

1-11 4000

PD-AAR-590



INTRAH

Trip Report

0-37

Travelers: Carol Place, INTRAH Data Management Specialist

Country Visited: SWAZILAND

Date of Trip: March 4-19, 1985

Purpose: To provide technical assistance to FLAS in reviewing INTRAH PAC I project and planning for a pilot community-based FLE project.

9324644

003540

000106
S

Program for International Training in Health
208 North Columbia Street
The University of North Carolina
Chapel Hill, North Carolina 27514 USA

TABLE OF CONTENTS

	<u>Page</u>
EXECUTIVE SUMMARY	i
SCHEDULE OF ACTIVITIES	ii
I. PURPOSE OF TRIP	1
II. ACCOMPLISHMENTS	1
III. BACKGROUND	2
IV. DESCRIPTION OF ACTIVITIES	3
V. RECOMMENDATIONS	7

APPENDICES

- A. Persons Contacted

- B. Guidelines, Objectives and Instruments for Baseline Data Collection

- C. Guidelines and Objectives for Community and School Meetings

- D. Objectives for and Diagram of Family Life Education Community-Based Pilot Project

- E. Letters prepared for the Ministry of Education and School Headmasters

- F. Family Life Education Curriculum Guidelines

EXECUTIVE SUMMARY

From March 4 - 19 INTRAH Data Management Specialist Ms. Carol Place worked with the Family Life Association of Swaziland (FLAS) to develop plans for a community-based family life education project and to collect baseline data for the project. Objectives and guidelines were developed for each component of the project and schedules were prepared. Instruments were drafted and field-tested during preliminary baseline data collection. Meetings were held with USAID and a representative from Johns Hopkins University, Population Communications Services (PCS) in order to determine FLAS and its donors' priorities for work to be accomplished through 1986. Assistance was then provided by Ms. Place to FLAS in formulating its objectives and priorities.

Meetings were also held with representatives of the Ministry of Health, the MOH's Public Health Unit and the Institute for Health Sciences. Discussions involved Swaziland needs for assistance in the area of family planning training.

SCHEDULE DURING VISIT

- Sunday, March 3: Arrived in Mbabane.
- Monday, March 4: Review and planning at FLAS office with Ms. Agnes Mabuza and Mr. Eric Masongo.
- Tuesday, March 5: Meeting at USAID with Ms. Linda Lankeau; Work at FLAS office.
- Wednesday, March 6: Work at FLAS office.
- Thursday, March 7: Work with Ms. Agnes Mabuza and Mr. Eric Masongo in the field and at FLAS office.
- Friday, March 8: Work at FLAS office; Meeting with FLAS Administrator, Ms. Khetsiwe Dlamini.
- Monday, March 11: Meeting with Ms. Wilma Lynn of PCS, Ms. Agnes Mabuza and Ms. Khetsiwe Dlamini; Work at Swazi Inn.
- Tuesday, March 12: Work at FLAS office; Meeting with Ms. Wilma Lynn; Trip to the field.
- Wednesday, March 13: Work at FLAS office; Meeting with Ms. Maggie Makubu, Chief Nursing Officer of the MOH.
- Thursday, March 14: Data collection visits to schools; Work at FLAS office; Meeting at Institute for Health Sciences (IHS) with Principal Mr. Nestar Dlamini, Matron Ntiwane of the MOH Public Health Unit, Ms. Murrily and Ms. Eunice Mabuza, IHS FP Tutors and Dr. Rhodes Mwaikambo a consultant to the Public Health Unit.

- Friday, March 15: Meeting at USAID with
Ms. Linda Lankenau, Mr. Scott Smith,
Mr. Harry Johnson (Deputy Director)
and Ms. Wilma Lynn of PCS;
Work at FLAS office;
Meeting at FLAS office with
Ms. Linda Lankenau, Ms. Agnes Mabuza
and Mr. Eric Masongo.
- Saturday, March 16: Community meeting;
Work at FLAS office.
- Monday, March 18: Work at FLAS office;
Data collection visit to school;
Meeting with Ms. Joy Awori and
Mr. Salhu Haile of FPIA.
- Tuesday, March 19: Debriefing with USAID Director
Mr. Robert Huseman,
Mr. Harry Johnson,
Mr. Scott Smith and
Ms. Linda Lankenau;
Departure from Mbabane.

I. PURPOSES OF TRIP

1. Assist the Family Life Association of Swaziland (FLAS) with follow-up of chief seminars supported by INTRAH;
2. Assist with planning for and implementation of baseline data collection for a pilot FLE project in one district; the pilot project will be designed to introduce family life education (FLE) on a community basis and to institute FLE in schools.
3. Assist with plans for the future implementation of community-based FLE in additional districts;
4. Participate in discussions with Ms. Wilma Lynn, PCS; Ms. Linda Lankenau and Dr. Charles DeBose, USAID; and FLAS staff regarding future directions in the area of IEC and FLE.
5. Discuss with the Ministry of Health future FP training needs.

II. ACCOMPLISHMENTS

1. The follow-up of chief seminars had begun prior to Ms. Place's arrival in Swaziland. FLAS family life educators held meetings with six chiefs and their inner committees in January and February 1985. Their discussions with these chiefs reinforced the belief that the planned community approach to FLE was the most appropriate.
 2. Assistance was provided with baseline data collection activities. Objectives and instruments were developed for all components. (See Appendices B and C.)
 3. A three-phase pilot community-based project was designed to begin in May 1985 (see Appendix D). Measurable objectives were developed and preliminary budgets were prepared.
 4. Meetings were held with Ms. Wilma Lynn, PCS, and Ms. Linda Lankenau, USAID in order to clarify goals of the pilot project. Later in the visit it became necessary to determine roles of other donors in similar FLE/IEC activities and to review components of an MOH project calling for FLAS' IEC Unit assistance.
- / | /

Meetings were also held with FPIA representatives to discuss future directions of FLAS in IEC.

5. Meetings were held with the MOH Chief Nursing Officer Ms. Maggie Makhubu, with Matron Ntiwane and Mr. Rhodes Musaikambo of the Public Health Unit, MOH, and with Mrs. Nestar Dlamini, Principal and two FP tutors from the Institute for Health Sciences. Discussions yielded some priorities for consideration by INTRAH in FP training for Swaziland.

III. BACKGROUND

Since 1980, INTRAH has supported training and technical assistance activities with the Family Life Association of Swaziland (FLAS). From 1980 to 1983, FLAS conducted ten workshops in family life education (FLE), eight for teachers and two for teachers and nurses. In addition, FLE seminars for chiefs were held in collaboration with the Health Education Unit of the Ministry of Health.

The major goal of FLAS workshops for teachers was to provide them with the necessary FLE background to incorporate FLE topics into their teaching. Workshops which included both teachers and nurses had the additional objectives of sensitizing clinic nurses to the needs of adolescents and fostering collaboration between teachers and nurses in the support of adolescents with problems. Seminars for chiefs were designed to sensitize them to adolescents' needs and to introduce them to the topics of FLE.

In February-March, 1984, INTRAH and FLAS evaluated the training project by interviewing headmasters, teachers, nurses and adolescents. Results of the evaluation highlighted the following points:

- 1) A 5-day seminar on FLE alone was not sufficient to prepare teachers to teach FLE in schools;
- 2) Though the target groups for training were sensitized to the needs and problems of adolescents, little was actually being done to help them;
- 3) Fear of the community's (parents') attitude was established as the primary reason for the lack of introducing FLE in schools;
- 4) Community support for FLE was required before schools could or would attempt to teach FLE to adolescents; and
- 5) FLE should be introduced into the national school curriculum.

Following the evaluation activities, INTRAH worked with FLAS to prepare objectives and plans for a pilot project to obtain community support for FLE and to test various approaches to teaching FLE in schools.

Through the coordinating efforts of USAID, INTRAH and PCS were invited to Swaziland early in 1985 to carry out preliminary steps for the pilot community project and to prepare the way for implementation.

IV. DESCRIPTION OF ACTIVITIES

INTRAH Data Management Specialist Ms. Carol Place worked with FLAS from March 4 - 19, 1985. During this period, the following activities were accomplished toward eventual implementation of a two-phase pilot project.

- 1) Development of evaluation criteria;
- 2) Development of project objectives;
- 3) Development of baseline data collection instruments for headmasters, teachers and nurses;
- 4) Selection of two regions (one rural and one urban) and seven schools (four secondary and three high schools);
- 5) Development of objectives and an agenda for community meetings;
- 6) Development of guidelines for meetings with school committees, chiefs and their inner committees;
- 7) Development of objectives for each meeting type for Phase II;
- 8) Preparation of letters to headmasters, chiefs and the Ministry of Education;
- 9) Establishment of appointments with schools, clinics and chiefs for data collection and introductory meetings;
- 10) Collection of baseline data from several schools and clinics in one of the pilot regions;
- 11) Meetings with chiefs and their inner committees, school committees and one community group;
- 12) Development of plans, diagrams and preliminary schedules for Phases I and II; and
- 13) Development of a preliminary budget and proposal for Phase II.

The major objectives developed for the pilot project are to introduce FLE to communities; to obtain community support for introduction of FLE in schools; to teach FLE in the seven selected schools for one year; and to prepare recommendations for the Ministry of Education toward development and institution of a national FLE curriculum in schools.

The activities planned for and begun in Phase I include:

- 1) Baseline data collection from schools and clinics; and
- 2) Meetings in each school area with school committees, chiefs and their inner committees, parents and teachers, headmasters and nurses.

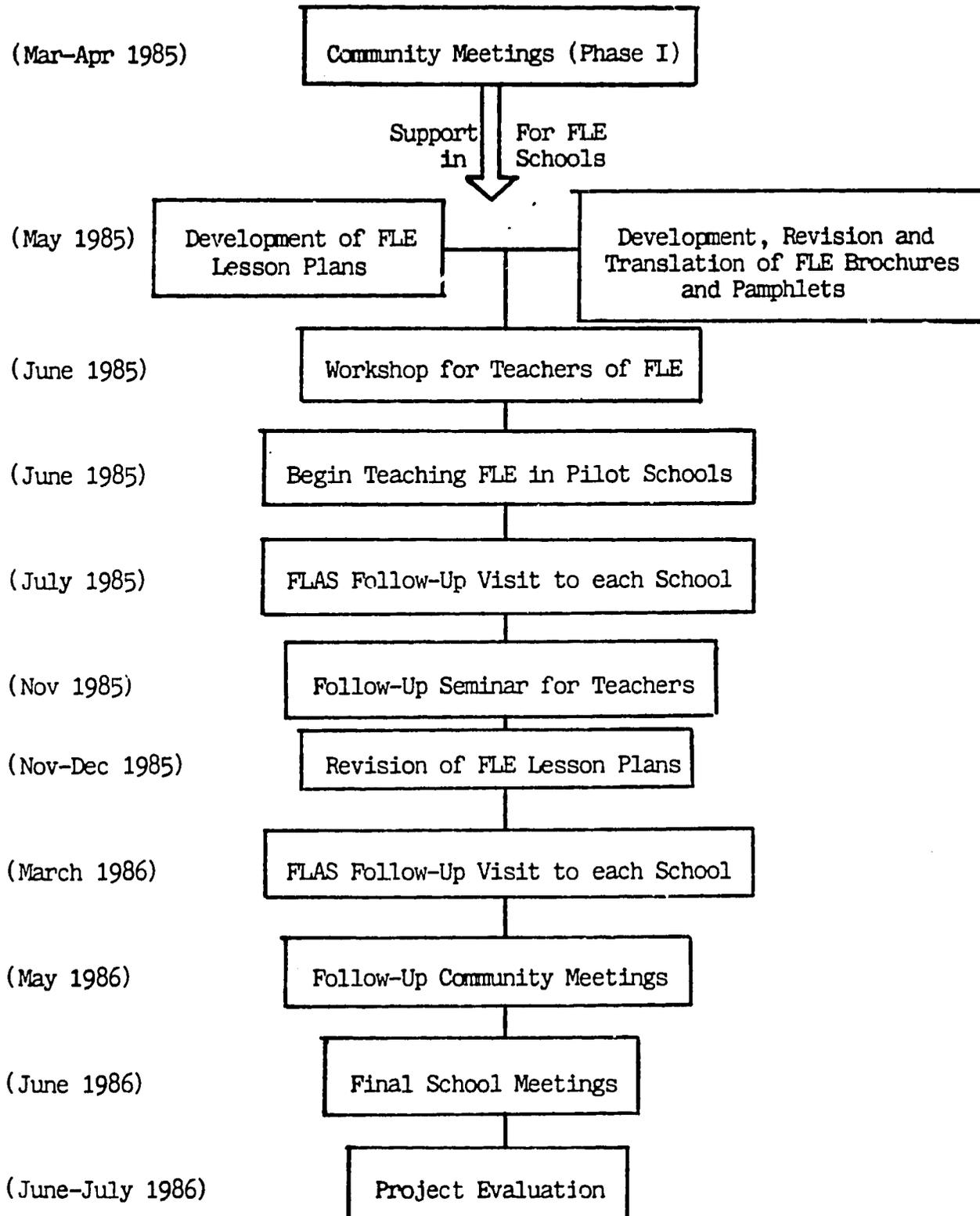
As outlined in Chart 1, Phase II includes the following activities:

- 1) Development, revision and translation into Siswati of FLE pamphlets and brochures;
- 2) Development of specific preliminary lesson plans for the teaching of FLE topics;
- 3) A workshop in each region to prepare teachers to teach FLE;
- 4) Teaching of FLE in each of the seven schools for one year;
- 5) Two FLAS follow-up visits to each school;
- 6) A follow-up seminar for teachers to review their progress, and determine and solve problems with their teaching of FLE;
- 7) Revision of lesson plans;
- 8) A follow-up community meeting;
- 9) Final school meetings at the end of the pilot year to draw up recommendations for the future teaching of FLE in schools and to develop a national FLE school curriculum; and
- 10) Evaluation of the pilot project.

CHART 1

Family Life Association of Swaziland (FLAS)
Proposed Pilot Project
Community-Based Approach to FLE in Schools

March 1985-June 1986



Considerations Regarding Implementation of the Pilot Project

During the design and initial implementation of Phase I of the pilot project, it became evident that demands on FLAS from other sources might prevent them from carrying out the proposed activities for the community-based project, unless modification is forthcoming in their workplan. A UNFPA-IPPF project has been developed in conjunction with the Ministry of Health, Health Education Unit. This UNFPA-IPPF project, "Assistance to National MCH/FP Programme in Swaziland" (Project SWA/83/PO1), supports a variety of FLE components which are designed for FLAS to implement. One of the components, "Family Life Education for the Youth", was initially thought to actually duplicate efforts of the pilot community-based project. Upon closer inspection, however, it appears that the pilot project and this component could be complementary activities designed to achieve the same goal of instituting FLE in schools. The UNFPA-IPPF "FLE for Youth" component includes the development of a national FLE curriculum and training of teachers to teach FLE. None of the community-based meetings or follow-up activities of the pilot project are included in this component. As a result of FLAS experience, the 1984 FLAS-INTRAH evaluation and recently collected data and community meetings, these approaches appear to be required to obtain community support for introduction of FLE in schools and to determine the most appropriate ways to teach FLE.

V. RECOMMENDATIONS

A. Family Life Association of Swaziland (FLAS)

As a result of three years of work with INTRAH's FLAS project and two trips to Swaziland, the traveler offers the following recommendations:

1. As suggested in the recent FPIA-IPPF evaluation of FLAS, 'it is true that FLAS needs improvement in the areas of management, program planning, administration and scheduling. In-country technical assistance in these areas (rather than out-of-country training) is recommended.
2. Immediate attention should also be paid to the communication between FLAS IEC staff members and the FLAS administration regarding responsibilities, activity scheduling and program planning.
3. FLAS should immediately begin to determine their specific IEC objectives for 1985-1986 and the activities they will plan to accomplish those objectives.
4. Detailed time management for FLAS IEC staff is currently required in order to set realistic priorities for 1985-1986 activities and projects. Technical assistance may be required for long-term success with time management.
5. A realistic assessment by FLAS of the projects it hopes to implement and the resources needed should be undertaken, for current (1985-1986) and future planning.
6. Immediate technical assistance is required for the development and revision of FLAS FLE materials. These will also need to be translated into Siswati.
7. Additional technical assistance may be required during the pilot project's Phase II development of FLE lesson plans.
8. Meetings should immediately take place between FLAS, IPPF, FPIA, the Ministry of Health, and the Ministry of Education to determine

and agree on priorities and support for FLAS 1985-1986 FLE activities.

9. Meetings between FLAS and its donor agencies should be held on a routine basis, in order to compare notes, check progress and determine priorities.
10. Meetings between FLAS and representatives from the Ministries of Health and Education should be held at least once every two months.
11. Following thorough review and reorganization of FLAS 1985-1986 IEC priorities, funding should be secured as soon as possible for FLAS to begin Phase II of the Pilot Community-Based FLE Project, preferably combining elements of the pilot project with plans for the UNFPA-IPPF component "Family Life Education for the Youth."
12. A seminar should be provided for nurses in the principal areas of the pilot project, to encourage their support of FLE for adolescents and provide them with information about adolescent problems, FP and pregnancy services, and counselling of adolescents.

B. Ministry of Health

Following meetings with Ministry of Health and Institute for Health Sciences representatives,

Ms. Place makes the following recommendations:

1. Assistance should be provided for refresher training of ten Institute for Health Sciences midwifery and family planning tutors in clinical FP skills and FP training skills to be applied toward their upcoming responsibilities as trainers for the UNFPA-IPPF project "Assistance to National MCH/FP Programme in Swaziland", specifically the component entitled "Training of Nurses and Supervisors".
2. Assistance should be provided for non-clinical FP and FLE training of eight Public Health Nurses who will be members of the same project's school health teams.

APPENDIX A

Persons Contacted

USAID:

Mr. Robert Huseman, Director
Ms. Linda Lanckenau, IDI
Mr. Scott Smith
Mr. Harry Johnson, Deputy Director

FLAS:

Ms. Khetsiwe Dlamini, Administrator
Ms. Agnes Mabuza, IEC Coordinator
Mr. Eric Masongo, IEC Trainer
Ms. Martha Nfambule, Clinic Nurse

MOH:

Ms. Maggie Makubu, Chief Nursing Officer

MOH, Public Health Unit:

Matron Edith Ntiwane,
Mr. Rhodes Mwaikambo

INSTITUTE FOR HEALTH SCIENCES

Mr. Nestar Dlamini, Principal
Ms. Murmly, FP Tutor
Ms. Eunice Mabuza, FP Tutor

FPIA:

Mr. Salhu Haile
Ms. Joy Awori

JOHNS HOPKINS UNIVERSITY, POPULATION COMMUNICATIONS SERVICES:

Ms. Wilma Lynn

APPENDIX B

**Guidelines, Objectives and Instruments
for Baseline Data Collection**

CHIEFS (Meet with them first)

- Community Within our meeting, with them , determine:
1. Attitudes about Family Life Education/
Family Planning for adolescents
 2. Knowledge of Family Life Association of Swaziland/
Family Life Education, Family Planning and
Sexually Transmitted Diseases
 3. Support for introducing Family Life Education in schools

12

T E A C H E R

Family Life Association of Swaziland (FLAS)
Community Based Approach to FLE
Baseline Data Collection
8th March, 1985

Name:.....

School:.....

Form: I.....II.....III.....IV.....V.....

Subject(s) Taught.....
.....

FLAS Trained? Yes.....No.....

Do you teach any of the following Family Life Education subjects?

- Nutrition
- Maturation and Hygiene
- Human Reproduction
- Becoming a Parent
- Sexually Transmitted Diseases
- Family Planning and Contraception
- Career Guidance

Do you know about the Family Life Association of Swaziland?

Yes No

Do you know about Family Life Education?

Yes No

Is Family Life Education provided in your school?

Yes No

Would you support the introduction of Family Life Education in your school?

Yes No

If no why?

Do you feel that Family Life education should be included in the national curriculum?

Yes No

1.7

Do you feel that adolescents should be given information or counselling about family planning, contraception and Sexually transmitted Diseases?

Yes

No

Do you ever counsel adolescents with sexuality, Sexually Transmitted Diseases or pregnancy problems?

Yes

No

If yes, approximately how many per month.....

Do you ever refer adolescents for family planning services?

Yes

No

What are the difficulties with family planning services in your community?

If no why?

Do you feel that Family Life Education should be included in the national curriculum?

Yes

No

Do you feel that adolescents should be given information or counselling about family planning, contraception and Sexually Transmitted Diseases?

Yes

No

What are the difficulties with family planning services in your community?

NURSE

Family Life Association of Swaziland (FLAS)
Community Based Approach to Family Life Education
Baseline Data Collection
8th March, 1985

Date:

Name:

Clinic:

Staff Nurses

Trained in family planning.....

F.L.A.S. Trained? Yes No
Trained in family planning? Yes No

Do you know about the Family Life Association of Swaziland? Yes No

Do you know about Family Life Education? Yes No

Do you feel that adolescents should be provided information or counselling about family planning/contraception? Yes No

Would you support the introduction of Family Life Education in the school in this community Yes No

Do adolescents come to your clinic for family planning services?
Yes No

If yes, approximately how many do you think come to you for such services per month?

Do teachers refer some students to you for assistance e.g. family planning services, Sexually Transmitted Diseases, counselling etc?
Yes No

Do students visit this clinic for treatment of Sexually Transmitted Diseases
Yes No

If yes, approximately how many do you think come to the clinic per month?

.....

Do students visit this clinic for pregnancy counselling? if yes approximately how many per month?.....

Do you feel family planning services are adequate for this community?

Yes

No

What are the difficulties with family planning services in your community?

APPENDIX C

**Guidelines and Objectives for
Community and School Meetings**

OBJECTIVES FOR COMMUNITY MEETING:

To introduce FLAS/FLE/FP to the community

To introduce the pilot project

To introduce the teachers/nurses trained for Family Life Education in that Community

COMMUNITY MEETING AGENDA

1. Provoke discussions about adolescent problems in the Community
2. Find out how best these could be solved
3. Introduce Family Life Association of Swaziland
4. Introduce Family Life Education, its components and their base on tradition
5. Talk about teacher/nurses workshops and objectives
6. Talk about chiefs seminars and objectives
7. Summary of chiefs/teachers and nurses workshop recommendations
8. Discussion/questions
9. Summary of outcome

MEETINGS WITH THE SCHOOL COMMITTEE:

OBJECTIVES:

- (i) To introduce the concept of Family Life Education
- (ii) To explain the project
- (iii) To gain their support for the project

What do you consider to be the major problem/s facing the youth in this school?

- Teenage pregnancy
- Sexually Transmitted Diseases
- Smoking
- Alcoholism and Drug Abuse
- High failure rate
- Other (specify).....

How do you think these problems could be reduced?

What do you think of Family Life Education?

Do you think it can help in reducing the problems you mentioned

Yes No

If yes, how.....
.....

If no, why.....
.....

If Family Life Education was provided in your school by a trained teacher would you support that?

Yes No

APPENDIX D

OBJECTIVES FOR AND DIAGRAM OF FAMILY LIFE EDUCATION

COMMUNITY-BASED PILOT PROJECT:

- Family Life Education (FLE) will be introduced in schools in two regions, Hhohho and Shiselweni; in 5-8 secondary and high schools.
- FLE will be taught in each school to at least one group per week during school time.
- At the end of a year, the overall number of teenage pregnancies will have dropped by 5%.
- Community (parents', leaders') support will be solicited for the introduction of FLE in the schools.
- The community will be provided with information on the basic concepts of FLE during the community meetings.
- Within a year the number of clinic visits by adolescents will increase by 8% for family planning and pregnancy counseling and for diagnosis of sexually transmitted-diseases.
- Within a year the number of clinic visits by community members will increase.
- The number of teacher nurse referrals for family planning and pregnancy counseling, and for diagnosis of sexually transmitted diseases will increase.
- General knowledge about FLE will increase.
- Other teachers' and headmasters' knowledge about FLE will be increased in order to gain their support and cooperation for the introduction of FLE in the schools.
- Teachers' and nurses' knowledge of FLE will be reviewed through a refresher seminar so they are competent to teach FLE and provide services.
- A case for the inclusion of FLE in national schools' curriculum will be made by using the results of this pilot project.
- Adolescents, other teachers, nurses and headmasters and the community will be informed about the activities of the Family Life Association of Swaziland.

- A case for the inclusion of FLE training as part of required teacher training will be made.

OBJECTIVES FOR THE 3RD DAY SEMINAR FOR FAMILY LIFE EDUCATION TEACHERS AND NURSES

1. To review Family Life Education knowledge.
2. To provide them skills on how to impart Family Life Education information.
3. To develop lesson plans for various Family Life Education topics.
4. To allow Family Life Education teachers and nurses in the same areas to meet one another and exchange views.
5. To motivate Family Life Education teacher to teach Family Life Education
6. To motivate nurses to provide services and counselling to adolescents.
7. To introduce them to new materials available through Family Life Association of Swaziland.

OBJECTIVES FOR THE FOLLOW-UP VISITS

1. To assess needs for additional Family Life Association of Swaziland assistance in implementing Family Life Education.
2. To introduce new materials or films.
3. To determine progress.

OBJECTIVES FOR 1 DAY SEMINAR

Same as above

4. To have Family Life Educators exchange views problem sharing and discussions.

14

OBJECTIVES FOR THE FOLLOW UP COMMUNITY MEETINGS

1. To determine their assessment of the project.
2. To gain their support in the request to include Family Life Education in the National Curriculum.
3. To seek recommendations for the future.

OBJECTIVES FOR FINAL SCHOOL ASSESSMENT MEETINGS

1. To review Family Life Education activities.
2. To determine problems encountered and solutions.
3. To determine successes.
4. To develop recommendations for the future.

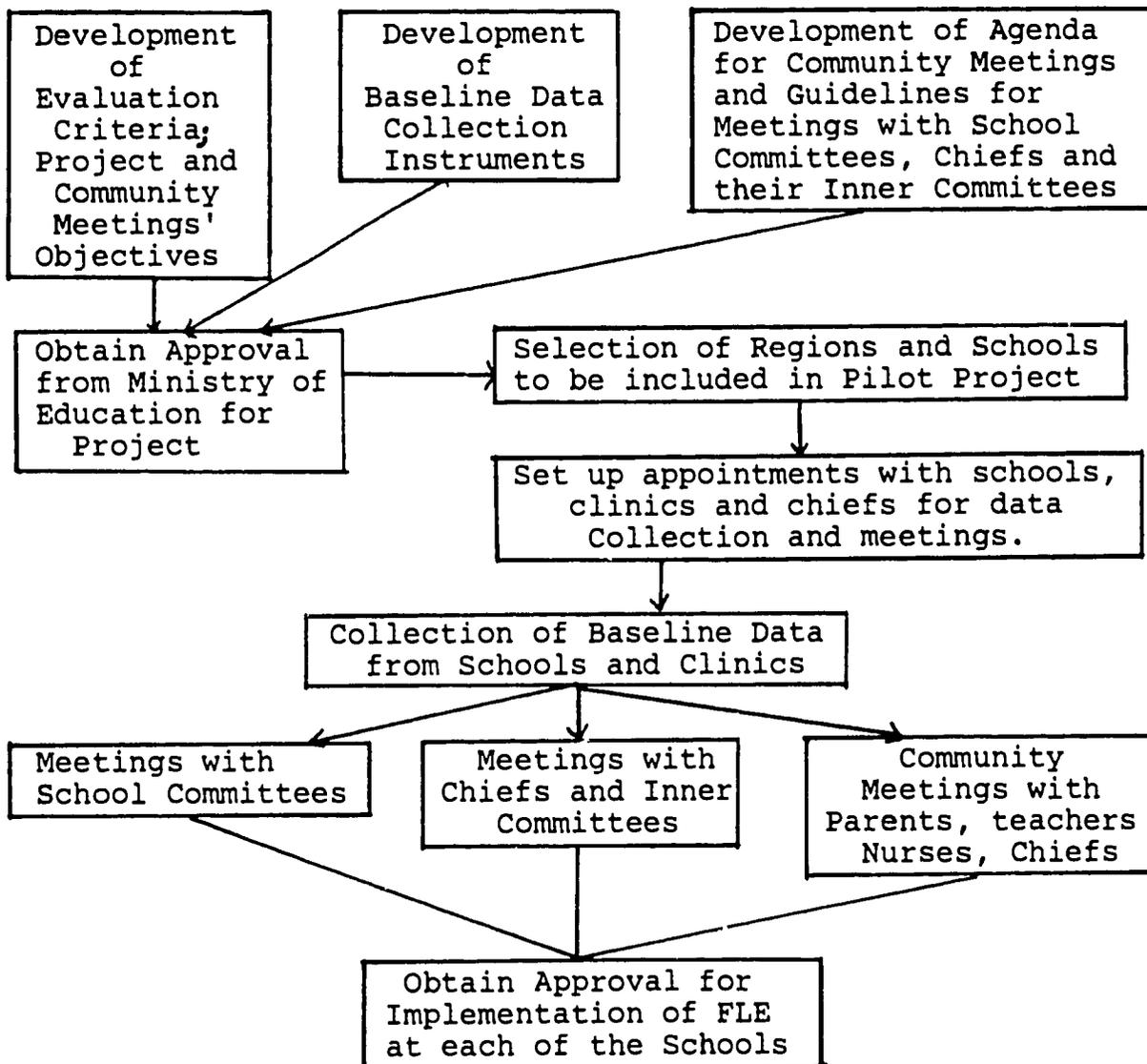
27

APPENDIX D

Family Life Association of Swaziland

Community-Based FLE Project

Phase I



Family Life Association of Swaziland

Community-Based FLE Project

Phases II and III

- May 1985 Meetings at 7 Pilot Schools Between FLAS, Headmasters and Teachers to determine how to implement FLE in each school
- May-June 1985 Development of Lesson Plans, Curriculum for FLE (use Current Discussion Guide as guide)
- May-June 1985 3-day FLE Seminar for Teachers and Nurses in each of the 2 Regions - includes discussion of how to implement FLE, topics to be covered, sequence, suggestions, etc.
- FLE implemented in Pilot Schools
(at least one class per week per school)
- July 1985- FLAS Follow-Up Visits to Schools and Clinics
March 1986 Assessment of needs introduction of new materials, films; assistance as needed.
(two per school area)
- Dec. 1985 2 one-day seminars for teachers and nurses in each region for review, assessment, re-direction if necessary, problem sharing and solving
- May 1986 Follow-up Community Meetings
- June 1986 School Assessment Meetings
(Discussion of How the Project fared; suggestion for the future)
- June 1986 Evaluation; Data Collection
- June 1986 Meeting to Present Evaluation Findings

APPENDIX E

**Letters Prepared for the Ministry of Education
and School Headmasters**

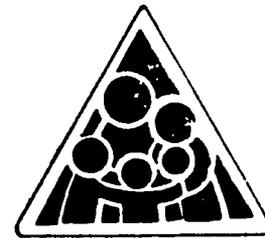
vl

The Family Life Association of Swaziland 'Temndeni'

P.O. Box 329
Tel: 83079
MALKERNS

P.O. Box 1286
Tel: 46680
MBABANE

P.O. Box 1051
Tel: 53586
MANZINI



The Director of Education,
Ministry of Education headquarters,
P.O. Box 39,
MBABANE

12th March, 1985

Dear Sir,

RE: "FAMILY LIFE EDUCATION COMMUNITY BASED APPROACH PILOT PROJECT"

As a follow-up on the discussion we had about this new pilot project, we hereby wish to inform you about current activities being implemented and request your written approval.

Currently we are working on a Baseline data collection plan involving school committees, teachers, headmasters and clinic nurses. We will use these data to measure the success of the project. This pilot project involves the following schools:

Motshane Secondary School, Mbabane Central High School, Lobamba National High School, Mbuluzi High School, Mazombizwe Secondary School, Nsongweni Secondary School, Evelyn Baring High School.

We will also be having meetings with the chiefs and their communities (parents) where the project will be introduced for their support. We would like to invite a representative of the Ministry to attend the first of these community meetings. We will inform you of the date. A three day refresher seminar for the Family Life Education teachers will be held to prepare them for teaching Family Life Education in their schools.

A report on these activities will be sent to your office, and evaluation results will be presented after a year.

/.....2...../



29

We would prefer to have the Ministry's written approval for this project.

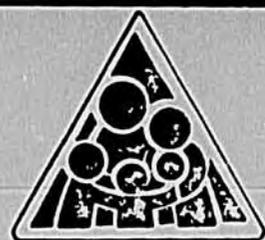
May we end by thanking your co-operative spirit and express the hope that this will continue for the benefit of the nation, I remain.

Very truly yours,



AGNES MABUZA (MRS.)
SENIOR FAMILY LIFE EDUCATOR

The Family Life Association of Swaziland 'Temndeni'



P.O. Box 329
Tel: 83078
Malkerns

P.O. Box 1286
Tel: 46680
Mbabane

P.O. Box 1051
Tel. 53586
MABAZINI

Dear Sir,

We hereby request an appointment to meet you and a number of your school teachers (at least 50%) for special interviews based on the Family Life Education Training undertaken by some members of your staff, your chief and the nurse at the clinic.

These interviews are meant to provide some baseline data upon which we can introduce Family Life Education in High Schools and Secondary Schools.

May we further request that you contact members of your School Committee about this as we would like to meet them as well. We will prefer to meet you, the staff and the school committee on the

Your co-operation will be highly appreciated I remain.

Very truly yours,

AGNES MABUZA (MRS)
SENIOR FAMILY LIFE EDUCATOR



31

GUIDELINES DEVELOPED BY FLAS

FAMILY LIFE EDUCATION CURRICULUM

The twentieth century has seen tremendous changes in a bewildering variety of directions and many of these changes have had considerable and often disrupting effects on Family Life in different countries and cultures. Swaziland has not been isolated from these changes. In the last few decades, traditional Swazi family patterns here have experienced strains as a result of crowded urban conditions, industrialization. Christianity, civilization (education) etc., and exposure to different cultural influences as well as changing ideas within Swaziland.

These factors have helped to undermine to a considerable extent the authoritarian role of parents and elders within the family.

Traditional Swazi patterns were that family life education was taught within the family complex; peer group leader or elder son or daughter having an input. Grandfather, grandmother, older family members (father and his brothers or uncles) discussions at eSangweni having an input. Older Aunts and mothers at Egumeni, some input and so on. Education on physical development was introduced in preparation for puberty by the Likhikiza. The final stage when puberty set, completed by grandmother or older Aunt, likewise for boys the senior peer group leader gave an introduction (Lijele) and completion by grandfather. Even after puberty the education continued in regiment (Ebutfweni). Values of Lusekwane and Umhlanga well pronounced (period of maturing).

When education/christianity/industrialization was welcomed none of these educational topics were accommodated in these institutions. Career Guidance, Nutrition, budgeting and relationship was part of this traditional Family Life Education pattern. Knowing of a child's Likhono by following activities at early childhood. Ways of cooking food for taste, attractiveness, etc. and (budgeting) not to slaughter in a stupid way and kuisela (Lending to someone liked by that type of animal) as well as knowing about physical development as mentioned before. Contraception was taught before the husband and wife stage.

The result of lack of these lead to problems such as adolescent pregnancies, back street abortions, abandoned babies, juvenile delinquencies, prostitution and broken families.

A child's basic attitudes towards sex and family life are already significantly shaped by the time the child goes to

school. So these basic attitudes will vary considerably according to the background of each child. The school atmosphere should provide an opportunity to consider facts and attitudes already acquired through the home, other children, television, films and magazines and to fill in any gaps and, hopefully, to remedy unhealthy attitudes.

Most of the content of Family Life Education can be taught in school but to be most effective, it must accord with what is taught explicitly or implicitly, in the home. Ideally, therefore, there should be close consultation between teacher and parent. Unfortunately, many parents are unable to answer their children's questions, especially about sexuality matters frankly. Teachers cannot therefore assume that the parents will be at all cooperative in this matter. That is why Family Life Association of Swaziland has endeavored to give introductory talks to Parent Teacher Associations and community meetings and organized chiefs workshops.

At the adolescent stage, family life education should not only give information but should provide an opportunity of learning about other cultural attitudes towards sex and family, including past Swazi attitudes ways of examining the attitude of adults and follow adolescents today, and thus beginning to sort out one's own convictions. At a time when traditions are exercising less influence or looked at with a question mark by adolescents.

Education must provide tools for understanding self and creating satisfactory relationships with others. Young people are going to discuss personal relationships in any event, and so it is better to have frank discussions of these under the aegis of teachers.

This is an area in which group discussions can prove very valuable to encourage questions and give children the opportunity to air their views and hear those of their colleagues and friends.

From the research results, a curriculum was established by Family Life Association of Swaziland and representatives from the community. This consisted of:

- (a) An introduction to physical development. This will teach about personal health and hygiene.
- (b) Physical development: at this level talk about preparation for puberty signs like spurt of growth, development of breast, broadening of shoulders, breaking of voice, etc.
- (c) Physical development at this level teach about menstruation, wet dreams, boy/girl differences,

importance of hygiene.

- (d) Physical development at this level teach about interests, healthy relations, complications of sexual activities, i.e., pregnancies, Sexually Transmitted Diseases, habit leading to promiscuity.
- (e) Sexually Transmitted Diseases: signs and symptoms, complications and treatment.
- (f) At a later stage (completion of high school) on request information on contraception-traditional and modern. Indications and contra-indications, side effects.

- 2. Career Guidance - Taken by N.E.S. Career guidance section.
- 3. Budgeting - teach budget from small sums of money and gradually to bigger sums.

If starting in primary school is anticipated

1. STANDARD III

Observation of plants and animals: general patterns of growth and reproduction; How plants and animals get rid of their waste. Elementary toilet hygiene. Parental care in living things: care of the young, pets, etc.

Arrival of a new baby: easing a child's fear that a new baby will compete for his parent's love; emphasis on the child as a member of the family, his relationship with his immediate family circle.

Observing abilities and talents.

2. STANDARD IV

The recognition of different patterns of living relationships with others: with emphasis on mutual respect and responsibility, attitude towards others, e.g., respect, prejudice, winning or losing in games, cooperation. Explore interests on careers.

Encouragement on talents and improving on them.

3. STANDARD V

Simple facts of growth and development of boys and girls: first stage of physical development.

Introduce budgeting

Explore interests on careers and encourage according to abilities and talents.

Reproduction of plants and animals: cells, seeds, eggs.

FORM I

Puberty:

Simple facts of menstruation and wet dreams. Explore myths and dispel with correct information. Advance on careers.

- Budgeting
- Nutrition of adolescent: Essential Nutrition at this stage
- Sense of responsibility for one's own body
- Personal hygiene

FORM II

Reproduction: Menstrual cycle, wet dreams and hygiene
Boy/Girl differences.

Healthy relations

Family as a basic unit of life: duties and responsibilities of the pupil to his family: signs of love and devotion within the family.

Proper use of leisure: value of good hobbies, sports and exercise.

FORM III

Relations: Explore existing myths i.e. if you get wet dreams you must have sex because you will get mad. If you have sex for the first time you cannot fall pregnant. To prove love, a girl should submit herself to the boy for sex, etc. and dispel them by furnishing facts.

Learning to face reality to understand and accept oneself.
Learning to make decisions: choice of friends, qualities of good friends. Choice of career, good manners, influence of

advertisements. Adjusting to adolescence: socio/emotional aspects. Self control.

FORM IV AND V

Personal hygiene, grooming, making decisions

Socio/Emotional problems:

Conflict between personal freedom and one's moral code; acceptance of one's sexuality; prostitution: outcome; social diseases; drug taking, alcohol, gambling and smoking, Sexually Transmitted Diseases.

Preparation for marriage:

Courtship, hormonal effects; self discipline; attitudes towards the opposite sex; sex abuse, healthy relations, self discipline.

Preparation for family:

Reproduction; mother child relations, breast-feeding, dependence of child to parents, responsible parenthood, contraception - traditional and modern methods.