

YouthLens

on Reproductive Health and HIV/AIDS

Participatory Learning and Action

Ethiopia project shows how a participatory process with youth can help shape national policy.

To begin planning its program, the new Ethiopian Ministry of Youth, Sports, and Culture turned to an approach called participatory learning and action, or PLA. Officials involved young people throughout the country in a learning and planning process for the Ministry. The youth developed a national youth charter and a three-year action plan to mobilize youth for improved sexual health and HIV/AIDS preventive behavior. Plus, the process led to the creation of a dynamic network of young people committed to the health and future of the country.

The participatory process involved in-depth training for 51 youth leaders, selected through national criteria by regional HIV/AIDS Prevention and Control Offices and Youth Bureaus. The decentralization of the Ethiopian government allowed for the identification of youth facilitators from all eleven regions of Ethiopia, rather than just the capital city. The youth leaders then worked with more than 800 other youth, conducting participatory assessments among youth and adult stakeholders in both rural and urban settings around the country. The youth analyzed the data, led workshops, validated findings from assessments, and synthesized the resulting information into the proposed charter and action plan. The training involved in-depth group work where the young people learned to trust each other and speak openly about issues of sexuality and HIV infection.

"[Before the training,] I was totally afraid and ashamed to talk about sex in my prevention activities," said a 20-year-old man who works with youth on HIV prevention. "Now I understand how important it is to take this information seriously and share with others what I have learned. I don't know how I have been doing HIV prevention without being able to discuss openly sexual practices and the risks they entail."

PLA comes to youth

Participation is the vital ingredient in the PLA process. In contrast to programs designed by adults to *target* youth, PLA *involves* youth in determining what they need and how to meet their needs. Instead of adults making decisions for youth to follow, youth have the opportunity to examine their own situations, make recommendations for action, and, ideally, participate in implementing the proposed activities.

PLA reinforces the growing emphasis by the World Health Organization, UNICEF, and others to involve youth in the development of programs.¹ A growing body of research shows that involving youth in reproductive health and HIV programs helps them build confidence, change attitudes, and develop more meaningful relationships with adults.²

In Cambodia, a PLA project sought to increase reproductive health knowledge and awareness among young garment workers and increase their





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use of reproductive health services. A group of young workers participated in sessions where they discussed sexuality and used visual exercises such as mapping the locations of reproductive health services in their neighborhoods. Knowledge about fertility and contraception increased, and fears about obtaining contraceptives declined. However, the impact was only on the group that participated in the sessions and did not spread to the community involved, in this case, the other young women working in the factories.³

A PLA program in urban Zambia used various tools to understand why girls and boys initiated sex at very young ages (ages 8 to 14), and what types of partners girls tended to have sex with. A mapping exercise suggested various factors; for example, youth were more sexually active in areas where the houses were closer together. The project gradually built trust and rapport with the youth, and more information emerged through role-plays and other tools. Girls said they favored having sex with boys who were out of school “because they can pay more.” The project then shared the results of the participatory learning process with clinicians, parents, and other stakeholders in the community. “Nearly everywhere the results — especially those related to age of sexual initiation, reasons why girls have sex, and the high levels of sexual activity among adolescents — were heard in disbelief; adults found them painful and difficult to accept,” a project report explained. The results helped engage adults in the project and gain their support. The participatory process continued in developing interventions, with youth and stakeholders involved.⁴

Participatory learning and action evolved from efforts to incorporate social justice into working with the poor, an effort pioneered by adult educator Paulo Freire in Latin America. It has been used in community-based interventions and research, where program developers and researchers attempt to listen more closely to those with little power and to address their needs.⁵

At the programmatic level, the term “participatory rural appraisal” took hold in the 1970s and 1980s, summarizing efforts to involve people in rural development projects. Program managers became disillusioned with traditional survey instruments that began with assumptions about what was important to the local population and turned instead to the practical knowledge of the people designated for assistance.⁶ “The shift has been from ‘extracting’ information to enabling the community to lead the process of analyzing its conditions, and planning and implementing development activities,” wrote Meera Kaul Shah and colleagues, in one of the first in-depth analyses of participatory learning with youth, published by the FOCUS on Young Adults program.⁷

Local tools, national agenda

For the Ethiopian project to be successful at the national level, it utilized the same types of tools used in local projects. The youth leaders, trained in the use of participatory methods, led assessments among youth in all regions of the country, working with adult advisors. The tools they employed included “body mapping” and an assessment of youth-friendliness, cost, and accessibility of existing reproductive health/HIV services. During body mapping, workshop participants draw representations of the human body. The resulting images depict the level of knowledge adolescents have about the human reproductive system and stimulate conversations about reproductive and other health functions. Gaps in participants’ knowledge and distortions of information emerge quickly.

In Ethiopia, as in many countries, talking about sexual functions of the body is taboo. Creating enough trust among the participants to discuss sexuality and the body openly was an essential step in the process. This exercise was a breakthrough moment in the workshop because it allowed young men and women to talk more freely, and then name, discuss, and address relevant issues around sexuality. The youth also mapped

their “universe,” including their families and communities, which helped them view sexual and reproductive health issues on multiple levels, from the individual to the national.⁸

After completing the assessments throughout the country, the youth facilitators reconvened in Addis Ababa for training on data analysis. During the one-week workshop, the youth facilitators compiled, summarized, and presented the information they had gathered in written summaries of their findings, poster presentations, and photo journals. Adult leaders guided them, but the youth completed the work on their own. The key to successful participatory research is that the community appreciates the true value of the data collection. In this case, the training resulted not only in the youth realizing that they benefited as individuals, but also that their families and their communities were experiencing positive changes.

Once the youth saw that the data they compiled could have an effect on their nation’s policy through the Ministry of Youth, Sports, and Culture, they were eager to take their findings further. The youth first validated their findings among a broader representation of youth during a series of regional consultations. Then they took their results to the first National Youth Consultation on Sexual and Reproductive Health and HIV/AIDS in Addis Ababa, Ethiopia, where they developed the national youth charter and action plan. The charter outlined specific recommendations for the Ethiopian government to create a sustainable environment conducive to sexual and reproductive health. It also reflected a broader vision from the inspired youth, with such language as: “We want to be a fire that lights up principles, that saves lives, that shines with future hope for Ethiopian youth!”

VISUAL TOOLS USED IN PLA

The PLA approach employs techniques that elicit the perspectives of the community members and facilitates the recognition of themes to be addressed, including role-plays, case studies, brainstorming, and ranking of priority issues. Other methods include these visual tools:

Body Mapping: Participants draw images of the female and male bodies, focusing on the details of the reproductive system and how it functions. This method indicates the knowledge and type of information adolescents and adults have about the human reproductive system and prompts discussions.

Census Mapping: This method generates demographic and other data about a geographical area (education and literacy levels, employment, resource ownership, etc.) through a social map (see below) or card system, with symbols or colors for different information (one card per household).

Social Mapping: Participants draw a simple map indicating the boundaries of their community, the social infrastructure (schools, churches, etc.), and the housing pattern. Can be used in conjunction with the census mapping exercise.

Venn Diagrams: Using a large circle to represent a key aspect of their lives (i.e., sources of health information), participants draw other circles inside, representing community institutions. The size of the circles indicates their importance, and colors can be used to show negative and positive relationships between the institutions and the community. Overlapping circles denote links between institutions. This visual approach depicts the role institutions play in the participants’ lives.

Adapted from Shah MK, Zembezi R, Simasiku M. *Listening to Young Voices: Facilitating Participatory Appraisals on Reproductive Health with Adolescents*. Washington, DC: FOCUS on Young Adults, CARE International in Zambia, 1999.

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While the new Ethiopian ministry is still evolving into a main governmental actor, the PLA process suggests lessons for other policy and youth initiatives, which include:

- Local participatory learning tools, especially visual exercises such as body and universe mapping, engage young people in issues of urgent importance, including how their sexuality relates to HIV infection.
- Energy and knowledge from the local level can be channeled into a national arena through such tools as charters and action plans, if youth remain key participants throughout the process.
- Charters and action plans are important steps but do not necessarily become enacted into policy.
- The participatory process affects adults as well as youth, helping adults overcome stereotypes of youth and reinforcing ideas for a broader array of programs.
- An ongoing commitment from adult advisors is needed to nurture the youth network for future actions.

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