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Experimenting Indigenizing HIV/AIDS Education in Africa: Potentials, Challenges and the way forward

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ABSTRACT: *This paper explores the potentials, challenges and the way forward of indigenizing HIV/AIDS education in Africa. It is based on an intervention project which involved a review of the form and content of traditional initiation trainings to girls among the Luguru tribe of Morogoro Region in Tanzania to include modern sex, sexuality and gender issues relevant for preventing new HIV infection. Thereafter a training manual based on the review was developed and delivered to selected traditional initiation trainers who in turn were assigned to train initiated girls in accordance to traditionally known medium, venue and genre. Findings shows that, community members are more comfortable to receive HIV prevention messages in their own language and art form and trained girls are more committed to apply HIV prevention techniques when taught by traditional initiators. The paper concludes that the best way of fighting new HIV infection is to utilize the already existing indigenous methods of teaching sex and sexuality and recommends for specific community based studies to identify a tradition to which HIV prevention messages can be integrated and adapted in a such a way that community members will be more responsive and accountable in preventing new HIV infection.*

KEYWORDS: *HIV prevention, traditional initiation, Luguru, Morogoro.*

I. INTRODUCTION

Sub-Saharan Africa account for 23.5 million of the 34 million people living with HIV globally (UNAIDS, 2012). Further; out of 2.7 million new HIV infections, 1.8 million took place in Africa, and out of 250 000 AIDS related deaths, 230 000 had Africa as a home (WHO, 2011). This is a clear indication that Africa is adversely affected by HIV and AIDS. Tanzania is without exception as the number of new infections to as late as 2011 stood to over 200 000 annually (United Republic of Tanzania herein after URT, 2013). Tanzania and Africa is experiencing escalating new HIV infection despite global and national efforts to curb the problem. In Tanzania for instance, the annual budget for multi-sectorial response to HIV and AIDS rose from 17 billion shillings to 381 billion shillings within a short period of five fiscal years 2001/2002 to 2006/2007(URT, 2007). This scenario suggests that the current prevention intervention programs are not having the desired impact. While limited impact is linked to enormous challenges such as inadequate health services infrastructure, limited and untimely financial resources to deal with the problem, serious shortage of skilled human resources in the health sector and the entire work force in general and the prevailing stigma and discrimination against victims (URT, 2007) amongst many others; it is questionable if really Africa have ownership in HIV and AIDS response strategies.

The deliberate effort to fight new HIV infection in Tanzania is reflected in The National HIV/AIDS Policy (2001), National Strategy for Growth and Poverty Reduction (NSGPR – MKUKUTA I and II), National Health Policy (2007), Health Sector Strategic Plan (HSSP 2009-15), National Multi-Sectoral HIV and AIDS Framework (NMSF I and II) to mention but a few. The implementation of these documented national commitments resulted in high levels of awareness of HIV/AIDS, prevention, and availability of services and many interventions. There is 100% national awareness on the presence of HIV and AIDS in Tanzania (URT, 2013). However most prevention programs in Tanzania continue to emphasize on knowledge on HIV prevention (URT, 2013) despite the well documented facts that there is no statistical association between high knowledge levels and behavioral change (URT, 2007). Data shows that educated, wealthy, and urban residents, who are more knowledgeable about HIV prevention, have higher rates of risk-taking behavior and HIV infection (URT, 2007). In other words the underlying drivers of behavioral change is not well addressed in empowering people with knowledge and practical skills to dialogue about sexuality and adopt attitudes and practices that protect against HIV infection to reduce risk of infection.

The majority (80%) of new HIV infection in Tanzania is a function of heterosexual intercourse (UNDP, 2009) and thus the most common prevention programs focus messages on abstinence, use of condom, delaying sexual debut and abiding to one faithful partner(URT 2013). While acknowledging the potency of these scientifically tested technicalities which have shown positive results in other parts of the world, the methods of pressing them into action in the Tanzanian context in order to serve the people are still questionable. Thus for a country like Tanzania with community knowledge on HIV prevention techniques of more than 70% (URT, 2013), new HIV infection is still a common phenomenon. It is upon this background that Wings Education and Environment Transformation Unity (WEETU) came up with an initiative of experimenting integrating HIV/AIDS education in traditional initiation trainings in a bid to search for alternative vehicle of sending HIV prevention messages. This paper is based on a four year experience (2009-2012) WEETU have gained in implementing a project titled *Integrating HIV/AIDS education in Girls' Initiation Trainings in Morogoro Region, Tanzania.*

Girls' traditional initiation (herein after referred to as *unyago*), in Morogoro usually takes place among younger girls aged 10 to 18. Literature show that this exercise occurs within the context of social and cultural practices that reinforce gender inequality and put initiated girls at risk of early sexual debut and other undesirable or harmful reproductive health outcomes (Beidelman, 1997; Gicharu ,1993; FAWE ,1995; Mbilinyi, 1991), mainly due to the male dominant culture which is systematically imparted through the trainings to make females submissive to their husbands and hence limited voice to manage full participation on household decision making processes including decisions on safe sex practices (Mbilinyi, 1991).To counteract this long lived practice, the project was designed to address inadequate participation of communities, women inclusive; in developing appropriate strategies to prevent the local drivers of HIV in youth by improving the level of comprehensive knowledge about HIV and AIDS among young girls, inventing a culturally acceptable parent-to-child communication about Reproductive Health (RH), HIV and AIDS and involvement of traditional initiators in RH promotion.

WEETU initiated this approach after realizing in the due course of implementing other projects in rural settings that most approaches of HIV prevention initiatives involve change agents who do not come from or live in the community where such education is offered. Consequently in most cases behavioral alternatives are brought to people instead of studying peoples' culture at a given locality and then find out what can be built from within the community to achieve the intended goal. It is assumed that the ongoing programs do not give out the expected impact because what is imparted as a way out of HIV risk is looked at as alien and naive as the people who advocate for them particularly in rural areas where traditional ways of training and mentoring the youth are still dominant and highly respected.

1.1 Project objectives

The overall goal of the project was to reduce new HIV infections among younger girls; specifically the project intended to increase knowledge, skills and risk perception and utilization of services to prevent HIV infection among younger girls of ages 10 to 18 in Mvomero and Morogoro districts; improve attitude and skills to traditional initiators' for delivering HIV prevention messages to younger girls in Mvomero and Morogoro districts; and promote support for gender-equitable, HIV prevention strategies and services in traditional initiation ceremonies and through theatre performances among community members in Mvomero and Morogoro districts. Overall project expectations were increased youth's knowledge, attitudes, and skills in reducing HIV risk behavior; increased influential adults' knowledge, attitudes and skills to help reduce youth HIV risk behavior; and increased social and cultural norms that promote community support for youth HIV prevention.

1.2 Target Audiences

The project intended to make use of cultural staff in imparting HIV prevention techniques and practical skills to the target audience or beneficiaries. Target audience or beneficiaries were the Luguru girls aged 10 to 18 years in Morogoro Region in Tanzania specifically those found in Morogoro and Mvomero Districts.

II. METHODOLOGY

2.1 Sample size and sampling

2.1.1 Project site

The project was implemented in Morogoro and Mvomero Districts both in Morogoro Region, Tanzania. Morogoro has six administrative districts, the two districts were chosen because are home districts for the targeted Luguru community who constitute the majority of inhabitants. Purposive sampling was used to select eight wards for the project. The criteria used are rural based, Luguru predominance, and potential vulnerability to new HIV infection. The selected wards in Mvomero District were: Doma and Melela wards

along the high way leading from Dar es Salaam in Tanzania to Lusaka in Zambia due to high risk to on-transit drivers; Mzumbe ward due to its proximity to Mzumbe University, Mzumbe Secondary School and Mzinga Corporation which are public education institutions with a good number of single youth population from across the country who are likely to look for sexual partners from nearby villages; and Bunduki, Mlali and Tchenzema wards due to weekly based market days which brings business people from various parts of the country likely to look for sexual partners in the due course of business transactions and negotiations. In Morogoro District were Kisemu and Tawa wards, both rich in agricultural products which attract business people from across the country during their weekly based market days.

2.1.2 Selection of interviewees, artists and traditional initiators

Convenience sampling (Cresswell, 2012) was used to select 20 respondents (8 males and 12 females) in each of the two wards selected to represent the experimental and control groups. Convenience sampling was preferred over other sampling methods due to time and other resource constraints but also the purpose was to get the general public perception on HIV and AIDS and new HIV infections at a local level. The project involved participatory theatre performances as an entry point. Artists to develop the theatre play were purposely selected from all eight wards of the project. Ten (10) theatre artists, 5 males and 5 females were selected from amongst community members in the selected wards on the basis of their known talents and participation in traditional dance performances. Further, the project involved traditional initiation trainers *(makungwi)* for girls. These were females and were purposely selected basing on their respective lineages and their known expertise to deliver traditional initiation trainings to young girls. 240 (30 from each ward) female traditional initiation trainers of age range between 25 years and 70 years were selected and trained..

2.2 Project design

Quasi-experimental design (Merriam, 1988) was employed in the project. Quasi-experimental design is a modified version of experimental research design. It is used to study impact of interventions in social sciences and education research by restricting the control group from receiving the intervention done to the experimental group. Quick base line survey was done in two wards of the selected wards. These were Bunduki ward found in the leeward side of the Uluguru Mountain ranges to represent Mlali, Tchenzema, Melela, Mzumbe, and Doma wards found in the same aspect of the said mountains and the second was Tawa to represent Kisemu on the Windward side of the mountain ranges. These two sets of wards beside belonging to different administrative districts, are separated by heavy Uluguru Moutains forest reserve which prevent physical interaction of the people. Five wards found in the leeward side and which administratively belongs to Mvomero District was used as experimental. These were Doma, Melela, Mlali, Tchenzema and Bunduki. After implementing the project for two consecutive years of 2009 and 2010 in the experimental wards and having seeing signs of positive outcomes, in the year 2011 the intervention was extended to one more ward in Mvomero (Mzumbe ward) and the two wards on the windward side which belongs to Morogoro District and served as control.

Before engaging in project intervention, interviews were administered in Bunduki and Tawa wards to assess community perception and understanding on the role of culture and specifically traditional initiation trainings to girls in preventing or escalating new HIV infection. Then, intervention was done to Bunduki, Doma, Melela, Mlali and Tchenzema wards. After the intervention, the same interview questions were administered to respondents in Bunduki and Tawa ward to find out any difference in the responses between the two wards.

2.3 Data collection

The main data collection technique was interviews. Every stage of the project as it shall be explained latter in this work was guided by different interview schedule. Quick assessment had different guiding interview questions from those used in guiding the discussions during performances and those used in post-performance interviews. In all aspects data were recorded by taking notes and audio recording and then transcription. Content analysis was done to identify patterns and reach to a conclusion.

2.4 The implementation process

The project unveiled in the year 2009 by conducting a quick assessment cum baseline study to two wards in the project area to ascertain specific community based challenges with respect to sex, sexuality, HIV education, HIV infection, and community culture and traditional initiation in particular. Data collected from the baseline survey was analyzed, main issues were identified and recorded and then used as inputs in developing a participatory theater play. A group of 10 selected artists rehearsed the play using principles of developing participatory theatre and with support of participatory theatre experts from *Parapanda* Theatre Group of Dar es Salaam which have a known experience and expertise in training and performing participatory theatre performances across Tanzania. After 2 weeks of intensive training, logistics were made to do 2 open air

participatory theater performances in the four experimental wards of the project. Participatory theatre was used to air and invite for public discussion on perceived local achievements and challenges in preventing new HIV infection with particular focus on discussing the potentials and limitations of traditions, including traditional initiation for girls; in preventing or escalating new HIV infection. The performances also served as a way and means to seek for public consent of integrating HIV/AIDS education in traditional initiation trainings for girls in Morogoro region. Participatory theatre was preferred because the genre allows people to have more freedom for discussion and reach to more realistic decision. During performances, the audiences were technically, artistically but realistically provoked to participate through performing parts of the play, asking questions and giving answers to questions asked by a trained discussant, "joker". After every performance, artists and some WEETU staff did a randomized exit or post- performance interviews to ascertain the message taken home by the audience.

Discussions during performances in the first place assessed the realities of issues raised in the play which as mentioned above were reflected findings of the quick baseline survey, and also through discussions people were able to raise yet more new issues regarding sex, sexuality, culture, traditional initiation and prevention of new HIV infection. Further, discussions were used as avenues for reaching to a consensus on whether or not traditional initiation trainings should include HIV/AIDS education. In addition, through post performance discussions; community members cum audience named traditional initiation trainers (here in after referred to as *makungwi*) from their area with known competence who upon been trained effected the integration of traditional initiations and HIV/AIDS education. Named makungwi were further scrutinized and verified with support of village elders and government leaders as proof of the envisaged competence and other ethical considerations as far as traditions and culture of the community is concerned to get the targeted 30 *makungwi* in a ward.

After conducting open participatory theatre performances, a team of experts including four WEETU members who all belong to teacher profession, one medical doctor and one educated elite but also a guru in traditional initiation trainings for the Luguru went for a week long seclusion to review the form and content of traditional initiation training for Luguru girls and develop a training manual which integrated HIV prevention techniques and other sex, sexuality and gender issues for undertaking *makungwi* trainings. The manual was reviewed by *UJANA* project team to ensure its adherence to USAID set standards for a training manual and then endorsed for field use.

The selected *makungwi* were convened in their respective wards for five day intensive training under the facilitation of the same educated elite but also a guru in Luguru traditional initiation with the assistance of a pundit of Luguru traditional dances and songs. During the five days, the *makungwi* were equipped with knowledge and skills to incorporate key messages about prevention of HIV infection along with other issues of sexuality in their collection of stories, songs, sayings, and scenarios which they normally use in training initiated girls (herein after *wali*) and to adopted or composed new material specifically addressing HIV prevention and gender issues particularly dialogue techniques in negotiating sex with their respective sex partners or potential sex partners.

Further, makungwi were introduced to methods of conducting health talks to initiated girls. Health talks were considered imperative in this project for cementing HIV prevention techniques amongst *wali* because traditionally, traditional initiation trainings for girls (*unyago*) are one way communication in the sense that on the event of training, the trainee (*mwali*), is not allowed to question or request elaboration to any of the teachings imparted to her even when she did not comprehend. Thus post initiation health talks were new inventions intended to complement the traditional initiation trainings. These were essentially peer sessions which served as avenue for feedback among the initiated trainees *(wali)* to complement as already said the traditional one way *unyago* training and were carried out under the facilitation of only one *kungwi* in order to give enough space for girls' to share experiences with respect to what transpired on their respective training events as well as other life experiences with focus to sexuality, sex and HIV prevention. Each health talk's session involved 20 to 25 initiated girls. Health talks were conducted using participatory techniques to provide forum for the girls to discuss and share contents of the training and issues pertaining to confidence and gender as far as sexual temptations and practices are concerned.

Thus the project involved six stages namely baseline quick assessment; development and training of theatre play; conducting theatre performances and discussions; development of *makungwi* training manual and conducting training of traditional initiation trainers; training initiated girls and finally conducting health talks amongst initiated girls. Equally worth mentioning is the fact that in every year of the project there were three

meetings which involved 25 key stakeholders from the project area. The first meeting served as an entry point while the subsequent once served as monitoring and evaluation avenues. The project worked very closely with the local government authorities at various levels and in particular the Mvomero and Morogoro Rural Council HIV/AIDS Coordinators and Ward Executive Officers and Ward based Community Development Officers to ensure linkages with other HIV and RH activities in the project area.

III. FINDINGS, OUTPUTS AND OUTCOMES

3.1Awareness on HIV/AIDS

Pre-intervention quick assessment shows that awareness on the presence of HIV/AIDS was 75% in both wards of Bunduki and Tawa. As for the role of culture and particularly traditional initiation trainings to girls in escalating or reducing new HIV infection, at Bunduki 10 females out of 12 were of the view that the practice escalates new HIV infection while all 8 males said it do encourage new HIV infection. At Tawa, 11 females out of 12 said it increases chances for new HIV infection while all 8 males said it do encourage. When the same questions were asked after having implemented the project for two consecutive years in the experimental wards as said already, there were significant changes on perceptions between the two wards. The percentage on general awareness on the presence of HIV/AIDS at Bunduki rose to 100% while at Tawa rose to 80%. At Bunduki, 19 out of the 20 interviewed respondents had the view that traditional initiation trainings can be used to prevent new HIV infection while at Tawa 17 out of 20 respondents had the same views that traditional initiation for girls is a factor for new HIV infection.

3.2 *Unyago* amongst the Luguru

The quick assessment and participatory theatre performances revealed that *Unyago* amongst the Luguru of Morogoro is a process with three major distinctive stages. The first stage is introduction which is divided into three sub stages. One is notification. This takes place at the onset of girl's first menstrual bleeding. It marks the transition from childhood to adulthood. It is a notification because the event is traditionally treated as sacred. This event is circulated and celebrated by very few female members that form the nucleus of both the father and mother lineages of the *mwali*. At this level the *mwali* is introduced to the biology of the event and the sanitary implications that she has to adhere to with respect to monthly bleeding. Sub-stage two is intensive training. This is done in seclusion where the girl is not allowed to meet with any other person other than her traditional care givers and females who have already undergone the process. Traditionally this would take at least three months and at most two years depending on the social and economic positions of the parents and the clan. Currently, most girls are not secluded for long time due to obligations to attend school. Thus in most cases it takes a month or less. During the trainings, the mwali is exposed to issues of sex, sexuality to as far as practical techniques of undertaking sexual intercourse and maximize mutual sexual pleasure between her and her sexual partner. Also taught, is respect to elders, hardworking, and cleanliness. The third sub-stage is graduation. This is done to end the seclusion period. After graduation the girl is allowed to re-union other family members. Graduation is at least a two day event beginning in the evening through to the evening of the next day. It is done both indoor and outdoor. Indoor, the mwali undergoes very intensive trainings to mark the climax of the seclusion. Outdoor, there is normally a public dance performance to invite the general public to come celebrate and appreciate the beauty of the new grown up girl, the mwali. Thus at the pick, the mwali is taken on the shoulders of a powerful man and lead her to dance alone with other audiences and dancers.

Second stage is pre-marriage trainings which were delivered to *mwali* who has received and accepted request for marriage. Trainings at this level covered the same previous topics with special emphasis on household cleanliness, personal hygiene, care of the husband, and practical techniques of undertaking sexual intercourse alone with reproductive health education as understood and perceived by traditional culture. And the third and last stage is given to a married mwali upon conceiving. The content at this stage is emphasized hard working, reproductive health and the biology of pregnancy including description of three stages of pregnancy and the general pre-natal and post-natal care of the baby as per traditions.

Aspects of sexuality, sex, cleanliness, respect and hardworking as content in traditional initiation for girls among the Luguru as found in this project are in line with findings of other studies including Raum (1939), Swantz (1965), Muller (1972),Hashim (1989), Ahlberg (1994) and Prazak, (2000). The focus of the project intervention was on stage one of the Luguru female unyago process. Emphasis was given to imparting messages to divorce elements of form and content of the process with negative implications to preventing new HIV infection while blending best elements of the same with HIV prevention strategies and techniques.

3.3 Knowledge, skills and risk perception on HIV infection

Knowledge, skills and risk perception and utilization of services to prevent HIV infection was expected to be met through two major activities namely the actual initiation trainings where the *makungwi* deliver to the *wali* and through the health talks. The targets and achievements made in the fourth year of the project 2012 are presented in Table 1.

Table 1: The targets and achievements made for the year 2012

Activity	Output and Indicator	Target (by date)	Actual performance	Percent achieved
Conduct educational sessions integrating HIV prevention messages in traditional initiation trainings to 1,200 young girls	# of sessions conducted	800 sessions	600 sessions	75%
	# of girls received the messages	1,200 by 31st July 2012	640 girls reached	53%
Conduct 40 health talks sessions of 25 girls each to 1,000 girls	# of health talks conducted	40 session	25 sessions done	64%
	# of girls received reached	1,000 girls by 31st July 2012	625 reached	64%

Source: Field project implementation 2012.

As it can be noted in the table above, the set targets were not met by 100%. This was caused by two things, first and foremost is the fact that initiation trainings in the project area are in most cases after harvest and during school holidays activities so more trainings were envisaged to take place between August and December while the project phased out in July 31, 2012.

3.2.1 Outcomes

Interviews done during project monitoring and evaluation have revealed significant change of behavior amongst girls and especially primary school and secondary school girls. Girls initiated using the approach invented by this project has proved to show positive change of behavior with respect to preventing new HIV infection. A participant in the end of project meeting narrated that:*We Melela people thank you so much because after this project we now experience a significant change on the way girls put on their clothes. Short and other styles of clothes intended to raise men's sexual temptations for sexual advances are now scarce.*

Putting on mini skates in the Tanzanian context is generally taken as an advert inviting men for sexual advances. Thus why the participant find that reduced prevalence of girls putting on mini skate is a step towards reducing unplanned sex which contribute to new HIV infection. Further, it was reported that the project has contributed to a drop of teenage marriage and pregnancies among primary and secondary school girls as narrated by another participant who is one of the *kungwi* from the same Melela ward that: *... there was a secondary school girl whose parents wanted to marry her to an old rich person. The girl was among those who passed through my hands in this project. She was bold enough to take the case to the village authorities who rescued her from teenage marriage and thus continues with studies to date…*

At Kisemu, the Ward Executive Officer reported that while before the project it was usual to register at least four cases of teenage pregnancies among primary and secondary school girls in a month; she had 'zero' case registration in the period January – June 2012. Additionally, the facilitator of makungwi training sessions reported that in the past three years of the project she used to receive a number of calls from both trained *makungwi* and initiated girls requesting for specific and personal support with respect to venereal diseases but in the year 2012 she received few such calls an indication that girls use preventive measures including abstinence and condoms in sexual intercourse.

Moreover, it is reported that at Bunduki, Melela, and Kisemu the wali who passed through this project are very active in attending and presenting messages on events of traditional initiations for new *wali*. In addition, at Mlali, interviews with boys revealed difficulties in getting sex partners comparable to the period before the project which indicate that girls are choosing abstinence as a way out of new HIV infection.

While acknowledging the contribution of other actors and interventions in the war against new HIV infection, the noted difference between the experimental and control ward as explained above serve as proof of the effectiveness of letting people hear HIV prevention messages in a form and content that is part and parcel of

their own culture. It is more convincing that the noted drop in teenage pregnancies and difficulties of getting a female sexual partner is a function girls' decision to abide to HIV prevention techniques after having heard it from people who are cultural respected and responsible to deliver sex and sexuality education.

3.4 Attitudes and skills to traditional initiators

Aattitudes and skills to traditional initiators' for delivering HIV prevention messages to younger girls was at the core of achieving project objectives as the girls were the main beneficiaries of the project. In addition to what is collected in the quick assessment and theatre performances, during trainings *makungwi* were guided to identify negative aspects of the traditional initiation trainings to girls and omit them from the trainings. They were also guided to add new things which were in line with empowering girls for effective participation in sex and sexuality issues alone with application of HIV prevention techniques. Amongst the 30 trained makungwi in each ward, one kungwi from each of the participating ward was chosen to be a volunteer ward based project coordinator. These volunteers were given extra training to equip them with regular on site monitoring skills and data recording and keeping so as to report to WEETU office. Table 2 illustrates activities planned to improve attitudes and skills of traditional initiation trainers to deliver their trainings with a blend of HIV prevention messages.

3.4.1 Outcomes

All trained *makungwi* were capable to integrate HIV/AIDS education in traditional initiation trainings by making songs and developing initiation training sceneries with HIV/AIDS prevention messages. Further, *makungwi* who did not attend the trainings have adopted and adapted the methodology and contents through participating in *unyago* events lead by those who attended. Every ward have organization hierarchy among *makungwi* who attended the trainings which amongst others gives roles and responsibilities amongst themselves to ensure that at least three of them attend to every *unyago* event in the ward. In addition to what takes place within the selected wards of the project, it is reported that after observing and accepting the relevance of the trainings offered by trained *makungwi*, villagers informed their relatives living in other parts of the country. This made their respective relatives to invite the trained *makungwi* to go and lead initiation trainings for their girls. Thus two *makungwi*, one from Mlali and another one from Melela were at different times invited by Luguru families to lead initiation trainings to girls in Kilosa town, Morogoro Municipal, Mahenge town and Dar es Salaam city after the girls' parents having heard or witnessed their competence in integrating traditional initiation trainings with current issues including HIV/AIDS education.

Table 2: *Makungwi* Trainings 2012

Activity	Output and Indicator	Target (by date)	Actual performance	Percent achieved
Conduct one-day experience sharing meeting to project Stakeholders.	# of meetings conducted # of people who participated	1 meeting 25 participants, by 31st July, 2012	1 meeting conducted 25 people attended	100% 100%
Conduct 5 days training to 120 new makungwi	# of training conducted # of people who participated in the training	1 training conducted 120 new Makungwi 31st July, 2012	1 training done 100 makungwi attended	100% 83%
Conduct One day Refresher training to recruited Volunteers	# of meetings conducted # of people who participated	1 training conducted 8 volunteers attended, by 31st July 2012	1 meeting done 8 volunteers attended	100% 100%
Conduct one day end of project meeting	# of meetings conducted # of people who participated	1 meeting 25 participants, by 31st July , 2012	1 meeting done 25 participants attended	100% 100%

Source: Field project implementation 2012.

Further, the village, ward and districts recognize the presence of trained *makungwi* and leaders encourages the community to invite them in training events for their girls. This scenario shows confidence and trust on trained *makungwi* as well as enhanced volunteerism spirit. Further, it denotes that the knowledge is there to stay as it will be brought down to generations through known traditional ways of handing over skills and knowledge.

3.5 Community support

The third objective of the project was to sensitize issues of gender equity so as to improve girls' sex and sexuality negotiation skills and empower them to have informed choices that are less risk to contracting new HIV infection. Gender issues can best be addressed and redressed if both female and male genders are involved in the intervention. In the project this was planned to be achieved through discussions in participatory theatre performances and in health talks. Table 3 shows outputs in the theatre performances.

3.5.1 Outcomes

After the project community members are freer to discuss HIV related matters and there is more demand for HIV testing facilities and pre-marriage HIV testing. Issues of access to testing facilities were raised during all participatory theatre performances. In the end of project meeting one representative from Tawa Ward narrated that:

"… at Tawa Village there was one departed couple. After a course of time the husband requested for reunion. The wife agreed reunion subject to HIV testing. The two agreed to go to the nearby Health Centre. The wife tested but the man ran away and they have not reunion to date…"

This shows that women, who were the main actors and beneficiaries of this project, are more aware with HIV prevention and have more voice on matters pertaining to sex, sexuality and marriage comparable to the case before. It is also reported in the same meeting that people in Doma village feels more free to stand up and contribute in public meetings than the case before the project. This might be a result of the encouragement to talk that was insisted in all public interactive theatre performances. In addition to increased freedom to speak out, at Melela, Mlali and Bunduki parents whose girls were initiated before the onset of this project requested

Table 3: Community Involvement

Activity	Output and Indicator	Target (by date)	Actual performance	Percent achieved
Conduct 5 days refresher training to 10 WEETU theatre group members.	# of refresher training conducted # of people who participated in the training	1 training conducted 10 artists trained by March, 2012	1 training done 10 artists attended	100% 100%
Conduct 16 community open air participatory theatre events for 8,000 people (2 performances per each project ward)	#of events implemented # of community members reached	16 community events conducted 8,000 people reached by July, 2012	17 events done 8,135 people reached	106% 101.7%

Source: Field project implementation 2012.

the trained *makungwi* to give a remedial training to their girls so that they get acquainted with the HIV prevention component delivered through a traditional tone. Thus at Melela village, the village government has offered one of the village building for undertaking such post initiation trainings during weekends. Further, in all performances, the public demand for sports gears and showed commitment to participate in sports as a way out of temptations for sexual activity. This indicates that if people are effectively involved in discussing and proposing techniques for preventing new HIV infection, there might emerge more viable strategies apart from the commonly advocated be faithful, abstinence and use of condom.

This was raised in 10 out of the 17 performances. Further in all performances audience requested for the project to include traditional initiation trainers for boys in the project. In addition to that, the theatre group continues performing the play as part of their shows when invited in other public events like in *Nanenane* and Uhuru Torch.

IV. DISCUSSION

The above traces of positive behavioural changes suggest that there is untapped potential of the roots and piths of peoples' culture in the war against new HIV infection. Integrating HIV/AIDS education has a number of advantages against the on-going popular movements in addressing and redressing the same. For example amongst the Luguru despite the fact that a traditional initiation session is one of the highly transparent place where sexuality and sex is taught by calling a spade a spade and a spoon a spoon, at the core of the training session the mother of the daughter undergoing the training is not allowed to attend unless there is a topical issue that those who deliver the training want to hear from her. In such a case she will just be called to come and clarify over the issue and go. Thus telling such parents to directly and transparently teach their daughters and sons on sex and sexuality for purposes of preventing new HIV infection is like fighting against two enemies at a go because in the first place they must agree to do away with their long lived tradition which do not allow parents to openly talk to their children on sex and sexuality and then start to impart the strategies to fight new HIV infection. We are of the view that this will be a long way and might be the reason for delayed positive results on preventing new HIV infection notwithstanding resources invested in the process because traditional culture preventing parents to transparently talk to children on sex and sexuality is intact and highly respected particularly in rural areas. It is wonderful going all the long way while in the same communities already exists strong institutions that can deliver the same message so simply but long lasting.

That is one, but second we believe that culture is the soul and spirit of humanity. Community culture articulates meanings in form of amongst others norms, beliefs and ideas "that make the stuff of everyday life" (Mullay, 2002). If African humanity rests on privacy on sex and sexuality which prevents direct parent-child detailed discussion on sexual issues it means choosing to demolish this long lived tradition for purposes of preventing new HIV infection is choosing to demolish the community itself thus even when the goal of preventing new HIV infection is achieved we shall remain with one unanswered question: Is achieved for whom? For the African community with all its richness in culture will no longer exist. Are we in the right track in building the future? These are pertinent question to ask whether there are any celebrations towards achieving an objective to a soulless community. The question is not on the epistemological issues which is all about scientific facts and knowledge on how new HIV infection can be prevented but on the approach in having people accept and apply the techniques which is all about communication which falls squarely in cultural issues. The approach of integrating HIV/AIDS education in traditional initiation for girls has the potentials of sustainability. Once adopted and adapted it becomes part and parcel of community culture. People shall own the process and therefore willingly invest on it. That is to say people from the grassroots will be initiating demands for conducive environment for HIV prevention as opposed to the current trend which is in most cases top down-political and educated elites imposing prevention strategies to the grassroots as if the grassroots are root less.

The challenge met in this approach is the failure to distinguish between traditional initiation trainings for girls and the two day graduation event. The graduation event normally start in the evening, goes down to morning and up to the evening the next day where the *mwali* is brought out for public appreciation of her beauty and skills. In this event both males and females participate and most HIV prevention practitioners (as noted in project monitoring meetings which involved district HIV prevention coordinators) have raised concern on the event as providing conducive environment for community members to contract new HIV infection. While acknowledging the presence of some negative practices within the *unyago* process; we are of the view that the aspects are manageable. We have three arguments here to advance, one; traditional initiation trainings for girls involves only females and can proceed without any worry of creating vulnerable environment; second celebrations falls squarely under government control as all permits to carry out such events are granted by government officers in their respective areas of jurisdiction thus if there are any well-grounded reasons it is possible to contain by either restricting the graduation to day time or total ban of the outdoor public celebrations of the graduation. But third, we take it as a class issue devoid of any justification as there are many celebrations and performances taking place overnight in form of dances and other art forms in urban centres than in rural areas where traditional initiation trainings for girls are intact. If night and public traditional dances are to be declared ban then the decision should cut across rural and urban areas to take aboard ban of night clubs, music and other public entertainment shows inherent of urban areas.

V. CONCLUSION

What is the way forward? Are we suggesting that all communities should from now on adopt traditional initiation trainings for their girls in order to reduce new HIV infection? Definitely, the answer is no. However we are wondering that while botanists through the budding technology have for long managed to let people harvest oranges from a lemon tree and currently they have made it possible for a two year old child to harvest a mangle fruit from a mangle tree because they start to give fruit while very short; and while genetic

engineers are busy with all that we know about genetic engineering, there is insignificant noted resonant achievements amongst who we can call "community builders".

Less is invested in rigorous social and culture foundation studies before doing any social intervention and when done and foundations known the priority is in most cases demolition of the foundations rather than using it as a basis for introducing an intervention to improve community wellbeing. The Executive Director of the UNAIDS has encourages people to come up with innovations that will contribute to press science into action in order to serve people from new HIV infection (UNAIDS, 2012). What are these inovations?

We believe that laboratory scientists have done and continue to do a lot with respect to HIV. It is the role of what we can call "community builders" to come up with initiatives that will press science to action. If civil engineers are keen with undertaking feasibility study before doing any construction work we are of the opinion that it is high time to look for what we can call "community soil or land" so as to find the right place and depth to lay the foundation of our "social house" that will help us fight new HIV infection. In other words if the premise that every community has a certain element of culture which is at the core of their life holds water then effort should be done to look for community based " stems and buds" to which the scientifically proved HIV prevention techniques can be anchored to grow and flourish using well established "cultural roots"; or looking for the most important "social gene" that can be implanted to scientifically proved HIV prevention techniques to let it utilize the strength of the "gene" in sustaining all the setbacks realised in fighting HIV infection since the discovery of the hirus. One education philosopher once said that "In order to turn disturbing forces to one's advantage it is necessary to develop the counter –intuitive of moving toward danger" (Fulani, 2000). We agree that fighting new HIV infection calls for change of behavior, we also agree that some elements of culture contradict with known HIV prevention techniques and thus we need re-culturing; we need to build a learning community. The best way to re-culture we propose is to use the same otherwise inhibiting behavior or culture to develop a desirable one so that HIV prevention techniques become part of community culture and community culture become part of HIV prevention.These are the kind of initiatives that will lead us to "zero" new HIV infection. Popular throwing out of "abstinence, be careful or use condom" messages as if human beings are homogeneous might make "zero" new HIV infection to Tanzania and Africa at large just a dream like any other dreams.

Efforts to achieve zero new HIV infection and community culture are linked, yet HIV prevention practitioners and community builders in general typically act as if they are not. HIV prevention practitioners and community builders cannot teach community members well if they lack an understanding of their communities' cultures and lives, and if they lack meaningful relationships with community members. Too often than not, HIV prevention practitioners and community builders see community members as problems to be fixed. They overlook the fact that communities contain rich cultural traditions and social resources that have much to offer the strategies of preventing new HIV infection. HIV prevention practitioners and community builders often operate from within a culture of power which fosters strategies and approaches that alienates and discriminates against community culture and traditions by seeing them as part of the problem rather than as part of the solution. Fighting new HIV infection require something more than greater financial and social resources: the culture of handling the strategies needs be deconstructed for purposes of been indigenized. Appropriate and relevant engagement of community culture that is meaningful and powerful play an essential role in making communities more responsive and in holding communities accountable for serving community members from contracting new HIV infection.

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