CASE STUDY:
Aahung — Empowering Adolescents in Pakistan through Life Skills-based Education

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Introduction

Pakistan is the world’s sixth most populous country with a population of 180 million. It is among those countries that have made the least progress towards reaching Millennium Development Goals 2, 4 and 5 on child education, child health, and maternal and reproductive health respectively (UN 2014). The low education status of girls is one of the biggest challenges facing Pakistan, with almost 250 million children out of school. There is wide gender disparity in education and only 19.3 percent of adult women reach the secondary level, compared to 46.1 percent of their male counterparts (Ailaan 2014). Girls are twice as likely to drop out of school or college compared to boys (Farid-ul-Hasnain and Krantz 2011).

Young people between the ages of 10 and 19 make up 23 percent of the country’s population (UNICEF 2014) and these adolescents are susceptible to a range of risks and disadvantages, including sexual violence, early marriages and pregnancy, substance abuse and other risky behaviours,
and violence. This is further exacerbated by a lack of access to reliable sources of sexual and reproductive health information and care. The Gender Inequality Index (GII) reflects gender-based inequalities in three dimensions: reproductive health, empowerment, and economic activity. Pakistan is ranked 123 out of 146 countries (UNDP 2014). The socio-cultural norms uphold men as the key decision-makers and controllers of assets and economic resources (Shaikh and Hatcher 2005). In contrast, women have low control of assets and resources, are unable to demand access to education and health services, are given low preference for food and nutrition, and live with constraints on mobility and economic activities (Shaikh and Hatcher 2005).

In response to the above situation, Aahung, a Karachi-based sexual and reproductive health non-profit organization, has developed a life skills-based education (LSBE) program for school-going adolescent girls and boys. Through this intervention it provides young people with skills and knowledge related to adolescent reproductive health, such as accurate information about puberty and related changes, marital rights, peer pressure, sexual harassment and body protection, gender inequities, early marriage, nutrition, self-confidence, decision-making, and communication skills. Aahung’s case study of empowering girls through LSBE is a good practice with useful lessons for low and middle income countries with similar cultural contexts.

Intervention
Aahung uses a rights-based approach to improve the quality of sexual and reproductive health services provided in Pakistan to men, women, and young people. Aahung works with partner institutions to develop the capacity and knowledge base of service providers such as doctors, nurses, government health workers, community and field workers, teachers, and parents.

What is LSBE?
Life skills-based education (LSBE) refers to an interactive teaching methodology that imparts factual information about health and the body to children and adolescents, while equipping them with skills to better manage their own lives and make healthier decisions. Aahung develops the capacity of public and private school teachers to integrate quality LSBE into the school curriculum. Teachers are equipped with accurate knowledge and an effective teaching methodology to be able to discuss adolescent issues in the classroom.

Where did it take place?
The intervention was piloted in Karachi and Sindh and later scaled up in six more districts of the Sindh province. To date, the intervention has been implemented in 196 schools, of which 169 are charter and 27 are private. A total of 1,946 teachers have been trained and the program reached more than 200,000 students in the period of eight years. Aahung is engaged in advocacy efforts with the Department of Education in order to expand its work into the public school system.

What were the program strategies that contributed to successful implementation?

a) Context analysis: The program adhered to a rights-based approach from context analysis to implementation. The program design and implementation followed a thorough mapping of the context, vulnerabilities, power structures, and existing access to reproductive health information and services. It delivered a curriculum which followed World Health Organization (WHO) key guidelines for LSBE adapted to the local context. In order to target its advocacy efforts, Aahung also carried out a power mapping exercise to identify decision-makers and potential influencers in the province.

b) Institutionalization of LSBE: The capacity of local learning institutions such as secondary schools was developed to integrate LSBE topics into their course work. The faculty and teachers undergo a comprehensive training of trainers and are provided with LSBE teachers guides and accompanying workbooks for girls and boys. This is supplemented by on-site teaching support and annual refresher trainings. Activities reaching a wider audience such as theater, art competitions, and debates on LSBE topics are organized at least once a year in each institution.
A mother supports her daughter’s education

I have two daughters, one is studying in this school and the other has graduated from Grade 10. She was really fond of the LSBE course and often used to share whatever she learned from it. When my elder daughter completed her school, my husband decided to marry her with his nephew. But my daughter wanted to complete higher education. She spoke to my husband and convinced him to let her continue her education. My husband agreed but was unwilling to support her financially. Now, my daughter is working as assistant teacher in this school and attending college in the evening to complete her formal education.

Mother of an LSBE course attendee

c) Strong advocacy and gaining commitments: Aahung carries out ongoing advocacy activities with key policy-makers for integration of LSBE into the secondary school curriculum of Sindh. It engaged in an extensive national mapping exercise to identify key decision-makers, government processes, and advocates for LSBE within government departments. Aahung has focused its efforts on gaining commitments from decision-makers and implementers such as the Board of Curriculum, the Sindh Education Department, the Private School Association, and Sindh Education Foundation (SEF), through champions and key government officials who are strong advocates of the cause.

d) Building partnerships: Aahung leveraged partnerships with organizations such as World Population Fund (WPF), Shirkat Gah, Oxfam Novib, the United Nations Population Fund (UNFPA), International Women’s Health Coalition (IWHC), Family Planning Association of Pakistan (FPAP), Rozan, and SEF to achieve shared objectives of gender equality, adolescent health, and girls’ education. These partnerships have been particularly instrumental in international and local-level advocacy for adolescent health and rights.

e) Age appropriateness and relevance of the curriculum:
The content of the curriculum was the mainstay of the program’s success. Focusing on a range of important issues such as self-awareness, effective communication, assertiveness, decision-making, gender equality, girls’ education, and human rights, it targeted specific outcomes identified as essential for adolescent girls. The curriculum went through revisions and modifications based on lessons learned to meet the specific needs of young people in Sindh. Parents, teachers, and students were satisfied with the content of the books and agreed that it was relevant, age appropriate, and comprehensive.

f) Sustainability: Through several years of working with school administration and staff, Aahung has developed a model for sustainability of its LSBE programs that has resulted in more than 70 percent of Aahung’s school partners taking independent ownership of its LSBE modules. This program is also financially sustainable, as the integration and implementation of the curriculum is very inexpensive for schools once the human resource investment has been put into training during the life of the program. Running this program costs approximately $2.25 per student, per year.

What were the key outputs and outcomes of the program?

The key outcomes of the LSBE program are:
1. Increased knowledge on sexual and reproductive health and rights (SRHR) issues such as puberty, violence, and the dangers of early and frequent pregnancies;
2. Improved communication, confidence, decision-making, and negotiation around SRHR issues such as age of marriage, birth spacing, choice in partner, and bodily rights;
3. Increased awareness and sensitivity in young people around gender discrimination and women’s health and rights;
4. Increased awareness of rights in marriage and the marital contract;
5. Improved hygiene practices in young people;
6. Increased comfort with one’s own body; and
7. The family and institutional environment support young people’s decision-making and rights.

These are achieved through the following activities:
1. Partnership-building with schools;
2. Parent sensitization sessions in which parents are invited to the school to discuss adolescent health and its importance and their permission is received to teach their children LSBE topics;
3. Five-day teacher training which is usually 2 to 3 days of training and 2 to 3 days of practice implementation, followed by refresher trainings;
4. Workbooks sent to students, roll-out of sessions in schools with students;
5. Extracurricular activities like art competition, dramas, and debates; and
6. Monitoring and evaluation (M&E) such as site visits, focus group discussions, classroom observations, external evaluation, and learning forums.

Impact

Data were collected through focus group discussions, in-depth interviews, and quantitative data sources from parents, teachers, and students in partner schools that are implementing the LSBE program. The findings from this evaluation are highlighted below:

**Communication:** Effective communication was one of the key elements of the LSBE curriculum; students were presented with different scenarios to make them familiar with the steps, methods, and importance of effective communication. Girls’ communication with teachers, parents, and colleagues improved as their comfort levels increased. Most of the girls began using vocabulary related to feelings and emotions, thereby becoming more communicative.

**Girls’ education:** The participants were able to identify the role of girl’s education in the development of a society. Girls were well aware of their rights to higher education. Girls perceived that an educated mother can take care of her family and home in a better way than uneducated mothers.

**Gender equality:** Many girl participants had career aspirations such as doctor, pilot, astronaut, and scientist. These ambitions were also reflected in the drawings of an art competition organized by Aahung. The participants emphasized the equal rights of men and women in society. Most of them thought that girls and boys should have equal opportunities to seek education, get better employment and should share household responsibilities.

**Body Protection:** Many girls drop out of school due to harassment and abuse they experience either in school or on their way to school. The LSBE program promoted sensitivity among pupils about sexual abuse and harassment.

In an art competition arranged by Aahung, a female student presented a message of various professions women may pursue in society.

"Women and men being are partners in their homes, communities and societies; no one should be considered less than [an]other."  
Participant in a girls’ focus group discussion

Most of them stated that LSBE has enabled them to talk about the roles, responsibilities, and drawbacks for women in a way that highlights their pride and strength. A majority of the girls and boys interviewed disagreed with the cultural understanding of men as superior to women. Girls became aware of the fact that their participation in formal work could lead to economic empowerment and they can play important roles in taking decisions related to their own lives. Boys and girls became aware of the gender inequalities that are practiced in households in daily life, including unequal distribution of food, preferring male family members in meals, denying girls their right to education, and restricting their mobility.

"Before this, we were not aware of what is a good and bad touch, but now we are. If someone tries to get physical with us, we should not go near that person. Similarly if we are alone and someone teases us in the street, we should take a stance and we should discuss the matter with our parents."  
Participant in a girls’ focus group discussion
Violence: In post-programme testing, 50 percent of boys and 64 percent of girls correctly identified various forms of violence, as compared to 40 percent and 53 percent in pre-testing. Girls were able to identify practices such as verbal abuse, emotional abuse, and touching someone without their consent as violence.

Effective decision-making: Most of the students were able to identify associated risks and benefits of a course of action and its outcome. Fifty-nine percent of the boys in post-testing, compared to 39 percent in pre-testing, recognized correctly the steps involved in decision-making. A substantial change was observed in girls’ scores—26 percent and 49 percent in pre- and post-testing, respectively. Focus group participants mentioned that they have started taking their own decisions and rely less on others. Parents of female students noticed that they have become confident in making their decisions. A majority of the girls said that they want to decide for themselves rather than others making decisions about their futures.

Health and hygiene: There was a general consensus among the teachers and students that before the inclusion of LSBE curriculum they had very minimal information about their health and related problems. LSBE addressed myths and misconceptions prevalent among young people about puberty and health.

"We were told that we could not eat foods like dates and milk during mensuration, as they are hot, but after reading this book now we are aware that healthy foods are necessary to make us strong."

Participant in a girls’ focus group discussion

Puberty and adolescent reproductive health: Information related to reproductive health, including puberty and its emotional and physical changes, was successfully delivered to the target audience. Teachers were trained in reproductive health-related issues and data shows a significant increase in teachers’ and students’ knowledge about their bodies and reproductive health and rights. It is assumed that an increase in understanding about the body will lead to informed decision-making related to reproductive health in the future.

Early marriage and consent: With the introduction of the LSBE curriculum in schools, many girls were able to correctly identify the negative effects of early marriages and subsequent early child bearing. Students linked early marriages with failure to attain higher education and negative maternal health outcomes. Girls who marry early may be less able to educate their children, manage a house, and may experience early pregnancy with medical complications. Most of the girls voiced their unwillingness to get married until an appropriate age, which they thought was 22-24 years. There was consensus among the students in focus group discussions and in-depth interviews about the rights a woman has in the nikahnama, which is the Islamic marriage contract. The students were aware of the fact that without their consent, no one can force them to get married. They also highlighted a woman’s right to marriage annulment. Most of the students showed their intention of reading their marriage contract and all its clauses carefully before signing it.

Impact on boys: While Aahung is mainly focused on girls as primary beneficiaries and the impact of the LSBE program on their lives; in the past few years Aahung has also increased its outreach in co-education and boys’ schools. While Aahung has not been able to measure longer-term changes in gender dynamics and decision-making at this point, qualitative and quantitative evidence shows that there has been a positive change in boys’ attitudes and knowledge about gender, violence,
and communication skills, all of which may contribute to positive relationships and communication in the future for girls and families.

Lessons learned
The case study findings show achievements in integrating gender-responsive life skills in schools in a society with gender inequities and conservative mind-sets. Life skills education empowered girls with knowledge and skills for making informed decision across various areas of living. These are related to their higher education, age of marriage, marital rights, ability to negotiate and communication, safety from sexual harassment, gender equality, and reproductive health and rights. A number of lessons can be drawn from this case study and the progress Aahung has made in improving girls’ education and gender equity in Karachi, Pakistan:

- **Political will and buy-in by the Department of Education are crucial and must be fostered:** A thorough mapping of those with power to make decisions and those who have influence is critical. Consistent advocacy efforts through lobbying, face-to-face meetings, learning forums, position papers, and tailoring messages on an ongoing basis have proven effective.

- **Advocacy:** LSBE should be positioned as an intervention to reach national education and health goals; gaining commitments should be a priority for LSBE integration. Engaging strong advocates or “champions” who influenced key government decision-makers to shape policies in favour of LSBE proved to be a successful strategy. Champions could be external stakeholders such as parliamentarians, advocates of social issues, and women’s rights activists. Through continuous and consistent advocacy, the support of political elites, communities, religious scholars, and civil society can be gathered.

- **Context specific and gender-sensitive curriculum:** Curriculum and resource materials were evaluated and pilot-tested before implementation and revisions were made with the help of reviewers from civil society, religious scholars, educators, subject experts, teachers, and parents. The language used in the curriculum was given special focus to ensure culturally appropriateness and acceptability.

- **Building partnerships:** LSBE was opposed by conservative forces, cultural barriers, existing social norms, and traditional practices. Aahung responded to all these challenges with extensive stakeholder consultation and engagement from the planning phase to implementation, evaluation, and learning. Partnerships with those organisations that work on gender equality and girls education at the local, national, and international levels play an important role in sustainability, scaling up, and replication of the programme.

- **Professional development of teachers and support staff:** There should be an active mechanism to receive and act on feedback from teachers who implement the LSBE curriculum. Support should be provided to school administrators and teachers in case of challenges and opposition by the parents and community.

- **Engagement of parents and community:** Involving parents in students’ learning had positive outcomes for the program and implementation was smoother in schools where parents were involved in the program from the beginning. Parents and community are the gatekeepers and should be sensitized and counselled by the school administration and teachers in order to avoid resistance.

- **Careful selection of teachers:** Teachers are the key determinants of successful implementation of the program. Teachers’ aptitude and willingness to teach the LSBE curriculum should be assessed before selecting them for delivering the curriculum, in order to maintain program quality.

- **Comprehensive M&E:** Aahung carries out on-going M&E activities with students and teachers, including a number of comprehensive baseline studies and utilization of participatory methodology to gauge changes in young people, in order to keep adapting its course content, methodology, and strategy based on M&E findings.
References


