



Participatory Assessment of Reproductive Health/HIV Prevention Needs of Young People in Namibia, 2003: Final Report

February 2005

This publication was made possible through support provided by the United States Agency for International Development/Ethiopia (USAID/Ethiopia) through the USAID Cooperative Agreement with FHI for YouthNet, No. GPH-A-00-01-00013-00. The opinions herein do not necessarily reflect FHI or USAID policies.

Acknowledgments

This report summarizes a participatory assessment process that YouthNet undertook in Namibia in May and June of 2003, using a participatory learning and action (PLA) methodology among youth, faith leaders, churches, and community members.

YouthNet expresses its gratitude to the youth assessment facilitators and youth and community members from Windhoek, Swakopmund, and Walvisbay who so generously volunteered their time and energy to the assessment process. YouthNet thanks Juan Jacobo Hernandez, the YouthNet consultant who designed and skillfully facilitated the youth trainings and oversaw the compilation and presentation of the initial assessment findings. Taimi Amaambo, YouthNet's Youth Programs Coordinator in Namibia, coordinated all activities of the assessment, along with Change of Life Style (COLS) staff who assisted with logistical needs.

Juan Hernandez produced the draft documents from the assessment, on which this report is based. Taimi Amaambo provided additional information to link the report to current activities. Consultant Merrill Wolf compiled the documents into the final draft. YouthNet staff members Bill Finger and Julia Masterson provided editorial assistance.

YouthNet is grateful for USAID/Namibia's support of this important endeavor, and it looks forward to continued collaboration on improved youth reproductive health and HIV prevention in Namibia. Through this and other activities, YouthNet/Namibia hopes to promote the visibility and participation of youth in the reproductive health

and HIV/AIDS arena and to improve the reproductive health and HIV prevention behaviors of young people throughout the country.

YouthNet is a five-year program funded by USAID to improve reproductive health and prevent HIV among young people. The YouthNet team is led by Family Health International (FHI) and includes CARE USA and RTI International. This publication was made possible through support provided by the United States Agency for International Development/Namibia (USAID Namibia) through the USAID Cooperative Agreement with FHI for YouthNet, No. GPH-A-00-01-00013-00. The opinions herein do not necessarily reflect FHI or USAID policies.

Family Health International
YouthNet Program
2101 Wilson Blvd, Suite 700
Arlington, VA 22201 USA
703-516-9779 (telephone)
703-516-9781 (fax)
www.fhi.org/youthnet (Web site)

Family Health International
YouthNet/Namibia Program
351 Sam Nujoma Drive
Yang Tze Village, Namibia 2F
Tel: +264-61-239463
Fax: +264-61-239461

Table of Contents

Introduction	7
Tools and Exercises Used in Namibia PLA	9
Participatory Assessment	10
Objectives and Activities	10
Stage One: Training Selected Youth Leaders in PLA Techniques	10
Stage Two: Sending Trained Youth Leaders into Selected Communities to Collect Data	11
Stage Three: Compiling and Analyzing Data Collected	12
Stage Four: Sharing Findings and Developing Recommendations with Key Stakeholders	19
Subsequent Activities	19
Conclusion	20
Appendices	
Appendix 1: Training of Trainers Workshop, General Agenda	22
Appendix 2: Documenting the PLA Process – Recording Information during PLA	23
Appendix 3: Summary of PLA Data Collection Process – Contents and Conclusions	25
Appendix 4: Dissemination Meeting List of Participants, by Organization	29
Appendix 5: Dissemination of PLA Preliminary Findings	30

Introduction

The Joint United Nations Programme on HIV/AIDS (UNAIDS) identifies Namibia as one of the five countries in Southern Africa most affected by HIV/AIDS.¹ In 2001, 22.5 percent of adults were estimated to be infected with HIV, almost one of every four, with another 30,000 children estimated to be infected. With people under the age of 15 making up 54 percent of Namibia's population,² it is urgent to understand and encourage changes in behaviors that put Namibian youth at risk of HIV/AIDS and other sexually transmitted infections, and to provide them with information and services to help them stay healthy.

In July 2002, YouthNet completed an assessment of youth reproductive health and HIV prevention in Namibia, conducted at the request of the U.S. Agency for International Development (USAID) Mission. That assessment found that faith-based organizations had a strong potential in the country to provide guidance about sexuality and reproductive health to young people. Several churches were already involved in HIV care and support issues, but there was some hesitation on their part to address the more sensitive topic of HIV prevention with young people. The YouthNet assessment recommended mobilizing major church organizations in HIV prevention and focusing on education for parents and younger youth. The USAID Mission then funded YouthNet to implement these recommendations. One of the first major YouthNet activities was to

conduct a participatory assessment, using a participatory learning and action (PLA) methodology.

This report describes the participatory assessment process that YouthNet undertook in May and June of 2003. The activity contributed to multiple stakeholders becoming involved in the larger YouthNet project, especially the faith-based communities. More than 600 youth, ages 8 to 16, took part in the PLA activities in the communities of Windhoek, Walvisbay, and Swakopmund. Of those, 59 youth received special training, led trainings and activities with other youth, and conducted focus group discussions with community stakeholders. By the end of the project, these 59 youth, selected from churches, faith-based organizations, youth councils, and youth centers, had:

- received training in the PLA approach,
- implemented their training to collect data on adolescents' views on sexual and reproductive health in the three target communities,
- compiled the substantial body of data collected, and
- disseminated findings to community stakeholders.

Assessment activities culminated in the development of concrete recommendations for addressing young adolescents' (ages 8-12) needs for sexual and reproductive health information and services, including development of a comprehensive curriculum that faith-based organizations could use in HIV-prevention efforts with children. The project successfully involved young people to an unusual degree in both design and implementation.

The activities that took place in May and June 2003 were intended to gain more in-

¹ UNAIDS Country Profile, Namibia, available at: <http://www.unaids.org/Unaid/EN/Geographical+area/By+Country/namibia.asp>

² UNAIDS. *Report on the Global HIV/AIDS Epidemic 2002*. Available online at http://hivinsite.ucsf.edu/pdf/UNAIDS/barcelona_table.pdf

sight and to provide more direction for the proposed program activities, through the application of a PLA approach. This methodology emphasizes soliciting information and perspectives on health or other needs directly from those most affected by a problem. In this case, that meant developing young people's capacity to elicit meaningful information from their peers (and younger children) without imposing adult interpretations or perspectives.

The PLA approach enables community groups to analyze, share, and enhance their knowledge of life and its conditions. From this process, groups then can plan, prioritize, act, monitor, and evaluate a project based on what they have experienced, including self discovery and sharing knowledge with others in their community. Three main principles underlie the participatory learning approach. Explained briefly, they are:

- *Changing attitudes* – All participants are open to learning from each other, to overcoming biases, to allow the learning process to occur in its own time, and to listening rather than lecturing.
- *Changing methods* – The process puts the tools of learning and teaching into the hands of all participants, letting local people take over the process so their own concerns and capacities emerge to the fullest extent possible.
- *Partnership and sharing* – All information gained is shared through a participatory process with those who generated and collected it and all other stakeholders.

These principles are evident in the tools and exercises which support the PLA process, all of which elicit perspectives of participants. Typically, the PLA activities include role-plays, case studies, brainstorming, and ranking of priority issues. Specific tools and exercises used in the YouthNet PLA activity in

Namibia included body mapping, cartoon scripts, my universe, problem ranking, sexual slang, and social mapping (see box for summaries of these approaches).

PLA reinforces the growing emphasis by the World Health Organization, UNICEF, and others to involve youth in the development of programs. 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.³

³ Sonti S, Finger W. *Youth-Adult Partnerships Show Promise: YouthLens Number 4*. Research Triangle Park, NC: Family Health International, 2003.

Tools and Exercises Used in Namibia PLA

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 participants have about the human reproductive system and prompts discussions.

Cartoon Scripts: Working backwards from a “moment of truth” – the moment a risky behavior is undertaken – participants draw cartoon strips depicting situations and influences that led to unprotected sex. The exercise illuminates situations that commonly occur in participants’ lives and helps them identify strategies for avoiding risky behaviors.

My Universe: Participants visually depict their personal universes, including families, friends, institutions, communities, etc. The exercise helps them better understand how they value different personal relationships and resources to which they can turn in times of need.

Adapted from Shah MK, Zambezi 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.

Problem Ranking: Participants identify the main problems in their lives, with a focus on those related to sexual and reproductive health, and rank them in order of importance and frequency, then consider how they can address these problems, including where they can go for help.

Sexual Slang: Participants write and then read all the words they can think of for body parts and sexual activity, such as: breast, masturbation, penis, vagina, buttocks, sexual intercourse. The activity serves as an icebreaker and builds participants’ comfort level in discussing sex and sexuality.

Social Mapping: Participants draw a simple map indicating the boundaries of their community, the social infrastructure (schools, churches, etc.), and the housing pattern. They are encouraged to represent places important for their development, health, education, pleasure, and well-being, including where they can and cannot go safely go.

Participatory Assessment

Objectives

The objective of YouthNet's PLA activities in Namibia was to facilitate participatory appraisals to begin a process of empowering young people and community stakeholders to:

- Identify problems related to RH/HIV risk-taking behavior through collective analysis of knowledge, attitudes and sexual practices between age groups as well as intergenerational relationships
- Identify root causes of risk-taking behavior and their consequences
- Identify options for reducing or avoiding such risks at individual, household and community level
- Partner with adults from community-based organizations, including family, churches, schools, health facilities and local NGOs, to address the identified needs (information, counseling, treatment and other related products and services)
- Create awareness of young people's RH/HIV prevention needs and need for participation in advocacy activities
- Assess media habits and generate other information to assist in developing appropriate messages for a multi-media campaign and a life skills curriculum to address the information/counseling and other identified needs of young people

Activities

The strategy designed to accomplish these objectives included four stages of activities, which were carried out during May and June 2003:

1. Training selected youth leaders in PLA techniques
2. Sending trained youth leaders into selected communities to collect data on young people's perspectives and needs
3. Compiling and analyzing data collected
4. Sharing findings with a range of stakeholders and working with them to develop recommendations based on those findings

Stage One: Training Selected Youth Leaders in PLA Techniques

The first phase of project activities was the selection and in-depth training in PLA techniques of 59 youth ages 16-20. The youth were selected from churches, faith-based organizations, youth centers, and other organizations in Windhoek, Walvisbay, and Swakopmund that directly work with or meaningfully involve youth in their programs. Invitations to nominate six youth each to participate in the training were extended to:

- multipurpose youth resource centers
- regional youth offices
- Namibia Planned Parenthood Association
- National Youth Council
- Council of Churches in Namibia
- Catholic AIDS Action
- Philippi Namibia
- Evangelical Lutheran Church AIDS Program
- Change of Life Style Home's Project
- Lifeline/Childline of Namibia
- Namibia Red Cross Society
- Young Women's Christian Association
- Walvisbay Multipurpose center

Most of these organizations had trained youth as part of different youth-education programs. Youth recruited for this exercise reported that they had been volunteering with the nominating organizations in such capacities as trainers of trainers in youth RH and HIV/AIDS, peer educators, peer counselors, community outreach educators, church educators, and youth activists.

Thus, many of them were already well-known and trusted in their respective communities, by children and parents alike, which was extremely helpful in their being able later to recruit participants for the PLA activities.

The young people selected were trained in two, three-day Training of Trainers (TOT) courses, held May 14-17 in Windhoek and June 2-6, 2003, in Swakopmund and Walvis Bay. The workshops introduced them to the PLA principles and techniques and prepared them to work with children in the targeted communities. Participants also learned basic facts of sexual and reproductive health and STI/HIV prevention.

TOT participants gained experience with each of these activities, eliciting information on their own knowledge, attitudes, and practices, while also learning how to use, and even field-test, the tools with larger groups of children. They learned how to interact with and trust each other and to speak openly about subjects such as sexual health and HIV infection. They also learned how to organize the findings of their field work and to present those findings in a clear, interesting, and fun way. Finally, TOT participants gained skills in planning how to respond to problems identified, including determining and securing resources and partners needed, and evaluating their progress. (For more information, see Appendix 1. Training of Trainers Workshop Agenda.)

The Training of Trainers concluded with the creation of 14 teams of three youth facilitators each that would return to their communities and apply the techniques they had learned to obtain information about youths' sexual and reproductive-health needs. The youth were purposefully grouped by residential locations in order to be deployed into the communities with which they were most familiar and where they were known and trusted. Each team was responsible for planning, recruiting participants for, and implementing two PLA sessions. In addition, one team of three youth facilitators was assigned responsibility for planning and running focus group discussions and in-depth interviews with adults, including pastors, teachers, parents, and church leaders.

Stage Two: Sending Trained Youth Leaders into Selected Communities to Collect Data

The teams of youth facilitators planning PLA sessions recruited participants by writing letters and talking with parents in their respective communities. They explained the purpose of the exercise and requested permission for the children to participate. Because the youth leaders were well-known and trusted, parents agreed to allow their children to take part. As in selection of the youth facilitators themselves, the project stressed equal participation of boys and girls.

A total of 28 PLA sessions ranging from three to five hours each took place in Windhoek, Walvisbay and Swakopmund on May 13-17 and June 9-13 and May 22 and 23, 2003, involving more than 600, 8-16 year-olds. The youth leaders recorded the results of the sessions using a format they received during training.

The PLA sessions followed slightly different agendas and employed different tools, as chosen by the leaders, but they all drew on the exercises, principles, and information that had been emphasized in the TOT. In all sessions, the young participants learned to talk openly about issues related to sexuality; shared important information about trusted resources in their family and neighborhood; and discussed their knowledge, experiences, concerns, and needs. Several youth leaders reported that the participants had such a valuable experience that they were reluctant to leave at the end of their sessions and wanted to know when the facilitators would be back. The next section of this document reports in detail on the compiled findings, which leaders documented using a standard format (see Appendix 2. Documenting the PLA Process). Facilitators' summaries of the sessions they led are included in this report as Appendix 3.

The team assigned to conduct discussion groups with adults held five sessions involving a total of 84 adult participants, followed up with in-depth individual interviews with 15 of these adults. The adult participants included pastors, teachers, and parents, who were asked a series of questions to help them address, identify, and discuss the most pressing issues pertaining to children's and young adolescents' sexuality. A questionnaire prepared by the youth facilitators provided a structure for the discussions. Highlights of the adult focus group discussions are summarized in the next section, after discussion of findings from the PLA sessions with young people.

During the data collection stage of the PLA, YouthNet and COLS staff and the PLA consultant conducted visits at each of the assessments. These visits were an essential activity to monitor progress and to provide opportunities for additional technical support to the youth facilitators, if necessary. In

unobtrusive ways, YouthNet and COLS also sought to ensure that:

- community sites were comfortable and safe for children,
- team members were present and understood their roles,
- facilitators had adequate resources such as stationery and refreshments for children, and
- facilitators and children interacted in a participatory fashion.

Stage Three: Compiling and Analyzing Data Collected

Immediately following the data collection activities, youth facilitators with the support of YouthNet and COLS analyzed the data. Following data analysis, the youth facilitators, together with some participating youth from the field, reconvened in Windhoek on June 18, 2003, to consolidate and analyze the data, using methods learned during the TOT. Shown below is the data first from the PLA sessions and then from the adult discussion groups.

In the PLA sessions, analysis of results from each of the various PLA tools revealed very useful information about the youths' knowledge, experience, concerns, and needs, as illustrated below.

Youth said ...

"We are used to seeing these words everywhere in our community, also drawings..."

"We don't say these words in church, it's wrong, it's bad..."

"When older people in the shebeens are drunk, they say things children are not supposed to hear."

Sexual Slang: In all sessions, this exercise served effectively as an icebreaker and an indicator of children’s attitudes and knowledge. Most children felt quite comfortable writing and reading words and phrases related to sex and sexual body parts, although girls were a little shyer than boys. Children said that they use slang words for body parts and sexual activity in the streets and with their friends and formal words at home, churches, and school. Some recognized the slang terms as “bad words” and would not use them. Children said they learn these terms from sex-related language on TV and radio, from their older friends and siblings, from adults using them during street fights, and from graffiti in the community. Finally, the exercise revealed that young adolescents had a far better understanding and knowledge of words relating to sex and more often used correct words than younger children.

Body Mapping: Both boys and girls accepted drawing their bodies as a way to identify and name external sexual organs. The drawings featured specific aspects of children’s and young adolescents’ bodies, suggesting that younger children were taking the bodies of their older brothers and sisters, or of friends, as models.

When asked to name their body parts, older boys and girls started right away with their genital organs, using slang words to describe them. They referred to sex with less curiosity or shyness than younger participants and showed a higher level of knowledge of sexual activities. They had gained this knowledge through life skills books, posters, educational materials, pornographic videos and magazines, graffiti in school toilets, and sexual conversations with friends. Another difference in the way adolescents talked about their body, compared with younger girls and boys, is that they not only mentioned the biological or anatomical as-

pects of their sex organs but also the emotions involved. However, girls were shy about speaking openly about their sexual organs in the presence of boys, referring to breasts and vagina as “these things.”

Youth said ...

“I feel shy drawing my body because of the size of my breasts.”

“Babies come from the anus.”

“I felt very special when I was drawing my body...”

“I don’t like my body, it’s fat.”

In discussions prompted by the drawings, boys and girls mentioned HIV/AIDS and cervical cancer as some of the sex-related illnesses they know about or have heard of. Girls’ drawings identified appearance of pubic hair and enlargement of breasts, hips, and buttocks, and they mentioned losing virginity, teenage pregnancy, and rape as important sexual issues for them. Boys identified breaking and deepening of voices, getting bigger and stronger (muscle gain), enlargement of penis, and growth of pubic and underarm hair. The young people said many adolescents between 13 and 16 are already sexually active and practicing sexual intercourse, mostly without protection. Boys said many of them watch pornographic movies before engaging in sex and if no sexual partner is available, they masturbate. Both boys and girls expressed eagerness to learn more about their bodies and the functions of sexual organs.

My Universe: When asked to identify individuals in their universe with whom they could talk about sex, many youth participants could not identify a reliable person. The box below summarizes the people most frequently mentioned by those who could

identify someone. (Note: numbers reflect the times the person was mentioned.)

Mothers	69
Fathers	56
Friends	56
Aunts	26
Uncles	24
Cousins	23
Sisters	21
Grandmothers	20
Grandfathers	17
Brothers	16
NGOs	13
Pastors	10
Churches	6
Teachers	6

The reasons youth gave for mentioning many of these persons – especially close relatives such as mothers, fathers, siblings and grandparents – is that they share a common life, space, and love and that they are trustworthy and reliable. Fathers were mentioned as breadwinners, friends, and someone who is easy

to talk to, and aunts because they are very supportive. However, many children also expressed how far removed they are from important people in their family, for example an absent or dead parent, especially father.

The universe of relationships of younger boys and girls is limited to the people they can socialize with at home, in the near vicinity of their house, in school, and in church, and is mostly limited to children their age and older family members.

One notable finding was that churches or pastors appeared in none of the universes children created in Windhoek and were mentioned by only a few participants in Swakopmund and Walvis Bay. Children said their relationships with churches and pastors occur mainly through their parents, who take them to church and Sunday school. A direct or personal relationship with a pastor outside of the Sunday church activities is rare. As one participant said, “Pastors normally don’t talk to us, they only greet us.” Thus, churches do not currently appear to play a major role in these young

people’s upbringing. In only one case did some members of a church go to the pastor’s wife when they wanted to discuss problems. Assessment findings also clearly demonstrated that older adolescents preferred to approach friends, aunts, or siblings – not their pastors.

Social Mapping: Children drew maps of their communities and then explained them, indicating where they did and did not feel safe. Common risky or dangerous places mentioned by children in almost all social mapping sessions were:

- shebeens, or bars, which are very abundant, especially in poor areas
- riverbeds
- wide streets and avenues with heavy traffic
- unlit streets, which were said to be conducive to sexual assault, rape, and theft, both day and night
- playgrounds, mostly at night but also during daytime when drunk adults and young people sometimes fight, break bottles, and urinate

Many children identified their own home as an unsafe place because of domestic violence, especially when the father (or stepfather) is drunk and abuses them and their mother.

Youth said ...

“I feel happy because I never realized I had so many people around me.”

“I don’t feel so happy because I don’t trust anyone...”

“I feel sad because I didn’t know my father and I’ve never seen him in my life.”

“I can talk about sex with my father because he is very close to me.”

Among safe areas, children mentioned their own house, the street where they live and where they can play, playgrounds during the daytime, friends' houses, churches, clinics, and police stations. Schools were mentioned both as safe and unsafe places – safe because they are places for learning, playing, and meeting friends, and unsafe because many teachers still abuse them physically, or other youth hurt them or harass them, especially girls.

Youth said ...

“Many men go to the riverbeds and smoke marijuana. If children approach, they grab them and force them to buy or do things for them, or they beat them.”

“Shebeens are not safe; people drink, break bottles and do not have money for food afterwards.”

“I should not go to the playground because there are a lot of boys there, and they can do naughty things to me.”

Most young girls and boys have limited knowledge of their communities, because they are not allowed to go very far from their homes without a trusted adult or family member. Outside their own streets, the way to school, the shebeen, or church are the places they know and describe best. Other causes for not knowing their community are being new to the area, not being allowed to mix with other kids, and being afraid of going too far from their house.

Problem Ranking: Discussions prompted by the social mapping exercise highlighted the views of participants on social problems in their communities. For instance:

- Both younger boys and girls and older adolescents talked about *alcohol and drug abuse*. All PLA participants agreed that there are too many shebeens where alcohol and cigarettes are sold to under-

age youth and where people get drunk and violent.

- They also mentioned the alarming frequency of *rape – including gang-rape* – which commonly occurred at riverbeds, unlit streets, playgrounds at night, and abandoned houses. Among girls, rape results in injuries, pregnancy, and infections of HIV and other STIs, according to participants.
- *Burglary* is very frequent, participants said, with everybody knowing someone or having themselves been victim to burglary. They attribute burglary and pick-pocketing mainly to unemployment, alcohol, and drug abuse, and say that children are especially targeted by *botjotjos* (thieves or thugs) who linger around the entrance of shops and shebeens and grab people's possessions.
- Participants mentioned *teenage pregnancy* as a significant problem, due to high frequency of unprotected intercourse. One boy said, “Boys make kids and just run away.”

Across all sites, participants ranked alcohol and drug abuse, teenage pregnancy, abuse of women and children, HIV/AIDS, and fighting among the most frequent problems, that is, those that are more visible and occur more frequently. They said most problems they identified happen in their own houses or in the near vicinity on a daily basis, to people they know well (family members or friends and their families). Specific sexual and reproductive health activities viewed as problems, in addition to those mentioned above, included abortion; sugar mommies and daddies having sex with teenagers, mostly without protection; and “fast-track sex” done in very short periods of time in public toilets, on beaches, and in dark corners – again, mostly unprotected.

In discussing resources to which they could turn in case of a problem, most participants said the first people they go to are parents and friends. Pastors and churches are considered valuable, since they pray for them and could give advice, but most boys and girls prefer going to their mother or father. However, some said that if they have a serious problem they would rather go to the police first because they don't like their parents shouting at them when they come home with problems. They said they are also reluctant to discuss problems of a sexual nature with their parents.

Other people and institutions mentioned as resources in times of trouble were other trusted adults, churches, nongovernmental organizations (NGOs), government, and centers for abused women and children. Participants often did not know where such service providers were physically located, however, nor that services especially for youth were available. They were more familiar with services that were closest to their homes. Children said hospitals and other institutions do not play important roles in meeting their needs because they are not easily accessible, they are costly and not friendly to children. Regarding churches and faith-based organizations, they said links with children are limited to Sunday school or non-existent.

Cartoon Scripts: This tool helped participants identify risk-taking behaviors and practices, focusing on high-risk sexual practices – and then explore the reasons, sentiments, emotions, thoughts, etc., experienced right before engaging in unsafe or unprotected sex. The main issues related to unprotected sex that older children chose to explore included kidnapping, rape, unprotected consensual sex, teenage pregnancy, child abuse, alcohol and drug abuse, forced sex, peer pressure, boredom, and clubbing.

Younger girls and boys chose accidents and fighting as their most important issues.

Youth said ...

"We get involved in sex very young, that's why we are getting pregnant at an early age."

"I have learned new things... I learned that AIDS is a critical issue in my community."

"I drink alcohol just to have fun."

"If I have a problem, I always tell my mother because she is always there with me."

Participants' cartoons and subsequent discussions revealed that they had a very good understanding of the problems they depicted and had experienced many of them. Graphic description of sexual activities indicated that young kids are engaging in all type of sexual practices: vaginal, anal, and oral intercourse, all of them without protection. Gang rape, rape, and forced sex were also common descriptions in the cartoons. They identified peer pressure and boredom as the main causes of unprotected sex. Younger children identified accidents as an important problem and indicated that educating children to read road signs would help.

Strategies young people suggested to avoid sexual risky behaviors ranged from "say no to sex" and "say no to alcohol and drugs" to "use a condom" and "run away" – most of which are very hard to implement in context. This indicated how difficult it is for young people to identify how and when to stop or minimize the unfolding of a problem.

An example of a cartoon script drawn by one participant



Other strategies included talking to parents or teachers, listening to and following their advice, and engaging in other kind of activities, like going to a playground, the library, or swimming. These strategies, while well-intended, indicate that children are still very vulnerable.

Adult Discussion Groups: The analysis highlighted the difficulty adults have talking about HIV and other sex-related topics with children, including their own, despite their awareness of the sexual and reproductive risks to which young people are subject. Most reported feeling embarrassed and unable to talk with their own or other children about their changing bodies and about sex, saying that they had never been taught how to do so. Other highlights of the adult group discussions included the following findings:

- Most adults said they are very aware of early sexual debut and practices such as inter-generational and transactional sex. They knew that alcohol and drug abuse were problems among both young people and adults, and that alcohol use contributed to risky sexual behaviors.
- In many families, an uncle or an aunt takes responsibility for discussing sexual issues with children. Elder siblings are also a source of information. Participants expressed concerns that these discussions – as well as those that children have with their peers – take place without guidance or back up from “people who should know best” such as teachers and pastors.
- Adults believe parents have a responsibility to be the first providers of information about sex to their children. They acknowledge that punishment without follow-up or counseling is a common response among parents and adults when young children and adolescents infringe rules pertaining to sexuality in

the household or in the community. They agreed that parents should be taught how to talk about sex in an effective way. They also thought sex and sexuality should be addressed more effectively by schools, churches, government, and other community institutions.

- Participants recognized the important role that pastors could play in guiding children on issues such as violence, sexuality, and drug and alcohol abuse. They said that, since children and young people spend a great deal of time in Sunday school, it is an ideal space in which to address the range of problems related to sex and sexuality of young boys and girls. But they also acknowledged that pastors seldom approach children or young adolescents, and therefore young people in distress rarely turn to them for help. The adults agreed that such attitudes must change and that pastors and Sunday school teachers should be better prepared to tackle these issues.
- Although many areas have community centers where services could be provided, adult participants highlighted a lack of services dedicated to addressing young children and adolescents’ sexual problems. In most communities, however, they said there are some outstanding adults who informally care for and help children and young people in distress. These adults should be identified and trained to provide better counseling.
- Many adults believe that making young boys and girls aware of the link between unprotected sexual intercourse and pregnancy would stimulate sexual activities. However, participants agreed that options should be available for children and young people, who should be taught abstinence in the first place, but also other skills like delaying sexual debut, and when this is not possible, using condoms correctly.

Stage Four: Sharing Findings and Developing Recommendations with Key Stakeholders

YouthNet/Namibia youth facilitators reconvened on June 18 and 19, 2003, to prepare presentations for a June 20th community dissemination meeting. During the two-day preparatory session, they received final training on techniques to facilitate successful presentations, reviewed and finalized the materials and data collected at the three sites, and rehearsed the dissemination event. The youth facilitators also completed a final evaluation of the training and PLA process, including identifying key lessons learned, and identified changes they had experienced during the PLA process. Among the benefits of the participatory process they cited were:

- Learning to work in a group for their own benefit
- Improving their work directly with their communities
- Raising their awareness of key issues affecting young people's sexuality and reaching consensus on ways to address them
- Mobilizing young people

The June 20th community workshop took place at the Nampower Convention Centre in Windhoek. More than 30 organizations, including USAID/Namibia, government ministries, UN agencies, NGOs, church and faith-based organizations and members of the media, took part in the event (see Appendix 4. Dissemination Meeting, List of Participants). The purpose of the meeting was to share and validate findings from the assessments in the three communities and to generate recommendations for responding to them. (See Appendix 5, Agenda of dissemination session.)

The youth facilitators used written summaries, poster presentations, and photos to

share highlights of the information they had gathered with peers and representatives from local NGOs including churches and faith-based organizations, government sectors, and donor communities. Participants were often shocked to learn that children knew so much about sex and sexual activity, while at the same time impressed by the youth's efforts and desire to better understand the issues that they face.

At roundtable sessions, participants and YouthNet facilitators discussed topics and made recommendations for continued work, summarized below.

- Participatory activities such as the PLA should be used more often to help dissect deep-rooted behaviors.
- Findings are more convincing when actual beneficiaries – in this case young people – are involved in the initial planning and implementation of assessments and other interventions.
- Permanent participation of youth in the intervention process should be encouraged.
- Youth, particularly younger youth, should be educated on the benefits of abstinence and delay of sexual debut. Assessment findings revealed that youth understanding of STI and HIV/AIDS prevention options was limited to condom use.
- Youth should view church leaders as resource persons in their communities, i.e., people who can help them with their problems. Conversely, church leaders must be sensitive to the needs of and reach out to youth in their communities.

Subsequent Activities

The PLA findings provided critical information on which to base YouthNet/Namibia's next interventions to strengthen churches'

capacities to support youth RH and HIV prevention. A primary activity would be the development of a Christian Family Life Education (CFLE) curriculum for use with younger youth, ages 8-12, with additional exercises for youth, ages 13-16. During late 2003 and early 2004, YouthNet/Namibia, COLS, and the 20 collaborating churches worked together to develop and pilot test a CFLE curriculum whose content was informed by the PLA findings.

Following development of the CFLE curriculum, YouthNet, YouthNet/Namibia and COLS trained church leaders (pastors, youth leaders, Sunday school teachers, etc.) in youth sexual and reproductive health and the use of the curriculum. To date, 30 church leaders have participated in “master training of trainer” workshops designed to improve their knowledge of RH/HIV and enhance their training skills for working with youth. The certified master trainers will then train 90 additional church leaders in the use of the curriculum. These 120 educators and trainers will then reach a total of 3,000 youth (8-16 years) with the CFLE curriculum.

In addition to the CFLE activities undertaken, public and church forums, youth camps, and parent-youth weekend activities will be organized to further raise awareness among parents and church leaders on youth RH and HIV prevention. The churches will also seek to facilitate healthy dialogue between parents and youth.

Finally, YouthNet/Namibia will document its experiences in working with FBOs and developing the CFLE curriculum in an end-of-project report. The report will include lessons learned and explore opportunities for scaling up the activity to reach larger numbers of youth.

Conclusion

Using PLA methodologies in the YouthNet/Namibia assessment process led to multiple benefits.

1. The PLA methodologies, being highly interactive, yet non-threatening, facilitated open discussion among youth and adults on sensitive topics related to youth reproductive and sexual health.
2. The PLA assessments are learning interventions. The PLA process effectively compiled, analyzed, and shared community-level information on youth reproductive and sexual health needs and aspirations. This process raised both youth and adult awareness and increased their knowledge of issues facing young people today in Namibia.
3. The PLA methods inspire self-discovery and self-analysis. In Namibia, the participatory assessment promoted the support of youth, adults, and church leaders. It also laid the foundation for continued work on youth RH and HIV prevention among the faith-based communities that participated. Assessment participants expressed pride in their work and committed themselves to continued collaboration beyond the assessment activities.
4. PLA methods provided an opportunity for youth to demonstrate their knowledge and leadership on issues of importance in their lives. The YouthNet PLA process encouraged a positive paradigm shift, putting youth at the forefront of investigation, debate, and problem-solving, and providing opportunities for young people to contribute to youth and development in meaningful ways. As a result of their experiences in the assessment process, youth PLA facilitators continue to receive invitations from a range of organizations to participate in

different youth activities. For example, UNICEF and other organizations have invited youth who were leaders in the project to participate in development of IEC materials and facilitation of youth education trainings. A number of these youth are also now trained as master trainers, and one of the facilitators is now serving as a youth member of the global YouthNet project's Technical Advisory Group.

The PLA inspired confidence among the youth and community. This confidence is serving to strengthen the next steps of the project and facilitate an environment of shared opportunity and responsibility.

Appendix 1.

Training of Trainers Workshop, General Agenda

Windhoek, May 14-17 and Swakopmund/Walvis Bay, June 2-6

1. **Setting the Stage:** Welcoming, presentations, introduction, objectives, expectations, ground rules
2. **Sexual and reproductive health and HIV-STI prevention:** basic facts
3. **Basic facts about HIV/AIDS**
4. **My Universe:** Who is close/closer to me, who is important in my life, who can I trust, who can I talk to.
5. **Mapping my community:** What places are important for my development, my health, my education, my pleasure and wellbeing; where can I go, where can't I go.
6. **A picture of my body:** How much do I know about myself and my sexuality, where do I learn, how do I feel about my body, what do others think, how do they react.
7. **Identifying problems, obstacles, limitations:** What are the main problems I have identified, which are more important, which are more frequent, how can I address them, where can I go if I have a problem.
8. **Why do problems happen:** Which are the most pressing problems for boys/girls like me, why do they happen, what can we do to avoid or minimize them.
9. **Who can help me:** Who is there to help me, how can I approach them, what services are out there, what services do I need, how would I like these services to be.
10. **Sharing my findings:** How do I organize my findings, how can I present them in a clear, interesting and fun way, how long should the presentation be, how can I highlight important information, how can I arise interest from my audience.
11. **Planning:** What must I and others do to address the problems we have identified, how should we do what we plan, what do we need to do it, who will be responsible, where and when will we do what we plan, how do we know if what we are doing is working.
12. **Evaluation:** How did our PLA workshop go, what did we learn, what did we like the most, what would we change, and what next.

Appendix 2.

Documenting the PLA Process – Recording Information during PLA

Discuss in your team the following questions for the PLA session you had with boys and girls 8-12; write down your answers and provide rich descriptions (full details) of the process, data collected, and findings. Attach examples of materials and verbatim quotes from your field notebooks.

Select the tools you facilitated during the PLA sessions and respond accordingly:

General information, previous preparations, team organization. (All teams)

- Site, date, team members present, session location, time of meeting (start and finish).
- How did you choose a safe space to hold your PLA session?
- How did you find and select the participants for each PLA session?
- What kind of participants were in this session? Socio-economic status, in school, out-of-school? What were the similarities and differences between the different participants? Did they know each other, did they come from different places? How many participants came? How many boys and girls?
- Describe how you explained the objectives of the session and the language(s) used. Did you explain that all information was confidential? Were they told how long they were expected to remain? What was their reaction?
- What tools did you use during the meeting? Did you change them or modify them at all for this session to meet the needs of participants?
- How did you organize the facilitation of the session? Who took which roles? What preparation did you do? What did you do to energize the group and help everyone participate? What did you give them?

Introduction to PLA: creating a favorable environment. (All teams)

- What icebreakers and games did you use? How did they work?
- What were the children's expectations and fears?
- How did you explain the purpose of the session? What did you tell them? Did they understand? Were there any interesting or unusual questions?
- Did you use the ground rules exercise? How was it?
- Did you have all the materials you needed?

My universe: who is close/closer to me, who is more important in my life, who can I trust and why, who can I talk to and why.

- How did you present the exercise? What did you tell them? Were instructions clearly understood by children?
- Reviewing the universes, who are the most important people in children's lives?
- What other individuals are relevant?
- How important are they and why?
- Were churches, pastors and NGOs mentioned as part of their universes?
- What were the main issues and problems identified in their universes?
- Who can they discuss key problems with – especially those related to sex?

- Did children share their universe with others?
- Describe and quote some of the key things children said.
- How did you feel facilitating this exercise?
- What did you learn?

A picture of my body: how well do I know and how do I feel about my body.

- How did you present the exercise? What did you tell them? Were instructions clearly understood by children?
- How did children respond to the instructions for drawing their bodies?
- Reviewing the body drawings, what were the issues that children identified?
- How did children describe their bodies? What words did they use?
- How well do they know their bodies?
- Was it the same for boys and for girls? Explain.
- Was the role of churches, pastors, and NGOs in teaching sex mentioned? If yes, what did the children say in this respect?
- What were the main issues and problems identified in the exercise?
- Describe and quote some of the key things children said.
- Make a summary of the relevant information children provided through this exercise.
- How did you feel facilitating this exercise?
- What did you learn?

Community map: important places for my development, my health

- How did you present the exercise? What did you tell them? Were instructions clearly understood by children?
- How did children respond to the instructions for drawing their communities?
- Reviewing the community maps, what were the key issues children identified?
- How well do they know their communities?
- What were the important places for the community identified by children? What did they say about churches, pastors, NGOs?

Who can help? Who is there to help me, what services are out there, what services do I need, are they accessible, good, friendly, free or expensive?

- How did you present the exercise? What did you tell them? Were instructions clearly understood by children?
- How did children respond to the instructions for drawing the services diagram?
- Reviewing the services diagrams, what were the issues identified?
- How well do they know the existing service network?
- How did children describe the accessibility, quality, friendliness, and cost of services and service providers?
- According to the information in these diagrams, what is the place churches, pastors, and NGOs have? What role do they play?
- What obstacles did they identify to approach and use services?
- Was it the same for boys and for girls? Explain.
- Describe and quote some of the key things children said.
- Make a summary of the relevant information children provided through this exercise.
- How did you feel facilitating this exercise?
- What did you learn?

Appendix 3.

Summary of PLA Data Collection Process – Contents and Conclusions

Selected Locations, Windhoek, 14-28 May, 2003 and Swakopmund and Walvis Bay, 2-17 June 2003

Documenting and analyzing data collected with children 8-12 during PLAs was an objective of the capacity building initiative implemented by YouthNet/FHI with a critical mass of Youth Facilitators (YF) from the three selected sites in Namibia. The review, summary, documentation, and analysis exercises helped YFs to improve their understanding of the PLA process, contents, and findings, and allowed them to realize the importance of having a solid base for processing the vast amount of information collected for dissemination purposes.

General Information

The following summary – described by youth facilitators themselves – documents the preparation process to undertake PLA sessions in Windhoek, Swakopmund, and Walvis Bay between May 14 and June 17, 2003.

Windhoek

Okuryangava

May 22-23. Team members: Michael, Vaino, Laurentius

Location: Okuryangava Women's Centre

Average duration: 3 hours each PLA

Comments: We selected the Women's Centre as a safe space. We had to pay a 300 N\$ fee, which included use of chairs and tables, clean toilets. The place was very adequate and conducive for children to work freely. We selected participants by going out to the streets near the center, meeting children, introducing ourselves, informing what we were doing and asking them if they were interested in participating. Then we informed their parents what we were going to do, so they could agree, knowing that children were in a safe place. The kids were between 8-12, all were attending school, and some of their parents were unemployed. During the opening session we explained the objectives, telling them we were interested in sharing information with them. We used English and Oshavambo. We told that the information was confidential and that the session would be long. We used two tools: "Our Universe" and "Who Can Help." Our team decided to divide facilitation sessions mainly between Michael and Vaino. Laurentius did the documenting. In preparation for our PLA, we rehearsed the previous day. As an opening exercise, we did a couple of icebreaker games (name game and cat and mouse). We provided children with refreshments. A total of 35 children came to both PLAs.

Soweto and Hakahana

May 22-23. Team members: Hanna, Linekela, Marinette, Ipawa

Locations: Mr. Kohala's Pre-school and Hakahana Community Hall

Average duration: 5 hours each PLA

Comments: Some of our team members were known in Soweto and in Hakahana, which helped to make children at ease. Kids knew both places and were quite happy to work there. In both locations, we went from house to house, looking for children and explaining to their parents the purpose of our meeting, showing them the letter of presentation, and informing them of how long their children would be with us. All parents agreed. Participants were boys and girls 8-12. Some were shy at the beginning, especially girls, but they grew more confident and open after the icebreakers. The children expressed their wish to come back and continue doing this kind of work with us. They were very cooperative and active. In Soweto boys seemed to be more open than in Hakahana, especially in drawing their bodies. Some of them knew others, but in general, they didn't. A total of 52 children attended both PLAs. We approached the children telling them we were interested in finding out with them about the main problems they face, so that we and some of them could then take this information to key stakeholders to see what they can do to help. We did the facilitation in English and they knew that they would spend some hours with us. All of them expressed willingness to participate. They weren't shy and worked really well when we divided them in small groups. We used the following tools: "Our Body," and "Identifying Problems." We found the tools to be very easy to use with and by our participants. During the sessions, two of us facilitated and the other two took notes; the roles reversed during the second PLA. The opening session was very good with icebreakers and games. At the end of the PLA we provided refreshments for the kids.

Wanaheda

May 22-23. Team members: Finelda, Chrisjan, Leonard, Elizabeth

Location: YWCA

Average duration: 5 hours each PLA

Comments: We selected the YWCA as a safe space for our PLA since it is a place kids in the community know well. It had protection against the sun, chairs, and a boundary around the yard to keep the children out of risk. We selected the kids from different neighborhoods with the permission of their parents. For the first PLA we got participants from around the center; the selection was carefully done within the age limits we were given. For the second PLA we asked children from other places, some as far as one kilometer from the center, to diversify our tools outcome. Most of the kids went to school, many were already friends to each other, some were competitive, others shy or afraid to discuss certain issues. Most of them were quite open to discuss words referring to sex. To do a good job, we prepared ourselves: having nametags ready, organizing a table with materials needed. We divided facilitation tasks among ourselves. We also drew up a schedule before the kids arrived using the simplified guide and brainstorming. We also rehearsed the tools. When explaining what we were going to do, we used simple words so they could understand, asking them how they felt. Their responses at the beginning helped us to convey the objective of the meeting without difficulty. Their participation was very lively. We used the ground rules, "My Body," and "Community Map." There was no need to adapt the tools because they worked really well with kids. Our presentation and interaction was facilitated by trying to be as close to the kids' level as possible. At the end of the PLA we did a short evaluation.

Otjomuise

May 22-23. Izane, Gisela, Gibson, Ben Moore

Otjomuise Community Hall Pre-school

3 hours each PLA

Comments: Through initial contact with the pre-school principal and with the school committee's permission, we were able to use the school premises in the Otjomuise Community Centre, the only safe space we could find. It has the infrastructure to work well, and since it is enclosed, no people were in and out. One of our team members invited children from her neighborhood, and the rest we invited from nearby streets a day before the PLA. We asked children if they were interested and asked their parents permission as well, showing them the letter of introduction. Most kids were in school, age range from 8-12. Although many knew each other, they hadn't spoken before, some of them even being rivals. Making them work in small groups helped a lot to change this situation into a friendly one. We used Afrikaans and English as working languages. We emphasized that the information we were going to give and request was confidential, and that we were not going to tell what was said in the meeting, especially because we were going to address delicate issues as sex and language. We explained that they were going to be with us for some hours, and all accepted gladly and were very excited about the exercises, some even wanted to stay longer! We used icebreakers and the tools, "Community Map" and "Words and Sex." We did some dynamics to make them feel comfortable, like arranging chairs differently for discussions. We all facilitated one exercise or another to give all team participants an opportunity to either facilitate, organize, and document. We provided kids with soft drinks, fruit, and sweets. In general, the sessions worked very well.

Khomasdal 1

May 22-23. Samantha, Allison, Clifton

Deodat Beukes Centre

3 hours each PLA

Comments: Most team members live near the centre. We knew it would be accessible and safe place to hold the PLA, and we could get it without any cost involved. For our first PLA session we went to the SOS Children's Village to invite some kids. The director was eager, and he asked us to give him feedback since they are also busy with a safe-sex program with the children. Twelve children came. For the second PLA session we brought children from the neighborhood, and 14 showed up. Participants were between the ages of 8 and 12. The SOS children were mostly orphans and the PLA 2 kids came from middle class and working class backgrounds. All these children were in school. All children had an overwhelming amount of information, and we were surprised to realize how much they knew about sex and reproductive health. Most of the children were very eager to participate and speak. However, some were more straightforward than others, especially boys. PLA 1 kids knew each other well and they joked a lot; PLA 2 kids didn't all know each other and integration was a little slower. In presenting the session, we were very open with the kids and went straight to the point, explaining to them what we wanted to do and why, and all of them understood well the objectives. At children's request the PLAs were held in Afrikaans, but they wrote most of the information in English. We informed them that all this information was confidential and that they would be working with us for a few hours. At the end many didn't want to leave! The tools we used, apart from icebreakers and ground rules were: "Why Do Problems Happen?" (cartoon) and "Who Can Help" (Venn diagram). We didn't

have to change anything in the process and instructions of the tools. To organize our work we reviewed the tools and decided who would be presenting what. For example, since Clifton is good at drawing, he would facilitate the cartoon exercise. Samantha presented "Who Can Help," and Allison did the introductions. The following day roles changed. All materials were prepared ahead of time and organized in a way so that we didn't waste time. We had a refreshment pause and gave them sweets and a soft drink.

Khomasdal 2

May 22-23. Claire, Gisela, Luke, Diana

COLS

3 hours each PLA

The location to hold our PLA session was COLS because a lot of children know the place, attended the kids' club there, and because it's a safe space. To select the children, we went out to the streets inviting some and asking them to invite others. Participants' ages were between 8 and 14; about two came who were 16. Most of them are in school and knew each other from school or from their neighborhoods, Laeveld and Khomasdal. Twenty-four children came to PLA 1 and 23 to PLA 2. Most of the time, we used Afrikaans, as well as English, since most of the kids understand Afrikaans much better. We explained to them what we wanted to do and informed them they would be working with us for some four hours. They were happy because they didn't have to stay at home doing nothing and getting bored. We used the cartoon and ranking exercise, which we facilitated as they are, without changing anything. The children had fun doing them and so did we. In preparation for the PLA sessions we organized ourselves and distributed roles so we could facilitate and/or document in order to increase our skills. One thing that happened is that when we distributed the sweets and drinks many children left, so at the end we had only a few.

Appendix 4.

Dissemination Meeting List of Participants, by Organization

- Apostolic Faith Mission, Tamariskia
- Council of Churches in the Republic of Namibia
- Catholic Health Services
- Catholic AIDS Action
- Ephesian Lutheran Church
- Evangelical Lutheran Church AIDS Program
- Family Health International
- Inner City Lutheran Church
- Khomasdal Community Church
- Lifeline Child line
- Martti Ahtisaari Primary School
- Ministry of Health and Social Services
- Ministry of Women's Affairs and Child Welfare
- Ministry of Basic Education, Sport and Culture
- Ministry of Higher Education, Training and Employment Creation
- Ministry of Information and Broadcasting – Take Control
- Namibia Planned Parenthood Association
- Namibia Red Cross Society
- The Namibian Newspaper
- National Broadcasting Corporation
- National Youth Council
- Philippi Namibia
- Rhenish Church
- University of Namibia
- UNFPA
- UNESCO
- USAID/Namibia
- Windhoek Multi-Purpose Youth Resource Center
- World Health Organization
- Young Women's Christian Association

Appendix 5.

Dissemination of PLA Preliminary Findings

General Program Outline

Format: banquet table arrangement and podium with a panel table

Structure of program: Presentations combining formal and participatory approaches, addressing process, contents and findings of training of trainers workshops, participatory learning and action activities in the field with boys and girls, and focal group discussions and in-depth interviews with key adult informants.

Program contents and time distribution

Opening: 9:00 – Closure 12:30 (total working time 3h 30min, tentative)

- Opening and key note speaker (10 min)
- Introduction to the dissemination of preliminary findings (5 min)
- Methodology of the sessions (10 min)
- *Children and youth facilitators present their work and results to stakeholders in a table carousel (1:30)
- Coffee/tea break (20 min)
- Power point presentation of preliminary findings (30 min)
- Questions and answers (30 min)
- Certificate ceremony and closure (15 min)

Contents of table carousel

- Team 1: Framework*
- Team 2: Tools used in PLA: Expectations, Ground Rules, My Universe
- Team 3: Tools used in PLA: Community Map, My Body, Words and Sex
- Team 4: Tools used in PLA: Cartoon, Problem Ranking, Who Can Help
- Team 5: Focal Group Discussion and In-depth Interviews Summary
- Team 6: Main Findings 1
- Team 7: Main Findings 2

*Framework contents:

- Introductions, YouthNet/FHI and COLS partnership
- Why boys and girls ages 8-12?
- Why PLA methods?
- Training of trainers workshops
- Fieldwork: PLA with kids, objectives
- Data analysis and documentation of PLA findings