



THE RAIN WORKERS

How does Family Planning have a positive impact on families in the region of Njombe, Tanzania

**An impact study on behalf of THE RAIN WORKERS
with the support of LUHETI, the Lugarawa Health
Training Institute**

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Zusammenfassung

Dauer der Studie: April 2022 – Mai 2023

Durchgeführt von: Magdalena Liebenauer-Haschka und Studierenden des Lugarawa Health Training Institutes LUHETI Claus Kayombo, Beatrice Moyo, Miriam Masatu, Tomas Manyanki, Adalbeth Msanga and Sekela Moses, Studiengang Krankenpflege und Hebammenkunde.

Zwischen April 2022 bis Mai 2023 führen sechs Studierende der Hebammenkunde im Rahmen ihres Berufspraktikums eine kleine Impact Studie unter der Leitung von Magdalena Liebenauer-Haschka durch. Die Studierenden absolvierten im Rahmen ihres Praktikums sogenannte Health Talks mit Bewohner*innen der Region und schulten sie speziell zu den Themen von THE RAIN WORKERS. Vor, kurz danach und etwa ein halbes Jahr nach den Health Talks wurden die Teilnehmenden zu Themen von Familienplanung und sexuelle und reproduktive Gesundheit und Rechte befragt um zu sehen, ob die Health Talks mit dem THE RAIN WORKERS Ansatz Wirkung zeigen.

Forschungsfragen

Inwiefern kann Aufklärung über Familienplanung und sexuelle Gesundheit die Familie beeinflussen?

Können durch Aufklärung bessere Beziehungen untereinander und eine nachhaltige/stabile ökonomische Situation in der Familie aufgebaut werden?

Eckdaten

- Drei untersuchte Dörfer (Shaurimoyo, Kiyombo, Madunda) in einem Zeitraum von ca. 7 Monaten.
- Charakteristika der Gesellschaft: rural und patriarchal geprägte Strukturen, christlich geprägt, zusätzlich Hexenglauben allgegenwärtig, sowohl Mädchen als auch Buben gehen in die Schule und können arbeiten.
- 3 Leitfaden-gestützte Interviews direkt vor, direkt nach und etwa ein halbes Jahr nach den Gesundheitsgesprächen welche von den Studierenden LUHETIs durchgeführt wurden.
- Die Gesundheitsgespräche wurden mit verschiedenen Gruppen der Bevölkerung u.a. zum Thema weiblicher Zyklus, Aufklärung, Verhütungsmittel, Familienplanung, Grundbedürfnisse von Kindern durchgeführt. (Geschlechtergerechtigkeit war kein Thema der Gesundheitsgespräche und wurde daher von den Studierenden NICHT thematisiert.).
- FGM war in dem untersuchten Gebiet kein Thema, Bubenbeschneidung dafür allgegenwärtig. Die meisten Burschen werden im Alter von 2-6 Jahren in einer Dispensary (Gesundheitseinrichtung welches von Pflegepersonal geführt wird) beschnitten. Unbeschnittene Buben und Männer werden gesellschaftlich ausgeschlossen. Sie gelten als „schmutzig“, und „krankheitsbringend“.

Schwierigkeiten

- Es konnten für das erste Interview nur 36 Interviewpartner*innen motiviert werden. Beim zweiten Interview haben insgesamt 45 Personen teilgenommen, beim dritten Interview waren es nur 21. Dies war dadurch bedingt, dass die Interviews lange dauerten und Menschen auf ihren Feldern arbeiten mussten sowie keine finanzielle Entschädigung für die Beantwortung der Fragen bezahlt wurde.
- Die Studierenden hatten daher ein teils wechselndes Publikum.
- Die Studierenden hatten im Rahmen ihrer Ausbildung primär eigene Themen zu unterrichten, welche sich häufig mit den THE RAIN WORKERS-Themen deckten. Sie konnten die einzelnen Themen mit dem THE RAIN WORKERS-Approach besser verständlich hinüberbringen.
- Bzgl. männlicher Beschneidung hatten die Studierenden einen Interessenskonflikt, da sie von der Universität Voluntary Medical Male Circumcision (VMMC) promoten sollten und wollten.
- Durch Sprachbarrieren und geringe Erfahrung im Interviewsetting können Missverständnisse nicht ausgeschlossen werden.

Resultate

- Der THE RAIN WORKERS-Approach war gut verständlich und wurde gut angenommen. Insbesondere der Zusammenhang zwischen Familienplanung, den beschränkten Ressourcen, der großen Anzahl an Kindern pro Frau und Familie sowie die große Armut in der Region.
- Die Dorfbevölkerung (sowohl Frauen als auch Männer) zeigte ein sehr hohes Interesse an Familienplanung und sexueller und reproduktiver Gesundheit und Rechten. Großes Interesse herrschte an Verhütungsmitteln insgesamt.
- Kinderbedürfnisse wurden durch die Gespräche vermehrt wahrgenommen und berücksichtigt. Sonderwünsche werden vermehrt ermöglicht.
- Anteil der Männer welche über den weiblichen Zyklus Bescheid wissen verdoppelte sich.
- Der Anteil der Menschen, der einen Sinn darin sieht, seine Familie zu planen ist stark gestiegen, im dritten Interview geben alle Singles (sowohl Männer als auch Frauen) an, dass sie ihre zukünftige Familie planen wollen.
- Durch die Health Talks wird in signifikant mehr Paaren über Verhütung und Familienplanung gesprochen. Alle Ehepartner haben in dem halben Jahr nach den Health-Talks miteinander gesprochen- selbst dort, wo es im ersten Interview noch undenkbar war.
- Alle Teilnehmer empfinden es sinnvoll ihren Nachwuchs an Anzahl und Zeitpunkt zu planen und machen dies in ihren eigenen Familien.
- Etwas mehr als die Hälfte der Befragten (56%) geben im dritten Interview an in ihrem Leben etwas bzgl. Familienplanung geändert zu haben. Die meisten haben nach den Aufklärungsgesprächen entweder eine neue Verhütungsmethode begonnen oder es

geschafft mit dem Einkommen besser auszukommen (bzw. dieses zu erhöhen) so alle Bedürfnisse besser gedeckt werden können.

- Birth Spacing war kein neues Thema und wurde von allen Befragten gekannt.
- Min. 85% wollten nach den Health Talks etwas in ihrem Leben verändern und min. 61% im Leben ihrer Kinder.
- Bildung in den Bereichen Familienplanung sowie sexuelle und reproduzierende Gesundheit und Rechte (SRHR) brachte eine positive Veränderung der Ansichten in Richtung Gleichberechtigung – obwohl dies KEIN Thema in den Gesundheitsgesprächen war. Speziell Männer sagen vermehrt aus, dass beide Partner gleich verantwortlich bezüglich Familienentscheidungen sind.

Executive Summary

Duration of the study: April 2022 – May 2023

Conducted by: Magdalena Liebenauer-Haschka, and students of the Lugarawa Health Training Institute LUHETI Claus Kayombo, Beatrice Moyo, Miriam Masatu, Tomas Manyanki, Adalbeth Msanga and Sekela Moses, Nursing and Midwifery programme.

Between April 2022 and May 2023, six midwifery students carried out a small impact study as part of their professional internship under the supervision of Magdalena Liebenauer-Haschka. As part of their internship, the students completed so-called Health Talks with residents of the region and trained them specifically on the topics of THE RAIN WORKERS. Before, shortly after and around six months after the Health Talks, the participants were asked about family planning and sexual and reproductive health and rights to see whether the Health Talks with THE RAIN WORKERS approach were having an impact.

Research questions

To what extent can education about family planning and sexual health influence the family?

Can good relationships with each other and a sustainable/stable economic situation in the family be established through education?

Key data

- Three villages studied (Shaurimoyo, Kiyombo, Madunda) over a period of approx. 7 months.
- Characteristics of the society: rural and patriarchal structures, Christian coined together with a strong believe and fear of witch doctors, both girls and boys go to school and can work.
- 3 guided interviews conducted by LUHETI students directly before, directly after and about six months after the health talks.
- The health talks were conducted with various groups of the population on the topics like the female cycle, sex education, contraceptives, Family Planning, hygiene and the basic needs of children. (Gender equality was not a topic of the health talks and was therefore NOT addressed by the students).
- FGM was not an issue in the area studied, but VMMC was omnipresent. Most boys are circumcised in a dispensary at the age of 2-6 years. Uncircumcised boys and men are socially excluded considered as "dirty", "disease-carrying".

Difficulties

- Only 36 interviewees could be reached for the first interview. A total of 45 people took part in the second interview, while only 21 could be motivated to take part in the third interview. This was due to the fact that the questions took a long time and many were on their way to their agricultural activities and were not compensated for answering the questions.
- The students therefore had a partly changing audience.

- The students primarily had to teach their own topics as part of their training, but these often overlapped with the THE RAIN WORKERS topics and they were able to convey the individual topics more clearly using the THE RAIN WORKERS approach.
- With regard to male circumcision, the students had a conflict of interest, as they should and wanted to promote Voluntary Medical Male Circumcision (VMMC) from the university.
- Due to language barriers and a lack of experience in interview settings misunderstandings are possible.

Results

- The approach of THE RAIN WORKERS was easy to understand and was well received. In particular, the connection between Family Planning, the limited resources, the high number of children per women/family and the great poverty in the region.
- The village population (both women and men) showed a very high level of interest in family planning and sexual and reproductive health. There was great interest in contraceptives in general.
- Children's needs were increasingly recognised and taken into account during the interviews. Special wished could be granted more often.
- The proportion of men with knowledge about the female menstrual cycle doubled.
- The proportion of people who see a purpose in planning their family has risen sharply. In the third interview, all singles (male and female) stated that they definitely want to plan their future family with their partner.
- As a result of the health talks, significantly more couples are talking about contraception and Family Planning. In the months after the Health-Talks all couples talked with each other about Family Planning – even in families in which the partners could not imagine that before.
- All interviews understand the use of Family Planning for themselves and do so in their own life.
- Slightly more than half of the interviewees (56%) stated in the third interview that they had changed something in their lives with regard to Family Planning. Most of them have either started a new contraceptive method after the counselling sessions or have managed to manage their income better (or increase it) so that all needs can be better met.
- Birth spacing was not a new topic and was known by all respondents.
- At least 85% wanted to change something in their lives after the Health Talks and at least 61% in the lives of their children.
- Education about Family Planning and sexual and reproductive health and rights (SRHR) brought a shift in thinking regarding gender equality, even though this was NOT a topic taught. Especially men mention that both partners are equally responsible for decisions within a family – an immense change of thinking!

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INTRODUCTION

The primary objective of this study is to assess the impact of health education on individuals leading predominantly traditional lifestyles in the southwest region of Tanzania. Our focus is to understand the information needs and attitudes towards Family Planning, as well as Sexual and Reproductive Health and Rights (SRHR). THE RAIN WORKERS considers this education as a crucial tool in combating inequality, and poverty. We anticipate that education in sexual and reproductive health rights will empower girls and women, elevating their status within the family and contributing to increased economic income and sustainable living.

The study is based on three rounds of interviews conducted by six "Nursing and Midwifery" students from Lugarawa Health Training Institute (LUHETI). These interviews occurred just before and immediately after a three-week fieldwork session in May 2022, during which the village population was educated on health and hygiene. The third interview wave took place approximately six months later (October to December 2022) to examine the long-term effects of the education.

Each interview consisted of a combination of qualitative and quantitative questions to facilitate both calculation and the extraction of background information. Following each interview, the students provided reflections on the interview situation. In total, the first round reached 36 interviewees, the second round 47, and the third round 21. The participants were drawn from three villages in the southwest of Tanzania. Although most of the population had a basic education, completing primary or secondary school (equivalent to seven to eleven years of schooling), traditional patriarchal structures and reliance on agricultural activities persisted. As most Tanzanian people in the southwest reside in rural areas, the examined villages aptly represent the societal structures in this region.

The study primarily relies on systematic interviews, but crucial insights into societal norms and customs were also derived from informal discussions with students, teachers, and village leaders. This valuable contextual information will be expounded upon in the subsequent chapters.

The final chapter succinctly addresses the primary inquiry: Does health education, exemplified by student talks, instigate change, especially in altering perspectives on Family Planning? Through these transformations, the study aims to inspire others to take sustainable steps towards village health education. The appendix, accompanying the study, comprises a list of all questions posed and corresponding answers. When relevant, responses are categorized by gender. It's important to note that simple average calculations were employed, treating scales beyond the norm with equal weight. For additional details, feel free to request the complete answer-sheets from THE RAIN WORKERS.

The study's background

Conduction of the study

This impact study is a collaborative effort between THE RAIN WORKERS (Austria) and LUHETI,

the Lugarawa Health Training Institute (Tanzania), a private medical school affiliated with the diocese of Njombe. LUHETI offers education in five distinct branches, namely, "Clinical Medicine," "Medical Laboratory Sciences," "Nursing and Midwifery," "Pharmaceutical Sciences," and "Laboratory Sciences and Technology."



Lugarawa Training Institute in Lugarawa, Tanzania.

In 2022 THE RAIN WORKERS has trained 11 RAIN WORKERS, multipliers for Sexual and Reproductive Health and Rights. All of them were midwives, nurses and clinicals from the training institute and the attached St. Johns hospital. Within their area of work, they have included the specific teaching materials of THE RAIN WORKERS.



LUHETI RAIN WORKERS with THE RAIN WORKERS trainers Claudia Neugebauer-Hadamek, Margaret Waithera Bachlechner, and Magdalena Liebenauer-Haschka after certification in September 2022.

In this impact study, second-year students of Nursery and Midwifery, namely Claus Kayombo, Beatrice Moyo, Kwandu Masatu, Tomas Manyaki, Adalbeth Msanga, and Sekela Moses, conducted interviews supervised by Magdalena Liebenauer-Haschka from THE RAIN WORKERS.



Beatrice Moyo, Claus Kayombo, Sekela Moses and Adalbeth Msanga preparing for their field visits.

As part of their curriculum, they embarked on a three-week fieldwork mission in the villages of Madunda, Shaurimoyo, and Kiyombo, where they focused on educating the community about health topics, hygiene, and Family Planning.



Adalbeth Msanga, Magdalena Liebenauer-Haschka and Sekela Moses prepare for the study and practise with THE RAIN WORKERS materials and tools.

At both the commencement and conclusion of their fieldwork, the students interviewed local residents to assess the immediate impact of their teachings. Returning to these villages six months later, they conducted another round of interviews to evaluate any lasting effects. In addition to formal interviews, the study gathered valuable insights through informal

conversations between the students and local inhabitants. It is noteworthy that informal talks, particularly in Kiyombo, sometimes revealed answers to certain questions that differed from formal interviews. Both informal interactions and formal interviews, however, indicate that there is still a need for more extensive educational efforts in the community to bring about significant changes.

Society

Most people in the southwest of Tanzania live in widespread villages and rural areas. They have little income and mainly depend on agricultural activities. Almost every household and institution cultivate something; bananas, beans, spinach, tomatoes, potatoes and corn is mostly to be found. A variety of fruits, vegetables, eggs, and other options are readily accessible. Additionally, meat and fish are also available, although they are typically reserved for special occasions.



Sunflower oil is the only oil available and therefore used on a daily basis.

People consider themselves as Tanzanians as well as members of a specific tribe. In this area the tribe of the Wapangwa is most common. Besides that, you will also find people who consider themselves as Ngoni, Bena, or others. Each tribe has their own language in their home region, adding the language of Swahili for intertribal communication, for talking with guests or in the cities.

Generally, strict patriarchal hierarchic structures are prevalent. The father or husband of a household is the most responsible for decisions. However, as this study shows, those strict borders already soften a bit, as many women nowadays regard both partners as responsible. In any way, every inhabitant of this area is not only a private human being, but in front of all part of an extended family, who are the main ones in charge especially when it comes to problems.



Farm outside Lugarawa.

National efforts brought plenty of wells and electricity close to or even into many households within the past five years. This brought many recent changes in the daily life. Nevertheless, there are still many huts without electrical light or the access to water nearby, especially in the surrounding areas.



Washed corn is being dried in the sun. It will be made into flour which is used for cooking Ugali, the main dish of the area.

Many village people live similar to their ancestors; however, most want their children to get proper education so they might improve the family's economic status in the future. As there is little traffic on the countryside, children experience great freedom during the daytime. However, they are supposed to help in the household with chores such as fetching water or firewood or working on the fields.



Girls spending their leisure time together on a Sunday in Lugarawa

Regarding faith the region inherits almost exclusively Christians, of which different branches are offered to newcomers. Muslims are very rare, and there is no mosque to be found in the villages of the explored area. Nor are there members of other official religions. Witchcraft on the other hand is omnipresent. Many people of the area are both Christians and believers in witchcraft.



Decorated graves outside Lugarawa.

Witchcraft has an ambivalent character: it might heal, but it might also cause troubles if people think someone bewitched them or one of their relatives. The problems do not mainly refer to

the effects of the traditional methods used, but therefore rather to the character itself. People fear witchcraft. They fear of becoming bewitched or even murdered due to witchcraft. People who are believed to be the reason of someone's pain or death are usually prosecuted or at least socially excluded, involving tensions within the village or family. There are mysterious stories to be heard. As everything is held under secret, however, it stays content of another study to really catch its whole character.

In this study, it is crucial to recognize that conservative Christian ideals, traditional beliefs, and patriarchal lifestyles often exhibit distinct perspectives on Family Planning compared to those prevalent among urban or European populations. It's important to note, however, that not every priest, witchdoctor, or patriarchal head of the household opposes Family Planning. Conversely, with the national retirement system lacking a guarantee of sustainable income, many individuals rely on their children in the future, aligning with traditional views.

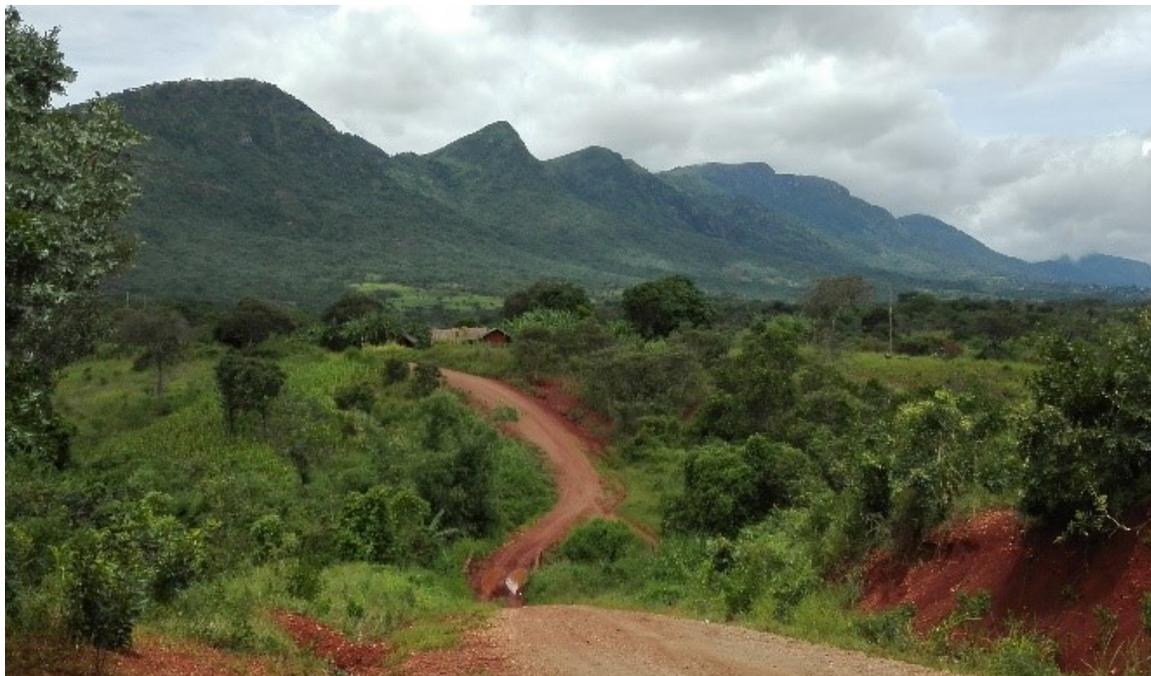
Regarding circumcision, Female Genital Mutilation (FGM) is not practised by the tribes of the explored region, and we will therefore not focus on it in this study. Most people do not know well about it; however, they usually oppose it – mainly because it is forbidden by the government but also because of its negative consequences on the female body. On the other hand, there is a change regarding Voluntary Medical Male Circumcision (VMMC). While until approximately 2010 this was not a big topic and most men were not circumcised, it is supposed to be done everywhere nowadays to fight sexually transmitted diseases. The government suggests all boys shall be cut until the age of 20. It is usually done the latest at the age of entering primary school, so approximately between two and six years. The Tanzanian government tries to offer free VMMC to all boys, sending doctors to the villages in turns to cut all boys brought to them. Others bring their sons to hospitals or dispensaries on other occasions leaving them to pay. By now, there is also a lot of peer pressure within boys to only play with other “clean” boys (assuming boys who underwent VMMC) and both genders in young adulthood to not sleep or interact with “unclean/dirty” men, who are suspected to bring diseases.



Magdalena in the community female sleeping room of St. John Hospital in Lugarawa.

The area of the study

All villages examined are situated approximately 60-110 km south of Njombe in Njombe Region, Ludewa District. As the roads are permanently being improved, it takes approximately 2-3 hours to get to the villages from the region's capital Njombe city, according to the weather.



Road to Ludewa, the district's capital.

Shaurimoyo

The village of Shaurimoyo is situated approximately three hours car drive south of Njombe. It consists of 595 households giving home to approximately 2500 inhabitants. There are very few families who don't depend on agricultural activities. They usually run their own little shops or work in the construction area. At the time of the exploration a new Vocational Training Centre (VETA) was being built, leading to an almost men-empty village during the day, as most of them went to work on the construction side after working on their fields.

Shaurimoyo is based on traditional lifestyles with a primary school as the only educational institution. The tribal language of Kipangwa is usually used in general terms unless when talking to guests or strangers who will be talked to in Kiswahili.

There are two main parts of the village: Mashariki, a bit higher developed and including some small shops and Magharibi, which contains very few things except agriculture. Most of Shaurimoyo's inhabitants have left education after primary school, some left school already before its completion. Inhabitants with a higher education such as teachers usually come from the outside and were sent to Shaurimoyo by the government. There are also some few inhabitants originating from the village with qualifications as teachers or the like, but who unfortunately were not yet able to find a paid job of their education. Therefore, they depend

on their agricultural activities, too.



Visit in Shaurimoyo.

The health dispensary of Shaurimoyo provides a lot of teachings, so that people are generally aware of Family Planning methods. Still, the majority was grateful for the health talks, as the students taught in a greater extent and with more explanations. They were also thankful for the home visits and private talks the students did.

In Shaurimoyo, it is expected that basically every boy undergoes circumcision. Most boys are circumcised between 6 and 10 years. Each year the average age of the boys brought to the dispensary becomes younger.

Kiyombo

Kiyombo is a small village with 2042 inhabitants, a small primary school with approximately 250 students, three churches (a catholic, an Anglican and one "assembly of God"), and a small marketplace. The overall education standard surpasses that of primary school; however, a significant number of individuals have not completed secondary school. The nearest secondary school is currently located in the neighbouring village, imposing a travel time of over one and a half hours each way for children aspiring to continue their education. This might lower the education standard, as parents might prefer their children to stay home and work instead of being away the whole day every day. They would be unable to help in the household, the fields, or the collection of firewood, but, in return, would need food in the morning and evening. This might change soon, as Kiyombo is nowadays building its own secondary school.

Even though everybody except senior citizens speaks and understands Kiswahili, the local mother-tongue Kipangwa is the daily-used language. Most of the people are farmers and

depend on their agricultural activities daily. Very few people do something else, like running shops or pubs. Witchcraft is very popular, too, however could not be witnessed or explored within this study. Witchdoctors are usually attended for traditional medicine or traditional contraceptives. There is also a traditional birth attender in Kiyombo. National standards however do not allow her to work as such officially anymore. As a result, she denies any recent activity in the area in front of the students. Back when she was still practising, women usually had their children in their homes. Nowadays however, many attend the local dispensary or the hospitals of Lugarawa or Mlangali for giving birth.



House in Lugarawa.

Kiyombo differs a bit from the other villages, as teenagers are quite commonly married to their future partners by their parents. This is a fact that was almost overseen by the questions of the interview, as the people of Kiyombo do not say that openly. As they know that child marriage is forbidden in Tanzania, they are afraid they would get into trouble when answering the questions of this study truthfully. Consequently, most inhabitants deny having been married by their parents and name an age above 18 years when asked about a good marriage age. Only very few ones mark that children in general or girls in particular do not have the right to choose their own partner. Funnily, especially those that were drunk during the interviews revealed these attitudes. Outside the official questions of the interviews, the students experienced that teenage marriage bound by the parents is very common in this village. They claim that even though the answers say something else, the typical marriage age for boys is between 16 and 20, and for girls between 14 and 16 years.

Madunda

Madunda is a comparably big village with almost 5000 inhabitants close to the district's capital Ludewa with many small family-run shops, a secondary school (educating approximately 500 day- and boarding students) and an even bigger primary one, a catechist college run and situated right by the catholic church as well as a nursing and tailor school. Like in the other villages, the local language is Kipangwa. It is used in daily live in such an extent that some old people do not know Kiswahili. The area accommodates a lot of witchcraft believes – last year

three people were killed by their relatives after being accused by a witchdoctor. There are different witchdoctors or healers for different problems. Witchcraft influences the people in various ways. When it comes to Family Planning there are three official healers around who help to receive by using traditional medicine or rituals. As having many children is seen as a gift of God, these healers are not consulted in case of too many children. Nevertheless, many married people of the village use contraceptives, and beside the moderns ones also traditional methods are available. These include chewing certain leafs on special days (women) or putting some powder onto the penis (men) during sexual intercourse.



Traditional contraceptive plants: Women drink tea boiled out of leaves or such powder before having sex in order to prevent an unwanted pregnancy. Leaves are sometimes also applied directly into the vagina in case of an unexpected sexual intercourse.

As for the daily living, the people of Madunda depend on agriculture. Some also own little shops or work as teachers, tailors, or carpenters. Most women have no or little education and marry young, leaving them with early pregnancies. Moreover, they are usually bound to work in the households, the close-by fields or animal keeping only, creating a great dependence onto their husbands. The male population favour local beverages and often drink a lot of these home-made alcohols. Therefore, many get drunk often and find themselves in problems of finding proper jobs and/or to care properly for the whole family. Many men of the village are not working as they could and should to improve their standard of living.

VMMC is practised widely, and there are several programs to bring boys to circumcision. It is usually done between the age of 4 to 8 in the dispensary or the hospital. The boys are usually not given the possibility to say no. Sometimes parents tell their sons that the circumcision will keep them healthy and resilient to any kind of disease for the rest of their live.

Main problems in the region

To get an idea of the situation in and around Lugarawa, the students were asking their participants upon their living situation and whether they are able to provide the basic needs. More than 80% pretended to have enough (men with 61% more than women with 44%!) but schooling remains a difficult task. Same applies to money for additional or special wishes.

What is the most easy and the most difficult to provide?

Most easy:

73,3% food, water, shelter

3,3% health care

3,3% send the children to school

20,0% nothing is easy to provide

Most difficult:

29,4% schooling/education

20,6% money/failure to grant special wishes

14,7% health care

5,9% other basic needs

29,4% nothing is most difficult to provide

Moreover, the students define the following as the greatest challenges the population of the rural villages must face:

- little education possibilities about sexual and reproductive health and rights, Family Planning, diseases and how to prevent them.
- Alcohol drinking. Some people spend most of their money on beverages instead of helping their children to study or to care well for their family.
- Roads. Some of the nearby areas cannot even be reached by motorcycle, especially in the area of Madunda.
- Witchcraft. Some people claim to be bewitched, so they are made to work on someone else's fields during the nights without them noticing, leaving them very tired and unable to work during the day for their own supply. Some wake up with mud on their feet.
- Child neglect and unawareness of their needs.
- Physical violence against women and children.
- Violence between stepmothers and their stepchildren.



Toilet hut outside the house to maintain hygiene.

The health talks

As this study tries to examine the impact of the health education provided by LUHETI's students to the village populations, it is important to understand what exactly they taught, to whom and in which context.

LUHETI's students of Nursery and Midwifery gain a lot of practical experience throughout their education, e.g., there is a three-week field work at the end of their second year. This field work and the first and second interviews for this impact study were put together in May 2022. In groups of approximately 10 they are sent off to different villages throughout the region to educate the village population about hygiene and Family Planning. They did so in different occasions according to the target group.

To reach everyone at least once, the students took turns in working at the dispensary and reaching out to give education. One day the students went to the schools of the village to talk to the primary and secondary students, on other days they conducted group meetings in their village or went to each house to provide specific personal care. In the schools the main topic talked about was hygiene. The students were told how to keep themselves clean to stay healthy, how the body changes and what kind of hygiene is suitable. They were told how to wash themselves their clothes. Moreover, keeping the environment hygienic was taught, too, such as correct waste disposal, proper toilet uses and the importance of clean and safe toilets.

Grown-ups were met in village meetings and home-visits, especially if there were patients who were unable to walk. Sometimes they had to focus on treating illnesses, in other cases they talked about improving personal situations (e.g., with contraceptives etc.) and gave enough space to ask personal questions. The village meetings tried to educate most of the population in general terms. The students again talked about personal and environmental hygiene and health, pointing especially on the importance of good (=water-flushed) toilets to maintain health and hygiene. Also, the necessity and right use of waste disposals as well as the importance of sanitation are taught. In conclusion, the students added more topics for the grown-up population: they taught about Family Planning, FGM, VMMC and different diseases and how to avoid them.

FGM was a big topic in general meetings. As it is not practised in the area, both men and women had a lack of knowledge about it. This topic was new to approximately 53% of interviewees. They learned what is done when a woman or girl is cut and that it is extremely painful with lifelong consequences. The people also got to know possible difficulties for the victim, especially when giving birth. They were also taught that it is against the Tanzanian laws and women rights. As a result, most interviewees agree that it is not good and that they will avoid it. Throughout the questionnaires of the impact study – though not in the question about the person's position towards FGM – many mentions they will try to avoid FGM and that all such activities should be stopped. Out of the interviewed women only one had undergone FGM when she was very little. However, it was such a negative experience that she tells openly that her daughter will never have to go through it.

As for male circumcision, most men under 35 are circumcised by now. The students taught the people that it is important that all boys get circumcised. They told them what exactly is being done and that the affected boys will have less chances to suffer from urinal tract infections or

other diseases such as Gonorrhoea or Syphilis. Circumcised men can get infected and spread HIV, nevertheless. It is quite possible that both men and women feel safe enough to have unprotected sex when the man is circumcised without thinking about diseases.

The older men of the villages often oppose it, as it was not done some decades ago. Nevertheless, owing to significant external influences, particularly from the United States through initiatives like US Aid and the WHO, many young individuals now believe that male circumcision is crucial for maintaining good health. For more than a decade medical staff in Tanzania has learned that circumcised men have a lower chance to receive and transmit diseases. The Tanzanian Government puts a lot of effort to pronounce this knowledge into every village. In Austria on the other hand, doctors oppose this idea of general circumcision strongly, so in this case the attitude of THE RAIN WORKERS and the LUHETI differs.

The information about when it should be done varies, however, it seems it is usually done to little boys below school age. They are brought to the dispensaries or hospitals, where their foreskin is being removed under medication. When the medication loses its strength, the boys suffer. The painful condition lasts for about seven days, after that they are usually able to walk and play normally again. The parents are responsible to take them to circumcision, however, sometimes the boys though small in age ask for it themselves as they see all their friends are circumcised. There are programs nowadays that tell parents to circumcise their sons right after they are born.

The society is also educated about prevalent diseases, including their symptoms, causes, modes of transmission, and available treatments. Most found are diabetes mellitus, hypertension (which is very serious in rural Tanzania) and a variety of faecal diseases.



Health Talks during a village meeting in Shaurimoyo.

As 83% of the interviewees expressed their interest in Family Planning, this subject held particular significance. The students talked about the definition and the reasons why it is important, as well as possible methods, how to use them and possible side effects. The people learned that with planning the

number of the children and having them at the right time helps to run the family well economically and to provide everyone with his or her basic needs in time. In the second interview 89% of the people asked mentioned that they find Family Planning very important and useful, as it helps their family.

Many add, that due to Family Planning, parents have time to care for their children or work on the fields, improving the economic situation. Family Planning provides the freedom to decide how many children we want and contributes to ensuring our children receive a higher quality education. These indicate that the student's instruction on "Why Family Planning" was highly effective and well comprehended. Only 5% of the people asked opposed Family Planning. Sexual and reproductive health is often shrouded in secrecy and remains a topic less openly discussed. Condoms serves as the primary defence against HIV, a prevalent disease in this region. Unfortunately, they carry a negative stigma in society, often associated with prostitution. Despite this, the students made efforts to dispel misconceptions and combat these harmful stereotypes.

Finally, the students educated both men and women about the different phases of the female menstrual cycle. Although puberty and its signs are studied nowadays within every secondary school, many men in the villages did not know about the female cycle at all or very little only. The students provided education about it to everybody.

The study's output

Participants, Trainings and Follow-ups

As described before, there were several different training activities led by the students. They went once to each educational institute of the area; they also held 2 health talks in general village meetings and at main meeting points. Most notably, they visited every household, engaging in individual conversations and offering guidance on various family-related matters. Even during casual encounters, like meeting on the street or enjoying leisure activities such as playing football together in the evenings, these dedicated students remained steadfast in their mission to educate their peers, addressing numerous personal inquiries. The majority of villagers received education through both community gatherings and private discussions at home, often meeting up on the streets for these interactions, typically occurring between two to five times.

As for the interviews, 36 people could be reached for the first ones, out of which were 25 female and 11 males. 19 People left school after primary level (7 years of schooling), while 17 went on with further studies to secondary school. The secondary school system in Tanzania offers first a four-year course of "ordinary level (O-level)", followed by another voluntary two-year course of "advanced level (A-level)" for those preparing to go to university. Out of those 17 interviewees that visited secondary school only one went to A-level, while the others finished their education after Form 4 or dropped out before. The one that went to A-level went on with further studies and owns her own pharmacy today. In this interview section a gender gap can be seen regarding education. While 60% of the women left schooling after seven years of primary education, only 36,4% of the men did so, while 63,6% were enabled further studies.

For the second interview, six people who had been asked in the first set could not be reached again. However, eleven new people could be questioned this time, leaving a sum of 41 interviewees. This time, 13 men and 26 women provided answers. The education level stayed parted with approximately half of them undergoing primary and the other half undergoing secondary education.

For the third interview, only 21 people could be reached, out of whom were 12 female and 9 males. 17 of them had already taken part in the first and second interview section, while four people were completely new to this study. Despite the student's prior announcement of their arrival in the village for the final interview, a significant number of people were unavailable.

Especially in Shaurimoyo we got very few interview-partners as the whole village celebrated a wedding without saying so when the students announced their coming. The final interview stood out from the previous ones as it did not revisit questions that demanded specific knowledge. Instead, it focused on the personal situation of the interviewee at that certain time, to find out whether the acquired knowledge led to some kind change.



Adalbeth Msanga and Sekela Moses with their favorite THE RAIN WORKERS posters: The needs of a child and Family Planning WHY?

Satisfaction of participants

In the second interviews, 35 out of 41 interviewees (85,4%) were satisfied with the sessions provided, with an average of 8,4 points out of 10 (maximum = very satisfied). In five interviews (12,2%) the question was not asked and therefore could not be answered, so only one woman (2,4%) said that the sessions did not meet her expectations. Nevertheless, she rated the content with 8 out of 10 points. Women generally rated the content more favourably, as they gave an average of 8,7 points while their male colleagues have an average rate of 7,8 points.

70,7% of interviewees learned something new through the student's health talks, 12,2% did not gain some new knowledge and another 17,1% was not asked. Out of those who learned something new, 58,5% mention the topic "FGM" or "FGM and VMMC" (please be aware that some – but not all – of the interviewees use VMMC as a synonym of FGM). It was named by 64,2% of the women and 46,2% of the men. 15,4% of men also received new information about contraceptives and Family Planning methods, while none of the women share this topic.

When asked what they found particularly interesting, 57.1% of female participants and 46.2% of male participants agreed that information and discussions regarding Family Planning were of great importance to them. It is by far the biggest topic mentioned. 7,2% of the women and 15,4% of the men found FGM (or FGM and VMMC) most interesting. Sexual and reproductive health and rights were mentioned by 7,7% of men (0% of women). No other topics were mentioned, either because there was no answer to that question (22%) or because nothing was especially interesting to the interviewee (12,2%).

Half a year after the health talks everybody claimed to have found them very useful. Approximately half of the interviewees explicitly named them whole topic of Family Planning as especially interesting to them. The study also shows that even after quite a time more than 95% of people memorized the aims and plans they had made after the sessions. Half of the people had made plans regarding planning their family, such as starting the use or change of a certain kind of contraceptive method or started to think when to have another child. Others

planned to increase further their knowledge about FP or FGM or to get a better financial standing by opening a business or increasing their farming capacities.

Generally, there is a big longing for information about Family Planning. This topic touches the core of the people's needs. In one way or the other (almost) all interviewees seem to have gained through the talks. In the second interview, there were just three people who did not find anything especially interesting or new, two of them rating the content and the sessions with 9 out of 10 points nevertheless; one person did not provide an answer/was not asked. In the third interview everybody agreed to have gained something from it.

The study's outcome: Change of knowledge and attitude



In the following analysis, the black column signifies the overall average outcome percentage for both women and men. Furthermore, the green column specifically represents the outcomes for women, while the third column, marked in purple, illustrates the outcomes for men.

Knowledge on sexual transmitted diseases

During the first interview:

Do you know any sexually transmitted diseases? Which ones?

yes	80,6%	80,0%	81,8%
no	16,7%	15,0%	18,2%
no answer	2,8%	5,0%	0,0%

Out of those who provided answers the following diseases were mentioned:

Candidas	3,4%	5,0%	0,0%
Chlamydia	6,9%	5,0%	9,1%
Gonorrhoe	51,7%	60,0%	27,3%
HIV/Aids	41,4%	30,0%	54,5%
Syphilis	55,2%	60,0%	36,4%
Urinary Track Infection (UTI)	3,4%	5,0%	0,0%

Before the students began their health education session, 80.6% of the village population demonstrated the ability to name at least one sexually transmitted disease (STD), whereas 16.7% were unable to do so, and 2.8% either weren't asked or declined to provide an answer to that question. Among those who did provide a response, Syphilis (55.2%), Gonorrhoea (51.7%), and, to a slightly lesser extent, HIV (41.4%) were the most frequently mentioned STDs, while other conditions like Candida, Chlamydia, and Urinary Tract Infection (UTI) were mentioned by only one or two individuals. Among women who could name at least one STD, 60% were able to name both Gonorrhoea and Syphilis, but only 30% were aware of HIV. Conversely, among men, 54.5% mentioned HIV, while a lower percentage, 36.4%, were familiar with Syphilis, and even fewer, 27.3%, knew about Gonorrhoea.

During the second interview:

Which sexually transmitted diseases do you know (multiple answers possible)?

Chlamydia	2,4%	0,0%	7,7%
Hepatitis B	2,4%	3,8%	0,0%
Gonorrhoe	68,3%	67,9%	69,2%
HIV/Aids	78,0%	75,0%	84,6%
Syphilis	56,1%	53,6%	61,5%
no answer	2,4%	3,8%	0,0%

The students' talks seemed to raise the awareness of STDs significantly, as every interviewee of the second interview was able to name at least one disease. The three most mentioned diseases of the first interview still range on top, however, more people knew about them. The knowledge about Gonorrhoea rose by 16,6% up to 68,3% while the percentage of people who knew about HIV/Aids almost doubled up to 78%.

Knowledge on the female cycle

During the first interview:

How many days does the menstrual cycle usually have?

2-7 days	16,7%	24,0%	0,0%
7-10 days	2,8%	4,0%	0,0%
28 days	38,9%	36,0%	45,5%
30 days	5,6%	8,0%	0,0%
I don't know	22,2%	16,0%	36,4%
no answer	13,9%	12,0%	18,2%

There is a notable knowledge gap when it comes to understanding the female menstrual cycle. Remarkably, 16% of women and 36.4% of men lack awareness regarding its duration, collectively representing over a fifth of society. In contrast, 45.5% of men can accurately respond to this query. Interestingly, only 36% of women provided the correct answer of 28 days, while 24% indicated a duration of 2 to 7 days. This suggests that a significant portion of women might have interpreted the question as "how many days does menstruation last?" rather than its overall cycle length.

In summary, the fieldwork revealed a significant shift in awareness. A mere 7.7% of male participants were still unaware of the typical duration of the menstrual cycle, whereas all women participants possessed some knowledge. The majority of male participants (92.3%) accurately identified the usual duration as approximately 28 days. Among the female participants, 64.3% also aligned with this 28-day figure, while 35.7% seemed to base their response on the length of their own menstrual periods.

During the second interview:

How many days does the female cycle usually have?

3-7 days	24,4%	35,7%	0,0%
28 days	63,4%	57,1%	76,9%
28-31 days	9,8%	7,1%	15,4%
I don't know	2,4%	0,0%	7,7%

Anyhow, both men and women show a significantly higher rate of knowledge after the discussion rounds. This is especially important as many village men (especially before marriage) often do not have any knowledge about the women's menstrual cycle nor Family Planning in general.

Knowledge on pregnancy

During the first interview:

When can a woman become pregnant?

From day 11 to 14	5,6%	8,0%
Between day 10 and 18	2,8%	0,0%
Right after menstruation	16,7%	28,0%
Right before menstration	8,3%	16,0%
Before and after menstration	5,6%	0,0%
After unprotected sex with a potent man	8,3%	12,0%
Any day	11,1%	12,0%
During the dangerous days	2,8%	4,0%
I don't know	16,7%	8,0%
No answer	22,2%	12,0%

During the second interview:

When can a woman become pregnant?

From day 7 to 11 up to day 18 to 20	26,8%	35,7%
From day 11 to 14	17,1%	14,3%
After day 14	2,4%	3,6%
After menstruation	12,2%	10,7%
Before and after menstruation	2,4%	3,6%
If she is able to conceive	2,4%	3,6%
After having sexual contact	2,4%	3,6%
During dangerous days	14,6%	21,4%
Anytime	4,9%	0,0%
I don't know	9,8%	0,0%
No answer	4,9%	3,6%

We inquired whether women tend to exhibit higher self-confidence when they possess a deep understanding of themselves and their bodies, and when they feel empowered to make decisions, particularly in relation to their awareness of fertility and pregnancy.

As you might see in the first table above, a wide variety of answers were given, revealing that the vast majority does not have any idea. Even the remaining 8,0% are not right, as it is not only possible between the 11th to 14th day to become pregnant, but also some days after until approximately the 18th day. There is even a possibility from day 7th to 10th and again from day 19th to 21st if it is not a normal 28-day menstrual cycle.

As evident from the next table, the second section of interviews displays a notable diversity in responses. Nevertheless, a significant shift is observable. Notably, female participants have demonstrated substantial progress in understanding their own bodies, with over a third now providing entirely correct answers, reflecting a 35.7% increase. Additionally, 17.9% have

developed a vague grasp of the topic, like the 8% observed in the initial interviews, indicating a further 9.9% increase in knowledge.

Over 20% of women responded with 'during dangerous days, without specifying the specific timeframe they were referring to. We asked various individuals to interpret a certain concept. The responses we received varied, with some being accurate and others incorrect. However, the majority of responses centered around a pattern involving "bleeding – save – dangerous days – save". If most women were trying to convey this concept but simply couldn't recall the exact number of days involved, then we should consider their responses as correct as well. Still, around 21.5% of surveyed women clearly indicated that they were uncertain about their fertility and when pregnancy might occur.

All in all, the education was quite well for the female participants. At the same time, their male fellows do not show a great learning accomplishment. Only 7,7% got the answer entirely and 23,1% partly correctly, while 61,6% still reveal a gap of knowledge. This brings up the idea, that many village men might not see it as important for them to know when a woman is able to conceive. Some individuals may still disregard the idea of being involved in Family Planning, shifting the responsibility to their partners. However, it is evident that nearly one-third (30.8%) of men possess at least some understanding of this topic, indicating a notable increase of approximately 21.7%. This demonstrates that there is a significant number of men who genuinely desire to learn more about Family Planning.

Knowledge on contraceptives

During the first interview:

Can you name three types of contraceptives?

Yes	69,4%	72,0%
No	16,7%	16,0%
no answer provided	13,9%	12,0%

Out of those who provided answers the following types were mentioned:

Calender method	5,6%	10,0%
Condom	63,9%	70,0%
Implants (e.g. Norplant)	50,0%	70,0%
Injectables	13,9%	25,0%
Intrauterine device (IUD)	30,6%	30,0%
Lactation amenorrhoea	2,8%	5,0%
Pills	52,8%	75,0%
Traditional medicine	2,8%	0,0%

During the second interview:

Can you name three types of contraceptives?

yes	87,8%	85,7%	92,3%
no	9,8%	10,7%	7,7%
no answer provided	2,4%	3,6%	0,0%

Out of those who provided answers, the following types were mentioned:

Calender method	5,0%	7,4%	0,0%
Condom	72,5%	59,3%	100,0%
Implants (e.g. Norplant)	60,0%	77,8%	23,1%
Injections (hormonal)	30,0%	40,7%	7,7%
Intrauterine device (IUD)	25,0%	22,2%	30,8%
Lactation amenorrhoea	2,5%	0,0%	7,7%
Pills	85,0%	85,2%	84,6%
Traditional FP methods	2,5%	0,0%	7,7%
Vasectomy	2,5%	0,0%	7,7%
Withdraw method	5,0%	0,0%	15,4%

There is still a gap of knowledge about other topics such as contraceptives. Before the health debate took place, already 69,4% of people were able to name three types of contraceptives (72,0% of women, and 63,6% of men), while 16,7% were unable to do so (16,0% of women and 18,2% of men). Again, the rest was not asked or did not provide an answer to that question. As you can see in the second table, following the health discussions 87,8% of the interviewees were able to answer that question fully (a rise of 18,4%), while 9,8% still lack sufficient knowledge. 2,4% were not asked or did not provide an answer. Especially man gained knowledge about contraceptives as their percentage rose by almost 30%.

In both interviews five main contraceptive methods were mentioned: Condoms, Implants (especially "Norplant"), hormonal injections, IUD (Intrauterine device) and oral hormonal pills. Both times, the condom was mentioned by all male participants, while only 70% (in the first interview) and not even 60% (in the second interview) of women mention this method. In Madunda in the first interview, only one woman named condoms as a contraceptive. This leads to the impression that they are not very often used and/or contraception is rather left to women.

A more significant disparity emerges in the context of implants, with 70% of women (in the first interview) or 77,8% (in the second interview) discussing them, compared to only 44,4% of men (first interview) or a mere 23,1% of men (second interview). This represents a gap exceeding 50% in the second interview. The health discussion rose the knowledge about oral contraceptive pills for both genders, revealing a plus of 10,2% for female participants (up to 85,2%) and of an impressive estimate of 40,2% (up to 84,6%) for male participants. Hormonal pills emerge as the most widely recognized contraceptive method in the second interview, with 85% of respondents mentioning them.

The IUD lacks significantly behind other contraceptive methods. In the first interview, only 30.6% of respondents mentioned it (30% of women and 55.5% of men), and this figure dropped to 25% in the second interview (22.2% of women and 30.8% of men). Hormonal injections scored even worse, with only 13.9% of respondents mentioning them in the first interview (25% of women, none among men). Interestingly, awareness of hormonal injections increased to 30% in the second interview, but they remained relatively obscure, with only 40.7% of women and 7.7% of men being aware of them. These numbers place both IUD and hormonal injections far behind the top three contraceptive methods.

Beside the mentioned methods, traditional medicine is used as well (though not clear to what extent) which include leaves and powder as described before in the description of Madunda. The calendar method was also brought up. However, since men often lack knowledge about the women menstrual cycle, and women themselves may struggle to identify safe days, this method is currently not considered practical for this society as a general solution. All other methods were mentioned by one or two people only. One man even contemplated using his marriage as a method of Family Planning. Unfortunately, the tables also show a very small number of people naming "lactation amenorrhoea" as a contraceptive method. Nevertheless, this method tends to be effective primarily when women exclusively breastfeed, and many do become pregnant again during this period. It remains a very insecure method varying from woman to woman. Lactation amenorrhoea does therefore not count as a contraception method. In the first interview this was mentioned by females only, while they have not named it again in the second interview. Regrettably, the situation was quite the opposite on the male side, as some of them concluded after the Health Talks that this could be a suitable contraceptive method for them.

In any way, most interviewees mentioned that they have started using contraceptives only after they got married or after having had a child. This concept aligns with a society in which official sexual intercourse is exclusively reserved for married couples. However, it leaves a significant knowledge gap for individuals who are unmarried yet engaged in sexual activity, which also contributes to the spread of diseases.

Generally, you can say that the knowledge about all major contraceptive methods except IUD rose through the health debates. Both man and women got more knowledge and feel more self-confident. Within the first interview, they rate their own knowledge about contraception with an average of 6,2 points out of 10. With the second interview the average rose to 7,5.

Use of contraceptives

During the first interview:

Do you use contraceptives? If yes, which and since when?

If yes, who decided? What are your experiences?

Yes, I use contraceptives	52,8%
Yes, my wife uses contraceptives	5,6%
No, we don't use contraceptives	16,7%
no answer provided	25,0%

Out of those who provided positive answers about themselves the following contraceptives are used:

Condom	26,7%
Implants (especially Norplant)	33,3%
Injecables	13,3%
contraceptive pills	20,0%
IUD	6,7%

Out of those who provided positive answers for themselves the following time frames are mentioned:

for 2-6 years	29,4%
since I am married	47,1%
since my 1./3. child was born	17,6%

since I was advised that it helps against HIV and pregnancies 5,9%

As depicted in the table above, the initial set of interviews revealed that 58.4% of individuals in relationships had already employed contraceptive methods. Notably, this seems to have had an impact on their future intentions, with 63.4% (a 5% increase) indicating their willingness to use contraceptives in the future. It's also worth mentioning that the percentage of people who expressed a reluctance to use contraceptives decreased by 9.4%, dropping from 16.7% to 7.3%. Furthermore, it's interesting to note that more than a quarter of the interviewed participants relied on condoms, which offer protection against widespread diseases like HIV. In the case of the remaining couples, the responsibility for contraception primarily fell on the women. All respondents reported that the decision to use contraceptives was made either by themselves or in collaboration with their partners. Importantly, it should be noted that contraceptives are typically used only after marriage, or after having a child. These two scenarios were the most commonly mentioned starting points for contraceptive use.

During the third interview:

Do you use contraceptives? If yes, who decided about it?

yes	56,3%	50,0%	66,7%
no	37,5%	50,0%	16,7%
no answer	6,3%	0,0%	16,7%

Who decided about it?

myself	16,7%	0,0%
my partner	33,3%	0,0%
both of us together	16,7%	75,0%
no answer	16,7%	25,0%

The third interview, however, reveals another view: Half of the women and two thirds of the men agree to use a contraceptive method, a drop of 25% at the female and a rise of almost 30% at the male side! Moreover, an even greater change is seen in the question "who decided": One third of women tell us their partner decided for them, while 0% said that in the first interview. In the first interview, the vast majority (62,5%) said both partners decided together whereas only 16,7% say so in the third interview. In the first interview you really got the impression as if the women were able to decide for themselves, as all women who did not decide with their partner said they decided alone. In the third interview, however, only 16,7% say they could do so. Another 16,7% said they decided about contraception together with their partner – that is half of the number of women for whom the decision was made by their partners! All male interviewees who provided an answer to that question said they decided together with their partner about contraception.

In the third interview, the following reasons were mentioned why a couple did not use a contraceptive method at that moment: two couples are expecting another child soon and another woman had just had her baby and they did not start again yet. One woman stopped

due to the side effects. Two couples did not organize their method yet and said they are planning to use it in the following month.

The second interview shows that 85,4% of interviewees find Family Planning useful. 9,8% disagree with them, 2,4% argue they don't know enough about it and another 2,4% do not provide an answer to that question. Out of those who give reasons, 36,4% say that Family Planning is useful as it gives the choice to the people to have a desired number of children or helps to plan future children. 27,3% connect Family Planning with the ability to care well for all the children in the family, providing them with their basic needs and all the love and care the parents can provide. It gives children chances to better education and to grow up healthily. 13,6% of women refer especially to its protective character against unplanned or unwanted pregnancies, a topic not mentioned by their male fellows. 6,1% of total interviewees emphasize that due to Family Planning the family income has a good chance to rise as it gives time for both parents for their providing activities such as farming. 15,2% of people point out that it simply helps them in their daily life, giving parents freedom of doing what they want to do. 9,1% of men mark that Family Planning gives parents the chance to get prepared before having another child. Just a small percentage of people does not find it useful – and only two people gave a reason against it. One marks, that due to his understanding, Family Planning is against God's will. The other says that he doesn't have any prove about its effectiveness as he is not using it. Generally, it can be said that the people interviewed are very open about Family Planning education as the vast majority sees some kind of benefit through it in their daily life.

Male Circumcision

Male circumcision is practised very widely and has increased a lot within the last two decades. Despite people's assertions that children have the right to take decisions for themselves, the actual situation revealed in the interviews for this study suggests otherwise. Children have no option to say no, they must do what their parents tell them. Most boys agree anyhow as there is a lot of peer pressure. Other boys might refuse to play with their uncircumcised fellows, as they are told that they are unclean.

Even if someone does not get circumcised at childhood, the peer pressure stays, only the gender changes: girls would talk about this boy, warning themselves not to be too close with him. Women think that sexual interactions with uncircumcised men would bring diseases to them. For them, male circumcision helps the society to stay healthy. A circumcised man maintains cleanness and health while an uncircumcised one symbolizes diseases and should not be dealt with closely.

The considerable portion of respondents who refrained from responding, particularly regarding male circumcision, can be attributed to the fact that both phenomena (FGM and male circumcision) were addressed in a single question. Individuals commonly expressed either a neutral stance, saying "*I don't have any position*" (which was tallied for both phenomena), or conveyed a negative attitude toward FGM, leaving male circumcision unaddressed. There was no indication that respondents were intentionally concealing their opinions or withholding information; instead, it seemed they primarily contemplated FGM and deemed VMMC unworthy of discussion.

Typically, those who express their opinions on the matter overwhelmingly support Voluntary Medical Male Circumcision (VMMC). Both men and women advocate for the universal circumcision of boys, emphasizing the need to actively promote VMMC. The prevailing belief among respondents is that circumcision contributes to cleanliness and reduces the risk of sexually transmitted diseases (STDs), with many asserting its protective effect against HIV. This perception, however, is a significant and unfortunate misconception that requires correction through education. There is a widespread misunderstanding that only circumcised men are considered clean and healthy, while uncircumcised individuals are perceived as carriers of various diseases. Consequently, there is a societal consensus among both men and women that a (future) husband should be circumcised. This collective viewpoint exerts substantial peer pressure to ensure the widespread practice of VMMC. The responses to this question reveal a consistent attitude across genders, reflecting the deeply ingrained beliefs surrounding the perceived health benefits of circumcision. Some elderly individuals express opposition to raise questions about this tradition.

Responsibility within the family

During the first interview:

Who is responsible and decides about the family?

both parents	43,5%
father	39,1%
mother	17,4%

Who is responsible for the family income?

both parents	30,2%
father	52,4%
mother	17,4%

During the second interview:

Who should be the one determining/“ruling“ a family?

both partners	39,0%	46,4%	23,1%
mother	4,9%	3,6%	7,7%
father	53,7%	50,0%	61,5%
community	2,4%	0,0%	7,7%

During the third interview:

Who is now responsible for the family and the family's income?

Family's decisions

both parents	38,1%	41,7%	33,3%
mother	4,8%	8,3%	0,0%
father	42,9%	50,0%	33,3%
every family member	4,8%	0,0%	11,1%

no answer provided	9,5%	0,0%	22,2%
Family's income			
both parents	14,3%	16,7%	11,1%
mother	4,8%	8,3%	0,0%
father	66,7%	66,7%	66,7%
other	4,8%	8,3%	0,0%
no answer provided	9,5%	0,0%	22,2%

Prior to the health sessions, 39.1% of women attributed the main responsibility for family leadership to the father. When it comes to the family's income, 52.4% attribute it to the father or husband. However, 43.5% believe that both parents share decision-making responsibilities, while only 30.2% think the same about the financial situation. The absence of a male partner brought 17.4% of women to answer that they themselves are solely responsible for both decisions and income. When looking at the female participants only, the image does not change greatly during the health education. As a matter of fact, it even strengthens the role of men. In the second interviews, half of the women (50%) agree that the father is or should be the one determining a family. Only 3.6% answer that it should be the mother. However, 46.4% mark that the mother and father should both be responsible equally. In the third interview these numbers remain basically the same: again, half of the female participants agree that the father must be the most responsible one of a household (with a peak of 66.7% when it comes to the family's financial situation), whereas only 41.7% say that both partners should decide equally.

If there was a shift in perspective during the discussions on health, it predominantly occurred among the male participants. In the first interview 77.8% saw themselves as fathers as the head of the household. Only 11.1% say that the parents are supposed to rule the family together. In the second interview, the perception of the father as the primary responsible party decreased of 16.3% down to 61.5%, whereas the proportion of those who believed both parents shared equal responsibility more than doubled to 23.1%. Months later the numbers dropped even further: half a year afterwards only one third of the male participants name themselves to be the most responsible one. Another third agrees that both parents must make decisions together. However, when it comes to the family's income two thirds of the participants of the third interview (male as well as female) agree the father to be the most responsible one. This role seems commonly accepted throughout society, for men as well as for women.

It is important to note that gender equality is not widely understood in rural Tanzanian society, and it has not been a subject taught to the students. There is still plenty of room to work on this topic, showing that generally both genders are open to new ideas but having been brought up with another paradigm. The percentage has shown an increase in both male and female responses. Considering once again that this was not a topic taught, the education about Family Planning and SRHR itself also shows a positive impact.

Satisfaction with the number of children

During the first interview:

Are you satisfied with the number of children you have?

Yes	24,1%	14,3%	50,0%
No	69,0%	81,0%	37,5%

no answer provided 6,9% 4,8% 12,5%

Why yes? Why not?

I am satisfied with the number of children because:

75,0%	I can balance the family income, health care and care for the children
25,0%	If the number increases, I will not be able to provide their basic needs

I am not satisfied with the number of children because:

66,7%	I want to have more children
16,7%	I need to have more children as I depend on them in the future
11,1%	My husband still wants more children
5,6%	Due to the number of children I cannot afford to pay my bills

As seen in the table above, 69% of interviewees are not happy with the number of children they have. Almost all of them (94,4%) say they would like to have more children in their families. Understandable, considering that they are living in rural areas where children must help on the fields and many children are common. You should know that 41.4% of interviewees have just one child (yet), while an additional 24.1% have two children. This highlights the continuing relevance of Family Planning in the lives of most respondents.

Only seven interviewees express contentment with their current number of children. On average, these individuals already have 3.9 children, but it's essential to note that this average is notably influenced by one participant who has nine children. Among the satisfied interviewees, three have only two children but are satisfied in their familial situation, citing the ability to adequately care for and provide for each family member. Despite their shared satisfaction, finding commonalities among these seven interviewees proves challenging. They represent diverse backgrounds, encompassing both genders, various education levels, marital statuses (including both married and separated individuals), and financial capabilities—ranging from those able to meet basic needs and save money to those facing financial constraints.

People with basic education typically prefer having an average of 4.4 children. They tend to marry at a younger age, officially a year earlier, and likely even sooner. On average, they consider 19.8 years a suitable age for girls to get married and 23.2 years for boys. In contrast, those who have added approximately four more years of schooling prefer an average of 3.5 children. They tend to marry later, and on average, suggest that a suitable marriage age for girls is around 21.2 years and for boys 25.2 years.

The table illustrates the participants' perspectives on the utility of Family Planning, presumably referring to Family Planning methods – similar to the initial interview. Prior to the health talks, slightly over half of the participants expressed the belief in the usefulness of Family Planning. Notably, there is a considerable disparity between the agreement rates of women (44%) and men (72.7%). Another noteworthy discrepancy of 22.6% exists between individuals with only primary education (42.1%) and those who have also attended secondary school (64.7%).

What do you think about Family Planning?

During the first interview:

What do you think about Family Planning? Is it useful? Why, why not?

yes it is useful	52,8%	44,0%	72,7%
no, it is not useful	2,8%	4,0%	0,0%
I don't know	16,7%	24,0%	0,0%
no answer provided	27,8%	28,0%	27,3%

Out of those who provided a positive answer the following reasons are mentioned:

37,5%	It helps have the desired number of children at the right time with a specific interval. It gives the choice of our family to us.
25,0%	prevents unwanted pregnancies
18,8%	leads to have enough income for the family and enables the parents to give love, peace and care to their children
6,3%	helps to have some space in between children
6,3%	because it is approved by the World Health Organisation
6,3%	it is useful as it reduces the risk of overpopulation

Out of those who provided a negative answer the following reasons are mentioned

100%	it makes someone to suffer from abdominal pain and headache
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During the second interview:

What do you think about family planning? Do you think it is useful? Why?

yes, it is useful	85,4%	89,3%	76,9%
no, it is not useful	9,8%	7,1%	15,4%
I don't know	2,4%	0,0%	7,7%
no answer provided	2,4%	3,6%	0,0%

Out of those who provided answers the following reasons were mentioned:

1) it helps to have the number of children a couple wishes for and to plan future kids	36,4%	36,4%
2) it helps to provide all basic needs and better education to our children. It helps them to grow in healthy conditions and to get lots of care and love.	27,3%	27,3%
3) protects from unplanned or unwanted pregnancies	9,1%	13,6%
4) it increases the family income by giving time to the parents for their providing activities like farming	6,1%	9,1%
5) it helps me. It gives freedom of what parents want to do	15,2%	13,6%
6) it gives parents the chance to get prepared before having another child	3,0%	0,0%
7) it is against God's will	3,0%	0,0%
8) I don't have any prove of its effectiveness as I don't use it	3,0%	0,0%

The health conversation initiated by LUHETI's students has notably heightened awareness regarding the importance of Family Planning. On average, 85.4% expressed agreement with its usefulness during the second Interview. When broken down by gender, the percentage of men in favour increased modestly by 4.2%, reaching 76.9%, while the percentage of supportive women doubled from 44% to 89.3%. Refer to the tables above for some of the provided reasons. It's worth noting that only a small percentage of interviewees provided reasons in both cases.

Do you discuss Family Planning with your partner?

During the first interview:

Do you speak with your partner about children or contraception?

Yes	52,0%	58,9%	37,5%
No	28,0%	29,4%	25,0%
no answer provided	20,0%	11,8%	37,5%

During the second interview:

Will you speak with your partner about children or about contraception?

yes	81,8%	87,5%	66,7%
no	3,0%	4,2%	0,0%
I don't know	3,0%	0,0%	11,1%
no answer provided	12,1%	8,3%	22,2%

During the third interview:

Do you talk with your partner about contraception?

yes	100,0%	100,0%
no	0,0%	0,0%
no answer provided	0,0%	0,0%

Regarding the matter of discussing contraception with a partner and/or children, there is a noticeable improvement evident from the health education sessions. Before the educational intervention, only half of the participants had conversations with their partners about contraceptives. However, after receiving information on Family Planning methods, 87.1% expressed their intention to talk. This increased willingness is observed across both men and women, with a significant surge in those open to talk about contraception. The percentage of individuals who indicated they would likely not engage in such conversations decreased notably, dropping from 28% to 6.4%, representing a substantial 21.6% decline. Moreover, this positive trend persisted and even strengthened six months later, with every participant (!) expressing a commitment to discussing contraception with their partner. Remarkably, all men and women, including those in relationships where such discussions seemed unlikely before, reported engaging in conversations about contraception.

The tables illustrate another noteworthy improvement: they highlight that both women and men share the intention to carefully plan their future children. The number of willing people to

do so rose significantly by 34,6% up to 81,8%. Only 6,1% of interviewees (8,3% of women, no men) say they do not want to do so. As above, months later every interviewee (!) said he/she did talk with his/her partner about Family Planning.

During the third interview an impressive 100% of male and female interviewees said that they now discuss the issue of using contraceptives with their partners.

Same applies to the question whether the interviewees have planned their children and whether they would do so in future:

During the first interview:

Did you plan the number of your children?

Yes	47,2%	44,0%
with an average of x children:	4,2	4
No	27,8%	40,0%
No answer provided	25,0%	16,0%

During the second interview:

Will you plan your future children?

yes	81,8%	83,3%
no	6,1%	8,3%
no answer provided	12,1%	8,3%

During the third interview:

Have you thought of the number of children you want to have?

yes	100,0%
no	0,0%
no answer	0,0%

Birth Spacing

During the first interview:

Have you heard about Birth Spacing?

yes	85,7%
no	0,0%
no answer	14,3%

During the third interview:

What do you think about birth spacing?

Giving a definition	43,8%	60,0%	16,7%
Important as it enables you to provide well for the family economically and emotionally	43,8%	30,0%	66,7%

No answer 12,5% 10,0% 16,7%

Birth Spacing is a prevalent topic within the society; even those who have not been in a relationship already being familiar with it. In the first interview more than 85% of interviewees already heard about it. None neglected knowing about it, the rest rather did not provide an answer at all. In the second interview, approximately one third expressed its importance, stating reasons such as “it is important because it gives ways to the parents to provide well for their children on time”, another third did not provide an answer and the rest usually gave definitions, such as “this is the interval of ages between the children of a family”. Only one person mentioned that Birth Spacing is not important. In the third interview, 43,8% of people again gave a brief definition. Another 43,8% expressed its importance as it enables parents to provide well for their offspring economically and emotionally, sometimes adding that it is the best way to plan your family. 12,5% do not provide an answer

It was commonly emphasized that the ideal spacing is typically two to three years. Some respondents also touched upon the medical aspects, citing the importance of post-delivery recovery and the potential reduction in maternal and child mortality. However, the responses to this question often resembled answers to a school exam, lacking personal insights or development over time. Particularly women tended to provide definitions rather than expressing their individual perspectives.

During discussions at the THE RAIN WORKERS event in the maternity ward of Lugarawa hospital, it was observed that the practice of spacing births is prevalent in the community. Among the 30–40 pregnant women present, only one had a child with an age difference of less than 1 ½ years. Typically, the next youngest child had an age gap ranging from three to nine years.

Interests and rights of children

In response to the inquiry about the school attendance of the interviewees’ children, approximately 58.3% of all respondents stated that all their children are currently attending school. While the estimated number may appear modest, it’s crucial to note that most interviewees haven’t reached a stage where all their children are of school age. In fact, every respondent who addressed this question affirmed that their children are currently enrolled in school, even when there was only a baby in the household. Not everyone was initially meant to answer this question, but some individuals chose to respond to it nevertheless. Every respondent indicated that a child of school age was attending school. The overwhelming number of positive responses, even from those without school-aged children, suggests a strong societal commitment to education. The only exception was when some respondents mentioned the child being too young, though they still affirmed the intention for school attendance.

During the first interview:

What do you think is a good age for girls/boys to marry?

<i>girls:</i>	20,9	20,9	20,8
<i>boys:</i>	24,3	24,5	24

The survey results about marriage indicate an a suggested average age of 20.4 years for girls and 24.2 years for boys as an ideal time to begin a family. Notably, there is a notable difference of nearly 1.5 years for girls and 2 years for boys on average between those with only primary education (advocating for marriage at 19.8 years for girls and 23.2 years for boys) and those who also completed secondary school (endorsing 21.2 years for girls and 25.2 years for boys). The data presented in the table above illustrates a consistent pattern across all groups, indicating that, on average, girls are 3.5 to 5 years younger than boys.

Following the discussions on health-related topics, the table below illustrates that there isn't a significant distinction among the following subjects. However, the topic of marriage highlights a noticeable divergence in opinions, revealing that not everyone believes children should have the autonomy to make such decisions for themselves.

During the second interview:

Do you think children have a right to decide about their future?



Do you think children have a right to decide about whom they marry?



Do you think children have a right to decide whether they want to become circumcised (FGM or VMMC) or not?



*Graphic 31: Asked within the second interview
Green women, purple men, black all together*

We would like to emphasize that the official statistics provided may not accurately represent the reality, as elaborated in the subchapter "Kiyombo". As it's widely known that marrying below the age of 18 is illegal, there's a hesitancy among people to acknowledge the prevalence of teenage marriages officially, likely due to fear of legal consequences. Up until now it is unclear to what extent teenage marriages are concluded.

The health talks did not touch upon the issue of early marriage. Consequently, the preferred age for marriage persisted unchanged after these discussions, mirroring the responses from the initial interviews. According to women, girls should ideally marry at around 20.9 years, with boys being approximately three and a half years older at an average age of 24.5. Men echoed similar sentiments, suggesting 20.8 years for girls and 24 years for boys. It's commonly agreed

that a man should be prepared to provide for a family, with the emphasis placed on his readiness rather than his age.

We strive to consider the overall requirements of children. The respondents have rated their satisfaction at 8.2 out of a maximum score of 10, indicating a high level of fulfilment.

First interview:

To which extent are the needs and interests of your children taken into account on a scale from 1 (not at all) to 10 (very much)?

6,8 7,1 6,4

During the second interview:

Are the needs of your children taken into account on a scale from 1 (not at all) to 10 (very much)?

8,2 8,4 7,7

Quite an improvement compared to the answers of the first interview:

The third interview indicates an even further improved comprehension of the children's well-being. The students displayed a heightened emphasis on understanding the needs of a child.

Are the needs of your children been taken into account on a scale from 1 (not at all) to 10 (very much)?

8,5 8,5 8,5

To sum up, the responses to the previously mentioned questions indicate that considerable efforts have been made to address the needs of children. Despite variation in viewpoints especially about VMMC, the overall situation for children remains unchanged in some areas:

- While all interviewees officially affirm that children have the right to choose their life partners and the timing of their marriage, this assertion doesn't consistently align with the reality. Particularly in Kiyombo, it is prevalent for parental consent to play a crucial role in these decisions. Informal discussions, conducted discreetly alongside general health conversations or outside the formal interview setting, indicate that individuals in this community often marry at a younger age, influenced more by someone else's decision than their own. The apprehension of legal consequences prompts many to conceal this practice when interacting with outsiders.
- The question of circumcision is inherently ambiguous, allowing for both affirmative and negative responses to convey a similar perspective. Those opposed to circumcision may say "Yes" when asked if children have the right to decide for themselves, indicating a belief in a child's autonomy. However, they may also answer "No," emphasizing the cultural context where children are not afforded this right, despite their personal stance. The presented statistics do not accurately capture genuine attitudes, but some interviewees added nuances, specifying that while boys can decide for themselves, girls should not undergo circumcision. This mirrors the prevailing community lifestyle that

rejects female genital mutilation/cutting (FGM/FC). However, the question's applicability to boys is flawed, as the majority are circumcised at a young age, with 44% of interviewees having their sons circumcised. This contradicts their assertion that children should decide themselves about circumcision, as it is evident that parents take this decision for their sons at an age where self-determination is not feasible. In essence, the children in this area are either uncircumcised (girls) or circumcised (boys), with the decision resting in the hands of their parents, not the children themselves.

- In Tanzania it is the government who decides about the type of school and field of study based on the student's performance in Secondary School. If a student applies for further education, they are assigned to a specialized school (Advanced Level) to prepare for university based on their academic achievements, rather than personal preferences.

Participants can actively shape their living situation

During the third interview:

Did you change or improve your family situation?

yes	56,3%	50,0%
no	43,8%	50,0%
no answer	0,0%	0,0%

In the third interview, participants were queried about changes or improvements in their family situations. Of all respondents, 56.3% affirmed that their circumstances had indeed improved. Notably, half of women and two-thirds of men reported positive changes. This indicates that slightly over half of the surveyed households altered aspects of their family. Further insights from 13 individuals revealed that seven had initiated the use of contraception methods, influenced by the educational sessions conducted by the students. Additionally, five individuals successfully enhanced their financial situations, marking a significant achievement in their lives.

Only one woman noted a lack of progress in her situation, attributing it to her family's limited income. This observation reflects a broader societal trend where individuals often prioritize their economic status, perceiving it as the foundation for change rather than a consequence.

In any case, these changes do not automatically result in happier relationships. The initial two surveys don't indicate an immediate boost in happiness from the health discussions. In fact, there's a slight decline, with the overall satisfaction dropping from an initial 8.4 points out of 10 to 8.2 points in the second Interview. Both men and women experience a minor decrease, with men going from 7 to 6.9 points and women from 8.9 to 8.8 points.

Looking at the long term, general happiness increases to 8.6 points. Female responses average 8.8 points, while male responses show a significant improvement, jumping from 6.9 to 8.3 points. Despite this, overall estimates suggest that women tend to be more satisfied with their relationships than men.

Participants have a clear vision of their future

Most interviewees mentioned in the second interview that they wanted to change something in their lives. Most of them referred either to a better financial situation or the start of a new contraception method. At times, interviewees, such as Scholastica, a mother from Shaurimoyo, have a somewhat clear understanding of what needs to change: *"I want to change from a low-life to a better life through opening a good business in the future"* or Farida from Kiyombo, who is separated from her ex-husband: *"I want to build my own house and have my own business"*. Neema, a resident of Kiyombo, aspires to enhance her economic standing by becoming a successful and substantial farmer—a goal echoed by many individuals at a certain stage in their lives. Another interviewee, who has recently completed her education, expresses her ambition to become a prominent businesswoman in the field of pharmacy. In contrast, Mariam presents a broader perspective on her future aspirations: *"I would like to become a good mother with good economic status of a healthy family"*. Jenipher from Madunda, is currently not in a relationship and has no children, greatly benefited from the discussion: *"My plan is to have a few numbers of children in order to be able to provide for all needs."* She began contemplating the ideal time to start her own family, considering her ability to provide for them. Adlasta's perspective resonates with many others who also believe in only having as many children as they can adequately support: *"I will use Family Planning so as to enable easy control over the family"*.

During the first interview:

Do you want to change something in your life? If yes, what is it?

yes	85,4%	82,1%	92,3%
no	7,3%	7,1%	7,7%
no answer provided	7,3%	10,7%	0,0%

Out of those who provided positive answers the following points were mentioned (number of statements) :

- 1) change partner
- 2) (more) children
- 3) improve to provide basis needs
- 4) save money
- 5) improving financial situation by investments, better farming or in general
- 6) start/change of FP-method and avoid FGM

When asked about their children's future, most interviewees expressed a desire to provide them with opportunities for quality education or improve their overall lifestyle.

During the second interview:

Do you want to change something in the life of your (future) children?

If yes, what is it/what would it be?

yes	61,0%	53,6%	76,9%
no	19,5%	21,4%	15,4%
no answer	19,5%	25,0%	7,7%

Out of those who provided positive answers the following was mentioned (number of statements, multiple answers possible)

1) get them better education	14
2) let them decide about their partner	3
3) let them decide about their career	3
4) open an account for them/plan a budget	4
5) change their general lifestyle	6
6) provide basic needs for them in time	1
7) advising them what is best for them	1
8) want them to achive their dreams	2
9) want them to plan their children	1

At least 61% of interviewees want to change something in their childrens lives.

Lusda, for example, says: *“I want to open them a bank account for keeping money for special occasions”*, recognizing the importance of setting aside funds for her children's future needs, such as education and healthcare. Farida succinctly captures the prevailing sentiment with her response: *„I want them to have a better life and quality education”*. Simple, short, and important.

During the third interview:

Do you remember your plans, aims and prospects after the sessions?

yes	95,2%	100,0%	88,9%
no	0,0%	0,0%	0,0%
no answer	4,8%	0,0%	11,1%

Half a year later, 95.2% of interviewees affirm that they vividly recall their initial objectives. Nearly everyone, with the exception of one individual who shared additional details, successfully translated their aspirations into action. Regrettably, Leo, who bears financial responsibility for his wife, infant child, and younger brothers residing with him, faced challenges in meeting all the needs of his siblings and was not able to perform as originally intended, primarily due to their constrained financial circumstances. It's essential to note that a significant portion of participants did not furnish more detailed information.

During the third interview:

The overall receptiveness to health talks for children increased significantly, rising from 6.8 points in the initial interview to 8.2 in the second, and finally reaching 8.5 in the third interview, reflecting a positive influence on societal perspectives. This positive impact, evident in the second interview, appears to be sustainable in the long term, as demonstrated by the third Interview. Consistent delivery of educational health talks could potentially bring about a more profound shift in societal attitudes and behaviours. Both men and women seem to embody this shift in thinking.

Furthermore, a noteworthy change is observed in the ability of interviewees to fulfil their children's special wishes. In the first interview, only 41.4% of respondents reported being able to do so, with 34.4% unable and 24.1% providing no response. Contrastingly, in the third interview, an impressive 93.8% of respondents claimed the ability to grant their children's special wishes. This signifies a doubling of the percentage, transitioning from nearly every second family to almost every family. While the specific reasons behind this change remain unclear—whether it's attributed to an increase in family income or heightened parental dedication to meeting their children's needs—it is undeniably remarkable.

Educational aspects

In the rural villages, it is observed that examined education doesn't always translate to improved economic lifestyles, given that many residents rely heavily on agricultural activities. Examining the question of meeting basic needs discussed in the first interview, it was found that 84.2% of individuals with primary education can adequately provide their families with necessities such as food, water, and healthcare. In contrast, only 61.5% of those who attended secondary school are capable of meeting these basic needs. On the other hand, only half of the people with primary education were able to grant their children special wishes in the first place, whereas approximately 62,5% of those with secondary education could do so. The changing point about the economic status of the family could therefore be connected not primarily with the educational background, but also with something different, e.g., someone's family status and age. Stable family households with both parents (married) can meet their basic needs at a rate of 83.3%, whereas only 40% of single households with a child are able to do the same. Single parents often face challenging circumstances, with only 20% able to set aside funds for emergencies in a typical month or maintain a dedicated financial reserve. In contrast, among families with both parents, 52.4% of respondents report being able to save money for unexpected situations.

Examining the relationship between educational background, family status, and wealth, the data reveals that 94.7% of individuals with primary education are married, indicating a higher likelihood of being in a relatively stable household. In contrast, only 47% of those with secondary education currently find themselves in this position. Moreover, the average age of the interviewees with primary education only was 30,2 years, while those with secondary education were almost 5 years younger in average (25,3 years). In those 5 years it is quite possible to build up a stable income that enables a better economical family situation. Typically, older individuals are found in stable, married situations, leading to a higher wealth percentage, irrespective of their educational background. Consequently, we often emphasize that factors such as family status and age play a more crucial role in determining a family's wealth compared to educational attainment. However, further investigation is needed to assess the financial standing of individuals with secondary education when they reach the same age as their counterparts.

Teenage marriage (though held under secret) is likely to be higher among those who discontinued their education after primary level, as individuals were actively involved in daily village life during their teenage years. Those who went to and finished secondary school either lived in a boarding school or had a far way to travel every day, leaving them busy in their teenage years and not giving them a chance to build up their own house and family. Moreover, both girls and boys would have to drop out of the education system once they are married as the girl is

supposed to run a household and have children while the boy has to work in order to provide for his family. This highlights that the issue of secret teenage marriages tends to impact those with lower education levels, deepening their reliance on each other. In all the villages we studied, it was consistently reported that if a teenage girl becomes pregnant, she is married to the father of the unborn child, regardless of their age or education. Both individuals then leave school to concentrate on establishing a new household. The pressure to enter into early marriage is particularly enforced by the girl's parents, who aim to secure a stable future for their daughter. Since having intercourse with a girl younger than 18 is considered rape in Tanzania and is punishable by severe laws, neither the girl nor the boy, nor the boy's parents, have any other choice. Men may face lifelong imprisonment (minimum of 30 years).¹ Nevertheless, all participants who provided an answer agree that they could marry their own desired partner.

Difficulties faced during the study

Throughout our study, our team encountered challenges that we believe are crucial to acknowledge in order to gain a comprehensive understanding of the results.

The students who conducted the Health Talks were not trained as RAIN WORKERS

The LUHETI students imparted knowledge on subjects they had prepared in school to the villagers. Despite not being trained as RAIN WORKERS, they were being groomed as health workers. The students quickly grasped the topics of THE RAIN WORKERS introduced to them and efficiently applied the approach to teach their chosen topics to the community. This method proved to be excellent, as the local society easily understood and adopted it. The approach effectively communicated the importance of Family Planning and its connection to a sustainable lifestyle in a memorable and accessible manner.

Interview-partners

The students encountered challenges in securing interview partners, exacerbated by the varied timing of interviews coinciding with other events such as construction sites, weddings, and more. This often resulted in an uneven distribution of interviewees, both in terms of gender and overall participation. Unpredictable factors like weather conditions also influenced people's willingness to participate. Despite advance notice of their visits, students were only informed about obstacles upon reaching the villages to locate their interviewees. Consequently, merely 17 participants engaged in all three sections, with the remaining individuals participating in just one or two interviews. Overall, 51 different people participated in at least one Interview. Due to the limited number of interviewees, we opted against categorizing their responses into groups

¹See <https://www.refworld.org/docid/3ae6b5098.html>, referred to on January 24th, 2024.

other than sex, as this sometimes resulted in very small sample sizes, making it challenging to claim representativeness in such cases.

Male circumcision

The students experienced internal conflict regarding the topic of male circumcision due to conflicting perspectives between LUHETI and THE RAIN WORKERS. Consequently, we recommend using the responses to specific questions as a baseline to gauge how the topic is perceived in different villages or by various groups.

Different perceptions/understanding of the questions

Furthermore, there is a notable distinction in how questions and answers were formulated and interpreted between Tanzanian and Austrian perspectives. It is evident that culture significantly influences individuals. In situations where diverse cultures converge, varying interpretations of certain aspects inevitably arise. The questionnaires were crafted by European experts who possess significant experience in the African field, coupled with a European upbringing. The aim was to explore people's perspectives on specific matters and assess whether education contributes to meaningful change. However, our findings reveal that a considerable number of questions were not comprehended as intended, e.g: during the third interview:

It seems like THE RAIN WORKERS conducted a study to explore the personal perspectives of people regarding the topic of Birth Spacing. However, the findings revealed that rural Tanzanians tended to interpret questions in a more nuanced and subjective manner, rather than providing straightforward "right" or "wrong" answers. Interestingly, women in these villages seemed to be more influenced by a "school"-like pattern of thinking, favouring objective definitions rather than sharing personal views. Men, however, mainly focused on the positive financial aspects associated with Birth Spacing. The absence of clear-cut answers like "I find it a good idea" or "I oppose it" suggests that interviewees approached the topic in another way as originally intended by the interviewers, offering a diverse range of perspectives and understandings. The conclusion drawn from the study is that it can be challenging to truly understand what people think. While this complexity might lead to confusion, it also highlights the richness of human thought and the diverse ways in which people perceive and understand issues. The statement "the learning never ends" suggests an ongoing process of understanding and gaining insights from the diverse perspectives encountered during the study.

Language

Additionally, a language barrier was encountered during the interviews. While the students were proficient in English and the questions were posed in English, the interviewees lacked proficiency in English. Consequently, the students had to translate the questions into Swahili, and at times, into Kipangwa on the fly. It is noteworthy that each student may have provided slightly different translations. For instance, when asked, "Do you know how many days the female cycle has?" many women responded with a range of 3-7 days. This could be interpreted as referring specifically to their days of bleeding. The discrepancy raises the possibility that the question may have been misunderstood. Alternatively, variations in translation quality by

different students during interviews might have contributed to these divergent responses. Language barriers pose challenges, particularly when multiple languages are involved, and individuals are not completely fluent in the language of the questions.

Role of students

The students encountered significant challenges in their roles. In Kiyombo, there was an observed reluctance among people to speak the truth, driven by concerns that the students might be undercover law enforcement officers. In Madunda, Adalbeth faced hurdles in eliciting responses to personal inquiries, particularly regarding sexual and reproductive health and contraceptives. This difficulty stemmed from his own ties to the village, where residents were hesitant to divulge such private information. Older men, in particular, questioned his audacity in broaching such sensitive topics, highlighting the pervasive challenge of obtaining honest answers, irrespective of the students' familiarity or unfamiliarity with the community.

Methodology

Finally, there was a methodological mix of quantitative and qualitative questions in the interviews. However, as neither the students nor the interviewees were used to interviews, we were afraid that the qualitative part was not as much talked about as intended and often entirely left out. We made sure to explicitly state the precise number of people who provided each answer in cases when we only received a small number of qualitative comments. Since percentages might not accurately reflect the genuine sentiment, this method was chosen. Furthermore, we were able to learn a great deal about people's sincere beliefs regarding a variety of subjects from their general viewpoints on relationships to the idea of bride price—a sum of money a prospective husband pays to the parents of his future wife. These insights were obtained through qualitative segments within the interviews.

One woman from Kiyombo, for example, expresses that: *" Yes [I want to change my life]. I want to get married to a rich man in the future, I am not happy with the man I have now"*. However, she rated her relationship a solid 9 out of 10, which is a fairly high score. It appears that this woman may not have fully grasped the intended significance of these numbers reflecting the quality of her relationship. The students conducting the interview, lacking experience in qualitative interview settings, failed to inquire about the coherence between these two statements. In the end, this proved to be a valuable learning experience for all involved, offering insights into both cultures.

The narratives shared during or after the interviews frequently, though not always, aligned with respondents' responses to quantitative questions. The example provided highlights that queries involving numerical values may not be ideal in a societal context where emphasis on numbers is not commonplace. Indeed, discerning the genuine sentiments of individuals, particularly women, poses a challenge. It remains uncertain whether the responses we received reflect their true thoughts or if they were tailored to meet perceived expectations. Notably, individuals, particularly women, may be reticent to express personal opinions to unfamiliar individuals.

Long-Term Prospectives and Change in Behaviour

Every action generates a multitude of outcomes, and the enduring consequences often coalesce into what we refer to as an "impact." This impact becomes apparent when beneficiaries exhibit alterations in their behaviour or mindset, stemming from prior actions—specifically, in our case, the health talks. The study meticulously identifies a spectrum of outcomes observed previously. The following list highlights some notable results, particularly those where discernible changes occurred or intriguing developments caught the attention of the facilitators, indicating a potential impact resulting from the health talks:

Planning for the future

Indeed, over 95% of interviewees recalled the plans or goals they had set during the health talks, with many of these aspirations revolving around Family Planning matters. It's noteworthy that despite the diverse range of topics covered in the educational sessions, Family Planning emerged as a common theme among the participants. It seems that knowledge about Family Planning really touches the society's core. Some individuals primarily emphasized the importance of financial stability.

Now, returning to the central topic at hand—the recognition of the significance of Family Planning and sexual and reproductive health and rights—let's consider Samwel's perspective: *"My aim is to plan our family and space the births well together with my wife"*. He understood that Family Planning is a shared responsibility between partners to ensure a sustainable and secure life.

John and Isaya are part of a significant number of individuals eager to receive education on this matter: *"Our aim is to ensure to know well about Family Planning and FGM"*. Edward added: *"My aim is to talk to my neighbours and friends about Family Planning, too, as to ensure they know well about it, too"*.

Antelima had similar prospects: *"My aim was to start using a Family Planning method and to talk to my partner about Family Planning"*. For her this was something new to be confronted with. Nevertheless, the teachings clearly showed a positive impact, as e.g. Debora declares half a year afterwards, that her plans are to use a contraception method after she gets married.

Also, Lusda remarked that since they *"decided to use Family Planning methods"*, together, she and her husband engaged in a thoughtful conversation to discuss and plan their family's future. They carefully chose a specific method of contraception and established a time-frame during which they wished to prevent any unplanned pregnancies.

After the counselling sessions, Aidan outlined his personal agenda. He and his wife decided to expand their family this year, and they're elated that she is now expecting. In contrast, Otto expressed his intention to enrol his children in a private school before considering the idea of having another child, a prospect he envisions materializing in the next two to three years.

Following the sessions, participants retained the information vividly even six months later. Additional objectives emerged, particularly concerning economic matters. It became evident that individuals began strategizing and effectively handling their finances after attending the

health talks for students. For instance, Augustino shared his experience, stating: *"I planned to make a budget for a gift for my children when they pass their exam to the next level"*. He began crafting a budget with the intention of utilizing it for a special occasion for his children. This thoughtful planning aimed to significantly boost the overall happiness within the family and foster greater harmony.

Leo shared that participating in the talks has given him insights into improving his family situation. While he hasn't reached his goals yet, he is actively planning how to achieve them. His primary objective is to support his younger brothers, who currently live with him and his family, in pursuing their dreams. The challenging economic circumstances have hindered his ability to assist them thus far. Despite this, Leo mentioned that he and his wife have managed to enhance their relationship by adopting a Family Planning method. He is optimistic that this not only strengthens their familial bonds but may also contribute to their financial stability in the long run. By having both parents working and only one child, Leo envisions potential savings. In summary, Otto highlighted the positive impact of the students' health talks on individuals like Leo and their families.

It is intriguing to note that men and women often have distinct priorities when considering the future of their children, shedding light on the diverse roles associated with gender. Notably, 70% of men expressing a desire to alter aspects of their children's future emphasize the importance of ensuring a high-quality education. In contrast, only around 25% of women share this focus. Instead, women seem to place greater significance on timely provision of their children's fundamental needs, such as food, water, clothing, and shelter. This disparity underscores the varying responsibilities that men and women feel towards different facets of their children's lives.

The statements above reflect a profound commitment to actively plan one's own family. The true significance of the health discussions lies in the approach taken to achieve this. Couples contemplating whether to embrace parenthood or defer it need to engage in open dialogue. Similarly, if they decide to postpone having a child, they must again communicate to determine the most effective methods of contraception. In the initial survey, approximately 52% of respondents reported discussing Family Planning or contraception methods with their partners. Remarkably, just two weeks after being informed about the importance of collaborative planning, this percentage surged by nearly 30% to reach 81%. This shift is not only noteworthy but becomes even more striking when, six months later, everyone claimed to have engaged in conversations about such topics with their partners. While we cannot definitively ascertain if decisions are always mutual or if one partner occasionally dominates the conversation, the pivotal aspect is that both partners have the opportunity to express their views. This emphasis on "talking together" signifies a substantial impact. Although we cannot determine the extent to which decisions are genuinely mutual, the fact that both partners' perspectives are acknowledged is crucial for empowering girls, women, and society at large. This represents a significant stride toward gender equality, even though it may not have been the primary focus. Encouraging couples to plan collaboratively for a fulfilling and sustainable family life has prompted individuals to recognize their own responsibility for the well-being of their family.

THE RAIN WORKERS-Approach stays in mind

Although the students were not officially trained as RAIN WORKERS, they quickly grasped and embraced the THE RAIN WORKERS Approach of Family Planning, understanding its necessity during a brief preparation period. Moreover, they effectively conveyed this approach to others. Most village participants also acknowledged its importance, showcasing the students' success. The students gained insights into how Family Planning and fostering a healthy, sustainable family life—both emotionally and financially—coalesce seamlessly. Applying these principles to their own lives was straightforward for both the students and the beneficiaries. Lusda, a mother of three children from Shaurimoyo, succinctly captures this sentiment: *“In our society we need more education about Family Planning, because most people don't have a lot of education about women issues, Family Planning in general or reproductive health”*.

The approach gained rapid and widespread acceptance, suggesting that the insights derived from it may resonate with beneficiaries for many years. If individuals take actions based on these insights—such as strategically planning when and how many children to have—the approach itself can exert a significant and lasting influence.

People want to learn more on Sexual and Reproductive Health

During various sections of the interviews, which covered a range of questions, there was a consistent emphasis on the importance of education in general. Additionally, there was a notable focus on advocating for Family Planning and Sexual and Reproductive Health and Rights (SRHR). Prisca, a 38-year-old resident of Kiyombo and mother of two grown-up children, echoed this sentiment: *“[What our society needs most] is education about Family Planning, education about family care and provision of food and education for children. [We need] to be provided with education concerning Family Planning, violence against children and women and reproductive health”*. Most interviewees commonly request information on Family Planning, SRHR, and topics related to women. Some women specifically highlight the significance of education on combating gender-based violence (GBV) against women and children during the interviews.

Childrens needs are becoming important

The research reveals a notable shift in parental focus towards meeting the needs of children, particularly following health discussions. This shift becomes more evident in the third interview, showcasing a substantial change in perspective over the long term. In the initial interview, only 41.4% of parents acknowledged occasionally fulfilling their children's special wishes, such as acquiring a new dress, shirt, or shoes. However, by the third interview, an impressive 93.8% confirmed engaging in such practices. This indicates a clear transformation in parental understanding, emphasizing the importance of adequately providing for their children and attentively addressing their needs.

Understanding the importance of Family Planning

Generally, there is a strong interest among both men and women in understanding Family Planning and sexual and reproductive health and rights. This subject resonates with people's essential concerns, and there is a curiosity about various contraception methods, including their pros and cons. One woman specifically emphasized the importance of demonstrating the correct use of items like condoms, highlighting instances of misuse or improper reuse.

The awareness regarding the significance of Family Planning has notably increased. In the initial interview, 53% of participants acknowledged this importance, and this figure surged to 85% in the second interview. Specifically, among women, the awareness rate doubled from 44% to an impressive 89%. In the third interview, a remarkable transformation occurred, with a remarkable 100% of participants expressing their commitment to planning their future offspring, including individuals who are currently single. Singles conveyed their intention to collaborate with their future partners in planning their families. This signifies a clear and robust impact!

Talks within couples

Health discussions among couples have noticeably increased, particularly regarding Family Planning and contraception, following the health talks. Prior to the students' health talks, only 52% of couples engaged in such conversations. However, after the talks, this number rose significantly to 81%. Interestingly, even individuals who initially expressed hesitancy about discussing these matters with their partners ended up doing so. In the third interview, every participant (100%) confirmed that they now engage in discussions about Family Planning and contraception within their partnerships. This underscores a substantial and positive impact of the health talks.

Contraception & financial changes

After attending health talks, a significant 85% of participants express a desire to make positive changes in their lives. Primarily, their aspirations revolve around adopting or altering contraception methods and improving their family's economic well-being. Additionally, 61% express a keen interest in enhancing aspects of their children's lives, often focusing on securing a high-quality education. These individuals, despite perceiving themselves as economically challenged, harbour aspirations for their offspring to enjoy a more prosperous future. The noteworthy aspect lies in the tangible impact of these health talks, as evidenced by the fact that over half (56%) of respondents in the third interview report implementing actual changes in their family. Specifically, many have initiated or modified their contraception methods, while others have successfully achieved a better balance in their incomes, resulting in an overall improvement in the family's economic standing.

Needs are taken into account

Both men as well as women felt their needs more taken into account: men gave 8 (in the third interview) instead of 7 points (in the first one), women rose from 8,1 up to 8,6 points.

Contraceptives

The discussion on contraceptives typically begins within the context of marriage. Meet Debora, a 22-year-old single resident of Shaurimoyo: She expresses that: *"My aim is to use Family Planning methods after I get married"*. Unmarried individuals often recognize the importance of learning about contraceptives for their future, even if they do not use them before marriage. Given social expectations, they may believe they shouldn't be sexually active at their current stage. Those who are sexually active nevertheless, particularly women, may encounter social challenges if their contraceptive use becomes known (e.g., if a condom or pills are accidentally discovered) or simply face difficulties to get them, especially if they do not want rumours about them in the village. Still, single individuals and students are encouraged to receive education on contraceptive methods as they may find it beneficial in later stages of their lives.

Among those who are already married, education emerges as a crucial factor influencing decisions related to Family Planning.

Take Leo from Madunda, for instance, a father to a young son. Following discussions on health matters, Leo shared his perspective: *"Previously I did not use a Family Planning method, but now we started to use"*. Aidan from Kiyombo argues, that the health talks helped him as *"now I am sure of the best method of contraception"*.

John from Shaurimoyo mentioned that he *"will start to use condoms now in order to have few children"* – since this holds significant importance, considering he is already a father of five children at the age of 28.

Piensia, a 21-year-old from Shaurimoyo and a mother to a little boy, shares her perspective: *"I started using Family Planning services I am able to provide equal services to family members."* All four individuals decided to adopt a contraception method and actively plan their families based on the guidance provided by the students.

Paulia, a 31-year-old resident of Shaurimoyo and mother of four, shares that *"[this society] needs most education about Family Planning and also how to use effectively Family Planning methods"*.

Longing for education

In all three villages both men and women express a profound desire for education. Specifically, all men and 75% of women explicitly stated this longing. Furthermore, observations during fieldwork and RAIN WORKER-Workshops revealed that beneficiaries consistently inquired about education after each session and during chance encounters on the streets. The villagers displayed a strong eagerness to learn, considering it a blessing to have the opportunity for free education. Notably, they prove to be diligent students, actively applying what they have learned in practical situations.

Female Cycle and Birth Spacing

The increase in awareness about the female cycle is notable, with the percentage of men well-informed about it doubling from 45% to 92% in the second Interview. Additionally, the idea of birth spacing was universally recognized and adopted by the majority.

Taking Positions

While all interviewees express opposition to FGM, many tend to refrain from stating it directly. Instead, when discussing their future, several mention their commitment to avoiding FGM or ensuring awareness of its harmful consequences. Some assert that FGM constitutes violence against girls and women, leading to lifelong suffering. Others frame it as a violation of laws, an infringement on women's rights, or a source of severe stigma for victims outside their tribal societies. Despite not explicitly aligning with an official stance, such as Lucy, all participants firmly position themselves against FGM in various ways. For instance, when queried about her plans, Lucy responds: *"I want to change my life. I want to use a Family Planning method and avoid FGM, as it is very harmful and brings lots of problems"*.

The prevailing difficulty in individuals assuming official roles is likely rooted in their upbringing. Rather than encouraging children to assert themselves, societal expectations emphasize maintaining harmony within the family and community. Children are discouraged from challenging the teachings of their elders or questioning established perspectives. Additionally, in the studied region, as observed among the participating students, external inquiries are often framed within the context of exams, where answers are deemed either right or wrong. The determination of correctness is entrusted to individuals holding subjective higher positions in the social hierarchy, influenced by factors such as age, gender, and education. It is conceivable that residents in the examined areas, particularly in villages, may lack the training to adopt controversial stances due to the potential for conflict. Strife is perceived as perilous, with implications extending to the realm of witchcraft, making it undesirable and actively discouraged by society.

Lucy's statement above might, in fact, convey the following idea: *"I have learned by you students [who have a higher education than me] that FGM causes lots of problems. Therefore, I will avoid it in the future. You have a higher standing than me and I accept what you have taught me"*. If such a situation arises, it underscores the urgent need for widespread education and empowerment. Simply echoing the directives of those in higher positions can pose a significant risk, especially if a powerful individual endorsing practices like FGM emerges in the future.

Teenage Marriage

While the commonly cited ideal age for marriage falls between 18 and 28, reflecting respondents' views on their own optimal age for marriage, it's noteworthy that the issue of teenage marriage persists. Although individuals officially have the autonomy to choose both their life partners and the timing of their marriage, practical observations reveal a different story, particularly in Kiyombo where teenage marriages appear prevalent. Furthermore, in other villages, parental insistence on marriage, particularly in the event of a teenage girl's pregnancy, is a prevailing concern. Regrettably, neither the young man nor the young woman has the opportunity to circumvent this situation in the face of a pregnancy. The consequences are stark: the girl discontinues her education to raise the child, while the boy also drops out, transitioning to employment.

In Kiyombo, the norm appears to be teenage marriages arranged by parents, even in the absence of a pregnant girl. Informal conversations among students revealed that teenagers typically tie the knot between the ages of 14 and 18. During the second interview, some inebriated participants also asserted that children don't have the right to choose their future partners; this decision lies with their parents. According to official interview records, 95% of parents claim to grant this right to their children, but unofficially, this figure may be considerably lower and vary across villages. The officially recommended marriage ages for girls (20.5 years) and boys (24 years) don't align with reality. Most interviewees, especially when sober, are unlikely to speak truthfully in official interviews or to strangers. Except for one woman in the first interview and three intoxicated individuals in the second, an entire village collectively misrepresented the facts.

Different Perceptions between Men and Women

Men and women exhibit distinct perspectives on decision-making, as evidenced by responses gathered in the first and third interviews regarding contraceptive use. Interestingly, during the

initial interview, approximately two-thirds of both genders claimed joint decision-making. Strikingly, in the remaining one-third, women predominantly reported taking on the responsibility for this choice. Conversely, in the third interview, where participants possibly felt more at ease with the process, men consistently maintained their earlier stance of decisions being made collaboratively within the partnership. However, a mere 16.7% of women shared this sentiment, with an additional 16.7% opting not to respond, leaving this perspective unknown. This substantial disparity suggests that, while partners engage in discussions, perceptions diverge significantly on who holds the decision-making authority. A notable 33.3% of respondents indicated that their partner assumes the primary role in making decisions.

Difficulty to set changes actively

Swift transformations or enhancements, as previously outlined, are rarely observed. While many aspire to lead a different life, the willingness to make substantial changes to their lifestyle is often lacking. Numerous plans, except for contraception, remain quite nebulous, and the expectation is for changes to be initiated externally. As Diana from Kiyombo eloquently expresses: *" Yes, I want to change my life system. I want to change my life standard"*. She likely perceives herself as financially constrained and desires a more affluent lifestyle, a sentiment commonly shared. Nonetheless, a significant number of interviewees, Diana included, either refrain from actively pursuing such a transformation or choose not to express that intention. In contrast, Elizabeth, hailing from the same village, proactively delegates this responsibility to someone else, explaining that: *" Yes, I want to change my life. I want to get married to a rich man in the future, I am not happy with the man I have now"*. Meanwhile, we have Farida, a 32-year-old resident of Kiyombo, just like the others. Despite her separation from her ex-husband, she resides with their child and her younger sister back at her parents' home. Farida is determined to regain control of her life, with clear plans in mind. She diligently works towards establishing her own business and, ultimately, securing a place of her own. During the interviews, many participants express general plans. For instance, Mariam articulates a common female goal: *" Yes, [I want to change something in my life]. I would like to become a good mother with good economic status of a healthy family"*. It appears to be a positive direction for her life, although many women also aspire to such plans that may not always materialize. Mariam hasn't clarified the specific steps she intends to take to ensure a stable economic or health status, possibly indicating a lack of self-awareness in this regard.

Conclusion

Do you recall the initial questions? We inquired about the impact of health education, specifically whether student discussions have any influence and, if so, how they alter perceptions of Family Planning. [This study reveals that health education is not only essential but also welcomed and embraced by the local community.](#) This establishes a strong foundation for bringing about real change, as people actively seek education. They aspire to lead healthier lives, desiring change but not always knowing how to initiate it. They are eager to implement what they learn, demonstrating a willingness to improve their lives.

[In summary, health discussions bring about significant changes, providing listeners with opportunities for both active and subconscious transformations \(such as couples engaging in](#)

discussions about certain topics). This, in essence, is the most comprehensive response to the initial questions.

Discussions about health within families have a positive impact, fostering heightened awareness of each other's needs. These conversations strengthen relationships, as couples recognize the benefits of thoughtful planning and optimal timing for the well-being of their (future) family. Emphasizing the importance of education and established income sources, these discussions contribute to sustainable financial stability. Men begin to perceive child-rearing as a shared responsibility rather than solely a women's concern, prompting deeper consideration. Couples find themselves engaging in conversations they hadn't initially envisioned, underscoring the value of Family Planning. While potential long-term effects, such as improved economic standing and enhanced roles for women in patriarchal societies, may emerge, further research is necessary to explore these aspects comprehensively.

This study clearly demonstrates that children's roles are reinforced, as their parents become more attuned to their needs. This heightened awareness not only strengthens the children's position within the family but also empowers them simultaneously.

The study indicates that married individuals have been consistently using contraceptives for an extended period and are generally supportive of this concept. Nevertheless, there is a pressing need for comprehensive education on various contraceptive methods, especially in rural areas where knowledge is limited to traditional options. While unmarried individuals are often expected to abstain from sexual activity, the reality is that if an unmarried girl becomes pregnant, she and the prospective father are often compelled to marry. Consequently, it is crucial to provide regular education to teenagers on contraceptives, including their proper use and potential side effects, as part of a broader sexual education initiative.

While health, particularly sexual education, is deemed crucial and addresses the fundamental needs of society, it's noteworthy that formal schooling alone doesn't invariably result in an elevated lifestyle in the examined villages. Despite individuals often emphasizing their financial struggles and labelling themselves as "poor," it is a matter that requires careful reflection. Pursuing expensive higher education doesn't guarantee automatic prosperity and happiness. In fact, it frequently compels young students to study far from their homes and families, potentially severing ancestral ties as they later relocate to urban areas in search of better opportunities. This perpetuates the dichotomy between "modern and qualified cities" and "traditional, patriarchal, and less-educated villages." Parents and young learners shouldn't be compelled to choose between a close-knit family life and education. Consequently, education in these villages emerges as a significant priority. The study suggests that school dropouts aren't necessarily detrimental, as education doesn't unequivocally translate into an improved lifestyle. Nevertheless, it does afford students, particularly girls, the chance to become self-reliant in case they encounter unfavourable treatment.

Regrettably, the impact of decades of pro-Voluntary Medical Male Circumcision (VMMC) advertisements is evident, shaping the perception of a "healthy circumcised man" while concurrently fostering the stereotype of an "unclean and unhealthy uncircumcised man." Today, a significant number of boys undergo circumcision at a young age, often influenced by peer pressure or circumcised before they can express their own preferences. The prevailing beliefs surrounding male circumcision diverge from reality, with some men if circumcision

makes them immune to diseases, leading to a lax attitude towards preventive measures. This misconception extends to women as well, contributing to inconsistent contraceptive use, particularly condoms, especially among individuals with multiple sexual partners. Consequently, the region experiences a high HIV prevalence, surpassing even the national average for Tanzania.²

In response, THE RAIN WORKERS reaffirms its commitment to prioritize education. This involves dispelling misconceptions about male circumcision, elucidating its actual preventive benefits, and promoting overall health awareness. Despite years of associating male circumcision with health, ingrained beliefs have eroded trust in alternative perspectives, fostering a sense of false security. It is crucial for individuals to comprehend the need for responsible behaviour, emphasizing faithfulness and the understanding that male circumcision alone does not confer immunity against diseases for oneself or one's partner. Addressing VMMC objectively is a significant undertaking for the education system, but it holds the potential to guide society towards informed and healthy decisions, both regarding male circumcision and personal sexual choices. Training programs aimed at fostering an unbiased understanding of male circumcision, challenging preconceived notions built over decades, are essential for everyone, particularly teachers, health workers, and village leaders who wield influence over others.

We would like to emphasize once again that discerning people's genuine opinions proved challenging. Many individuals seemed inclined to reiterate learned ideas rather than express their own thoughts. This observation underscores the significance of a sound and unbiased education devoid of propaganda. This is particularly crucial in societies that prioritize communal values over individualism, as the influence extends beyond those directly engaged in the educational system. It appears that education serves as a pivotal factor for fostering sustainable, healthy, and responsible living. While it doesn't necessarily have to be confined to formal schooling, it should be accessible in some form.

²See https://www.usaid.gov/sites/default/files/2022-05/Tz-HIV-AIDS_Fact_Sheet_Sep_2020.pdf, looked at on January 24th, 2024. The county of Njombe has the highest rate in Tanzania of HIV infected adults with a prevalence of 11,4%.

This study affirms the valuable contributions of both LUHETI and THE RAIN WORKERS in imparting knowledge, underscoring their importance and utility for the village population.

