



# Stories of Change

Improving young people's access to sexual and reproductive health services in Kenya, Uganda and Tanzania



Photo: UNFPA East and Southern Africa

## CATALYSING CHANGE . . .

Africa is one of the youngest continents in the world. Youth aged 15 – 24 years are currently estimated at 209 million – the largest number of young people ever to enter the productive and reproductive ages in the region. In sub-Saharan Africa, adolescents and youth numbers on the continent are expected to grow to 436 million by 2025.

Each year, adolescent girls aged 15 – 19 account for 16 per cent of all births in sub-Saharan Africa. These figures are of major concern because teenage pregnancies impact negatively on the development of the young mothers. Children of teenage mothers usually get caught in a vicious circle of poverty and disadvantage.

The high rates of adolescent pregnancy and unintended pregnancy in sub-Saharan Africa can be attributed to low contraceptive prevalence among young people, lack of knowledge about contraception, high costs, limited supplies, and cultural/personal objections to using contraception.

A partnership between UNFPA and the David & Lucile Packard Foundation was formed to expand and intensify family planning initiatives for young people in three countries in East Africa – Kenya, Tanzania and Uganda. *Catalysing Change on Family Planning in East Africa* is a three-year collaboration that applies one model to address their needs yet takes into account the context-specific goals and needs of the young people.

Since the project was initiated in 2012, it has shown significant results. This collection documents the



touching stories of some of the young people who have been empowered by the intervention, showing clearly the positive impact it has had to date and demonstrating that potentially many more young people can benefit from scaling up.

Sincerely

**Dr Julitta Onabanjo**

Regional Director  
UNFPA East and Southern Africa

## ABOUT THIS REPORT

Programmes for adolescents and young people tend to be relatively small in scale and they are often not harmonised to a larger theme that would allow for scale up. With \$2 million in support from the David & Lucile Packard Foundation, UNFPA in East and Southern Africa has implemented the *Catalysing Change on Family Planning in East Africa* project in Kenya, Tanzania and Uganda.

The project has significantly increased the uptake by young people of Sexual and Reproductive Health (SRH) services, especially contraceptives. In 2013, more than 30,000 young people were reached with SRH information. More than 15,000 youth (aged 15 – 24 years) accessed integrated services through outreach interventions. In addition, more than 8,000 youth were reached with integrated SRH information and 360 young people were trained as peer educators, who contributed to the implementation of the project. The three countries have developed SRH advocacy and information minimum packages, which provide theory-based and age-specific information.

The programme is owned and led by the three respective governments. There has been high level buy-in at national and local levels, by formal and traditional structures as well as faith-based institutions. This demonstrates the emphasis that these leaders place on adolescent SRH and family planning in communities, which is critical for sustainability beyond the life of the programme.

This report is a collation of stories from some of the service providers, peer educators and the people who benefit from the *Catalysing Change on Family Planning in East Africa* project. The report highlights the life-changing effects that the project has had for adolescents and young people.

These stories have been approved for publishing by the UNFPA Country Offices in Kenya, Tanzania and Uganda and the UNFPA East and Southern Africa Regional Office.



## BACKGROUND

### Why focus on young people's services?

Young people in Kenya, Tanzania and Uganda share many common challenges when it comes to their sexual and reproductive health and at the same time, have country-specific issues that need to be addressed.

In Tanzania, almost one-third of girls aged 15 – 19 years who live in rural areas have been pregnant or given birth.

Uganda has the world's highest unmet need for family planning, at 41 per cent, and not surprisingly, has the high fertility rate of 6.5 children per woman.

In Kenya, where the average woman has 4 – 5 children, the unmet need for family planning is 24 per cent.

### Reaching out to young people

In each of the three countries, the programme targets a unique group of young people and adolescents, and finds a novel way to reach them with sexual and reproductive health services. In Uganda, young people are reached through engaging with financial institutions such as banks. In Tanzania, the target is mainly adolescent girls, while in Kenya the focus is on providing integrated services with a focus on contraceptives, mainly to young women in Muslim communities.

The programme works on two fronts. It aims to expand access to quality reproductive health services for young people and to empower women and girls to make informed reproductive health decisions, including attaining higher education levels in order to delay early marriage.

The regional programme is led at country level by the respective governments, by which leadership is shown by the fact that elements of the programme have been incorporated in local national plans in order to sustain the gains made.

### Progress made in each country

The project has shown impressive results to date. In Kenya, family planning services are being provided to young people at 15 outreach sites, after discussions with Muslim religious leaders and community leaders on the need for child spacing.

In Tanzania, girls' networks have been established in four wards and community meetings have been held in 19 villages to promote the uptake of contraceptives among young people and adolescent girls. And in Uganda, instructors and youth peer education volunteers have been trained at vocational training institutions and begun imparting life-changing information on sexual and reproductive health to young people.

But it is the young people themselves, particularly the adolescent girls whose lives are being empowered, who provide the most valuable testimony to the success of this project. These are their touching stories.

## TANZANIA

Tanzania has a population of 44.5 million and a population growth rate of 2.9 per cent.

The total fertility rate is 5.4 per cent. The country has one of the highest adolescent pregnancy rates in the world, with 29 per cent of rural girls aged 15 – 19 years having given birth or been pregnant.

Awareness of HIV is low. Half of all new infections occur among 15- to 24-year olds. Unmet need for family planning is at 25 per cent and the prevalence of modern contraception low, at only 27.4 per cent.

The partnership in Tanzania takes an innovative approach to achieving reproductive health goals. It links micro-credit programmes with sexual reproductive health services. To connect education and income generation with these services, the initiative targets a frequently marginalised and at-risk group – young women who are not attending school.

The partnership's two main goals include:

- Family planning improvements for young women at four initial sites, and improved literacy and economic conditions for those not attending school.
- Expanded roll-out of this comprehensive approach and increased demand for sexual reproductive health services.



## 'My dream is to be able to depend on myself'

As a child growing up in the Kahama District in Tanzania, life held promise for Amina<sup>1</sup>. She was doing well at school and on completing primary level, gained a pass for secondary school. But her education ended when she discovered her parents could not afford the fees. She was devastated.

"I wanted to [continue with] school but couldn't, so I stayed at home for a whole year," she says. "I felt bad about this but I had no choice."

In return for her keep she helped with the housework, but she felt her stepmother was abusive towards her and this prompted her to make alternative plans.

"I could not even get food. After a year, I met a man and we decided to get married," Amina says. "I didn't like staying at home and not going to school, so getting married was the next best thing. This man was my 'rescue'."

Although the marriage wasn't considered legal as no bride price was paid, the young couple moved in with his parents, who lived in another region. He subsequently dropped out of school.

Amina received a negative response when she raised the issue of condoms with her husband. "So we never used any," she says. "One month after we married, I was pregnant. When I told him, he said it couldn't be his and he left me without saying goodbye."

His reaction devastated her, but worse was to come. "My in-laws took me back to my parents and asked them for forgiveness, asking them to take me back. I wanted to ask, why do I need forgiveness?"

Having a child to support without an income has proved difficult for Amina. "I'm seeing my life going down because my child is another burden," she says.

With this determination in mind she joined the Very Important Girls' club at Mbulu Youth Centre, which offers skills to out-of-school girls. She now envisions a brighter future for herself.

"The main thing I've got since I joined is confidence. I used to look at the floor when people talked to me. Through the exercises I have been able to mix with anyone and network."

Armed with this confidence and her newly gained knowledge of sexual and reproductive health, Amina now reaches out to other youngsters who find themselves in her position. "I have been helping to educate other girls. I teach them about family planning, how to use condoms and about other methods [of contraception]," she says. She also encourages them to visit the health centre to access services.

With the support of VIG, Amina can see a new beginning for herself. "I'm happy to be in this project. My dream is to have skills in something and be able to depend on myself. Now, I feel like my dreams will be met," she says.

<sup>1</sup> Some names have been changed to protect their identities.



## **'My father said he couldn't help, and maybe I should get married'**

The story of Shukuru<sup>2</sup>, 19, echoes that of other young women in the region. As a child she envisioned a bright future for herself but her circumstances changed for the worse when her mother died and her father remarried.

"I stayed in school until the end of primary school and although I passed, my father couldn't afford to send me to secondary school. He told me to start working in a vegetable business," she says. Shukuru had a difficult relationship with her stepmother who, she says, would encourage her father to beat her. As a result, she left home for Dar es Salaam where she became a domestic worker. Yet her employer did not treat her well either, and in due course she returned to her father's house – a move that was not welcomed.

"He said he could not help me, and maybe I should get married. So I found someone and we married," she relates.

"Life was not good as my husband was abusing me as well. We stayed together for three years. When I got pregnant he said it was not his and he chased me away."

Shukuru moved in with her aunt, who has her own farm, and she joined her in the fields while waiting to give birth. When the time came she had to have an emergency Caesarean section as her baby was large, weighing in at 5.5kgs. The financial implications of the birth hit her hard.

"I had to pay for the operation. My husband did not send any money to help with this cost, nor for food for my boy." A month after the operation, although she was still sick she had to return to work for her aunt. They work hard on the farm, she says, yet they struggle to make ends meet.

Since joining the Very Important Girls' club at Mbulu Youth Centre in Mhongolo Ward, Kahama, Shukuru has learnt to manage her sexual and reproductive health. "We are learning about contraceptives and how to protect ourselves from HIV and sexually transmitted diseases (STDs). They give us pills and I am using them. I am still expecting to learn more and to benefit from this."

Shukuru hopes to return to school with the help of the VIG club so that she can support her boy, aged nine months. "I want to finish school, to get an education. I never dropped out so I can still go back (to school) if I get support," she smiles.

<sup>2</sup> Some names have been changed to protect their identities.

## 'I learned about family planning in an antenatal check-up'

Margaret Thadeo is clearly confident as chairperson of 'Maendeleo Girls' (Development Girls), the group of girls who constitute the Adolescent Girls' Initiative Project meeting at Lunguya Primary School in Lunguya, Kahama district, Tanzania. Just 18 years old, she lives with her husband and daughter of five months.

As a young girl, Margaret showed great promise at school. She graduated from primary school but when she entered secondary school, there were some costs that her parents could not afford. She entered into a relationship with a boy in the same grade when she was in Form 1.

"There were some small basic needs I couldn't meet and he used to give me a little money to buy things like tea and snacks. We had a relationship and I got pregnant," she says.



Margaret Thadeo: "I am so thankful for the training I have received."  
Photo: UNFPA East and Southern Africa



At the time, family planning was an unfamiliar concept. “I didn’t know anything about condoms. I didn’t know I could go to the health centre and get help,” she says. She learned about family planning for the first time during an antenatal check-up.

Margaret moved in with her husband and his parents, who regarded them as a married couple even though no bride price had been paid. Due to her pregnancy, she dropped out of school but her husband continued with schooling until the end of Form IV. As farmers, Margaret and her husband are struggling to make ends meet. She regrets that she couldn’t continue with school but things were tight and there simply was no money for the fees, she says.

When she heard about the Adolescent Girls’ Initiative Project and expressed her wish to enrol, her husband agreed in the hope that it would help them out of poverty – but he did not foresee the multiple ways in which they would benefit. It was after she attended a session on family planning and discussed with him what she had learnt that he agreed to use modern contraceptive methods. Had she known about it earlier, she would have been able to manage her fertility, she says.

Today, she is pleased that she is better informed about her sexual and reproductive health and rights. “I am so thankful for the training I have received. I now know about spacing children and about how to use condoms, pills and the loop. I also know I can get pregnant when breastfeeding,” she says.

For the time being, she and her husband are using condoms to delay having more children. “My situation is hard, so I don’t want another child soon – not for another 10 years!” she laughs.

Margaret would like to learn skills at the vocational training centre, such as how to make batiks and skincare oils, or to use a sewing machine, so that she can improve her family’s economic opportunities. Nevertheless, she extols the virtues of belonging to the project and is brimming with ideas to promote it. She suggests that T-shirts be printed to encourage other girls to sign up, in the hope that they, too, will become more empowered.



*The Maendeleo Girls (Development Girls), the group of girls who meet at a school in Kahama district, Tanzania. Photo: UNFPA East and Southern Africa*

## **'I was on the verge of running away when I heard of this project'**

Emma's<sup>3</sup> voice is raw with emotion as she speaks of the hardships she has already endured. At 19, she has two daughters aged five and two. Like most youngsters she had dreams for her future, but these were shattered when she lost one of her parents while still at school.

"Life became difficult after my father died," she says. "My mother couldn't pay the school fees so they chased me away." She approached the Roman Catholic Church and was thrilled when the priest agreed to pay her fees, which enabled her to finish Form I of

secondary school. However, she dropped out the following year when the priest moved away and the payments stopped.

Emma's mother gave her money to start a small business selling tomatoes and onions, but when the grant ended, she had no further access to money.

A friend convinced her that a man they had met would help with a grant to restart the business. He agreed to give her 5,000 Tanzanian Shillings (US\$3), but she returned the money when she realised she would have difficulty explaining its origin to her mother.

<sup>3</sup> Some names have been changed to protect their identities.



She continued to see this man and their relationship reached a point where she felt she could no longer refuse him. They had unprotected sex and she conceived immediately.

Her friend encouraged her to abort the pregnancy and she attempted to do so, but failed. The father of her child disappeared when he found out she was pregnant, she says. In Tanzania, sex with a minor is illegal.

Her mother was angry at the news. “My mother beat me, and she asked me what the man’s name was as I was underage. She reported him to the authorities but the case was closed (as he was no longer in the area).”

But he eventually returned and asked Emma to live with him. They married in 2010 and in due course, had a second child.

Emma’s husband opened a shop for spare parts and although he makes money, he supports his family only sometimes, she says. He drinks heavily and beats her.

Two months ago, when she was on the verge of running away to Dar es Salaam to look for cleaning work, she heard about Maendeleo Girls, the group that constitutes the Adolescent Girls’ Initiative Project and meets regularly at Lunguya Primary School in Lunguya, Kahama district. After signing up and starting the training in December 2013, she decided to stay.

Her husband reluctantly let her attend the meetings after her mother threatened to take her away from him. This didn’t mean he would encourage her, she discovered.

The programme has given her new insight on her life experiences. “I married at an early age and I realise I should not have. Now I am going to get income-generating skills, like making soaps, so I can be empowered. I am not planning to have another baby any time soon. I am using the loop and I am not expecting,” she says.

During the Maendeleo Girls meetings, she passes on her knowledge of family planning to other members. Many are not aware of contraceptives until these discussions, and most have taken to using the Pill, the IUD or Depo Provera, she relates.

Emma thanks UNFPA for bringing the project to her area. “I believe it will help others to not go through what I have been through,” she says.

**Note:** As a result of this interview, UNFPA referred Emma for services relating to domestic violence.

## UGANDA

Uganda has a population of 33.8 million people and a total fertility rate of 6.5 children per woman. The country has a condom prevalence rate of 23 per cent. The median age at first intercourse is 16.9 years and median age at first marriage is 18.3 years.

At 41 per cent, Uganda's unmet need for family planning is the third highest in the world. About 33 per cent of pregnancies are mistimed and 13 per cent are unwanted. The adolescent pregnancy rate is 25 per cent. There is a 35 per cent stock-out rate for modern contraceptives in public health facilities. Less than half of women (47 per cent) make the recommended four antenatal care visits.

The partnership in Uganda highlights the voices of young people as best practice. It profiles a variety of youth-led entrepreneurship initiatives from East Africa to demonstrate how young people, including those with disabilities, can drive and be reached with quality sexual reproductive health information and services.

The partnership has two major goals:

Increased access, delivery and funding of family planning information and services for young women in the initial target area, including those with disabilities.

Increased quality programmes for those with disabilities throughout the country, as well as an increased number of young people in business enterprises and vocational training institutions accessing family planning programmes and sexual and reproductive health information and services.





## Using peer educators to empower girls to stay in school



*Lydia Katusabe, a peer educator, has high hopes for her future: "I want to have children once I have a good job." Photo: UNFPA East and Southern Africa*

Not all of Lydia Katusabe's friends are as fortunate as she is. An accountancy student at Universal College of Business Studies in Mubende District, Lydia has solid plans in place for a prosperous future. Some of her friends have dropped out of college after becoming pregnant and consequently have not acquired the skills needed to secure a good job.

Lydia's good fortune can be attributed in part to the fact that she is one of 10 students at the college who agreed to be trained as peer educators. Prior to the training she had very little knowledge of condoms. She has since become fully informed and is sharing her new-found knowledge with others.

"Learning about condom use has helped me to protect myself," she says. "I want children after I have finished my studies and when I have a good job."

The aim of the Vocational Training Institution Peer Education Project is to help integrate sexual and reproductive health (SRH) training into extracurricular activities, to increase awareness of and access to services among students. Lydia estimates that she has helped educate more than 10 other young people in her role of peer educator between June and December 2013.

The peer education course has also helped Ivan Businge, 19, change his lifestyle and learn more about reproductive health. Ivan is in his second and final year of accountancy at the same college as Lydia. "The Sexual and Reproductive Health Peer Education course has helped me learn how to approach health workers at the health centre in order to get services and more information," he says.



*Peer educators demonstrate condom use to students at Universal College of Business Studies, Mubende District, Uganda. Photo: UNFPA East and Southern Africa*

As a peer educator, he shares the knowledge he has gained with local youths and elders. He estimates that he has distributed over 100 female condoms and five boxes of male condoms (each box containing 144 condoms). As he distributes the condoms, he also gives instructions to the recipients on how to use them. "Their response is usually good," he says.

As a result of their discussions with young people, some have decided to be faithful to their partners, while others have chosen to abstain from sex, to reduce their risk of being infected with HIV and other sexually transmitted diseases (STDs).

When it comes to accessing contraceptives, private clinics often charge clients for contraceptives while in public health centres, they are provided free of charge, Ivan says. He supplies free condoms at the college and also from his home.

To date, Ivan has engaged with a number of young people as a peer educator. He feels inspired by his voluntary work. "I feel good. I also get to associate with many people as a peer educator," he says.



## 'I use condoms to stay safe and prevent unplanned pregnancy'

Before she was exposed to the peer education project, Eugenia, 19, also studying accountancy at Universal College of Business Studies in Mubende District, didn't know anything about condoms or how to protect herself from pregnancy and STDs. The project has changed her life. She now knows what steps to take to avoid HIV and other STDs, and prevent unplanned pregnancies.



*Eugenia, 19, a peer educator, holds a female condom: "I can't allow a man to have sex with me without one." Photo: UNFPA East and Southern Africa*

She also plans to have a career: "Since I know how to use condoms, I can't allow a man to have sex with me without one. I want to avoid diseases and I want to have children only after my studies, so that I can get a job as an accountant," she says.

## Championing efforts to help young people with SRH information

Ronald Mugwabya, the Principal at Universal College of Business Studies in Mubende District, Uganda, completed his peer education project induction training in July 2013. In August, he provided one week's training to the peer educators and followed this up with a refresher session every two weeks. In 2013, he trained 10 peer educators and aimed to repeat this exercise in 2014, taking on board new students to replace those who left in order to maintain their numbers.

He requires each peer educator to reach eight or nine other students at the college with sexual and reproductive health information, and also to reach a similar number within their respective communities. He estimated that the peer educators had spoken to around 380 students at the college. They had also visited two local schools to share their new-found knowledge and help others make healthy SRH choices.



*Two peer educators at Universal College of Business Studies, Uganda, listening to a condom demonstration. Photo: UNFPA East and Southern Africa*

## Going beyond his army rank when it comes to community health

Daka Godfrey, 30, a private in the Ugandan army, has been stationed for five months at a military base that helps rehabilitate wounded soldiers, in Mubende District. As a peer educator he helps inform young people in the community on sexual and reproductive health matters, a role that he relishes.

Daka received one week's training in SRH, which included family planning and the provision of youth-friendly services. He then passed on the benefits of his training at a briefing with 38 fellow staff members.

Armed with his new-found knowledge, he conducts community outreaches and engages young people in discussions on SRH. He visited two schools where he spoke to about 600 young people aged 12 – 24 years on SRH issues, including HIV and advice on testing. He also distributed free condoms.

The health facility at the base where Daka works now offers sexual and reproductive health services. An officer at the facility reported that it has been overwhelmed with clients and the services were insufficient to cope with the sheer number of people requesting assistance.

Daka explained how the training he received has made him more respectful of young people and their needs. When speaking to youths, he advises them to visit him at the health facility, which they do. About 80 per cent of his clients are young people and most of them are already sexually active.

Daka says that during his community outreaches, when he recognises a need for clients to test for HIV, he refers them to the nearest health facility or arranges for health workers from the nearest facility to provide



service outreach in their communities. And when there is a shortage of reproductive health supplies, such as condoms and other contraceptives, he contacts the relevant health workers to resolve the shortage.

## Empowering young people holistically

Kugumikiriza Highway Community-Based Organisation hosts the Garbage Recycling for Sustainable Youth Employment project, which falls under the umbrella Youth Enterprise Model (YEM), in Mubende District, Uganda.

In each group, five people have been trained in sexual and reproductive health (SRH) as an integral component of the YEM project. The aim of this training is to

empower these young people in their own personal lives, and also to enable them as peer educators to transfer their knowledge to others in their communities to help educate and empower them. Topics discussed include sexually transmitted infections (STIs) and how to prevent them, how to use condoms, and the benefits of abstaining from sex to avoid pregnancy and STIs.

Each peer educator is tasked with reaching young people, with an emphasis on adolescent girls. Their sessions include demonstrating the use of condoms and explaining the process for medical referrals.



Peer educators at the Garbage Recycling for Sustainable Youth Employment Youth Enterprise Model (YEM) Project in Mubende District.  
Photo: UNFPA East and Southern Africa

The participants are advised to use contraception, to have children only when they are ready to do so, to space their births and to have the number of children they can afford. In making these choices, they will be enabled to provide fully for their families and at the same time, to be able to save money to invest in growing their businesses.

Discussions centre on issues such as how to sustain their families economically by having family sizes that are manageable, and how to start small businesses and in doing so, inspire other youths to follow suit. The peer educators also discuss environmental protection and encourage young people to start small eco-friendly projects. They also advise working people to save money each month and at the end of the year, use their savings to start new businesses.

An interesting technique the members use is to impart this information via narratives, in particular about how to protect themselves from STIs and pregnancy, and the importance of using condoms if they are HIV positive. The main thrust of their narratives is on how to live positively using the mantra 'Life is wealth'. As the members feel that most young people misuse their resources, they stress the wisdom of saving money while at the same time valuing their lives. In particular, they reach out to and help people who are HIV positive.

The peer educators at the Garbage Recycling for Sustainable Youth Employment YEM project reached about 95 young people with SRH information between July and November 2013.

One of the peer educators said that before he received the training, he had not considered it important to use condoms. However, he now understands the importance of using them consistently and correctly, and he also makes a point of distributing condoms in his community.

A female peer educator explained how prior to the training she had held a negative attitude towards contraceptives based on stereotypes, but she was now comfortable using them and she communicated this to her peers.



*A peer educator explains the Garbage Recycling for Sustainable Youth Employment Youth Enterprise Model (YEM) Project. Photo: UNFPA East and Southern Africa*

## KENYA

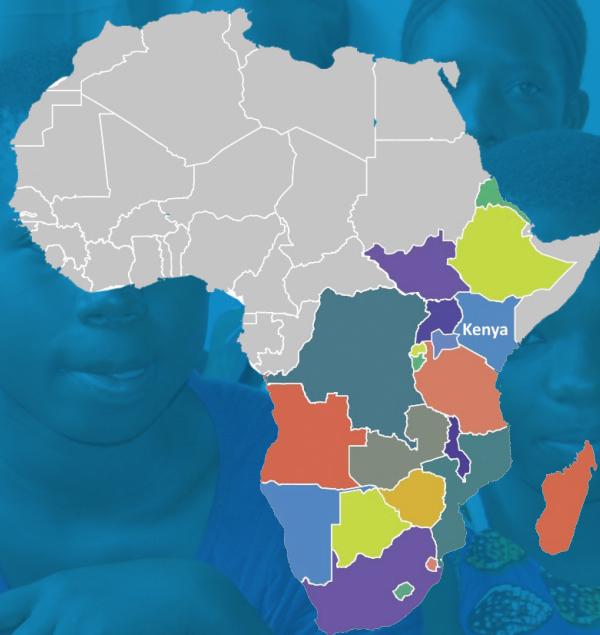
The Kenyan population was reportedly 38.6 million in 2009 compared to 15.3 million in 1979, an increase of 2.5 times over 30 years.

Kenya's average total fertility in 2010 was 4 to 5 children per woman. The country has a maternal mortality ratio (MMR) of 410 deaths per 100,000 live births. The unmet need for FP is 24 per cent due to limited contraception use and a tradition of large families.

The partnership in Kenya explores a faith-based outreach approach. It relates family planning to teachings from religious texts in a sensitive, culturally appropriate manner. Contemporary communication tools and social media are used to engage religious and community leaders in the initiative.

Two key goals of the partnership are as follows:

- To expand existing programmes in two districts that increase family planning awareness, funding and support for community and faith-based leaders;
- To achieve better outcomes and access to family planning information and services for young Muslim women.



## Changing Muslim perceptions on family planning

In Malindi, Kenya, young people can access clinics any time of the day for youth-friendly services, including counselling, HIV awareness, testing and treatment.



*Maurine Maoni (left) chats with some of her youth group members.  
Photo: UNFPA Kenya*

Service provider Maurine Maoni was thrilled when she heard about the launch of the project. “I enjoy working with young people. When the project started here in Malindi I was very excited because I’m a young person myself, and I was very motivated to be part of it,” she says.

The centre educates the youth on sexuality and provides free family planning services. It has become popular with young people, who meet there twice a week. “They love it here because they feel free to express themselves without fear of being judged,” says Maurine.

The community in Malindi is predominantly Muslim. Young people face major problems, such as drug addiction, teenage pregnancies and unemployment.

“Since its establishment, the centre continues to work closely with Muslim clerics and religious leaders to help change perceptions among the Muslim community on family planning. In addition, as many Muslims marry at an early age, the centre has been reaching out to young couples to educate them on the importance of child spacing,” she says.

### ‘I was a heroin addict, now I’m a youth counsellor’

Recovering drug addict Umami, in her 30s, is HIV-positive. She attends the UNFPA and Packard Foundation-supported clinic in Malindi every three months to receive a Norplant injection.

“I have used this method of contraceptive for three years now. I’m a mother of three and since I learnt about family planning and the importance of child spacing, I have been coming here for their services,” she says.

When she first received services at the clinic, she was aware of male condoms but did not know she could choose from among other methods of contraception.



"I am now educated on the methods and their pros and cons. After I understood how a woman can prevent an unwanted pregnancy, I embraced the Norplant method because I thought it was easier to deal with. I don't want to have any more children until I'm able to provide for my three children and give them a good life and good education," she says.

Since understanding the importance of child spacing, and learning more about how HIV spreads, she has become a champion of the clinic supported by the programme.

"I talk about HIV and family planning to my friends, neighbours, relatives and colleagues. I urge them to take up family planning for the benefit of their future. I also talk about the dangers of promiscuity and drug abuse. You see, I was a drug addict," she says.

"I got hooked on drugs when I was a teenager. I started off with a cocktail of drugs then graduated to cocaine before moving to the hard stuff – heroin." She used to inject the drug herself and was so high that she would share needles with others. "I never used to care if the needle was clean. Many times the syringe would have traces of other people's blood but we didn't care. What mattered was the high," she says. "I also used to sell my body to get the heroin."

Ummi endured heroin addiction for more than eight years, and gave birth to her three children during this time.

"It was a terrible time. Thank goodness for my mother who took my children in and cared for them. I also thank the officials who rescued me from the streets and sponsored my rehabilitation. By the time they took me in, I was very thin, lost and suffering from TB. When they did the HIV test, they discovered I was positive."

Ummi who received counselling at the centre was supported during her rehabilitation over a six-month period. Since her diagnosis, she has been using ARVs.

Today, she reaches out to young people who are abusing drugs and speaks to them about the dangers of HIV, STIs and other diseases. "I also talk about the need for protection and family planning. I use myself as an example and talk to girls about the dangers of drug abuse."

She often accompanies the team working at the clinic during outreach of services to speak to communities about the importance of spacing children. "I go to Madrassa and to meetings held by women's groups, at the chief's camp and at other public gatherings to talk about family planning. I educate people on the different methods available," she says. She also explains how women can still get pregnant when they are ready to do so by stopping use of their contraceptive method of choice.

Over time, Ummi has witnessed a major change within the Muslim community towards family planning, and she is pleased about this. "Before, the men and

women were very rigid about family planning but today, many have accepted the need to space their children. The religious leaders have been very instrumental in this process as they have endorsed family planning, but only within the context of marriage – not for single men and women. The religious leaders use the Koran and the teachings of Prophet Mohammed to encourage child spacing,” she says.

### **‘We are happy we can plan our families’**

Yasmina, 22, was married off to a much older man at the tender age of 13 years. “I got pregnant immediately and I’m now a mother of two children, aged seven and four years,” she says.

Two years ago a friend took her to the Malindi Health Centre to access the services they offer. Here she learned about the different methods of contraception.

“I chose the Norplant method because I wanted to stop having children until I’m ready to have more. I’m unemployed and not very literate, so I depend completely on my husband. I want the two children I have already to advance in their education before I can have more.”

Since discovering the importance of family planning, she has discussed it with her friends and invited them to the centre. “Now we all use the Norplant method and are happy that we can space the birth of children and plan for our families,” she says.

### **‘I want to go back to school to be as smart as the youth counsellors’**

Marian is 16 years old. Like many girls in Kenya, her parents married her off at a young age to a much older man. Just 11 years old at the time, she was his second wife. Her first born is three years old and her second born seven months old.

She attended the centre to get her son vaccinated and to learn more about family planning. “This is the first time I have come to this camp. I was told about it by my friends and I came here out of curiosity, plus I had finished my household chores and I wanted to come and listen to the music,” she says.

“I have been told about the different methods of family planning. I have learnt that I can avoid being pregnant by using any of the methods. I was also assured that any time I wanted another child, all I need to do is stop using the method and I will become pregnant again.”

The knowledge she has gained has inspired her to gain greater control of her life and plan her future. “I would like to go back to school and finish my education so that I can be as smart as the youth counsellors who have come here to speak to us. I don’t know if my husband will allow me, but that is my dream,” she says.



*A clinical officer from Malindi Health Centre educates young mothers on child spacing and family planning methods. Photo: UNFPA Kenya*

## 'People hunger for more information to empower themselves'

Constance Kadzo, a Youth Action Movement (YAM) member, is 19 years old. At the Malindi Health Centre she has learned how young people get infected with STIs, including HIV, and how to avoid teenage pregnancy. This inspired her to join youth outreach services.

"I joined the Youth Group so that I could reach out to more young people with information. We go to villages and mobilise young people through acting, music, singing, and dancing. We then use the forums to talk to the young people about taking their lives seriously so we discuss studies, career choices, sexuality,

immunisation, and other health related issues," she says.

Constance is pleased with the effect her actions are having. "I have seen changes within the communities, especially among the women as they are now having fewer children. When we started, women would come to the clinic with many children but now I see more women coming to the clinic with fewer children, who are also better spaced out."

Young people are also increasingly concerned about their health and their relationships with their families, she says. "Many express the need to know their HIV status, while many more now use condoms to protect themselves."

She has a strong desire to conduct further sessions to empower more people. "I wish we could hold more regular shows because we have seen there is a hunger for information, especially among those in the villages who rarely have access to this information. We would like to be sponsored to penetrate even deeper into the counties and go to remote areas. In addition, we would like to go more regularly to the sites we visit because the people are always asking us to come back with more information. The more young people we reach, the more empowered they will become to make positive, informed choices."

### **'Youth see me as a role model so I have to act responsibly'**

Youth Action Movement (YAM) member Samson Mbaya, 19, explains how the youth outreach programme launched in mid-2012 in Malindi, Kenya, is helping to change people's lives: "We use music because it attracts young people wherever we go. Once they assemble, we talk to them about community development," he says.

"We have seen the lives of young people transformed thanks to the information we give them. Many have changed the direction of their lives, made different career choices and stopped engaging in negative and dangerous activities. In fact, many keep asking when we will go back because they want to learn more."

During their public sessions they provide free family planning services, which include counselling. "The young people love our shows because they know no one is going to judge them and they can easily

acquire the health services," he says. "Every time we go back, we find the crowds are larger, meaning that those who came before have spread the news and have also invited their friends."

Today, more young people in Malindi are receptive to contraceptives, he says. "I'm very proud of being part of the youth group and being part of the change."

Being a member of the group has also changed Samson as it keeps him busy. "When young people are idle, they hang out with their peers in the neighbourhood and peer influence can be very strong, but in a negative and dangerous way." Bored youth often engage in crime, drugs and sexual promiscuity. "When you are busy, you don't have time for these activities," he says.

Because of the work he does with the youth, people in his community have come to respect him and many consider him a role model. "Young people look up to me so I have to act responsibly and be a role model, especially to those still in school. People also know I'm a serious person who, when the time is right, will start my own family responsibly."

Armed with their new-found knowledge, they feel empowered to make better choices in order to plan the future. "Most of us now choose to abstain or have sex responsibly. We also focus on our education because we want to pursue progressive, successful careers," Samson says.

## GOING FORWARD

These personal testimonies show how the project, *Catalysing Change on Family Planning in East Africa*, has made a significant change in the lives of the youth reached in Kenya, Uganda and Tanzania.

Their new experiences and changes in attitudes towards family planning and contraceptive use have the potential to cause a ripple effect in their respective

communities and in so doing, become a catalyst for wider social and behavioural change.

The *Catalysing Change on Family Planning in East Africa* project has the potential to reach a significant additional number of young people with scale-up and bring about social and economic improvements for their families and communities.



A youth group member talks to women about family planning at a community event in Malindi, Kenya.

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**Delivering a world where**  
every pregnancy is wanted  
every childbirth is safe  
every young person's potential is fulfilled



**UNITED NATIONS POPULATION FUND (UNFPA)**

East and Southern Africa Regional Office  
9 Simba Road  
PO Box 2980, Sunninghill, 2157, South Africa

Tel: +27 11 603 5300

Email: [esaro.info@unfpa.org](mailto:esaro.info@unfpa.org)

Website: [esaro.unfpa.org](http://esaro.unfpa.org) or [unfpa.org](http://unfpa.org)

Facebook: UNFPA East and Southern Africa Regional Office

Twitter: @UNFPA\_ESARO

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