United Republic of Tanzania

Adolescent Sexual and Reproductive Health:
Report on an Assessment and Review of Training Materials

September 2001

By:
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For:
Reproductive and Child Health Section, Ministry of Health

With Financial support from:
United Nations Population Fund
# Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ASRH</td>
<td>Adolescent Sexual and Reproductive Health</td>
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<tr>
<td>AMREF</td>
<td>African Medical Research Foundation</td>
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<tr>
<td>BAKWATA</td>
<td>Muslim council of Tanzania</td>
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<tr>
<td>CBD</td>
<td>Community-Based Distribution</td>
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<td>CCBRT</td>
<td>Comprehensive community-Based Rehabilitation (in Tanzania)</td>
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<td>CDP</td>
<td>Community Development Policy</td>
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<td>CEDPA</td>
<td>Centre for Development and Population Activities</td>
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<td>CORPS</td>
<td>Community Owned resource Persons</td>
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<td>DHMT</td>
<td>District Health Management Team</td>
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<td>DRT</td>
<td>District Resource Team</td>
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<tr>
<td>EC</td>
<td>Emergency Contraception</td>
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<td>EMAU</td>
<td>Responsible Parenthood Project</td>
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<td>FCI</td>
<td>Family Care International</td>
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<td>FGM</td>
<td>Female Genital Mutilation</td>
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<td>FLE</td>
<td>Family Life Education</td>
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<td>FP</td>
<td>Family Planning</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GTZ</td>
<td>Gesellschaft fur Technische Zusammenarbeit</td>
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<td>HP</td>
<td>Health Policy</td>
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<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<td>IEC</td>
<td>Information Education and Communication</td>
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<td>INTRAHAH</td>
<td>International Training and Health</td>
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<td>IPEC</td>
<td>International Programme on Elimination of Child Labour</td>
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<td>IPPF</td>
<td>International Planned Parenthood Federation</td>
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<td>IRC</td>
<td>International Rescue Committee</td>
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<tr>
<td>KAP</td>
<td>Knowledge, Attitudes and Practice</td>
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<tr>
<td>LSHTM</td>
<td>London School of Hygiene and Tropical Medicine</td>
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<td>MCDWAC</td>
<td>Ministry of Community Development Women Affairs and Children</td>
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<td>MCH</td>
<td>Maternal Child Health</td>
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<td>MEMA</td>
<td>Mpango wa Wlimu na Maadili ya Afya</td>
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<td>MEUSTA</td>
<td>Mpango wa Wlimu ya UKIMWI Shuleni Tanga</td>
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<td>MISC</td>
<td>More Intelligent and Sensitive Child</td>
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<td>MLYD</td>
<td>Ministry of Labour and Youth Development</td>
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<td>MOEC</td>
<td>Ministry of Education and Culture</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>MSTHE</td>
<td>Ministry of Science, Technology and Higher Education</td>
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<tr>
<td>NA</td>
<td>Not Available</td>
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<tr>
<td>NACP</td>
<td>National AIDS control Programme</td>
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<td>NGO</td>
<td>Non-government Organisation</td>
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<td>Acronym</td>
<td>Description</td>
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<tr>
<td>NIMR</td>
<td>National Institute for Medical Research</td>
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<td>NYPD</td>
<td>National Youth Development Policy</td>
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<td>PAC</td>
<td>Post-abortion Care</td>
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<td>PASADA</td>
<td>Pastoral Activities and Services for People with AIDS, Dar es Salaam Archdiocese</td>
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<td>PATH</td>
<td>Programme for Appropriate Technology in Health</td>
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<td>PCS</td>
<td>Population Communication Services</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>PET</td>
<td>Policy of Education and Training</td>
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<td>PPE</td>
<td>Policy of Poverty Eradication</td>
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<td>RCHS</td>
<td>Reproductive and Child Health Section</td>
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<td>REO</td>
<td>Regional Education Officer</td>
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<td>REPRO/GTZ</td>
<td>Reproductive Health Programme of the Deutsche Gesellschaft für Technische Zusammenarbeit</td>
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<td>RFSU</td>
<td>Swedish Agency for Sex Education</td>
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<td>RH</td>
<td>Reproductive Health</td>
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<td>RMO</td>
<td>Regional Medical Officer</td>
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<td>RRT</td>
<td>Regional Resource Team</td>
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<td>SIDA</td>
<td>Swedish International Development Cooperation Agency</td>
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<td>SRH</td>
<td>Sexual Reproductive Health</td>
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<td>STD</td>
<td>Sexual Transmitted Disease</td>
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<td>STI</td>
<td>Sexual Transmitted Infections</td>
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<td>TANU</td>
<td>Tanganyika Association National Party</td>
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<td>TDHS</td>
<td>Tanzania Demographic Health Survey</td>
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<td>TOT</td>
<td>Training of Trainers</td>
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<td>TSH</td>
<td>Tanzania Shillings</td>
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<td>UAFD</td>
<td>Ubora wa Afya kwa Familia Duniani</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UMATI</td>
<td>Family Planning Association of Tanzania</td>
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<td>UPE</td>
<td>Universal Primary Education</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>USDM</td>
<td>University of Dar es Salaam</td>
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<td>VETA</td>
<td>Vocational Education Training Authority</td>
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<tr>
<td>WAMATA</td>
<td>World katika Mapambano na UKIMWI Tanzania</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WID</td>
<td>Women in Development</td>
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<td>WRT</td>
<td>Ward Resource Team</td>
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<tr>
<td>YMCA</td>
<td>Young Men’s Christian Association</td>
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<tr>
<td>YWCA</td>
<td>Young Women’s Christian Association</td>
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Acknowledgement

Ubora wa Afya kwa Familia Duniani (UAFD) would like to thank the Reproductive and Child Health Sexual (RCHS) for inviting us to conduct this Assessment and Review of training materials for adolescent sexual and reproductive health programmes. It has been an exciting opportunity, and we were pleased to find that a large number of training materials exist. UAFD would like to thank the United Nations Population Fund (UNFPA) for their financial support. Criteria to the success of this Assessment and non-governmental organizations active in the field of adolescent sexual and reproductive health, in particular the Ministry of Health and the Ministry of Education and Culture.

October 2001

Ubora wa Afya kwa Familia Duniani
Dar es Salaam
Executive Summary

Young people in Tanzania face a range of serious reproductive health risks – from early unwanted pregnancy and unsafe abortion to sexually transmitted infections, including HIV/AIDS. These reproductive health problems do not only have an immediate impact on the lives and well being of young people, but also contribute to long-term pattern of high fertility, poverty, dependency and poor socio-economic development.

In recognition of the extent of adolescent health problems, the Government of Tanzania has initiated an effort to address young people’s needs for reproductive health information, counseling and services. To guide improved adolescent sexual and reproductive health programming, the Reproductive and Child Health Section (RCHS) of the Ministry of Health, with technical assistance from Family Care International (FCI) and financial assistance from the United Nations Population Fund (UNFPA), launched an effort to assess and review training curricula and related resource materials that are available in Tanzania and internationally. Specific objectives of the Assessment were:

- To provide an overview of adolescent sexual and reproductive health (ASRH) training curricula that is available in Tanzania and at the international level.
- To identify priorities for curriculum development in Tanzania
- To recommend training materials that could be used as models for developing national training curricula for various target audiences.

Through interviews with key ASRH stakeholders in Tanzania and literature reviews, a range of training materials were identified and reviewed. Materials were analyzed by target user and audience as well as by content and depth of coverage.

The Assessment and Review served to illuminate critical ASRH issues that need to be addressed through training programmes for those working with youth. In addition, the Assessment highlighted key gaps in available curricula. Based on the Assessment findings, priorities for curriculum development include:

- An in-service training curriculum for orienting health service providers. The Assessment revealed that there are few materials for orienting service providers to youth friendly service delivery. Therefore, a standardized curriculum is needed to guide in-service training of facility-based health staff, as well as school-based health workers, outreach workers, lay counselors and other community-based providers in adolescent sexual and reproductive health counseling and service delivery.
- A comprehensive peer education training manual. Many organizations working with peer educators have developed training curricula, and there is considerable variety in the content and quality of these resources. To ensure the content and quality of peer education programmes for youth, it is recommended that a comprehensive peer education manual be developed, which could be used for...
training various types of peer educators and youth counselors (i.e., those working with in-school adolescents, those working with out-of-school adolescents, etc)

- Curricula and teaching aids for primary and secondary schools. Although the Ministry of Education and Culture has begun developing syllabi to guide implementation of the Family Life Education Programme in primary and secondary schools, teachers need more detailed curricula, reference materials and teaching aids to successfully carry out this important education programme.

In developing the above curricula, it is recommended that special emphasis be placed on designing training resources comprised of separate training modules – modules that can be used either separately or together, depending on the specific training needs of various audiences. For example, the curriculum for service providers should include separate modules on adolescent sexual and reproductive health, information and counseling, and service provision to young people. While all three modules would be used in training service providers, select modules could be used to train lay counselors and outreach workers. Similarly, the comprehensive training manual for peer educators should include separate modules on topics, such as adolescent sexual and reproductive health, facilitation and peer education skills, and working with different target audiences – in school adolescents, out-of-school youth, and parents and other adults – to ensure that peer education programmes could use the specific modules that are appropriate to their outreach efforts.

The Assessment revealed that a large number of training curricula and related materials exist to support adolescent sexual and reproductive health initiatives in Tanzania. Although none of these resources is precisely suited to meet the above-mentioned gaps, many of the existing materials contain excellent content, which should be used as the basis for developing standardized national curricula.
INTRODUCTION

1.1 International Context

Today, more than half of the world’s population is below the age of 25. According to the World Health Organization, there are currently more than one billion adolescents 10-19 years old, and their number is growing. Nearly all of this growth is occurring in developing countries, with sub-Saharan Africa leading the way. About 83% of all adolescents live in developing countries (Blum, 1991).

Adolescence is a critical period in life – time of physical and emotional development, self discovery and the establishment of life-long patterns of adult behaviour and relationships. For most young people – married or unmarried – sexual relations begin during adolescence (WHO, 1997).

Unfortunately, many adolescents in Africa lack the information and skills they need to make informed decisions about sexual behaviour. They are often completely uniformed or misinformed about the reproductive process; pregnancy and the risks associated with childbearing; and sexually transmitted infections (STIs), including HIV/AIDS. Not only do young people lack the information and skills they need to make sound, healthy choices, but they are at particularly high risk for serious, long-term consequences of poor decision-making about sexual activity.

Perhaps the most tragic aspect is that many of the reproductive health risks associated with early, unprotected sexual activity could be avoided if young people had access to accurate information and preventive health services. Studies have shown that the provision of sexual health education and related services is associated with lower rates of pregnancy, birth, abortion and STIs (UNAIDS, 1997). A recent review of 68 studies on the impact of sexuality education found overwhelming evidence that it results in higher levels of abstinence, later initiation of sexual activity, greater use of contraception and fewer sexual partners (UNAIDS, 1997).

In recent years, the Government of Tanzania and other government in Africa have increasingly recognized the extent of adolescent health problems and their immediate impact on individual well-being, as well as their contribution to life-long patterns of high fertility, poverty and dependency that inhibit national development. Policy and decision-makers in Africa have demonstrated increased interest in adolescent sexual and reproductive health and greater recognition that adolescents’ lack of access to reproductive health information and services contributes significantly to the serious reproductive health risks they face.

In response to commitments made at the global and regional levels, many organizations that previously did not serve young people are developing new programmes focused on adolescent reproductive health, or are expanding existing programmes to include
adolescents as a target group. This newfound commitment at international and national levels offers an unprecedented opportunity to address young people’s needs for reproductive health information and services, and to make lasting contribution to their overall health and well being.

### 1.2 Overview of Adolescent Sexual and Reproductive Health in Tanzania

Adolescent sexual and reproductive health is a particularly urgent problem in the United Republic of Tanzania. The 1996 Tanzania Demographic and Health Survey (DHS) revealed that 60% of women are pregnant or have given birth by age 19. The average age of first intercourse is 16.7 years for Tanzanian women and 18.1 years for men. However, there are marked variations between different regions of the country. A recent study conducted in Lindi region. For example, (REPRO/GTZ, 2000). Revealing a departure from national trends, the Lindi study also indicated that the mean age of sexual debut for boys was 2.9 years earlier than for girls. Many of these pupils reported having more than one partner, and few reported practicing safer sex. Although 27% of the girls reported that their partners had used condoms for protection, only 8% of the boys reported using condoms during sexual intercourse. The DHS has also indicated that contraceptive use among young people is low. Only 6.6% of boys aged 15-19 used a modern method of contraception (including condoms (while among girls of the same age only 3.1% used a modern method (DHS, 1996).

**Sexually transmitted infections, including HIV/AIDS** – Available data confirms that sexually transmitted infections, including HIV/AIDS, are a serious reproductive health problem in Tanzania, particularly among young women. The National AIDS Control Programme (NACP) estimated the 1996 national HIV prevalence at 8.2%, ranging from 2.3% in Dodoma to 25% in Dar es Salaam (NACP, 1988). Over 80% of AIDS patients in Tanzania are aged 20 to 44 years (NACP, 1997).

Available data also indicates that young women are at particular risk for STIs, including HIV/AIDS. For example, among 15 to 19 year olds, twice as many females as males reported having contracted an STI (NACP, 1998). The situation is even more serious with regard to male counterparts. Despite these statistics, young people’s perception of risk is low; small scale studies on AIDS awareness among young people show that although many know the name of the disease (in both Kiswahili and English) and are aware that the disease is sexually transmitted, they do not perceive themselves to be at risk of infection (REPRO/GTZ, 2000 AND Mhondwa, 2000).

**Early and high-risk pregnancy** – Pregnancy carries risks for every woman, but particularly for those under age 20. Studies around the world have shown that girls aged 15-19 are twice as likely to die from childbirth as women in their twenties; those under age 15 are five times as likely (UNICEF, 1994). The most recent Tanzania Demographic and Health Survey revealed that pregnancy were found to be highest in the southern regions, where 35% of 15-19 year old girls were pregnant or already mothers. Data collected during the 1988 national census also confirmed that early pregnancy is widespread in Tanzania, with women aged 12-24 constituting 40% of all women giving
birth. Many of these births take place out of wedlock, as only 8% of women in this age group were married.

No only does early pregnancy carry health risks, but it carries social risks for young women as well. Statistics from the Ministry of Education and Culture confirm that girls’ educational opportunities are curtailed by teen pregnancy. In 1998, 2,972 girls were reportedly expelled from primary school because of pregnancy, however, this figure is likely to be an under-estimate, as many girls disappear as truants, rather than publicly acknowledge a pregnancy to school officials.

Unsafe abortion – In Tanzania and around the globe, unsafe abortion is a major contributor to maternal mortality. It is estimated that 23% of all maternal deaths in Tanzania are due to complications of unsafe abortion, with wide variations between districts. For example, a community-based study on adult morbidity and mortality in three districts in Tanzania found that between 39% and 54% of maternal deaths occurred during the first trimester of pregnancy, most likely from abortion complications. However, even these figures may not reflect the extent of the problem as unsafe abortion is the most underreported cause of maternal death.

In most settings, deaths and morbidities associated with unsafe abortion disproportionately affect young women, who, lacking social contracts and funds, are more likely to seek care from unsafe providers. Studies of abortion patients in Dar es Salaam, have revealed that septic abortion cases peak toward the end of school holidays. At one treatment centre for septic abortion, 20% of women were under 15 years old, and 60% were between the ages of 15 and 20 (Kwast and Vickery, 1998). Another study in public hospitals in Dar es Salaam revealed that one-third of patients with abortion complications were teenagers (Mpangile et al., 1993).

1.3 Contributing Factors to Adolescent Sexual and Reproductive Health

Adolescent sexual and reproductive health and well-being are influenced by a wide variety of factors, but especially to systems of socialization and to educational and employment opportunities. Programmes for adolescents and people working with adolescents need to take these factors into account, to ensure that programme content responds to young people’s needs and realities.

Socialization – In traditional societies in Tanzania, information related to courting, seduction, sexual expression and reproductive health was transmitted from one generation to another and kinship networks (Mbunda, 1991 and Mhondwa, 2000). Community entities such as clans and peer groups guided the socialization of young people toward adult life and relationships. Traditionally, instruction about men’s and women’s sexuality and gender roles was integrated into instruction bout a wide range of related topics, including hunting, farming, construction of housing, cooking and traditional healing and medicines (Mbunda, 1991). All young people “graduated” from the socialization process, no one dropped out or was bypassed.
In modern day Tanzania, many of the traditional socialization systems are constrained by both legislative acts and school timetables, and therefore are adhered to only partially or intermittently. Although most tribes no longer provide instruction – formally or informally – to young people on topics related to sexuality, health, relationships, etc, traditional values and norms of behaviour continue to be passed from one generation to the next. However, in many settings, the corresponding social contexts and support systems no longer exist, thereby contributing to increased risks for young people. For example, in the context of a patriarchal system of descent and ownership in which relatives on the paternal side of the family make all decisions pertaining to marriage, property and inheritance, most young girls are taught to be respectful and submissive towards men. In addition, girls are encouraged to make them attractive and sexually appealing to men, while at the same time, they are discouraged from entering into sexual relationships.

The conflicting values that are instilled in young people contribute greatly to the reproductive health risks they face. With the age of marriage rising and earlier onset of puberty and menarche, girls and young women face a lengthened period of vulnerability to early, unwanted pregnancy and related reproductive health problems outside the context of marriage. Because family life education programmes for young people do not address or respond to these conflicting messages and norms related to sexuality, few are armed with the skills to negotiate adolescence safely and to protect their sexual and reproductive health.

**Education** – Education is a determining factor in the reproductive health and well-being of young people. The TDHS indicated that the age at first birth is inversely proportional to a woman’s educational level; among women with no or incomplete primary education; the average age at first birth is 18 years. Among those who had completed primary education, the average age of first birth is 20 years, and among those with secondary education or higher it is 23 years.

Young people in the age group of 10 to 24 represent about 33% of Tanzania’s population, some 10 million individuals, living mostly in rural areas. The sheer number of young people poses considerable challenges to the Tanzania government in trying to meet the needs for basic services such as education. To date, much has been achieved in the area of education; the country’s literacy rates of 57% for women and 79% for men are high, compared to many other developing countries (UNICEF, 1997). However, primary school enrolment has been declining steadily in the last decades, from 95% in 1980 to 69% in 1994 (UNICEF, 1997).

In addition, gender disparities in education are of increasing concern. Although 52% of women aged 15 to 49 have completed primary school education, compared to 58% of men (TRCHS, 1999), primary school enrolment is declining, and completion rates are especially low among girls. Secondary school enrolment for girls, at 7% is among the lowest in Africa (UNFPA, 1999). Following secondary level education, Tanzanians may attend institutions of higher learning. Though their numbers are rising, women account for only 17% of all university students (World Bank, 1993). The long-term results of low
enrolment rates of girls in secondary and higher education are wide gender disparities in employment and participation in decision-making at all levels.

**Economic Status** - With its economy dominated by the agricultural sector, Tanzania is one of the poorest countries in the world, ranking 156 in the World Bank’s 1999 Human Development Index (World Bank, 1999). Per capita income is US$ 250 per annum (Planning Development 1998), and approximately 75% of Tanzanians live in rural areas and practice subsistence agriculture. It is estimated that about half of Tanzanian households live in poverty, with 36% living in absolute poverty (UNDP Human Development Report, 1999).

There is little data on the economic status of adolescents, however, due to low household incomes, many young Tanzanians resort to early employment to help supplement the family income or to become self-supporting. Very young children can be found working in plantation cash crop agriculture – e.g. tobacco, tea, sugar cane and sisal – which systematically employs children younger than 15 years. The mining sector also employs many children, exposing them to environmental and health hazards and interfering with their educational opportunities. The International Programme on Elimination of Child Labour found that school dropout rates are 30 – 40% in villages surrounding mining sites (IPEC, 1996).

Another sector that routinely exploits young people is domestic service, mainly for the urban middle class. Studies have indicated that increasing numbers of girls are being recruited from rural areas for domestic service or prostitution in urban centres. As many as 800 child prostitutes work in the regions of Arusha, Dar es Salaam and Singida (CLRP, 2001).

**Substance Abuse** – Abuse of drugs and alcohol plays a major role in young people’s risks for unwanted and unprotected sexual activity because these substances make it difficult to evaluate risks and make informed, careful decisions. Faced with pressure from peers and parents alike and lacking adequate support networks, young people are at particular risk for substance abuse (Mbatia and Kilonzo, 1996). Adolescence is a time of anxiety, low self-esteem and identifies crises, ad some young people resort to tobacco alcohol and narcotics to cope with the pressures and problems they face.

Statistics show that 35% of Tanzanians aged 12 and above smoke tobacco regularly. Alcohol consumption is also widespread in Tanzania, and many Tanzanians consider drinking alcohol in a rite of adolescence, though there are conflicting views on the message this sends to young people. In addition, norms and traditions controlling excessive drinking and intoxication, such as monitoring of the strength of alcohol during production and distribution, have been undermined by the increasing commercialization of the alcohol industry.

Available evidence suggests that narcotic abuse is also a serious problem among young people between 1980-1985, more than half of those prosecuted on narcotics charges were under 25 years of age (Mbatia and Kilonzo, 1996). At Muhimbili Medical Centre, the
national referral hospital which admits 5 – 10 cases of narcotic abusers per month, increasing numbers of females, aged 15 – 20, have been admitted for intravenous heroin use (Mbatia and Kilonzo, 1996). Given established links between intravenous drug use and HIV/AIDS transmission, this trend is a cause of great concern.

1.4 Policies Influencing Adolescent Sexual and Reproductive Health

As noted in section 1.3 on socialization, most tribal traditions in Tanzania ensured that girls and boys were informed about sexuality and related issues. With modernization and formal education, however, many of these traditional practices have been abandoned, and increasingly girls have remained in school following the onset of puberty – a time when they traditionally entered into marriage. As unplanned pregnancies forced girls to drop out of school, the need to provide sexuality education to young people has become increasingly apparent.

In 1973, sensitive to the family planning needs of the general population, the Family Planning Association of Tanzania (UMATI) initiated efforts to make sexuality information accessible to young people and published two books: *Jando na Unyago* and *Ujana*. The Government, then headed by the Tanganyika African National Union (TANU), banned the books, concerned that they would encourage promiscuity.

In collaboration with the Christian Council of Tanzania, UMATI, established the Responsible Parenthood Project or Elimu ya Malezi ya Ujana (EMAU) in 1976 and continued its efforts to provide sexuality information for adolescents. By the early 1980s, equipped with evidence-based arguments, UMATI, other NGOs and key researchers began to pressure the Government to recognize the needs of adolescents in policy documents and to institutionalize the provision of information on sexual and reproductive health to young people.

Since the mid – 1980s, the Tanzanian Government has instated a wide range of policies related to adolescent sexual and reproductive health and young people/s access to information and services. These include policies in areas ranging from education to women in development, labour and employment and health care. Describing all policies would go beyond the scope of this report; therefore, the following sections focus on those policies that influence adolescent sexual and reproductive health most directly.

*Adolescent Health and development Strategy (2001 – 2006)*- Aimed at improving the overall quality of life for adolescent Health and Development Strategy provides a framework to guide governmental, NGO and private sector partners in addressing adolescent health and development in Tanzania. The strategy outlines a range of services needed by young people in Tanzania, including:

- Information and education on adolescent development and sexual and reproductive health and rights issues;
- Information and education on basic health and lifestyles;
- Contraceptive services
- STI management
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- Maternal health services
- Management of teenage pregnancy including post-abortion care
- HIV related services; and
- Management of sexual violence

To promote effective programmes in the above areas, the strategy outlines the following key priorities for action:

- The development of a training manual for service providers on youth-friendly services
- The creation of training materials for lay counselors on health and counseling skills
- The training of in and out-of school peer educators; and
- The development of curricula and training materials for use with out of school adolescents.

National Policy Guidelines and Standards for Family Planning Service Delivery and Training (1994) – although family planning policy guidelines have long indicated that clients of all ages should be provided with contraceptive information and services, in practice, many service providers only provide contraception to married women who have proven their fertility through the birth of a child. The revised National Policy Guidelines and Standards for Family Planning Service Delivery and Training of 1994 explicitly affirms adolescents’ access to information and services through various articles, including:

……All males and females of reproductive age, including adolescents irrespective of their parity and marital status, shall have the right of access to family planning information, education and services. Any woman or man shall be provided with a family planning method of her/his own choice after appropriate and adequate counseling without requiring the consent of the spouse. Adolescents shall be provided with information, education and counseling on family planning methods that are appropriate to them. (Section 3, article1).

National Policy on HIV/AIDS and Sexually Transmitted diseases (1995) – While the National Policy on HIV/AIDS and STDs affirms that all persons have a right to information, education and counseling on matters relating to HIV/AIDS and STDs, it explicitly recognizes young people as a key audience that should be targeted:

……Appropriate education on reproductive health matters related to HIV/AIDS and STDs will be integrated into school and training institutions curricula……

……As regards schools, education on condoms and their use shall be provided. This underscores the risk to which pupils/students are exposed and the fact that they are future adults.
Although the policy recommends counseling and instruction on correct condom use, it fails to promote their distribution to young people through schools, asserting that such distribution in schools would connote encouragement of sexual activity.

**Sexual Offences (1998)** – Various sections of the Sexual Offences Act of the Penal code offer protections to all women in the areas of sexual harassment, rape and incest:

Sections 130 – 132
Any person who has unlawful carnal knowledge of a woman or girl, without her consent, or with her consent, if the consent is obtained by force or by means of threat or intimidation of any kind, or by fear of bodily harm, or by means of false representation as to the nature of the act, or in the case of a married woman, by personating her husband, is guilty of the termed ‘rape’.

Any person who commits the offence of rape is liable to be punished with imprisonment for life, with or without corporal punishment.

Any male person who has carnal knowledge of a female person, who is to his knowledge his granddaughter, daughter, sister or mother, is guilty of a felony, and is liable to imprisonment for five years.

Section 160
Any female person of or above the age of sixteen years who with consent permits her grandfather, father, brother, or son to have carnal knowledge of her (knowing him to be her grandfather, father, brother or son as the case may be) is guilty of a felony, and is liable to imprisonment for five years.

These legal protections notwithstanding, few women file rape charges in large part because of the trauma of lengthy, public court procedures and the fact that the majority of judges and lawyers in Tanzania are male. In addition, large geographic distances to courts of law constitute a further obstacle for rape victims who in most cases must obtain permission to travel any distance.

### 1.5 Adolescent Sexual and Reproductive Health Programmes

Despite a supportive policy environment in Tanzania, the provision of sexual and reproductive health information and services to adolescents remains controversial. Opponents are found in all sectors of society, and advocacy interventions are urgently needed to sensitize government officials, opinion leaders and the general public alike about the status of adolescent health and the importance of providing young people with the information, skills and services they need.

In the early years, UMATI, which was financially supported by the International Panned Parenthood Federation (IPPF), was the sole organization conducting advocacy work. By the mid 1970s when EMAU was established, other donors were identified to support adolescent health initiatives. These include Pathfinder International, Swedish
International Development Cooperation Agency (SIDA), the Royal Netherlands Embassy, GTZ and the British Council. Currently, ASRH interventions are funded by a range of donor’s which support advocacy, IEC and service delivery. The United Nations Population Fund (UNFPA) is the sole supporter of FLE activities in schools and colleges.

Today, a wide range of Government ministries, NGOs and religious institutions are involved in adolescent sexual and reproductive health programmes. Most of these programmes focus on young people’s information and counseling needs, and few are involved in reproductive health service delivery to adolescents. Although there are currently a large number of ASRH programmes underway, few programs have been evaluated, and there is little information available on their effectiveness.

GOVERNMENT EFFORTS

Due to the sensitive nature of adolescent sexual and reproductive health, Government initiatives have generally been slow to take off. As described below, key ministries involved in adolescent reproductive health include the Ministry of Education and Culture, the Ministry of Labour and Youth Development and the Ministry of Health.

Ministry of Education and Culture (MOEC) – The MOEC is implementing a Population and Family Life Education (FLE) initiative in public primary and secondary schools, colleges and teacher training colleges. The FLE programme is aimed at empowering youth with information to make positive changes in attitudes, behaviour and practices related to sexual and reproductive health. Specifically, FLE addresses issues such as sexuality, parenthood, family size, gender and environment. The Tanzania Institute of Education is responsible for curriculum design, as well as its integration into “carrier subjects” – i.e. core subjects in the school curriculum that relate to sexuality and reproductive health. In the primary school curriculum, carrier subjects for FLE will include science, general knowledge and livelihood skills, and in the secondary school curriculum FLE is to be integrated into biology, geography, civics and home economics.

In 1996, the MOEC issued guidelines for STI/HIV/AIDS prevention education, which have been disseminated to all district and regional educational authorities. The Ministry also produced instructional materials for students and teachers and attempted to integrate the HIV/AIDS syllabi in the primary school programme. At the regional and district level, the MOEC is involved in model ASRH and HIV/AIDS education projects for adolescents, often in collaboration with NGOs. Noteworthy examples of these initiatives include the project with MEUSTA in Tanga region and CCBRT inn Dar es Salaam, both of which focus on in school HIV/AIDS education.

Vocational Education training Authority (VETA) – VETA provides vocational training to young people who have completed primary education. As of April 2001, a total of 70,000 students were enrolled in VETA programmes, however, until recently no FLE or sexuality education was provided. VETA is currently working with UMATI to develop an adolescent sexual and reproductive health education programme and curricula. A core
group of trainers has been trained to sensitive management level staff. In addition, 40 teachers have been trained on adolescent sexual and reproductive health.

**Ministry of Health (MOH)** – As part of the primary health care system for the general public, health care facilities offer a wide range of ASRH related services, including STI treatment, MCH/FP and post abortion care. In preparation for the development of the Adolescent Health Strategy, the Reproductive and Child health Section (RCHS) of the MOH, which has primary responsibility for adolescent reproductive health, conducted several background studies, mapping out the status of adolescent health in Tanzania, laws and policies related to adolescent sexual and reproductive health and key stakeholders involved in adolescent health.

At regional and district levels, the Ministry of Health is implementing model adolescent reproductive health and HIV/AIDS projects. These include GTZ supported projects in Lindi and Mbeya regions, as well as the Mpango wa Elimu na Maadili ya Afya (MEMA) kwa Vijana project which is a collaborative trial programme on adolescent sexual and reproductive health. Involving the National Institute for Medical Research (NIMR), African Medical Research Foundation (AMREF), London School of Hygiene and Tropical Medicine (LISHTM), and the MOEC, this project is an innovative sexual and reproductive health intervention aimed at reducing HIV infection rates among young people in rural Mwanza, begun in 1997, the project is currently in the evaluation stage.

**Ministry of Labour and Youth Development (MLYD)** – The MLYD in collaboration with the Ministry of Community Development, Women’s Affairs and Children (MCDWAC) and district local governments, is working to mobilize “youth economic groups” for the purpose of providing credit to up and coming youth entrepreneurs. As these groups potentially represent “captive audiences” for adolescent sexual and reproductive health information, in some districts, resource people have been hired to deliver educational sessions on sexuality and HIV/AIDS prevention to participants.

**NGO EFFORTS**

NGO programmes addressing adolescent sexual and reproductive health are more numerous than government initiatives, however, they tend to be small in scale, and they lack coordination. A needs assessment on ASRH partner organizations conducted by the UNFPA in 1997 revealed that while approximately 80% of adolescents live in rural Tanzania, more than 75% of NGOs working with adolescents were based in urban areas and were reaching out solely to urban youth.

**Family Planning Association of Tanzania (UMATI)** – As noted above, UMATI has played a leading role in advocating for adolescent sexual and reproductive health education and services since the early 1970s. UMATI currently has seven youth centres that provide reproductive health information and services to adolescents, and it conducts a peer education and community based distribution (CBD) programme in Songea, Mtwara, Dodma, Dar es Salaam-Buguruni, Tanga and Arusha. About half of the
programme’s 400 CBD agents are youth, who offer counseling provide referrals for STIs and distribute non-prescriptive contraceptives.

**African Medical and Research Foundation (AMREF)** – AMREF is involved in a range of activities for adolescents, with an emphasis on behaviour change communication and HIV/AIDS. For example, in Kinondoni District, Dar es Salaam, AMREF and the Umoja club (487 members) manage a youth centre, which offers a wide range of counseling, including counseling on HIV/AIDS prevention. By 1999, the centre had trained 73 in-school and 33 out-of-school peer educators/counselors. The centre, which targets youth aged 10 – 24 is visited by approximately 1,000 young people each month.

**Kuleana** – Based in Mwanza Region, Kuleana focuses on public awareness of children’s rights. The organization has established a child rights center, which conducts advocacy and implements integrated health and education programmes. Kuleana also operates a resource center, which provides HIV testing, support for persons with AIDS, condom marketing, counseling and production of low cost participatory health learning materials.

**WAMATA** – WAMATA (Walio katika Mapambano na UKIMWI Tanzania) focuses on HIV/AIDS, providing counseling, health care, nutritional care and vocational skills training. WAMATA’s orphan programmes target those under 18 and its youth programmes target young people aged 12- 35 years. WAMATA operates in the three districts of Dar es Salaam and the coastal regions of Bagamoyo, Kisarawe and Kibaha.

**RELIGIOUS ORGANISATIONS’ INITIATIVES**

Religious organizations with umbrella status, such as the Roman Catholic Church, the Lutheran Church and the Moravian Church, support numerous adolescent efforts around the country strongly influenced by their respective religious, denominations, programmes for youth are generally conducted in age-specific gatherings, such as Sunday schools and youth fellowships. Adolescents can also join recognized associations affiliated with these religious denominations, such as the Youth Catholic Society and the Tanzania Society for Christian Fellowship.

Some religious organizations have established interventions that serve the wider community, regardless of faith. For example, PASADA affiliated with the Roman Catholic Church, provides HIV/AIDS information and services to orphaned children, Amana Vijana Centre, supported by the Pentecostal Church provides reproductive health information to adolescents in Ilala District of Dar es Salaam. Similarly, the Roman Catholic, Moravian and Lutheran Churches run youth centres that provide vocational skills training to boys and girls.

Finally, the Muslim council of Tanzania, BAKWATA, organizes meetings for young people (aged 6 – 30 years) focusing primarily on acceptable social behaviour and religious teachings. BAKWATA utilizes information from the National AIDS Control Programme and WAMATA to organize its in-house training or affiliates itself with school activities.
2. Assessment and Review of Training Materials

In September 1999, the Reproductive and Child Health Section (RCHS) of the Ministry of Health began to develop several new national reproductive health training curricula, with technical assistance from Family Care International (FCI) and financial assistance from the United Nations population fund (UNFPA).

One of the key areas of interest for curriculum development was adolescent sexual and reproductive health. The need for training materials on this topic had been illuminated by various studies, which revealed that large numbers of Tanzanian adolescents are sexually active, but have limited information about sexuality and reproductive health and little access to appropriate health services. As described in the previous section, several NGOs and church organizations have initiated programmes to address young people’s needs for reproductive health information, and a few are involved in services delivery. Many of these programmes involve training initiatives – either raining of adult professionals or peer educators who work with adolescents. Most organizations that are conductive training have developed their own training curricula, leading to considerable variation in the content and quality of programmes for young people. RCHS identified the development of national training curricula as a priority to help standardize the content and quality of sexual and reproductive health programmes for young people.

The development of a curriculum is a process that includes a number of well planned steps to ensure that the curriculum corresponds with training needs. As a first step in the curriculum development process, the RCHS requested that FCI conduct an Assessment and Review will ultimately serve as a basis for the development of several curricula anticipated by RCHS in the context of implementing the Adolescent Health and Development Strategy.

2.1 Objectives

The assessment and Review of training materials on adolescent sexual and reproductive health had the following objectives:

1. To provide an overview of adolescent sexual and reproductive health (ASRH) training curricula for different target audiences, available in Tanzania and at the international level
2. To identify priorities for ASRH curriculum development in Tanzania
3. To recommend training materials that could be used as model for developing national training curricula for various target audiences.

2.2 Implementing Partners

Reproductive and Child Health Section, Ministry of Health – The key unit involved in the planning and implementation of the ASRH training materials assessment and review was the Reproductive and Child Health Section (RXHS) in the Department of Preventive Health Services of the Ministry of Health. The RCHS has overall responsibility for
coordinating the implementation of the national Reproductive and Child Health Strategy, which includes adolescent sexual and reproductive health.

**Family Care International/Ubora wa Afya kwa Familia** – Family Care International (FCI) is an international non-profit organization committed to improving women’s reproductive health and rights in developing countries. FCI helps shape international policies on women’s reproductive health, process and disseminates informational tools and provides technical assistance to governments and non-governmental organizations in implementing national strategies, policies, and programmes to improve the health of women and adolescents. FCI has been working with the Tanzanian Ministry of Health since the early 1990s in the field of Safe Motherhood. FCI was registered as an NGO in Tanzania in March 2000 under the name: Ubora wa Afya kwa Familia Duniani.

**United Nations Population Fund** – UNFPA, the United Nations Population Fund, helps developing countries find solutions to their population problems. UNFPA began operations in 1969. The fund had three main programme areas: reproductive health, including family planning and sexual health; population and development strategies; and advocacy, UNFPA is one of the main donors to the RCHS for the implementation of the Reproductive and Child Health Strategy (1997-2001). As part of the agreed Country Programme between UNFPA and the Government of Tanzania, UNFPA provides financial support for the development of reproductive health training curricula, including curricula on adolescent sexual and reproductive health.

### 2.3 Survey Methodology

To realize the objectives of the Assessment and Review, FCI/UAFD identified key government agencies and NGOs working on adolescent sexual and reproductive health related issues. A letter and detailed questionnaire were circulated to these institutions to gather information on available training materials and their use (questionnaire is attached in Annex 1). Follow-up steps included:

1. A literature review of studies to the status of adolescent sexual and reproductive health in Tanzania to identify key factors that influence adolescent health and well-being and which need to be addressed in educational and service-delivery initiatives for young people.

2. Interviews with ASRH policy makers, programme planners and experts from government agencies, NGOs and other stakeholders in order to collect information on the type of ASRH training programmes and activities they implement and existing ASRH training materials and curricula that they had developed.

3. Review of existing ASRH training materials developed in Tanzania. A summary overview of each of the training manuals was drafted, describing the following elements: title, organization, type of publication, target audience, target facilitator, themes/issues addressed and relevant content.
4. Review of available ASRH training materials developed by international technical assistance agencies and NGOs to assess their potential as prototypes for adaptation to the Tanzanian context. A summary overview of each of the identified training materials was drafted, describing the following elements: title, organization, type of publication, target audience, target facilitator, theme/issues addressed, relevant content and potential to address gaps that were found in materials available locally.

Based on the reviews of training materials identified in Tanzania and internationally, priorities for the adaptation or development of one or more national ASRH training curricula for Tanzania were identified. These recommendations were based on the analysis of available materials and the status of adolescent sexual and reproductive health in Tanzania.

Information gathered through the Assessment is presented in two reports. This report provides background information on adolescent sexual and reproductive health in Tanzania (Chapter 1), an overview of the assessment findings (Chapter 3), and priorities and recommendations for curriculum development (Chapter 4).

A second report presents an annotated bibliography of all training materials identified during the Assessment.
3. Assessment and Review Findings

3.1 Introduction

This chapter presents the findings of the Assessment and Review of ASRH training materials developed by Government agencies and NGOs in Tanzania and by international organizations.

A total of 64 materials were identified during the Assessment, of which 51 are available in Tanzania. The majority of the nationally available materials were produced by NGOs, such as the Family Planning Association of Tanzania (UMATI) and the African Medical and Research Foundation (AMREF). The remaining thirteen materials reviewed during the Assessment were produced by international NGOs and agencies, often in conjunction with developing country partners. These include manuals developed by Advocates for youth, the International Rescue Committee (IRC), PATH, Pathfinder International, Population Communication Services (PCS) and the World Health Organization (WHO).

Close to half of the materials (29) included in the Assessment had been developed within the last four years and therefore had not been rigorously evaluated.

This chapter is divided into six sections. Sections 3.2 to 3.5 review the training materials by target audience, looking at training materials for health care providers (Section 3.2); teachers (Section 3.3); and peer educators (Section 3.4). Section 3.5 provides an overview of facilitation guides and other resource materials that can be used in educational sessions on ASRH with young people and other target audiences in school and out-of-school settings. Finally, section 3.6 provides an overview of the content of the various materials and depth of information provided about crucial ASRH topics.

3.2 Training Materials for Health Care Providers and Counsellors

This section presents key findings on available training materials for professionals who work with young people – namely health care providers who offer reproductive health services and information, education and counseling (IEC) to young people; school based health workers who provide basic preventive health care to primary school pupils; and professional youth counselors.

Service Providers – The Assessment identified three materials to train health care providers on adolescent sexual and reproductive health counseling, information and service delivery. Only one of the materials, Integrated R/CH Clinical Skills Curriculum, prepared by the Ministry of Health, was developed in Tanzania. Unlike the other manuals in this section, the MOH curriculum covers a wide range of reproductive health issues, including ASRH. The two other materials identified are:

- Comprehensive Reproductive Family Planning Training Curriculum, Module 16, Adolescent Reproductive Health, developed by Pathfinder International
- Self Directed learning: Client Provider Interaction ASRH Initiative, developed by the Ghana Registered Midwives Association and INTRAH.
The MOH curriculum is a broad reproductive health curriculum, which includes one unit on adolescents. The first section of this unit defines “adolescence” and provides the rationale for providing reproductive health services to adolescents. In addition to identifying factors that influence adolescent behaviour and factors that hinder effective reproductive health care for adolescents, the manual offers suggestions for service providers on how to assist adolescents in obtaining the counseling and services they need. The manual does not, however, include detailed information on how to provide youth-friendly services or on how to integrate youth-friendly services into existing reproductive health services.

The manual developed by the Ghana Registered Midwives Association, is a five weeks course that is primarily self taught. It includes comprehensive training in a range of ASRH topics, counseling, IEC and service provision to adolescents. The course work on service delivery includes comprehensive information on the provision of contraception, emergency contraception, postabortion care and STI and HIV/AIDS services to young people.

The last manual under review here, developed by pathfinder International, is the most comprehensive. It cultivates an in-depth understanding of adolescence and clearly outlines how to provide youth-friendly services. The training methods used include skills building activities, such as role plays and case studies. The manual also provides detailed instructions for facilitators, as well as a complete section of trainer tools, including handouts, transparencies and questionnaires.

**Table 1: Training of Service Providers**

<table>
<thead>
<tr>
<th>Title</th>
<th>Ministry/Organization</th>
<th>Date</th>
<th>Language</th>
<th>Length of Training</th>
<th>User</th>
<th>Target Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated R/CH Clinical Skills Curriculum</td>
<td>MOH</td>
<td>1998</td>
<td>English</td>
<td>Not specified</td>
<td>Facilitators</td>
<td>Service providers</td>
</tr>
<tr>
<td>Self-Directed Learning: Client Provider Interaction ASRH Initiative</td>
<td>Ghana Registered Midwives Association</td>
<td>1999</td>
<td>English</td>
<td>Five weeks</td>
<td>Service providers</td>
<td>Service providers</td>
</tr>
<tr>
<td>Comprehensive Reproductive and Family Planning Training Curriculum, Module 16</td>
<td>Pathfinder International (Draft)</td>
<td>2000</td>
<td>English</td>
<td>Not specified</td>
<td>Service providers</td>
<td>Service providers</td>
</tr>
</tbody>
</table>
**Health Workers, School Health Service Programme** - Implemented by the Ministry of Health, the School Health Services Programme involves community based health care providers in the provision of basic preventive health services to primary school pupils. Through the programme, children receive medical check-ups and screening for intestinal parasites. The Ministry of Health developed a training manual in 1994, *Mwongozo wa Huduma za Afya Shuleni*, which provides guidelines for health workers participating in the programme. The manual focuses on first aid, screening for health problems, and follow-up. Some sections are quite thorough, containing in-depth information on screening for malnutrition, intestinal worms, liver disease and heart failure. As no reproductive health care or counseling is provided through the programme, the manual does not cover any adolescent sexual and reproductive health issues.

### Table 2: Training of Health Workers, School Health Services Programme

<table>
<thead>
<tr>
<th>Title</th>
<th>Ministry/Org.</th>
<th>Date</th>
<th>Language</th>
<th>Length of Training</th>
<th>User Target</th>
<th>Target Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Mwongozo wa Huduma za Afya</em></td>
<td>MOH</td>
<td>1994</td>
<td>Kiswahili</td>
<td>Not Specified</td>
<td>School health providers</td>
<td>School children</td>
</tr>
</tbody>
</table>

**Counsellor** – The Assessment identified four training materials focused on counseling young people. Designed for training youth counselors, teachers and health care providers, the materials include:

- **Counselling Training: A Manual for Counselling Adolescents** developed by the International Rescue Committee (IRC).
- **Zimbabwe Youth Reproductive Health and Counselling: A Trainer’s Manual**, Developed by the Zimbabwe National Family Planning Council, USAID and Population Communication Services (PCS);
- **Counselling skills Training**, developed by the World Health Organization (WHO); and
- **Makala ya Kufundishia Washauri msingi katika Jamii**, developed by AMREF.

The IRC Manual provides a thorough introduction to adolescent development and behaviour, and covers counselor biases, the role of the counselor, factors that contribute to effective counseling, listening, problem-solving and the special needs of adolescents. The three-day training incorporates activities such as role play, games, discussion and lecture. The manual outlines instructions for the facilitator, talking notes and activities. IRC also developed an accompanying TOT manual, entitled *Training of Trainers Manual: Counsellor Training*.

The training manual from the Zimbabwe National Family Planning Council was developed to train service providers in counseling adolescents. The first module focuses on life skills and adolescent sexual and reproductive health. The second module provides training on counseling young people in areas such as life planning, problem-solving and decision making. The manual includes informative overheads and handouts.
Counselling Skills Training is a five-day training developed by WHO in 1993. The manual provides basic information on ASRH and briefly reviews topics, such as sexual behaviour and sexual dysfunction.

The most comprehensive training manual for ASRH counselors and the only materials developed nationally is Makala ya Kufundishia Washauri Msingi katika Jamii, created by AMREF for para counselors. This manual focuses on gender, rights and reproductive health issues. The manual contains a very thorough annex on life skills, which covers topics such as coping with the stress of losing parents to HIV/AIDS that are not addressed in other training materials. A second annex on counseling is also comprehensive and includes: an overview of counseling; difficult moments in counseling; the ethics of counseling; and the main principles in counselling. This annex also covers a range of counseling skills, such as listening, asking and answering questions, and building rapport with a client. In addition, AMREF has developed Muhutasari wa Stadi za Maisha kwa Wavezeshaji wa Waelimishaji Rika, a guide that provides through information on how to build life skills such as resisting peer pressure, coping with stress, and self awareness.

Table 3: Training of Counsellors

<table>
<thead>
<tr>
<th>Title</th>
<th>Ministry/Org.</th>
<th>Date</th>
<th>Language</th>
<th>Length of Training</th>
<th>User</th>
<th>Target Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counsellor Training: A Manual for Counselling</td>
<td>IRC</td>
<td>1998</td>
<td>English</td>
<td>Three days</td>
<td>Not specified</td>
<td>Counsellors</td>
</tr>
<tr>
<td>Adolescents Zimbabwe Youth RH and Counselling</td>
<td>ZNFPC, USAID and PCS</td>
<td>NA</td>
<td>English</td>
<td>Four weeks</td>
<td>Master trainer</td>
<td>Service providers</td>
</tr>
<tr>
<td>Counselling Skills Training</td>
<td>WHO</td>
<td>1993</td>
<td>English</td>
<td>Five days</td>
<td>Not specified</td>
<td>Anyone who counsels youth</td>
</tr>
<tr>
<td>Makala ya Kufundishia Washauri Msingi katika Jamii</td>
<td>AMREF</td>
<td>2001</td>
<td>Kiswahili</td>
<td>Not specified</td>
<td>Trainer of para-counsellors</td>
<td>Para counsellors</td>
</tr>
</tbody>
</table>

* NA = Not Available

3.3 Training of Teachers

Some information related to reproductive health issues has been included in pre-service training programmes for Grade A and Diploma level teachers in order to prepare them to implement the Family Life Education programme. The content of the FLE programme is integrated into instruction on relevant subject areas, such as education psychology, guidance/counseling and civics.
Three curricula for in-service training of teachers on adolescent reproductive health were identified during the Assessment, including two FLE training curricula developed by the Ministry of Education and Culture; a reproductive health training curriculum developed by REPRO/GTZ and a training curriculum on adolescent sexual and reproductive health counseling developed by UMATI.

The Ministry of Education and Culture’s two complementary training guides are designed to support implementation of the FLE programme. The two manuals are aimed at teacher trainers and secondary school teachers. The first guide, Family Life Education, Part One: Knowledge Building, introduces the concept of Family Life Education, and covers the ramifications of rapid population growth, a full range of ASRH issues, gender, the family, women’s empowerment and drug use. This training curriculum is primarily lecture-based, but detailed content information on the topics listed is not provided. The second guide, Family Life Education, Part Two: Facilitation covers facilitation skills, teaching methods, creating lesson plans and integrating Family Life Education information into various courses. The training guides also include exercises such as designing Family Life Education activities and projects, leading “mock” classes and writing “mock” lessons and lesson objectives.

Another training resource for teachers is REPRO/GTZ’s Elimu ya uzazi na Magonjwa ya Zinaa Mafunzo ya Walimu wa Walimu Shule za Msingi Lindi. This training manual was developed by REPRO/GTZ, based on the findings of a KAP (knowledge, attitudes and practice) survey in Lindi. It covers five-day training for teachers to conduct sessions with fellow teachers and students and to provide them with information about ASRH and the results of the KAP survey. The manual has been used with teachers from 36 schools in the Lindi region. The training guide is accompanied by a ten-day TOT curriculum. The guides provide moderately detailed information on body awareness, the consequences of early childbearing, contraception, STIs/HIV/AIDS, sexual desire and facilitation skills. Though both guides provide detailed information on session objectives, activities and duration of training, they do not include detailed content on ASRH issues and require the use of resource materials to supplement the training.

UMATI’s teacher training manual, Curriculum/Training for Primary School Teachers in ASRH Counselling and Guidance, provides an overview of ASRH, and includes information on guidance, counseling, records keeping, reporting, and the role community plays in ASRH. The manual does not provide detailed background information on these topics, and training activities are only briefly outlined. Additional resources are therefore required for conducting training sessions.
Table 4: Training of Teachers

<table>
<thead>
<tr>
<th>Title</th>
<th>Ministry/Org.</th>
<th>Date</th>
<th>Language</th>
<th>Length of Training</th>
<th>User</th>
<th>Target Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Life Education, Part One: Knowledge Building</td>
<td>MOEC</td>
<td>1999</td>
<td>English</td>
<td>Seven days</td>
<td>Trainer</td>
<td>Teacher</td>
</tr>
<tr>
<td>Family Life Education, Part Two: Facilitation</td>
<td>MOEC</td>
<td>1999</td>
<td>English</td>
<td>Seven days</td>
<td>Trainer</td>
<td>Teachers</td>
</tr>
<tr>
<td>Elimu ya Uzazi na Magonjwa ya Zinaa Mafunzo ya Walimu wa Walimu Shule za Msingi Lindi</td>
<td>REPRO/GTZ</td>
<td>2001</td>
<td>Kiswahili</td>
<td>Ten days</td>
<td>Trainer</td>
<td>Teachers/Facilitators</td>
</tr>
<tr>
<td>Curriculum/Training for Primary Teachers in ASRH Counselling and Guidance</td>
<td>UMATI</td>
<td>1999</td>
<td>English</td>
<td>Fourteen days</td>
<td>Trainer</td>
<td>Teachers</td>
</tr>
</tbody>
</table>

Training of Peer Educators

The materials reviewed in this section have been divided into three categories based on target audience of the peer educator training: adolescent peer educators, parents and others.

**Adolescent Peer Educators** – The Assessment identified a wide range of training materials for adolescent peer educators. For ease of reference this section presents them in three categories:

- Primary school peer educators
- Secondary school peer educators
- Out-of-school peer educators

Three manuals for training **primary school peer educators** were identified:

- *Kinga Elimu ya Afya kwa ajili ya kujikinga na UKIMWI na Magonjwa ya Zinaa: Kiongozi cha Mwezesahaji*, developed by MOEC
- *Guide to Peer Education on HIV/AIDS/STIs and Reproductive Health in Primary Schools, Standard V-VII*, developed by Deutsche Gesellschaft fur Technische Zusammenarbeit (GTZ) in Mbeya Region.
- *Mema kwa Vijana: Elimu na Maadili ya Afya kwa Shule za Misingi, Kiongozi cha Mafunzo ya Waelimishaji wa Darasani*, developed by Elimu na Maadili ya Afya kwa Shule za Msingi (MEMA) for a project in Mwanza region.

Of the three manuals, *Kinga Elimu ya Afya kwa ajili ya kujikinga na UKIMWI na Magonjwa ya Zinaa: Kiongozi cha Mwezesahaji*, written in Kiswahili, provides the most thorough information on ASRH, including life skills and an in-depth review of facilitation.
and counseling skills. The manual includes chapters on caring for an HIV infected individual, behaviour change, and monitoring and evaluation. Despite prevailing opposition toward adolescent condom use, the manual provides detailed instructions on how to use male and female condoms, as well as other contraceptives. Developed for use in all primary schools, the manual provides through background information on the relevant topics, as well as instructions and notes for the facilitator.

In addition to the training guide to train peer educators, the MOEC also developed training guide for use by peer educators to train their peers. Titled Kinga Elimu ya Afya kwa ajili ya Kujijinga na UKIMWI na Magonjwa ya Zinaa: Kiongozi cha Mwenzashaji rika, this guide focuses primarily on HIV/AIDS education. In addition to providing facilitation tips, the guide outlines activities that focus on HIV/AIDS education, puberty, postponement of first intercourse, and adolescent rights advocacy. It does not discuss condoms or other contraceptive options and provides only minimal life skills training.

Table 5: Training of Peer Educators – Primary School

<table>
<thead>
<tr>
<th>Title</th>
<th>Ministry/Org.</th>
<th>Date</th>
<th>Language</th>
<th>Length of Training</th>
<th>User Target</th>
<th>Target Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinga Elimu ya Afya kwa ajili ya kujijinga na UKIMWI na Magonjwa ya Zinaa: Kiongozi cha Mwenzashaji</td>
<td>MOEC</td>
<td>1999</td>
<td>Kiswahili</td>
<td>Not Specified</td>
<td>Primary school teachers</td>
<td>Peer educators in primary schools</td>
</tr>
<tr>
<td>Guide to Peer Education on HIV/AIDS STDs and Reproductive Health in Primary Schools, Standard V-VII</td>
<td>GTZ</td>
<td>2000</td>
<td>Kiswahili, English</td>
<td>Not specified</td>
<td>Primary school teachers</td>
<td>Peer educators in primary schools</td>
</tr>
<tr>
<td>Mema kwa vijana</td>
<td>MEMA</td>
<td>1998</td>
<td>Kiswahili</td>
<td>One week</td>
<td>Trainers of peer educators</td>
<td>In-school peer educators</td>
</tr>
</tbody>
</table>

The Assessment identified only one manual for training secondary school peer educators, the Curriculum for Family Life Education. Developed by the Tanzania Red Cross Society in 1996 in English, this manual is intended to train Red Cross club members in secondary schools as peer educators. It provides an overview of reproductive health that includes information on human growth and development, STIs, HIV/AIDS and contraception, as well as detailed information on the stages of pregnancy and labour. The manual also discussed the factors that lead to premarital sex, family structure, responsible parenthood and personal hygiene, but it does not cover facilitation skills, counseling skills or referrals. Though targeted at secondary school peer educators, the manual covers training in the basic equipment needed to deliver a baby, and managing
common complications during pregnancy, along with first aid, the seven Red Cross principles and a detailed overview of the Red Cross.

Two manuals for training out-of-school peer educators were identified during the Assessment, including: Training Curriculum for Youth Peer Counsellors on ASRH, developed by UMATI, and Mwongozo wa Kufundishia Waelimishaji Rika, developed by UNICEF. UMATI’s Training Curriculum for Youth Peer Counsellors on ASRH, drafted in 1993 in English and revised in 1999, provides thorough information on sexual and reproductive health in Tanzania, human growth and development, contraception and gender. It covers facilitation skills and includes various exercises and activities for building communication skills, strengthening counseling skills, and organizing and conducting information and education sessions for young people. The manual also covers counseling on issues as teen pregnancy, HIV/AIDS, and sexual harassment, as well as life skills, distributing non-prescriptive contraceptives and conducting referrals. The UMATI curriculum is presented in a chart format, which includes factual information on the topics covered in the training. Suggested activities, detailed guidelines for the facilitator and a list of supplementary resource materials. In 1995, UMATI developed a six-week TOT curriculum to accompany the peer educators training guide.

Mwongozo wa Kufundishia Waelimishaji Rika was developed by UNICEF in 2001. Providing information on adolescent development and ASRH, this manual identifies risks such as peer pressure, substance abuse, early pregnancy, and sexual harassment. In discussing these topics, the manual provides practical training in life skills, such as decision making and assertiveness in the context of overcoming peer pressure. The training sessions include lists of general and specific objectives, duration, some background information, and a list of additional resource materials. Aimed at experienced trainers with a background in adolescent sexuality, this manual does not include information on facilitation and counseling skills.

### Table 6: Training Peer Educators – Out-of-School

<table>
<thead>
<tr>
<th>Title</th>
<th>Ministry/Org.</th>
<th>Date</th>
<th>Language</th>
<th>Length of Training</th>
<th>User</th>
<th>Target Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Curriculum for Youth Peer Counsellors on ASRH</td>
<td>UMATI</td>
<td>1993, 1999</td>
<td>English</td>
<td>Fourteen days</td>
<td>UMATI Trainers</td>
<td>Out-of-School peer educators</td>
</tr>
<tr>
<td>Mwongozo wa Kufundishia Waelimishaji Rika</td>
<td>UNICEF</td>
<td>2001</td>
<td>Kiswahili</td>
<td>One month</td>
<td>Trainers trained in adol. Sexuality</td>
<td>Out-of-school peer educators</td>
</tr>
</tbody>
</table>

**Parents** – Only one set of materials for training parents on adolescent sexual and reproductive health was identified. Developed by AMREF, this set includes a TOT manual, Muhtasari wa Mawasiliano ya Mzazi na Mtoto kwa Waelimishaji Rika wa Wazazi. Almost identical in content and methodology, both materials provide an in-depth
look at parent-child communication with an emphasis on communicating about sexuality and reproductive health. The materials cover communicating with children of different ages and identifying ASRH issues that are most important to adolescents. The materials provide detailed information to assist facilitators in leading suggested activities.

Table 7: Training of Parents

<table>
<thead>
<tr>
<th>Title</th>
<th>Ministry/Org.</th>
<th>Date</th>
<th>Language</th>
<th>Length of Training</th>
<th>User</th>
<th>Target Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muhtasari wa Mawasiliano ya Mzazi na Mtoto kwa Waelimishaji Rika wa Wazazi</td>
<td>AMREF</td>
<td>2000</td>
<td>Kiswahili</td>
<td>Five days</td>
<td>AMREF staff</td>
<td>Parents</td>
</tr>
<tr>
<td>Makala ya Mzazi Kufundishia Wazazi</td>
<td>AMREF</td>
<td>2000</td>
<td>Kiswahili</td>
<td>Not specified</td>
<td>Parents trained in peer education</td>
<td>Parents</td>
</tr>
</tbody>
</table>

**Others** – The Assessment identified a set of materials, the *MEUSTA Training Manual and Appendix*, which was designed for training a range different target audiences that are working together on ASRH in Tanga Region. Developed through the Mpango wa Elimu ya UKIMWI Shuleni Tanga (MEUSTA) project, this set is being used to train resource and training teams. The manual provides information on ASRH, including HIV/AIDS; parent-child communication; teacher-student communication; and planning, implementing, and evaluating ASRH programmes. It outlines eight separate training sessions – one for each of MEUSTA’s eight resource and programme teams: the Regional Team (RRT); the District Resource Team (DRT); the Ward Resource Team (WRT); the AIDS Education Programme; the Community Mobilization Programme; the School Health Programme; the MEUSTA Club; and the More Intelligent School Child Programme. Divided into topic areas with clear objectives, the manual suggests teaching methodologies and materials. An appendix provides background information on all topics and suggests activities and questions for discussion.

*Mwongozo wa Kutayarisha Wawezeshaji wa Ushauri Rika Afya ya Uzazi “MAYAZI” na VVu/UKIMWI*, was developed for Mradi wa Afya ya Familia Mbeya by Ubora wa Afya kwa Familia Duniani, for training district level adolescent training teams. The manual includes a through overview of ASRH issues – such as puberty and STIs/HIV/AIDS – and detailed information on how to implement community-based peer education programs.

**Facilitation Guides and Educational Resources**

The Assessment uncovered a wealth of resource materials for those leading educational sessions with young people. As described below, some of these materials are specifically designed for use in school-based programmes at primary, secondary and university
levels, whereas other materials are designed for use with either in or out of school youth of various ages and with other target audiences, such as parents, teachers, etc.

**Education/Facilitation Guides for In-School Programmes** – The six materials discussed in this section are designed for use by adult facilitators who lead educational sessions with young people in school settings.

As part of their HIV/AIDS education project, Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) conducts two day education sessions in primary schools. These facilitators use three manuals to lead HIV/AIDS education sessions with adolescents. The first, *Curriculum for the Group 6-9*, opens with a discussion of body awareness before introducing the topics of STIs and HIV/AIDS. This is followed by an overview of risky situations, such as walking home alone at night, and how to avoid such situations. The subsequent manual, *Curriculum for Age Group 10 – 12*, builds on the previous manual by introducing information on the consequences of early sexual activity, and how to overcome peer pressure to engage in sexual intercourse. The manual also addresses substance abuse and rape. The third manual in the series, developed for students 13 years or older, provides an overview of information addressed in earlier manuals while introducing the topics of contraception, life goals, relationships, and communication.

The CCBRT manuals are presented in a chart format. They include a minimal amount of background information on the topics covered, along with an outline of training methods, a list of supplemental resources and tips for evaluation. The training methodology includes innovative activities that make energetic and captivating use of drama, poetry, song and dance, song entertainment to convey sexual and reproductive health information to young people.

Mpango wa Elimu na Maadli ya Afya (MEMA) has developed two materials, Mema kwa Viana, Mwak wa 1 (1998) and an updated version, Mema kwa Vijana, Mwaka wa 2 (1999) as part of the same HIV/AIDS education intervention that produced Mema kwa Vijana: Elimu na Maadili ya Afya kwa Shule za Msingi. (See Section 3.3, Training of Primary School Peer Educators) created for teachers to use in leading sessions with primary school students, the materials focus primarily on HIV/AIDS and the consequences of early pregnancy.
Table 8: Education/Facilitation Guides for In-school Programmes

<table>
<thead>
<tr>
<th>Title</th>
<th>Ministry/Org.</th>
<th>Date</th>
<th>Language</th>
<th>Length of Training</th>
<th>User</th>
<th>Target Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum for Age Group 6-9, Two-day HIV/AIDS School Education Programme</td>
<td>CCBRT</td>
<td>2001</td>
<td>Kiswahili</td>
<td>Two days</td>
<td>Trained facilitator</td>
<td>Primary school students, age 6-9</td>
</tr>
<tr>
<td>Curriculum for Age Group 10-12, Two-day HIV/AIDS School Education Programme</td>
<td>CCBRT</td>
<td>2001</td>
<td>Kiswahili</td>
<td>Two days</td>
<td>Trained Facilitator</td>
<td>Primary school students, age 10-12</td>
</tr>
<tr>
<td>Curriculum for Age Group 13+, Two-day HIV/AIDS School Education Programme</td>
<td>CCBRT</td>
<td>2001</td>
<td>Kiswahili</td>
<td>Two days</td>
<td>Trained facilitator</td>
<td>Primary school students, age 13+</td>
</tr>
<tr>
<td>Mema kwa Vijana, Mwaka wa 1</td>
<td>MEMA</td>
<td>1998</td>
<td>Kiswahili</td>
<td>One year</td>
<td>Teacher training in facilitation</td>
<td>Primary school students</td>
</tr>
<tr>
<td>Mema kwa Vijana, Mwaka wa 2</td>
<td>MEMA</td>
<td>1999</td>
<td>Kiswahili</td>
<td>One year</td>
<td>Teacher training in facilitation</td>
<td>Primary school students</td>
</tr>
<tr>
<td>Elimu ya Uzazi na Magonjwa ya Zinaa mafunzo ya Walimu wa Walimu Shule za Msingi Lindi</td>
<td>REPRO/GTZ</td>
<td>2001</td>
<td>Kiswahili</td>
<td>Five days</td>
<td>Trainer</td>
<td>Teacher</td>
</tr>
</tbody>
</table>

**Family Life Education Resources** – The population and Family Life Education Programme is currently being integrated into primary and secondary school curricula, with the aim of equipping youth with information, knowledge and skills related to sexual and reproductive health and promoting positive changes in attitudes, behaviours and practices. As part of this programme, the Institute of Education in providing training to master trainers and teachers, and has designed and developed curricula on sexual and reproductive health for primary and secondary school students. For example, in the primary school curriculum, FLE will be integrated into courses on science, social science and livelihood skills; in the secondary school curriculum, FLE content is being integrated into biology, geography, civics and home economics courses. The FLE programme is being implemented in secondary schools in several regions, but at the primary school level, implementation has not yet begun.
All syllabi for the primary and secondary school courses that include components of FLE have the same layout and training structure. Each syllabus includes a table of contents and a preamble, which describes the aims and objectives of the syllabus and provides a rationale for the selection and organization of the syllabus content. Teaching notes provide instructions on student topics, objectives, teaching/learning strategies and required teaching materials, however it does not provide background information on topics that should be covered or suggestions for activities. Some course syllabi are incomplete, vague or unclear, rendering the quality of the course completely dependent on the competency of the teacher and availability of additional resource documents.

A content analysis of the FLE syllabi for secondary schools revealed that students will receive complementary ASRH and life skills information in Forms I-IV, but sexual and reproductive health topics are covered most comprehensively in Biology, form III. This class addresses ASRH issues such as sexuality, the reproductive system, contraception and maternal and child care. In Civics, Form III students discuss the relationship between women’s role in society and the economy. This course also provides information on laws and policies relating to reproduction and reproductive health services.

**Syllabi, Student Handbooks and Teacher Guides for Primary School HIV/AIDS Education** – As noted in Section 1.5, the Ministry of Education and Culture issued guidelines for STI/HIC/AIDS prevention education in 1996 and began developing instructional materials for teachers and students. These resources include syllabi, student handbooks, and teacher guides.

STI/HIV/AIDS prevention education has been integrated into instruction on Science for each primary school level. In general, the syllabi provide only an outline of what should be covered in course work, with little background information on ASRH. The syllabi simply note what students should be taught in each topic and sub-topic area. For example, the Standard I syllabus states that students should be taught how to draw the structure of the body as well as to identify and state the function of the outer parts of the body. The syllabus for Standard V notes that information on STIs and HIV/AIDS symptoms and prevention should be included in the course. The Standard VI syllabus notes that information on puberty, pregnancy, the reproductive system, and the function of the outer parts of the body. The syllabus for Standard V notes that information on STIs and HIV/AIDS symptoms and prevention should be included in the course. The Standard VI syllabus notes that information on puberty, pregnancy, the reproductive system and the development of the embryo should be included in course work. In places, this particular syllabus is vague, suggesting, for example, that students be taught “courageous behaviour” to combat equally problematic, stating that teachers should instruct students about the importance of contraception and the effects of contraceptive pills, medicines and “gadgets”.

To complement the course syllabi, there are teacher handbooks, which outline lesson activities and discussion questions and answers. In addition, student handbooks were developed, which contain activities for students to complete. Neither the teacher guides nor the student handbooks provide detailed information on the topics covered, and some
of the information provided is surprising. For example, both the teacher guides and student handbooks instruct that contraception causes infertility, promiscuity and prostitution. The materials also suggest that UMATI is the sole provider of reproductive health services. Noticeably absent is any mention of the primary health care system or the suggestion that students explore their local health delivery point. The quality of the course work therefore depends solely on the competency of the teacher and the availability of additional resource documents.

**Facilitation/Education Guides for Higher Learning** – The Assessment identified only on educational resources for students in institutions of higher learning, *Life Planning Skills: An Orientation Package for Institutions of Higher learning*. Produced by Pathfinder International, in collaboration with Egerton University, Kenyatta University and the University of Dar es Salaam, the manual is designed for use by peer educators or university staff with first year university students, aged 16-24. An in-depth introduction to the guide is followed by an overview of campus life. Subsequent chapters address practical issues such as the management of time and values, relationships and communication. The manual outlines an eight-day programme and uses participatory methodologies, such as role play and discussion. Each of the eight modules includes unit overview; a list of handouts; all materials needed; and guidelines on preparation for the educational session. The units include detailed content information, instructions for the facilitators and a timetable.

**Facilitation/Education Guides for In- and Out-of- School Youth and Other Target Audiences** – Six of the resource materials identified in Tanzania and internationally are designed for use by various types of facilitators (i.e. teachers, peer educators, youth counselor, etc) and with different target audiences (i.e. in and out of school youth of various ages, parents etc). Designed to serve as the basis of multi-session educational programmes, these materials include:

- **Mradi wa Stadi za Maisha** (2001) – Developed by AMREF, this education/facilitation guide covers a variety of ASRH topics and focuses primarily on life skills, such as coping with stress, creative thinking, and analytical thinking. The manual outlines a variety of skills building activities such as role plays, values clarification exercises and discussions. The guide was developed for use with out of school youth, but the exercises and activities are appropriate for use with in school adolescent as well.

- **Elimu ya Maisha ya Familia kwa Vijana** (2000) – Developed by the Tanzania Red cross, this resource provides information on topics not typically addressed in ASRH education, such as the effects of migration to urban settings on young people. It also provides information on STIs and HIV/AIDS, human growth and development and the family. Designed primarily for use with older adolescents, the manual covers maternal delivery complications, choosing a spouse, marriage and responsible parenthood. The manual also outlines lectures and participatory activities.

- **Kkongozi cha Mkufunzi** (1988) – Developed by EMAU for its own facilitators, this guide outlines educational activities on ASRH related issues such as puberty,
pregnancy and substance abuse, as well as some topics not covered in other resource materials, such as dowry, remaining single, polygamy and extra-marital affairs. The guide outlines very clear steps for the facilitator in preparing and evaluating lessons, and planning and carrying out activities, however, as it is designed for facilitators who are familiar with ASRH, it does not provide extensive background information on various topics. Instead, it provides reference to additional resources for each session.

- **Life Planning Skills: A Curriculum for Young People in Africa** (1996) – This PATH education/facilitation guide provides detailed information on puberty, pregnancy prevention, STIs and HIV/AIDS. It also includes a full chapter on human sexuality, which addresses feelings, fears and frustrations, sexual abuse, family violence and rape. Other chapters discuss values, gender roles, equity, relationships, planning for the future, parenting, harmful traditional practices, substance abuse and advocacy. The manual also provides a detailed overview of training and facilitation techniques, as well as tips for organizing a workshop.

- **Stepping Out** (1999) and **Sogea Karibu** (2001) – Developed by Family Care International and its Tanzanian field office, Ubora wa Afya kwa Familia Duniani, these resources are a video series with an accompanying discussion guide. Available in English and Kiswahili, the video and discussion guide are resources for leading a six-session educational programme with young people on various sexual and reproductive health topics: development and reproduction; self-esteem and goal setting; communication and relationships; unwanted sexual activity consequences of unprotected sex; and values and tolerance. The discussion guide provides detailed instructions for leading 1-2 hour participatory sessions on each video module, and includes background information on various topics and practical tips on planning, organizing and leading sessions with young people. An appendix offers suggestions for using the set with other audiences, such as teachers and parents.

- **Choose a Future** (1996) – Developed by CEDPA, this education guide outlines activities for leading sessions with girls and young women. Covering issues such as self-image, self-esteem and the role and status of women, the activities outlined in the guide are designed to with male and female peers. Although the focus of this resource is not ASRH, it provides information on puberty, reproduction, contraceptive options, STIs/HIV/AIDS, sexual abuse and traditional practices. The guide also provides background information on facilitation skills and detailed instructions for leading each activity.

- **Family Life Education: A Curriculum for Youth Trainers** (Publication date not available) – Developed on ASRH, women in development, population, drug abuse, and communication. This comprehensive manual was created for peer educators to use when working with out of school youth aged 13-24.

**Content Analysis**

This section provides an overview of the content of available materials by topic area – adolescence; reproductive development; contraception: abortion; human sexuality; gender; love and relationships; violence; STI/STDs and HIV/AIDS; life skills; counseling
and facilitation skills; and relevant social issues such as substance abuse. Included in this analysis are only those resources that provide the most comprehensive coverage of each topic area, rather than all the materials that address the topic.

The information in this section is intended to assist the national curriculum development process once priorities for curricula development for various target audiences have been identified. Many existing materials can serve as excellent resources on various topics, and existing content can be used and adapted. Annex 2 also provides a list of the curricula and resources that provide most comprehensive coverage of each topic.

**Adolescence** – Twenty one of the nationally developed materials define the term adolescence and provide a rationale for focusing on adolescent sexual and reproductive health. The majority of these materials address the characteristics and special needs of young people, and the barriers they face in seeking/receiving SHE information and services. UMATI's *Training for Primary School Teachers in ASRH Counselling and Guidance, Unit 2, Adolescence* provides an excellent overview of the physical, physiological and psychosocial changes in adolescence; the relationship of these changes to adolescent behaviour, needs and health; and the factors that influence adolescent bahaviour. Pathfinder International's *Comprehensive Reproductive and Family Planning Training Curriculum, Part 1, Adolescent Reproductive health, Training Guideline, Module 16* also provides a good overview of adolescent behaviour and needs, using a youth perspective to sensitize service providers to the barriers that young people face in receiving information and services.

**Adolescent Reproductive Development** – The majority of the materials identified provide information on the male and female body, the reproductive system and the biological and social changes that accompany puberty, but a few materials – MOEC’s *Kinga Elimu ya Afya kwa ajili ya kujikinga na UKIMWI na Magonjwa ya Zinaa: Kiongozi cha Mwezeshaji* and UAFD’s *Sogea Karibu* – provide particularly good information on these topics. In addition, several of the materials identified – Tanzania Red Cross’ *Elimu ya Maisha ya Familia kwa Vijana; CCBRT’s Curriculum for Age Group 12+* and Pathfinder International’s *Comprehensive Reproductive and Family Planning Training Curriculum, Part 1, Adolescent Reproductive Health, Training Guideline, Module 16* provide information on pregnancy – the special needs of pregnancy; how to care for a pregnant girl; how to assist a girl during and warning signs for complications.

**Contraception** – The majority of the materials collected discuss the harmful effects of early pregnancy and the risks associated with early, unprotected sexual activity. Fifteen materials recommend abstinence as the most effective means of preventing pregnancy, but only a few materials recommend abstinence without addressing contraception. A total of 24 materials discuss various contraceptive options, but the level of detail varies significantly. *Elimu ya Maisha ya Familia kwa Vijana*, developed by the Tanzania Red Cross Society, provides some information on traditional methods for preventing or spacing births ans explores why these methods are not recommended. MOEC’s *Kinga Elimu ya Afya kwa ajili ya kujikinga na UKIMWI na Magonjwa ya Zinaa: Kiongozi cha Mwezeshaji*, provides detailed information on modern contraceptive methods, as do materials developed international by Pathfinder International, PATH and the Zimbabwe
National Family Planning council, which provide detailed information on methods of modern contraception, including how contraceptives work, their rate of effectiveness and where they can be obtained.

Four materials include information on emergency contraception, including Pathfinder’s Life Planning Skills, which mentions emergency contraception as a means of preventing pregnancy, and the MOH’s Integrated R/CH Clinical Skills Curriculum, which outlines information for service provider’s information on providing emergency contraception to rape victims.

**Abortion** – Twelve of the materials mention abortion, though the majority of nationally available materials cite it only in the context of risks related to early sexual activity. Pathfinder International’s *Life Planning Skills* discusses the high rate of maternal deaths due to incomplete abortions and offers a forum for discussing abortion. In addition, WHO’s counseling Skills Training includes training for counselors on the special needs of youths who are faced with unwanted pregnancy.

**Human Sexuality** – Only a small number of nationally-available materials and less than half of the internationally-available materials discuss sexual behaviour, sexual desire or sexuality. An even smaller number address making and communicating decisions, about sex and sexuality. One of the few materials covering these topics is Pathfinder International’s *Life Planning Skills*.

The MOH’s Intergrated R/CH Clinical skills Curriculum, developed to train health care providers, are one of the few materials to suggest alternatives to penetrative sex. In addition, the Zimbabwe Youth Reproductive Health and Counselling: A Trainer’s Manual, developed by the Zimbabwe National Family Planning Council, provides a detailed analysis of human sexuality, exploring such topics as sexism, sensuality, pleasure, touch, attraction, intimacy and emotional risk-taking. It is also one of the few materials to address sexual orientation. Finally, only one material, *Elimu ya Malezi ya Ujana*, developed by EMAU, discusses polygamy in the context of sexuality.

**Gender** – About half of the materials identified address the topic of gender, and eighteen of the materials provide information on how gender influences the expectations of family and community, as well as the role of girls and boys in society. The content and depth of coverage varies greatly, however, with some materials merely providing a simple definition and others offering detailed analysis. Among the more detailed materials, UMATI’s *Training Curriculum for Youth Peer Counsellors* provides a useful distinction between “gender” and “sex” it addresses gender concerns, such as gender equity, and discusses the effects of gender on ASRH. The MOEC’s *Family Life Education Curriculum* also addresses gender inequity, economic discrimination against women and the role of men in improving women’s reproductive health.

In discussing gender, many of materials also address the topic of human rights. For example while addressing gender, the MOEC *Family Life Education Curriculum for youth peer Counsellors on ASRH,* discusses sexual and reproductive health rights and
clearly outlines the relevant laws in Tanzania, including adolescents’ right to contraceptive information and services. Three materials – *Kinga Elimu ya Afya kwa ajili ya kujikinga na UKIMWI na Magonjwa ya Zinaa: Kongozi cha Mwelimishaji Rika* developed by MOEC; PATH’s *Life Planning Skills*; and CEDPA’s *Coose a Future!* – provide information on conducting advocacy for adolescent rights.

**Love and relationships** – Very few of the materials discuss relationships with peers, parents, spouses or sexual partners. Only one of the nationally-available materials – *Mwongozo wa kufundishia Waelimishaji Rika* developed by UNICEF – explores “love” and does so in the context of communication. Three materials developed internationally address love. For example, *Stepping Out/soge Karibu*, developed by Family Care International/Ubora wa Afya kwa Familia Duniani, includes a module entitled “What Do You Mean by Love?” that examines love, interpersonal communication and relationships, including peer relationships, romantic relationships and relationships with parents.

Most of the materials that discuss the importance of peer relationships for adolescents focus solely on coping with peer pressure. Less than half of the materials discuss relationships between adolescents and parents and other involved adults. Four materials cover parent-child communication and among these, AMREF’s *Muhutasari wa Mawasiliano ya Mzazi na Mtoto kwa Waelimishaji Rika wa Wazazi* and *Makala ya Mzazi Kufundishia Wazazi*, offer particularly helpful suggestions on how parents can improve communication on sexual and reproductive health with their children.

**Violence** – Very few of the identified materials discuss violence or examine a broad range of abusive behaviours. Only five materials provide information on physical, emotional and sexual abuse, sexual harassment and rape. Three materials provide information on involuntary prostitution, and seven materials discuss female genital mutilation (FGM). While some materials simply list abusive behaviours as a necessary topic for discussion, a few are specific and detailed. For example, UMATTI’s *Training Curriculum for Youth Peer Counsellors* and CCBRT’s *Curriculum for age group 12+* provide practical information on what to do after a rape. Pathfinder International’s *Comprehensive Reproductive and Family Planning Training Curriculum, Part 1, Adolescent Reproductive health, Training Guideline, Module 16*, provides information on counseling an abuse victim.

In addressing violence, seven of the materials discuss FGM, a traditional practice that compromises the reproductive health of young women. Interestingly, none of the materials identified by this Assessment discusses traditional practices that encourage the development of healthy sexual behaviours.

**Sexually Transmitted Infections** – The majority of training materials identified provide information on STIs, though the depth of coverage varies greatly. Almost materials identified provide information on STIs, though the depth of coverage varies greatly. Almost all materials that address STIs provide a definition and descriptions of various STIs. Only a few materials provide detailed information on the symptoms and methods of treatment of each infection. For example, *Zimbabwe Youth Reproductive health and Counselling*, developed by the Zimbabwe National Family Planning Council, covers all
STIs and includes information on the signs and symptoms in both men and women, the long-term effects if left treated and methods of treatment. This manual also stresses the need for preventive care, including regular Pap smears for individuals that are at a high risk for cervical cancer.

**HIV/AIDS** – The overwhelming majority of materials provide information on HIV/AIDS, most of them defining the disease and discussing the symptoms, modes of transmission and prevention. A few materials explore the disease more broadly. MOHs *Integrated R/CH Curricula* provides detailed information on the progression of HIV to AIDS and the clinical stages of HIV/AIDS. MOEC’s *Kinga Elimu ya Afya kwa ajili ya kujikinga na UKIMWI na Magonjwa ya Zinaa: Kongozi cha Mwezeshaji* provides an overview of the development of the disease and its effect on the immune system, as well as an analysis of the effects of HIV/AIDS on family and community.

Only a few materials – REPRO/GTZ’s *Guide to peer education on HIV/AIDS/STDs and Reproductive Health in Primary Schools, Standard V-VII*; and MOEC’s *Kinga Elimu ya Afya kwa ajili ya Kujikinga na UKIMWI na Magonjwa ya Zinaa: Kiongozi cha Mwezeshaji* – provide basic information on caring for a person infected with HIV/AIDS. Several of the materials correct the myths surrounding STIsHIV/AIDS, but very few, such as PATH’s *Life Planning Skills*, provide training on the development of tolerance and compassion for HIV/AIDS – infected individuals. Only one material, *makala ya Kufundishia Washauri Msingi katika Jamii*, developed by AMREF, discussed the stress of losing one or both parents to AIDS.

With regard to prevention strategies, the majority of materials advocate condom use. Some materials merely recommend condoms as one mode of prevention, while others provide detailed information on proper condom use, condom effectiveness rates and where to get a condom. The MOEc’s *Kinga Elimu ya Afya kwa ajili ya Kujikinga na UKIMWI na Magonjwa ya Zinaa: Kiongozi cha Mwezeshaji* provides detailed information and diagrams of both the male and female condoms, as well as information on obtaining them.

**Life Skills** – The most recently-developed materials include information on the importance and means of building life skills. The skills most commonly addressed are communication, negotiating condom use, assertiveness, self-esteem and self-worth. AMREF’s *Muhutasari wa Stadi za Maisha kwa Wavezeshaji wa Waelimishaji Rika*, which focuses solely on the development of life skills, also discusses coping with stress, creative and analytical thinking and empathy. *Makala ya Kufundishia Washauri Msingi katika Jamii*, also developed by AMREF, includes an annex that addresses the importance and benefits of life skills. Family Care International’s *Stepping Out/Sogea karibu* also place considerable emphasis on life skills, using a role plays, group exercises and discussions to build skills in decision-making, life planning, communicating with parents and negotiating about sexual activity.

In addition, several of the materials provide information on parenting. The depth of coverage of parenting varies greatly. For example, the MOEC *Family Life Education*
Curriculum briefly discusses the practices and behaviours described as “responsible” and “irresponsible” parenthood. Other materials such as Curriculum for Trainers of Adolescent Peer Educators developed by UMATI, Elimu ya Maisha ya Familia kwa Vijana, developed by the Tanzania Red Cross Society, Life Planning Skills, developed by PATH, and CEDPA’s Choose a Future! Devote entire chapters to responsible parenting.

**Counselling skills** – An overwhelming majority of the training materials provide some information on counseling skills. *The Training of Trainers Manual: Counsellor training*, developed by IRC, focuses solely on counseling, with a through overview of the responsibilities of a counselor and counseling techniques. AMREF’s *Makala ya Kufundishia Wahsauri msingi katika jamii* has an annex on counseling skills, including counseling ethics, difficult moments in counseling, the characteristics of a good counselor and counseling referral services. *Zimbabwe Youth Reproductive Health and Counselling*, developed by the Zimbabwe National Family Planning Council, devotes ten chapters to building interpersonal communication skills, and includes additional chapters on counsellor values, attitudes and perceptions, moral values and communicating about sexuality.

**Facilitation Skills** – The majority of the training materials identified provide information on facilitation skills building. *Elimu ya Uzazi na Magonjwa ya Zinaa Mafunzo ya Walimu Shule za Msingi Lindi*, developed by REPRO/GTZ, devotes three lessons to facilitation skills training to help primary school teachers gain experience and confidence in discussing sex and sexuality with students. MOEC’s *Family Life Education, Part Two: Facilitation* developed for secondary school teachers, is an 11 day training that encompasses teaching methodologies, facilitation techniques, lesson planning and hands-on classroom training.

The majority of the materials that provide information on substance abuse have been developed for use with young people through in school programmes. CCBRT’s *Curriculum for age group 10-12 and Curriculum for age group 12+* discuss how drug abuse negatively affects life goals and relationships. Two international developed materials, *Life Planning Skills*, developed by PATH, and *Zimbabwe Youth Reproductive Health and Counselling: A Trainers Manual* developed by Zimbabwe National Family Planning Council, also include chapters on substance abuse. In addition, UNICEF’s peer educator training manual, *Mwongozo wa Kufundishia Waelimishaji Rika*, provides extensive information on drug abuse, listing substances that are frequently abused by young people, exploring the reasons why young people abuse drugs, examining the consequences of substance abuse, providing tips on how to counsel someone who is abusing drugs, and offering practical suggestions for overcoming drug abuse.
4. Priorities and Recommendations

4.1 Introduction

As noted earlier, Ubora wa Afya kwa Familia Duniani conducted this Assessment and Review of training materials on adolescent sexual and reproductive health in Tanzania to assist the Reproductive and Child health Section in determining priorities for future interventions in this area.

The assessment revealed that an increasing number of organizations have started to address adolescent sexual and reproductive health issues in Tanzania, and an unexpectedly high number of training materials were identified. Several comprehensive training manuals were identified, but many of the materials were found to be incomplete and limited in scope and content. Large differences in content and quality reconfirmed the need for the development of standardized national ASRH curricula. These new curricula should be based on existing resources, adapting, expanding and combining their content. Developing these new curricula will require a structured approach and a coordinated effort by all stakeholders concerned.

Based on the review of available materials, several cross-cutting issues, which should be taken into consideration in the development of new ASRH curricula, were identified. These include:

- **Language of Training Materials**: The Assessment identified 18 training materials in Kiswahili and 24 in English. In view of the sensitivities surrounding adolescent reproductive health issues, as well as the fact that many Tanzanian adolescents and those working with adolescents are most comfortable expressing themselves in Kiswahili, it is highly recommended that training materials on ASRH be developed in Kiswahili to ensure that beneficiaries can participate fully and benefit from the content. It is particularly important that educational and facilitation guides that are used with young people be developed in Kiswahili because interactive training methods, such as group discussions, role plays and skills-building exercises, which are essential for enabling young people to develop decision-making, interpersonal communication, and negotiation skills, require that adolescents can fully participate.

As many organizations are independently developing materials in Kiswahili, there is considerable variation in the way reproductive health terms and related concepts are translated. For example, many materials use the words “upendo” and “mapenzi” interchangeably to refer to “love”, even though the two words have different meanings and implications. To avoid misrepresentation and miscommunication of ASRH information, it is recommended that a glossary of standard terminology and phraseology be developed for individuals working in ASRH. This glossary can then be included in all national training curricula. A
sample glossary form *Sogea Karibu*, developed by Ubora wa Afya kwa Familia Duniani is attached in Annex 3.

➢ **Depth of Topic Coverage:** As mentioned above, it was found that the training materials vary greatly in the topics they address and the depth of their coverage. While some are very detailed and comprehensive, others provide only an outline or list of topics that should be covered. Annex 2 provides a list of key topics addressed, and for each topic, materials that provide the most comprehensive coverage and which can be used as resource documents for the new curricula are listed. While many topics were addressed in most of the curricula, there are several emerging and important issues that were noticeably absent in the overwhelming majority of available materials. These topics include:
  - Traditional and tribal systems and mechanisms for ASRH education;
  - Living positively with HIV/AIDS;
  - Sexual pleasure;
  - Sexual orientation;
  - Alternatives to penetrative sex;
  - Other health issues such as stress, depression and peer pressure
  - Negotiation skills e.g. negotiating condom use;
  - Adolescent rights and sexual and reproductive rights and
  - Coping with grief after the death of one or both parents from HIV/AIDS

➢ **Age of Target Audience:** The majority of materials reviewed in this Assessment address adolescents as one group, covering an age range from 12-24. Research has shown, however, that the developmental and health issues faced by adolescents vary greatly according to age. For example, a 12 year old girl who is just starting to menstruate is likely to have different reproductive health needs than an 18 year old girl. It is therefore recommended that all training materials acknowledge and address the different information and service needs of younger and older adolescents, and include age specific information as well as age specific facilitation methodologies. Since recent studies reveal that Tanzanian adolescents are engaging in sexual intercourse at increasingly earlier ages, it is recommended that age appropriate in and out of school training programmes be developed for children under 10.

➢ **Criteria for Selection of Facilitators:** The majority of training materials identified in the Assessment do not recommend qualifications or selection criteria for facilitators. This is in part due to the fact that many organizations designed the materials for use by their own staff. UMATI manuals are designed for use by individuals already trained by UMATI in facilitation skills. Since the national curricula will be used by a range of organizations with different facilitators and target audiences, it is strongly recommended that training curricula specify the criteria for the selection of trainers/facilitators and standardize required facilitation skills.

The next sections of this chapter provide specific priorities and recommendations for the adaptation and development of several national training curricula. Since the needs for adolescent sexual and reproductive health interventions are quite varied, and different
target audiences require specific approaches, no one ministry or agency will be able to reach out to all target groups and develop all training materials needed. While individual ministries should take the lead in the curriculum development process, it is recommended that an inclusive approach be used, involving all key stakeholders, particularly reproductive health NGOs with experience in ASRH curriculum development.

Section 4.2 addresses training materials to be developed for health care service providers, for which the Ministry of Health – in particular the RCHS – is the lead agency. Section 4.3 addresses training materials to be developed for use by peer educators, for which it is anticipated that the Ministry of Health will again be the lead agency. Section 4.4 describes curricula and teaching aids to be revised and developed for use in schools and institutes of learning; the Ministry of Education and Culture is the lead agency in this effort.

4.2 Training of Health Care Service Providers

This section outlines priorities and recommendations for the development of an in-service training curriculum for service providers – including a training of trainers’ module – which could also be used to train outreach workers, lay counselors and Community Owned Resource Persons (CORPS). Upon finalization, the in-service curriculum should also be integrated into pre-service training programmes, so that new graduates will be conversant in ASRH upon completion of basic training. It is recommended that the curriculum for service providers consist of three modules:

1. Adolescent sexual and reproductive health and life skills
2. Counselling adolescents on sexual and reproductive health
3. Providing sexual and reproductive health services to adolescents.

The modules should be designed in such a way that they can be used jointly as well as separately, so as to ensure that the curriculum can be used to train several target audiences. For example, modules 1 and 2 of the manual can be used to train outreach workers and CORPS, whose tasks are limited to providing information and counseling. All three sessions will be used to train service providers. It is further recommended that Module 1 also serve as a basis for developing the content of the peer educators’ curriculum – described in the next section – so that the overall content of the materials is similar, but adapted for the level and needs of the specific target audiences. Since this curriculum will serve as a basis for others, it should be the first priority for development.

The Assessment identified three international and one national training curriculum to train service providers. Of these four manuals, *Comprehensive Reproductive and Family Planning Training Curriculum, Module 16* developed by Pathfinder International, and *Self-directed Learning client Provider Interaction and Adolescent Reproductive Health Initiative*, developed by the Ghana Registered Midwives Association and INTRAH, are the most comprehensive in topic coverage, depth of content, methodologies and ease of use. It is recommended that the Pathfinder International curriculum be used as a basis for the national curriculum in Tanzania, and that its content be supplemented with elements form the manual developed by the Ghana Registered Midwives/INTRAH as well as

The content of the Pathfinder curriculum will need to be adapted for the Tanzanian context, as well as translated in Kiswahili. It is important to note that the Pathfinder curriculum was designed to train service providers working in stand-alone youth clinics. Most health workers in Tanzania provide reproductive health services to young people in facilities that serve the entire community. The training should therefore provide suggestions on how to make these facilities more “youth-friendly”.

Neither postabortion care (PAC) nor emergency contraception (EC) services are addressed in the Pathfinder curriculum. Because PAC and EC are important components of adolescent health services, sections from Self-directed Learning: Client Provider Interaction and ASRH Initiative that address PAC and EC could be integrated into the new curriculum. In addition, sections form counseling Skills Training, developed by the World Health Organization, that provide training in counseling adolescents on abortion-related issues could be included. To further strengthen the counseling section of the Pathfinder curriculum, there are also several nationally developed curricula to draw upon:

- Training Curriculum for Youth Peer Counsellors on ASRH, developed by UMATI includes relevant information on counseling adolescents on contraceptive options, distributing non-prescriptive methods of contraception, and managing referrals; and
- Makala ya Kufundishia Washauri Msingi katika Jamii, developed by AMREF, includes additional information on communicating with adolescents.

As mentioned in Section 3.2, the School Health Services Programme, developed by the MOH provides basic health care to students in primary schools. The current School Health Services Programme Guide does not address sexual and reproductive health. It is therefore recommended that once the new ASRH curriculum for service providers is available, health workers in the School Health Services Programme also be trained.

Lastly, none of the materials identified in this Assessment prepare service providers and outreach workers for using social marketing or community-based distribution strategies to expand adolescents’ access to contraceptives. As the new National Adolescent Health and Development Strategy emphasize social marketing, it should be included in the training curriculum for service providers and outreach workers.

4.3 Training of Peer Educators

This section describes the priorities and recommendations for the adaptation and development of training materials for peer educators. As with the training curriculum for service providers, it is recommended that a comprehensive training manual with several modules that could be used together or separately be developed to facilitate training of various types of peer educators (i.e. in-and out-of-school, etc). The peer educator manual should be accompanied by a TOT guide that emphasizes creative and interactive
facilitation skills that have proven to be effective in working with adolescents. Key modules for such a curriculum include:

1. Adolescent sexual and reproductive health, including life skills;
2. Group facilitation skills for peer educators;
3. Working as a peer educator in schools;
4. Working as a peer educator with out of school youth;
5. Working as a peer educator with parents and other adults

The content for Module 1 and 2 of the peer educator’s curriculum can be derived from Module 1 and 2 of the training curriculum for service providers, but should be simplified and adapted for use by peer educators.

The Assessment identified four materials that are being used to train—in-school peer educators and which could serve as a basis for Modules 3. Of these, *Kinga Elimu ya Afya kwa ajili ya kujikinga na UKIMWI na Magonjwa ya Zinaa: Kiongozi cha Mwezeshaji*, developed by MOEC, provides the most thorough information on ASRH, the development of life skills, facilitation skills and counseling skills. The manual includes in-depth content information as well as complete instructions and notes for the facilitator. Other materials that can be used for the development of this module include:

- *Kinga Elimu ya Afya kwa ajili ya Kujikinga na UKIMWI na Magonjwa ya Zinaa: Kiongozi cha Mwelimishaji Rika*, also developed by MOEC.
- *Curriculum for Family Life Education*, developed by the Tanzania Red Cross Society, designed specifically to train secondary school members of the Red Cross. In addition to offering some information on ASRH and group facilitation, the Red Cross manual focuses on the provision of first aid. Geared towards adolescents in secondary school, the manual also addresses topics such as marriage and responsible parenthood.

The Assessment identified several curricula that can be used as a basis for Module 4, for peer educators working in out-of-school settings. These curricula include:

- *Kiongozi cha Mkufunzi*, developed by EMAU, which clearly maps for the facilitator steps for planning and carrying out ASRH education activities with out-of-school youth.
- *Training Curriculum for Youth Peer Counsellors on ASRH*, developed by UMATI, which provides a comprehensive overview of various topics, including facilitation skills and the management of referrals.
- *Mwongozo wa Kufundishia Waelomishaji Rika*, developed by UNICEF, which provides thorough life skills training.
- *Elimu ya Maisha ya Familia kwa Vijana*, developed by the Tanzania Red Cross Society, which provides information for out-of-school peer educators to use when leading education sessions with peers.
- *Mwongozo wa Kutayarisha Wawezeshaji wa Ushauri rika Afya ya Uzazi “Mayazi” na VVU/UKIMWI*, developed by Mradi wa Afya ya Familia Mbeya,
includes an important section on motivating young people to become peer educators.

- *Kinga Elimu ya Afya kwa ajili ya Kujinga na UKIMWI na Magonjwa ya Zinaa: Kiongozi cha Mwezeshaji*, developed by the Ministry of Education and Culture focuses on an in-school setting, but contains relevant sections that can be adapted for use out-of-school.

In addition to identifying nationally-developed materials, the Assessment uncovered a wealth of high-quality materials developed internationally, including *Life Planning Skills: A Curriculum for Young People in Africa*, developed by PATH and *Choose a Future!*, developed by CEDPA, which can also be used to strengthen the training modules for peer educators.

The Assessment identified two extremely comprehensive materials for use with parents, which could serve as a basis for developing Module 5. These include a TOT, Muhtasari wa Mawasiliano ya Mzazi na Mtoto kwa Waelimishaji Rika wa Wazazi and a guide for parent peer educators, Makala ya Mzazi Kufundishia Wazazi. Created by AMREF, the two manuals are practically identical in content and methodology, providing an in-depth examination of parent-to-child communication with an emphasis on communicating about sexual and reproductive health. The materials include training on communication with children of different ages, identifying ASRH issues that are of importance to adolescents of various ages and communication with adolescents about sexual intercourse. The materials offer detailed information for the facilitator on how to lead the suggested activities.

Through developed primarily for use with adolescents, *Stepping Out/Soge Karibu*, developed by Family Care International/Ubora wa Afya kwa Duniani, can be used with other audiences, such as parents, health workers, teachers, etc. The video discussion guide contains appendices with notes for the facilitator on using the video series with these other audiences. UMATI is also in the process of developing a guide for sensitizing parents to the SRH needs of adolescents.

### 4.4 Materials for Use in Schools

The Assessment revealed that a comprehensive *Family Life Education Programme* has been developed for use in Secondary Schools and is currently being introduced in schools in several regions of Tanzania. The MOEC has developed two curricula to train secondary school teacher trainers and/or teachers in teaching FLE, *Family Life Education Part One: Knowledge Building and Family Life Education Part Two: Facilitation*. While the materials are comprehensive in scope, they were found to lack in depth coverage on life skills, counseling communicating with adolescents, training peer educators, referrals and social marketing. Since these topics are crucial elements of ASRH training, it is recommended that the curricula be updated, so that future trainees can benefit from training on these topics. The revised training programme should also be integrated into the pre-service curriculum of teacher training colleges, so that new graduates will already be conversant in ASRH.
The FLE Programme incorporated ASRH information into the syllabi for Biology, Geography, Civics, and Home Economics. However, the syllabi for these four courses provide only an outline of the topics that should be covered in class, and content information is not provided. Therefore, the quality and content of instruction depends on the competency of the teacher and the availability of resource to develop the content of the educational sessions.

To help ensure accurate and thorough coverage of ASRH in Biology, Geography, Civics and Home Economics courses, it is recommended that a more detailed curriculum and subject-specific teacher manuals and teaching aids should be developed. The use of interactive teaching methodologies is recommended, including the use of role plays and group discussion. Relevant modules from *Sogea Karibu*, developed by Ubora wa Afya kwa Familia Duniani, could also be integrated, while another resource developed by Ubora wa Afya kwa Familia Duniani, could also be handbook on ASRH entitled *You, Your Life, Your Dreams*, could be used as a resource document for both teachers and students. Since many teachers find it difficult to openly discuss sexual and reproductive health with their students, emphasis should be placed on developing teaching aids that are self-explanatory, easy to use, and participatory, and which do not require extensive preparation.

With regard to primary education, the FLE curriculum is in the initial stages of development. In view of the young ages at which many children in Tanzania get exposed to ASRH problems and the fact that only 20% of Tanzanian children attend secondary school, it is recommended that this curriculum be finalized and implemented nationwide, as expeditiously as possible. The curriculum can draw from the experience of the FLE curriculum for secondary schools, with the inclusion of some additional topics, such as life skills, as suggested above. The content and teaching methods must be appropriate for younger children, as well as children who may have entered primary school late and are therefore older than their peers. Like the curriculum for secondary schools, the primary school curriculum should include:

- A TOT module to train primary school teachers in participatory facilitation skills for teaching ASRH; and
- Teaching guides and aids for select courses of study, to ensure comprehensive coverage of all ASRH issues.

The revised training programme should also be integrated into the curriculum of teacher training colleges, so that new graduates will be prepared to teach ASRH upon entering service.

Apart from the MOEC materials for secondary school; there are other materials that can be used to help develop the FLE curriculum for primary schools, such as *Curriculum/Training for the Primary School Teacher in ASRH Counselling and Guidance*, developed by UMATIC.

Primary school education on ASRH is currently limited to HIV/AIDS education. The Institute of Educaito developed the HIV/AIDS curriculum and integrated it into the
syllabi, student handbooks and teacher guides for Science course work in Standard V – VII, divided by topic and sub-topic, the syllabi for Science Standard v – VII were found to provide only a minimal outline of ASRH topics. To help ensure accurate and thorough coverage of ASRH, it is recommended that ASRH teacher manuals and teaching aids be developed. As suggested above for the secondary school FLE programme, the use of interactive teaching methodologies is recommended, including the use of role plays and group discussion. An emphasis should be placed on developing teaching aids that are self-explanatory, easy to use, and participatory, and which do not require extensive preparation.

With regard to materials available to students in the higher institutes of learning, the Assessment found only one training manual: Life Planning Skills developed by Pathfinder International. The manual covers topics such as values, relationships, sexual abuse, reproductive health, communication, managing time, and managing finances. Coverage of these topics is fairly thorough and activities are clearly outlined throughout. Currently in use only at the University of Dar es Salaam, this resource material should be disseminated to and used at other institutions of higher learning in Tanzania.
5.  Conclusion

The Assessment revealed that many efforts have been initiated by governmental and non-governmental institutions alike to improve adolescent health and well-being and to provide young people with the information, skills and services they need to adopt safe, healthy sexual behaviours. Many of these initiatives have involved the development of training curricula and other resource materials to support programme implementation.

Although there exists a wealth of training curricula and resources related to adolescent sexual and reproductive health in Tanzania, the content and quality of these materials vary considerable. The Assessment illuminated several critical gaps in available training curricula – namely comprehensive training curricula for health service providers, peer educators and those implementing school-based family Life Education and HIV/AIDS prevention education. Although existing training curricula and resources contain much of the content information that should be included in standardized national curricula for these target audiences, a curriculum development process is needed to adapt and synthesis these pieces into separate curricula that cover the full range of relevant topics and the skills required by each group of professional and non-professional actors involved in adolescent reproductive health initiatives.
5. Bibliography


ICPD Issues. Population Action International (PA), Washington DC


Survey on Knowledge, attitude and Practice (KAP) of Adolescents with regard to Reproductive Health and Sexually Transmitted Infections, including HIV/AIDS, REPRO/GTZ and Tanzania Ministry of health, Dar es Salaam 2000


Tanzania Demographic Health Survey (TDHS) 1996 Bureaus of Statistics Planning Commission, Dar es Salaam Tanzania


Too Old for Toys, Too Young for Motherhood, 1994 UNICEF, New York


ANNEX 1: NEEDS ASSESSMENT QUESTIONNAIRE

Your organization/department/unit is recognized as a key stakeholder in adolescent reproductive health. You are kindly requested to respond to the following:

1. What age range do you reach? What was your rationale for such as age range? How many individuals do you aim to reach within this age range?

2. Please describe your catchment’s profile

3. Please describe the geographical scope of your operation

4. What health education messages do you give to adolescents?

5. What services does your institution provide to adolescents?

6. Who provides these messages/services to adolescents?

7. Where were your providers of counseling/services for adolescents trained?

8. Does our organization/institution have its own training programme for individuals who work with youth such as health educators, counselors and service providers? If so, what are the objectives and content of the training? Can you please share a copy of the training materials with Ubora wa Afya kwa Familia Duniani?

9. Do you think that your staff members who work with young people need additional training? If so, in what specific areas?

10. In light of the problems facing Tanzanian youth, what content do you propose for your youth workers in future?

Thank you in advance for your cooperation
ANNEX 2: LIST OF KEY RESOURCE TRAINING MATERIALS PER TOPIC

Listed below are the training materials that provide most detailed coverage of the key topic to be included in the new ASRH curricula.

Adolescence
1. A Training Guide for primary School Teachers in ARH Counselling and Guidance, UMATI

Adolescence Reproductive Health
1. Curriculum for Tainers of Adolescent Peer Educators, UMATI
2. Mwongozo wa Kudundishia Waeleimshaji Rika, UNICEF
3. Kinga Elimu ya Afya kwa ajili ya Kujikinga na UKIMWI na Magonjwa ya Zinaa: Kiongozi cha Mwezeshaji, MOEC
4. Sogea Karibu, Ubora wa Afya kwa Familia Duniani

Contraception
1. Kinga Elimu ya Afya kwa ajili ya Kujikinga na UKIMWI na Magonjwa ya Zinaa: Kiongozi cha Mwezeshaji MOEC
2. Elimu ya Maisha ya Familia kwa Vijana, Tanzania Red Cross Society
3. Training Curriculum for Youth Peer Counsellors on ASRH, UMATI
4. Sogea Karibu, Ubora wa Afya kwa Familia Duniani
5. Life Planning Skills, Pathfinder International

Abortion
1. Life Planning skills, pathfinder International
2. Counseling Skills Training, World Health Organization

Human Sexuality
1. Comprehensive Reproductive and Family Planning training Curriculum, Pathfinder International
2. Sogea Karibu, Ubora wa Afya kwa Familia Duniani
Gender
1. Training Curriculum for Youth Peer counselors on ASRH, UMATI
2. Comprehensive Reproductive and Family Planning Training Curriculum, Pathfinder International
3. Family Life Education, Part One: Knowledge Building MOEC
4. Makala ya Kufundishaji Washauri Msing katika jamii, AMREF

Rights
1. Training Curriculum for youth Peer Counsellors on ASRH, UMATI
2. Comprehensive reproductive and Family Planning training Curriculum, Pathfinder International
3. Kinga Elimu ya Afya kwa ajili ya Kujikinga na UKIMWI na Magonjwa ya Zinaa: Kiongozi cha Mwezeshaji, MOEC Relationships
4. Life Planning Skills: A Curriculum for Youth People in Africa, Program for Appropriate Technology in Health
5. Choose a Future! CEDPA

Love and Relationships
1. Mwongozo wa Kufundishia Waelimishaji rika, UNICEF
2. Sogea karibu, Ubora wa Afya kwa Familia Duniani
4. Muhtasari wa Mawasiliano ya Mzazi na Mtoto kwa Waelimisaji Rika wa Wazazi, AMREF
5. Makala ya Mzazi kufundishaji wazazi, AMREF
7. Choose a Future! CEDPA.

Violence
1. Training Curriculum for youth Peer Counsellors on ASRH, UMATI
2. Mwongozo wa Kufundishia Waelimishaji rika, UNICEF
3. Life Planning Skills, Pathfinder International
4. Kinga Elimu ya Afya kwa ajili ya Kujikinga na UKIMWI na Magonjwa ya Zinaa: Kiongozi cha Mwezeshaji, MOEC
5. Sogea Karibu, Ubora wa Afya kwa Familia Duniani
6. Makala ya Kufundishaji Washauri Msing katika jamii, AMREF
7. Sogea Karibu, Ubora wa Afya kwa Familia Duniani
8. Self Directed Learning, Ghana Registered Midwives Association and INTRAH
10. Family Life Education: A Curriculum for Youth Trainers, Population Communication Services
11. Life Planning Skills: A Curriculum for Youth People in Africa, Program for Appropriate Technology in Health
12. Choose a Future! CEDPA

**HIV/AIDS**
1. Training Curriculum for youth Peer Counsellors on ASRH, UMATI
2. Mwongozo wa Kufundishia waelimishaji Rika, UNICEF
4. Muhutasari wa Stadi za Maisha kwa Waweleshaji wa Waelimishaji Rika, AMREF
5. Makala ya Kufundishia Wahsuri Msingi katika Jamii, AMREF
6. Sogea Karibu, Ubora wa Afya kwa Familia Duniani
8. Self Directed Learning, Ghana Registered Midwives Association and INTRAH

**Life Skills**
1. Muhutasari wa Stadi za Maisha kwa Waweleshaji wa Waelimishaji Rika, AMREF
2. Mwongozo wa Kufundishia waelimishaji Rika, UNICEF
3. Makala ya Kufundishaji Washauri Msing katika jamii, AMREF
5. Elimu ya Maisha ya Familia kwa Vijana, Tanzania Red Cross Society
6. Life Planning Skills A Curriculum for young People in Africa, Program for Appropriate Technology in Health
7. Choose a Future! CEDPA

**Other Social Issues**
1. Life Planning Skills, Pathfinder International
2. Makala ya Kufundishaji Washauri Msing katika jamii, AMREF
Facilitation Skills
1. Family health Education, Part Two: Facilitation, Ministry of Education and Culture
2. Curriculum for Trainers’ of Adolescent Peer Educators, UMATI

Counselling Skills/Communicating with Adolescents
1. Comprehensive Reproductive and Family Planning Training Curriculum, part 1, Adolescent Reproductive Health, Training Guideline, Module 16, Unit 4, Pathfinder International
3. Makala ya Kufundishaji Washauri Msing katika Jamii, AMREF
4. Training of Trainers Manual: Counsellor training and Counselling Skills Training International Rescue Committee
5. Counselling Skills Training, World Health Organization

Training of Peer Educators
1. Curriculum for Trainers’ of Adolescent Peer Educators, UMATI
2. kinga Elimu ya Afya kwa ajili ya Kujikinga na UKIMWI na Magonjwa ya Zinaa: Kiongozi cha Mwezeshaji, MOEC
3. Muhutasari wa Stadi za Maisha kwa Wawezeshaji wa Waelimishaji Rika, AMREF
4. Curriculum for Family Life Education, Tanzania Red Cross Society

Teaching/Learning Methodologies (including behaviour change communication)
1. Family Health Education, Part Two: Facilitation, Ministry of Education and Culture
2. kinga Elimu ya Afya kwa ajili ya Kujikinga na UKIMWI na Magonjwa ya Zinaa: Kiongozi cha Mwezeshaji, MOEC

Referrals
1. Training Curriculum for youth Peer Counsellors on ASRH, UMATI
2. Muhutasari wa Stadi za Maisha kwa Wawezeshaji wa Waelimishaji Rika, AMREF

Social Marketing
None of the material identified by the needs assessment discusses social marketing
ANNEX3: SOGEA KARIBU GLOSSARY

FAHIRISI

Afya ya Uzazi: Afya ya uzazi ni dhana inayojumuisha matukio mabalimbali ya uzazi wa binadamu. Vipengere vya dhana ya afya ya uzazi kama ulivyofanuliwa na shirika la Afya Duniani yanahsu ujana, ukuaji na mabadiliko ya jinsi, matamanio ya kimwili, uzazi wa mpango. Mengine ni kuzuia Vifo na ulemavu kutokana na uzazi, matusoni wa kujifungua, utunzaji wa watoto wachanga, uchungu na kujifungua, utunzaji wa mzazi. Mengine ni mamba zisizotakikana, kukoma hedhi, kukoma kusimika, saratani ya tezi za prosteni, saratani ya matiti na kilango cha mji wa mamba. Mengine ni pamoja na hadhi ya mwanamke, tohara kwa wanawake, hali ya mtu kuwa hanithi, ugumba, kuziua magonjwa ya zinaa pamoja na VVU/UKIMWI.

Ashiki: Tamaa ya kike au kiume, hamu, nyege, uchu

Athari: Kasoro, dosari, hali itokanayo na kuathirika

Balehe: Kupevuka, kukomaa kwa msichana au mvulana katika hali ya kuweza kuzaa

Dhamira: Kiini cha jambo, kuwa na nia

Faragha: Mahali pasipokuwa wazi yaani mahai pa siri

Funganyonga: Sehemu ya mfupa ilio kati ya paja na nyonga


Hedhi: Ni kitendo cha mwanamke kutokea na damu kwa muda wa siku kadhaa kila mwezi kama sehemu ya ukuaji na ubinadamu wake. Kila mwezi mwili wa mwanamke unaandaa ukuaji wa damu na tishu kama chakula cha kuanza endapo mamba itatungwa. Kama yai halikurutubishwa, maandalizi ya ukuta wa damu na tishu kweny tumbo la uzazi hitokoda kama hedhi au damu ya mwezi au husemekana mwaname kapata siku zake.

Jinsi: Jinsi mtu alivyo kimaumbile kuhusiana na uzazi, yaani kama mtu ana via vya uzazi vya kike au vya kiume.

Jinsia: Yale yote yahusuyu malezi kuelekeza na mtizamo na matalajio ya jamii kuhusu jinsi ya mtu. Malez ndio yanayolekeza mwelekeo
wa mambo kijinsia, kama vile mgawanyo wa kazi na mali katika familia, ushirikishwaji katika maamuzi, uongozi n.k.

Kondomu: Ni kifaa mfano wa nailoni au plastiki laini unaovaliwa na mwanaume kwenye uume au mwanamke kwenye uke wakati wa tendo la ngono ili kuzuia uambukizo wa magonjwa na mamba.

Kubaka: Kitendo cha mwanaume kumwingilia mwanamke ukeni kwa lazima bila ridaa yake.

Kubakwa: Kitendo cha mwanamke kuingiliwa na uume kwenye uke wake bila ridhaa yake mwenyewe. Kwa namna maumbile yalivyo no mwanaume tu anayeweza kubaka kwa maana halisi ya kubakwa.

Kuhakiki: Kuonyesha heshima, weak mtu kwenye nafasi ya heshima

Kujienzi: Kuonyesha heshima, weka mtu kwenye heshima

Kulawiti: Ingilia mtu kwa nyuma au sehemu ya haja kubwa au kufira

Kundi Marika: Kundi/hali ya kuwa na umri mmoja

Kutoa mimba: Kusitisha kukua kwa mimba. Kuharibu mimba

Kuwajibika: Kuelekeza wajibu au majukumu kiungwana

Maadili: Mwenendo mwema/mambo ya haki

Manii: Shahawa, mbegu za uzazi zinazotolewa na wanaume baada ya kufikia mshindo

Mantiki: Ujumla wa mambo, inayomjia mtu ubongoni mwa wake au taswira

Mapenzi: Hali ya kuwingiwa moyoni na kuthamini mtu au kitu zaidi ya mwingine au kingine/mahaba

Maono: Picha ya mambo/vitu, inayomjia mtu ubongoni mwa wake au taswira

Mazingira: Hali au mambo yaliomzunguka kiumbe katika sehemu au maisha yake

Mhadhara: Mkusanyiko wa watu walia kusanyika kwa madhumuni ya kusikiliza na kujiunza jambo Fulani kutoka kwa mhadhiri au mwalimu au mhubiri

Mtaa (umoja): Mitaala (wingi) ni taaluma maandiko yaliyoandikwa kwa mtiiriko wa kitaalama ili kuashiria taaluma Fulani.
Report on an Assessment and Review of Training Materials

Mrija wa falopio: Mrija wa kupiterisha mayai kutoka kwenye ovari hadi kwenye mfuko wa uzazi

Mshindo: Kufikia kilele/kumaliza wakati wa kufanya mapenzi, kwa wanaume kilele hiki huambatana na kutoa shahawa au manii, kwa wanawake kilele chake huwa ni msisimko mkali wa mwili mzima bila kutoa kitu chochote

Muafaka: Kufikia makubaliano/kukubaliana jambo Fulani

Mwenzi: Mpanzi

Mwenza: Mtu wa umri mmoja

Mwezeshaji: Ni mwhelimishaji ambaye anatumia mbinu za kufindishia zinazowafanya washiriki wagundue wenyewe hali yao ya kutokufahamu maarifa Fulani na kwa hiyo kupata maarifa mapya na kujua la kufanya kuboresha hali yao.

Ndoto nyevu: Ni kitendo cha mwanaume kufikia mshindo na kutoa manii awapo usingizini akiwa anaota ndoto anafanya mapenzi na mwanamke

Ngono: Kitendo cha mume na mke kuingiliana kimwili

Ngono Salama: Ni mahusiano ya kimwili kati ya mwanaume na mwanamke yasiyokuwa na hatari ya mamba kwa mwanamke au kuambukizana magonjwa ya zinaa pamoja na UKIMWI

Punyeto: Tendo la mwanaume/mwanamke kujiipa, au kijichua au kijigusa tupu ya mbele ili kumaliza ashiki, ambako kwa mwanaume kunaaambatana na kutoa shahawa na mwanamke kupata msisimko mwili mzima.

Stadi: Enye uhodari au ufundi mkubwa wa kutenda Fulani, ujuzi

Shinikizo: Ukandamizo wa kukubali fikra Fulani

Takribani: Tamko linaloonyesha ukaribiano wa kutenda

Tafakuri: Fikira nzito juu ya jambo Fulani

Tupu: Sehemu ya nje ya viungo vya uzazi inayotumiwa kwa mwenye, na kukujoa kama vile kuma, mboo na mkundu

Ubakaji: Kamata kwa ghafla kwa nia ya kumwingilia mwanamke ukeni bila ya ridhaa yake
REPORT ON AN ASSESSMENT AND REVIEW OF TRAINING MATERIALS

Ubasha: Ni ngono ya watu wa jinsia moja inayohusu mwanaume kwa mwanaume: tazama usagaji

Udhalilishaji kijinsia: Hali ya kufanywa duni, kupuuzwa kwa kumfadhaisha mtu kiakili au kisakolojia kwa kutumia vigezo vya tabaka lake na kumsababisha kuwa mnyonge. Mfano wa matabaka yanayodhalilishwa kijinsia ni wanawake, wanaume, masikini, wazee na watoto

UKIMWI: Ni kifupi cha Upungufu/Ukosefu wa kinga Mwilini. Hali inayoleto na kuwepo kwa VVU. Hali ya UKIMWI hujidhihilisha kwa mwili kushambuliwa mara kwa mara na maradhi mbalimbali.

Unyanyasaji kijinsia: Ni kitendo cha mtu kufanyiwa dihaka mwilini kwake kwa sabab tu ya vigezo vya tabaka lake na kumsababishia unyonge kimawazo na kumdhuru mwili wake. Kwa mfano kulawiti, kubaka, kumpiga, kumua au kumshika shika au kumkumbatia bila ya ridhaa yake. Mfano wa matabaka yaliyo na uwezekano wa kunyanyaswa kijinsia ni wanawake, wanaume masikini, wazee na watoto.

Usagaji: Ni ngono ya watu wa jinsia moja inayohusu mwanamakwe kwa mwanamke

Utoko: Ute unaotoka ukeni

Uzazi wa mpango: Ni mpango wa maamuzi ya hiari ya mtu khuhusu umri wa kuanza na kukoma kuzaa, watoto wapishane kwa umri gain na wazaliwe wangapi.


Wakware: Malaya au mtu anayependa sana kujamia

Wajihi: Kufanya jambo la kukuumiza au kukudhuru lakini ambalo litakutengenezea maslahi yako au kumwokoa mtu mwingine

Zana: Vifaa/vyombo vinavyohitajiwa katika kufanya kazi Fulani

Zinaa: Tendo la kufanya mambo ya uasherati