

youth and well being

HEALTHY BODIES, HEALTHY MINDS



Introduction

Young people are expected to be healthy. They are in the prime of life and the effects of unhealthy practices, such as smoking and poor eating and drinking habits, have not started to impact on their lives. Thus, youth is a time when young people should have the least fears about being sick. However, youth is also a time when young people are exposed to many harmful environments which impact seriously on their health.

The survey looked at health and well being of young people in a holistic manner and in the context of the Alma Ata Declaration which is still used by the World Health Organisation.

Definition of health:

A state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity

Health is a fundamental human right the attainment of which:

Requires the action of many other social and economic sectors in addition to the health sector.
Alma Ata Declaration, : 1978

In order to be healthy, young people need to live in a healthy environment. This includes not only good housing and sanitation and clean and safe water, but also the space and encouragement to grow mentally and socially. Therefore, they need a stimulating, enabling educational environment which provides them with relevant information and promotes critical thinking, a supportive environment which encourages them to participate 'according to their evolving capacities'¹, and a protective environment which ensures that they are safe from both physical and human threats. These are the responsibility of all sectors in society. The survey looked at the health and well being of young people from this perspective.

¹ Convention on the Rights of the Child, Article 5



www.tamashavijana.com

Taasisi ya Maendeleo
Shirikishi ya Vijana, Arusha.

| P.O. Box 15044, Arusha |

| e-mail: rmabala@yahoo.com |

| wchachi@yahoo.com |

If you want to know how well services are working, ask those who use them. Since the rights and needs of young people are often not prioritized in relation to these services, TAMASHA in partnership with Twaweza, trained young people to carry out a survey on a selection of socio-economic services from a youth perspective in 2010. The data and information in this brief is the result of a survey carried out in 32 villages from 8 districts of Tanzania Mainland. The districts covered in the exercise were Arusha Urban, Iringa Urban, Kisarawe, Longido, Magu, Makete, Musoma Rural and Temeke.

Finding One: Young people's health is jeopardised by the nature of the school environment

The human and physical resources required to provide a stimulating environment in school were in short supply.

- **Teacher- student ratio.** The average teacher- student ratio was 1:88 in secondary schools. In four of 13 secondary schools the ratio was higher than 1:100. It is thus very difficult for a teacher, however skilled and motivated, to educate and stimulate the students effectively.
- **Untrained teachers:** In order to make up the shortfall in teachers, schools are employing high school leavers on a part time basis. Many of these part time teachers may be very enthusiastic and committed but they have not been trained to provide the right educational environment.
- **Hours of idleness:** As a result of these high ratios, the average number of classes taught on the day of the survey was less than two in eight of 14 secondary schools and less than three in 10 of 14 schools. Students are left to their own devices for the major part of the school day.
- **Lack of books and other equipment:** At the very least, if there were books, students could seek stimulation in them, but books were a scarce commodity. This was also true for any teaching aids on the walls, laboratories and even desks.
- **Medium of instruction:** The rapid expansion in secondary education, without ensuring an equivalent rapid expansion in language competence, means that even if students are lucky enough to have a teacher in the classroom, the majority of students do not have the language required to understand and participate. As a part of the survey, students in secondary school were given a reading test from a primary school text for Standard 2. Only 23% of the students were able to read the passage and answer the questions without difficulty and there is no guarantee that even they can cope with the level of English required to study Physics or History.



As a result of the above, the vast majority of students are condemned to a life of boredom and frustration, while they await confirmation of their failure in the National Form Four Examinations, as witnessed by the results for 2010. This must have a very negative effect on their healthy development.

Finding Two: Young peoples' health is affected by dangerous physical and social environments

The dangers are obvious but little action has been taken to address them.

- **Hazardous working conditions:** In the survey this was seen particularly in two areas:
- **Quarries in Iringa.** There have been many accidents, some even fatal, but working in the quarries remains one of the most popular livelihoods because it pays well.
- **Motorbike taxis.** Nearly all motorbike taxis are driven by young people with little or no instruction or monitoring, leading to an epidemic of motorbike related accidents.



- **Working in bars.** This was only mentioned in one village in Iringa, but this work exposes girls to sexual harassment and abuse.

- **Environmental hazards:** Depending on where they live, young people can be exposed to danger. For example, in Oltepesi, Longido, children have to walk to school through areas full of wild animals. From the quotation in the sidebar, it would seem to be a totally unnecessary hazard.

The same dangers apply to those who have to travel long distances in search of water (four hours or more in some places in Musoma).

“The children have big problems going to school. They go through a large area of bush with wild animals. It is very dangerous and the government does not want to help us. The people built two classrooms and an office but the office has now been taken over by the VEO”.

- **Gender based violence:** The lack of social protection makes girls very vulnerable to gender based violence.

- o **Distance and vulnerability.** Girls are particularly vulnerable when travelling long distances to school or in search of water as they are subjected to sexual harassment, inducements and abuse.

- o **Mini buses.** As a result of the never-ending conflict in regard to student bus fares (see brief on Infrastructure), girls are frequently harassed on mini buses going to and from school, or forced to walk home after dark through unlit areas.

- o **Accommodation and school.** In the survey, 15% of students were renting rooms, particularly in Kisarawe, Makete and Magu, in order to be able to attend secondary school. This makes them particularly vulnerable as parents often do not or cannot give the girls sufficient money for rent and food in a timely manner, which leaves them at the mercy of sexual predators. It may not be surprising then that Kisarawe, which has the highest number of students renting rooms, also has the highest number of secondary school pregnancies (40 in five years).

- o **Harassment in the work place.** As stated above, young women working in places like bars or selling food by the side of the road are frequently subjected to sexual harassment.

Maybe the worst aspect of such gender based violence is the social immunity accorded to those who harass the girls. It seems to be accepted that sexual harassment of young women, in the bars, on the buses, in schools, in rented rooms, or at places of business, is accepted as a normal part of life. Action is rarely taken against those who do the harassing.

Thus, the environment in which they live strongly affects the healthy development of young people. Even their behaviour is largely a product of the situations in which they find themselves, and the way others behave towards them. Apart from the effect on their mental and social health, all the above also impact strongly on their physical health.

Supportive environment

Positive living depends on a positive environment, in particular an environment which encourages people to participate fully in the lives of their families and communities. The survey showed that young people were frustrated and bitter about the lack of opportunities to participate in their communities. In most cases they do not even attend community meetings because they do not believe that their contributions will be taken seriously. All they are expected to do

is implement whatever the elders decide upon, usually by contributing their labour without pay. This lack of opportunity to participate has a negative effect on their healthy development. Young people learn social skills through participating, not by being marginalised.

In many cases, this is also coupled with a sense of injustice, which affects young people’s social health.

- **Mistreatment:** Adults, and/or community leaders just watch while students are being mistreated on the buses, forced to wait for hours at the bus stop, harassed in school, etc. Pious pronouncements that such things should not happen are not enough.
- **Physical violence:** In at least one village in Longido, young people are beaten physically if they are not prepared to do the work stipulated by the elders. In some cases they have been hospitalised. In Musoma, they were imprisoned for using water from a pond, caused by broken pipes, to water their gardens.
- **Corruption:** Young people, particularly in Arusha, gave examples of how they were deprived of their rights because of corruption in ward and village offices and police posts.

If we want our young people to be socially healthy and responsible, it is imperative that they are treated justly.

Finding Three: The health of young people is not being fully addressed

Sexual and reproductive health (SRH) of young people is very important because adolescence and youth is the time when the vast majority of people start to have sexual relations and have children. The threat of HIV and AIDS has made SRH even more crucial for young people. That does not mean that the health of young people should be confined exclusively to SRH. Yet, in considering the issues affecting the physical health of young people, most people seem to think that it is the only issue. This tendency was questioned by some health providers:

- **Health education:** In health education for young people SRH was the only issue specifically addressed, linked also to education on HIV and AIDS. This education was provided almost exclusively by NGOs and youth networks.
- **HIV and AIDS related services:** Voluntary Counselling and Testing services were common in all districts.
- **Pregnancy and child birth:** Maternal and child health services are provided for both pregnant women and children in all health facilities. These services are of particular importance to young women as nearly all of them have their first child and subsequent children when they are still classified as young. As other women do, they often have to pay for services which are supposed to be free, but are unavailable, such as in Kibada. What was not clear was whether there were any special services for the younger women, who are at higher risk in pregnancy and child birth of losing their child, or dying themselves. This is particularly true of young women who get pregnant outside marriage as they are often stigmatised and left without any support. Other information on health issues affecting young people was not so commonly available.
- **Bed nets and immunisation:** Services for bed nets and immunization were not common in the health centres. Only 25% of respondents

‘We are shocked by how our government disregards the issue of health. We have more than enough condoms and birth control pills to the point we have to find somewhere to put them because our store is small. But they neglect medicines for treating different diseases.’
~Temeke

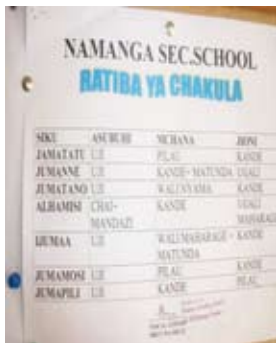
‘There is a problem with buying delivery kits so we tell the mothers to bring the kit with them.’
~Temeke

mentioned immunization for pregnant women. Less than 10% identified bed nets for women and children as being provided.

- **Nutrition:** In general, the only nutritional needs identified and addressed by health services are those of babies and small children, together with people living with HIV. Yet adolescence and post-adolescence is when the best possible nutrition is required because it is the time of rapid and intense physical and cognitive change and growth. Adolescents gain up to 50% of their adult weight, more than 20% of their adult height, and 50% of their adult skeletal mass during adolescence. Failure to address adolescent nutrition leads to stunting, deficiencies of iron, vitamins and other nutrients, as well as retardation within the uterus in pregnant girls².

Yet these needs are not being addressed.

- o **Schools.** The nutritional needs of adolescents in secondary schools are not being met. Ironically, students in secondary schools may even be worse off than those who do not go to school because very few secondary schools provide any meals. This, coupled with time taken to go to and from school, means that many adolescents do not eat at all in the middle of the day. Even if food is provided, the nutritional value of these school meals would be questioned in many places. The lack of adequate nutritious food affects both the physical growth of the young people and their ability to benefit from whatever education is provided. They cannot study effectively, or even stay awake in class when they have not eaten. Not surprisingly, the issue of school meals was the highest priority of the respondents in answer to what services schools should provide.



One school that does provide food.

- o **Pregnancy.** If a teenager becomes pregnant, as so many Tanzanian teenagers do (many websites claim that Tanzania has one of the highest adolescent pregnancy rates in the world)³, the issue of nutrition becomes even more important as the pregnant girl needs enough nutrients to support both her baby and her own continued growth and physical development. This issue has not been prioritised enough.
- o **Nutrition as a protective factor.** Good nutrition is not just important for someone living with HIV but is also a protective factor against HIV infection.⁴ One reason why girls are more susceptible to HIV infection than boys when adolescents (boys are more sexually active than girls but significantly less infected), is that their immune systems have been weakened by poor nutrition during the time of puberty. If they

² Adapted from <https://apps.who.int/nut/ado.htm>

³ For example: <http://uk.amref.org/where-we-work/our-work-in-tanzania/> which further states that 29% of rural girls age 15-19 have given birth or have been pregnant

⁴ For example see Stillwaggon, Eileen, HIV/AIDS in Africa: Fertile Terrain (2002). The Journal of Development Studies, Vol. 38, No. 2, pp. 1-22, 2002. Available at SSRN: <http://ssrn.com/abstract=1663078>

also become pregnant at the same time, their immune systems are even more impaired, making them more susceptible to infection.

- o Recreation and exercise are important aspects of health, especially for young people. However, there were no programmes for recreation for young people in any of the villages surveyed. At the most, young men (almost no young women do) can use a school football pitch, when it is not being used by the school itself. These grounds can be taken over by a developer at any time, or used for political and religious meetings, which means that young people have nowhere to go once more, as witnessed in Arusha. The lack of participation of young people in decision making is one of the reasons why no one regards their recreation as important.



Playing ground which has been taken over by a developer



School playground

Youth friendly health services were not mentioned at all. These are important because:

- Young people are very concerned about confidentiality, particularly in issues of sexual and reproductive health.
- Many health professionals do not treat young people in the same professional manner as they do adults.
- Health facilities do not necessarily operate in the most youth friendly manner. For example, one health centre in Musoma closes at 2.00 p.m. which is before the majority of young people have finished school for the day.

The exclusive emphasis of youth friendly health services on SRH and HIV can be stigmatising as any young person attending such services will be assumed to have a sexually transmitted infection, or, at the very least, be involved in sexual activity. Youth friendly health services should cater for the overall health and well being of young people. Since the state of health facilities is already problematic, maybe it is asking too much to expect a particular focus for the needs of young people, but that focus is certainly needed.

Finding four: Young people are as affected as everyone else by the poor state of health, water, and sanitation facilities

Many of the health facilities in the survey had serious problems:

- **Electricity:** The lack of electricity reduces the ability to work at night or do some laboratory tests. Electricity was only freely available in Arusha.
- **Water:** This is still a problem in many health facilities.

'If you fall sick at night, you don't get treated, unless you go with your own light.'
~Temeke

Even where there are good or new facilities, the lack of water and electricity badly affects the services, such as in Masaki which was opened only recently. Pregnant women have to

contribute to buy kerosene at night and patients have to buy water to take their medicine.

- **Shortages of equipment and medicine:** This includes shortages of laboratory services, medicine, stores where medicines can be purchased and ambulances. This was a problem almost everywhere.

- **Insufficient medical staff**

- **Water sources:** The availability and quality of water are major factors affecting the health of young people. Residents in at least 25% of the villages in the survey are still dependent on unsafe, shallow, natural wells. Only in Arusha did more than 80% of the respondents say they have access to safe and clean water. This lack of safe and clean water puts the health of people seriously at risk. In addition, as a result of the cost of water, others are forced to take water from unsafe sites such as rivers, ponds and natural wells.

*“There is no water at all. We are forced to buy a bucket at 250 shillings and we use up to six buckets a day.” Nurse.
~Temeke*

Traditional wells.



*“There is no equipment for testing. You explain your problem to the doctor and he writes out medicine for you. Often you end up with Panadol and malaria medicine.”
~Magu*

- **Sanitation:** Sanitation campaigns tend to focus on convincing people to dig and use good latrines in their own homes. Unfortunately, the latrines of schools, offices, and health centres do not provide a very good example of practising what you preach. In some cases, new latrines in schools are well built, but they seem to be the last priority. This affects particularly the health and well being of adolescent girls, especially when menstruating. The latrines are not clean enough and not private enough.

School latrines



Finding five: Improving infrastructure is as important as improving health centres

Even in developed countries not every community has a school or health centre. However, good roads and transport make it possible for everyone to access social services without difficulty, loss of many hours, exacerbated health problems, or even death because of delays in reaching the health centre. In the areas surveyed:

- **Poor roads:** Only 13% of the people surveyed live on or near all weather roads.
- **Transport:** Except on all weather roads, transport is intermittent, unreliable and costly which means that sick people and pregnant women have to be taken to hospital on foot or bicycle.

- **Distance:** In some cases, such as in Magu and Makete, villagers have to walk up to 20 kilometres to the nearest health centre.

These are all issues which have been raised and discussed extensively. Much effort has been put into the construction of health centres and dispensaries, but unless the buildings are equipped with an adequate number of trained health staff, medicines and other important equipment, these buildings become reminders only of the inadequacy of health services. The same applies to water points.

**Madaraka
Health Centre**



*Pregnant woman gives birth on the road
Kimokouwa, Longido.*

During the survey, in the village of Kimokouwa, a pregnant woman was about to deliver. Her family wanted her to deliver at home because the hospital is far away and it cost money to get there. Sick people frequently have to walk. When the woman's health deteriorated, they looked for a way of taking her to the district hospital 14 kilometres away. Because the pregnant woman could not walk, her husband asked the councillor to take her to the hospital in his car.

On the way, the woman started to deliver. The men had to run and find water from a road construction lorry which happened to be passing.

After giving birth, the woman was taken to the hospital, where the nurse noticed that the belly button of the child had not been properly tied up. She dealt with the issue quickly to make sure the child had no further problems.

Conclusion

The health of young people has to be considered holistically. It is not just the responsibility of the health sector.

Firstly, youth are strongly affected by the environments in which they live, study and work. In order to achieve total well being and health in line with the Alma Ata Declaration, much more attention needs to be given to these environments. We cannot expect to produce a generation that is physically, mentally and socially healthy if they study in school environments which leave them to their own devices for most of the day, live in communities which pay no attention to their mistreatment and deny or thwart their wish to participate and contribute, and take little or no action to address gender based violence against girls and young women.

Secondly, the health of young people should not be confined to issues of SRH. To date, the overwhelming focus of youth health has been on SRH and particularly HIV (which is by far the best funded). Within this focus, the emphasis has been on 'behaviour change', trying to convince young people to have fewer partners and safer sex. No account has been taken of the environmental factors that influence their decisions and therefore threaten their sexual and reproductive health.

More attention needs to be paid to the protection of young women, in particular from sexual harassment and abuse. Communities need to sit with young people and agree on actions to ensure that they are safe, in school, on the buses, and at work. Any further emphasis on behaviour change should concentrate on making it impossible for sexual abusers to act with impunity.

Communities and local institutions, including bars, should have sexual harassment policies, with implementable sanctions.

Thus, the emphasis should be on social change as much as behaviour change, creating the environment in which the well being of young people is respected and promoted and they can grow up happy, healthy and safe.

Finally, it is worth considering whether the improvement of health is best served by continuing to increase the number of health facilities (one in every community), which inevitably will have a shortage of health staff and equipment, or by improving roads transport and, communication, which will enable more people to utilize adequately equipped and staffed health facilities, and health staff to provide outreach services.

What can be done? Young people as part of the solution

Whatever success there has been in HIV education and prevention can largely be attributed to the hard work and commitment of young peer educators. This shows how the greater involvement of young people would contribute both to their own health and the health of their communities. Other ideas:

- Institutionalise their participation through youth clubs, centres and networks where they can organise themselves and their own activities and interact effectively with local governance structures, including in health activities.
- Train young people as health auxiliaries, adult education teachers (for young adults), local researchers into health and sanitation, etc., and pay them an allowance to work for the public good. This should be recognised as social entrepreneurship.
- Involve young people in decision making concerning the health and well being of their communities.