young people in Sub-Saharan Africa presently face enormous health challenges. Approximately 3.2 million 15-to-24-year-olds live with HIV/AIDS, and more than one in every four young women has a child by age 18, which increases the risk of disabling injuries or death. Many of these youth lack basic knowledge on how to prevent HIV and unintended pregnancies, which could reduce risky behaviors and lead to positive life choices. Because the pathway to becoming HIV-infected and pregnant is the same—unprotected sex—HIV prevention programs and services offer an invaluable opportunity to provide youth with the knowledge and skills needed to address a range of reproductive health issues, including pregnancy prevention.

Since 2007, the International Youth Foundation (IYF) has been working to increase the integration of youth reproductive health (YRH) and family planning (FP) into existing youth development activities through the Planning for Life program. During that time, Planning for Life has sought to strengthen the capacity and

increase the awareness of RH issues among youth-serving partner organizations through one-year pilot projects in India, Philippines, and Tanzania. Each country has taken a customized approach. In India, YRH/FP curriculum and materials were developed and integrated into several livelihoods programs. In the Philippines, a reproductive health curriculum for Muslim youth was included in their employability training.

This issue of FieldNotes presents IYF’s experiences and lessons learned in Tanzania, where Planning for Life integrated youth reproductive health education and family planning services into its HIV/AIDS prevention activities and trained local youth service providers to offer youth-friendly reproductive health services.

Case Study: Tanzania
IYF has partnered with the Tanzania Red Cross Society (TRCS) to reach youth with HIV referral services and prevention messages since 2005 through the Empowering Africa’s Young People Initiative (EAYPI). This five-year US$8.5 million program, which implements activities in Uganda and Zambia as well as Tanzania, engages youth in HIV prevention through life skills-based peer education, parent-to-child communication, and community mobilization efforts. As of April 2009, EAYPI partner organizations in Tanzania—which also include the Girl Guides, Scouts Association, YMCA, YWCA, and Source of the Nile Award—have made significant progress, reaching 805,609 individuals and training 12,980 peer educators and Parent-to-Child (PTC) facilitators.

Through Planning for Life, IYF chose to integrate RH and FP into EAYPI to address the need for increased knowledge around reproductive health. Additionally, the youth referral component was expanded beyond HIV counseling and testing services to include referrals to family planning services. The program emphasized dual protection from HIV transmission and unintended pregnancy through promotion of education in abstinence and condom use. By taking part in both HIV and pregnancy prevention education, youth have benefited from a comprehensive understanding of the risks of unprotected sex and early sexual debut, and are better able to take the proper steps to protect themselves.

Using a comprehensive strategy
TRCS used a multi-pronged, multi-stakeholder approach to implement the integration project. For example, sensitization meetings with local communities were held in both districts of the project,
Young people generally have limited access to health services. Given these limitations, it is important to apply the concept of “no missed opportunities”: that is, when youth do access services such as voluntary counseling and testing (VCT) or treatment for a sexually transmitted infection (STI), health service providers can capitalize on these visits to also provide family planning services.

- Integrated programs also save money. While each individual program assumes its own overhead and other baseline costs, programs that integrate family planning into HIV/AIDS “share” those expenses.

“The rational use of resources through integrating family planning activities into HIV activities minimizes the cost of these programs.” — Kheri Issa, District Health Coordinator, Tanzania Red Cross Society
confident, because if I don’t go (to get condoms) then I can get myself into trouble.”

Other young people who have participated in the dual protection program show increased self-esteem and the confidence to say “no” while discussing how they would respond to sexual pressure from friends. “I will tell (those who are pressuring me) to wait until we finish school, and if they still keep pressuring me then I will end our friendship. I do not want to get a disease or get pregnant,” states one 13-year-old girl. Another young woman says, “I will openly tell older people who want to have sex with me that I am young and I am like their own child. They should not want to have sex with a person of my age, and if they are wise enough they will leave me alone.” Such positive attitudes demonstrate that educating youth around integrated RH/FP and HIV prevention messages equips them with the skills they need to make healthy life decisions.

What Have We Learned?
IYF and the Tanzania Red Cross Society offer the following lessons learned on how a youth-serving organization can integrate family planning into HIV/AIDS programs.

• **Involve parents and the larger community.** Though many youth health programs have focused on HIV/AIDS prevention in recent years, it is important that parents and community leaders continue to be involved and sensitized—particularly when you are adding messages on family planning and other reproductive health issues to existing programs. Many adults have misconceptions regarding puberty, early childbearing, and contraceptive use. Gaining the support of influential leaders in the community helps providers reach youth and helps parents support each other and their children to prevent HIV and pregnancies.

• **Encourage referrals to well-equipped health facilities.** Provide information to peer educators, teachers, and community members so that they can link young people with the appropriate local health facilities for counseling and testing services or contraceptives. It is important to identify local health facilities or mobile clinics that have proper resources, since young people who seek services but fail to find trained providers or commodities will be discouraged from seeking those services in the future. If there are no suitable health facilities in the vicinity of your project site, seek to build the capacity of the local health system as a component within the intervention.

• **Train service providers that are trusted by youth.** Young people access services and counseling when they trust the adults providing them, and may seek out specific providers with whom they feel comfortable. If resources are limited for additional training on family planning, one criteria is for you to choose those who express interest in working with youth. Mutual trust will increase once a substantial part of provider-training focuses on strategies to help adults interact with youth in a respectful and non-judgmental manner.

SUCCESSFUL STRATEGIES FOR INTEGRATION

• To be effective, programs that integrate family planning and reproductive health with HIV prevention must be tailored to fit the country-specific context. Countries with generalized HIV epidemics can promote integration across a range of interventions for youth, with FP integrated into HIV prevention activities, and HIV prevention integrated into FP activities. However, in countries where both HIV prevalence and contraceptive prevalence are low, integrating these programs may not work as effectively.

• Abstinence, being faithful, and/or using a condom consistently and correctly are relevant to preventing both HIV and unintended pregnancies. Age-appropriate education must be provided to youth, with a focus on abstinence and delaying sex among younger youth.

• Family planning services or referrals should be included with CT services. During CT, all risks of unprotected sex—including pregnancy—should be discussed with youth.

• Life skills-based education, with a focus on improved negotiation and decision-making skills, should be the common ground for HIV and youth RH programs. Supporting youth to enhance these skills leads to informed and responsible choices.