program twice a week and a 15 minutes radio program called "The Youth Today" once a week.

As a result of ST, youth clubs have developed spontaneously in schools. Young people have reported that adults are unwilling to discuss matters raised in ST and the youth have then resulted to forming clubs in which they discuss these matters among themselves. The ST newsletter sends back the photo and a copy of ST to the author of any letter used in the newsletter. It has been the observation of the program implementors that young people are happy to see themselves featured in the newsletter.

The major constrain has been lack of staff. Currently, there are only 2 officers working on the ST newsletter. As a result it has been impossible to reply individually to all the letters written by the youth. A second constraint is the fact that parents have not participated and as a result their needs have not been addressed in the newsletter.

Evaluation

A specific needs assessment was not done before the inception of the project. Needs were based on UNICEFs evaluation of the youth. An evaluation of the project has been carried out and the findings are described below.

Future plans

A Straight Talk newsletter in 4 languages - Ruganda, Runyankole, Rukiga, Runyoro and Rutoro are planned with funding from USAID. The target for this

will be adults. The constraints that are already being experienced are how to use non-offensive language in presenting information on sexuality. There are also efforts to improve the structure of ST clubs by having an adult patron. This process has not been completely formalized.

Funding

Currently UNICEF is funding ST at about $8,000 per issue. There are plans currently to make it a self sustaining activity.

Evaluation report of the safeguard youth from AIDS Straight Talk mass media effort

This report sought to analyze self reported awareness attitudes , beliefs and practices of Straight Talk program on radio, television and newspaper. It was noted that it was difficult to combine a survey of listenership, viewership and readership with an epidemiological survey to assess the influence on behaviour. The survey used the content analysis methodology to document ST messages from radio, TV and newspaper as well as analysis of a random sample of letters from ST readers. In addition, four group discussions of adolescents, teachers and parents were undertaken in four districts.

Straight Talk newsletter

Straight Talk newsletter is received in all districts in Uganda. Most of the letters were received from readers in Kampala and Mbarara. The newspaper is also received in some schools in Kumu, Lira and Mbarara Districts and as a result the paper reached more school-going than out -of -school adolescents.

The written analysis, documented that the most frequent messages on the ST newspaper include;

- *The importance of self esteem and self respect (especially for girls being able to say no).*
- *The importance of trust and friendship between parents and children and for good communication and sex education.*

- *The need for gender equality and mutual trust.*
- *The importance of knowing and understanding body changes, normal body reactions and abnormal symptoms.*
- *The qualities of virginity.*

Most articles were deemed relevant, appropriate and consistent with SYFAs objectives. In any one issue there was often a discrepancy between the predominant theme of the issues and the topic areas of the letters. The utilization of graphics was found to be appealing.

Most writers were male and from secondary schools. Notably ST was not read by children less than 15 years. Most messages and advice given through ST was sound. There were concerns that some advice was vague and abstract and that ST was playing down parental guidance and as a result promoting antagonistic attitudes in the yough towards parents. Most students interviewed indicated the newspaper had provided useful information, which would be otherwise difficult to obtain from adults. The paper was more successful in catalyzing dialogue between peers (who also happen to be the major source of information on sexuality for approximately 53 percent of the youth), than with adults and teachers. The paper was found to be more appropriate for urban youth. The adults felt sex was over emphasized and that the youth read the paper for fun and entertainment.

There was a proposal by the adolescents, parents and teachers that elements of spirituality and moral guidance should be injected in the messages. The reported benefits of ST messages were increased confidence, self control and safe sex among youths. The evaluators concluded that the newspaper is a big success among teenagers. The adults have strong reservations about ST newsletter and they also feel marginalized by the limited space for their comments.

At Uganda Shs 49, the cost of production per copy, the evaluators felt it was cost effective, but noted that lack of focal points at districts level has compromised ST efforts in terms off co-ordination, monitoring and follow up.

Straight talk television program

This is a thirty minute program which includes either a talk show or a film, and is broadcasted twice a week in English. The evaluation revealed that there was a positive mixture of adults and the youth in the talk shows as well as some gender

balance. The topics were found to be relevant to SYFA objectives, with the predominant theme being communication between parents and their children on sexual issues. Varied opinions were also evidently catered for by divergent participants. However, this made the clear communication of the common messages difficult. It was noted that the males also took up more of the speaking time.

The studio format was found to be dull, and alot of the programs had sound disturbances. Letter response to the TV program was limited perhaps due to limited coverage of television. Some of the administrative constraints discovered included lack of reliable transport to undertake media research, common usage of equipment with other UNICEF programs, and timing of the programs. The school curriculum and administration were not conducive to the TV program because there was no opportunity to watch the programs. Secondly TV coverage is mainly around Kampala.

Straight Talk radio program

An interesting finding of the ST radio program evaluation was that although radio has country wide transmission only 13.8 percent of the sample had listened to the program. Worse still, very few had comments on the program.

The radio programs were mainly edited versions of the TV programmes therefore presentation and control of messages was eased by this process. The talk show format was found to be suitable. Programs in the vernacular languages have not yet been produced due to a feeling that it would be difficult to handle sensitive sexual matters on radio.

Radio was found to have been unsuccessful and elicited no letters with an exception of "Capital Doctor". Capital Radio was preferred due to the quality of production and consistent timing. Like TV, radio was found to be inappropriate for school curriculum because possession of radio by students is prohibited in most schools.

Timing appears to have been a serious constraint to the success of the radio program, as well as administrative problem such as the overloading of the product with the program. The producer had also not received specialized training in handling sexuality and AIDS matters. Cost effectiveness could not be determined due to inconsistency of financial reports.

The evaluators noted that there remains some untapped potential in radio and television media due to administrative constraints as well as inefficient implementation. The target group 5-15 years as well as adults cannot be said to have been reached successfully. The evaluation suggested that more specific targeting of the audience would be more appropriate, and effective.

In general, the evaluators were positive of the ST initiative but urged close attention to the following aspects:

- *Stricter focus on efficient administration.*
- *Better monitoring mechanisms.*
- *Greater involvement of parents, teachers, health and education officials.*
- *Better co-ordination through district focal points.*
- *Translation of program into local languages.*
- *Incorporation of moral values into the program as well as strengthening of gender issues.*
- *For the electronic media, encouragement of feedback should be deliberately sought.*
- *Collaboration with private electronic media stations for greater dissemination and publicity.*
- *Incorporation of creativity and use of diverse formats for radio and TV.*
- *Strict storage of program and papers published as well as proper keeping of reports and records.*

ZAMBIA—Zambia Family Health Trust Anti-aids Club Magazine.

This newsletter is targeted at the various members of the anti-AIDS clubs in Zambia. The objective of the newsletter is to form a link between anti-AIDS clubs. One issue was examined closely. The content included stories, poems, newspaper excerpts, cartoons, crossword puzzle, information on where youth can obtain information and a corner with quotable quotes. The stories are contributed by pupils and students and thus incorporate a participatory element. The age range of the contributors varied from 10-32 years.

From the contribution, it was obvious that the contributors understood the dangers of HIV/AIDS. Nearly all the letters have a theme on how AIDS is affecting the society and the need to fight HIV/AIDS through concerted effort. Other health information is integrated in an effort to present a more wholistic approach to health. There was little in the way of personal experiences and sharing of ideas on solving specific problems experienced by the anti-AIDS clubs within the newsletter issue that was examined.

The information is well presented with appropriate graphics, creative use of different typefaces, font sizes and the boxing of certain information. The magazine is well laid out and the content is presented in an interesting fashion that makes it interesting reading for both the youth and adults. In the issue that was examined, the newspaper excerpts on breast feeding and HIV transmission, and legal implications of deliberately passing on HIV infection were probably too complex for the younger reader.

KENYA—Kenya association of professional counselors: proposed newsletters for adolescents

Target population for this proposed activity is adolescents aged 11-24 years. The aim of the project is to provide accurate information on sexuality and to provide a forum for adolescents to discuss emerging issues on their sexuality through comics and letter columns in the newsletter. The organization carried out studies on adolescents and ascertained that there is a gap in sources of accurate information. A news analysis of the main magazines and newspapers available demonstrated that none of them focused on the issues of adolescents.

The proposed newsletter will be modeled along the line of "Straight Talk", an adolescent newsletter in Uganda. The agenda will be decided by the needs of the youth. Professionals from the media, counseling and health professions will be on the board to assist the youth in producing the newsletter technically.

Several issues of the pilot newspaper have been published and distributed in a limited way in order to evaluate the style and language to be used in communicating important messages on sexuality. Once this stage is complete, the paper will be circulated through one of the national dailies. The Newsletter will be distributed free of charge to schools and eventually as a newspaper insert in a daily newspaper once a month. There are plans to expand into other media such as

radio and television. There is in-built evaluation to enable the producers improve the quality of the paper as well as to gauge whether the newsletter reaches the target population.

This projects appears to be viable and would bridge an important gap. The approach is professional and aims to have the youth communicate. Other newsletters in the region have been very popular even with less planning and research. The newspaper that was approached originally to distribute the newsletter was backed out because they felt the messages in the newsletter are too explicit.

Macmillan publishers

Macmillan Botswana have published 18 stories focusing on sexuality and AIDS . The books were adopted by two educational officers with KIE but in their private capacity to fit the Kenyan market. During the adaptation, one of the officers, Mrs. Nturibi worked with her teenage children. The titles are broadly targeted at children aged 6-10 years, 10-14 years and over 15 years. The books have characters from all Kenyan communities to emphasize that everyone is vulnerable. The original stories had been published by McMillan Publishers in Botswana and they had proved to be very popular with young people. At the end of each book is a set of questions that aims to promote discussion and debate among the readers. The books are selling at K. shs. 50-80 (~ $ 1- 1.5). The books have been endorsed by the Ministry of Health, National AIDS Control Program and the Family Planning Association of Kenya.

There are efforts to have the titles be approved by the Kenya Institute of Education (KIE) for use in Kenyan schools. The procedures are lengthy with the requirement that the book must be passed by the subject panel, course panel and finally the academic board. This procedure does not prevent schools ordering books from elsewhere and as we interviewed Mrs. Nturibi she was informed that 11,000 copies had been ordered by Kiambu district, Kenya.

The publishers circulated the books to the National Christians Council of Kenya (NCCK) and other adult readers. There have been very mixed reactions and concerns that the stories were too explicit about sexuality and the moral message was not obvious.

There are plans to translate the books into Dholuo, and Luhya as well as other major languages of Kenya. The language used is simple and aimed at Form I and

II English level. Macmillan plans to make these books available through organizations working with AIDS. The books were on display during the Annual Book Fair in Nairobi, Kenya and they proved to be very popular with young people. Many sat down to read the book and many books in this section disappeared during the course of the fair.

Scout handbook on family life education

These materials have been developed by the World Scout Bureau Africa regional office in collaboration with National Council for Population Development (Kenya), UNICEF, UNFPA, Planned Parenthood of New York city, World Scout Bureau and World Health Organization. There is book 1, for the young scouts, and book 2 for older boys and a teachers manual. The same scope of topics is covered in the two books which only differ the depth of coverage. The topics are:

Human sexuality

- *Sexually transmitted diseases*
- *AIDS*
- *Population*
- *Family planning*
- *Decision making*
- *Love, dating and marriage*
- *The family*
- *Personal health and good nutrition*

The topics that are covered are important and the youth are encouraged to be involved in activities that would ingrain the knowledge and personal participation in the community.

The books are very factual and adopt a counseling approach. There is repeated warning on the dire consequences of some actions. The last few pages of each book has tasks the scout must achieve in order to earn a proficiency badge. These badges are excellent in that they try and instill skills in the youth using various learning methods like discussions, role play and teaching others.

The proficiency badges that the youths can earn are:

1. Population education badge
2. Health education badge
3. Drug abuse prevention badge
4. Family unity badge
5. Nutrition badge
6. Teenage pregnancy badge
7. Human sexuality badge

These badges are graded into different sections according to the age of the students. A major criticism of the material is that it is very dry and factual which makes them boring to read and may discourage young people from reading them. The material has been lifted from different sources and put together as a book. Some of it is very explicit and obviously targeted at an adult audience in the first instance. As a result the material does flow well from one topic to another. Apart from the pictures illustration, there was very little done to adopt the books into the African context or address typical everyday challenges African youth are facing. This weakness reflects the fact that a needs assessment among the youth was not carried out. (After we carried out our study this book was banned by the President in Kenya because it was seen to be promoting moral decadence in the youth).

Edzi Toto

This is a newsletter began by a volunteer, Gillian Knox using funds from The American Refugee Council to serve as a means of networking between anti-AIDS clubs, donors NGOs and other individuals interested in HIV/AIDS prevention. The American Refugee Council was working with the Mozambican Refugees and as the program was winding up there were some funds left over which were then released for this initiative and plans were under way for UNICEF to continue funding this initiative..

The newspaper has developed a forum through which youth, AIDS program implementors and donors can communicate and share experiences in the prevention

of HIV/AIDS. At the time of the study two issues had already been published, and there were many individuals writing to ask questions and contribute articles to the newsletter. The newsletter is a bimonthly and it is hoped that more of it will be in Chichewa in order to reach primary school children and their teachers. One of the problems of this newsletter and other such newsletters may face is the fact that the materials are not pretested and as a result the message that communicated may be inappropriate.

Southern AIDS regional network (SORAN)

This is a network of government and NGOs working in health in the Southern region of Malawi. The network started when NGOs and government Ministries met to address a severe drought in the region in 1992. It has since become a regular activity. Participating members are government departments of health, water, agriculture as well as health and food sufficiency NGOs.

In 1993- AIDS was identified as an important problem. In Sept. 1993- SORAN arranged a big regional Southern festival to celebrate life and act immediately to prevent AIDS. The festival slogan was "Time to Act". Activities included a procession through Blantye, drama, music, art exhibitions, promotions through the provision of all sorts of T-shirts, and baseball cups with festival slogan printed on them. SORAN then organized a big walk just before the elections in Blantyre, where political leaders were invited to elaborate on party policy on AIDS. Five months later the government followed suit.

SORAN now has several subcommittees focusing on specific areas like AIDS in the work place, Curriculum in school and other places, community support /orphan support. SORAN has a bimonthly newsletter and meeting. It is now in the process of becoming more professional by recruiting a part time secretary and coordinators. Overseas Development Agency through National AIDS Control Program.

THEATRE—Kamakazi players

The group was initiated in 1992 by a group of youth in Kisumu, Kenya who wanted to be busy after completing their secondary school education and became fully established in 1993. The objective of the group right from the beginning was

to educate youth on AIDS. They quickly discovered the power of drama in entertaining and educating people. Kisumu is a large municipality on the shores of lake Victoria and has been an epi-centre of the HIV/AIDS epidemic in Kenya.

Mr. Chamberlain, a British volunteer joined the group activities in 1993 as a technical advisor. The group obtained a contract with the CARE-CRUSH project in 1994. They were to develop dramatic plays and scripts to communicate AIDS messages to parents, youth and children. These plays were to be presented in the rural and urban communities, schools and colleges. CARE has found it difficult to mobilize youth in the community to learn about HIV/AIDS from CARE facilitators. Parents were unwilling to release their children and adolescents to go learn about HIV/AIDS. The objectives of the program are:

- *Promote abstinence*
- *Stick to one partner and get married to that partner*
- *Promote condom use among those who want to indulge themselves.*

CARE-CRUSH has had a contract with Kamakazi players from December 1993 to June 1995. The British Council has provided support in terms of transport, and office facilities. A formal evaluation of Kamakazi has not been carried out. However, the group has identified a need for plays and message targeted to upper primary school children. They noted that these children were misinformed and many were sexually active. These children have indicated that when they have questions, parents are too harsh and do not give appropriate answers, grandparents who in the traditional society would have been responsible for giving some answers are strangers to the children and thus the youth turn to friends even though they recognize that their friends have inadequate information.

Theatre for Development, Chancellor College, Malawi.

This is the initiative of a team from Chancellor college faculty of Arts and Performing Arts led by Dr. Kamulongela and Linda Senice. The group has been involved in AIDS promotion activities in Liwonde, southern Malawi. The group carries out focus group discussion with a community to identify the problems and risk factors for HIV/AIDS in the specific community. The group then develops a short drama skit to illustrate the problems and presents it to the community. The skit falls short of presenting a solution and is followed by a lively discussion with the community members.

The community was allowed to discuss the problems and define solutions. The drama group then developed a follow up skit to show the solution which was followed by further discussion of the solutions that have been proposed. The college drama group has also worked with the community to develop skills in using drama for development and AIDS communication.

Village drama groups

In 1988, village drama groups were developed as a tool for passing health messages. Literacy levels in Malawi were 20 percent and therefore alternative ways other than the written media were needed to communicate with the populace. The health surveillance assistant was charged with the responsibility of identifying a potential drama group in the various rural communities. The health assistant would work with each of these groups together with NGOs to identify appropriate messages. The drama group would then develop songs or drama presentations that illustrated the desired messages.

UNICEF initially funded these activities but since these activities were initiated there has been a change of focus and many of the programs have collapsed. Some of the groups found other patrons have continued to flourish. Some drama groups have evolved into anti-AIDS groups and encompass both adults and youth members.

USAID Morehouse school of medicine /YWCA youth program material development

This program is currently centered on materials production. A quick survey of the existing materials was carried out and pre-tested on children and it was determined that because of the low literacy they could not understand the words. The materials did not prove to be youth-friendly as teenagers had not been specifically catered for. Some of the current anti-AIDS clubs materials take a strong Christian stand, and therefore isolate some of the out of school youth who were already sexually active. Cartoons which had been used successfully in other communities were found to be inadequate. The youth had difficulty in the sequencing and in comprehending whether the bubbles represented unspoken thoughts or spoken speech.

The program has been designed to be participatory and a team of 10 youth who were about 19/20 years meet on weekly basis to talk about design issues regarding the materials. A talk with publishers has also revealed that photographs (photo novella) seem to speak more to teenagers and cartoons and comics speak more to children. This fact is being taken into consideration when developing the materials. Serializing the material has also been identified as crucial as has been the use of photographs and text below to achieve a powerful effect. All the material are being tested as they are developed.

At the time of the study, it was planned that the first issue would test the photographs and the line drawing while later tests would center on testing how the youth react to colour. Story format has also been found to more popular and will be adopted. The program has a drama group which enacts the plays that are planned for the newsletter and thus facilitates the development of the materials.

The program is also trying to encourage the youth who are out-of-school to form recreational clubs for games like netball and volleyball in order to occupy the spare time. The youth are encouraged to design their own activities. Ms. Romano (a program officer with this project) stated that the club structure seems to be working well by involving the youth in awareness and educational activities and peer interaction.

The 19 and 20 year old seems to be effective sister/brother models for the younger youth, because they have already gone through adolescence. Ms. Romano said that in the program the members spend time looking at the process, thinking through it because these are not skills inherent to young people. One issue is how much adults should control the process without dictating and being didactic.

The project has been going on for seven months and is still in the conceptualization stage. The outreach workers are trained so that they can reach other adolescents. The program was designed to take place over three years with funding from the USAID through the MoreHouse School of Medicine. The program officers are trying to keep the financial expenditure at a low cost. Although the first group of outreach workers is on the allowances, those they train will be expected to formulate proposals on income generating activities. As suggested by the youth, seed money will be given for viable projects as a kind of evolving fund, to ensure an element of sustainability.

The program is also looking at ways of establishing an enabling environment around young people. The way in which adults process the concepts in regards to HIV/AIDS issues will affect the youths. Adults are therefore being targeted through churches and other social institutions with HIV/AIDS prevention messages and skills in working with the youth.

Health worker are being sensitized to enable them to offer health care to young people and specifically girls who seek medical help for STD and HIV infection. They are being encouraged to offer services to young people without stigmatization. The Y-Program, UNICEF institute of African studies are collaborating in order build capacity.

Commonwealth youth programme (CYP)

This is a regional centre for Africa and it covers 19 Commonwealth countries. The major exercises are youth enterprise and employment and the age range of people who attend courses is 15-30 years. The director emphasized that the youth are the major concern of the CYP. Activities such as promoting literacy and policy formulation regarding the youth are undertaken. To deal with unemployment, skills training has been carried out through seminars and workshops. A Diploma and MA Program on Youth Development affiliated to the University of Zambia is also part of CYPs mandate. The CYP is focusing on youth who are living with HIV.

The area of health and welfare is one of which CYP has taken a lead role. In regard to HIV/AIDS, CYP is emphasizing positive living with AIDS among young people and networking with others in the same predicament. In 1993, CYP organized a workshop for HIV positive youth. However, there were only two young women who attended the workshop, a factor that the director said was due to governments not being able to find HIV -positive women who wanted to attend the workshop. Selection of youth is through government ministries dealing with youth officers. The workshop proposed to establish national networks in countries such as Ghana, Kenya, Zambia and Zimbabwe.

In addition, a positive living Ambassador Program for young people was established. In this program, different people were identified to talk about their experiences of living with HIV in such places as schools and churches. In Ghana for instance, one of the Ambassadors almost became a celebrity overnight. Some peo-

ple who are HIV positive are trying to emulate some of these ambassadors, and it is hoped that they will not think is a status symbol to be HIV infected.

Not all audiences have received the ambassadors well. Some people have sent letters to some of the CYP ambassadors threatening them and branding them evil and saying God will punish them because of their openness on AIDS.

Materials developed by the Commonwealth Youth Secretariat, Africa region

- *Kazembe. Coping Sexually Among Youth in Africa*
- *Shikakata C. Establishing HIV/AIDS Networks For Youth in Africa.*
- *Obbo DK. Youth to Youth Model in HIV/AIDS Prevention Programs in Africa.*

The materials were commissioned to consultants by the Commonwealth Youth Secretariat in Lusaka to cover broad topics of networking for HIV infected youth, Youth to youth anti AIDS activities and coping sexually with AIDS. This material considered basic facts on HIV/AIDS prevention, modes of transmission, testing and commonly held taboos. Exactly the same material and text on HIV/AIDS is included on all three books. The materials are based on one survey carried out in 1993. Only 500 copies each were printed because of limited resources.

The books are well intended and cover important material. However all three publications are poorly edited and contain factual errors on HIV/AIDS. Some of the language used is to open to mis-interpretation and may be misleading to young people. The books have not been pretested, and the advice given on sexuality has a strong Christian bias and thus potentially alienates non Christians. The language used is simple and can be understood easily by high school level English readers. The style of writing is dry and uninteresting raising issues of how many youths would read the whole book. The target audience is not well addressed and some of the text does not flow.

The writers are Zambians and mainly give examples from Zambia in a way that a non-Zambian who is unfamiliar with the agencies mentioned would not understand the implication of the example. This is unfortunate because the Commonwealth Secretariat is a regional office for the African region.

The printing of the books was amateurish although the colors that are used are catchy. Page margins are not consistent, and in some areas the colors have run. Sometimes the text is sloping on the page. One gets the impression that CYP had some money to spend on developing a manual and possibly time ran out so that a hurried job without adequate pre-testing was done. It is unfortunate because any misinformation may lead to loss of life. This material should be revisited, tested for language used and the factual errors corrected. There is also need to adjust the style if a youthful audience is the target for the activity e.g. use of life stories, or stories of actual programs to illustrate the matters more clearly in addition to facts already presented. It is important that professional printers are used in order to produce a professional job.

Dr. Kalulu magazine

This is a magazine by anti-AIDS project in conjunction with the Health Education Unit, of the Ministry of Health, Zambia. The activity was funded by EEC/GPA counterpart fund. The magazine is an adaptation of the PIED Crow developed by the CARE International Kenya in conjunction with World Health Organization, GPA Programs, UNICEF, IDRC and Care-Canada. The newsletter is targeted at primary school age children. Two children are informing the other children who are reading the newsletter and the expert - Dr. Kalulu is the well liked character in African lore because of his wit.

The newsletter uses cartoon pictures to illustrate how the HIV virus destroys the bodys immune system. There are also two pages devoted to dispelling myths about how AIDS is not transmitted. There is very creative use of colour and pictures that makes it interesting to read. In Kenya, the Pied Crow has been quoted by children to be an important source of AIDS education during many evaluations.

4.6 Donor Agency Programs in the Prevention of HIV/AIDS

In this category we include description of specific donor agency programs that were visited. These projects were being carried out in collaboration with government agencies and non governmental organizations (NGOs). UNICEF is the agency that has the mandate for targeting child and youth activities and as a result it features prominently in the activities. USAID has been funding reproduc-

tive health through their country offices as well as contracting American Universities to carry out specific tasks. The UNDP has sponsored UN volunteers to live in communities with the responsibility of facilitating community development while increasing knowledge about HIV/AIDS.

AIDSCAP

The current program funded from 1991-96, and priority countries are Kenya, Tanzania and Ethiopia. Kenya has a fully fledged office. Countries are categorized into priority countries or associate countries. Priority countries will have a fully fledged office, while associate countries will only have a fully fledged office if they have a large project. A project may be funded from the country USAID office or directly from Washington.

The main objectives of AIDSCAP are:

- *To fund projects that deliver health services*
- *There is a small research unit whose function is to evaluate the effectiveness of the service delivery programs.*
- *AIDSCAP has a behavioral research unit that is examining the role of counselling and testing and the attendant costs in slowing the AIDS epidemic. For example, does testing negative encourage safer sex?.*
- *Provide technical assistance to AIDS projects in the country and technical assistance in identifying project areas. AIDSCAP is the largest technical support program for AIDS projects around the world and has information on a whole vast array of AIDS and STD programs in the world, including what works and what does not. They are also the largest condom distributor in the world.*

AIDSCAP programs were initially targeted at high risk populations and undertook AIDS/STD education, STD treatment and condom promotion that has resulted in a documented decline in STDs in cohorts that have been followed for a long time. Unfortunately, the nature of sex work in many parts of Africa is characterized by migration to and from rural areas. The impact of short term AIDS/STD prevention following short term exposure to prevention programs is less impressive.

Program officers at AIDSCAP feel the mass media alone has a limited role in changing behaviour. However, in a community that is already very sensitized

e.g. a community with many AIDS deaths, the mass media may be pivotal in changing behaviour. Unfortunately at this point a large proportion of the population may be already infected with the AIDS virus.

Kenya

AIDSCAP will support NGOs working in the area of interest. Projects in Kenya include:

- *AIDS Consortium. The NGO consortium is receiving technical support on how to develop and pre-test IEC materials.*
- *Support to the Nairobi AIDS Resource Centre.*
- *Miujiza players a theatre group*
- *Raphael Tuju - Standard Newspaper AIDS watch*
- *Radio program - Kenya radio weekly.*
- *Kenyatta University and Moi University.*
- *Training of health workers in STD case management.*
- *AIDSCAP has contracted JSI (John Show Inc.) which in turn works with Pathfinder which trains health workers in family planning under the auspices of Kenya Medical Association (KMA).*
- *Policy intervention with the NGO consortium.*
- *MAP (Medical Assistance Program) International which is working with churches in Kenya.*

AIDSCAP does not consider youth at school as high risk and feels UNICEF can deal with this group effectively. AIDSCAP focuses on out-of-school youth who are living away from home. The main message to youth includes abstinence, delaying sexual activity and condom use for those who are sexually active.

AIDSCAP programs are funded for 5 years. If you take into consideration start up time effective program time is 3 years. Funding often depends on the prevailing political climate in both the donor and recipient country.

AIDSCAP also has programs in other countries in the region such as;

Malawi

School based program; The mandate of AIDSCAP has been to

- *Make the curriculum relevant*
- *Train teachers to use the material*
- *Explore how the AIDS education can be incorporated into the normal school program.*

Zambia

Radio program; in Zambia, plans to have a radio program were shelved although there is support from AIDSCAP Washington through MoreHouse Medical School AIDS Control Program initiative.

Rockerfeller Foundation

The Rockerfeller Foundation has a mission to improve the quality and reach of reproductive health services delivery. It is particularly concerned with reaching those individuals who are neglected by the existing services.

There are four elements in the improvement of reproductive health services:

- *Adding to neglected services*
- *Improving the services that are already being offered.*
- *Reaching potential clients not currently being served.*
- *Fostering models that are sustainable at a large scale in terms of cost and acceptability.*

The Foundation is currently focusing on abortion, care and prevention of pregnancy and treatment for sexually transmitted diseases (STDs) for adolescents under twenty years of age. A needs assessment by the foundation has identified these two to be neglected areas. The work is focused in sub-Saharan Africa and South Asia. Target countries are Kenya, Zimbabwe and India. The Foundation will support:

- *Documentation research - to supply evidence and magnitude of the young people's reproductive risk, need and demand for services and burden of disease due to STDs and abortion.*

- *Intervention research - to set family planning and reproductive health services for young people (males and females). The Foundation plans to work with researchers, service providers, opinion leaders, policy makers and international donors.*
- *HIV/AIDS will be dealt with specifically. The link between reproductive health and HIV/AIDS is well recognized. The Foundation will:*
- *Strengthen indigenous research to identify useful intervention with special emphasis on reproductive health and HIV.*
- *Speed the development of inexpensive testing to diagnose HIV.*
- *Support NGOs in developing countries to address the problem.*

The Rockerfeller Foundation is ready to fund:

- *Evaluation of exiting programs in order to identify effectiveness of programs providing information, education and services.*
- *Intervention research to identify a number of service models that have the potential for widespread use.*
- *Documentation research on adolescent reproductive risk, need and demand.*
- *Documentation of problems of unsafe abortion and STDs.*
- *Operational research on how to bring abortion care and STD management into the maintenance or service delivery.*

The Foundation hopes to work with other donors on these activities particularly to help cover operational costs for services experiments. In Nairobi Rockerfeller Foundation have had extensive discussions with Family Planning Association of Kenya which is in the process of developing programs for adolescents. Two clinics are planned at Eastleigh in Nairobi and Mombasa.

UNICEF Kenya Country office

UNICEF has been involved in AIDS education in the role of technical advisors and materials development. The materials were developed to address the issues identified in several Kenyan studies; 'The Adolescent phenomena" by Don Balmer and the needs assessment carried out by the Kenya Institute of Education in preparation for their curriculum development. Specific activities include;

- ***Television spots***
  The spots are currently being aired on Kenyan television and have been filmed by the Education Media Services. The spots encourage youth to think before making choices about their sexuality and the consequences of such a choice.

- ***Pied Crow Magazine***
  This is a comic strip for primary school children that is produced by Care Kenya with funds from UNICEF. Various studies that have evaluated knowledge about AIDS amongst the youth have found Pied Crow to be an important source of information. This suggests that it is well written and it has a very wide penetration.

- ***Living with AIDS***
  This book was written in Uganda by the people working in an AIDS counselling organization called TASO. The book has been adapted by WHO as a standard text for people living with AIDS. UNICEF sponsored its translation into Swahili and Dholuo translation is in press. UNICEF has also provided funds for the printing of this book in Kenya.

- ***Youth Booklet on AIDS***
  UNICEF is funding the Rotary club of Mombasa to develop a booklet for the youth. The English version has completed the process of pre-testing and is now being translated into Kiswahili and Dholuo.

- ***Video catalogue***
  UNICEF maintains a video library a resource to individuals and institutions participating in AIDS education. The videos can be freely dabbed and shared with others.

- ***School curriculum***
  UNICEF has supported KIE financially and technically to develop a HIV/AIDS curriculum for use in schools. The curriculum aims to teach young people life skills. The materials are infused into different subjects that are examinable.

- ***AIDS Newsletter***
  An AIDS newsletter modelled along the lines of Straight Talk in Uganda is planned by the Kenya Association of professional counsellors. Funding is from Ford Foundation and UNICEF sits on the advisory committee.

Planned activities

UNICEF is hoping to access some of the World Bank STI funds to carry out some of the planned activities.

- *Photo novella*
- *2 television spots*
- *Print more materials*
- *Identify organizations that can develop AIDS resource centres.*
- *Explore ways of making ongoing radio health programs more interesting in order to be able to reach people with health messages.*
- *To train music DJs so that they can also be interesting sources of AIDS education to the youth.*

The UNICEF personnel feel there is need to open up more dialogue with adolescents that is devoid of judgment and morals. The media needs to be intensely involved so as to facilitate normalization of safe behaviour throughout the society. This will support what the children are learning in school. There is a feeling that empowerment of adolescents is an important thrust in programs.

Other UNICEF activities

UNICEF participates in the Kenya AIDS NGO consortium and participates in several committees.

- *IEC committee*
- *Adolescents and youth committee*
- *Donors committee*

The major constraints are financial and 1995 was a particularly difficult year. The second major constraint has been the difficulties experienced in reaching out of school youth.

UNICEF: Zambia

UNICEF has supported various organizations in their AIDS prevention and support work. For instance, UNICEF recently donated 5 sewing machines to one group "Kwasha Mukwenu" (Assist your friend/brother), and is hoping to pay members of this group to train other people in the needle crafts. UNICEF how-

ever is not oriented towards support of entrepreneurs and instead concentrates on areas such as training and strengthening skills, or to identify appropriate funding services.

UNICEF also focuses on assisting various communities in identifying and strengthening skills that they are already adept at. For instance, one group which wanted to engage in the hammermil business was found to be better at counselling, and thus be more useful in gathering data on the number and status of orphans within their own communities. UNICEF plans to enter a contract with such a group and pay them to collect specific data. Groups also have access to information on writing a good project proposal.

UNICEF in collaboration with the Ministry of Health, is supporting the introduction of AIDS education as an integrated component in different subjects. There is a recognition however that this will only create awareness and increase knowledge, but that it will not necessarily lead to a change of behaviour.

The Family Health Trust (FHT) is also a beneficiary of UNICEF support and is being funded to conduct research in two regions. This research will investigate why knowledge has improved but not led to behaviour change.

FHT is cooperating with the churches, the Ministry of Health and UNICEF among others in developing a behavioral skills materials manual. Training on the utilization of the manual will be conducted for the various groups through focus group discussions. The materials which have been revised, are being designed to reflect the lifestyle of the children and the youth.

"Friends for Life" is a radio program on AIDS produced by young people for their peers with UNICEF's support. The program which is only 15 minutes duration will run for 3 months and is being broadcasted in English, Tonga and Kaondi. The program on the recommendation of the youth, is fairly simple and runs at a fairly slow pace. Youth who are HIV positive are actively involved in the production which is dealing with the common questions on AIDS/HIV and access to counselling. The expectation is that there will be an evaluation and that the letters received will indicate the response of the listeners. One constraint however, is the recently hiked postal charges for letters, limit the involvement of some adolescents. Basically UNICEF's forum for 1995 is on protection, caring and support and within UNICEF there is a realization that certain cultural beliefs

and practices as well as the lack of strong advocacy are serious constraints in AIDS work.

UNDP AIDS project

The primary focus of UNDP since 1991 has been assisting families with AIDS within their communities. It began initially on a pilot basis, and was being implemented with volunteers who are specialists in their professional field. The three areas that UNDP was focusing on in Zambia were home-based care, IEC and income generating activities (IGA) to support HIV infected people.

UNDP supported Zambia nationals and the volunteer specialists who work in various sites all over Zambia. The funds were used in workshops and for operational costs. The team has also been networking with schools and government agencies. Much of the ground covered has primarily been the creation of awareness of the HIV/AIDS pandemic, and the supply of educational material and sometimes condoms.

The response from the IGA's component has been good according to Mr. Kasiri, a programme officer. The groups which elect their officials have had people trained in management, business and community development. The IEC activities have also had activities such as drama, youth group activities, visits to bars and similar places. Although a needs assessment was not undertaken a formal evaluation is planned for the end of the year. The UNDP initiative was motivated by reports on the magnitude of the AIDS problem and expressed need by the government in dealing with this epidemic. UNDP has also been involved in the National AIDS Control Program's effort in realizing a multisectoral approach to deal with the AIDS pandemic. Mr. Kasiri a program officer with UNDP, Zambia observed that Zambia has become more open about HIV/AIDS issues, and the feedback on the IGA and awareness raising has been positive.

Uganda Government/UNICEF Initiative

Uganda government and UNICEF launched the program 'SYFA and SYFA' (Safe guard youth from AIDS and save yourself from AIDS). The second message is to adults emphasizing the need to guard themselves against AIDS and be role models to the youth.

The program goals are to reduce the number of sexual partner, improve diagnosis and treatment of STDs and to encourage youth to adopt safe practices during early sexual activity. The message is targeted at the:

- *Adult population with an emphasis that only 10 percent of the population is infected,*
- *Youth who are not infected,*
- *Girls, because they are more vulnerable to infection,*
- *Peer groups who have the potential of supporting behavioral change,*
- *Community leaders who establish behaviour norms.*

Implementation of SYFA will involve integration into existing programs such as SHEP, HEN, NGOs, Religious organizations, other national programs supporting behavioral change in youth, and university institutions that conduct operational research on behavioral change. Several districts have been identified for specific SYFA activities. The support services for this program will include;

- *Research to identify and describe groups with high risk behaviour.*
- *Development of counselling services, HIV testing services and STD clinics.*
- *Supply and demonstration of condoms.*
- *A health information system for the Ministry of Health ACP.*
- *Production and dissemination of audio visual materials.*
- *Training of young people as facilitators for promoting safer sexual practice.*

The curriculum includes accurate information on HIV/AIDS and risks associated with various sexual practices. A second component of the program is skills training for adolescents to enable youth implement their chosen mode of sexual expression. There is ongoing education and training to the wider community to enable them to provide an enabling environment for the youth. Different sectors of the community have been mobilized to promote greater moral discipline among the youth. Communities have been challenged to ensure facilities such as condom supplies, HIV testing, STD treatment and counselling to the youth are available.

The SYFA has proposed what the different categories of society can do to ensure the success of SYFA. There are activities defined for adults and youth, people

with AIDS parents, political systems - resistance committees, religious groups, sports teams, youth serving organizations like boy scouts and girl guides, mass media, the school system as well as the government and administration.

The co-ordination of SYFA activities has been through Uganda AIDS Commission. Some of the programs reported in this document form the SYFA outreach activities. UNICEF has been heavily involved in the launching of this program and in its funding some of the program such as;

- *CHUSA*
- *Straight Talk Newsletter, radio and TV program*
- *Development of life skills training manual for parents and children.*

UNICEF Uganda

UNICEF has been instrumental in developing programs to prevent HIV/AIDS among school age children and is funding most of the constituent program of SYFA. In addition, UNICEF is participating in development of IEC materials to support the SYFA initiative. The objectives have been advocacy in order to create a climate of change, prevention of HIV/AIDS among the youth and support to vulnerable children (UNICEF).

SYFA Project: Material Development

1. ***Manual for Parents and Teachers***

   Since 1992, following the AIDS Control Programme epidemiological report that demonstrated that adolescents (Aged 5-15 years) were virtually untouched by the AIDS epidemic. UNICEF has actively concentrated on reaching young people with anti-AIDS messages. This period of 5—15 years is commonly referred to as "Window of Hope". For UNICEFs purpose the age was broadened to 19 years, which is the age range in school youth.

The objectives of the UNICEF AIDS program are the same as the broad goals of the SYFA project.

— Postponement of age at first coitus

— Increase awareness of their bodies

— Encourage youth to ask the question whether they are ready for sex.

UNICEF decided to target parents and teachers as a way of reaching the very young and because they are the most influential people in a child's life. Their message to these categories was that it is crucial to talk to children from a tender age about sexuality. Questions regarding this topic should be treated seriously rather than being avoided. A major drawback was lack of accurate information among parents and teachers.

A few parents were organized into a group and focus group discussions carried out to identify the areas of knowledge gaps in community about the development of children. The records of these discussion have been formulated into a manual. This guide or manual will be field tested in June 1995, and it is expected to provide accurate information on sexuality and HIV/AIDS, sensitize parents to the various sources of information already available to children on the topic of sexuality, as well as make suggestions on how to answer questions commonly asked by children.

Parents are also being guided to recognize the various stages of development that children pass through and to give age appropriate answers to questions on sexuality. For instance at a certain age, a young child is satisfied to know that a baby is growing in his mothers stomach while an older child will want to know how the baby got there in the first place.

2. ***Manual for working with Adolescents***

   A second component of the UNICEF-SYFA program is that of working with the adolescents directly. Role-playing has been identified as a powerful way of communicating messages to adolescents. Young people are encouraged to act out the different roles in their lives and particularly those concerned with sexuality. "Straight Talk" newsletter is being used to give ideas on possible role-play. This is expected to encourage group discussions, and NGOs are also encouraged to utilize this method. A manual for facilitators and preliminary training are currently planned.

UNICEF is also encouraging that the 'Straight Talk project goes a step further to form clubs where adolescents can discuss topics raised, under the guidance of an adult. Such an adult would be expected to undergo training and initial sensitization.

Other UNICEF projects

School Health Education Program (SHEP)

UNICEF in the past also supported the School Health Education Program (SHEP) which aims to reach children before they are sexually active. This project initiated in 1987, involved health education in schools. The SHEP project has strengthened the training of teachers in health education and the supervisory capacity of district education officers. Health education which includes AIDS education are examinable subjects.

SHEP was originally started after the identification of a gap. The materials are in the curriculum as Family Health Education which is an examinable subject. The Ministry of Education has now taken over SHEP.

Health Education Network (HEN)

A parallel component of ShEP was also being run in the community as the Health Education Network, HEN. This also involved the provision of water and communication within the communities. Through HEN, the Ministry of Health has been able to train 120 health educators at district and country level.

COPE (Complimentary Primary Education Program)

This is a new program that aims to teach life skills to the out-of-school youth under the complimentary primary education (COPE) program. The target group will be youth aged 5-15 years and are out of school. The aim is to offer alternative education for 3 years to P5 (primary 5) level education. The curriculum includes literacy skills, skills on various crafts and how to manage a simple business account. Classroom time is limited to 3 hours a day and it is flexible so as to fit into the childrens time. At 15 years these adolescents will have acquired knowledge on better skills such as farming and book keeping to gain some self sufficiency.

The Ministry of Education is actively involved in the program and the design of a curriculum. The program is set to start in Bushengi District. Children, parents and relevant authorities have already been approached and involved in discussions on the type of curriculum that they prefer.

Through this approach it is hoped that a significant number of youth will be reached. There is a 65% drop out rate at higher primary against the backdrop of a high enrollment at beginning of primary school. The drop out rate among girls is predictably higher. In the new UNICEF Country Program the approach goes be-

yond mere dissemination of information to education and the provision of life skills. This is expected to strengthen the high awareness of basic AIDS messages which already exists. It is planned that life skills will be taught at the psycho-social level, This involves critical thinking, self assessment and awareness to gain confidence. Adolescents with such confidence can face their problems, examine them critically, tackle them and also know where to seek help.

The UNICEF program officers felt that adolescents need more interactive communication methods. Mass media creates awareness but for most people these messages appear irrelevant to their personal behaviour. Methods that motivate people to think through their behaviour patterns and in the context of their cultural practices, are required.

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CHAPTER 5

METHODS OF EVALUATING PROGRAMS AIMED AT PREVENTING HIV/AIDS AND STDS AMONG ADOLESCENTS

5. METHODS OF EVALUATING PROGRAMS AIMED AT PREVENTING HIV/AIDS AND STDS AMONG ADOLESCENTS

Evaluation of programs and intervention is important in that it allows us to identify those programs that have a definite impact, to quantify the change and determine the cost of the interventions. Governments, NGOs and communities have finite resources and many competing needs. A program that is low cost and effective in informing adolescents and influencing them to successfully change behaviour offers considerable advantages to expensive programs that achieve the same goal particularly in developing countries. Evaluation is crucial because gaps and constraints can be identified and acted upon.

In evaluating a program whether a media initiative or a behavioural modification program, two broad areas should be evaluated; the process utilised in setting up the program and the impact of the program on adolescents in other words process evaluation and outcome evaluation.

Process evaluation

Process evaluation should examine the inputs into the project, and the project outputs.

Inputs include all those activities that were carried out in order to develop the intervention while project output includes all those factors that have taken place because of the program and the impact of the program on the target population. Evaluation utilizes both quantitative and qualitative methods of data collection in order to be able to quantify the impact of the program and explain why some changes took place.

What were the inputs

The key questions that need to be answered are;

- *Was there a needs assessment?*
- *Was there community involvement in formulating strategies for adressing the HIV/AIDS prevention program?*

- *Was there professional involvement in developing the materials?*
- *Is there a clearly targeted intervention group?*
- *Were the materials or intervention pre-tested on a small group of individuals?*
- *Are the program implementors trained on how to use the materials or on how to implement the program?*

1. **Was there a needs assessment?**

   A need assessment is the process of determining the problem and the aggravating factors. A mixture of research methodologies may be utilised and they include review of published and unpublished literature on the subject, key informant interviews, focus group discussion with the target population (which in this instance are the youth and the adolescents) as well as a discussion with individuals that play significant roles in young peoples lives such as parents and teachers. Secondary sources of data such as prevalence of STDS, teen pregnancies and abortions are useful indicator of a problem of adolescent sexuality.

   This process should be followed by a synthesis of the information that involves identification of the key problems as well as priority setting. A process of planning the intervention should then follow.

2. **Was there community involvement?**

   Community involvement is very important in problem identification as well as planning solutions. It ensures that the solutions are relevant and culturally appropriate to the group. The process also assists communities to develop a sense of ownership and sustainability as well as creating an enabling environment for adolescents behavioural change.

3. **Was there professional involvement?**

   As we have discussed in the previous chapters there are approaches to adolescent behaviour and communications programs that have been shown to be successful. There is need to incorporate social learning theories, skills in interactive teaching and learning, skills in training and, packaging of messages in a way that will appeal and truly communicate to the target audience. Professional input will enable communities or NGOs to turn a good idea into a successfully implemented project. In evaluating whether there

has been professional input, there is need to examine whether there was capacity building for the recipients of the program be they governments or communities.

4. **Is there a clearly defined target group?**

   In this review we were examining interventions for adolescents. However, even within this group there are considerable differences. For instance, married youth are very different from unmarried youth in their needs and possibly risks of HIV/AIDS compared to likewise, older youth are receptive to a different type of message from a younger youth. Thus interventions and messages need to be cognisant of these differences.

5. **Were the materials or interventions pre-tested ?**

   Pre-testing of materials is an important stage of evaluating whether the desired message is understood. Failure to carry out this step may lead to very misleading and potentially dangerous misinformation to the target audience. The messages may also be culturally inappropriate leading to wholesale rejection of the program by the target population.

6. **Are the program inplementors trained on how to use the materials or how to implement the program?**

   A program may fail because the implementors lack the appropriate skills or knowledge. An example is the Zambian mass media editors who have all along felt that there was need for more media coverage of HIV/AIDS. This goal began to be achieved when reporters and editors underwent a training workshop that addressed the socio-economic importance of HIV/AIDS as well as correcting myths and misinformation that this audience had.

Special considerations in media programs

Was there an assessment of the most common source of information, and existing communication structures.

- *What is the preferred media.*
- *What is the accessibility of this media.*
  - *Availability*

- *Language used.*
- *Literacy level of the target population.*

- *For TV and Radio - What are the peak listening times for*
  - *Youth*
  - *Parents*
  - *During school terms*
  - *During the school holidays.*

In an ongoing program a media analysis of the IEC material should be examined for their;

1. Content.
2. Layout - colour, illustrations, culturally relevant, do they really communicate the message.
3. Choice of presentation.

Outcome evaluation

The success of the project can then be evaluated into terms of ;

1. Project Outputs.
2. Impact on target population.

Project output evaluation

The outputs of a project are important indicators of the success of implementing a project. Listed below are examples of items that can be measured.

Media programs

1. Content analysis of articles on HIV/AIDSin the print media.
2. Content analysis of booklets, fliers, calendars.
3. Content analysis of television and radio programs.

4. Number of letters written back to the producers of a program.
5. A survey of the (general) population to determine the reach of a mass media program. Survey of the target population.
6. Length and intensity of active media intervention.

Behavioural programs

1. Numbers of trainers that have been trained.
2. Number of youth reached.
3. Number of anti-AIDS clubs that have been initiated.
4. Number of children who have complete proficiency tasks within the club.
5. Duration of exposure to the program
6. Determine content of training curricula.

Steps to be taken in Program Evaluation

Program evaluation may be carried out by external consultants with a top down approach or it may be a participatory approach whereby program implementors are involved in the activities. Participatory evaluation offers considerable advantages in that the exercise becomes an important learning experience and a relevant action plan based on the results of the evaluation can be implemented (Aubel).

There are 15 steps that have been identified as key when carrying out an evaluation (Anbel).

I. **Identifying an evaluation team**

Program members should be involved in the identification of the team of evaluators. This involvement increases the likelihood of utilising the results of the evaluation. The evaluation should include an individual who is an expert on evaluation who should then be the team leader.

II. Plan logistic and administration arrangements

This is critical to the success of an evaluation. There should be careful advance planning.

III. Develop the objectives of the evaluation and a work plan

Before embarking on any evaluation, it is important to define the objective of the evaluation. Is the objective one of evaluating the process that has been used to implement the program or is it one which explores the impact on the target population. The rationale on which the objectives are based and the goals of the evaluation should be carefully worked out.

IV. Organise a working group

The evaluation team needs some training on what is an evaluation and how it should be carried out. Involvement of implementors at all levels facilitates the learning process.

V. Define the evaluation methodology

The evaluation team needs to define the methods and instruments to be used in the evaluation. Both quantitative and qualitative research methods should be used in the evaluation process. Experts in research methodology and statistics should form part of the evaluation team to ensure validity of findings and to build capacity among the implementors. Both process and outcome indicators should be evaluated.

The evaluation term should identify the questions they want to ask and the areas of the programs that will be evaluated. For example if one were to evaluate the Kenya Youth Initiatives Programs, one could evaluate;

- *Project management and monitoring*
- *Messages on HIV infection*
- *Advocacy role*
- *Impact on the target population which in this instance are the adolescents, their parents and policy makers.*

Sub groups should be formed to examine each of the specific areas.

VI. Identify data collecting techniques

Each of the teams needs to identify the data they require and to define whether the data is qualitative or quantitative. They should define the source of data and the techniques of collecting it. Quantitative data is useful in answering the question how many e.g. how many people were reached with the messages, what proportion of the youth used condoms. This type of information can be collected rapidly using the precoded questionnaire and there are many statistical programs that can be used to analyse the data with relative ease. Proportions, means and medians can be easily determined by simply counting or use of a hand calculator.

Qualitative data allows an in depth understanding of the problems and answers the question why? It can be used both in problem identification and outcome measure. The most commonly used methods are in depth interviews, focus group discussion and observation (Russel).

Other sources of information used include published and unpublished data.

VII. Develop data collecting instruments

This is an important step and care should be taken to ensure that the instruments are really asking the questions that the evaluators want to ask. The question should be sequenced in an appropriate manner. It is highly recommended that the study instruments are pre-tested before carrying out the study.

VIII. Conduct interviews / survey

The evaluation team should be familiar with the techniques of collecting data. In key person interviews and in focus group discussion it is important that the interviewer prompts the interviewee without imposing his/her own ideas. Some of the recommended techniques include repeating what the respondent has said slowly or making appropriate noises to acknowledge that you are following the discussion. The interviewer should not be afraid of long pauses in the conversation. In both the key person interview and the focus group discussion, the evaluators should have developed some probing questions.

In carrying a quantitative survey, specific attention is required in order to complete all the questions. The evaluators should do a call back visit on the respondents who are absent from their place or home during the interview.

IX. Analyse the data

Everyday the evaluators should write up their findings from each of the interviews performed. They should also analyse the data that is collected to begin developing a consensus of their findings.

X. Formulate the lessons learned from the evaluation

This should include both the positive aspects of the project as well as the problems in each of the areas that is evaluated.

XI. Summarize the lessons learned

The data from different components of the evaluation is compiled together. For example our hypothetical example of evaluating the Kenya Youth Initiative maybe found that counselling adults is the most effective way of reaching adolescents.

XII. Assessment of evaluation

This evaluation of methods is useful in that it helps implementors evaluate how well they did in data collection and which is the most effective method of evaluation. Such activities can be built into everyday management of the programs.

XIII. Develop an action plan

This is the process of developing an intervention that takes into consideration the findings of the evaluation. For example, an evaluation may identify a gap in the understanding of cultural determinants of sexuality among adolescents. An appropriate action would be to carry out a study on the same problem and then to feed this information back into the program in order to improve the intervention.

XIV. Write an evaluation report

This is an important concluding step in the process of evaluation. A comprehensive report documenting every stage may be written for limited circulation. A summary report also needs be written for a wider circulation.

The information maybe of benefit to other individuals and organisations that are carrying out similar work.

XV. Discussion of the evaluation report

This is the last stage in evaluation. The participants should be all interested parties such as NGOs, government departments, program implementors and consumers. This discussion should dwell on how the findings should be implemented.

Evaluation should be a learning experience for program implementors. Evaluation should bring out both the successes and the failure of the project. An evaluation consultant should avoid a top down approach but should encourage active participation and use of opportunity for capacity building.

Impact Evaluation

Impact evaluation is probably one of the most important aspects of program evaluation and also the most difficult. At the beginning of a project there is need to define what change in behaviour is expected and ideally there should be measurements of the their behaviour at baseline to form the basis of evaluation once the program has been implemented. These considerations apply whether the program is primarily a communications program or behavioural modification program.

Indicators for determining success of prevention among adolescents include indicators that measure disease burden, and those that measure reduction in risk behaviour(Kunin). The ultimate goal of the HIV/AIDS prevention programs is to reduce the incidence and eventually the prevalence of the same disease. Therefore an appropriate indicator of positive programs impact is to document a declining HIV/AIDS incidence. The incidence of the disease can be annual sero-testing of specific population groups. The second type of indicator assesses the reduction in risk behaviour such as;

- *changing age at first intercourse*
- *number of partners*
- *proportion of sexually experienced individuals at specific age group*
- *rates of condom use*

- *pregnancies*
- *proportion of first born infants in the population that are mothered by adolescents*
- *number of induced abortions*
- *proportion of women indulging in survival sex*
- *illicit drug use*

Methods of carrying out impact evaluation

Epidemiologic study designs should be used in carrying out impact evaluation(Hennekens). There are broadly three types of study designs that lend themselves well to this type of evaluation;

1. **Longitudinal cohort intervention trials.**

   In this type of study an intervention is applied to a well defined cohort which is then followed over a period of time to determine the impact. Impact indicators are measured along defined time points during program intervention and are then compared to baseline status of these indicators. If over a series of measurements of the components of behaviour or knowledge show a sustained change, such findings are considered important even in the absence of a statistically significant change. An example of this type of situation is Masaka, Uganda where there is longitudinal community based study on STDs/HIV/AIDS, a steady decline in HIV incidence has been observed over a period of 4 years. Although this decline has not achieved statistical significance, it is nevertheless an important observation. Both historic and prospective cohorts can be studied to determine the impact of a programme.

   In large media initiatives it may be difficult to identify unexposed population to compare to exposed population when interventions are applied universally such as radio, tv and newspaper media projects. A comparison of the post intervention status to the pre-intervention status gives an indication of the impact of the program.

2. **Randomized study**

   The best way of evaluating an intervention or comparing two different types of interventions is to carry out a randomized trial. A randomly selected intervention and control group are compared after an intervention

has been applied to the study group. Randomization results in the even distribution of factors that could potentially bias the study results and which the researchers may be unaware of. This type of study is very useful in evaluating different interventions in order to determine what is effective. Ideally this type of evaluation should always be done on a small scale before implementing a large scale project.

3. **A case control design**

This design compares groups that have been exposed to an intervention to those who have not been exposed to the intervention but are otherwise similar in all other measures. Interpretation of results must be cautious because differences in the two groups may be due to other factors other than the intervention. The validity of the data can be improved in the design stage by paying careful attention to selecting the control group and in the analysis stage through appropriate data analysis techniques that control for potential confounders.

Other sources of data

Sentinel surveillance

The methodology maybe used to monitor change over time. The classic example is the HIV/AIDS sentinel surveillance for HIV/AIDS whereby blood from antenatal mothers and blood donors is screened regularly for HIV/AIDS as a way of monitoring the population trends. Age and gender desegregation of the data gives an indication of how different age cohorts are affected by the epidemic as well as demonstrating gender differences in the evolution of the epidemic. Other sources of data may be seroprevalence among youth being tested because they anticipate to participate in a specific program e.g. military recruitment or students travelling abroad for further studies or seroprevalence of HIV and STDs like syphilis among babies of adolescents and adolescents attending STD clinics. Other measures of risk behaviour that can be used in sentinel surveillance include the rate of teenage pregnancy in school and school drop out rate. It is important to remember that these measures may be confounded by the prevailing economic times, such that during hard times female children may drop out of school. During national surveys, a declining number of first born babies born to adolescent mothers would also be an indicator of changing behaviour.

One needs to use multiple sources of data to collect this information such as health facilities, youth serving organisations, community based facilities such as family planning clinics as well as specific studies among youth. A second important consideration is that sampled populations often represent special groups and not the general population of adolescent e.g. blood donors are selected to be individuals at low risk of HIV, while adolescents seeking health care for pregnancy on STDs are clearly high risk by definition.

Types of study instruments are important in defining the quality of data that is obtained. The commonest instrument used in studies on sexuality has been self administered questionnaires. Researchers have always cautioned about the accuracy of this type of data. In populations where women are expected to be chaste and men are expected to have many partners as a sign of success, one would expect under reporting of sexual experiences among women and over-reporting among the men. Reports on condom use suffer from the same types of bias.

The way a question is asked may result in inaccurate information. For example, a sex worker may use condoms when at work but never with her regular partner. If the study instrument fails to address all these scenarios, important risk information will have been missed and as a result a good intervention may be labelled a failure.

The National AIDS control programme in Uganda carried out an evaluation that combined both process and impact evaluation and was found to have contributed to capacity building and the results allowed specific project areas to be improved while the general indicators were being determined (Moodie). Similarly in Malawi a process evaluation was carried out in the Save the Children (US) project by officers working in the EC project of the Ministry of Health. The team was able use the information obtained in the evaluation to strengthen their anti-AIDS clubs and to involve local women groups in the initiative(Makhumula-Nkomo.

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CHAPTER 6

CONCLUSION

6. CONCLUSION

In the last 15 years HIV/AIDS has evolved into a global pandemic. Sub Saharan Africa has borne the brunt of this pandemic because of the socio-economic, political and cultural factors that provided fertile grounds for an explosion of the disease. Poverty and illiteracy has contributed by limiting access to information and ability to modify lifestyles in order to reduce the risk of infection. Poverty has made African governments unable to provide sufficient health care and as a result sexually transmitted diseases which fuel the HIV/AIDS epidemic are rampant. Poverty, lack of employment, and male migration to urban centres has made it more difficult for African families to hold together as an unit thus rendering them less able to nurture their offspring and at the same time exposing them to lifestyles that increase the risk of HIV/AIDS.

There is still no effective cure for HIV/AIDS and prevention is the mainstay of controlling the epidemic. Three groups have been targeted for preventive program;

1. High risk individuals such as female sex workers and long distance truck drivers.
2. Youths because they are relatively free of HIV and have not yet initiated sexual activity.
3. Women because of their unique position in mother -to-child transmission of HIV.

The youth need culturally sensitive programs that provide an explicit and honest explanation of sexuality, gender issues, safer sexual practices, STDs and HIV, safer motherhood, and family planning. All potential behavioral change including abstinence or condom use should be presented (World Bank Development Report 1993).

In our study we found that the youth were a primary target for HIV/AIDS communication and intervention activities. The activities are in three broad categories;

1. Mass media initiatives

2. Behavioral modification intervention

3. Integrated media and behavioral programs.

The key message to the adolescents in the region has been abstinence and avoidance of other risks such as shared skin piercing instruments, and faithfulness to ones partner. In programs targeting secondary, college and out of school youths, the emphasis has been on caring for the sick or the orphans, dispelling misconceptions, and promoting youths and children as the sources of information and agents of change to their peers and other community members. In all the programs, there was a conscious recognition that the youth require both information and skills. The skills that were emphasized are assertiveness, communication with peers, parents and other adults, rational decision making and a coping mechanism in the face of HIV/AIDS. A significant omission was the lack of explicit information on condoms, sexuality and safer sex negotiating skills and especially in school based, religion based and mass media initiatives with possibly one exception- the Straight Talk Newsletter in Uganda.

This lack of explicitness in sexual matters is hardly surprising in the context of African culture where young people were expected to learn by observation (Balmer). Many cultures in the region do not have the language to describe sexual matters. Traditionally, sexuality and adult responsibility were dealt with specifically during the rites of passage. This traditional system has broken down and the modern system does not provide an alternative and therefore a gap exists. Some of the problems that emerges is that mass media school and secular based programs are not viewed as the legitimate sources of information on sexuality while those that are thought to be legitimate such as parents and religious based programs were found to be reluctant to offer behavioral choices other than abstinence. Faithfulness was promoted in marriage and was only mentioned to adolescents in passing as something to practice in future while condoms were only discussed in a negative context emphasizing that they are a false illusion of safety or outright sin in most of the programs. This is unfortunate because research has shown that openness in discussing condoms and pictorial demonstration as well as modelling has been shown to allay anxiety and improve use (Loibon 1990). Even among adults living in areas of intense HIV/AIDS infection, high risk exposure continues to be prevalent and promotion of safe sex options is imperative (Katahoire 1992). Condom contribution has been shown to be successful among youths if peer networks are used (Kelly 1993).

The program implementors are very enthusiastic and committed to HIV/AIDS prevention among adolescents. However, we found major gaps in program development, implementation and evaluation. Nearly all programs had insufficient needs assessment, audience analysis and pre-testing of interventions, process evaluation and impact evaluation of their program. In this study there are six examples of programs that had carried out needs assessment, audience analysis and pretesting; YWCA/MoreHouse School of Medicine Program in Zambia, Kenya Youth Initiatives ,Plan Kiambu and Kenya Institute of Education AIDS Curriculum, Dish Project in Uganda and Malawi Schools AIDS Curriculum (Dupree). These programs are unique in that they had technical input by experts in communication, behavioral sciences and public health, and they had taken time to think and plan, and to prepare for interventions. Only Plan Kiambu had carried out and impact evaluation in terms of HIV/AIDS knowledge and attitudes among primary school children in the catchment area (Kiamba). School based programs were more likely to have technical input compared to secular community based programs. UNICEF needs to be recommended for its role in funding, technical advice and coordination of school based initiatives and especially in material development and exploring behavioral skills modification and role play. USAID has focused on AIDS communication and has worked mainly with agencies that are traditionaly involved in reproductive health. These activities probably have reached youth out of school and policy implementors nd less of the school youth.

It was clear that culture had a significant impact on risk behaviour and at the same time tremendous potential for addressing the same issues. It was recognized that the disease HIV/AIDS was explained on both cultural and biomedical framework of disease explanation and people's effects to prevent HIV/AIDS reflected the dual system. It is significant that formal HIV/AIDS prevention messages only superficially addressed cultural factors in the context of practice and not at all in the context of attitude and beliefs. The reluctance to address cultural issues was related to individuals feeling that they lacked the qualifications to address the issues and the fear that certain ethnic group may become stigmatized because of their cultural practices or individuals within the ethnic group who criticized the system would become socially enstranged.

Research gaps that emerge from this study include the need to determine communication strategies that can effectively bring about the realization of meaning-

ful and lasting behaviour change among adolescents in respect to sexuality and sexual practice. Specific areas that urgently need to be studied are;

- *To determine the various factors that influence adolescents in sexual behaviour (both cultural and modern factors).*
- *To identify and propose strategies that can be effectively utilized in AIDS communication programs directed at adolescents.*
- *To document cultural attitudes, beliefs and practices regarding sexuality and their influence on adolescents sexuality and sexual behaviour.*
- *To assess adolescents response to current AIDS messages.*
- *Develop IEC materials that address the traditional and cultural explanation of HIV/AIDS.*

Every young person which is reached by an HIV/AID prevention message and who successfully adopts safe patterns of behaviour is a life saved. The crisis nature of the work should notlead us to sacrifice good science and the need to follow basic tested principles in materials or program development. Finally the period of the adolescence is not only concerned with achieving adult sexuality but also the whole process of psychological maturation and skills development that will wake the economically independent and active in role of national development. The challenge of youth programs is to develop a sense of dignity and responsibility at personal and community level. Our children and youths are the most important resource that our nations have and we owe it to them to create an environment in which they can learn skills that will help them negotiate life successfully in this era of HIV/AIDS.

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CHAPTER 7

APPENDIX

7. APPENDIX

Addresses For Institutions and Individuals That Were Visited During The Rapid Assessment

ZAMBIA

FAMILY LIFE MOVEMENT OF ZAMBIA
Officer Mr. R D Muchindu
Family Life Health Trust
Private Bag RW 75X,
Ridgeway 15102,
Lusaka, Zambia

Officers:
— Elizabeth Matoka (Executive Director)
— Mrs. Nkunike

ZAMBIA ANTI-AIDS CLUBS
Private Bag RW 75X,
Ridgeway 15102,
Lusaka, Zambia

Officers:
— Elizabeth Matoka (Executive Director)

UNICEF ZAMBIA
P. O Box 33610
Lusaka, Zambia

Officers:
— Leo Okeefe, Douglas Webb

YOUNG WOMENS CHRISTIAN ASSOCIATION, ZAMBIA, LUSAKA BRACH
P. O. Box 50115
Lusaka, Zambia.
Fax/Tel 260-1-254751

Officer:
— Monica Shikanga

MOREHOUSE SCHOOL OF MEDICINE ZAMBIA HIV/AIDS PREVENTION PROJECT
Tel 260-1-221314/229326/229327
Fax 260-1-225741

Officer:
— Ms Romano

UNDP
P. O. Box 31966
Lusaka, Zambia

Officer:
— Marwa Kisiri (Program Officer, United Nations Volunteers)

ZAMBIA AIDS NETWORK
Officer:
— Dr. Mazua Banda

SWAAZ - SOCIETY OF WOMEN WITH AIDS IN ZAMBIA PROJECTS

Officers:

— Dr. Kande Luo (Tel 252904/office/Lusaka)

TANSITHA

Officers:

— Dr. K Luo (Director)

— Mrs. Kieremire (Director/contact FINNIDA office, Lusaka)

— Mrs. Kaliilia (Project Officer)

ORPHAN AND WIDOW SUPPORT PROGRAM

(Kwasha Mukweu - Assist yourself project)

UNIVERSITY OF ZAMBIA AIDS RESOURCE CENTRE

Electronic mail service

Officer:

— Regina Cammy Shikakata (Chief Medical Librarian, Medical School Library)

KARA YOUTH PROGRAM

P. O. Box 37559,
Lusaka, Zambia
Tel 260-1-229847/222776
Fax 260-1-229848

Officer:

— Sister Shirley Mills F.M.D.M.

HOPE HOUSE

P. O. Box 37559,
Lusaka, Zambia
Tel 260-1-229847/222776
Fax 260-1-229848

Officer:

— David Chipata

— Winston Zulu

***KARA TRAINING CENTER**

P. O. Box 37559,
Lusaka, Zambia
Tel 260-1-229847/222776
Fax 260-1-229848

Officer:

— Sister Shirley Mills F.M.D.M.

MINISTRY OF EDUCATION

Curriculum Development center
Longacres, Lusaka

Officers:

— Mrs. Phiri

— Mrs. Jennipher Shombe

MINISTRY OF HEALTH

P. O. Box 30205
Lusaka, Zambia
Health Education Officer
Ministry of Health Zambia

Officers:

— Mrs. Makano

— Mr. Nicholas Phiri

— Mr. Sivile

NATIONAL AIDS/STDS/TB AND LEPROSY CONTROL PROGRAMS

WHO offices
Lotti House
P. O. Box 32346
Lusaka

Officers:
— Dr. M B Sichone (Deputy National AIDS Program Manager)
— Dr. Doreen Mulenga (STD Program Manager)

COMMONWEALTH YOUTH SECRETARIAT, AFRICA
P. O. Box 30190
Lusaka, Zambia
Fax 260-1-252153

***ZAMBIA RED CROSS HEADQUARTERS**
P. O. Box 50001
Ridgeway 15101
Lusaka, Zambia

ZAMCOM
Officers:
— Mr. Mike Daka (Director)
— Mrs. Givens Daka (AIDS Program Officer)

CMAZ - CHURCH MEDICAL ASSOCIATION OF ZAMBIA
Ben Bella Road
P. O. Box 34511
Lusaka, Zambia
Tel. 229702
Fax. 223297
E.Mail 5:761.32
Interact:CMAZ@fl.n761.z5.fidonet.org

Officer:
— Mrs. Karen Sichinga

COPPER BELT HEALTH EDUCATION PROJECT
P. O. Box 23567
Kitwe, Zambia

MALAWI

SOUTHERN REGION HEALTH EDUCATION OFFICE
P. O. Box 3
Blantyre, Malawi

Officer:
— Rose Kambewa

GTZ AIDS PROJECT
District Health Services Manchinga
P. O. Box 131
Liwonde, Malawi
Tel. 532213
Fax. 532214

Officer:
— Alfred Sauka Mwangalawa

GTZ AIDS PROJECT
Queen Elizabeth Hospital
P. O. Box 95
Blantyre, Malawi
Tel/Fax 631339

THEATRE FOR DEVELOPMENT PROJECT
Chancellor College
Department of Fine and Performing Arts
University of Malawi

P. O. Box 280
Zambia, Malawi

Officers:
— Prof. Mitch Strumpf

JSI PROGRAM
School Curriculum (STFH) Program
Tel. 741049 / 741039

Officers:
— *Ann Donatoab*

MALAWI AIDS CONTROL PROGRAM
EC Project
P. O. Box 31404
Lilongwe 3
Malawi, Central Africa
Tel. 744637
Fax. 783534

Officers:
— Paul Makumula-Nkoma (Team Leader)
— Vivien Walden (Technical Advisor)

WHO, MALAWI
KIA House
P. O. Box 30390
Lilongwe, Malawi

AIDS Project Officer: Theresa Mwale

UNICEF, MALAWI
Commercial Bank Building
P. O. Box 30375
Lilongwe 3,
Malawi.
Tel 780-788
Cable UNICEF
Fax 783-162

Project Officer:
— Richard Olson

EDZI TOTO
P. O Box 2916,
Blantyre, Malawi

Project Officer:
— Gillian Knox

JOHN HOPKINS UNIVERSITY-MOH PROJECT
P. O. Box 1131
Blantyre, Malawi

Officers:
— Dr. Taha EL Tahir Taha
— Dr. Paul Miotti

KENYA

Kamakazi Players
P. O Box 1993,
Kisumu, Kenya

Officer:
Coolins Oduor (Artistic Director)

MACMILLAN (KENYA) PUBLISHERS
P. O. Box 30797
Nairobi, Kenya
Tel. 220012

Officer:
— Caroline Mbugua

TRANS WORLD RADIO
p. O. Box 21514
Nairobi, Kenya.

Officer:
— Pauline Ngunjiri

***MAP INTERNATIONAL**
P. O. BOX 21663,
Nairobi, Kenya.

AMREF
P. O Box 30125
Nairobi, Kenya.

Officer:
— Dr. Namwaya

KENYA INSTITUTE OF EDUCATION
P. O. Box 30231
Nairobi, Kenya.
Tel 799000 Nairobi

Officer:
— Freda Nturibi

FAMILY PLANNING ASSOCIATION OF KENYA
P. O Box 30581
Nairobi, Kenya

Officer:
— Mr. Karueru (Plan International, Kiambu)

UGANDA

STRAIGHT TALK NEWSLETTER
NEW VISION NEWSPAPER
P. O. Box
Kampala, Uganda
Tel 235209

Officers:
— Cathy Watson (Technical Advisor)
— Anne Akia Fiedler (Editor)

MINISTRY OF HEALTH
NATIONAL AIDS CONTROL PROGRAM
Entebbe
Tel 042-20297/office direct/20353
Switchboard

Officers:
— Dr. Elizabeth Madraa
— Director National AIDS Program
— Dr. Edith Mukisa (Skin Clinic, Mulago Hospital)

MINISTRY OF HEALTH
Health Education Unit
Entebbe.
Program officer
Ward 12, Mulago Hospital
Tel 5306/9

FACULTY OF SOCIAL SCIENCES
Makerere University
Co-ordinator of SS AIDS Research in Uganda
Tel 54040 (Office)
Fax 530756
Paul Kaggwa
Dr. Sengendo

DISH PROJECT
20 Kawalya Kagga Close
Kololo Box 3495, Kampala Internet;
DISH@Mukia.gn.apc.org
Tel 250124 / 244075 / 235613 / 235614
Fax 250124
E. Mail: Dish@Mukla.gn.apc.org

Officer:
— Cheryl Lettenmeir
— Anne Barabogoza Gamuorwa

CHURCH OF UGANDA HUMAN DEVELOPMENT SERVICES (CHUSA) NAMIREMBE
Church of Uganda

Officer:
— Rev. Sam Ruteikara

YOUTH ALIVE PROGRAMME
Kamwokya Caring Community
P. O. Box 22395, Kampala, Uganda.
Tel. 256-41-530600

Officers:
— Richard Kirya
— Dr. Duggen

***UGANDA AIDS COMMISSION**
Bat Valley

Officer:
— Mr. Kalungi

RAKAI AIDS RESEARCH PROJECT AND RAKAI AIDS INFORMATION NETWORK (RAIN)
Clinical Epidemiology Unit
Makerere University
Tel. 530023/Office

Officers:
— Robery Kelly (Volunteer)
— Dr. Nelson Sewankambo (Epidemiologist)

UNICEF SYFA PROJECT
AIDS Research and Evaluation
KISOZI House of Kyaggwe road
P. O. Box 7047, Kampala
Uganda, E. Africa
Fax 259146
Tel 234591/2 259913/4

Project officer:
— Bernadetta Olowo-Freer.

These programs were actively involved in HIV/AIDS prevention activities among the youth but the researchers were unable to visit them.

LIST OF ABBREVIATIONS

ACCE	African Council for Communication Education
AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Control and Preventioin Programme
AIDSCOM	AIDS Control and Prevention Programme (preceded AIDSCAP)
AREPP	The African Research and Educational Puppetry Program *(Based in Republic of South Africa)*
CBD	Community based distributor
CBS	Central Bureau of Standards ?
CDC	Centre for Diseases Control
CHAK	Christian Health Association of Kenya
CHUSA	Church of Uganda Human Services agency
CI	Confidence interval
CIDA	Canadian International Development Agency
CMAZ	Church Medical Association of Zambia
DANIDA	Danish International Development Agency
DHS	Demographic Health Survey
DSC	Development Support Communication
EU	European Union
FHI	Family Health International
FHT	Family Health Trust
FPAK	Family Planning Association of Kenya
FPPS	Family Planning Private Sector
GPA	Global program on AIDS
GTZ	German Technical Cooperation Agency
HIV	Human immunodeficiency virus
IAS	International AIDS Society
ICASA	International conference on AIDS in Africa
ICCU	
IDRC	International development research centre
IEC	Information education and communication
IMAU	Islamic Medical Association of Uganda
IVDU	Intravenous drug use
JHU/PCS	John Hopkins University/ Public Communications Services
JSI	John Snow Inc

KAPB	Knowledge, attitude, practice, belief (survey)
MMWR	Morbidity mortality weekly review
NACP	National AIDS Control Programs
NARESA	Network of AIDS Researchers in East and Southern Africa
NCPD	National Council for Population Development
ODA	Overseas Development Agency
PCEA	Presbyterian Church of East Africa
PHIV	Participation of people with HIV
PWA's	People Living With Aids
PSI	Population services International
ST	Straight Talk (newsletter in Uganda)
STDs	Sexually tranmitted diseases
STI	Sexually transmitted infection
SWAA	Society of Women Against AIDS in Africa
SAREC	Southern Africa Regional Corporation
SORAN	Southern Region AIDS Network (Malawi)
TAs	Traditional Authorities (administrative units in Malawi)
TBAs	Traditional birth attendants
TV	Television
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Childrens Fund
USACA	University Students Aids Control Association (based in the University of Nairobi)
USAID	United States of America, Agency for International Development
ZAMCOM	Zambia Mass Communication Program

Definitions

Matatus	Mini buses used for public transport in Kenya. The name originates from when the fare was a flat rate of thirty cents.
Fisi	Swahili word for hyena
Baraza	Public community meeting,after convened by the chiefs.

About the Institution

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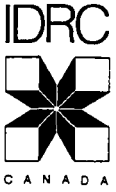
Wambui Kiai is a Lecturer in the School of Journalism at the University of Nairobi. Her undergraduate training took place at the University of Nairobi and the University of Western Ontario, London, Canada. In the area of communications, Ms Kiai has worked for AMREF, the Johns Hopkins University/Population Communications Services (JHU/PCS), and the Women and Law in East Africa Research Project.



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