A Report on the Mini-Participatory Learning and Action (PLA) Exercise in Zambia

Background

Studies of urban family planning in sub-Saharan Africa have shown that reproductive health services are inadequate and often not available to youth. Even when available, Zambian youth rarely used the services because they often encountered a number of barriers when seeking reproductive health services. Consequently, their use of such services is low. This study was conducted in anticipation of the launch of a youth reproductive health ('youth-friendly" services and "youth corners") component supported by Service Expansion and Technical Support (SEATS) in two government health clinics in Lusaka: the Bauleni and Matero reference clinics. These two clinics already had youth-friendly clubs, but they were perceived as needing resources and additional training.

The specific objectives of this baseline study were to: (1) gain a better understanding of the dynamics of youth reproductive health needs from their own perspective, as well as from the perspective of other stakeholders, such as Neighborhood Health Committee (NHC) members, health service providers, members of youth-friendly clubs based at health centers, and the community, including parents and youth; (2) better understand the characteristics of existing service sites in Lusaka; (3) provide a forum for community mobilization, creating awareness, and developing a common vision in preparation for launching the project; and (4) provide information to improve the youth friendly project implementation.

Data and Methods

Data were collected using the rapid, qualitative, low-cost methodology of Participatory Learning and Action (PLA)*, to provide guidance for program development. The PLA has the advantage of involving youth and the community in identifying the issues and discussing possible solutions at the earliest stages of program design. PLA techniques used in the study included ranking and scoring (matrices), mapping, transect walks, semi-structured interviews, and focus group discussions. Such discussions took place among male and female youth (separately), parents, service providers at government and private sector facilities, and NHC members. Five days were spent in the two clinic catchment areas—four days conducting research and one day disseminating information to stakeholders who had participated in the exercise and other interested parties in the community.

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*FOCUS on Young Adults, with the cooperation of CARE International in Zambia, has published a tool explaining the PLA process: *Listening to Young Voices: Facilitating Participatory Appraisals on Reproductive Health with Adolescents*, by Meera Kaul Shah with Rose Zambezi and Mary Simasiku (June 1999). Copies are available on request at focus@pathfind.org.

Findings

- The primary sources of information on sexual and reproductive health for youth, in order of priority, were friends, broadcast media (radio and television), school science classes, and print media. Less common sources were parents, churches, pornographic films, and dramatic performances. Relatives, including parents, were seen by youth as being outdated, inaccurate and unreliable sources of information.

- Parents and many service providers viewed condom and contraception promotion as immoral and as something that encourages youth to believe that nothing is wrong with sex and, thus, as causing youth to be promiscuous.

- Youth face numerous reproductive health problems, including early initiation of sexual activity, unprotected sex, unwanted pregnancy, unsafe abortions, exposure to HIV and other STIs, and coercive sex.

- Girls were found to initiate sex earlier than boys. Among the study participants, girls began having sex at ages 10-14 and boys at ages12-15. Parents perceived youth to be initiating sex between the ages of 10 and 15. Both parents and young people felt that sex started too early, preferring that sexual activities begin at about 18 and 20 for girls and boys, respectively. This points to a need to both help delay initiation of sex and help youth avoid negative consequences when they do engage in sex.

- Girls reportedly were offered money or other objects of value in exchange for sex, thus creating an incentive for having sex. Family poverty was another incentive. Some parents were found either directly or indirectly to have encouraged their daughters to offer sexual favors in return for money.

- The youth and parents surveyed were most knowledgeable about condoms and pills as contraceptive methods. Female youth also were aware of injections and herbs. Some older adults did not have much information on contraceptive methods, stating that family planning was for younger, married couples. Condoms appeared popular among youth, although they reportedly stopped using them once they were with a regular partner. Although widely known, the pill was not used much because of the widespread perception that it causes infertility or birth defects.

- Clinic use by youth was low. A number of reasons were cited: First, clinics were said not to offer privacy and were likely places to meet parents or neighbors. Second, youth complained about the quality of services: waiting lines were long; health care providers were hostile and rude, reportedly scolding patients with sexually transmitted infections (STIs); and staff was too inquisitive. Third, youth and parents shared the misconception that STI clients could receive treatment at a clinic only when accompanied by their partner. Finally, male youth complained that there were not enough male health care providers with whom they could consult. User fees, though low, were also problematic for some youth.

- Health center staff reported being uncomfortable providing family planning services to youth under the age of 15. Private sector providers, including pharmacists, street vendors, traditional herbalists and private surgeons, are preferred by youth.

Implications

- A number of challenges exist to the youth reproductive health project in the two government health clinics. Although there is a perceived need to involve parents and NHC members in advocating safer sex among youth, many adults did not approve of youth using contraceptives. Furthermore, there appeared to be only weak links between the clinics and the community at large, indicating that community mobilization efforts on behalf of the project would be heavily constrained.

On the basis of the findings, the following recommendations are made:

- Train clinical service providers in youth-friendly service approaches, particularly skills relating to dealing with younger clients, communication and counseling skills, and gender issues. In addition, training should be targeted at both male and female providers to improve the ratio of male-to-female providers.

- Orient and sensitize Neighborhood Health Committees to project objectives and goals through workshops focusing on the reproductive health issues faced by youth; they should also be encouraged to play a positive and supportive role in the youth friendly clinic initiative and to work with youth to find workable solutions.

- Strengthen existing youth-friendly clubs as a means of encouraging young people to use the clinics; this should include awareness campaigns about the clubs and entertainment (videos and games) to attract young people to the clubs and clinics; as well as training for club members in STI/HIV/AIDS education and counseling.

- At a later stage, the project should carry out workshops, with the help of the NHCs and health care providers, to sensitize parents to the importance of discussing reproductive health and family planning matters with their children, and to provide them with accurate information and techniques for better communicating with their children.

- Orient and train private sector health providers to sensitize them about the youth-friendly clinics and train them to provide quality information to young people.

- Empower youth to avoid the negative consequences of early initiation of sex. This includes educating and sensitizing school, legal, traditional and religious authorities, parents and community members to the situation, training various community leaders (including health care providers and the police) to provide counseling and support to young people engaged in early sex—especially those who have been coerced.

Source: Sambisa, William and Patrick M. Chibbamulilo. *A Qualitative Study of Reproductive Health Needs and Service Utilization by Youth in Lusaka, Zambia: Report of a Mini-Participatory Learning and Action (PLA) Exercise.* 1999. Lusaka, Zambia: John Snow Inc./Service Expansion and Technical Support (JSI/SEATS) Project.

This study was supported by joint programming funds provided by the U.S. Agency for International Development (USAID) to the FOCUS on Young Adults program/Pathfinder International and the JSI/SEATS Project under Cooperative Agreement No. CCP-C-00-94-00004-10.