

# **Adolescents as Deliberative Citizens: Building Health Competence in Local Communities**

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## **Abstract**

Given the host of tragic events that children experience, it is often compelling for well-intended adults to respond in a protective and charitable fashion. The child rights approach asks for more. Building on our collective experiences in the developmental and social sciences, we present in roughly chronological fashion a synopsis of the theoretical explorations and scientific evaluation that completes a framework to advance the status of children as citizens. Fundamental to this project is the recognition of the agency and capability of the child and the dynamic and enduring source of socialization from and social integration within the community. The participatory rights enshrined in the Convention on the Rights of the Child serve as an impetus and inspiration to this project, the Young Citizens Program. What began with small-scale deliberative groups in Chicago matured into a cluster randomized controlled trial in northern Tanzania.

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While the condition of children in Africa is rife with examples of widespread tragedy, there are many reasons for optimism. The present HIV/AIDS epidemic, disproportionately affecting sub-Saharan Africa, has led to the popular characterization of children in this region as “orphans and vulnerable”. The labeling of children by their circumstances rather than their capacities is unfortunate and stigmatizing (Earls, Raviola and Carlson, 2008). It is an orientation that invites charity rather than respect. Every energetic, knowledgeable and joyful child represents the hope of a more positive future -- an Africa that is socially and politically vibrant, economically developed, and equitable. Children cannot thrive if their communities are not capable of providing consistent, responsive and competent care, along with good governance and human services. Nor can communities prosper if the youngest members are not recognized as respected and active participants. Such a hopeful attitude for Africa and her children applies to all children and settings, as envisioned by the United Nations (UN) Convention on the Rights of the Child (CRC). This remarkable document inspires our view that children be recognized as "young citizens".

The first half of the paper characterizes the theoretical formulation and research that establishes our perspective on children as citizens. From a theoretical foundation informed by Amartya Sen and Jürgen Habermas among others, we developed the Young Citizens Program (YC Program). The second half presents the evolution of the Program from a small scale series of deliberative groups in Chicago and Cambridge to its rigorous evaluation in a community-based randomized control trial in Tanzania. The objectives of the Tanzanian study are to measure the consequences of children's participation in actions to promote community competence. The adequacy of our evolving theory is judged by how well it addresses children of different ages and across a range of advantaged to disadvantaged environments. The legitimacy of this approach requires the perspectives of children themselves and must be judged by the ethical and practical implications such formulations have for children's current well being and extended life course.

### **Children and Deliberative Citizenship: A Theoretical and Pragmatic Framework**

The status of children as citizens to genuinely participate in the community requires the recognition and guidance of adult citizens. In a thought-provoking essay, *Children: Noble Causes or Worthy Citizens*, Swedish social scientist Karl-Eric Knutsson argues that we must move beyond the charitable approaches of "Noble Causes" to the post-CRC vision of "Worthy Citizens". In his concluding chapter, "Recognizing the child citizen" he states " *In order to lay a basis for finally recognizing the child as citizen we must consider the larger contexts of globalization and intergenerational perspectives as well as more immediate political environments on the national and local levels. We must also consider the need for new partnerships for children and with children based on the conviction that the best interest of the child is in most cases also the best interest of the larger society* (Knutsson, 1997, p.123). His reflective and critical thesis builds on a practical understanding gained

through several significant positions held with UNICEF. His experiences provide the ideal blending of scholarship and practice and a source of confirmation that academics can contribute to the behavioral and social foundations necessary to give direction and validity to the many CRC articles. He brings the clarity, skepticism and depth of a veteran social scientist to this controversial and demanding tension between the participation and protection rights.

To take into consideration the multiple contexts that frame both the protection and participation domains requires looking beyond conventional medical, public health and neurobehavioral disciplines for new theoretical constructs to guide measurement and analysis. The synthesis, application and evaluation required of biological, behavioral, and social factors and their interactions with political and material resources for children at different ages across their life courses is daunting. Our project to determine the interests and competencies of children, along with the required support and guidance of adults, is framed in a public health schema. The intent is to evaluate this program with a rigorous experimental design. The revolutionary new status of children as “rights holders” endows them with respect, equality, legal guarantees of protection by state and non-state actors, as well as their recognition as social agents. The bold and expansive CRC document transforms the basis of policy analysis and formulation from simply the "developmental sciences" to include political philosophy and social science to address issues such as identity/membership, equity, authority, legitimacy, obligations and social justice.

In the search for social theories that bolster the conceptual framework for our project, five major features are required to meet the high standards of the CRC. Firstly, the presumption of *universality* is a distinguishing feature of the CRC. Secondly, the theory must incorporate *agency* as a fundamental

characteristic of the child as a rights holder. Thirdly, the theory must be *equity* sensitive to compare individuals and groups with regard to resources and opportunity disparities. As a fourth element it is important to address *governance* as an integral aspect of its scope since it is governments that ratify the CRC, enact legislation, and enforce the rule of law. Finally, it must be emphasized that the CRC is concerned with adverse issues such as abuse, exploitation, deprivation and conflict yet routinely addresses children in a positive *framework* of rights promotion, disease prevention, conflict resolution and social progress.

Public and social choice theories have a long political history through the analysis of voting and other forms of social preference. Kenneth Arrow's penetrating analysis of the "impossibility of rationally deriving social choice from individual preferences" has led to major rethinking of social preferences in the political realm (Sen, 1999). Amartya Sen, an economist and social philosopher, responds to the challenges posed by the Impossibility Theorem by exploring new informational spaces where coherent interpersonal assessment of valued outcomes is possible. Sen's pioneering work on the Capability Approach provides an alternative model for situating social agents and evaluating distributional properties of their well-being. Rather than a model in which well-being equity is based on mental states (such as preferences or utilities) or as resources (such as commodities or primary goods), he proposes that one measures human "functionings"-- defined as the various things a person may value doing or being (Sen 1985, 1993). A second parameter is "capability sets", defined as a space in which a person is free to choose among alternative bundles of functionings. In more common parlance, sets are valued lifestyles from which a person can choose, based on their personal characteristics and the availability of opportunities and resources (Sen, 1992). A third important distinction is between functionings (valued by a person) and capability sets (bundles of available alternative functionings), and "achieved functionings" -- characterized by what a person actually

chooses, does or becomes. Achieved functionings can be observed, measured and assessed as constituent features of a person. Lastly, “capability” can be understood as a substantive freedom to achieve alternative sets of functionings and does not require that a choice is actually exercised (Sen, 1992, 1993). Capability and its components operate in a distinct, multidimensional informational space, less restricted than the social choice/voting space addressed by Arrow’s theorem. Capability, as freedom, is seen as having both an intrinsic as well as instrumental value (1992, 1999).

This remarkable theory with its origins in welfare economics and social philosophy meets all the criteria by which we frame our research on child citizenship. Sen aims for capability theory to have universal application, as he intentionally under-specifies functionings except to say they range from simple to complex and vital to trivial. Human agency is foundational to capability and equity issues are crucial to interpersonal comparisons. Capabilities are envisioned as positive and optimistic states of being without ignoring the causes and consequences of capability deprivations. In discussing possible functionings Sen often refers to the political freedom to participate in public life. The applications of Sen’s theories to children are summarized in his *Development as Freedom* volume (1999). In his most recent and ambitious work, *The Idea of Justice*, he begins with a quote from Dickens’ *Great Expectations*, “*In the little world in which children have their existence, there is nothing so finely perceived and finely felt, as injustice*”. Through this quote Sen acknowledges that capability and well-being begin in childhood and that justice is a remedial concept (Sen, 2009).

Our first application of the capability theory was proposed as an alternative approach to inform programs on early crime prevention (Earls and Carlson, 1995) . Building on our research on early brain and behavioral development, we proposed that capability added an important new perspective of

children as agents. It allowed one to measure their socioeconomic contexts as either constraining or expanding their capability sets at different ages. “Choice” is not a sufficient parameter by which to measure a child’s engagement with their available capability sets, because many of children’s key functionings are social, such as intimacy, language, and play. A parameter that captures the shared exchange between a child and caregiver is needed to explain the reciprocal interaction necessary to achieve functionings, and is critical in early development.

Our growing interest in deliberative democracy as a context for children's competencies as citizens led us to look for complementary models that could adequately incorporate reciprocity. Unlike electoral citizenship, deliberative citizens can be recognized at any age they are ready to engage in rational discourse. Whereas electoral citizenship simply aggregates preferences, deliberative democracy provides for a public exchange of information, perspectives and reasons. It is a process designed to achieve consensus among all individuals affected by an explicit publicly-generated decision. In exploring the types of functionings required for children’s participation in deliberative activities, we are influenced by the extensive writings of Jürgen Habermas.

Habermas’s *The Structural Transformation of the Public Sphere* presents a two-level concept of society (1991, published in German in 1962). The public sphere is where people assemble and are free to engage in discourse about common societal problems. Along with the private sphere, it represents networks of communication and sources of socialization and social integration and together is what he refers to as “lifeworld”. He distinguishes the lifeworld from the media-steered system composed of the corporate/economic and state/administrative subsystems that operate through purposive-rational action in pursuit of money and power. His view that citizens have been transformed to spectators by the media rather than actively engaged in public discourse is a major concern. He concludes this

treatise by suggesting that one study the extent and manner by which the public sphere can be rehabilitated.

In his subsequent two-volume major work, *The Theory of Communicative Action* (1984, 1987, published in German in 1981), he fully develops his optimistic claim that this function can be restored and posits language (defined as speech acts) as “a medium for reaching understanding and language as a medium for coordinating action and socializing individuals” (1987, p.23). His scholarship expands notions of citizenship by placing emphasis on democratic procedures that value reason and an open exchange of ideas as a basis of legitimate governance. He asserts that consensus achieved in the lifeworld through communicative practices must be based on reasons and intersubjective recognition of validity claims. In taking a discursive and rational approach to justification, he distinguishes three dimensions of validity claims and associated modes of communication: 1) Truth, as the objective world of existing affairs; 2) Rightness, as the normative context that provides legitimacy; and 3) Truthfulness, as subjective intent of expression and privileged access to lived experience. Yet, he cautions that “*Communicative action relies on the cooperative process of interpretation in which participants relate simultaneously to something in the objective, the social, and the subjective worlds, even when they thematically stress only one of the three components in their utterances.*” (Habermas, 1987, p.120). He distinguishes between the social and objective domains of the external world and describes how individuals use language to share experiences of the their subjective lifeworlds, in the process of seeking mutual understanding in pursuit of action goals in the external world. In his critique of modernization he cautions that the “*progressively rationalized lifeworld*” becomes “*both uncoupled from and made dependent upon increasingly complex, organized domains of action*” (Habermas, 1987, p. 305).



Following on these same themes in *Moral Consciousness and Communicative Action* (Habermas, 1990, published in German in 1983), he proposes “discourse ethics” as a further elaboration to establish the normative validity of rational argumentation as a basis for moral insights. In doing so, he posits that equal attention and weight should be given to the individual and the community. He states: *“They must emphasize the inviolability of the individual by postulating equal respect for the dignity of each individual. But they must also protect the web of the intersubjective relations of mutual recognition by which these individuals survive as members of the community. To these two complementary aspects correspond the principles of justice and solidarity, respectively. The first postulates equal respect and equal rights for the individual, whereas the second postulates empathy and concern for the well being of one’s neighbors.”* (Habermas, 1990, p. 200).

Discourse ethics, as an elaboration on the earlier deliberative procedures of communicative action was especially interesting to us as a method to engage families and communities around the perspectives of researchers and participants in our on-going research with children. For several years, starting in 1996, we employed discourse ethics to engage families, community social service agencies and adolescents in extended deliberations on our social and biological research with infants, young children, and adolescents. This work was made possible with initial support from the National Science Foundation<sup>1</sup> (Carlson and Earls, 1997; Earls and Carlson, 2002). Beginning with the practical translation and application of communicative action and discourse ethics, we combined capability model with communicative competencies in a diagram of the developmental components of deliberative capabilities (Earls and Carlson, 2002). In a later section we present a revised version of that earlier diagram illustrating the measures of the components of achieved deliberative functionings.

Habermas' scholarship is in keeping with our criteria for selecting theoretical models as he strives for principles of universality and equity in public discourse. In spite of his penetrating critical appraisal of past and current social theory, he appears unwavering in his optimistic view of what is possible. His work is a statement of hope about better governance. We have labored to extract what would appear to be basic elements of communicative competency that we could target in children and adolescents to support and enhance their potential for communicative action. Four practical components that are operationalized from this work are: 1) Mutual trust as normative accord, sincerity. 2) Perspective-taking as the ability to take the attitude of the other in practical discourse; 3) Mutual understanding as achieved through symmetrical communication; and 4) Shared social action through which a situation and a theme is identified and consensual understanding and action plans are realized. These components are discussed below in the description of the modules used in the Young Citizens Program in Tanzania along with the measures of individual elements of deliberative capability.

In addition to the foundational theories of Sen and Habermas, we have drawn on the work of three other scholars to complete our theoretical formulation for child citizenship. Bandura's work (1986) on social cognition is concerned with personal judgments of how well one can execute courses of action required to deal with intended outcomes. His close attention to measuring self-efficacy constructs in specific situations and with specific functions in mind is a tremendous advantage to our empirical orientation. It helps to link notions capability and deliberation by creating new measures termed deliberative and communicative efficacy. These constitute competencies that are at the core of what it means to be a citizen.

All human development occurs in a context of relationships and resources. Bronfenbrenner's ecological systems theory (1979) captures the organizational complexity of the world in which children grow-up. Each of four major systems; the microsystem (composed of family, peers, classroom), mesosystem (interactions of microsystems), exostem (neighborhoods, workplaces), and macrosystem (the larger urban or rural context) either directly or indirectly influences the child's development. The theory is captured in the name of our project, Child Health and Social Ecology (CHASE), and in our use of multilevel research designs (Earls and Carlson, 2001). A limitation of the theory is that it casts the child in a predominantly passive role. To be complete, an ecological theory needs to account for bidirectional influences. Our integration of self-efficacy and ecological theories permits the characterization of children as active citizens and as capable agents acting in concert with other age groups to achieve collective well-being.

A method is needed in which the skills of citizenship can be effectively and persuasively manifested in community settings. For this purpose we adopt the work of Augusto Boal, the Brazilian theatre practitioner and colleague of the educator and social theorist, Paulo Freire (Boal, 1979). The creation of his "Theatre of the Oppressed" is based on the idea of dialogue between audience and performer. Using a method referred to as simultaneous dramaturgy, methods of actor-audience interaction are developed in which actors stop a drama and ask the audience ("spect-actors" in Boals's parlance) for insights and solutions to their situation. We adopt the technique for children to use dialogue in community settings to breakdown the barrier that divides children and adults as citizens (Kamo et al., 2008). The integration of concepts and methods of self-efficacy, ecological systems and community dramaturgy completes the theoretical synthesis needed to formulate and empirically test the concept of the child as citizen.

## **Measuring Community Context and its Impact on Children--PHDCN**

We became aware of the CRC while planning an interdisciplinary research project on urban violence in the United States. This planning process involving dozens of scholars in law and the social sciences began in the late 1980s and progressed over several years. The planning entailed a detailed exploration of approaches to measures of community context and developmental processes that would be used in a multilevel, longitudinal design (Tonry et al., 1991; Earls and Reiss, 1994). From a demographic analysis of all large American cities, Chicago was chosen as the study site because it encompassed an impressive range of neighborhoods characterized by variation in socioeconomic status and race/ethnicity. Through extensive consultation and numerous workshops the study objectives were broadened from its initial focus on crime and violent behavior to encompass a comprehensive range of outcomes, including public health conditions and educational achievement. To reflect this expanded mandate the study was named The Project on Human Development in Chicago Neighborhoods (PHDCN) (Earls and Buka, 1997) <sup>2</sup>

It was in this context that we started to think about how to interpret the CRC in terms of the theories, hypotheses, design, measures and analyses that made up the PHDCN's research program. There were at least three ways in which the CRC informed this work. First, it shifted attention from predators of crime and violence to persons who were either directly or indirectly affected by violence. Secondly, it confirmed the importance of balancing the design so that the social context of human development was measured with as much theoretical and analytical confidence as were biological and psychological factors. Thirdly, it revealed the importance of working directly with children about the

concepts and measures used in the project. These modifications set in motion a systematic and enduring effort to establish the CRC as a framework for all our subsequent research with families and children.

The shift from exclusive thinking about perpetrators (or super-predators according to some) led to the development of improved measures of exposure to violence (Selner-O'Hagan, et al., 1998; Brennan, Molnar and Earls, 2007). One of the more important uses of the data collected with this measure was the demonstration, using a propensity stratification analysis, that witnessing as well as being a victim of firearm violence increased the odds of engaging in serious violent behavior by a factor of three (Bingenheimer, Brennan and Earls, 2005). The exposure to violence issue had a significant impact on reframing the study. In its original conceptualization the design weighed heavily on individual and family factors as the determinants of violent behavior. By expanding the agenda to include exposure to community influences, the door was opened to consider ecological determinants on par with individual factors in explaining health and behavioral outcomes. We considered this an affirmative step towards incorporating a child rights perspective (Carlson and Earls, 2001).

Fundamental to this change in direction was the discovery of collective efficacy (Sampson, Raudenbush and Earls, 1997). Using a multilevel design and reliable measures of community attributes, we showed that after statistically controlling for social class, race/ethnic composition and prior violence rates of neighborhoods, collective efficacy functioned as a protective factor. We were careful to define collective efficacy as a process that places primacy on the personal agency of group members. The specific manifestations of agency relate to the willingness to assist others and supervise children. While the theory continues to be refined, three components of collective efficacy were

delineated: 1) intergenerational closure (e.g. adults serving as role models); 2) reciprocal exchange (e.g. sharing resources); and 3) informal social control (e.g. willingness to intervene if children are skipping school) (Sampson, Morenoff and Earls, 1999). The social control component is of primary importance since it represents the key element of agency. As with Bronfenbrenner's ecological theory, a limitation of this attempt at refining the theory of collective efficacy is that it is conceived as a one-way flow from adults to children, thus the emphasis on supervision and role models. As our research progressed in line with rights-based thinking, the flow of collective action has been transformed to reflect a bidirectional process.

Subsequent to the demonstration that collective efficacy is a major determinant in controlling neighborhood violence (Sampson, et al., 1997); analyses have been extended to show it has a protective influence on birth weight (Buka et al, 2003), respiratory diseases (Sterndahl et al., in press) child mental health (Xue et al. 2005) and age of sexual initiation (Browning et al, 2005). These findings shift attention away from deficit models of human development to one in which identification of assets and protective factors are fundamental to research and public action. These findings supported the plausibility of inferring a causal role of collective efficacy on health and behavioral outcomes.

### **Engaging Young Citizens in Deliberative Democracy**

The importance of consulting children emerged in parallel with more traditional thinking in the PHDCN. The idea of exploring the relevance of child citizenship to collective efficacy and health promotion began as a pilot study with fewer than a dozen adolescents selected from public housing

zones in Chicago. Residing in neighborhoods dominated by street gangs, drug trafficking, easy access to guns, and police brutality, the primary issue that concerned them was exposure to violence. Over a two-year period the group focused on interpreting the relevance of child rights as articulated in the CRC to their own lives. Their skills in reasoned argumentation matured rapidly. Soon after the formation of the group, they were invited to participate in an international symposium on the rights of children<sup>3</sup>. This provided them an early opportunity to deliberate in public space. As they continued their critical discourse on the issues of gangs, drugs and violence, they reached a consensus that Article 27, which addresses the standard of living, was most important. But rather than interpret the article in terms of material resources their focus set out to examine the social relationships of adolescents to authority figures as the overwhelming determinant of their standard of living and a basis for the presence or absence of well-being. The three groups of authority figures that influenced their daily lives were parents, teachers and police. To confirm their ideas the group decided that they needed to assess opinions of their peers. They designed a survey instrument to collect data assessing the degree to which adolescents perceived adults as supportive. The evidence showed that authority figures were viewed as progressively less supportive of adolescents as they matured. This essentially translates into an explanation of how lowering levels of collective efficacy from the child's perspective leads to increasing rates of delinquency and violent behavior (Earls and Carlson, 2002).

A second pilot study of the YC Program was conducted in Cambridge, Massachusetts, again with a small, but diverse group of adolescents from the local high school. Using the same approach, this group analyzed the relevance of the CRC to their daily lives. They started by defining compromised well-being as a sense of detachment experienced by most adolescents in this progressive and relatively affluent community. This disturbing attitude pervaded both school and community contexts. Through extended discourse they focused on the phenomenon of self-segregation as a mechanism that

encouraged the detachment of subgroups defined by race/ethnicity. To investigate this, they elected to make a video to explore the theme of self-segregation. They made a documentary incorporating interviews they conducted with fellow students. The video was widely shared locally and proved to be a persuasive source for change (Chan et al., 2003). At the same time, they realized that no matter how persuasive and probing, a video based on interviews with a few selected students was not equivalent to knowledge that could be generalized to the entire student body. To assess the broader school community, they decided to expand their analysis by conducting a survey on attitudes about self-segregation that sampled a large proportion of the student body.

The dynamic manner in which adolescents, with minimal prior experience in deliberation, displayed rational and critical thinking, reached mutual understanding and arrived at a consensus on an action plan is compelling proof of concept for the YC Program. Children recognized the value of sharing egalitarian structures with adults and used these structures to become knowledgeable and persuasive agents of change in their communities and schools. While conducting the deliberative groups in the U.S., we traveled extensively to other countries that unlike the U.S. had ratified the CRC. In places such as Brazil, Romania<sup>4</sup> and Costa Rica<sup>5</sup>, we learned valuable lessons on how it was being used as a framework to redress violations children's rights and promote their well-being. We were now ready to devise a formal, standardized curriculum and evaluate the program in a rigorously designed experiment.

### **Building Deliberative Capabilities and Health Competence in Tanzanian Communities**

Beginning in 2000, we challenged the gloomy and distorted characterization of Africa as a dying



continent, paralyzed by HIV stigma, and harboring legions of orphaned and vulnerable children. We had first visited Tanzania in the 1970s and again in the 1980s never suspecting that we would return at the beginning of this millennium to witness this peaceful and politically stable country bearing the burden of a new, complex epidemic. After engaging in site visits with local government authorities, nongovernmental organizations, HIV consortiums, street children projects, and orphanages, we confirmed our guarded optimism and broadened our insights as to how adolescents, local residents and elected leaders could act together to confront this devastating pandemic. We reasoned that young people could be the catalyst to mobilize their communities to confront the HIV pandemic if provided with basic scientific knowledge and skills of deliberative citizenship. The challenge was to enable young Tanzanians to avoid the pessimism, charity and helplessness conveyed by the expression “orphans and vulnerable children”. Rather, if given the opportunity, we reasoned that they could become skilled, confident and proactive citizens even in the face of a serious epidemic and chronic poverty.

The theoretical framework which embraced the participatory rights of the CRC and synthesized the theories of capability, communicative action, self- and collective-efficacy and social ecology into a formal curriculum was tested in a cluster randomized control trial (CRCT). The intervention was designed to create new opportunities for reciprocal interaction between young adolescents and their local residential communities in response to the crisis of HIV/AIDS. Fortunately, Tanzania has made considerable progress in its decentralization policies such that the devolution of decision making and service delivery extends to ward and subward levels to promote a participatory system of governance. Roughly, every 4000 citizens live in a circumscribed jurisdiction where the formal structure of local government and informal organization of civil society are facilitated by democratically elected leaders at the ward and subward levels. The existence of these geopolitical units was ideal for configuring the

YC Program as a potential influence on the local government and the health infrastructure. The aim was to test the YC Program as a structural intervention that if successful would integrate children and adolescents as participants in the civil and political activities in their local communities.

Moshi Municipality, in the Kilimanjaro Region of northern Tanzania, was selected as the site for the YC Program. With funding from the National Institutes of Mental Health (NIMH), a seven-year research phase began in 2003 <sup>6</sup>. The execution of a CRCT requires close attention to details and consistent monitoring of community partnerships, the execution of surveys and the implementation of a complex and innovative intervention. The YC Program was conducted in 15 *mitaa* (the smallest geopolitical unit in Tanzanian local government; *mtaa* is singular and *mitaa* plural for subwards in KiSwahili) with 15 matched *mitaa* serving as waiting controls. The sequence of events of the research program is outlined in Table 1. Broadly, there are four phases: pre-intervention, intervention, post-intervention and sustainable.

## **INSERT TABLE 1 HERE**

Pre-intervention: One of our first activities was to establish a relationship with local officials and community leaders. In a series of structured discussions between the CHASE staff and ward officers of the Municipality, we explored the facts and perceptions about the resources needed and challenges encountered in improving children's health and well-being. We wanted these authorities to understand the ideas and research design we were proposing and to see in it the added value of studying children as citizens. Open houses were organized at which parents and community members were invited to meet the research staff and discuss the project. The first data were collected in a baseline community-

level survey and a separate health assessment of adolescent participants.

Intervention: The scripted YC intervention comprised 29 sessions divided into 5 modules that were implemented in two-hour sessions with children in the 15 treatment communities (YC1), while an equal number of children in the control *mitaa* (YC2) waited to learn if the intervention proved effective. A brief description of the five modules of the YC Program is shown in Table 2 and includes reference to specific articles of the CRC and the components of capability (CAP) and communicative action (COM) theories adapted to each module. The groups were supervised and facilitated by young adult Tanzanians.

**INSERT TABLE 2 HERE**

Post-intervention: At the end of the YC1 intervention, the CHASE staff organized the recruitment and random selection of a new cross sectional sample of adult residents for the post-intervention community survey in the intervention and control *mitaa*. Non-CHASE interviewers who were unaware of the random allocation were employed as data collectors. The content of the interviews repeated many of the questions addressed in the baseline survey. The interview consisted of items reflected in the domains of collective efficacy derived from the PHDCN with special attention directed to the protection and support of children (i.e. intergenerational closure and informal social control) and to adult perceptions of children’s knowledge and skills as community health agents. Table 3 illustrates the correspondence between theory-based functionings derived from our interpretation of capability and deliberation and at least one kind of empirically-based method to measure the manifestations of these functionings as influenced by the YC Program. The left-hand column lists the functionings in a roughly hierarchical manner. The cognitive and motivational

domains must be established for the social, communication and deliberation functionings to develop. The right-hand column represents items that are intended to access the child's subjective evaluation concerning their achievement of these functionings. The middle column indicates three mechanisms, agency, choice and reciprocity, through which the functionings can be achieved. To assess interpersonal or objective validities there are other types of measures or indicators used in our research including the perspectives of the child's caregivers, interviews with community residents, administrative and political authorities as well as observable outcomes, such as an increase in the number of persons being tested for HIV or a reduction in the incidence of HIV infection.

**INSERT TABLE 3 HERE**

On completion of the post-intervention community survey, the post-intervention health assessment was conducted with the adolescents and their caregivers in the treatment and control *mitaa*. Most of the content of this assessment was identical to the first health assessment, providing for repeated measurement of those scales most aligned with the goals of the intervention. Based on the successful implementation of the YC curriculum in the 15 intervention communities, we were ready to move the intervention to the waiting control group. The primary aim in this second installment was to maintain the quality of implementation while reducing costs. Preliminary results of the study have been published showing the positive responses of adult residents to witnessing children's agency in the HIV skits (Kamo et al., 2008). The definitive results for the intention-to-treat analysis are under review (Carlson et al. submitted). In this multilevel analysis, community- and individual-level outcomes are assessed and all participants regardless of their degree of exposure to the intervention are included.

Sustainability: During the second installment of the intervention, the first group of adolescents and their *mtaa* leaders checked in to register their strong interest in not losing momentum in community engagement they had initiated. A collective decision was made to permit spatially adjoining groups to merge. The strong motivation underlying this decision was taken as a positive sign for the sustainability of the YC Program. While continuing to pursue their interests in promoting HIV community competence as described in the next section, activated groups of YCs have directed their skills and enthusiasm to other problems, for example, community safety (Morse, 2008).

As the scientific phases of the CRCT were completed, an agreement was reached that the YC Program would continue as a demonstration site for as long as there were funds to support a CHASE office and small staff of facilitators. By this juncture, universal testing had become the most important target in building HIV/AIDS competent communities (Granich et al., 2009). The YCs decided to organize weekend HIV testing fairs using their skills in teaching the microbiology and social realities of HIV infection in collaboration with the local health personnel. This decision was a joint one based on the YCs' own deliberations and the frequent requests they received from the community residents during their public exchanges. During the weeks leading up to a fair, they mobilized their communities by designing and circulating posters, making house to house visits, and performing their skits in multiple locations, all to announce the forthcoming fair. All of these events were exercised in public spaces and stood in marked contrast to the more clandestine manner in which persons sought HIV testing in clinics. The challenge taken on by the YCs was to create an atmosphere in which stigma was overcome and community solidarity achieved. By all this was accounts they was accomplished.

The first HIV testing fair, based in two adjacent *mitaa*, went beyond expectations with over 100 residents volunteering to be tested and dozens left waiting in line at the end of the second day. Over the past three years, ten health fairs have been organized by the YCs over two to three weekend days. In these new fairs, the numbers attending were even greater than in the first fair, with more VCT counselors needed to provide confidential testing for the large numbers of residents coming forward. A surprise was that the number of men volunteering for testing was equal to or greater than the number of females. When the YCs decided to give greater attention to Prevention of Mother to Child Transmission (PMTCT), many more children accompanied by parents were brought for testing<sup>7</sup>. The post-fair evaluation indicated that nearly all persons tested had come from the same *mtaa* and that the majority of persons tested had done so because of the persuasive actions of the YCs.

The most important consequence of the health fairs is that they provided a learning experience for the whole community to recognize the importance of regular testing. The capacity of children as young as 10 and 11 to gain the respect and responsiveness of their parents, municipal officials and the community at large is a testament to the achievement of the program. That such a dreaded and highly stigmatized disease as HIV could become the topic of child citizenship should encourage others to extend and to refine our theoretically guided, systematic approach to address challenges to community health and child well-being.

### **Concluding Thoughts**

The YC program has successfully engaged adolescents in advantaged and disadvantaged communities in sustained discourse, social analysis and definitive actions that address the collective well-being of

their local communities. Our concentration on theory development has been essential in guiding us through a spectrum of large scale epidemiological studies and smaller scale but highly informative discourse experiences to a formally designed and rigorously conducted CRCT. The extraordinary accomplishments of the YCs in Moshi show that the theory and methods apply in one of the poorest societies in the world. When our work began Tanzania was categorized in the “low human development group” of the UNDP Human Development Index and had an HIV prevalence rate of 9%. Yet, it has a democratic, decentralized governing structure, a condition that was certainly favorable to the uptake and potential sustainability of the YC Program.

The essential accomplishment of the YC Program is the demonstration that children can participate in deliberative democracy as legitimate and competent citizens. Their legitimacy is achieved through the recognition and guidance of adults and their competencies are revealed in actions that can be as thoughtful as they are decisive. The importance of engaging children as citizens within the structure and functioning of their local governments cannot be overstated. It is here that the respect and dignity implicit in the definition of citizenship is established. Because there is something fundamentally humane about the status of being a citizen, we would argue that that the identity established locally is readily transferred to national and international contexts. But, of course, this is an empirical question. Based on twenty years of theory development and research in the post-CRC era, we do take the position that if given the respect, opportunities to be critically engaged with their communities and schools, and access to accurate information about conditions that concern them, children anywhere can achieve the status of “worthy citizen”.

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## Tables

<b>Table 1: Phases of the Cluster Randomized Control Trial</b>	
<b>Pre-intervention Phase</b>	
Establish understanding with the community and gain support from municipal officials	
Pilot study of concepts and measures	
Baseline assessment of neighborhood characteristics, including demographics, collective efficacy and other social norms related to HIV/AIDS (CS1)	
Baseline assessment of physical and mental health of children, ages 10 to 14, including measures of self-efficacy (HA1)	
Pre-randomization cluster analyses of spatial and demographic features of all neighborhoods in the Municipality (n=60) to create non-adjacent matched <i>mitaa</i> pairs	
Randomization of 15 pairs to treatment and waiting control arms	
<b>Intervention Phase</b>	
Implement YC curriculum in 15 treatment <i>mitaa</i> (YC1) (see Table 2)	
Surveillance of treatment and control groups by a Data Safety Monitoring Board	
<b>Post-intervention Phase</b>	
Repeat community survey (CS-2) for evaluation of community-level outcomes	
Repeat health assessment (HA2) for evaluation of individual-level outcomes	
Implement the curriculum in the 15 control <i>mitaa</i> (YC2)	
<b>Achieving Sustainability</b>	
Endorsement of the YC project by full Moshi Municipality Council	
YCs join with local health facilities to plan and execute HIV VCT health fairs	
YCs collaborates with the Safer Cities Project	
Moshi YC Program becomes demonstration site with YCs hosting site visits from national and international groups	

**Table 2. Contents of Modules and Sessions of YC1 Curriculum**

**Module One-5 sessions: Group Formation**

(CRC: # 15 right to association; CAP: egalitarian; COM: good communication; trust; perspective-taking, health themes for deliberation; citizenship, group identity) The activities are designed to introduce CHASE intervention and full CRCT design, which they and their families have been randomly selected (and consented) to join. Other topics focus on the structure of local government, citizenship, good communication, and sharing community hopes and fears.

**Module Two-4 sessions: Understanding the Community**

(CRC #12 right to expression and be heard; CAP: exploring opportunities and possibilities for being a citizen; COM: exploring public sphere, social norms) The activities involve learning observation and interviewing techniques, cooperative learning roles, involving local leader in a session discussing health and social mapping of the community with *mtaa* leader

**Module Three-5 sessions: Health and Your Community**

(CRC # 13 right to expression/information: # 17, right to information to promote well-being; CAP: being a health educator; community opportunities to achieve this role; COM: learning objective domains of biology and medical facts; social norms of HIV; learning critical thinking) Sessions begin by discussing the social aspects, transmission and testing and treatment of malaria and HIV infection. To place this in an active, participatory learning mode, sequences of events are acted out in skits depicting the “MacroWorld (social conditions that increase risk of becoming infected, denial and stigma, etc.) and the “MicroWorld” (biological bases of transmission and infection, blood and immune system responses, testing and treatment, etc.). In the final sessions of this module, YCs present these skits in the semi-public school yard to their parents and leaders

**Module Four-8 sessions: Making Community Assessments and Taking Community Action**

(CRC, right to freedom of thought; CAP: becoming a survey researcher, community showing interest in the actions of YCs; COM: public discourse, rational argumentation; reaching mutual understanding about themes, planning—and taking-- shared social action; assessing social norms). YCs deliberate and rank priorities for issues to address. A skit on universal testing skit is added to their repertoire. The MicroWorld and MacroWorld dramas are performed in different public spaces community over a 14-week period with the objective of building HIV community competence. They learn to record GPS coordinates of their skit sites and to photograph community scenes. They design, conduct and analyze a community survey of residents’ beliefs about the YCs’ capacity to educate about AIDS, to promote prevention and testing and to reduce stigma.

**Module Five-7 sessions: Inter-Acting in Our Communities**

(CRC# 12, 13, 14, 15, 17; CAP: achieved status of deliberative citizen and health educator, with support and endorsement of adult citizens; COM: communicative a deliberative competence, led local government in communicative approach, socialized for citizenship and fostered social integration in community through deliberation in the public sphere). Over these last 7 weeks the YCs perform MicroWorld and MacroWorld skits 1-2 times week that attract large and interested audiences from “spect-actors (Boal). The YCs used the skits as a mechanism to engage and to argue about their community’s norms related to around HIV/AIDS. They present the challenges of reducing stigma and mobilizing for universal testing. A second survey is conducted using the same questionnaire as in Module 4 to assess changes in the community’s beliefs about Young Citizens’ capacities to educate and mobilize. A newsletter, including photos and a summary of their 7-month experience is published and distributed across each of the 15 treatment *mitaa*.

**Table 3. Components and Measures Deliberative Capability**

<b>SEN -Valued Functionings</b> <b>HABERMAS- Discourse</b> <b>CHASE-YC Program</b>		<b>SEN- Achieved Functionings</b> <b>HABERMAS-Practical Discourse</b> <b>CHASE- Deliberative Self-Efficacy</b>
<b>I. COGNITIVE</b>	<b>A G E N C Y  C H O I C E  R E C I P R O C I T Y</b>	
Rational		to use talking and reasoning to solve problems I have with others
Perspective-taking		to understand my friends and classmates
		to be helpful if someone is hurt, upset or felling ill
Knowledge/ Information		to increase scientific knowledge about HIV infection
Application		to be willing to be tested for HIV
<b>II. MOTIVATIONAL</b>		
Confidence		to know that if I study hard, I can learn math
Agency		to know my strengths and talents
Emotional regulation		to manage those thoughts and feelings that are important to me
<b>III. SOCIAL</b>		
Affiliation		to be a good friend
		to be kind to younger children
Personal respect		to be liked generally by others your age
Egalitarian		to usually share with others
Active in public sphere		to reduce HIV-related stigma
<b>IV. COMMUNICATION</b>		
Expressive		to express my opinions to other children my age
Receptive		to make adults listen to me
		to talk with others about anything that troubles me
<b>V. DELIBERATION</b>		
Trust		to keep my friends even when pressured to do things I refuse to do
Discourse		to say NO to my friends who want to do things I don't want to do
		to say NO to people who try to get me to use alcohol
Mutual understanding		to make my ideas understood when others disagree with me
Shared social action	to get others to cooperate with me in doing activities	
	to ask assistance from adults about how to solve any problems	



## Endnotes

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<sup>1</sup> Funding was provided by Ethics and Values Studies Program (EVS), of the National Science Foundation (SBR-9602176, *Community participation and child rights: an ethical and scientific analysis*). M. Carlson, PI.

<sup>2</sup> Between 1990 and 2005, *The Project on Human Development in Chicago Neighborhoods* was funded by grants from the John D. Catherine T. MacArthur Foundation, the National Institute of Justice and the National Institute of Mental Health. F. Earls, PI. Mary Carlson was co-PI on grants from the US department of Education and Child Care Bureau to examine the quality of early childhood education and care programs across the city.

<sup>3</sup> “Exploring the Rights of the Child” was an international conference organized by St Xavier University in Chicago in early 1997. It was one of the first conferences on the topic of child rights to be held in the United States. The Young Citizens Program was invited to provide an example of how the participatory rights could be demonstrated. The YCs commanded the attention of a large audience in what turned out to be one of the more provocative and interesting sessions at the conference, The Chicago YC Program was supported by seed grants from the Turner Foundation and the Stein Foundations

<sup>4</sup> During the same period of the PHDCN when we were starting the YC Program, we journeyed to Brazil and Romania to witness how the Convention guided responses to children exposed to extreme forms of social deprivation. We were fortunate to obtain support from UNICEF headquarters and the country offices in guiding us to exemplary programs in both countries. During this era, UNICEF’s mantra had become “Children in Especially Difficult Circumstances” (Black, 1996).

In Brazil, we visited the city centers and cathedrals that these children considered home. We witnessed the context of neglect, abuse and exploitation, in which these children worked and lived. In child development terms, we defined this as late deprivation since most of these children had been adequately socialized in their early years. Their existence on the streets was consequence of family poverty and other adverse social conditions (Earls and Carlson, 1999). At the same time that Brazil could be criticized for its tolerance of the serious deprivation and exploitation of millions of street children, its child rights legislation is among the most advanced in the world. We were particularly impressed with the

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*Guardianship Councils established by the Constitution to provide local implementation of the protection and provision rights (Duarte et al, 2007). It was in this context that we first heard the expression "from minors to citizens" and actually met children who confidently articulated the meaning of citizenship in their lives.*

*It took a visit to Romania to fully understand the distinction between early and late deprivation. Following the assassination of Ceausescu in Romania in 1990, the world learned of tens of thousands of infants living in profoundly depriving state sponsored residential institutions. Here we engaged in an experiment to examine neuroendocrinological mechanisms that were associated with recovery from early deprivation (Carlson and Earls, 1997; Carlson and Earls, 2000). Witnessing profound early and late deprivation at the societal level prepared us for the challenge to create a rights based research project for the work on HIV health promotion we were to pursue in Tanzania*

<sup>5</sup> *In marked contrast to the examples of Brazil and Romania, our journeying has also taken us to states where efforts to integrate children in democratic processes and institutions is well established. The most remarkable of these excursions was to Costa Rica, where we established a long-term collaboration with the Omar Dengo Foundation which has evolved into a national program, the Deliberative Capacities for School age Children (CADE) (Carlson, Earls and Fonseca, 2002; also see paper by Fonseca and Buganda in this volume).*

<sup>6</sup> *Between 2002 and 2009, this project, Ecology of HIV/AIDS and Child Mental Health in Tanzania, was funded by a grant from the National Institute of Mental Health (R01 MH66801). F. Earls, PI, M Carlson, Co-PI. Administrative supports for the local activities in Tanzania were provided through subcontracts from Harvard Medical School to the Kilimanjaro Christian Medical College (KCMC) and the Tanzanian National Bureau of Statistics (NBS).*

<sup>7</sup> *Following the initial success of the VCT health fairs, collaboration with the Elizabeth Glaser Pediatric AIDS Foundation in Tanzania (EGPAF) was established to incorporate a focus on Prevention to Mother to Child Transmission in the YCs' community education and mobilization activities. As an example of an issue not normally discussed in public, the YCs included the role of breastfeeding for HIV positive mothers in their skirts because they considered it important information that was not discussed in public. Over the course of several fairs, the proportion of children coming for testing increased from 1 to 19%.*