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## Using participatory learning and action (PLA) in understanding and planning an adolescent life planning and reproductive health programme in Nigeria

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### Introduction

This paper shares the experience of the Association for Reproductive and Family Health (ARFH) in adopting the participatory learning and action (PLA) approach in understanding and meeting the life planning and reproductive health needs of young people in Oyo State public secondary schools. This is important because it was the first attempt to adopt such an approach in the process of identifying the needs of our projects' beneficiaries and planning to meet these needs. Our previous experience was with using verbal tools, such as focus group discussions (FGD), key informant interviews (KII) and in-depth interviews.

The adoption of the PLA approach to understand the life planning and reproductive health needs, and to map out strategies to address the issues, was suggested by the Department for International Development (DFID), who funds the Life Planning Education in Oyo State public secondary schools, to encourage active participation of all stakeholders at all stages of the programme implementation and to make the programme more sustainable. Choosing PLA came from the recognition of the fact that young people are knowledgeable about their needs and can identify ways in which their needs can be met and their problems solved.

### The process

Four teams of facilitators from multi-disciplinary backgrounds, including social sciences, education, health education, and school administration carried out the activities in eight Oyo State zones. The PLA activities in all the educational zones commenced with a one-day meeting. Specifically, meetings were held with community leaders before the field activities commenced in all the communities, to acquaint them with the purpose of the activities, and more importantly, to gain entry and acceptance since not all the team members were from within the communities.

There then followed meetings with the school principals and the teachers. In the schools, letters of introduction prepared by the State Ministry of Education were presented to show the involvement of the state government. The schools were informed of the activities to be carried out in their schools, and of the need for full cooperation.

After discussions with the school authorities, the students were assembled in each school to tell them of the purpose and the activities to be carried out. Students were then randomly selected across the classes to ensure adequate representation for the PLA activities. The selected students were divided into groups (in most cases five groups) each with two facilitators. Each groups started by

conducting a transect walk to familiarise them with the schools' environments. The interaction at this stage served as a guide in the application of other tools in all the groups.

After the transect walks the groups drew the maps of their respective schools using available materials and FGD sessions were held. The FGDs presented an opportunity for participants to express themselves, and it was the outcome of these discussions that enabled facilitators to identify selected visual methods which could be used to further gain insights into the life planning and reproductive health problems and behaviour of the students. The visual tools used included flow charts, pair-wise ranking/scoring, school mapping, school calendar, matrix scoring, and the sexuality lifeline.

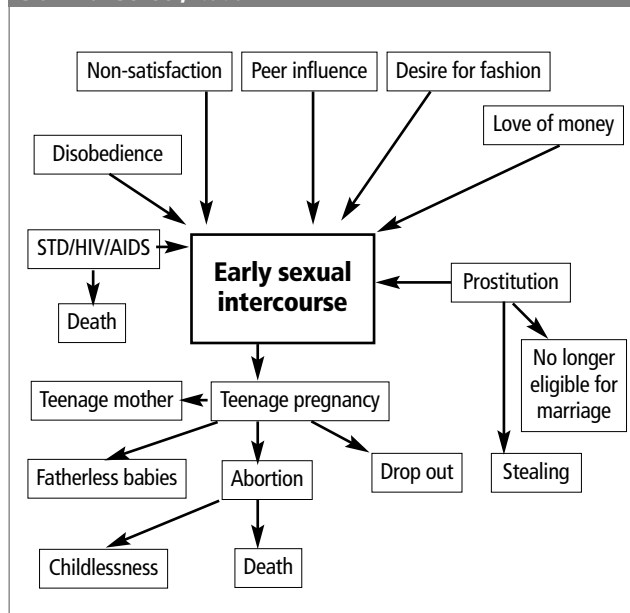
The analysis of the visual tools took place at three levels. The first stage, which is very important, was during the process of the discussion and drawing of the visual materials. The discussions served as reference points to the issues. The facilitators at the end of each day's field activities conducted the second stage, reviewing the visual materials created by the participants. The last stage of analysis was carried out outside the communities to identify and classify the issues raised by participants across the eight educational zones.

### Learning about young people's knowledge and perceptions of sexual health and well-being

We learnt that pre-marital sexual relations and multiple sexual partners are major reproductive health problems amongst young boys and girls in the schools. These problems were associated with the increase in cases of unplanned pregnancy and withdrawal from school for young girls. Discussions amongst the young people, during the process of developing the various flow charts, revealed that pre-marital sex is a major source of conflict between parents and their wards. We also learnt through this tool that many of the young boys and girls were aware that having multiple sexual partners put them at risk of sexually transmitted infection, including HIV/AIDS (see Appendix 1).

Through the use of pair-wise ranking and matrix scoring the implementing partners also showed their understanding of the various social problems faced by students. The students were able to demonstrate a perceived lack of seriousness on the part of the government to meet the educational needs of the students. They linked this problem to the inability of most students to achieve their academic and life plan objectives. The problem of inadequate education facilities in schools was also linked to one of the reasons why many students fail their examinations and why they

**Appendix 1: Early sexual life flow chart. Flow chart on early sexual intercourse developed by boy students at Odinjo Grammar School, Ibadan**



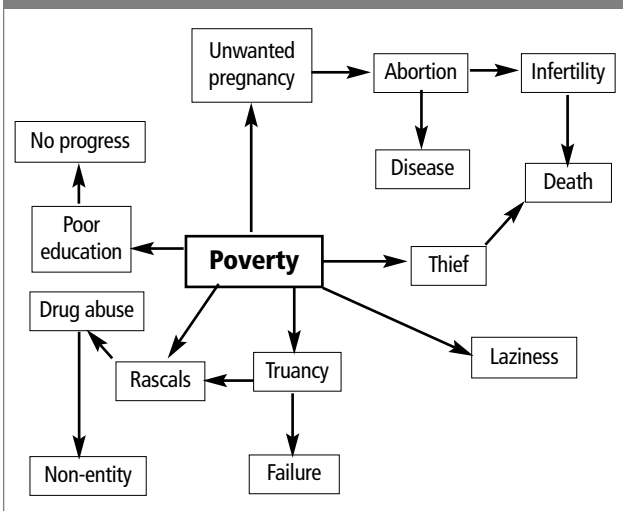
cannot compete with their counterparts in other countries.

We learnt that young people engage in risky behaviour due to ignorance about human physiology and physical development. Consequently, adolescents are more likely to engage in behaviour detrimental to their well-being, such as having pre-marital sex, using drugs, and abortion. The use of body mapping exposed the ignorance of many of the students as to parts of the body that are negatively affected by this behaviour. For example, many sexually active students did not know which parts of the body were affected by pregnancy. Another tool that helped to facilitate understanding was the use of individual interviews, which followed the use of the sexuality lifeline.

### Learning about youth culture

PLA helped us to interact with and learn about youth culture, which helped to advise the programme implementation re-structuring. Through a series of discussions and social mappings, we learnt and understood their use of language, terms, and slang. If culture is perceived in its broader perspective, the adoption of social mapping/school mapping gave us access to places and areas within schools and communities where activities such as sex and smoking often take place. The youth had various names for these locations, which would have been difficult to identify without the transect walk.

**Appendix 2:**  
Flow chart: Ayelogun Grammar School, Idere (boys)



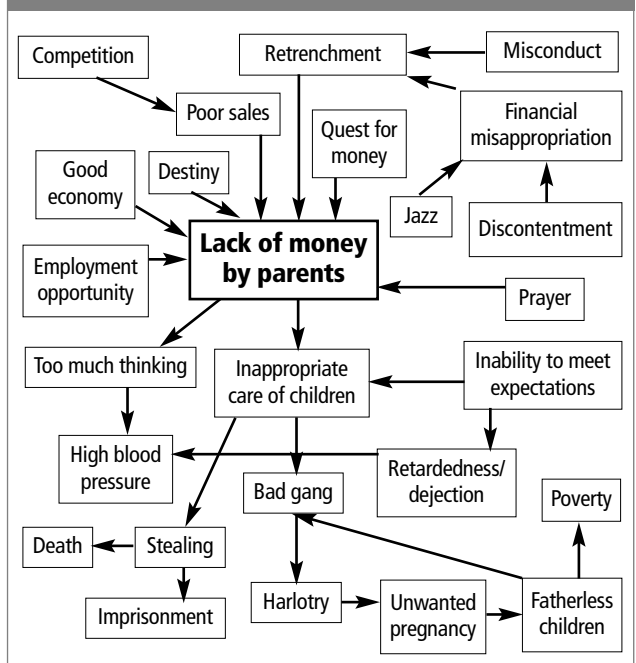
One important benefit derived from the social and school mapping found by the ARFH/MOE/MOH Life Planning Education Programme was being able to identify accessible areas where the students wanted the proposed Youth Friendly Clinics to be cited within their communities. It was also easier for us to identify locations, such as an abandoned hall that has now been converted into a seminar hall.

**Learning about adolescent’s perceptions of poverty and implications for their sexual behaviour**

By using flow diagrams/charts we were able to understand some of the relationships that exist between poverty and other problems confronting young people. For example, we learnt that most of the students associated pre-marital sexual relations (especially among the girls) to the poverty of their parents. In most cases this included the parents’ inability to provide for the social and educational needs of their female wards (Appendix 2 and 3).

One focus of the LPE programme is directed at poverty alleviation. The use of well-being ranking provided us with adequate knowledge about how youth perceive poverty, and the need to plan appropriately for this component of the programme in the state. The well-being ranking tool enabled us to understand poverty not in economic terms (as common through conventional research methods) but from the people’s perspective. It was the definition and description that was given to poverty which informed the context of the curriculum and module developed to address the problem (Appendix 4).

**Appendix 3:**  
Flow chart: Methodist Grammar School, Igora



When the wealth ranking produced by the youth was linked with their reproductive health behaviour, it was found that teenage pregnancy was more predominant among the children of low-income parents, and those whose parents are not well read.

**Impact of participatory methodologies in designing an acceptable school-based sexuality programme**

The adoption of flow charts enabled us to design appropriate strategies to solve the various problems, as we learnt that young people were not ignorant of their problems nor of how these problems could be solved.

Through flow charts it was discovered that group acceptance is very important to adolescents, hence they give in to peer pressure. So we incorporated the topic ‘self esteem’ into the curriculum. Many of the students have developed self-confidence, assertiveness, and boldness. Many of them can now participate in public debates and discussions without fear of intimidation.

According to reports received from the school principals, cases of unplanned pregnancies have reduced in the schools pre-marital population. The adoption of participatory methodologies in implementing life planning has developed sexual refusal amongst the girls. It also developed their skills in negotiating for the use of condom.

**Appendix 4: Okeho-Iganna Grammar School, Okeho**  
**Well-being ranking/perception of wealth**  
**Male group JS2-SS1 09/07/1999**

Category	
Very-rich	Have many motor cars Have many houses Have good house materials Has a position on his own (chief) Has many workers Sends his children to better schools Have no problems
Rich	Has a motor Has a house Has a position under some person (worker) Sends his children to ordinary school Has some problems
Poor	Has sons and daughters Sends them to school (ordinary) Has some problems Depends on some person
Very poor	Has sons and daughters Has many problems Depends on some person Has no motor Has no house He cannot send his children to ordinary school

Adopting these tools has shown us that reducing the spread of HIV/AIDS and other sexually related problems cannot be solved through an individual approach but through an interactive, collective, and community approach. Introducing topics about sexuality, sexually transmitted diseases (STIs), and HIV/AIDS, especially regarding disease transmission by using body mapping, reduced the number cases of pre-marital sex and unprotected sexual relations amongst sexually active students.

Also, since the Life Planning Education Programme is directed at teaching life planning education topics in the classroom, we were able to ascertain the method/s of delivery that have the most impact with students. Through

focus group discussions and pair-wise ranking of preferred sources of LPE information, students were able to identify sources of information available to them, and the sources they would prefer to use (Appendix 5 and 6). Importantly, the PLA approach in this process allowed students to be critical in their assessment of the various sources available to them and why they would prefer certain avenues.

The adoption of participatory methodologies also changes the teaching methods in classes. Teachers trained to deliver life planning sessions in the schools also started adopting the methods in other core subjects. This made a difference between them and other teachers who were not trained in the use of participatory methodologies. Students now interact with their teachers for counselling on career decisions and subjects combination, which was unusual prior to the introduction of LPE teaching in the selected schools.

The PLA approach also influenced the topics included in the programme curriculum. The curriculum for adolescent reproductive health is a difficult thing to compile. While the use of participatory approaches found that adolescents were eagerly seeking correct information via reliable sources, especially on sex and reproduction, adolescents also believed many myths on the subject. These issues therefore needed to be addressed. The way this was done was to bring the youth to the curriculum development workshop as active participants. Thus the topics included in the LPE curriculum were those identified jointly by the different stakeholders to the project. The students, their parents, and teachers, including the health care providers and opinion leaders, contributed immensely in this process. The use of pair-wise ranking to rank the different issues, which were perceived as important, ensured that only the most important topics and those preferred were included in the curriculum (Appendix 7). Preparing the curriculum using participation ensured that all identified areas of concern were included in the context.

**Matrix scoring with SS girls at Nurudeen Grammar School, Ogbomoso**

	Female teacher	Male teacher	Mother	Father	Doctor	Friend
Knowledge	***	*	**	*	*****	*
Familiarity	***	*	*****	**	*	*
Secrecy	*	**	*****	**	***	**
Friendliness	*	*	*****	*****		***
Proximity	****	*	****	***		**
TOTAL	12	6	23	13	10	9

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**NOTES**

Gbenga Ishola, now with CEDPA/Jos Field office, was a Senior Research and Evaluation Officer with the Association for Reproductive and Family Health, Ibadan when this study was carried out.

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