

# RHRP NEWSLETTER



EMPOWER  
TANZANIA

## Welcome to the December issue of the RHRP newsletter!

It's been an amazing year with incredible results. All of your hard work and enthusiasm have paid off in protecting and educating so many children. We have heard how the girls are less embarrassed by their natural periods and the boys are more respectful of girls, the relationships between teachers and children are better, and importantly, the number of children reporting and seeking help for abuse they have been experiencing help has risen exponentially.

These positive results are due to the efforts of everyone involved in the program, but especially you, the teachers and headmasters/mistresses. With your continued support and work, these results will continue to be amplified around the community.

One common question we hear from teachers is how the curriculum will change for the upcoming school year. Each of the topics you presented during the past year is expansive in itself, so the overall plan is to follow the same framework for the course, but to go into more depth on the topics with each passing year. Human rights or discrimination, for example, are topics that require more than a session or two for students to fully understand. Students' minds develop as they age and exploring each topic yearly allows them to see the information in a new light with their additional learned knowledge and life experience. As teachers, you can expand on the existing lesson plans with your personal knowledge and experience. Additional structured content will be provided to you on the topics through printed material and Internet resources to help with your teaching.

We are also developing additional 'expansion' curriculum topics—from online safety to the effect of media on body image. These will be made available in the coming months and can be incorporated into the current program. In the meantime, repeat the curriculum in the coming year and expand it yourselves. Each time a topic is covered again, the children will take something new from it—maybe something that didn't make sense before will now be understood. It is also likely that the children have had a chance to think more deeply about the subjects and ask more questions each time the subject is discussed.

The new self defence videos are being prepared and will also be made available in the coming months. Everyone is working very hard behind the scenes to get these to you as soon as possible.

*For now, enjoy your Christmas, and congratulations on a successful year!*



## NOTES FROM DR. JEFF...

One of the goals of the RHRP is to serve as a model approach to teaching these topics that can then be used throughout Tanzania. We therefore need to demonstrate program effectiveness at educating students and changing the attitudes and knowledge of communities using a scientific research approach. If we can provide the government with convincing data about the effectiveness of the RHRP, the government is more likely to support expansion of the program into other Tanzanian school systems.

There are two components to demonstrating effectiveness. One is to show that the students are learning the material you are teaching. To demonstrate this, we randomly selected some students at the beginning of the year and tested them with a 60-question exam that will assess their attitudes and knowledge about the RHRP topics. We repeated those tests on the same students at the end of the pilot year and public health professors at a university in America are now analysing that data. We will let you know what they find out.

The second component for demonstrating program effectiveness is to see if it improves the knowledge and attitudes of the community as a whole. When you educate students, they often discuss what they learn with other family members and friends, so the education you provide can influence societal knowledge and attitudes. We hope to document this impact with research. In December, we did a large survey of over 1000 random adults in all the wards of Same District using the same test the students took. This will serve as the baseline (or pre-test) for the measurement of program knowledge and attitudes.

We will then repeat the randomized community survey in three years once all 244 Same District schools are included in the program and compare those results with the baseline or pre-test results we have already done. We hope to show that your education improves not only the knowledge and attitudes of the students, but those of the community in general.



# FOCUS SECTION

## STI: Gonorrhoea

We want to focus on one topic each issue to provide additional information. These are picked at random, but if you have a request, please contact Jessica.

Gonorrhoea is a sexually transmitted infection (STI) caused by bacteria called *Neisseria gonorrhoeae* or gonococcus. The bacteria that cause gonorrhoea are mainly found in discharge from the penis and in vaginal fluid. It is easily passed between people during unprotected vaginal, anal or oral sex.

The bacteria can infect the entrance to the womb (cervix), the tube that passes urine out of the body (urethra), the rectum and, less commonly, the throat or eyes. The infection can be passed from a pregnant woman to her baby during birth through the vagina. If you're pregnant and may have gonorrhoea, it's important to get tested and treated before your baby is born. Without treatment, gonorrhoea can cause permanent blindness in a newborn baby.

Kissing, hugging, swimming pools, toilet seats or sharing baths, towels, cups, plates or cutlery does not spread gonorrhoea. The bacteria cannot survive for long outside the human body.

Typical symptoms of gonorrhoea include a thick green or yellow discharge from the vagina or penis, pain when peeing and, in women, bleeding between periods. However, around 1 in 10 infected men and almost half of infected women do not experience any symptoms at all.

If you have any symptoms or are worried you may have been exposed to gonorrhoea, then you should attend your local clinic for testing. Gonorrhoea can be easily diagnosed by testing a sample of discharge picked up using a swab. In men, testing a sample of urine can also diagnose the condition.

It's important to get tested as soon as possible because gonorrhoea can lead to more serious long-term health problems if it's not treated, including pelvic inflammatory disease (PID) in women or infertility.

Gonorrhoea is usually treated with a single antibiotic injection and a single antibiotic tablet. With effective treatment, most of your symptoms should improve within a few days. It is usually recommended you attend a follow-up appointment a week or two after treatment so another test can be carried out to see if you're clear of infection.

After treatment, you should avoid having sex until you have been told you no longer have the infection. Previous successful treatment for gonorrhoea does not make you immune to catching it again.

Like many STIs, the only effective protection against gonorrhoea is using condoms.



# FREQUENTLY ASKED QUESTIONS...

## **Q: Do all women have the same menstrual cycle?**

A: Menstrual cycles vary considerably amongst women. Some have short periods of bleeding and some longer. Some have light bleeding and some heavy. Some have heavy cramping (dysmenorrhea) and others have minimal cramping. The time between periods also can vary amongst women. Even in an individual woman, the time between periods may vary, although this irregularity usually disappears after the first two years after a girl starts having periods, after which her periods should become more uniform—whatever that pattern ends up being for that woman.

Women who are very athletically active can stop having their periods (amenorrhea) and this may be normal for them, but if a girl is sexually active (having intercourse with a boy) then she may need to be checked to see if she is pregnant. If there are dramatic variations from what is generally described and it may be wise to ask a healthcare provider about specific cases. There is no harm in this, after all.

## **Q: How long does it take for acne to disappear?**

A: The course of acne varies widely between individuals. Eventually, nearly all adolescents clear their acne over time. However, if acne persists or is bothersome or severe, there are treatments that the healthcare provider can give that will help. A visit with a provider can be very beneficial for this bothersome condition.

## **Q: What are the consequences for reproduction of using alcohol?**

A: Alcohol use, especially if moderate or heavy, can affect testosterone production. Decreased testosterone production can lead to reduced fertility or infertility by reducing the number of sperm, decreasing their activity and cause deformities in sperm. Impotence (difficulty achieving an erection) can also result from alcohol use by reducing testosterone levels in the blood. It can even reduce secondary sex characteristics such as hair growth under the arms or body build. It can also affect fertility in women. A particular risk of alcohol is during pregnancy because it can affect development of the fetus in the mother. If a pregnant woman drinks alcohol (even small amounts), it can lead to miscarriage (premature delivery of a dead fetus early in pregnancy), stillbirth (delivery of a dead baby at the end of pregnancy) or serious birth defects and a range of lifelong (permanent) physical, behavioral, and intellectual disabilities. Therefore, women should not drink alcohol during pregnancy.



# SPOTLIGHT: NEEMA MNDEME



My name is teacher Neema Mndeme. I received my primary education at Lawale Primary School which is located in Siha District. I attended secondary school at Bishop Durning High School in Arusha. For my teaching course certificate level I studied at Eckenford Collage and for my diploma level I studied at the Moshi Institute of Adult Education. I teach at Mwembe Primary School.

Training with Empower Tanzania has given us a great boost in helping children to be more self-aware and have higher self-esteem by eliminating the anxiety and fear they had because they are not afraid anymore to express the problems they face about health and relationships at school, on the street, and even at home with their family members.

Also, the training we have received has made us teachers able to help the community in one way or another by educating parents in their meetings at school in order to help children at home .

On my side also, this course has added a lot of closeness to the students and teachers. Students are free to explain even the most pressing problem which their fellow students are facing. Through the training provided by Empower Tanzania it has definitely helped children to know their basic rights, protect themselves, and make the right choices to choose good friends with positive relationship in order to reach their dreams. It has also helped them to raise their performance in studies, since students absent to school have decreased especially during the period of Reproductive Health and Relationships. They love it so much that it is possible to encourage many girls to avoid early pregnancy.

## SPOTLIGHT:

We want to know about you! We would like to include a spotlight section on someone new each month. Send us your stories of teaching the sessions and a little bit about you ... you could see yourself here next issue!

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# MEET THE TEAM

In this part of the newsletter, we would like to introduce you to the team, one person at a time.



## JOSEPH JOHNSON KIMBWEREZA

Joseph Johnson Kimbwereza often goes by JoJoKi, which uses the first two letters of each part of his name for this nickname. He has worked for Empower Tanzania for over five years and leads programs on integrated farming and water projects for the organization. He also is part of the team for the Reproductive Health and Relationships Program, so you will see him during his visits to your schools.

Joseph has a considerable amount of past experience with teaching and has taught English, art, theatre, environment, hygiene and sanitation at primary and secondary schools for over a decade. He also served as academic master and counsellor in several schools, so this educational background informs him in his current work with the RHRP. He also worked as a development assistant for World Vision Tanzania in Same District focusing on supervising sponsored children and community development projects on health and education.

JoJoki is married with two sons and enjoys the diversity of his work with Empower Tanzania, which takes him to numerous sites in Same District and other parts of Tanzania. He is also excited about new farming demonstration programs Empower Tanzania is developing near Kisiwani and at the proposed Same market location on the main highway south of town.



**If you have a comment or suggestion about the newsletter, please email Jessica at [jhaw1@gmail.com](mailto:jhaw1@gmail.com) with the subject title "Newsletter." If you need any help with a teaching issue, please contact Catherine at [catherinewales17@gmail.com](mailto:catherinewales17@gmail.com) or Yoeza at [yoeza1mnzava@gmail.com](mailto:yoeza1mnzava@gmail.com)**