

youth and well being

HEALTHY BODIES, HEALTHY MINDS



1.0 Introduction

Young people are expected to be healthy. They are in the prime of life and, and the harmful effects of unhealthy practices, such as smoking, or unhealthy 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 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, clean and safe water etc. 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

Services may exist, but do they work? Are they effective? These should be the criteria for evaluating all the important factors that impact on our lives. The best evaluators are often those who want to access and use such services.

The rights and needs of young people are often not prioritised in relation to these services. That is why this particular survey, carried out by TAMASHA in partnership Twaweza, is unique firstly because the principal surveyors were young, and secondly because the survey looked at all these factors from the perspective of young people themselves.

All the data in these briefs come from this survey carried out in 32 villages in 8 districts of Tanzania. Arusha Urban, Iringa Urban, Kisarawe, Longido, Magu, Makete, Musoma Rural and Temeke carried out in 2010



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Finding One:

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

The human and other resources required to provide the stimulating environment were in short supply.

- **Teacher/student ratio.** The average teacher/student ratio was 1:88 in secondary schools. In 4/13 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 2 in 8/14 secondary schools and less than 3 in 10/14 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 their stimulation in the books, but books were also a scarce commodity, as was any other form of stimulation on the walls, in laboratories, teaching aids, even desks
- **Medium of instruction/destruction:** 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, frustration and failure, 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 people's health is affected by dangerous physical and social environments

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

- **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 it remains one of the most popular livelihoods because it pays well.
- **Motorbike taxis,** nearly all of which are driven by young people with little or no instruction or monitoring, leading to an epidemic of motorbike related accidents.



- **Working in bars** was only mentioned in one village in Iringa, but that also exposes the 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, the children have to walk to school through areas full of wild animals. From the quotation below, it would seem to be a totally unnecessary hazard.

The children get big problems going to school, 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.

The same applies to those who have to travel long distances in search of water (4 hours or more in some places in Musoma).

- **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 5 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 subjects of frequent 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 harass.

Thus, the environment in which they live strongly affects the healthy development of young people. Even their behaviours are 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 impact strongly on their physical health as well.

Supportive environment

Positive living depends on positive environments, 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 opportunities to participate also has a negative effect on their healthy development. Young people learn social skills through participating, not being marginalised.

In many cases, this is also coupled with a sense of injustice, which affects their social health even more.

- **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 even 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.

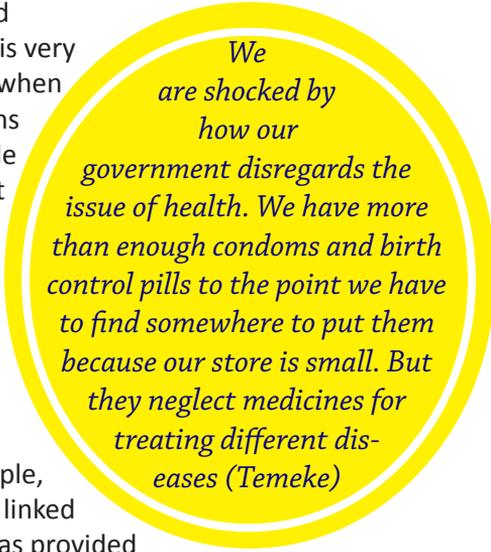
If we want our young people to be socially healthy and responsible, , it is imperative that they are treated justly.

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 the only health issue for young people is SRH, although this was questioned by some health providers:

- **Health education:** In health education for young people, SRH was the only health issue specifically addressed, linked also to education on HIV and AIDS. This education was provided by almost exclusively by NGOs and youth networks
- **HIV and AIDS related services:** VCT services were common in all districts.
- **Pregnancy and child birth:** MCH services are provided for both pregnant women and children in all the health facilities. These services are of particular importance to young women as nearly all of them have their first child and many subsequent children when they are still classified as young. As other women, they often have to pay for services which are supposed to be free, but are unavailable, for example in Kibada.

What was not clear was whether there was any special services for the younger women, who are at more risk in pregnancy and child birth of losing their child, or dying themselves. This is particularly true of young women who get pregnant outside



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

marriage as they are often stigmatised and left without any support. Other health issues affecting young people were not so commonly available.

- **Bed nets and immunisation:** Services for bed nets and immunization were not so common in the health centres. Only 25% of respondents 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 intrauterine retardation in pregnant girls². Yet this is not being addressed

- o **In 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 provided any meal. This coupled with time taken to go to and from school means that many adolescents do not eat at all during the middle of the day. Even if food is provided, the nutritional value of school meals would have to 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 response to services schools should provide.

NAMANGA SEC.SCHOOL			
RATIBA YA CHAKULA			
SIKU	ASUBUHI	MCHANA	JIONI
JAMATATU	UJI	PILAU	KANDE
JUMANNE	UJI	KANDE+ MATUNDA	UGALI
JUMATANO	UJI	WALI NYAMA	KANDE
ALHAMISI	CHAI+ MANDAZI	KANDE	UGALI MAHARAGE
JUMAA	UJI	WALI MAHARAGE + MATUNDA	KANDE
JUMAMOSI	UJI	PILAU	KANDE
JUMAPILI	UJI	KANDE	PILAU

One school that does provide food. Kimokouwa food being served

- 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.
- 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 infection⁴. One reason why

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>

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

- o Recreation. 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) can use a school football pitch (when it is not being used by the school itself) or open spaces which 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 (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
developer

- Youth friendly health services were not mentioned at all. These are important because:
 - a) Young people are very concerned about confidentiality, particularly in issues of sexual and reproductive health.
 - b) Many health professionals do not treat young people in the same professional manner.
 - c) Health facilities do not necessarily operate in the most health 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.

However, the exclusive emphasis of youth friendly health services on SRH and HIV can also 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 and 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 but electricity was only freely available in Arusha.

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

- **Water:** This is still a problem in many health facilities.

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 drink their medicine.

There is no water at all. We are forced to buy a bucket at Tshs. 250/- and we use up to 6 buckets a day (Nurse, Temeke).

- **Shortages of equipment and medicine:** This includes shortages of laboratory services, medicines and stores for the medicines as well as 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. Villagers 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 the 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.

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, Ihale, 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 are not a very good example of practising what you preach. In some cases, new latrines in schools are well built, but they usually 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 there not every community has a school or health centre. However, good roads and transport still make it possible for everyone to access social services without any difficulty, or loss of many hours, or in the case of health, 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 live on or near all weather roads.
- Transport: Except on all weather roads, transport is intermittent, unreliable and costly which means that sick people, or pregnant women have to be taken to hospital on foot or bicycle.
- Distance: In some cases in Magu and Makete, villagers have to walk up to 20 kilometres

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 adequate 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 costs money to get there. Sick people frequently have to walk. When the woman's health deteriorated, they looked for a way of taking the woman to the district hospital 14 kilometres away. Because the pregnant woman could not walk, her husband asked the councillor to take her to 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 hospital, where the nurse noticed that the belly button of the child had not been properly tied up, so she dealt with the issue quickly to make sure the child got 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, they are strongly affected by the environment 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, and live in communities which pay no attention to their mistreatment and deny or thwart their wish to participate in 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 also to 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 also 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 be short of health staff and equipment, or by better roads and transport, as well as communication which will enable more people to attend 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 own communities.

- Institutionalise their own 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.