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## Lessons from 'Auntie Stella': using PRA to promote reproductive health education in Zimbabwe's secondary schools

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### • Introduction

In early 1997 the Adolescent Reproductive Health Education Project (ARHEP), a project of a Zimbabwean non-profit organisation called the Training and Research Support Centre (TARSC), set out to find out what information, perceptions and concerns adolescents have about their reproductive health and their sources of information and support. Drawing on our collective experiences and understanding of participatory approaches, we aimed to prioritise the views of the adolescents themselves. We focused our research on four rural schools which, although a small sample of the 1500 secondary schools in the country, allowed a more in-depth review of the adolescents' views of their reproductive health. In the beginning, our research was open-ended, meaning that if we were to be true to the opinions of the youth in the schools, we could not predict the outcome of our findings nor what would follow.

The results of this initial research continue to have an impact, not only on the original pilot schools (expanded to a total of 12 schools to date), but also on the policy and strategies of the Ministry of Education, the Ministry of Health, a number of NGOs participating in our Reference Group, as well as having a ripple effect on groups working with out-of-school youth.

Much of this success can be attributed to our continued emphasis of listening to the views of the adolescents themselves, respecting their opinions, and drawing on their own experiences to analyse and act on their problems and priorities. Our early research showed unequivocally that, while teenagers

are subject to strong social, economic and peer pressure in many areas, they lack sources of open, reliable support and information. For example, girls from one remote rural school show how community and government institutions, and even the Guidance and Counselling teachers who are mandated to provide AIDS education for 40 minutes per week, are not prominent (see Figure 1). Instead, adolescents repeatedly said that they were either getting information from family members (but not parents, who are conspicuously absent in the sexual education of their children), peers (although much of the information shared is superficial and inaccurate) and the media.

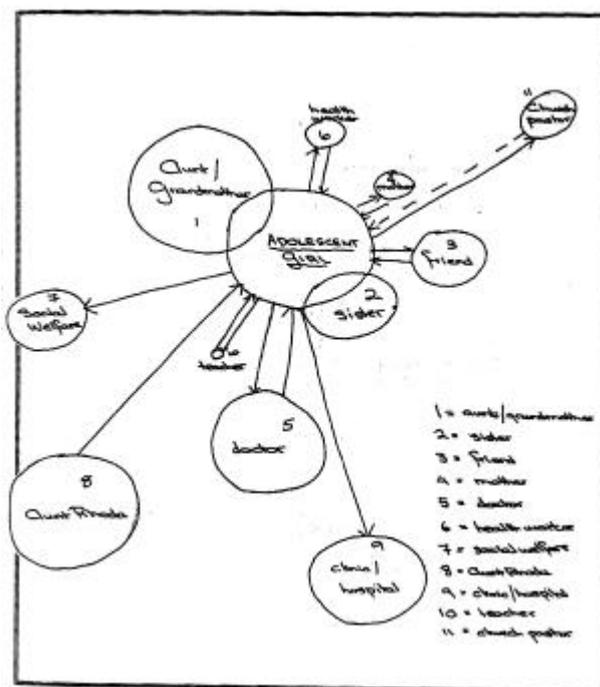


Figure 1. Sources of information and support – Chemhondoro girls

In exploring this last point further, teenage groups acknowledged that an alternative source of information came from magazine helpline letters, such as those written to 'Aunt Rhoda' and published monthly in a widely circulated magazine in Zimbabwe. None of the youth we worked with had written in to any of the magazine helplines, but they found the question and answer format and style of writing accessible and informative.

### **The creation of 'Auntie Stella'**

The findings from this early participatory research led to the development of a reproductive health education pack called 'Auntie Stella', based on the stories, experiences and expressed needs of the adolescents themselves and using the question and answer format of helpline letters. It is a classroom-based activity pack for secondary school pupils aged 14 and above and has the following aims:

- to stimulate discussion among adolescents on key issues related to their reproductive health and to give reliable information about these issues;
- to create an activity and atmosphere where pupils are able to talk to each other freely and without inhibition;
- to fill a proven 'information gap' by providing advice in a non-authoritarian framework;
- to encourage pupils to express their own problems and questions, and to steer them towards suitable sources of information and help where relevant; and,
- to provide support and extra resources for already existing schools programmes developed by the Ministry of Education, Sport and Culture.

'Auntie Stella' consists of 33 questions and answer cards, the questions supposedly written by adolescents seeking information and/or advice on a variety of topics. The answer cards give Auntie Stella's reply. The topics covered include normal reproductive development, social and economic pressures to have sex, gender roles, forced sex, communication in relationships and with parents, depression, wanted and unwanted pregnancy, infertility, cervical cancer,

HIV/AIDS and Sexually Transmitted Diseases (STDs).

Cards are discussed in small groups, which are usually of single-sex, with minimal intervention by the teacher. The cards can be used for approximately eight to ten 40-minute class periods. In the basic lessons, groups discuss the problem raised on the question cards, guided by the 'Talking Points' which follow each letter. Then they take the matching answer card and read and comment on what it says, using the 'Action Points' to focus on future action. In later lessons, pupils work, first in pairs to write answers to the letters, then write and discuss their own letters to 'Auntie Stella' before finally discussing specific letters, if they so choose, with pupils of the opposite sex.

The 'Auntie Stella' methodology is based on findings that adolescents are most at ease when talking to peers of the same sex but feel inhibited in full-class discussion and in discussions with pupils of the opposite sex, especially in the presence of the teacher. The pack includes a 'Teacher's Guide' which stresses that the teacher is a facilitator rather than a controller, and insists that pupils' discussions and writing are private.

### **Measuring the impact of 'Auntie Stella'**

Since the production of 'Auntie Stella', TARSC and the Ministry of Education have been working closely in field, testing the pack in a number of schools in one region of Zimbabwe. One objective, in addition to exploring what local capacity is needed in order to implement a participatory reproductive health programme in the schools and how the experiences in the pilot schools can be made effective at national level, was to determine whether or not students gained new knowledge from 'Auntie Stella' and whether they put this knowledge into practice. From a methodological viewpoint, we were interested in designing an approach which gave the students in our pilot schools the opportunity to define their own indicators of change.

This was an ambitious task and, even at the outset, the ARHEP team was aware of its potential difficulties. We went about doing

this through a series of steps: in the early weeks of the students' exposure to 'Auntie Stella'. First, we asked them to describe which reproductive health behaviours they and their peers engage in, factors which influence their behaviour, and how they assess these behaviours (see Tables 1 and 2). We triangulated this information by interviewing teachers in the school. Later on in the programme, we returned to the schools and focused on those behaviours that the students themselves had defined as 'bad'. For example, having sex, having 'sugar daddies' or 'sugar mummies', abortion (girls), smoking (boys) or *chiramu* (when an older man touches the girl's private parts). All of these activities were defined by the students as risky because they led to irresponsible behaviour with sometimes fatal outcomes.

We used the image of a river with one side representing the prevalence of that bad behaviour and the other where that behaviour no longer exists in their community. Then we asked the students what stepping stones (pieces of paper with specific actions written on them) they needed to cross from one side to the other. Crossing the river symbolised a

change in attitude or behaviour; the stones were the students' indicators of change.

An initial interpretation of the stepping stones (indicators of change) defined by the students was interesting in itself. Students tended to focus on ways of *avoiding* risky behaviour. For boys who no longer wanted to pressurise girls into having sex, this meant avoiding having too many friends, not watching sexual movies or not walking in the bush with their girlfriends. For girls not to fall pregnant, they suggested they avoid nightclubs and having sex before marriage. Rather than being proactive and making suggestions about what they *can* do to change unwanted behaviour, they found it easier to identify what they should *not* do. They only peripherally mentioned the role that community institutions (such as family, friends, clinic, church etc.) could play in supporting their efforts to change a certain behaviour. Their strategies for trying to create a more positive reproductive health environment for themselves and their peers was often broad-sweeping (e.g. resist peer pressure), individualistic and lacking the necessary detail to be measurable.

**Table 1. Behaviour influence matrix table for boys**

	Peers	Biological instincts	Entertainment	Family	Culture	Economic pressure	Religion
Sex	8	9	7	3	2	3	2
Smoking	8	1	4	3	3	4	1
Alcohol	8	2	5	4	5	4	2
Masturbate	4	8	3	2	1	2	0
Girlfriends	9	8	8	4	3	1	4
<b>TOTALS</b>	<b>33</b>	<b>28</b>	<b>27</b>	<b>16</b>	<b>14</b>	<b>14</b>	<b>9</b>
<b>RANK</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>5</b>	<b>6</b>

**Table 2. Behaviour influence matrix for girls**

	Peers	Economic pressure	Entertainment	Family	Culture	Nature	Religion
Sex	8	7	8	2	4	8	2
Abortion	7	7	0	4	2	0	1
Marriage	6	7	2	7	5	3	7
Boyfriends	8	8	7	6	4	6	4
Masterbate	10	0	3	5	0	5	0
'Sugar dad'	9	7	0	5	4	2	3
Alcohol	6	3	7	2	5	0	1
<b>TOTAL</b>	<b>54</b>	<b>39</b>	<b>37</b>	<b>31</b>	<b>24</b>	<b>24</b>	<b>18</b>
<b>RANK</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>5</b>	<b>6</b>

- We returned to the schools once again a few months later to explore how students (and teachers) viewed the impact of 'Auntie Stella'. To our surprise, despite the students' prior over-generalised statements of how they could change their behaviours, they were very precise on the outcomes of their increased knowledge as a result of exposure to the 'Auntie Stella' pack. They cited evidence of:
  - an increase in communication with parents, community members (e.g. some students had asked community elders about the traditional roots of *chiramu*) and with their peers;
  - greater confidence and ability to make informed decisions and take initiative (e.g. to report seemingly harmless overtures by their in-laws so that they do not appear to be encouraging or inviting abusive behaviour); and,
  - their increased ability to advise their peers on a range of reproductive health issues (e.g. telling their friends that they have rights over their own bodies; girls talking to their younger sisters about their first menstrual experience and telling them how to manage period pains).
- The concept of 'Auntie Stella', its format, the content of the letters and its methodology, arose directly out of the PRA research with the students and teachers in the original four schools. Initially, the ARHEP team was concerned that the pilot may be too small to represent the views of other teenagers in other schools. However, the first four schools and subsequent eight schools represented a good cross-section of the situations in which school-going adolescents find themselves. In all twelve schools, both students and teachers acknowledged that the letters reflected real problems faced by the students. This process emphasises the importance of designing educational materials only after serious dialogue with the end-users themselves.
- The project has shown that indicators of change do not have to be imposed from the outside but can evolve as part of the research design. This more qualitative approach to evaluating behaviour change does not preclude more quantitative measurements; it does, however, give voice to the participants themselves, who are ultimately the key players in the process.

While these focus group discussions also elicited a range of negative attitudes (where some boys still maintained that a girl means 'yes' when she says no'), there was a general feeling from boys, girls and teachers that the 'Auntie Stella' pack has had a positive impact on reproductive health behaviour.

### • **Lessons learnt from 'Auntie Stella' and the use of PRA**

- Adolescents react positively to PRA. There was remarkable enthusiasm, participation and a general interest in the unfolding process. From the very beginning, boys were eager to talk. The girls were more reticent to start with, but opened up once they realised that this was a rare opportunity to share opinions and experiences. Clearly there is a need for more open and accessible channels of information and communication for adolescents.
- ARHEP's work reached a new phase with the signing of an agreement between TARSC and the Ministry of Education, Sport and Culture to work together in finding ways in which the Ministry can strengthen reproductive health education in the schools. Potentially, this relationship may have far-reaching consequences, including an impact on Ministry policy and/or distribution of the 'Auntie Stella' pack to a larger number of secondary schools in the country.
- The role of the ARHEP Reference Group, consisting of representatives from government, non-governmental and community groups involved in health, education and gender issues, deepened the work of this programme. Their input was invaluable during each phase of the project, in giving guidance and in exploring ways in which existing youth-oriented organisations can use ARHEP's findings.

- The role of the teacher, as defined in the 'Auntie Stella' pack, deepened the debate on how to implement a successful reproductive health education programme in the schools.
- One of the limitations of this research, was that the ARHEP team was confined to working within the school timetable. This often meant that not enough time was spent with the students in each school.
- Financial constraints limited the number of researchers who went out into the field. There was need for a larger multi-disciplinary team, including health personnel, so that at least two people could work with one group.
- There was a tendency for adolescents to exaggerate their stories. They were excessively critical of the adult community, especially their parents.

### Where to from here?

Findings from ARHEP's field testing of 'Auntie Stella', reinforced by a positive external evaluation of the programme, supports the strategy of exploring ways in which 'Auntie Stella' can be distributed to schools in other regions in Zimbabwe. This will involve discussions with the Ministry of Education and other relevant players and, eventually, the devolution of responsibilities for the future of the pack onto larger national institutions.

At the same time, ARHEP plans to continue working with students from the initial pilot schools. Our intention is to involve them in a structured dialogue with health providers in their communities to explore ways in which the providers (clinics, village health workers, community-based distributors, traditional healers etc.) can better support adolescent reproductive health needs. The dialogue will follow specific areas of interaction between adolescents and services, for example, fertility regulation, prevention and management of STDs, etc., and will examine how information, service environments, type of service, professional/client interaction and other aspects can be improved to enhance access,

use and effectiveness of services for adolescents.

### • Conclusion

The use of PRA in this project has shown that learning is not just about adults teaching adolescents. Of great value is recognising that we, the adults, have a lot to gain from listening to adolescents as part of the process of sharing information with and giving support to young people. There is evidence that adolescents are sexually active and they need appropriate educational materials which meet their specific needs. The 'Auntie Stella' education pack has gone a long way in exploring strategies on how to meet some of these needs. It is hoped that, in the long term, the ARHEP programme will have some impact on education and health policies in government and non-governmental institutions, on methods of working with young people and, of course, on the behaviour patterns of the youth themselves.

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### NOTES

The ARHEP reference group referred to in the text consists of representatives from government and civic organisations working in the fields health, education and gender. The group meets every three months to give input into the design and implementation of the programme and to encourage a closer interaction between the various programmes.

Inspiration for the activity where the image of a river was used, with one side representing prevalence of 'bad' behaviour and the other where that behaviour no longer existed, was inspired, in part, from 'Stepping Stones', the training package of HIV/AIDS by Alice Welbourn.