

# **The Evolution and Application of Participatory Learning and Action in the Partnership for Adolescent Sexual and Reproductive Health (PALS) Project**

## **Background**

CARE International began adolescent reproductive health programming in Lusaka, Zambia, in 1996 with the start of the Partnership for Adolescent Sexual and Reproductive Health (PALS) project. This project recognized adolescents as a critical target group for HIV/AIDS awareness programs in a country with a high HIV/AIDS prevalence rate. The project actually began in 1996 as a result of a participatory appraisal in the peri-urban compound of Chawama, conducted by CARE in order to learn more about adolescent reproductive health concerns and needs from the perspective of adolescents themselves. This included documenting their knowledge, attitudes and behavior, and gender and generational relations, as well as identifying barriers to health service utilization. The appraisal raised a number of concerns. For example, it demonstrated that sexual activity among adolescents was widespread, started unusually early, and occurred mostly without the use of any form of contraception. In addition, the appraisal showed that most adolescents lacked information about the types of services available to them at clinics. In fact, services such as family planning and antenatal screening were seen as available only to married adults with children. The appraisal further revealed that many adolescents did not use the reproductive health services at clinics because of the perceived unfriendly attitude of health workers, as well as because of a lack of privacy.

The PALS project was designed to help improve the health and well-being of adolescents in the peri-urban compounds supported by CARE, by creating adolescent-friendly reproductive health and counseling services delivered in and supported through public-sector clinics. To implement the project successfully, CARE decided that it was necessary to first conduct participatory appraisals in the form of Participatory Learning and Action (PLA) techniques<sup>1</sup>, similar to what had been conducted in the Chawama compound.<sup>2</sup> Because the PLA appraisals were primarily qualitative, a survey was

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<sup>1</sup> The participatory learning and action (PLA) methodology involves an open, group process, and utilizes simple qualitative research techniques that help us learn from and with young people, service providers, parents and the community. For additional information on PLA, see Shah, Meera Kaul with Rose Zambezi and Mary Simasiku, 1999, *Listening to Young Voices: Facilitating Participatory Appraisals on Reproductive Health with Adolescents*. FOCUS on Young Adults and Care International in Zambia, June. This is available on the FOCUS website: [www.pathfind.org/focus.htm](http://www.pathfind.org/focus.htm).

<sup>2</sup> In Zambia, townships, vast boroughs of a city, are referred to as “compounds.” They are high-density areas where people live in crowded conditions and lack public services such as water and electricity. Historically they were reserved for black residents in Northern Rhodesia, but more recently have been settled by rural migrants.

planned to complement and confirm the findings from the PLA techniques used in each of the compounds.

This paper provides a history of the evolution and application of PLA, including its institutionalization within CARE/Zambia, critical reports on its application in adolescent reproductive health programming, using the quantitative survey methodology as a means of comparing findings from the qualitative research and of supplementing information gaps, and potential future directions for PLA.

## **Data and Methods**

A survey was conducted in six compounds of Lusaka: Kanyama, Chelstone, Chilenje, George, Chipata/Marapodi, and Chipata/Mandevu in order to provide complementary quantitative data to those qualitative data gathered during the participatory appraisal. It also served as a “check” on the qualitative findings. The survey was based on a stratified convenience sample of 1,294 adolescents (638 males and 656 females), aged 8-21 years, with a mean age of 14.4 years. Variables of stratification included age, sex, school attendance, and self-reported household wealth. The questionnaire contained 53 items and was modified slightly in the four versions used among the six different compounds.

## **Findings**

- Median age at first sexual experience for males was 11.0 years; median age for females was 13.0 years. Sexual activity for many of these young people is quite sporadic, with delays noted between the age of sexual initiation and the age at which an adolescent becomes involved in more regular sexual activity.
- When asked about the circumstances surrounding their first experience, 19 percent of the young people said that they felt they had been forced into sex, while 81 percent felt they had engaged in sex willingly. A higher proportion of girls than boys reported being forced (28% versus 12%).
- Compound of residence was strongly associated with the sexual status of adolescents: girls residing in Chipata/Marapodi and George were more likely to have initiated sex or to have been sexually active than girls residing in other study sites. Male adolescents in Chelstone and Kanyama engaged in less sexual activity than young men in the other study sites.
- Thirty-seven percent of the sexually active adolescents reported ever using a condom. Two percent of girls and 3 percent of boys reported ever having a sexually transmitted infection.
- When comparing the results from the PLA exercise with this quantitative study conducted in the same compounds, it appears that boys tended to overestimate the age at which they first experienced ~~sex~~, sex and girls tended to underestimate it.

## Implications

- The survey provided further evidence that peri-urban communities need to address adolescent sexuality as aggressively and as early as possible. In particular, it is imperative to introduce family life education and outreach services to youth as soon as they become curious about sex and experiment with it on a limited basis (i.e., catch them before they have initiated sex).
- Older youth who have been able to resist peer pressure to initiate sex require social support in order to maintain their resolve. They may be helped in this effort by faith-based initiatives in support of youth reproductive health programs.
- The PLA methodology generated useful qualitative and quantitative information, built community partnerships, and ensured the PALS activities would be as responsive to adolescent needs as possible. It also builds the base for monitoring the program.
- More needs to be done to ensure that adolescents are more involved in designing the projects targeted at their communities and in defining – and collecting data on – process and performance indicators for community outreach.

Source: Kambou, S. D. 1999. *The Evolution and Application of Participatory Learning and Action in the Partnership for Adolescent Sexual and Reproductive Health (PALS) Project*. CARE International in Lusaka, Zambia and FOCUS on Young Adults, Washington, D.C. June.

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