



«Now I feel that I can reach somewhere»

School dropout girls and Health Promotion Campaigns in Tanzania; a qualitative study

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SUPERVISORS

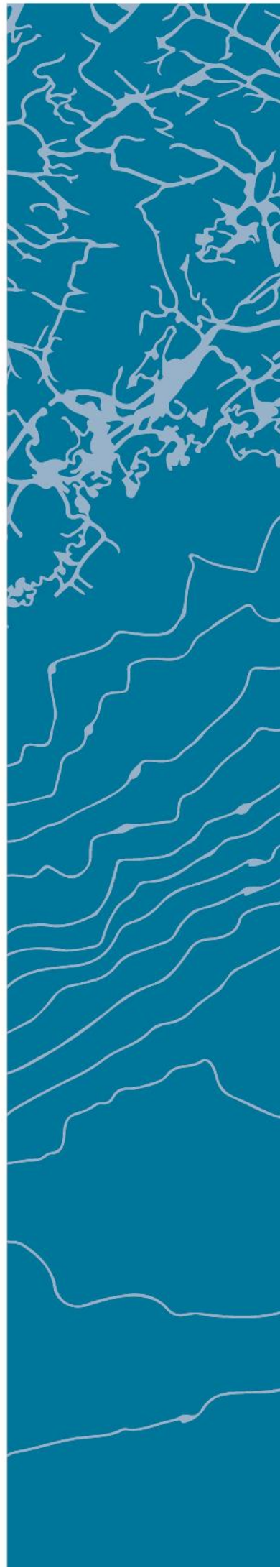
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Foreword

This thesis is the final work of my Master studies in Clinical Health Science at the University of Agder (UiA). The basis for the topic of this study originally stemmed from my love for East-Africa generally, and Tanzania in particular. I was fortunate enough to get the opportunity to conduct this study in Tanzania, through the collaboration between UiA and Tanga International Competence Centre (TICC). During my first trip to Tanga, I joined one of the health promotion campaigns in a rural village, and I was immediately fascinated and drawn to the atmosphere that was there. Also, through this thesis I have been able to combine my experience as a nurse *and* a health-teacher working with vocational training for youth.

Conduction research in another country gave some challenges along the way. Specially the process of getting ethical clearance from Tanzania was challenging and quite time consuming. Even though this study didn't require ethical clearance from REK in Norway, a full application was required in Tanzania. Nevertheless, from this I learned a lot and it required me to thoroughly plan the study, which was a great help later in the process.

It has been demanding combining studies with full time work and small children. Still, in retrospect, I appreciate the process that I am now completing. It has been enriching and developing in many ways, and I have truly gotten a taste for research.

Many have supported me and helped me with this work. First of all, I would like to thank the young women who have participated in this study. I am deeply grateful that you wanted to share your experiences with me. Without you, this study would not have happened. My gratitude goes to all the employees at TICC and HAMA, and the director Ruth Nesje, for their help and support with the data-collection. Also, I am sincerely grateful for the practical help and valuable talks with Dr. Mercy Chiduo at NIMR, Tanga.

Furthermore, I would like to thank my supervisors Professor Liv Fegran and Associated Professor Kristin Haraldstad at the University of Agder. Your professional competence in research and qualitative method has been a pleasure to get an insight into. By sharing your knowledge and experience you have both guided me through the entire research process. You have given me constructive feedback, encouragement and professional input, and this I am grateful for. Thank you!

To Olav Johannes Hovland and Berit Johannessen in the TICC/HAMA research group, thank you for interesting discussions, advice and guidance throughout the process. Further, thanks go to all my co-students, specially Anne Katrine, who have travelled with me on this journey.

The greatest thanks goes to my dear Jon Øystein, who has been understanding, supportive and interested in my studies throughout the years. And to Harald, Andreas and Signe; you are the most precious in my life. Thank you for the everyday reminder of what is most important.

Ingrid Espegren Dalsmo, May 2018

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ABSTRACT

Introduction: The UN emphasises that health promotion, education and empowerment of women are all parts of the goals that will help ending poverty. In eastern rural Tanzania, girls who have dropped out of school take an active part in health promotion campaigns in schools and villages through the NGO Hatua na Maendeleo (HAMA).

Aim: The main aim of this study is to explore how drop out girls experience being part of health promotion campaigns. The focus is on the girls' empowerment, and more specifically their coping-strategies, continuance of education, and the ability to support themselves and others in health-related issues.

Method: The design of the study is qualitative with a phenomenological-hermeneutic approach. Data were collected through two semi-structured focus group interviews with a total of nine girls, two individual interviews with HAMA-employees and five observations of campaigns where the girls were involved.

Results: Findings are related to the benefits that the girls had experienced, expressed in three main categories: The involvement in the campaigns has (a) *made me strong and confident*, (b) *made me become a role model* and (c) *helped me think that I can reach somewhere*.

Conclusion: The girls experience through their involvement in health promotion campaigns can be linked to the concept "Empowerment". The study highlights that the community, family and friends also gain from the girls' empowerment.

Keywords: health promotion, campaign, youth, drop out, empowerment, girls, Tanzania.

ABSTRAKT

Introduksjon: FN understreker at helsefremmende arbeid, utdanning og empowerment av kvinner er alle deler av målene som vil bidra til å avslutte fattigdom. Øst i Tanzania, har jenter som har droppet ut av skolen en aktiv rolle i helsefremmende kampanjer som holdes på skoler og i landsbyer gjennom den ikke-statlige organisasjonen Hatua na Maendeleo (HAMA).

Mål: Hovedformålet med denne studien er å undersøke hvordan dropout jenter opplevde å være involvert i de helsefremmende kampanjene. Fokuset er på jentenes empowerment, og mer spesifikt deres mestringsstrategier, fullføring av utdanning, og evnen til å hjelpe seg selv og andre i helsemessige problemer.

Metode: Studiets design er kvalitativt med en fenomenologisk-hermeneutisk tilnærming. Data ble samlet inn gjennom to semi-strukturerte fokusgruppeintervjuer med totalt ni jenter, to individuelle intervjuer med to ansatte i HAMA og fem observasjoner av kampanjer som jentene var involvert i.

Resultater: Resultatene er relatert til fordelene som jentene hadde opplevd, uttrykt i tre hovedkategorier: Involveringen i kampanjene har *(a) gjort meg sterk og selvsikker, (b) formet meg til en rollemodell og (c) hjulpet meg å forstå at jeg kan oppnå noe.*

Konklusjon: Jentenes opplevelser gjennom deres involvering i helsefremmende kampanjer kan kobles mot begrepet «Empowerment». Studien viser også at lokalsamfunnet, familie og venner også påvirkes positivt av jentenes empowerment.

Nøkkelord: helsefremmende arbeid, kampanje, ungdom, dropout, empowerment, jenter, Tanzania.

PART 1: Theory Chapter

Words: 8053

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1. Introduction

1.1 Background

Hatua na Maendeleo (HAMA) is a Tanzanian non-governmental organisation that collaborates with the local government to reach the UN sustainable goals in the surrounding area of Tanga. The organization aims to improve conditions for the poorest of the poor. “Hatua na Maendeleo” means “Steps for Development” and HAMA believe that in order to make a change you have to do it step by step, or «pole» as they say in Kiswahili (1).

HAMA runs 11 programs supported by the mother-organisation Tanga International Competence Centre (TICC):

- Pregnant women
- Children under 5
- Family home/ children’s home
- Family support, nutrition and family gardens
- School health
- Education sponsor program
- Out of school youth (CC Youth)
- Awareness Campaign Program
- Mental health
- Vicoba (Microfinance)
- Elderly home

This master thesis focuses on two of these programs: Awareness Campaigns and Out of School youth (CC Youth). In Tanzania, out of school youth is a severe problem. The 2014 National Education Profile for Tanzania, shows that 56% of children in secondary school (ages 14-19) is out of school (2). At CC Youth the youth are encouraged and helped to finish their education, or to start vocational training after approximately one year in the program. One of the youths’ tasks is to participate in awareness campaigns, or health promotion campaigns as the Awareness campaigns also are called. These are conducted to increase the community’s general health knowledge, and consist of dance, music, role-plays and quizzes. The campaigns are held at local schools and in villages. This master thesis concentrates on the girls that are involved in the campaigns.

The Institute of Health and Nursing science at the University of Agder (UiA) has for many years collaborated with TICC, mainly with student exchange in the program of Bachelor in Nursing. UiA is now expanding this collaboration to include research, and this master-thesis is part of this expansion.

The intended value of this master thesis is to get new and increased knowledge both to evaluate and highlight the work of HAMA. The community of Tanga may also benefit from this focus. Furthermore, the participants involved may increase their awareness of how the involvement in health promotion campaigns has had an impact on their life.

1.2 Aim

The main aim of this master thesis is to explore how dropout girls experience being involved in health promotion campaigns.

With this as a background, the sub questions are:

1. How do the girls experience that the involvement has an impact on their coping strategies and their continued education?
2. How do the girls experience that their involvement influences their own health awareness, and their ability to support themselves and others in health related issues?

1.5 Structure and content

Chapter 2 consists of relevant theory and empirical information related to the topic and issue of the project. Theory concerning empowerment and previous research will be presented.

Chapter 3 addresses the method that has been used in this study. Here I will describe how the project has been planned and conducted, as well as my choices and reflections during the process. In **chapter 4** the findings of the study will be briefly presented. The findings from the individual interviews will be presented in more depth due to the fact that these interviews are not included in the article. **Chapter 5** focuses on method discussion. In **chapter 6** I try to gather the threads with some reflections.

2. Theory

Theory on empowerment is briefly presented in the research article, and an elaboration and supplement of this will be given in this chapter. Earlier research concerning this study's topic will also be presented.

2.1 Empowerment

Empowerment is often used in the context of the Brazilian pedagogue Paulo Freire's thoughts, but he himself did not use that word (3). The goal of Freire is to give everyone in the «culture of silence» (poor, oppressed people, women and children) their own voice (3). It was only in the 1980s that the term was used by Julian Rappaport, an American psychologist, who worked for an inclusive society (4). Empowerment has no consensus definition, but summed up, empowerment is about giving people control and mastery over their lives (5). No one can make another person empowered, one can only help in the empowerment-process (6).

The Ottawa Charter (7), which was compiled in a WHO conference in Ottawa in 1986, has a great focus on health promotion. In health promotion, empowerment is seen a process through which people gain greater control over decisions and actions affecting their health (7, 8). Through such a process people see a closer correspondence between their goals in life and get a sense of how to achieve them, in addition to a connection between their efforts and life outcomes (9). Wallerstein (2006) describes empowerment as one of the prerequisites for health (10). In public health work there are two main interventions, health promotion and disease prevention. In the Ottawa Charter, WHO issued strong guidelines for the health promotion work to be strengthened. Centrally in this was three main principles: power redistribution from the professional to the patient, complicity and the focus on the patient as an expert on himself (7). The aspects of empowerment are clearly present here.

Several concept analyses on Empowerment have been conducted, both general and context specific (11-15). The concept analyses naturally have slight differences, nevertheless similarities can be seen. Empowerment is often described both as a process and a goal (16). The word process indicates important changes with people along the way, with greater likelihood of establishing lasting changes. It is also a process of becoming stronger and more confident, especially in controlling one's life, which can be seen as a goal (12).

2.1 Research on empowerment and youth

Semi-structured search for relevant literature was conducted in the search engine EBSCOhost (in the databases MEDLINE and CINAHL), Oria and Google scholar. Search terms as “empowerment”, “health promotion”, “adolescent” and the MeSH-term “youth” were used. I could not find studies directly concerning youth and health promotion campaigns. Studies about youth and community work, and youth and empowerment were found and will be presented in the following.

The ideas of empowerment can, and has been in many studies, applied to youth and adolescents with positive results. Aspects that are prominent in empowerment theory, like active participation and identification of strengths, are also developmentally important during adolescence (17). Many theories of adolescent development appear to include these concepts and thus imply that an empowerment process is essential to positive, socially appropriate development during adolescence (18, 19). Identity formation, like empowerment, is not a passive experience, but the result of action (18, 19).

Systematic reviews on youth empowerment programs and models have been conducted (18, 19). The Wallerstein review (10) explores empowerment widely for all age groups and with an interest in health outcomes, with a section devoted to youth empowerment. Wallerstein gives a useful overview of various themes within the broader empowerment movement. He offers a framework for empowerment that includes multiple levels of outcomes, such as self-efficacy, community engagement, and social bonding (10). The report shows that empowering initiatives can lead to health outcomes and that empowerment is a viable public health strategy (10). Self-efficacy and self-esteem were also found by Morton and Montgomery as the primary outcome of empowerment programs intended for youth (18). Bandura explains perceived efficacy as a judgment of capability and self-esteem as a judgment of self-worth (20). Another review, by Chimman and Linney (19), which focuses on empowerment theory as a background for proposing a model of empowerment for adolescents, find that youth develop a stable and positive identity through what they call the Adolescent Empowerment Cycle (19).

Mohajer and Earnest (21) conducted a study looking at youth empowerment for the most vulnerable, based on the pedagogy of Freire and experiences in the field. The study shows that despite inconsistencies between theories, definitions and program implementation, there is

sufficient evidence within the literature that empowerment programs can bring about positive results with vulnerable youth (21).

There are several studies on community service program and youth. The health promotion campaigns that the present study's youth are involved in is not the same as community service programs. Nevertheless, similarities can be seen. Findings from a study conducted by Lakin and Mahoney in 2006 indicated that the community service program was experienced as both empowering and promoting a sense of community (22). Results also suggested that taking part in the community service program increased youths' self-reported empathy and intent to be involved in future community action, as compared to a group of matched controls (22). Similar, Nitzberg conducted a study in 2005 concerning the meshing of youth development and community building (23). Nitzberg argues that when the principles and practices of youth development are merged with those of community building, the potential is great for the creation of a powerful process and force, that engages youth in changing their communities (23).

3. Design and method

The word method comes from Greek 'methos' which means following a specific path towards a goal. In research, the term is used about the techniques researchers use to structure a study and to gather and analyse relevant information (24).

The choice of research methodology, as Malterud (25) says, will depend on the questions for which an answer is sought. The purpose of this study is to get an understanding of how the girls experience their involvement in health promotion campaigns and the significance it has for the individual. I therefore chose to use qualitative method, which seeks to get increased understanding of a topic. The goal is to explore the meaning of social and cultural phenomena, as perceived by the involved, within their context. A qualitative method can help present diversity and variety on a topic (25). Also, based on a small amount of published research material found dealing with the topic of this study, I considered the use of a qualitative research method as useful. Qualitative research can help open up research in fields where the prior knowledge base is thin (25).

3.1 Design

The design of this study is qualitative with a phenomenological-hermeneutic approach (26). This design was chosen aiming at an understanding of the girls' experiences of involvement in health promotion campaigns.

A phenomenologic-hermeneutic approach is a qualitative research methodology that arose out of, and remains closely tied to, phenomenological philosophy, with the East German philosopher Edmund Husserl (1859-1938) as it's known father. Husserl points out that human life is characterized by a direct experience of comprehensive, meaningful phenomena, and this is the starting point for knowledge (27). Phenomena is the description of how things appear to us, as we immediately experience them, and is the focus of Phenomenology. According to Husserl (2013) the researcher's understanding, all our perceptions and all prior knowledge, must be "put in brackets" to investigate the phenomenon as it appears to us (27). This is also described as the process of phenomenological reduction. We experience by adding meaning to what faces us, and the goal is to reach the essence of the phenomenon (24, 27).

After Husserl, Phenomenology evolved in several directions. One of the main schools is interpretive phenomenology or hermeneutics founded by Martin Heidegger (24). Heidegger emphasized interpreting and understanding, not just describing, human experience. The researchers preunderstanding in all the phases of the research is therefore of importance (28). Heidegger used the term “being-in-the-world” to explain that people are never cut apart from our surroundings, and that our experiences are already full of meaning. The research purpose is to bring to light and reflect upon the lived meaning of the experience (28).

Heidegger’s student, Hans-Georg Gadamer, continued the development of a phenomenological hermeneutics. He described the interpretive process as a circular relationship known as the hermeneutical spiral (29). One should understand the whole in terms of the parts, and the parts in terms of the whole. The focus for the researcher will change between preunderstanding and interpretation, as new understanding will be gained through dialog with both the informants and the text. The preunderstanding is therefore dynamic, and will change throughout the research process in the hermeneutical spiral (24, 25). Gadamer highlights that the researcher cannot avoid her/his preunderstanding, but shall be constantly aware of it and use it actively and wisely (29). Thus, using a phenomenological hermeneutic approach requires the researcher to make account for her/his preunderstanding, in relation to education, experience, background and earlier research and theory understanding. This is the “glasses” through which the researchers sees, interpret and understand the text (24).

3.2 Method

A study design with method triangulation, combining focus group interviews, observations and individual interviews, was chosen. This was done to elucidate the study’s topic from different angles, and to a greater extent ensure that the findings reflect the girls’ experiences. All the methods in this study aim to understand and describe as is common in qualitative research (25).

Focus group interviews were chosen since the research topic deals with common experiences, attitudes and views of a group of youth who are all involved in health promotion campaigns. Focus group interviews can contribute to associations and group dynamics. Malterud (30) claims that the key premise of focus groups is that individuals in groups do not respond to questions in the same way as they would individually. It is the group interaction that enables

participants to explore and clarify their experience, thus highlighting the theme (30). CC Youth use group work to a great extent, and thus the girls are used to interacting in this way. *Observation* as a method was chosen to get an opportunity to observe the girls “in their real world” and get an insight and a richer understanding of the health promotion campaign setting. Observation can reveal contrasts between different data, shed light on the subject and contribute to provide a richer and more complex whole (25, 31). Such direct experience could improve the researchers understanding and interpretation of the research topic (24).

The main purpose of the *individual interviews* was to get the employees view on the topic and obtain a fuller picture of the study’s context. Still, I chose not to include the findings from the individual interviews in the article, since the focus was on the girls’ experiences (more about this in chapter 5.1 Method discussion). Individual interviews as research method is conversational, but with a structure and purpose that requires preparations (32). In addition to asking relevant questions, the researcher must be a good listener, so appropriate follow-up questions can develop during the interview (24).

Qualitative research is known to be flexible and circular in its design, and capable of adjusting to what is being learned during data collection. Still it is important to plan in advance, but the plans must support this flexibility (24). Based on this, throughout the process I have tried to be open-minded, so that my planned design might be altered along the way.

3.3 Planning, recruitment and information

The planning of data collection started with the first study trip to Tanzania in March 2017 and was further developed when the project description was written in May 2017. Applications for ethical approval from Faculty of health and sports Ethical Research Committee at the University of Agder (FEK), National institute of Medical Research in Tanzania (NIMR), Norwegian Social Science Data Services (NSD), and Regional Committees for Medical and Health Research Ethics (REC) was submitted during spring and summer 2017. The data collection was planned for October the same year.

To help recruit participants for the data-collection, purposive sampling was used, with help from TICC and HAMA. By using HAMA to do the recruitment there was a potential risk that the informants would be mainly those with success stories, or mainly talkative and out-going girls. To avoid potential conscious or unconscious recruitment, inclusion and exclusion

criteria were given to HAMA in advance of the recruitment. To do the recruitment myself was difficult due to the distance and lack of contact with the potential participants.

Inclusion criteria for the group interviews were: being a school dropout, being in the CC Youth program and having participated one or more times in campaigns. A variation in age was desirable. Also a variation in background, social and economic status, and reason for dropping out of school was vital. This could be useful to illuminate the scope of the phenomenon and to identify important patterns that cut across variations. The only exclusion criterion was to be male.

The sampling size was planned to be six participants in each focus group, with a total number of 12 girls. Because of the low number of girls in the CC Youth program at the time of the data-collection, it resulted in five girls in one focus group and four in the other, with a total of nine girls. The age varied from 18-23 years old, and all the girls who were in the program at that time were recruited. So, in the end, my concerns about possible manipulation of recruitment fell flat.

In addition to the girls, two employees at HAMA participated in individual interviews. These informants were chosen in advance for their experience, involvement in, and knowledge about the CC Youth program and Awareness Campaigns.

Oral and written information about the study was given to all the participants in advance of the interviews in both English and Kiswahili. Informed consent in Kiswahili or English, depending on English skills, was signed before the data-collection began (Appendix 1-3).

A collaboration with the National institute of Medical research in Tanzania (NIMR) in Tanga, was established prior to the data collection. Useful help in translating the consent form and interview guide was given by one of their professors.

3.4 Data collection

The collection of data in Tanzania went on for approximately two weeks in October 2017.

3.4.1 Focus group interviews

The focus group interviews, which lasted approximately one hour each, took place at the TICC premises at daytime, when the girls already were present. A meeting room, that

provided the opportunity to talk privately away from the other youths, was used for the interviews. What was said was recorded on an audio-recorder that was placed on a table in the middle of the room.

An interpreter was present at the interviews due to the girls' poor English skills, and likewise my poor Kiswahili skills. TICC recruited a suitable interpreter that had extensive experience in translation. An interview guide (Appendix 4) with main and follow-up questions was used. The interpreter also had the interview guide both in English and Kiswahili (Appendix 5). I focused on asking open-ended questions to let the participant voice their experiences and perspectives. As Malterud (30) points to the importance of, I met the informants with an open mind, but at the same time tried to focus on the study's topic. Thus the conversations could result in the best possible data available (30).

As a researcher, or moderator, my role was to present topics that I wanted the participants to address. Another important task for the moderator is to facilitate a benevolent and open atmosphere to make the group participants willing to share their experiences (24, 30). Due to the fact that the girls in this study already knew each other, I focused on developing a relationship between the girls and me as a researcher. I wanted the participants to feel safe in the setting and experience that I was genuinely interested in their thoughts and experiences. To facilitate this, I used some time in advance of the group interviews to get to know the girls, both during the observations but also by visiting other CC Youth settings.

3.4.2 Observation

Five observations were conducted during the data collection, both in villages and at schools, three before the focus group interviews and two after. The same interpreter that helped in the group interviews, also went with me to the observations. This enabled me to ask questions and get clarification on what was said by those participating in the campaigns.

To get back and forth to the different places where the campaigns were conducted, all those involved (the youth, one of the leaders from HAMA, driver, interpreter and me) travelled in a minibus. Each observation had a duration of approximately two hours, but the total time including the driving was about four hours. The focus at the observations was the overall atmosphere and setting, and naturally the girls' involvement and behaviour. This was

observed both at the actual scene of the campaigns and during travel. Informal conversations when travelling were also a part of the observation.

As a researcher I took the role of “Observer as Participant”, as my position was known but there was little participation (31). Prior to the observation, all those participating in the campaigns got oral information about the study. I introduced myself, explaining why I was there and what the study was about.

In the method of observation, the tool is the researcher herself. Therefore, the researcher should strive to employ sensitivity so that information on various level can be obtained and underlying messages are captured. Hammersley and Atkinson (31) claim that the researcher herself can, through capturing this information, create a holistic perspective and perceive complex information (31).

In order to analyse and interpret the data, the observations must be documented, as the notes form the basis for the analysis later. It is usual to write down what is happening along the way or straight after the observation (31). I did both, according to where I was standing or seated during the campaign that was observed. At two of the campaigns I was placed at the side/in front of the audience, and it felt unnatural to make notes openly. At the other three campaigns, it was easier, as I stood at the back. To do field notes I used pen and paper since this was easy to take with me in the villages and at the schools. As recommended by Fangen (33) I dated the field notes, describing where the observation took place, who was there and the physical setting. I had two columns on my sheet, one headed “Activity” and the other “Reflections”. In the activity-column I consistently tried to be descriptive and objective when writing. At the same time, I wanted to be open for both methodical and theoretical reflections, and this I noted in the other column.

In relation to the number of observations, I observed all the campaigns that were conducted during my two weeks of data-collection. Since the data collection was taking place in Tanzania, I had to take into consideration how long it was possible to stay away from my family and work in Norway, in addition to economic matters. In many cases, the researcher can experience a saturation point of the observations (33). In the last observation not much new information was obtained, but previous data from the other observations was confirmed.

3.4.3 Individual written answers

As pointed out earlier, qualitative research is flexible in its form. One thing that I changed, or added, to the data collection, was written answers from the girls who participated in the focus group interviews. After the interviews the girls were followed to a conference-room where they sat down separately and wrote on a paper where the main topics and questions from the interview guide were listed. In the aftermath, an employee at HAMA helped me to translate the written answer from Kiswahili to English.

3.4.4 Individual interviews

The individual interviews with the two HAMA informants lasted approximately 30 minutes each and took place at the TICC premises in daytime, while the informants were at work. The interviews were conducted in English without an interpreter because of the informants high English skills, and recorded on an audio-recorder. A semi structured topic guide was used for these interviews, and the guide addressed the same themes as described in the focus group interviews with the youth (Appendix 6). Here I focused on using open-ended questions and active listening consciously, as recommended by Kvale and Brinkmann (32).

Kvale and Brinkmann (32) describes the duality in the interview setting and calls this perspective *inter views*. The focus is on the relationship between the persons, the interaction (inter), and at the same time on the construction of knowledge (views) that happens between the persons (32). To facilitate a fertile interaction in the interview setting, I had, in advance of the interviews, had several talks with the informants during both my stays at TICC.

3.5 Transcription and analysis approach

Transcriptions of the interviews were made by me, in close aftermath of the interviews, to insure a closeness to the data material. I emphasised to transcribe what was said verbatim, and periods of silence or sounds like sighs and such was included. Also, the notes from the observation were transcribed. The time after observation is critical because it is when the researcher most accurately recalls what has been observed. Therefore, I reviewed the notes, made necessary additions and transcribed the handwritten notes to a Word-document immediately after (33). All the text material from the data collection was imported to the data organization program Nvivo 11 (34, 35) for further analysis.

The same professor at NIMR who helped with translating the consent forms and interview guides, also helped checking both the transcription and translation of the interviews.

Inductive analysis approach is used in this study. The knowledge that was obtained went from empiricism to theory, or from individual to general understanding. Inductive approach is explorative and looks to find new knowledge where there is little knowledge in advance (32). The interpretation of the text involves entering the hermeneutical circle through three methodological steps: naive understanding, structural analysis and comprehensive understanding (32).

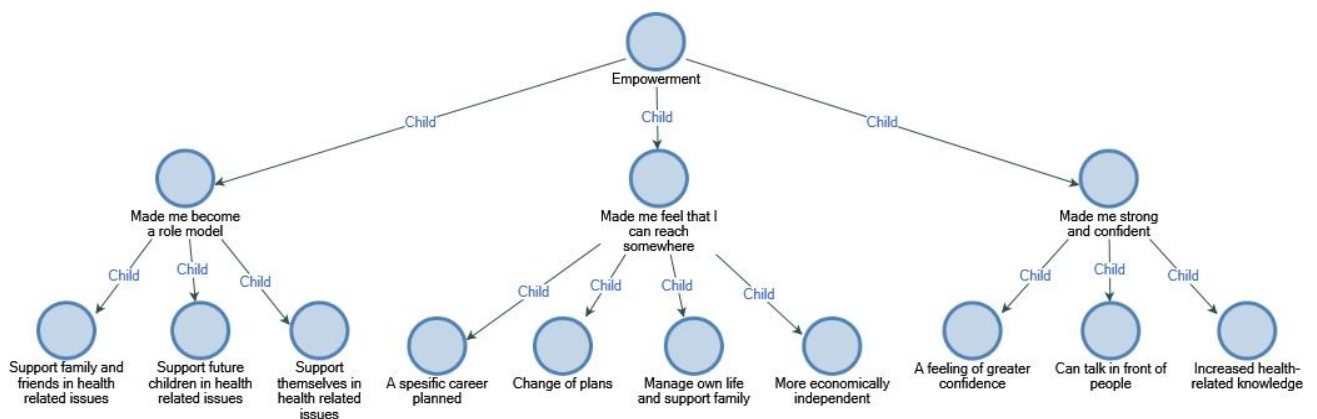
The naive understanding involves reading the text several times to find the essence of the whole (32). I tried to be open to the impressions the material could convey and take a bird's eyes view (25). After the text was read through in its entirety, I started the more structural analysis, with coding and meaning condensation (32). First I tried to recover the smallest natural units that could stand alone without the content losing its meaning. The meaningful units were gathered and placed in different subcategories (32). At each new review of the material, I tried to see the text with "new eyes". The many subcategories were further gathered in more condensed categories, which were eventually sorted under main categories.

Further I came to the process of interpretation, which followed the principle of coherent interpretation consisting of three contexts, as formulated by Kvale and Brinkmann (32). The first context, *self-understanding*, is the researchers' interpretation of the interviewees', the girls, statements about their experiences condensed in meaningful units. I asked myself "What does the participant herself perceive as the meaning of her statements?". The second context of analysis, *critical common sense understanding*, involves a more critical interpretation within a broader thematic framework. Dissimilarities and inconsistencies in the interviewees' views and experience were uncovered and different subcategories were identified. The third context, *abstraction*, is a result of theorization on the basis of the findings (32). In this study theory about Empowerment provided new and broader insight. The use of theory in the interpretation and structuring of data in this study has intended to put the informants' descriptions into a sense of meaning. In the article, levels one and two are presented in the findings section, whereas level three is presented in the discussion.

The descriptions and concepts that are found can help answer the research questions. It is recommended to use an easily accessible language when the condensed units are constructed, and this I have tried taken into account while analysing. According to Malterud (25) verbs should be used instead of nouns (feeling lonely versus loneliness), to formulate a phenomenological language in the design of the themes.

I strived to provide thick descriptions of the observations throughout the analysis and reporting of results. I have tried to use all my senses in describing the contexts that the observations and interviews are a part of. Parts of the analysis were discussed with my supervisors, which in the article is referred to as the co-authors.

Figure 1 The main categories from the analysis of the data material in Nvivo 11



3.6 Researchers' preunderstanding

In qualitative studies, it is important to let one's own perceptions about the subject be transparent and to have a reflective attitude and approach to research (25). I am a nurse, who currently work as a teacher in vocational health training. Therefore I interact with youth on a daily basis. As a child I lived in Tanzania and other East-African countries. So despite being Norwegian, the culture and language are familiar. There was no prior knowledge of TICC or HAMA and the work they do for the community, except one earlier visit in March 2017. At this stay I was able to visit HAMAs different programs, and the work with the youth and health promotion campaigns immediately made me interested in learning more about how the youth themselves experienced this involvement.

3.7 Ethical considerations

As a researcher I was aware of the ethical aspects that could appear in all parts of the research process. I strived to apply ethical principles and theories at all times in order to reflect and make thoughtful choices. The Belmont report issued in 1978 (36) articulates three primary ethical principles on which standard of ethical research conduct are based. These principals are beneficence, respect for human dignity and justice (36). In Norway the Act on medical and health research (the Health Research Act) was passed in 2008 and implemented in 2009. The objective was to revise and simplify the regulatory framework for medical and health research, and to promote good and ethically sound medical and health research (37). I have worked against minimizing the physical, psychical and social risks for all who were involved in the research, and I have had a focus on being respectful and positively curious as regards all the participants.

3.6.1 Considerations of the participants

Joining as a participant was voluntary and the participants could withdraw at any time without any reason. None of the participants chose to exit the interviews and there was no withdrawal from participation in the research. All participants were given written (both in English and Kiswahili) and oral information about the study and their rights of anonymity and confidentiality. I conveyed clearly the true purpose of the research without deception. Prior to the interviews and observations, each participant signed a statement of consent, designed on the basis of REC's "Templates for Participation Information and Consent" (38). The participating girls were also informed that they would get the same services from HAMA independently if they chose to participate in the research or not.

If there was anything the participants wanted to talk about or discuss in the aftermath of the interviews or observations, they could contact any of the employees at HAMA, me as a researcher or the director Ruth Nesje at TICC. Results will be shared with HAMA and TICC when the study is completed, and they can pass it on to the involved participants.

3.6.2 Confidentiality

The informants have been anonymised and the data they provide has been handled with confidentiality. There are no names, only numbers, in the data obtained from the participants. It is not possible to recognise the participants from the data that are quoted. Further, data that were obtained through the research has been stored on a computer and a USB-stick with password-access. The hard copies such as observation notes, has been kept securely locked

away in a locked filing cabinet. The data material will be stored one year after the end of the master studies, and will then be maculated.

3.6.3 Benefits of the research

Benefits of the research may be deeper knowledge and understanding, both for the participants, HAMA and the community as a whole. Through increased awareness participants hopefully were able to expand their horizon concerning their involvement in the CC youth program and campaigns. There were no known risks for the participants in this research. A possible negative aspect was the time the participants used on the interviews, but this was minimized by using the time the girls and the employees already had planned to be at TICC.

3.6.4 Ethical approvals

Before undertaking the study, I got approval from Faculty of health and sports Ethical research comity at the University of Agder (no ref. nr.), National institute of Medical research in Tanzania (ref. no. 2586) and Norwegian Social Science Data Services (ref. nr. 54748). An approval from Regional Committees for Medical and Health Research Ethics (REC) in Norway was not necessary (ref. nr. 2017/1564).

4. Findings

The findings from the focus group interviews and the observations are presented in the research article, and are therefore only briefly presented in this chapter. Findings from the individual interviews of the two employees at HAMA, that are not included in the article, will be presented in the following.

The girls described experiences linked to positive changes by being involved in health promotion campaigns. Three main categories emerged during the analysis: the involvement in the campaigns has (a) *made me strong and confident*, (b) *made me become a role model* and (c) *helped me think that I can reach somewhere*.

4.1 Findings from the individual interviews

The findings from the individual interviews were analysed together with data from the focus group interviews.

“Made me strong and confident”

The two interviewed employees at HAMA confirmed the changes that most of the girls had gone through. By participating in the campaigns, they clearly saw that the girls gained more confidence. One of the employees was impressed and proud of what the girls had accomplished through their personal change:

But also for the girls, it's empowering them. Going out and being able to stand there, participating and performing in front of a big audience or crowd is something that is difficult. But if you manage to do it then you are gaining something which is big.

One of the employees also reported that they had gotten feedback from some of the girls' caregivers about the positive changes, and that the girls now were eager to go back to school and fulfil their dreams.

Furthermore, the employees had seen the same increased awareness and health knowledge as the girls described. One example was that the girls now had professional, knowledge-based discussions with fellow youth at the CC Youth program. In one of the interviews it was highlighted that through the campaigns the girls had learned about safe sex and how to protect themselves. There were few girls who left CC Youth due to early pregnancy. It is highly

possible that one of the reason for this was the girls enhanced awareness and knowledge. One of the employees stressed how the girls had increased their knowledge:

So it is also a way to empower them. ... We are not just teaching them; we are also trying to give them the power to learn by themselves or to teach others. And I believe by taking part in the role-play, they understand. And we have done a lot of campaigns, so now I'm sure that they are rich in their minds because of these different health issues that we have focused on in the campaigns.

“Made me become a role model”

The employees highlighted that many of the girls showed positive changes linked to their own health. One example was personal hygiene, which the girls had to be aware of in the role-plays, but the employees reported that this was something that continued also after the campaign:

If they are going to act as a mother...., and the mother maybe tells the child to be clean, the mother should also act clean. So even when they appeared in the role-play they should be looking smart and things like that. So it is helping them even to use it in their daily life.

The girls also acted as role models by showing family and friends how they had changed their own health habits, and further educated those around them doing the same. One mother had told the employees that her girl was now showing and telling her young sisters and brothers about dental hygiene and drinking enough water.

“Helped me think that I can reach somewhere”

Linked to the experience of the girls, the employees saw a positive change in the way the girls thought about their future. They could see that many of the girls changed their plans by getting an opportunity to find out what they really wanted to do. Further on, by participating in the campaigns many of the girls got a feeling of mastering something, which increased their self-efficacy, which again gave them a hope for the future:

Because even when you talk to them they can say: ok, now all the girls that I know around me they have children or they have got married, but for me, no, I want to focus on my future. I have to prepare myself, I want to work and I want to continue my studies.

One of the employees said that in the Tanzanian culture girls are sometimes negatively compared to boys. The girls can hear things like: “You can’t do it”, “you’re just a girl”, “you will be at home” and “you are soft”. But the CC Youth program helped them to gain self-confidence, and by involving them in the health promoting campaigns they tell the community that girls should have as much to say as boys:

And even if the community call them dropouts and failures, it’s not true. It’s really not true. They have big talents and that’s good for them. For their future.

5. Discussion

5.1 Method discussion

I have strived to have a transparent study design with accurate descriptions of all the parts of the research process, and my challenges along the way have been accounted for. A transparent study design may be transferable to other studies, though knowledge obtained from research is always contextualized and context sensitive (24).

In qualitative research method triangulation can strengthen a study by combining different methods and thereby getting a broader insight in the study's topic (25, 32, 39). In this study focus group interviews, individual interviews, observation and written answers, was conducted in order to acquire valid and reliable multiple and diverse data. The data from these different methods gave coinciding results. The observations, the individual interviews with the employees and the written answers, all underlined what the girls reported.

I chose not to include the findings from the individual interviews with the employees in the article. During the data analysis it became clear to me that I was somehow undermining the girls by letting the employees “confirm” what they had said. Still, this was not the intention when I was planning the study, as it felt natural also to interview the employees who saw the girls each day to find out how they experienced the girls' involvement in the campaigns and further to compare the consistency with the girls' statements. I also thought about the cultural aspect and the possible expectations from HAMA to interview some of the employees, and I wanted to show my respect to them.

One of this study's strengths is the collaboration with NIMR in Tanga from the very beginning of the study process. A professor at NIMR gave valuable help with translation of the informed consent forms and interview guides. In addition to this, I received help to validate the transcription of the group interviews and also check the quality of the translation. Due to the fact that I couldn't validate the translation myself, it was valuable with feedback from a Tanzanian with extensive research experience, who had not been present at the interviews. The professor reported that both the translation and transcription was conducted in a satisfactory way.

Due to language differences, an interpreter was essential in the data collection of this study. In group interviews, use of interpretation can be seen as a challenge since some of the spontaneity usually disappears and valuable data can be missed (40). I can recognize this from the experience that it was another, more spontaneous, dynamic in the individual interviews, where there was no use for translation. Still, with adequate preparations and validity checks, an interpreter-facilitated interview approach in cross-language studies can be effective and valid (41). I experienced positively that the interpreter really grasped the essence of the study's aim and focus points. The interpreter also helped me, through the translation, by letting the girls understand my questions in a way that could have been difficult because of cultural differences. By spending time with the interpreter in advance of the data-collection, I had the opportunity to form a relationship with her and the dynamic between us was fruitful already from the start.

To increase the credibility and validity of this study, I had planned to do a pilot interview. This could have given me valuable experience with the interview craft and with the use of an interpreter (24). It might also have given an indication on how the interview guides worked, and if the themes or questions needed alterations. Still, this was not conducted due to the few young girls available and because of time limitation.

Focus groups were chosen since it was desirable to let the girls reflect together about their mutual experience being involved in health promotion campaigns. Still, individual interviews with the girls may have provided greater depths to the study's focus points. The group sizes in this research was, as mentioned earlier, determined by the number of girls engaged in campaigns at the time. It is a strength of this study that all the girls who were involved in the health promotion campaigns at HAMA at the time of the data collection participated.

For a moderator with little experience, it is advisable with a small group (30) and with this in mind the group sizes can be seen as positive in this research. The size of a focus group usually vary from five to ten participants, ensuring that the group is large enough to provide diversity of perspective, and small enough so that everyone has a chance to participate (24, 32). The crucial aspect is that the participants have thorough experiences with the subject (32). Each participant in this study had been involved in multiple campaigns, and they were interested in the subject and wanted to share their experiences.

Conducting the interviews was interesting but also demanding. The role as a moderator requires mental discipline, thorough preparations and group management skills (30). Considering that qualitative research is a craft that needs to be learned, conducting the interviews was a steep learning curve for me. I felt that the quality of my moderator-role was better at the second focus group interview than the first. Also, by transcribing the interviews I learned a lot about my own role as an interviewer. In the aftermath I can see aspects that could have been handled differently, like formulating accurate questions and my reactions to the answers that were given. One example of this is that I, at several occasions, used “that’s good” as a response. My intent was to encourage the participants by showing that I was listening, but it could be interpreted as if I was satisfied with the answers given, and in this sense not neutral.

In group interviews not everyone may get the opportunity to talk. Therefore, I was aware that all participants came advocated. Also, I strove to use open-ended questions. This was sometimes difficult, and on several occasions I had to concretize the questions. Doing this, the questions also became more leading than what I had originally planned. In addition, I experienced that the girls sometimes answered the questions sparingly without further elaboration or reflection. This can be due to the fact that in Tanzania the school culture stresses the pupils’ ability to memorize and learn by heart, not reflecting or stating their own opinions (2).

Another possible reason for the lack of thorough reflections can be the aspect of the power balance in the interview setting. The research interview is a specific professional conversation with a clear asymmetric power relationship between the researcher and the interviewees (32). As a researcher I tried to minimize this asymmetry by creating a relationship with the girls, visiting them at the CC Youth clubs and having informal conversations with them on the bus to and from the campaigns. My impression was that the girls felt it meaningful to share their experiences about a topic that were a big part of their daily life, without this in any way being a therapeutic conversation (32).

I chose to add written answers after the group interviews to the data collection, to ensure that all the girls were given the opportunity to add or come with new information, that they for some reason didn’t get to say in the interviews. In the aftermath I can see that this was not necessary, since there was little new knowledge obtained. This can be seen as both a

weakness and a strength of the study. The weakness is that the participants had to use more of their time with something that strictly speaking was not necessary. Nevertheless, the congruence in the answers from the interviews and the written answers can indicate that the data, collected through the focus group interviews, are accurate and true, and that the girls felt safe in the interview setting and had spoken their mind.

During the observations I mostly kept in the background and focussed on the observation. Sometimes it was natural to participate on a small level, mainly because of politeness and cultural expectations. Through this I tried to find the degree of participation most proficient in the study, as pointed out by Fangen (33). One of several challenges in fieldwork is this ability to switch between the outside and the inside, also called marginalization (31). For me it was useful, but in times demanding, to keep a certain distance in order to operate with an open attitude and be able to look at the situations with an outsider's point of view. The researcher must be close to the informants, while being able to step out of the situation and interpret it externally (33).

I found the analysis phase challenging, especially to “listen to the text” and derive interpretations of the statements, and not always understand what was said verbatim. By emphasizing relevant data from the text, this also highlighted my preunderstanding (32). I tried to distinguish between true preunderstanding that creates understanding and false preunderstanding that creates misunderstandings (29). Another challenge for me was to detach myself from the structured Nvivo categories to be true to the flexibility and creativity that characterizes qualitative analyses. I find that the use of a computer software program, as Nvivo, primarily work as a tool for managing data, while I, as a researcher, had to do the conceptualizing, linking and understanding myself (25). According to Malterud (25), it is usually an advantage to do the analysis work in collaboration with one or more other researchers, to get a more nuanced image. So, to validate the findings, discussions with supervisors and fellow students contributed to new ways of thinking.

6. Conclusion

The work with this master thesis has been an educational process for me, and I am grateful for the opportunity to learn and get insight into the craft of qualitative research.

The study represents many important findings in relation to how one can combine health promotion for vulnerable youth, and at the same time health promotion for the community. This knowledge can hopefully be used by others who work in this field.

The aim of this study was to obtain increased knowledge and understanding of dropout girls' experience in their involvement in health promotion campaigns. Along the way, thanks to what the girls have shared with me, I have gained valuable insights into their experiences. By this I have also been able to highlight the work of HAMA.

One girl said in a focus group interview: *“Now I feel that I can reach somewhere”*. Looking back, this statement could summarize the girls' experience of going through an empowerment process – by being involved in CC Youth and the health promotion campaigns the girls now felt that they could reach somewhere.

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PART 2: Research article

School dropout girls and Health Promotion Campaigns in Tanzania; a qualitative study

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ABSTRACT

Introduction: The UN emphasises that health promotion, education and empowerment of women are all parts of the goals that will help ending poverty. In eastern rural Tanzania, girls who have dropped out of school take an active part in health promotion campaigns in schools and villages through the NGO Hatua na Maendeleo (HAMA).

Aim: The main aim of this study is to explore how dropout girls experience being part of health promotion campaigns. The focus is on the girls' empowerment, and, more specific, their strategies of coping, continued education, and the ability to support themselves and others in health-related issues.

Method: The design of the study is qualitative with a phenomenological-hermeneutic approach. Data were collected through two semi-structured focus group interviews with a total of nine girls, and five observations of campaigns the girls were involved in.

Results: Findings are related to the benefits that the girls had experienced, expressed in three main categories: The involvement in the campaigns has (a) *made me strong and confident*, (b) *made me become a role model* and (c) *helped me think that I can reach somewhere*.

Conclusion: The girls' experiences from their involvement in health promotion campaigns can be linked to the concept "Empowerment". The study highlights that the community, family and friends also gain from the girls' empowerment.

Keywords: health promotion, campaign, youth, dropout, empowerment, girls, Tanzania.

INTRODUCTION

This article describes a study conducted in 2017, focusing on dropout girls' experience of participation in health promotion campaigns in Tanzania. According to Tanzania Human Development Report 2014, both income/consumption and development indicators clearly show that levels of poverty are high (42). The UN's 2030 Agenda for Sustainable Development claims that poverty in all its forms and dimensions is the greatest global challenge (43). Further, the UN emphasises that health promotion, education and empowerment of women are all part of the goals that will help ending poverty (43).

Hatua na Maendeleo (HAMA), which means "Steps for Development", is a Tanzanian non-governmental organisation that collaborates with the local government to reach the UN sustainable goals in a rural district in Tanzania. HAMA runs, through a holistic approach, 11 programs supported by the mother-organisation Tanga International Competence Centre (TICC). The organization aims to improve conditions for the poorest of the poor (1).

One of HAMA's programs, CC Youth, has school dropouts as its target group. In Tanzania out of school youths constitute a severe problem. In 2014, 56% of children in secondary school (ages 14-19) were out of school (2). The youths are in the CC Youth program for approximately one year, and are further encouraged and helped to finish their education, or start a vocational training. Throughout this year they work with different issues and among other tasks, participate in health promotion campaigns, which is one of HAMA's other programs. These campaigns are held at local schools and villages, aiming to increase the community's health knowledge. The campaigns consist of dance, music, role-plays and quizzes, and are held at local schools and in villages.

The core of HAMAs efforts is based on a positive psychology thinking (Appreciate Inquiry) which focuses on developing people's strengths (44, 45). This method is also used with the school dropouts as they are encouraged to use their qualities and strengths in the campaigns. Furthermore, HAMA has this ethos: It is the person itself who has to take his or her own choices based on knowledge. By seeing a closer correspondence between their efforts and life outcome, HAMA claims that those involved will get empowered (1).

BACKGROUND

Empowerment is a widely used concept referring to managing challenges and overcoming a sense of powerlessness. It can be seen as both a process and a result, and has no unambiguous definition (6, 16). Summed up, empowerment is about giving people control and mastery over their lives (5). Rappaport (4), one of the first to describe this concept, considered it easier to define the concept's absence, in terms of powerlessness, helplessness, alienation and loss of control. He found it more difficult to define it positively since empowerment takes on different forms, in different context, and by those involved (4). Empowerment is usually understood as multidimensional, and a distinction is made between community, individual and organizational empowerment (8, 15). Individual empowerment, which is the main focus in this study, refers primarily to different person's ability to make decisions and have control, and relates to individual attributes such as general self-efficacy (16, 20).

Empowerment is one of the core principles of the World Health Organization's (WHO) approach to health promotion. Since WHO published the Alma Ata Declaration (46), empowerment has become central in the theory and practice of this (47). The Ottawa Charter (7) also acknowledges people as the main health resource, by stating that health promotion is the process of enabling people to improve their own health.

Several concept analyses on empowerment have been conducted, both generic and diagnosis-specific (11-15, 48). In this study the concept analysis conducted by Ellis-Stoll and Popkess-Vawter in 1998 (48) will be the main theoretical basis, as it was the first concept analysis on the process of empowerment within a health context. According to Walker and Avant (49), theory construction helps to distinguish concepts from one another. Through their concept analysis Ellis-Stoll and Popkess-Vawter (48) define empowerment as “*a participative process through a nurse-client dyad designed to assist in changing unhealthy behaviours*” (page 64). Research on empowerment and youth has earlier been conducted (18, 19, 21-23). However, research focusing on youth’s experience of participating in health promotion campaigns is scarce.

The level of gender equality and women’s empowerment have increased in recent decades (50). Nevertheless, it remains a persistent challenge for countries worldwide, and the lack of such equality is a major obstacle to sustainable development (50). In most sub-Saharan countries, Tanzania included, girls are less likely than boys to complete secondary school (2, 51). Based on these aspects, this study concentrates on the girls that are involved in the campaigns.

The main aim of this study is to explore how dropout girls experience being involved in health promotion campaigns. Furthermore, it wants to find out if and how the involvement has an impact on the girls’ coping strategies and their continued education. There is also a focus on how do the girls experience that their involvement influences their own health awareness, and their ability to support themselves and others in health related issues.

METHOD

Research design

The study was conducted using a qualitative design with a phenomenological-hermeneutic approach (26). This design was chosen because the study wanted to get an understanding of the girls' experiences in their everyday life as they see it.

Study context

The study was conducted in the dropout girls' everyday life, at the premises of TICC, and at schools and in villages in a rural district in Tanzania, where the campaigns were conducted.

Participants

Nine girls, divided into two groups consisting of five and four, were the participants in this study. To recruit the youth, purposive sample was used. Inclusion criteria were these: that the participants were school dropouts, that they were in the CC Youth program and that they had participated one or more times in health promotion campaigns.

Data collection

The data in this study consist of two focus group interviews and five individual observations of conducted campaigns. In addition, individual written answers in the aftermath of the focus group interviews were collected. The collection of data went on for approximately two weeks. With a phenomenological hermeneutic approach the researcher's perceptions about the study's topic should be transparent, and the researcher needs to have a reflective attitude and approach throughout the process (25). In this study the first author, who did the data collection, is a nurse who currently works as a teacher at a high school in Norway. She has lived in Tanzania as a child, so despite being Norwegian, the culture and language is familiar.

There was no prior knowledge of TICC or HAMA, and the work they do for the community, except for one earlier visit in March 2017.

A collaboration with the National Institute of Medical research in Tanzania (NIMR), was established prior to the data collection. Useful help to translate the consent form and interview guide was given by one of their professors. A retired Tanzanian Health worker at TICC/HAMA, translated from English to Kiswahili and vice versa in the focus group interviews. Thus the girls could talk in their native language. The same interpreter also helped during the observations.

Focus group interviews and written answers

Focus groups interviews with a semi-structured interview guide, were chosen. This was done because the research topic deals with common experiences, attitudes and views in a group of youth who all were involved in the same health promotion campaigns. Focus group interviews can contribute to associations and group dynamics that provide examples and stories helping to highlight the theme (25). The participants were used to interact with each other. Therefore, it was assumed that the participants might be more willing to discuss the topic together with peers than individually. In the aftermath of the focus groups the girls gave written answers to the same issues that had been discussed in the groups. This was done to ensure that they were given opportunity to add new information, that for some reason may not have been said in the interviews.

Observations

Observation as a method was chosen to show contrasts between the different data, shed light on the subject, and, as a whole, improve the understanding of the study's topic (31). The

researcher in this study took the role of “Observer as Participant”, accordingly Hammersley and Atkinson (31). Thus, the researcher’s position was known but there was little participation. Five observations of campaigns were conducted, three at schools and two in villages. Each observation had a duration of approximately two hours, but the total time, including driving to and from the different locations, was about four hours. Focus at the observations was on the overall atmosphere and setting, and, of course, the girls’ involvement and behaviour. This was observed both at the actual scene of the campaigns and during travel. Informal conversations when travelling were also a part of the data collection. Field notes, divided in “Activity” and “Reflections”, were written during the observations.

Data analysis

A qualitative content analysis was used, inspired by a phenomenological-hermeneutic approach. The experience of the informants was at the centre, and the researchers pre-understandings were included in the interpretation of the findings (26). All text material from the data collection were imported to the data organization program NVIVO 11 for further analysis (34, 35). In the analysis process an inductive approach was used, starting with meaning condensation, categorization, and thematization. The analysis and interpretation followed the principle of coherent interpretation, consisting of three contexts, as formulated by Kvale and Brinkmann (32). The first context, *self-understanding*, is the researchers’ interpretation of the interviewees’, the girls, statements about their experiences condensed in meaningful units. The second context of analysis, *critical common sense understanding*, involves a more critical interpretation within a broader thematic framework. Dissimilarities and inconsistencies in the interviewees’ views and experiences were uncovered and different subcategories were identified. The third context, *abstraction*, is a result of theorization on the

basis of the findings (32). In this study theory about the concept Empowerment provided new and broader insight.

Interpretation involved entering the hermeneutical circle through these three methodological steps, summarizing and generalizing descriptions and concepts to a main theme, reflecting the participants' most important experiences. Levels one and two are presented in the findings section, whereas level three is presented in the discussion.

Ethical considerations

The study was approved by National Institute of Medical Research in Tanzania (ref. no. 2586), Norwegian Social Science Data Services (ref. nr. 54748) and Faculty of Health and Sports Ethical Research Committee at the University of Agder (no ref. nr.).

Informed consent was obtained from all participants. Written and oral information about the study, and that the youths would get the same services from HAMA if they chose to participate or not (both in English and Kiswahili), were given in advance of the data collection.

FINDINGS

The sample

The sample in the focus group interviews consisted of nine girls aged 18-23 years. All of the girls had been at least one year in the CC Youth program and had experience from five or more campaigns (see Table 1). Two of the girls had been involved in campaigns longer than usual, due to the fact that they at the same time were employed at TICC.

Table 1 Demographic data of participants in the focus group interviews

<i>Participant nr</i>	<i>Age</i>	<i>How long in CC-youth program</i>	<i>How many campaigns conducted</i>
1	18	14 months	16
2	20	14 months	16
3	20	14 months	5
4	19	15 months	Many (doesn't remember the number)
5	22	4 years	Many (doesn't remember the number)
6	19	14 months	10
7	18	16 months	10
8	23	6 years	Many (doesn't remember the number)
9	18	15 months	10

Health promotion campaigns

The following field observation gives an impression of the context of the health promotion campaigns:

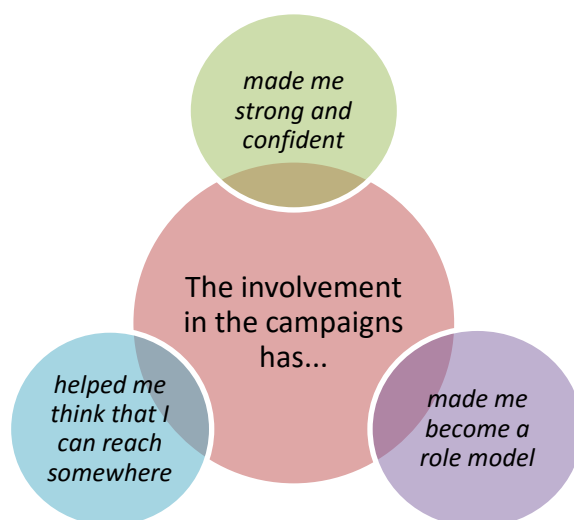
We are in a small village in the rural area of Tanga. It is afternoon and the heat from earlier in the day is less oppressive. The youths from HAMA set up big loudspeakers in the “square” of the village, and the sound of drums emerge. The loud music works announces that something is happening in the village. Little by little children, women and men are summoned. The women and children sit close together on mats that are placed in the shades of big eucalyptus-trees. Men gather together inside and in the opening of a nearby house. After a while, the youth from HAMA play a new song and they start dancing in a circle in front of the crowd. Initially the young boys dance, while the girls stand by the minibus and talk quietly. Eventually the girls join in, and also local women and children. Chickens run over the red soil, and the atmosphere is positive and expectant. The dancers smile and laugh while dust is kicked up in the air. After dancing for a while, the leader from HAMA talks to the crowd in a microphone. The crowd sit down and the leader gives information on this day's topic: “The importance of drinking water”. The crowd is attentive and clearly listening to what is said. After the information the youth act out three different plays that illustrates the to-days' topic. The girls, who initially seemed a little shy, now participate with great empathy

and humour. The women laugh loudly at the funny characters, while the men smile more quietly. After the plays the leader asks questions to check if the crowd has listened to, and learned from, the health information. Those who answer correctly get prizes, like water mugs and cups, to great enthusiasm and joy as the women cheers with a high-pitched “drrrrrrrrrrrrr”. Travelling back to the city it is late and getting dark. The girls are singing and talking in the minibus, the atmosphere is relaxed and joyful, and there is a sense of pride among the youth.

The dropout girls’ experiences

In the following, the girls' experiences participating in the campaigns are presented. The findings are related to benefits that the girls reported, and three main categories emerged: the involvement in the campaigns has (a) *made me strong and confident*, (b) *made me become a role model* and (c) *helped me think that I can reach somewhere* (see Figure 1).

Figure 1 The main categories from the data analysis



“Made me strong and confident”

The girls’ most prominent experience was increased confidence. Eight out of nine girls expressed this clearly. They highlighted a personal change while being involved in the campaigns. The biggest change was the transition from being shy to becoming confident:

I am one of those who has benefitted. Before, even at school, I was very shy. I couldn’t even stand in front of the other pupils to say anything. (...) Now I can stand in any community and talk about health (P3).

This change from shy to confident is also revealed through the girls’ experience of being able to talk in front of people. Many of the girls pointed out that this was not only happening in the campaigns, but also elsewhere in their daily life.

And if it is, for example, like a political position, I can stand up in front of people and fight for it (P2).

Furthermore, one of the girls described how she now had the ability to make decision because of her increased confidence (P5). Confidence also gave the girls a greater feeling of self-efficacy. The observations confirmed that the girls had an important role in the campaigns, which gave them a feeling of being important. They highlighted another feeling as well:

I’m proud because I have learned a lot through the campaigns and I have trained a lot of people... So now I’m proud of myself (P6).

All the girls reported that they had gained knowledge about different health topics from the

campaigns. The girls discussed what they had learned, and stressed the importance of drinking water, how to avoid getting Malaria, personal hygiene and protection against HIV/AIDS. This clearly showed that it was not only the audience of the campaigns who had increased their health knowledge, but the youth as well. The feeling of being proud was again prominent, and this was now connected to their new knowledge:

Yes, it has enhanced my awareness and expanded the understanding of knowing what is right and what is wrong (P1).

“Made me become a role model”

There was an emphasis on the process in which the youth themselves learned by teaching others. To learn from the campaigns and get health-related knowledge themselves is one thing. Another thing is to implement the new knowledge in their everyday life, and support themselves and others in health-related issues. Still, the girls had positive experiences concerning this. They had several examples of how they used their new knowledge, among these, personal hygiene, healthy eating and drinking plenty of water. The girls also expressed that they used this knowledge for others in their daily life.

I have gained knowledge from the campaign about drinking enough water. I didn't use to drink water, but after the campaign, I understood the benefits of this. Nowadays I drink enough water and I feel that my body is healthy (P4).

Two of the girls talked about being good examples when they educate others in health topics. (P3 and P5) In the girls' own view, they felt that this was vital, so the community really could understand the importance of what they were teaching them. Several of the other girls agreed,

and explained it as deceiving others if they were not good examples on health issues. They felt that the community could get inspired from them:

Because the campaigns start with you. What you learn from the campaign starts with you. So if I go to tell someone the importance of drinking enough water I have to be a mirror. You have to let them learn from you (P5).

Lastly, in this category, most of the girls expressed that they wanted to take with them what they had learned and use it for their children in the future.

I'll make sure that what I have learned from the campaigns, I'll practise. I'll use it for my child. For example, eating and washing at the right time, and using all other things that are needed for my baby (P9).

“Helped me think that I can reach somewhere”

Within this category, there were most references to being able to manage their own life and support their family. The dropout girls stated that they now could envision a future where they would be able to give something back to those around them. They clearly felt a responsibility for themselves, but also for family and friends:

After this I will start vocational training and I will manage to work and support myself and my family (P8).

In the focus group interviews the girls spoke of their future in a positive way. Several of the

girls clearly expressed that being in the CC Youth program, and being involved in the campaigns, had helped them gain a positive outlook related to continuing their education:

It has helped me to continue with my education because it has been a source of great encouragement to me (P4).

Some of the girls had a specific career planned, and motivation to go far:

After this [CC Youth] I will learn how to do business. And after training I'll run a business and I'll support myself and my family (P7).

For some of the girls their plans had changed after experiencing campaign work. Five of the girls were determined to work as Health workers or Health educators, or to do volunteer work related to health promotion also in the future. This indicates a positive association to health promotion work. While some had new careers planned, others had changed their plans having gained self-confidence and a renewed hope for the future:

Yes, I feel that I can do anything. I do believe in myself now (P4).

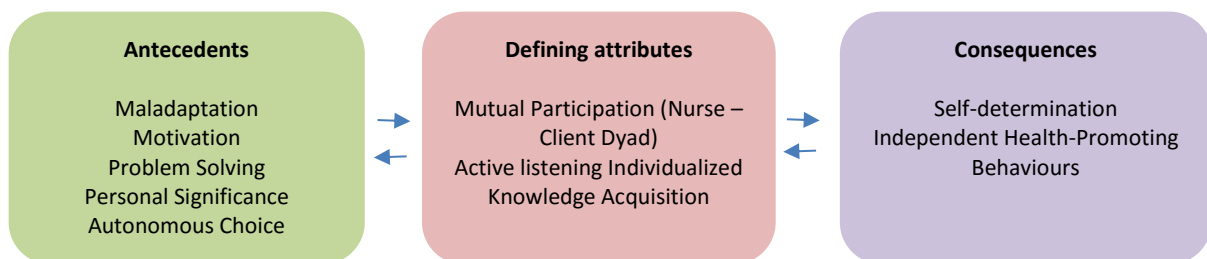
The campaigns are conducted both at daytime and in early evenings. When the youth are involved in the evenings they get a little allowance to compensate for their time. The girls reported that this had helped them financially and made them more economically independent. The girls reported positive outcomes for their future:

The income I earn can be saved and pay for my education (P1).

DISCUSSION

The purpose of this study was to gain insight into the experiences of dropout girls' involvement in health promotion campaigns. Overall, the findings show that the girls have positive experiences. This discussion addresses these experiences' connections to the concept of the empowerment process (see Figure 2) (48) and previous research related to the study's topic. Does the terrain fit the map in this matter?

Figure 2 Ellis-Stoll and Popkess-Vawter's (48) model of the empowerment process (page 64)



Antecedents of Empowerment

Antecedents are those events or incidents which must find place prior to the occurrence of a concept (49). One of the issues emphasized by the interviewed girls was the reason for joining CC Youth, and how their lives were before entering the program. Having dropped out of school is a situation that can give a feeling of loss of control and a feeling of *maladaptation* (48). This can be linked to Rapaport's (4) statement that loss of control and helplessness will occur in the absence of empowerment. This appears in addition to the fact that adolescence in itself is a crucial stage in life. Put together, being an out of school adolescent can be seen as a particularly vulnerable situation, as pointed out by Mohajer and Earnest in their study about youth empowerment for the most vulnerable (21). The girls' statements about now being able to reach somewhere, and having a hope for the future, indicate that this was not the case prior to the involvement in the campaigns.

Simply by starting in CC Youth the girls show that they have *motivation* to change their life situation. Several studies show that motivation is important, if behavioural change is desirable (52, 53). Further, the girls have *autonomously* made the decision to be in the CC Youth program, and thus the health promotion campaigns. By this they have chosen not to continue their maladaptive behaviour. The involvement in the campaigns is clearly of *personal significance* for the girls, and by participating in CC Youth and the health promotion campaigns they viewed their life situation as worth changing.

To achieve the goal of changing their situation, the girls need to possess the ability of *problem solving*, which is one of the antecedents of empowerment (48). Findings in this study related to the girls being able to change their own health habits show a high degree of problem solving. Also, by changing their future to include continuance of education or starting vocational training, they solve the problem of being school dropouts. If we see the findings from another perspective, HAMA contribute to solve a community problem concerning dropouts, and at the same time the low level of health knowledge in the community. This relates to theory that claims that empowerment of individuals also can have an impact on the community (6, 15, 16).

Defining attributes of Empowerment

The characteristics, so-called defining attributes, allow the best insight into a concept (49). An important finding in this study is that the girls experienced feeling strong and confident. According to the observations this might be due to the important role they had in the campaigns. There is clearly a high degree of *mutual participation* by the youth and the employees, and also by the youth themselves. According to Bostock et. al. (54) participatory approach is valuable for working with marginalised youth. Empowerment can be seen as a

transactional concept, which involves relationship with others, where resources are shared and collaboration encouraged (12). Collaboration, mutual participation and a sense of connecting is also seen as an important aspect in other studies concerning youth and empowerment (13, 18, 23, 55). Positive consequences of meshing youth development and community building as seen in the work of HAMA, is found in Nitzberg's study from 2005 (23).

By using Appreciating Inquiry (AI), HAMA focuses on the youth's strengths, successes, values, hopes, and dreams (1, 44). AI is an opportunity-centric rather than problem-centric methodology, used to look at change through an optimistic lens (45). This can be linked to empowerment as a developmental concept, where growth and potential are enhanced (12, 13). *Active listening*, which includes attending to what is said and checking for understanding, is used in the AI method (44). By using AI and active listening, empowering benefits can be seen (45). Data from the observations showed that the girls mastered the acting, singing and dancing in an outstanding way, and therefore affirmed HAMAs focus on the girls' strength and abilities.

Further, the findings clearly highlighted that all the girls had experienced increased health knowledge through their participation in the campaigns. In the group interviews, the girls gave many examples of what they had learned. Linked to concept analysis of empowerment, the girls reported *acquisition of individualized knowledge* (48). Empowerment here focuses on the ability to have control over what affects your health. Greater access to resources, such as knowledge, to gain critical awareness, is reported as a key-factor of empowerment (12, 15, 56).

Consequences of Empowerment

Along with antecedent conditions and defining attributes, consequences (or outcomes) of empowerment must be identified, so that the concept can be understood in its entirety (49). In this study, the three main categories from the girls' experiences, "made me strong and confident", "made me become a role model" and "helped me think that I can reach somewhere" can all be seen as positive consequences.

The girls reported that the health knowledge they had gained from the involvement in the campaigns, was used in their everyday life. They experienced *independent health-promoting behaviours*, referred to as one of the consequences of the empowerment process (48).

According to the girls, they also supported others, like family and friends, in health related issues. The outcomes that is reported in this study coincides with health promotion. WHO acknowledges people as the main health resource, by highlighting the process of enabling people to improve their own health (7, 46).

Consistent with earlier studies (18, 21, 57, 58), the participants clearly stated that by going through an empowerment process, they now had a feeling of self-efficacy and a hope for the future. A feeling of hope is stressed as one of the consequences of empowerment (11, 12, 14). Where some of the girls had specific education or work planned, the majority experienced that they now were able to manage their own life, linked to the feeling of increased confidence and being strong. Cargo et.al. (59) found that a sense of mastery and control can occur with those who have experienced empowerment. The girls' hope for the future can also be seen as a consequence of empowerment, since their *self-determination* had increased (48). They were now at a different place in life than what they would have without the involvement in the health promotion campaigns.

Though none of the girls mentioned the term “empowerment” in the interviews themselves, it is clear from the findings that they have experienced a positive change which can connect to the concept as described by Ellis-Stoll and Popkess-Vawter (48) and earlier research on the topic.

METHODOLOGICAL CONSIDERATIONS

Focus groups were chosen since the desire was to let the girls reflect together about their mutual experiences connected to being involved in health promotion campaigns. Still, individual interviews with the girls may have provided greater depths to the study’s focus points.

Use of interpreter in this study can be seen as a limitation. To compensate for possible limitations, the researcher created a relationship with the interpreter. A common agreement on the main focus in the group interviews was made in advance of the data collection. In addition, the audio-recording and transcribed text from the focus group interviews were validated by a Tanzanian professor at NIMR.

In this study the sample was small, but strategically selected. It is an advantage that all the girls involved in the campaigns at HAMA at the time of the data collection participated. Ideally, focus groups should not be too small to be able to facilitate a dynamic conversation between the group members (24). Four and five participants, as in this study, is slightly below the recommended number (24). Still, the study’s method triangulation can justify the somewhat small number of participants. In qualitative studies, the crucial aspect is that the participants have thorough experiences with the subject (32). Each participant had been

involved in multiple campaigns, and they were engaged in the subject and wanted to share their experiences.

The homogeneous positive feedback may be considered a possible weakness of the study. Still, it is natural that most of the experience is positive, due to the fact that the CC Youth intervention is basically beneficial. It would be interesting to see if a Tanzanian researcher would get more variation in the findings from focus group interviews, than what was obtained with a foreign researcher.

The participants' experiences cannot be generalized, however, a transparent study design may be transferable to other studies. The findings may provide valuable insight into factors of importance for empowering dropout girls. The quotes from the participants validate the findings.

The first authors positive perceptions of HAMA and their work might also have influenced the interviews, the analysis process and/or the findings. To compensate for this bias, there was a focus to maintain a reflective attitude throughout the research. In addition, all the steps of the research process have been thoroughly described, from data collection, to analysis, to presentation of findings. Also, to validate the findings, both the first author and the co-authors participated in the analysis process.

IMPLICATION FOR COMMUNITY DEVELOPMENT AND PRACTICE

This study tries to contribute with new understanding of dropout girls' experiences of being involved in health promotion campaigns in Tanzania. Their descriptions can be linked to the concept analysis of empowerment conducted by Ellis-Stoll and Popkess-Vawter (48).

Therefore, the conclusion of this study is that the girls experienced empowerment by being involved in the health promotion campaigns.

A proposal for further research is to do a follow up study, to measure the far reaching effects that the girls have had after the campaign involvement. It would also be interesting to investigate how school-children and inhabitants in the villages experience the health promotion campaigns.

A future in which adolescents are healthy, educated, protected and empowered is the promise and goal of the UN's 2030 Agenda for Sustainable Development (43, 60). In combining the two projects: health promotion campaigns and CC Youth, it seems that HAMA has made a win-win situation. Those who are empowered are the youth that participate in campaigns, and at the same time presumably those who receive the health information. If we look forward, the young girls' future children will also gain from their empowerment. As reported from the "Girls Count: A Global Investment & Action Agenda, 2009" (61): *«If you want to change the world, invest in an adolescent girl»*.

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INVITATION TO PARTICIPATE IN A RESEARCH PROJECT

SCHOOL DROPOUTS AND HEALTH PROMOTION CAMPAIGNS

You are invited to participate in a research project regarding school dropouts and health promotion campaigns. The main aim of the research project is to explore how you experience being a part of these campaigns. You have been selected for possible participation due to your involvement in the CC Youth program and Awareness campaign program at Hatua na Maendeleo (HAMA).

The University of Agder (UiA) is responsible for the research project, in collaboration with the National Institute for Medical Research, Tanzania (NIMR).

WHAT IS THE STUDY ABOUT?

The study will explore if and how the involvement in health promotion campaigns might have an impact on your strategies of coping, and the continuation of your education. There will also be a focus on if and how the involvement increases your own health-awareness, and thereby enable you to support yourselves and others in health-related issues.

The study will collect and record personal information through focus group interview with 12 girls participating in the youth-program and individual interviews with two informants who work with the programs at HAMA. Observations at different health promotion campaigns both at schools and in villages will also be conducted.

POSSIBLE BENEFITS AND EXPECTED DISADVANTAGES OF TAKING PART

There are no known risks for you in this research. Disadvantages can be the time it takes to participate in the interview, this will be approximately one hour. On the other hand, there are many benefits to be seen. Through awareness you will be able to expand the horizon on your involvement in the youth program and how the work with campaigns gains not only the community but also yourselves.

VOLUNTARY PARTICIPATION AND THE POSSIBILITY TO WITHDRAW CONSENT (OPT_OUT)

Participation in the study is voluntary. If you wish to take part, you will need to sign the declaration of consent on the last page. You can, at any given time before data analysing, and without reason withdraw your consent. If you decide to withdraw participation in the project, you can demand that your interview and collected data be deleted. If you at a later point, wish to withdraw consent or have questions regarding the project, you can contact Ruth Nesje at TICC (email: ruth.nesje@meetingpointtanga.net).

WHAT WILL HAPPEN TO YOUR INFORMATION?

The information that is recorded about you will only be used as described in the purpose of the study. You have the right to access which information is recorded about you and the right to stipulate that any error in the information that is recorded is corrected. All information will be processed and used without your name or personal identification number, or any other information that is directly identifiable to you. The Project Manager has the responsibility for the daily operations/running of the Research Project and that any information about you will be handled in a secure manner. Information about you will be anonymised or deleted a maximum of 5 years after the project has ended.

Appendix 1

FINANCE

Any travel expenses in conjunction with getting to the location where the interview will be conducted, will be refunded.

APPROVAL

The Project is approved by the National Institute for Medical Research, Tanzania (NIMR).

I AM WILLING TO PARTICIPATE IN THE RESEARCH PROJECT

.....
City/Town and date

.....
Participant's Signature

.....
Participant's Name (in BLOCK LETTERS)

I confirm that I have given information about the research project.

.....
Place and date

.....
Signature

.....
Role in the research project
.....

KARIBISHO WA KUSHIRIKI KWENYE UTAFITI

KAMPENI YA WASICHANA WALIOACHA SHULE NA USHIRIKI WAO KATIKA PROMOSHENI ZA AFYA

Unakaribishwa kushiriki kwenye utafiti unaohusu kampeni za wasichana walioacha shule na ushiriki wao katika promosheni za afya. Dhumuni la utafiti huu ni kutathimini jinsi wasichana walioacha shule wanavyojisikia kuwa sehemu ya kampeni za promosheni za afya. Umechaguliwa kushiriki kwa sababu wewe ni sehemu ya programu na kampeni ya vijana inayoendeshwa na Hatua na Maendeleo (HAMA).

Utafiti huu unaendeshwa na Chuo Kikuu cha Agder (UiA) kikishirikiana na Taasisi ya Taifa ya Utafiti wa Magonjwa ya Binaadamu (NIMR).

TAARIFA YA MRADI

Utafiti huu unaangalia ni kwa jinsi gani ushiriki katika kampeni za promosheni za afya unaweza ukawa na ushawishi kwa wasichana walioacha shule kuendelea kupata elimu. Pamoja na hayo, tutaangalia kama ushiriki wao utaongeza ufahamu wao katika mambo yahayohusiana na afya yao binafsi na jamii kwa ujumla.

Utafiti utakusanya taarifa binafsi na kuzirekodi kupitia mahojiano ya vikundi ambayo yatahusisha wasichana 12 wanaoshiriki katika program ya vijana na mahojiano ya kina na watu muhimu wawili ambao wanafanya kazi katika programu ya HAMA. Pia kutakuwa na uchunguzi wa washiriki katika kampeni mbali za promosheni za afya mashuleni na vijijini.

FAIDA NA HASARA ZA USHIRIKI

Ushiriki wako katika utafiti huu hautakuwa na madhara zaidi ya muda utakaotumika kwa mahojiano ambao unakadiriwa kuwa ni saa moja. Kwa upande mwingine, kuna faida ambazo mshiriki atazipata. Ushiriki wako utaongeza ufahamu na ushiriki katika programu za vijana na jinsi zinavyofanya kazi kwa jamii na kwako binafsi.

UHIARI WA KUSHIRIKI NA KUJITOA

Ushiriki wako katika utafiti huu ni wa hiari. Endapo utapenda kushiriki utatakiwa kutia saini mwishoni mwa fomu hii kuonyesha ridhaa yako. Unaweza kujitoa wakati wowote bila kutoa sababu yoyote. Na kama utaamua kujitoa unaweza kuomba mahojiano yako yafutwe na yasitumike kwenye matokeo ya utafiti huu. Endapo hapo baadaye utataka kujitoa au kama utakuwa na swali lolote unaweza wasiliana na Ruth Nesje wa TICC kwa namba +255784816132 au (email: ruth.nesje@meetingpointtanga.net).

MATUMIZI YA TAARIFA ZAKO

Taarifa zako zitarekodiwa na zitatumika kuelezea madhumuni ya utafiti huu pekee. Unayo haki ya kuangalia taarifa zako zilizorekodiwa na kuomba kurekebisha kama kuna makosa yametokea. Taarifa zote zitatumika na zitafanyiwa kazi bila kuwa na jina au namba ya ushiriki ambayo inaweza kukutambulisha. Mkuu wa utafiti ndio atakuwa msimamzi wa shughuli za kila siku na kwamba taarifa zako zitahifadhiwa kwa usiri mkubwa na usalama. Taarifa zako zitakazokusanywa zitafutwa miaka 5 baada ya utafiti kuisha.

FIDIA

Gharama zozote zitakazohusiana na kufika kwako kwenye mahojiano zitarejeshwa.

Appendix 2

KIBALI

Utafiti huu umepata kibali toka Taasisi ya Taifa ya Magonjwa ya Binaadamu ya Tanzania (NIMR).

NAKUBALIKUSHIRIKI KATIKA UTAFITI

Mji na Tarehe

Saini ya Mshiriki

Jina la Mshiriki (Kwa herufi kubwa)

Nathibitisha kuwa nimetoa taarifa kuhusu utafiti huu.

Mahali na Tarehe

Saini

Nafasi yako kwenye utafiti

INVITATION TO PARTICIPATE IN A RESEARCH PROJECT

SCHOOL DROPOUTS AND HEALTH PROMOTION CAMPAIGNS

You are invited to participate in a research project regarding school dropouts and health promotion campaigns. The main aim of the study is to explore how the girls involved experience being a part of these campaigns. You have been selected for possible participation due to your involvement in the CC youth program and Awareness campaign program at Hatua na Maendeleo (HAMA). By participating and sharing your experience, you can give a greater understanding on if and how the girls involved develop through participating in these programs.

The University of Agder (UiA) is responsible for the research project, in collaboration with the National Institute for Medical Research, Tanzania (NIMR).

WHAT IS THE STUDY ABOUT?

The main aim of this master thesis is to explore how dropout girls involved in HAMAs CC Youth project experience being a part of the health promotion campaigns. The intended value is to get new and increased knowledge both to evaluate and to highlight the work of HAMA. The study will explore if and how the involvement in health promotion campaigns might have an impact on the dropout girls' strategies of coping, and the continuation of their education. There will also be a focus on if and how the involvement increases their own health-awareness, and thereby enable them to support themselves and others in health-related issues.

To get information about this the study the researchers will collect and record personal information through focus group interview with 12 girls participating in the CC Youth program. In addition, in individual interviews with two informants who work with the programs at HAMA will be conducted. As an informant you can contribute with valuable information about the topic, because you have knowledge and experience about the processes that these girls go through while being involved in HAMAs programs. Observations at different health promotion campaigns both at schools and in villages will also be conducted.

POSSIBLE BENEFITS AND EXPECTED DISADVANTAGES OF TAKING PART

There are no known risks for you in this research. Disadvantages can be the time it takes to participate in the interview, this will be approximately one hour. On the other hand, there are many benefits to be seen. Through awareness you will be able to expand the horizon on your involvement in the youth program and how the work with campaigns gains not only the community but also the girls involved.

VOLUNTARY PARTICIPATION AND THE POSSIBILITY TO WITHDRAW CONSENT (OPT-OUT)

Participation in the study is voluntary. If you wish to take part, you will need to sign the declaration of consent on the last page. You can, at any given time before data analysing, and without reason withdraw your consent. If you decide to withdraw participation in the project, you can demand that your interview and collected data

Appendix 3

be deleted. If you at a later point, wish to withdraw consent or have questions regarding the project, you can contact Ruth Nesje at TICC (email: ruth.nesje@meetingpointtanga.net).

WHAT WILL HAPPEN TO YOUR INFORMATION?

The information that is recorded about you will only be used as described in the purpose of the study. You have the right to access which information is recorded about you and the right to stipulate that any error in the information that is recorded is corrected. All information will be processed and used without your name or personal identification number, or any other information that is directly identifiable to you. The Project Manager has the responsibility for the daily operations/running of the Research Project and that any information about you will be handled in a secure manner. Information about you will be anonymised or deleted a maximum of 5 years after the project has ended.

FINANCE

Any travel expenses in conjunction with getting to the location where the interview will be conducted, will be refunded.

APPROVAL

The Project is approved by the National Institute for Medical Research, Tanzania (NIMR).

I AM WILLING TO PARTICIPATE IN THE RESEARCH PROJECT

City/Town and date

Participant's Signature

Participant's Name (in BLOCK LETTERS)

I confirm that I have given information about the research project.

Place and date

Signature

Role in the research project

Topic guide for the focus group interview – dropout girls involved in health promotion campaigns

(Information first).

Opening question:

As you know, you are going to be sharing your experience on your involvement in campaigns today. When I say «campaign» - what is the first thing that comes into your mind?

Topics with broad questions:

Tell me, has your involvement in the campaigns increased your knowledge about health-related issues?

- *Do you feel that your knowledge regarding health-related issues had changes since participating in the campaigns?*
- *Have your own health-awareness increased?*
- *The choices you make regarding health in your daily life, are they affected by the topics of the campaigns you have been involved in?*
- *Regarding health issues, has there been changes in your own life? Or in the lives of others in your social network?*
- *How is your experience with supporting your family and/or friends in health-related issues?*

Will you tell me about your experiences of being involved in the campaigns?

- *Has the involvement in campaigns changed you as a person in any way? If yes, can you describe how or give an example?*
- *Has your ability to cope changed in any way?*
- *If yes, do you have an example that demonstrate this change?*
- *Do you feel that it easier to make decisions in your life after the involvement in the campaigns?*

Will you tell me about if being involved has helped you to continue your education?

- *What are your plans for the future regarding education and/or work?*
- *Do you feel that these plans are possible to achieve?*
- *Have these plans been the same since you first dropped out of school, or have they changed while being in the CC youth program?*
- *Do you feel that the involvement in the campaigns has had an impact on this in any way?*

Muongozo wa mahojiano ya vikundi – wasichana walioacha shule na wanashiriki kwenye kampeni za promosheni ya afya

(Taarifa).

Swali la ufunguzi:

Kama mnavyojua, leo mtatushirikisha uzoefu wenu katika kushiriki kwenye kampeni ya kazi. Ninaposema 'Kampeni', kitu gani kinakuja cha kwanza akilini kwako?

Mada pana- Maswali:

Je ushiriki wako katika 'kampeni' imeongeza ufahamu wako kuhusu afya na mambo yanayohusiana nayo?

- *Unafikiri ufahamu wako kuhusu afya na mambo yanayohusiana nayo yamebadilika baada ya kushiriki katika kampeni?*
- *Je ufahamu wako kuhusu afya umeongezeka?*
- *Maamuzi yako kuhusu afya katika maisha ya kila siku, je yana husiana na mada za kampeni ulizojihusisha?*
- *Je kuna mabadiliko yoyote katika maisha yako upande wa mambo ya afya? Au katika maisha ya jamii inayokuzunguuka?*
- *Unaweza kutushirikisha uzoefu wako katika kuisaidia familia yako au/na marafiki katika afya na mambo yanayohusiana nayo?*

Unaweza sema nini kuhusu uzoefu wako katika kushiriki 'kampeni'?

- *Je kampeni imekubadilisha katika hali yoyote? Kama ndio, eleza au toa mifano.*
- *Je uwezo wako baada ya kushiriki katika kampeni umebadilika kwa njia yoyote?*
- *Kama ndio, una mfano wowote uona onyesha mabadiliko?*
- *Unafikiri ni rahisi kufanya maamuzi katika maisha baada ya kushiriki katika kampeni?*

Unaweza kunieleza kushiriki kwako kwenye kampeni kumesaidia vipi kuendelea na elimu yako?

- *Je mipango yako ya baadaye ya kielimu na/au kikazi ni ipi?*
- *Unafikiri hiyo mipango inaweza kutimia?*
- *Je mipango uliyonayo sasa ndio uliyokuwanayo hapo awali ulipoacha shule au imebadilika baada ya kushiriki kwenye kampeni ya vijana?*
- *Unafikiri ushiriki wako katika kampeni kunachangia kwa njia yoyote?*

Topic guide for individual interview – dropout girls involved in health promotion campaigns

(Information first).

1. Tell me about your work at HAMA
 - a. What is your profession?
 - b. How long have you been working at HAMA?
 - c. What does your work consist of – what are your responsibilities?
How are you involved in the HAMA program areas CC Youth and Awareness Campaigns?
2. Tell me about your experience so far with these two program areas.
 - a. What is your relation to the school dropouts engaged in the CC Youth program?
How often do you meet these girls?
 - b. Have you experienced any changes with the girls involved in the campaigns? If yes, can you describe how or give an example?
3. Do you see any changes in the girls' own knowledge about health-related issues after being involved in the campaigns? Please describe.
4. Do you see any change in the girls' plans for the future regarding education and/or work before and after involvement in the CC Youth program and health promotion campaigns?
 - a. Do you see any change in how girls feel about achieving their plans?
 - b. The girls' continuing of education, what is your experience in this matter?
5. Do you get any feedback from the girls' parents and/or caregivers related to what we are talking about today? (Changes from being in the CC Youth program and involved in campaigns)
6. How will you describe your overall impression of the programs/intervention?
7. Do you have anything to add? Is there anything that we haven't talked about yet that you feel is relevant to this interviews topics?



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NIMR/HQ/R.8a/Vol. IX/2586

27th September 2017

Ingrid Espegren Dalsmo
University of Agder- Norway
C/o Dr. Mercy Grace Chiduo
NIMR-Tanga
P. O. Box 5004
Tanga

CLEARANCE CERTIFICATE FOR CONDUCTING
MEDICAL RESEARCH IN TANZANIA

This is to certify that the research entitled: An exploration of the school drop-outs in health involvement campaign and the impact of coping strategies as empowerment and continuation of education -a qualitative study (Dalsmo I. E. *et al*) whose local investigator is Dr. Mercy Chiduo of NIMR-Tanga has been granted ethical clearance to be conducted in Tanzania.

The Principal Investigator of the study must ensure that the following conditions are fulfilled:

1. Progress report is submitted to the Ministry of Health, Community Development, Gender, Elderly & Children and the National Institute for Medical Research, Regional and District Medical Officers after every six months.
2. Permission to publish the results is obtained from National Institute for Medical Research.
3. Copies of final publications are made available to the Ministry of Health, Community Development, Gender, Elderly & Children and the National Institute for Medical Research.
4. Any researcher, who contravenes or fails to comply with these conditions, shall be guilty of an offence and shall be liable on conviction to a fine as per NIMR Act No. 23 of 1979, PART III Section 10(2).
5. Site: Tanga

Approval is valid for one year: 27th September 2017 to 26th September 2018.

Name: Prof. Yunus Daud Mgaya

Name: Prof. Muhammad Bakari Kambi

Signature
CHAIRPERSON
MEDICAL RESEARCH
COORDINATING COMMITTEE

Signature
CHIEF MEDICAL OFFICER
MINISTRY OF HEALTH, COMMUNITY
DEVELOPMENT, GENDER, ELDERLY
&CHILDREN

CC: RMO of Tanga
DMO/ DED of selected districts



Liv Fegran
Institutt for helse- og sykepleievitenskap
Universitetet i Agder
Postboks 422
4604 KRISTIANSAND S

Our date: 17.08.2017

Our ref: 54748/A/HIT/LR

Your date:

Your ref:

AFFIRMATION

54748

School drop-outs and health-promotion campaigns in Tanga-region, Tanzania

The Data Protection Official for Research at the Norwegian centre for research data (NSD) finds that the processing of personal data in relation to the project *School drop-outs and health-promotion campaigns in Tanga-region, Tanzania* is in accordance with the Norwegian Personal Data Act, ref. our letter to Ingrid Espegren Dalsmo and Liv Fegran on August 5th 2017.

Please contact us if you have any questions.

Sincerely,


Marianne Høgetveit Myhren


Mildur Thorarensen

Kopi:
Ingrid Espegren Dalsmo, ingridedalsmo@gmail.com



National Ethics Review Committee
National Institute for Medical Research
Dar es Salaam
Tanzania

Date: 21st of August 2017
Your ref.:
Our ref.:

Case Officer: Eli Andås
eli.andas@uia.no

Visiting Address: Gimlemoen 25A, Kristiansand
Phone: +47 38 14 18 66

Confirmation

We confirm that Ingrid Espegren Dalsmo is student at Master's Programme in Clinical Health Science, University of Agder, Norway.

Her masterproject "School drop-outs and health-promotion campaigns in Tanga Region, Tanzania", has been approved by the Faculty of Health and Sport Sciences's Research Ethics Committee, University of Agder, providing that the project is approved by National Institute of Medical Research in Tanzania (NIMR) and the Data Inspectorate of Norway.

Supervisors: Professor Liv Fegran and Associate Professor Kristin Haraldstad, University of Agder.

Yours sincerely,



Eli Andås
Senioradviser



Tonje Holte Stea
Associate Professor
Chair of the Faculty of Health and Sport
Sciences's Research Ethics Committee

Faculty of Health and Sport Sciences



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Region: REK sør-øst	Saksbehandler: Hege Cathrine Finholt	Telefon: 22857547	Vår dato: 05.10.2017	Vår referanse: 2017/1564 REK sør-øst D
			Deres dato: 08.08.2017	Deres referanse:

Vår referanse må oppgis ved alle henvendelser

Ingrid Espegren Dalsmo
Universitetet i Agder

2017/1564 Drop-out elever og helseopplysningskampanjer i Tanga, Tanzania

Vi viser til søknad om forhåndsgodkjenning av ovennevnte forskningsprosjekt. Søknaden ble behandlet av Regional komité for medisinsk og helsefaglig forskningsetikk (REK sør-øst D) i møtet 13.09.2017. Vurderingen er gjort med hjemmel i helseforskningsloven § 10.

Forskningsansvarlig: Universitetet i Agder
Prosjektleder: Ingrid Espegren Dalsmo

Prosjektleders prosjektbeskrivelse

Dette prosjektet skal se på drop out jenters opplevelse av å være en del av arbeidet med helseopplysnings-kampanjer i Tanga, Tanzania. Både prosjektet med drop-out ungdom og helseopplysnings-kampanjene drives av organisasjonen Hatua na Maendeleo (HAMA) og Tanga International Competence Centre (TICC). Det vil bli utført observasjoner av kampanje-arbeidet både på skoler og landsbyer. I observasjons-situasjonene vil det være de deltakende jentene i kampanjene som er de primære observasjonsobjektene. Jeg vil samtidig observere stemningen generelt og hvordan tilhøerne responderer på den informasjonen de motta. To nøkkelinformanter fra HAMA skal dybdeintervjues for å få bedre kjennskap til prosjektene. Videre skal to semistrukturerte fokusgruppeintervju med seks jenter i hver gruppe (totalt 12 jenter) gjennomføres. Dette studiet ønsker å gi ny kunnskap om jentenes opplevelser av å bidra i disse kampanjene, og om denne involveringen øker deres grad av empowerment og egen helsekunnskap.

Vurdering

Formålet med prosjektet er å få kunnskap om drop-out jenter i Tanga sin opplevelse av å bidra i helseopplysningskampanjer organisert av Hatua na Maendeleo og Tanga International Competence Center. Komiteen vurderer at prosjektet, slik det er presentert i søknad og protokoll, ikke vil gi ny kunnskap om helse og sykdom. Prosjektet faller derfor utenfor REKs mandat etter helseforskningsloven, som forutsetter at formålet med prosjektet er å skaffe til veie "ny kunnskap om helse og sykdom", se lovens § 2 og § 4 bokstav a).

Det kreves ikke godkjenning fra REK for å gjennomføre prosjektet. Det er institusjonens ansvar å sørge for at prosjektet gjennomføres på en forsvarlig måte med hensyn til for eksempel regler for taushetsplikt og personvern samt innhenting av stedlige godkjenninger.

Vedtak

Prosjektet faller utenfor helseforskningslovens virkeområde, jf. § 2 og § 4 bokstav a). Det kreves ikke godkjenning fra REK for å gjennomføre prosjektet.

Komiteens avgjørelse var enstemmig.

Klageadgang

REKs vedtak kan påklages, jf. forvaltningslovens § 28 flg. Klagen sendes til REK sør-øst D. Klagefristen er tre uker fra du mottar dette brevet. Dersom vedtaket opprettholdes av REK sør-øst D, sendes klagen videre til Den nasjonale forskningsetiske komité for medisin og helsefag for endelig vurdering.

Vi ber om at alle henvendelser sendes inn med korrekt skjema via vår saksportal: <http://helseforskning.etikkom.no>. Dersom det ikke finnes passende skjema kan henvendelsen rettes på e-post til: post@helseforskning.etikkom.no.

Vennligst oppgi vårt referansenummer i korrespondansen.

Med vennlig hilsen

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