What they really want to know
A publication in the German Health Practice Collection
**Abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immuno-Deficiency Syndrome</td>
</tr>
<tr>
<td>BMZ</td>
<td>Germany’s Federal Ministry for Economic Cooperation and Development</td>
</tr>
<tr>
<td>GDC</td>
<td>German Development Cooperation</td>
</tr>
<tr>
<td>GIZ</td>
<td>Deutsche Gesellschaft für Internationale Zusammenarbeit*</td>
</tr>
<tr>
<td>GTZ</td>
<td>German Technical Cooperation (now GIZ)</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immune-deficiency Virus</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education, and Communication</td>
</tr>
<tr>
<td>KAP</td>
<td>Knowledge, Attitude, Practices</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children Fund</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>YGRHP</td>
<td>Yemeni-German Reproductive Health Programme</td>
</tr>
</tbody>
</table>

* The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH was formed on 1 January 2011. It brings together the long-standing expertise of the Deutscher Entwicklungsdienst (DED) gGmbH (German development service), the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH (German technical cooperation) and InWEnt – Capacity Building International, Germany. For further information, go to www.giz.de.
What they really want to know
Developing booklets for young people on growing up, sexuality and HIV

Acknowledgements 4
The German Health Practice Collection 5
Executive Summary 6
The Context 8
  • Why young people need information about their sexual health and rights 8
  • Why young people should be involved in developing information materials 9
The Concept: Responding to young people’s information needs 10
  • Advantages of the approach 10
  • Responding to emerging interests 11
The Approach, step by step 12
The Results 22
  • Reader survey in Tanzania 22
  • KAP survey in Yemen 24
Lessons learnt 26
Why this is a promising practice 29
References 33
Further Reading 34
Acknowledgements

The German Federal Ministry of Economic Cooperation and Development wishes to acknowledge and thank the following persons:

- the project managers and staff in the various countries for their commitment, collaboration, and continuous preparedness to share the results. A special thanks in this context to Akwillina Mlay, Kai Stietenroth, Eva Schildbach and Pushpa Pandey

- the numerous young people who have contributed to the development, improvement and widespread use of the booklets as authors, photographers, artists and interested audiences

- the representatives of youth organizations, educators and teachers who committed themselves to making the booklets available for young people, often risking conflicts with their superiors

- Peter Weis, at the time WHO, today GIZ, and Mareile Kroning, at the time GTZ, for their meticulous review of the first edition

- Regina Goergen, Akwillina Mlay, Babette Pfander and Siegrid Tautz, the authors of the first edition of this report

- Siegrid Tautz, evaplan International Health at the University Hospital Heidelberg, for writing the second edition

- Anna von Roenne, EPOS Health Management, editor of the German Health Practice Collection, for editing successive drafts and overseeing the production of the first and second edition of this report
German Health Practice Collection

Objective

In 2004, experts working for German Development Cooperation (GDC)\(^1\) and its international and country-level partners around the world launched the German HIV Practice Collection and, in 2010, expanded it into the German Health Practice Collection (GPHC). From the start, the objective has been to share good practices and lessons learnt from BMZ-supported initiatives in health and social protection. The process of defining good practice, documenting it and learning from its peer review is as important as the resulting publications.

Process

Managers of GDC-supported initiatives propose promising ones to the Managing Editor of the GHPC at ghpc@giz.de. An editorial board of health experts representing GDC organizations at their head offices and in partner countries select those they deem most worthy of write-up for publication. Professional writers then visit selected programme or project sites and work closely with the national, local and GDC partners primarily responsible for developing and implementing the programmes or projects.

Independent, international peer-reviewers with relevant expertise then assess whether the documented approach represents ‘good or promising practice’, based on eight criteria:

- Effectiveness
- Transferability
- Participatory and empowering approach
- Gender awareness
- Quality of monitoring and evaluation
- Innovation
- Comparative cost-effectiveness
- Sustainability

Only approaches meeting most of the criteria are approved for publication.

Publications

All publications in the GHPC describe approaches in enough detail to allow for their replication or adaptation in different contexts. Written in plain language, they aim to appeal to a wide range of readers and not only specialists. They direct readers to more detailed and technical resources, including tools for practitioners. Available in full long versions and summarized short versions, they can be read online, downloaded or ordered in hard copy.

Get involved

Do you know of promising practices? If so, we are always keen to hear from colleagues who are responding to challenges in the fields of health and social protection. You can go to our website to find, rate and comment on all of our existing publications, and also to learn about future publications now being proposed or in process of write-up and peer review. Our website can be found at www.german-practice-collection.org. For more information, please contact the Managing Editor at ghpc@giz.de.

\(^1\) GDC includes the Federal Ministry for Economic Cooperation and Development (BMZ) and its implementing organizations: Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and KfW Entwicklungsbank. GIZ was formed on 1 January 2011. It brings together the long-standing expertise of DED, GTZ and InWEnt. For further information, go to www.giz.de.
A large proportion of young people worldwide are sexually active, and this exposes them to the risk of contracting sexually transmitted infections (STIs), including HIV, and to the risk of unintended pregnancies. In 2008, 16 million girls aged 15 to 19 gave birth and approximately 40% of these pregnancies were unintended. Young people between the ages of 15 and 24 years account for more than one third of all new HIV infections, with some 3,000 young people becoming infected with HIV each day.

The UNAIDS Report on the global AIDS epidemic 2010 reports that the proportion of 15 – 24 year old young women and men who have comprehensive and correct knowledge of HIV and AIDS is only 34 per cent. This is far from the UN goal set at the beginning of the millennium, in which the governments of all member states committed themselves to providing 95 per cent of their young people with this knowledge by 2010. Addressing this widespread lack of knowledge must be a priority for educators and public health experts worldwide since there is strong evidence that such efforts are effective.

Information materials on sexual and reproductive health for young people often take a very technical approach and fail to address the kind of questions that adolescents themselves grapple with. The only way of ensuring that information is relevant to them is to involve young people systematically in its development and production.

Young people’s involvement – from the initial needs assessment through to the actual development and production of information materials – is at the heart of this approach, which entails the following steps in creating question-and-answer booklets:

- Establishing baseline information on young people’s knowledge, attitudes and practices relating to sexual and reproductive health
- Collecting young people’s questions on growing up, relationships, love, sexuality, pregnancy, sexually transmitted infections, and HIV and AIDS
- Grouping and analysing questions with young people
- Deciding on and selecting the final set of questions
- Developing scientifically correct, understandable and relevant answers in a multidisciplinary team that specifically includes young people
- Creating illustrations with a graphic artist, cartoonist and a photographer working together with young people
- Clarifying ownership and responsibility for dissemination
- Printing and disseminating the product
- Monitoring and evaluating the booklets’ dissemination and their impact on their readers’ knowledge, attitude and behaviours.

German-supported programmes in 18 different countries with very diverse socio-cultural contexts have developed and published these booklets since the approach was first conceived in Tanzania in 1999. In all these settings, the booklets have been accepted and actively demanded by young people. The high demand for the booklets wherever they
were distributed shows that – despite the multitude of information sources and media that exist today – there continues to be an unmet need of information on sexuality-related issues for young people.

The Tanzanian and Yemeni programmes conducted surveys of the booklet’s impacts on their audiences. Their results showed that exposure to the booklets increased young readers’ knowledge about the risks of early pregnancy, the use of modern contraceptives and how HIV is transmitted. It also changed readers’ attitudes towards people living with HIV.

In Tanzania, a reader survey showed high appreciation and further demand for the booklets by young people, educators and parents alike.

In the course of the 13 years since the approach was first conceived, programme teams have learned a number of valuable lessons. These include the following:

*Communication with young people is most effective if it uses their own words and perspective:* Experts have a tendency to “correct” and reformulate young people’s questions and answers in technical terms. This should be avoided whenever possible. The more genuinely the questions and answers are expressed, the more they will speak and appeal to young people.

*Address growing up, friendship and sexuality before dealing with HIV and AIDS:* Young people have many questions, hopes and worries in their minds regarding the emotional and physical changes they go through including sexual desires. They worry about being accepted by others, and about being attractive or not, normal or abnormal, fertile or “barren”. By addressing these genuine questions, the booklets increase young readers’ receptiveness to information about the prevention of sexually transmitted diseases and unwanted pregnancies.

*Consider the pros and cons of partnering with government or non-government organizations:* In more traditional societies, being asked to authorize booklets on sexuality-related issues for young people can put government representatives in a difficult position. In such cases it may be more productive to partner with NGOs. The ministries of health and education can join in later on once the materials have gained public support through demand from their audiences.

*Follow all steps of the participatory development process:* Many of the questions that young people pose are the same all over the world. But about 20-30% of these questions differ according to the specific socio-cultural context. The booklets have been most successful and sustainably established in countries where programmes invested in all steps of the participatory development process, which was carefully designed to ensure the booklets’ relevance to young people while creating shared ownership amongst all participating stakeholders.
The Context

Why young people need information about their sexual health and rights

As the following facts and figures indicate, a significant proportion of young people worldwide are sexually active. This exposes them to many risks such as contracting sexually transmitted infections (STIs), including HIV, and unintended pregnancies:

- In 2008, 16 million girls aged 15 to 19 gave birth, representing roughly 11 per cent of all births worldwide. The vast majority of these occurred in developing countries (WHO, 2010).
- 6.1 million of these pregnancies and births were unintended (DFID/UK Aid, 2010).
- Almost half of all maternal deaths from unsafe abortion in Africa are in women under 25 (WHO, 2007).
- Nearly 10 per cent of all adolescent girls in low- and middle-income countries become mothers before they are 16 (WHO, 2008).
- Young people between the ages of 15 and 24 years account for more than one third of all new HIV infections, with some 3,000 young people becoming infected with HIV each day (UNGASS, 2011).
- AIDS accounts for over 53 per cent of deaths among Africa’s youth, followed by maternal conditions at 16.7 per cent and tuberculosis at 4.5 per cent (UN Economic Commission for Africa and United Nations Programme on Youth, 2010).
- In Sub-Saharan Africa, young women aged 15-24 years are as much as eight times more likely than men to be HIV positive (UNAIDS, 2010).

The UNAIDS Report on the global AIDS epidemic 2010 reports that the proportion of 15-24 year old young women and men who have comprehensive and correct knowledge about HIV and AIDS is about 34 per cent. While this is a slight increase compared to 2008, it is a far cry from the goal of the 2001 United Nations General Assembly Special Session (UNGASS) in which the governments of all member states committed to providing 95 per cent of their young people with this knowledge by 2010.

Addressing this widespread lack of knowledge must be a priority for educators and public health experts worldwide since there is strong evidence that it has a significant impact on adolescents’ reproductive health and on the global HIV epidemic: According to the UNAIDS report, HIV prevalence amongst young people has fallen by more than 25 per cent in 15 of the most severely affected countries. This follows investment by governments and development partners in comprehensive prevention strategies including the provision of information as well as youth-friendly reproductive health services.

In many low- and middle-income countries, an increased interval between sexual debut and the first stable union (or marriage) has been observed.
in recent years and this, too, has implications for
the reproductive health of young people. A large rise
in the average age at marriage for both sexes (near-
ing 30 in parts of North Africa) and rising propor-
tions of young unmarried women have, for example,
been reported in many Arab countries (DeJong &
El-Khoury, 2006). These trends have occurred in a
cultural context where sexuality outside marriage,
particularly for women, is heavily sanctioned and
young people’s access to the sexuality education and
information they need to prevent unwanted preg-
nancies and sexually transmitted infections is very
limited.

Overall, the importance of young people’s access
to sexual and reproductive health information,
services and supplies (in particular condoms) cannot
be overestimated: None of the eight Millennium
Development Goals (MDGs) can be achieved without
attention to the reproductive health needs of young
people (Population Reference Bureau, 2010).

Why young people should be involved
in developing information materials

Whilst a multitude of information materials about
HIV and sexual and reproductive health and rights
has been developed for young people over the
past twenty years, there are still too many places
where misinformation and misconceptions prevail
and where young people’s access to appropriate
and adequate information is very limited.

Yet even where it is available, information about
HIV for young people often takes a technical or
“expert” approach and fails to address questions
that typically interest young people in this phase of
life. The materials look quite uniform in different
countries, explaining how the virus is transmitted
and warning against risky behaviours that could
result in STIs including HIV or in unwanted preg-
nancies. Rarely do they address the real life chal-
genges or the many emotional aspects related to
relationships and sexuality that young people face.
Hardly any discuss these issues in young people’s
own language.

In fact, young people have many questions about
what happens to them as they grow up and mature,
and about their sexual feelings and sexual life. Preven-
tion of HIV infection might be one area of interest,
but it is neither the only nor the most important one.
Perceptions about puberty and physical develop-
ment, about sexual relationships, about fertility and
pregnancy, about contraception and disease preven-
tion, about normality and abnormality, all influence
how girls and boys perceive their roles and their
options, and they all determine how they will behave.

For all of these reasons, the involvement of young
people in all phases of the design, dissemination and
evaluation of sexual and reproductive health pro-
grames is today considered essential (WHO, 2006).
While young people are increasingly involved in
programme implementation, e.g. in peer education,
a coherent participatory approach is still rare in the
development of sexuality education material.
The Concept: Responding to young people’s information needs

Whilst most youth experts agree that the active involvement of young people in the development of information and education materials for them is a prerequisite for successfully meeting their informational needs, this has not often been translated into practice.

The approach described in this report outlines a systematic process of involving young people and youth experts from the initial needs assessment through to the actual development and production of the materials. This approach has been replicated in many different countries and cultural settings, resulting in a set of question-and-answer booklets that feature simple language and appealing, funny, and often thought-provoking illustrations. The questions are presented in just the way they were asked by young people, and the answers are written with them in their own language. The questions relate to topics such as growing up, love, partner relations, sexual relationships and sexual behaviour, pregnancy and family planning/contraception, sexually transmitted infections and HIV. In recent years new subjects such as drug use, harm reduction, sexual and reproductive rights, independent decision making, and living with HIV as a young person have been added. The booklets look quite different from country to country as they reflect prevailing cultural preferences, e.g. regarding illustrations.

Advantages of the approach

The advantages of using such simple and handy booklets for this type of education are manifold:

- They can be read everywhere, inconspicuously.
- They require neither technical equipment (VCR or DVD player, computer, etc.) nor electricity.
- They can be shared with many others.
- They can be used in places where talking about sexual issues is difficult or even impossible.
- They can be locally produced.

The approach addresses young people between 12-20 years of age² with basic reading skills. It provides them with correct, youth-friendly information on their reproductive health and sexuality, using a process that involves them throughout.

² Though this does not precisely match WHO-defined categories, in practice this age group turned out to be the most appropriate one in terms of maturity and acceptance of content.
The overall aim is to enable young people to make informed and healthy decisions. In order to attain this goal, however, further enabling conditions are needed. These include: access to condoms and youth-friendly services and clinics; youth-friendly policies and legislation; a supportive immediate environment and positive role models for responsible partnerships, and for gender roles. In this sense, the booklets are no more (yet no less) than one effective tool among the many needed for a comprehensive behaviour change strategy for young people.

**Responding to emerging interests**

In some countries the set of booklets gradually grew to include new topics of particular interest to all or to specific underserved groups of young people. In Tanzania, for example, recent booklets address questions asked by and about marginalized groups such as young people with disabilities, young people living with HIV, and young people living with albinism.

In Kyrgyzstan, a country where HIV is mainly transmitted through the use of intravenous drugs, booklets on drug use, harm reduction and independent decision making were added to the existing series.
The Approach, step by step

The following section describes in detail how the approach can be implemented in different places and cultural contexts. To illustrate the successive steps, there will be examples from Tanzania, where the approach was originally developed; from Kyrgyzstan, a rapidly developing Central Asian Republic; and from Morocco and Yemen, two Arab-Islamic settings, one of them moderately and one very conservative.

Step 1: Establish baseline information

An important prerequisite for monitoring the results of this approach is an analysis of young people’s knowledge, attitudes and practices (KAP) regarding their sexual and reproductive health and rights before the intervention begins. In some settings, such a survey may already have been undertaken by other development partners. Where no pertinent studies have been conducted, however, it is crucial to invest in a baseline survey amongst young people as well as to highlight areas of uncertainty, misinformation and concern that can be addressed by the booklets. In addition, baseline interviews with teachers, health workers and possibly parents are recommended to help evaluate changes in their attitudes and beliefs regarding young people’s sexual health and rights at a later stage. These interviews can be conducted using methodologies such as group interviews or focus group discussions.

Step 2: Collect, group and analyse adolescents’ questions

Collecting questions

Collecting young people’s questions is a simple way of getting a wealth of information about their interests and information needs, and about the language they use for these issues. Experience has shown that schools are the most convenient place to carry out this step. This may also help facilitate different kinds of collaboration with the education system throughout the intervention (for example, peer groups were created in schools as part of the programmes in Tanzania and Yemen).

In school settings, a stratified cluster sampling procedure is recommended. One or more classes of three consecutive grades should be selected at random from a list of all classes in a given area. All students present on the day of the study in selected classes are included. The investigation is not announced in advance.

Young people in Nepal writing down their questions about growing up, love and sexuality.

The question of which age groups or grades should be included depends on literacy levels at particular grades as well as the cultural context. In theory, all grades with students who are able to write down their questions can be included in the sample. In some countries this can be at the age of 10 to 12 years, while in others it is 13 years and above. The cultural context, however, will determine at which age

---

3 See the sample questionnaire at www.who.int/reproductivehealth/topics/adolescence/en/index.html. Note that it is very comprehensive and requires adaptation to individual settings.
Showcasing health and social protection in development.

Parents and the educational authorities will permit students to take part in this kind of study. The more conservative and restrictive the cultural context, the older the groups that will be allowed to participate.

One school hour should be allocated for this process. At the beginning, the research team explains to the class why they are collecting these questions and how they will ensure the anonymity of the study. Teachers should be asked to leave the classroom so that pupils feel free as they think about and write their questions. The researchers distribute a sheet with a short introductory text to all pupils, inviting them to indicate their sex and age and then to write down all their questions on growing up, love and partnership, sexuality, reproduction and contraception, sexually transmitted diseases and HIV. At the end of the lesson, the filled-in forms are collected in a ballot box and the research team thanks the students for sharing their questions.

In most settings, it is advisable to conduct this step with boys and girls separately. When boys and girls sit together in crowded sitting arrangements, feelings of embarrassment may prevent them from writing down their more sensitive questions. There is also a risk in some cultures that some pupils will disturb the others by boasting and joking instead of taking the study’s aims seriously.

Grouping and analysing questions

Next, all the questions that were provided in the different classes are entered into a database and grouped according to a number of pre-defined categories (e.g. love, sexuality, contraception). Further categories that emerge from the questions can be added so that all areas of inquiry and concern are represented. Experience shows that young people’s questions usually fall into broad groupings including: biomedical issues such as conception, pregnancy, contraception, STIs, HIV and AIDS; growing up and its physical and psychological implications; the opposite sex, partnership and love, sexual desire and sexual practice; and the ‘normality’ and ‘abnormality’ of sexual practices. There are often questions related to cultural norms and values, gender roles, parent-child communication, and cultural and religious taboos.

It is important to enter all questions into the database, even though many will be similar or even identical, and to always note the respondent’s age and sex. This allows for an analysis of the questions by frequency, sex and age, providing important insights in young people’s prevailing concerns, and how these differ between boys and girls and the different age groups.

Step 3: Select the final set of questions

From the complete database of questions – which may amount to several thousand – the project team will select the ones to include in the booklets. Overall, between 150 and 250 questions should be selected for inclusion in the booklets.

Frequency is an important criterion for selection, but not the only one. The baseline studies and information about the epidemiological and socio-cultural context will help to prioritize questions. Questions should also be included if they are particularly relevant to the attitudes and behaviours of young people, even if they are only asked a few times. For example, if gonorrhoea is known to be highly prevalent in the target group, different aspects of prevention and
treatment have to be addressed. If female genital cutting is a common practice, this is also an important topic that needs to be included. Some questions may touch on a particularly controversial or sensitive issue, e.g. girls’ fear of not being able to present the “drop of blood” on the wedding night, which is taken to be proof of virginity (and therefore virtue) in some conservative cultures. Others will convey serious misconceptions, such as the idea that sanitary towels “destroy” girls’ virginity, or that masturbation causes serious physical and psychological harm. Even though such questions have important implications for their hygiene, school attendance and physical and psychological well-being, it may be very difficult for young people to discuss these questions with teachers, parents or peers – and to receive correct answers.

The resulting list of questions is then discussed by a group of young people. Ideally, these will include individuals who have had introductory training and some experience with communication on sexual and reproductive health issues, such as peer educators or counsellors. They are asked to assess whether a question is understandable and relevant for their peers. Where necessary, they re-word questions to make them easier to understand.

Next, the questions are grouped in order to divide them into different booklets. In most countries, the following themes have proven useful as booklet titles:

- Growing up and puberty
- Male-female relationships, partnership and love
- Sexual relationships
- Pregnancy and safe motherhood
- Safe sex and contraception
- Sexually transmitted infections
- HIV and AIDS.

However, depending on the particular issues that the young people raise and the relevance of particular topics in a given country, other subjects can be added to this original set.

**Step 4: Develop scientifically correct, understandable and relevant answers**

A multi-disciplinary team of social scientists, health and education experts is then be brought together to jointly formulate simple, scientifically correct answers to the selected questions. The scientific correctness is crucial as it is a major argument against potential attempts to censor morally or culturally sensitive issues (see the example regarding masturbation below). At this point in the process, it is crucial that the programme helps the multi-disciplinary
Showcasing health and social protection for development

team and its partners to differentiate between the objectives of life skills education and moral or religious instruction. The guiding principle should be: *Not everything that is true has to be said, but all that is said must be true.*

Should religious leaders be involved in this process? The question needs to be carefully considered in each context. In Morocco, it was decided not to involve Muslim authorities because their particular attitudes – particularly if expressed early in the process – could have jeopardized the entire programme. In Yemen, however, religious authorities (sheikhs and the Ministry of Islamic Affairs) were very supportive and involving them proved to be very helpful. The project team’s strategy was to assume that if the religious dignitaries found the texts acceptable the booklets would not be challenged.

Next, a group of young people – in effect, an editorial group – checks whether the answers that the multidisciplinary team has formulated are understandable and relevant to them, and whether young people can realistically be expected to adopt the recommended behaviours in their particular social environment. This editorial group then suggests changes that will make the answers more understandable to the readers. For example, chaude pisse (literally “hot piss”) is understood by far more youngsters in Guinea than the term “gonorrhoea.” In the answers, medical terms like “gonorrhoea” can be introduced, but it is important that the common expression is also used.

In Morocco and Yemen, it was a great challenge to write answers that would be seen as culturally acceptable and compatible with the Koran. The issue of “masturbation” shows this vividly: Many boys asked how Islam viewed masturbation and whether it could damage their physical and mental health. Although the Koran does not mention masturbation directly, most commentaries and interpretations agree that sexual activity not involving a spouse of the opposite sex is not acceptable. From a scientific point of view, however, there is no evidence that masturbation has any detrimental effects on health. In Morocco, the issue was finally resolved by an answer explaining that masturbation did not have detrimental effects on young people’s health but also that most religious authorities do not approve of it.

Sometimes, it is difficult to find a compromise. In Nicaragua, for example, the programme went through the full process of developing the booklets. However, at a certain point in the process, the former GTZ withdrew its support because some of the more conservative partners insisted on including text in one booklet that exaggerated the risks of clinically conducted abortion (whilst the rest of the information in the booklet was scientifically correct). The booklets were eventually published by the Ministry of Health, and in general constitute a valuable resource for young people.

Overall, the following are essential criteria for good answers to young people’s questions:

- They must be factually correct and based on scientific evidence.
- They should be written in the language young people use and take into account their lifestyles (what they like to do in their free time, the clothes they wear, the music they listen to, etc.)
- They should not be moralizing and judgmental in tone.
- They should be acceptable in terms of prevailing cultural and religious norms: it is not the aim of the booklets to cause controversy or offense.
Step 5: Develop illustrations

Once the booklet texts are finalized, the multi-disciplinary team makes suggestions for suitable illustrations. These can include scientific illustrations, photos and cartoons. Photographs are useful as illustrations of everyday scenes, creating a sense of familiarity and personal involvement in the sense of “this could be me”. However, care must be taken to ensure the consent of the persons appearing on photographs in the booklets, and this consent should ideally be in writing. In Kyrgyzstan, for example, a mother felt offended by her son’s picture being used in one of the booklets. Fortunately, the fact that he had given his verbal consent helped to avoid a lawsuit.

In Tanzania, a local photographer involved students of the drama department of the Bagamoyo College of Arts in creating his photos. The students staged scenes including hugging, quarrelling and kissing. As drama students, this was acceptable for them whilst it would have been inappropriate to photograph such situations in daily life in Tanzania.

In Morocco, the project team and the partners felt that it would not be acceptable to the wider community if the booklets were illustrated with photographs. Instead, they organized a “creativity workshop” involving a number of young people and a young cartoonist from a youth magazine. The young people suggested ideas reflecting the booklet questions, helped the artist creating his drawings and they even drew some themselves. In Yemen too, photographs were not thought to be acceptable, so the project team used drawings and simple cartoons to illustrate the different topics.

Cartoons can often convey the essence of a problem or a situation more clearly and memorably than the written word. In addition, they can make a text more attractive to young readers – especially if they are funny. Ideally, a young cartoonist will be hired who understands his peers’ concerns well and is able to reflect them, with a sense of humour, into cartoons.

In Kyrgyzstan, two girls were the main illustrators for the booklets and their illustrations were discussed and pre-tested by other young people. One of the girls drew cartoons, while the other one took photographs. Both were asked to include all sub-groups of society (Russians and Kyrgyz people, rural and urban environments) so that all these groups could identify with the issues addressed by the booklets.

Once sufficient photos or drawings have been produced, the same group of young people that has...
Step 6: Field-test draft booklets with groups of young people

Once draft versions of the booklets have been produced containing both text and illustrations, these are field-tested.

This should take place in an environment in which young people are relaxed and have time to read the draft text and to comment on them individually or in small groups. On the basis of their comments, the text and illustrations are adapted once more, and the final versions of the booklets are prepared for printing.

It has proven useful to include the address of a local contact organization on the back page of the booklets. Young people will turn to these contacts to request more booklets, to ask for further information or even as a contact address for young people in crisis. In Kyrgyzstan, the address of the national office of the Reproductive Health Alliance of Kyrgyzstan (RHAK) was printed on the booklets, and each local branch was supplied with address stickers to put on an empty space on the back page.

Step 7: Clarify ownership and responsibility for distribution

Whilst the above steps are under way, the programme managers need to clarify one crucial question with their partners: Who should be the final “owner” of the booklets, and who will take the responsibility for their content and their distribution? Since the publication and distribution of the booklet series can lead to further inquiries and, at times, to controversies, it needs to be clear from the outset who will respond to these. While it is often suggested that this should be the Ministry of Education or the Ministry of Health, experience indicates that an NGO may be a more effective partner in many countries. This is because NGOs are generally more innovative and less bound by political constraints than governments. Government ownership tends to lead to lengthy approval procedures and may result in the booklets excluding important yet controversial issues, such as homosexuality or abortion. On the other hand, in some countries a government institution may be the right “owner,” since it might increase the chances for wide distribution and utilization within the formal education and health system (see text box on p. 19).

The programme in Morocco serves as an example of the challenges of working with government ministries as main partners. Initially, the programme was able to establish alliances with different departments of the ministries of health and education, the state secretariat for youth, local UN partners (UNFPA, UNESCO, UNAIDS) as well as NGOs working in youth promotion and/or thematically relevant areas (e.g.
HIV). This culminated in a joint youth conference where sexual and reproductive health issues were discussed in an openness never experienced before. Unfortunately, although originally positioned as the main partner, the Ministry of Health never assumed ownership of the booklets because of the sensitivity of the topic areas, and for a time the programme lost momentum. Finally the Ministry of Education took over, and printed booklets on four topics: *Growing Up and Puberty, Healthy Relationships, Pregnancy and Family Planning, and HIV and AIDS.*

Another question to decide early on is which languages the booklets will be published in. In Tanzania, the booklets were produced in the country’s language Kiswahili and then translated into English. The English version was mainly needed to help find partners willing to pay for reprinting. It was also needed for sharing the work with other projects, donors and other interested parties internationally, particularly by putting it on the websites of the local publisher and the former GTZ.

Translated versions should always be edited together with young people to make sure that the language used for questions and answers is actually “their” language for the issues in question. In Morocco, the French versions were the first to be written (although they were finally not printed); translating them into Arabic proved to be a difficult challenge because Arabic is so closely associated with religion. Great care had to be taken to avoid conservative and moralizing attitudes slipping into the texts.

In Kyrgyzstan, the booklets are available in four languages: Kyrgyz, Russian, Tajik, and Uzbek. Even though only Russian and Kyrgyz are official national languages, the partners decided to translate the booklets also into Tajik and Uzbek in order to serve these already marginalized minority populations.

Questions were collected in three languages (Kyrgyz, Russian, and Uzbek), then compiled in Russian. The working language during the development process was Russian; after the Russian version was finalized, the booklets were translated into the other languages. The translation into Kyrgyz proved to be especially difficult, as the language lacks many technical terms (e.g. terms for contraceptive methods) and it was sometimes hard to find terms that are understandable to youth, i.e. non-technical, but also not perceived as rude. Several skilled translators developed a first version that was pre-tested among different age groups, and in both the north and the south of the country, to take into account different dialects and levels of conservatism. The creation of four language versions was well worth the effort, since it provides all social sub-groups in the country with access to this important information. The Russian version was shared on with organizations in other Russian speaking countries, while the Tajik and Uzbek versions were shared with neighbouring Tajikistan and Uzbekistan. Nevertheless, any modification (e.g. as a result of feedback from readers, or new information) has to be carried out in all four languages, increasing production and printing costs.
Developing ownership in conservative societies

In countries where the prevailing culture and power structures are highly conservative, attempts to educate young people about sexual and reproductive health – however strongly based on scientific data and accepted public health practices – face special challenges. For the booklets to stand a chance of being distributed widely (and even being published at all), great care has to be taken in finding the right partners and working with them in ways that don’t compromise the accuracy of the content but also find an accommodation with prevailing sensitivities.

In Yemen, for example, the Yemeni-German Reproductive Health Programme was able to encourage a sense of ownership of the booklets by key Yemeni organizations and power structures (The principle national partner was the Ministry of Public Health and Population, with the participation of the Ministry of Youth and Sports, Ministry of Religious Affairs, young people, universities, NGOs, parents, and physicians.). From the beginning, the programme worked hard to avoid the impression that non-Muslim professionals from other countries were imposing their outside values at any stage of the process. A decisive stage came after the young people’s questions had been collected (Note that this was entirely done by Yemeni research assistants and health personnel.). The initial collection and analysis of these questions was carried out by a small group of officials and experts, among whom the collected material could be safely discussed. After their work was finished, the results were judged ready to be shared with carefully chosen “closed circles” within the Ministry of Health. Eventually, the programme presented the draft collection of questions at a national youth conference in April 2006, which had the support of the Shura Council (the upper house of Yemen’s bicameral legislative assembly). The conference received favourable coverage by the press, giving young people’s sexual and reproductive health concerns more visibility and – with the involvement of the Shura Council – more legitimacy.

Yemeni experts reviewing the booklets before dissemination.
Step 8: Print and start the dissemination process

Often, projects working on adolescent reproductive health do not have sufficient funding to print the quantity of booklets needed to reach all young people in a region or a whole country. In Tanzania, the project opted for a first edition of 5,000 sets per language. Afterwards, partner organizations were found who funded the printing of further editions.

Printing in colour is particularly attractive but has to be weighed against possibility of printing a larger number in black and white. One option is have a colourful cover and to print the internal pages in black and white.

The first edition should be distributed “strategically”, in ways that can help create demand for more copies. A set of booklets should be given to all development partners, organizations, and institutions working with young people on sexual and reproductive health issues. To use the example of Tanzania again, the project offered up to five sets for free to interested non-governmental and governmental organizations. Those which requested more copies were asked to cover the printing cost for them. Organizations interested in large quantities for use in their own programmes were invited to become co-publishers. The project provided them with the desktop publishing files so that they could organize the printing of sufficient copies themselves. If individuals such as teachers, social workers, priests or young people asked for individual copies – either in writing or by visiting the project office – they received one set free of charge. With this approach, it proved easy to find several partners who either ordered or reprinted copies.

Step 9: Monitor and evaluate

As has been outlined above, a key prerequisite for monitoring changes and evaluating results is a precise situation analysis as a baseline. In the case of these booklets, a survey on young people’s knowledge, attitudes and practices (KAP) regarding sexual and reproductive health and rights is an important starting point.

Monitoring and evaluation should include examining the dissemination process, the relevance of the booklets to its different audiences, and the booklets’ effects on their readers’ knowledge, attitude and behaviours.

Monitoring the dissemination process

Far too often, Information, Education and Communication (IEC) material is distributed to offices where it remains stored away in cardboard boxes until it becomes obsolete. It is useful to have a clear, agreed strategy about how the booklets should be used. In Tanzania, the books were part of science education in schools, while in Yemen they were part of a peer education programme.

The most basic way of monitoring the actual dissemination of the booklets is recording their distribution (receiving organization, number of copies, distribution channel, dates, etc.). In Nepal, for example, a form was developed to record how the booklets were used in schools and health facilities.

In the same way, demand should be documented. Keeping records of who requested, received, and paid for sets of booklets is also useful. When a larger quantity of copies is provided to an institution, e.g. a regional or district education office, it is recommended to work with that institution to jointly analyse if and how the product reached its audience.
Monitoring the perception and relevance of the information provided

The relevance of the information the booklets provide depends to a large extent on how they are developed. If experts, young people and good illustrators work together, and if the steps described above are followed, the resulting questions and answers are most likely to be useful and relevant. Yet, some readers, for example those from remote areas or members of minority social groups, may have a different perception of the issues addressed than those who were involved in the development process. Some of the readers will also be younger than those who participated in creating the booklets.

There are different methods for assessing how young people perceive the booklets, particularly their relevance and comprehensibility to their readers. All comments from partner organizations as well as from individual readers should be collected and documented. A simple and fruitful method is to print a note encouraging readers to give feedback (“your opinion is of interest to us”) on the last booklet page, along with the contact address. In Tanzania, all letters to the publisher – and there were many – were filed, answered and analysed. Over the years a total of 1,555 were received from young people, partner organizations, teachers and youth leaders (Gumbo & Rugambwa, 2009). Seventy-six percent of them were requests for more copies, 18% combined their appreciation with a request for more copies, 5% simply expressed appreciation and 2% posed questions.

Phone calls from readers who give comments or ask for additional copies can also be documented in this way.

Another method for assessing the relevance and usefulness of the booklets for their readers is a reader survey. This is especially feasible if in a given area or institution many young people received the booklets and can be traced for an interview. Such a reader survey can also collect information for other indicators (see description of the reader survey in Tanzania below).

Evaluating impact on knowledge, attitudes and practices

The booklets’ impact on young people’s knowledge, attitudes and practices (KAP) can best be evaluated by surveys of the booklets’ audience before and after their dissemination. The follow-up survey should ask the same questions asked in the baseline survey in order to assess whether there are significant changes in KAP. In order to eliminate confounding factors such as other interventions and campaigns, a well-designed survey should include a control group that resembles the target group in all other aspects, yet has not had any access to the booklets. Such a survey was carried out in Yemen and it is described in the next chapter.
The Results

With German support, the booklet approach has been used by German-supported programmes in 18 different countries since it was first conceived in Tanzania in 1999. In all of these places, despite their very different social and cultural contexts, the booklets were a success story in terms of the acceptance and demand for the booklets by young people. High demand for the booklets wherever they were distributed proves that – despite the multitude of information sources and media that exist today – there continues to be an unmet need for information on sexuality-related issues for young people.

A recent follow-up survey of the programmes found that in several countries, the programme conditions have changed. In some countries, the programmes that worked with young people came to an end (this was the case in Cape Verde, Guinea, Madagascar, Mali, and Zambia). In other countries, the programmes changed their focus and, after the initial development and distribution of the booklets, further distribution ceased. Nonetheless, comments from colleagues in many of these countries indicate that the booklets are still held in high esteem and that the demand for them continues unabated:

- In Madagascar, partners continue to consider the booklets the most appreciated (and sometimes the only) source of written information on sexuality-related issues for young people, and not only for them.

- In Kyrgyzstan, a review of best practices in Central Asia and neighbouring countries found that most partners viewed the booklets as one of the most interesting and effective approaches to providing information to young people on sexual and reproductive health topics, including HIV. In Kenya the booklets are still in demand even in regions not covered by the German-Kenyan Health Support Programme. The programme is currently considering revising and reprinting them in the near future. There is also demand from other countries such as the Democratic Republic of Congo, where German Development Cooperation has recently begun to support partners working on sexual and reproductive health and rights.

To date, only the programmes in Tanzania and in Yemen conducted comprehensive surveys about their usage and outcomes. Both these studies are summarized below.

Reader survey in Tanzania

A reader survey is an effective method for assessing:

- the actual distribution and utilisation of the booklets

- the comprehensibility of the illustrations and cartoons in geographical areas that were not included in the initial field testing

- the booklets’ impact on young people’s knowledge.

Such a survey was conducted in Lindi region in southern Tanzania two years after the distribution of the booklets, and was combined with a KAP study (Görjen & Mlay, 2001 and Tautz, 2001). The distribution process in the region was ideal for a reader survey because, in cooperation with the regional educational authorities, booklets had been distributed to all primary schools of the region. This provided sufficient numbers for random sampling of students at schools in rural and
urban settings. The survey was conducted using individual face-to-face interviews by male and female interviewers trained for this purpose. In 46 schools, five girls and five boys of Standard VI were randomly selected. Boys were interviewed by male and girls by female interviewers in a confidential setting.

**Distribution and utilisation**

Out of 415 potential readers in the sample, 89% had already seen the booklets, yet only 70% had received their own copy. In some schools, the headmasters had prevented their distribution. In others, only selected booklets, e.g. the one on HIV and AIDS, were given to the students. In one school, the booklets were kept in the science teacher’s cabinet for borrowing only.

Although not all students had read the booklets they had received, the vast majority had read the booklet *Growing Up* (94%). A majority had read the remaining ones (e.g., 51% had read the HIV booklet, and 63% the one on relationships).

*Growing Up* was not only the one the students tended to read most, but also the one they liked best. The main reason given was that the booklet explained the physical changes they were going through and that after reading it they felt better equipped to cope with these changes.

**Sharing of booklets and parents’ views**

Young people who had received their own set of booklets said they often shared them with family members and peers. Fifty-one percent had shown them to their parents, while 30% had shared them with friends, 22% with siblings and 11% with other relatives.

Thirty-one percent said their parents encouraged them to read the booklets thoroughly, while 27% said their parents checked the booklets and returned them without any comment. The parents of another 31% could not read the booklets because they were illiterate. Finally, 9% said their parents found the booklets were too frank about sensitive issues and therefore were inappropriate for young people.

**Comprehensibility of the cartoons**

The readers’ understanding of the cartoons was assessed by interviewing them about their comprehension of the two examples depicted here. Evidently, young people had no problem understanding their message. All girls saw the blood and correctly interpreted it as menstrual blood. They explained that the girl cries because she realizes that she has got her first menstruation. Some said she cries because she has to report this now at home. Regarding the cartoon displayed to boys, nearly all said that the boy has an erection. The most common interpretation was that ‘he dreamt of having sex’, ‘he thinks of having sex’, ‘he would like to have sex’. Only few said that this is the morning erection due to blood in the vessels of the penis.

---

4 Note that although Standard VI might be translated as Grade Six or Year Six, the age range in one Tanzanian grade may be from 14 to 21 depending on when the parents can afford their children going to school or sitting for O-level exams. The median age of girls in both study years was 14 years, the mean 14.5, and the age range from 10 to 20 years. The median age of boys was 15 years, the mean 14.9, and the age range from 10 to 21 years.
Readers’ knowledge

One of the most important messages in the booklets is that young people should know about condoms not only as a means to prevent HIV infection and STIs, but also because they protect against unwanted pregnancies (dual protection). This is particularly relevant in Tanzania where condoms are mainly seen as a means of preventing HIV infection.

The survey results showed that the majority of girls had understood this message: 78% of them correctly mentioned all three purposes of condom use. In contrast, the boys viewed condoms mainly as a means for disease prevention and only 47% of them mentioned all three purposes.

KAP survey in Yemen

Around a quarter of the Yemeni population are young people. Most have little knowledge of reproductive health issues and the changes that occur in puberty. This lack of information contributes to risks such as unintended pregnancies and sexually transmitted diseases, and causes a lot of anxiety.

In order “to improve young people’s access to information on reproductive health” on a large scale in the country – i.e., in order to reach the programme objective – the Yemeni-German Reproductive Health Programme (YGRHP) published a series of six question-and-answer booklets covering the topic areas of puberty, sexual health, reproductive health, HIV, tobacco smoking, and the chewing of khat, a mild narcotic that is widely used in the region.

The six booklets have been important element in a peer education programme in secondary schools since 2007. In 2009, the YGRHP carried out a survey regarding knowledge, attitudes and practices related to reproductive health, HIV and the use of drugs among young people in seven of the country’s 21 governorates.

Method

The survey comprised a random sample of 772 students in grade 10, 11 and 12 (433 female and 339 male) in the seven governorates participating in the YGRHP. Students were categorized as “exposed to the Q/A booklets” and “not exposed”. Only one class was included in each selected school, in order to cover as many districts within each governorate as possible. Students were not informed about the study prior to the study team’s arrival; this was done in order to ensure that no students avoided school in order not to participate in the survey, which would have skewed the results.

The purpose of the study was to assess the effects of the booklets among those who had received them, and to create baseline data on knowledge and attitudes of students who had not yet been exposed to the booklets at the time of the study. As no baseline had been conducted prior to the distribution of booklets, the differences between students who had received the booklets in 2007 and students who

<table>
<thead>
<tr>
<th>Condom prevents ...</th>
<th>all holders of the set of booklets (N=291)</th>
<th>% female holders N=145</th>
<th>% male holders N=146</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unwanted pregnancy</td>
<td>76%</td>
<td>93%</td>
<td>59%</td>
</tr>
<tr>
<td>STIs</td>
<td>90%</td>
<td>86%</td>
<td>94%</td>
</tr>
<tr>
<td>AIDS</td>
<td>87%</td>
<td>83%</td>
<td>91%</td>
</tr>
<tr>
<td>Do not know</td>
<td>2%</td>
<td>5%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Table 1. Knowledge on usefulness of condoms (Reader Survey Tanzania 2001)
had not yet received booklets formed the basis of a comparison (This is not an ideal situation for rigorous statistical analysis, but the results appear to be robust).

**Findings**

The study results suggest that exposure to the booklets increased the students’ knowledge and changed their attitudes in a number of important areas:

- 8% more readers than non-readers thought that girls should be informed about menstruation prior to its onset (70% vs. 62%).

- 10% more readers thought that there should be a minimum age of marriage for women for health reasons (56% vs. 46%).

- Readers were more aware of the risks of early pregnancy (75% vs. 52%).

- 82% of readers compared to only 68% of non-readers were aware of modern contraceptives as a means of delaying pregnancy.

- Only 23% of readers were unaware of the signs and symptoms of STIs, compared to 46% of non-readers.

- 43% of readers vs. 36% of non-readers knew between three and five ways that HIV is transmitted.

- A higher percentage of readers (16%) than non-readers (9%) mentioned condoms as a means of preventing HIV transmission, but the knowledge of condoms was generally very low.

- Readers also showed a more positive attitude towards people living with HIV: 47% of readers suggested that an HIV-infected peer should be allowed to continue attending school, as opposed to 27% of non-readers.

Generally, irrespective of exposure to the booklets, female students were more knowledgeable than male students about all subjects including contraception, STIs, HIV and drug use. However, misinformation about a number of issues was revealed to be widespread even among booklet readers. There is clearly a need to increase access to relevant information and services.

---

5 Some of the following differences were calculated to be statistically significant, but for the reasons described above, it was decided that no conclusion related to significance would be drawn.

6 The introduction of a minimum age of 17 years is a current matter of political debate in Yemen.
Lessons learnt

The following lessons have been pointed out by programme staff and others in countries where the question-and-answer booklets have been produced.

Short and simple, well-illustrated material will be read, even in cultures that do not value reading. A series of small, well-illustrated booklets is much more attractive than one long book to an audience that does not usually read. A pleasing design, a relatively large type and many illustrations increase the chances that the booklets will be read – not just by one but often by many people.

Respect the language young people use in their questions and answers
Experts have a tendency to reformulate young people’s questions and answers in technical terms. For effective communication with young people, however, it is important to use their language.

It is also important that the questions reflect the reader’s perspective. If young people contribute a question like “What should I do about my sexual feelings?” this should not be re-worded as “How can adolescents cope with sexual desire?” The more genuinely the questions and answers are formulated, the more they will be accepted as genuine by young readers.

Address growing up, friendship and sexuality before dealing with HIV and AIDS
For young people the topics of friendship, sexuality and love are among the most exciting areas to explore. At a certain age, they are their primary preoccupations. A Moroccan boy expressed this in his question: “Why is it that I cannot think of anything else than sex in this period of my life?” In contrast, disease and disease prevention are disturbing factors in this discovery of a new world. Young people have many questions, hopes and worries in their minds regarding the emotional and physical changes they go through, including sexual desires. They worry about being accepted by others, being attractive, being “normal”, as well as traditional concerns about being “fertile” or “barren”. By addressing and providing answers to these issues, the booklets can also impart information on specific public health concerns such as preventing sexually transmitted diseases and unwanted pregnancies.

Young people do often not worry about sex and sexual health in the first place, but about being accepted by others, being attractive or just being perceived as “normal”.
Consider carefully the pros and cons of partnering with government or non-government organizations

Authorizing question-and-answer booklets on sexuality-related issues – and particularly when these booklets are produced by young people for young people – can put government officials in a difficult position. Even if they personally agree that this kind of information is needed, such officials may be reluctant to be associated with such materials, let alone to publicly take “ownership” of them.

Translations into local languages must be handled with great care

Translating English or French booklets into local languages has proven to be challenging. Direct translations of terms that are commonly used in everyday English can be perceived as very rude and inappropriate in local languages. In Malawi for example, the first edition of the booklets in the country’s language Chichewa was not well received. Many parents and opinion leaders considered the content vulgar and discouraged young people from reading them. In contrast, the English version was in demand throughout because discussing reproductive health matters in English is considered less offensive.

Programmes that work with the booklets need to take this into consideration when they choose their partners. Where government officials appear to feel uncomfortable with the approach, it may be more productive to partner with interested NGOs that have the required technical and organizational capacity. The ministries of health and education can always join in later on, once the materials have proven to have public support and significant demand from their audiences, and when monitoring and evaluation efforts can demonstrate positive results. In Kyrgyzstan, the information materials were developed in close collaboration with two local NGOs, the Reproductive Health Alliance of Kyrgyzstan (RHAK) and the Info-Centre Rainbow. Co-funding was provided by UNICEF. This donor coordination and synergy made the project financially feasible, and opened the doors to the United Nations HIV Theme Group in Kyrgyzstan, where other agencies committed themselves to print further copies.

Demand for the Chichewa edition of the booklets dramatically increased after a revision that changed their tone without changing their content. The Malawi experience highlights the importance of field-testing new language versions before they are distributed to a wider audience.

In Tanzania and other countries the booklet project teams partner up with national ministries to disseminate the booklets in schools, but this is not suitable for every country.

---

7 HIV Theme Groups bring together the main government ministries, non-governmental organizations and international agencies working on HIV and AIDS in a given country.
Other partners should be involved in the printing and distribution of the booklets

Sometimes organizations worry that the efforts they invested in producing the booklets will go unnoticed if they allow other partners to reprint them. A win-win situation – for partners and for the young people that can be reached with new copies – can be created if both parties (and both logos) can appear on the new edition.

Following all steps of the participatory development process ensures the booklets’ relevance to young people and local ownership for them

Many of the questions that young people pose are more or less the same all over the world. But experience suggests that about 20 to 30% of them will differ according to any given country’s socio-cultural context. These will result from differences in traditional or religious norms, gender roles, and parents’ and communities’ expectations of the young generation. Such questions can only be elicited and then answered in a meaningful and culturally acceptable manner if all steps of the process are implemented as described earlier in this report.

Several of the 18 programmes that worked with the booklet approach chose to use versions that were developed in neighbouring countries or in countries with similar socio-cultural contexts. Some of them invested in participatory adaptation processes, involving young people and local experts. Others only reprinted and distributed existing booklets. Looking back, it can be said that the approach has been most effective and sustainable in countries where programmes invested in all steps of the participatory development process – not least because this process allowed for a joint learning process and the development of a sense of shared ownership amongst all participating partners.

The creation of booklets is a participatory process that involves – apart from young people – health and education experts from the specific country. Here, an action group in Yemen prepares the collection of questions.
Why this is a promising practice

In order to be published as a promising practice in the German HIV Practice Collection, programmes or approaches need to meet the majority of its selection criteria (see page 5). This section summarizes the results of a peer review undertaken by two experts in young people’s sexual and reproductive health and rights when it was first published in 2006.8

Effectiveness and transferability

Since this approach was developed in Tanzania in 1999, it has been replicated or adapted by German-supported programmes in 18 countries in diverse socio-cultural contexts (see Table 2 for an overview). In all of these settings, the booklets were successful in terms of demand and of their acceptance by young people. Letters from young people requesting additional copies, letters of thanks, and positive feedback from educators and parents were received everywhere.

Where the socio-cultural setting differed significantly from the situation in Tanzania, the entire process described above was followed, resulting in quite different contents and illustrations, notably in Kyrgyzstan, Nepal, Yemen and in Morocco.

The overall number of copies printed and distributed so far amounts to more than a million, with the biggest number printed and published in Tanzania. The Tanzania Commission for AIDS reprinted copies for all primary school leavers and distributed the booklets through teacher training resource centres. The process of reprinting and adaptation is still ongoing.

Over the past few years, they have been among the most popular documents in the GHPC website’s Toolbox section, with between three and four thousand downloads for some language versions.

In spite of this positive feedback and the continuing interest in the approach, it must be critically noted that only two of the programmes that worked with it invested in its systematic evaluation.

Participatory and empowering approach

The development of this sexuality education material is based on young people’s expressed concerns and questions. Together with them, responses have been developed, tested, and illustrated. Many of the young people said how much they appreciated having a chance to express their needs and to take part in the production of their own health communication materials.

Gender awareness

The booklet approach encourages girls and boys to express their gender-specific needs and constraints. Young women’s questions regarding the value of their “virginity up to marriage,” the position of girls in the family and the society, menstruation, or on what they feared might be the negative effects of masturbation on health are just some of the examples of how they used this opportunity

8 Note that this 2011 update provides additional information from programme experiences during the five intervening years, but has not been resubmitted for peer review.
extensively in all the countries where the approach was implemented. Gender awareness can be seen as one of the essential elements of the booklets approach.

Innovation

The most common approach to the problem of young people’s lack of access to information on sexual and reproductive health issues is the development of “behaviour change” material by experts for the respective audience. The approach described in this report is innovative in that it reverses this top-down “expert” approach, starting with the audience’s questions and involving them throughout.

Sustainability

Twelve years after the booklet approach was first conceived, government institutions in some countries (e.g. Tanzania, Yemen and Nepal) and non-governmental organizations in others (e.g. Kyrgyzstan), have taken responsibility for it and are committed to sustaining it at a broad level. Whilst the dissemination of the booklets was interrupted in other countries that worked with this approach for some time, there are indications from many of them that the booklets are still held in high esteem and that efforts to re-launch their distribution are underway. Overall, it appears that the approach has been most sustainably established in countries where the German-supported programmes invested in a broad-based, participatory development process, including all the steps outlined in the Approach chapter of this report.
Table 2. Overview of countries where the booklets have been published

<table>
<thead>
<tr>
<th>Country</th>
<th>Language</th>
<th>State of implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap Verde</td>
<td>Portuguese</td>
<td>Baseline KAP and collection of questions undertaken; first draft booklet developed on the basis of the Tanzanian booklet on HIV and condoms. Due to the end of the project, the process was not completed.</td>
</tr>
<tr>
<td>Guinea</td>
<td>French</td>
<td>Guinean version developed with a local youth NGO. All steps of the development process undertaken. Booklets widely disseminated. The process was interrupted when the programme ended due to the political situation in Guinea.</td>
</tr>
<tr>
<td>Kenya</td>
<td>English</td>
<td>Tanzanian version used through community-based lay health workers (CBDs) and youth centres. Currently out of print; review and reprint considered</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>Kyrgyz, Russian, Tajik, Uzbek, English</td>
<td>Series of booklets developed following full process and in high demand. 9th series produced by UNFPA in 2008. Recent decision by Ministry of Health in collaboration with NGOs to update booklets in content, form and shape based on a new needs assessment with young people. Updated version in print.</td>
</tr>
<tr>
<td>Madagascar</td>
<td>Malgasy</td>
<td>Translation and adaptation of the complete Tanzanian series</td>
</tr>
<tr>
<td>Malawi</td>
<td>Chichewa, English</td>
<td>Adapted from the Tanzanian version in 2002, initially distributed in Southern districts only through youth centres; reprinted in 2008 and disseminated with national coverage as supplementary reading material in life skills education (Ministry of Education).</td>
</tr>
<tr>
<td>Mali</td>
<td>French</td>
<td>Guinea version adapted; no recent update on experience available</td>
</tr>
<tr>
<td>Morocco</td>
<td>French, Arabic</td>
<td>Baseline KAP and collection of questions conducted Series of 6 booklets developed in French and translated into Arabic. Finally only three booklets disseminated due to the ministry’s concerns about the sensitivity of the topics treated.</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Portuguese</td>
<td>Three booklets – on HIV, Growing Up, and Pregnancy – adapted from Tanzanian series</td>
</tr>
<tr>
<td>Namibia</td>
<td>English</td>
<td>Tanzanian booklets adapted; reprinted repeatedly, the last time in 2010; distributed in four regions through Ministry of Education.</td>
</tr>
<tr>
<td>Nepal</td>
<td>Nepali</td>
<td>Booklets based on own collection of questions; dissemination ongoing through government institutions and use of the booklets by the public health sector. Booklets will also be a core part of the national adolescent sexual and reproductive health programme.</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>Spanish</td>
<td>Went through all steps of the development process; published with Ministry of Health.</td>
</tr>
<tr>
<td>Country</td>
<td>Language(s)</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Rwanda</td>
<td>Kinyarwanda</td>
<td>Three booklets – on Growing Up, Healthy Relationships, and HIV – adapted from the Guinean version, and used in and out of school in peer education programmes in collaboration with Ministry of Health and by PSI. New booklets on drug/alcohol use and (gender-based) violence planned.</td>
</tr>
<tr>
<td>South Africa</td>
<td>English</td>
<td>Introduction of Tanzanian version with peer educators as part of an HIV workplace programme implemented by a multinational corporation.</td>
</tr>
<tr>
<td>Tanzania</td>
<td>English, Kiswahili, Braille Script</td>
<td>Several reprints in Kiswahili with various organizations. New subjects developed; Tanzania now has a set of 13 booklets.</td>
</tr>
<tr>
<td>Uganda</td>
<td>Luganda, English</td>
<td>Local reprint of Tanzanian version in collaboration with KfW.</td>
</tr>
<tr>
<td>Yemen</td>
<td>Arabic</td>
<td>Set of booklets developed on the basis of own needs assessment and collection of questions. Study assessing results conducted in 2009. Review of booklets and second edition disseminated</td>
</tr>
<tr>
<td>Zambia</td>
<td>English, Tonga (HIV booklet)</td>
<td>No current information obtained.</td>
</tr>
</tbody>
</table>

References


Yahia, Rajaa and Tautz, Siegrid (2009). Knowledge, attitudes and experiences of young people concerning puberty and reproductive health, Survey conducted in seven governorates supported by the YG-RHP, on behalf of the Yemeni-German Reproductive Health Programme in the Ministry of Public Health and Population, Sanaa.
Booklets at the German Health Practice Collection’s website

On our website we offer sets of question-and-answer booklets in English, French, Spanish, Portuguese, Arabic, Russian, Kyrgyz, Russian, Nepali and Malgasy.


Examples include:

Adaptation of Tanzania’s booklet on Growing up in French (© GIZ).

Marriage and Family booklet from Yemen (© GIZ Yemen).

Russian version of the booklet on contraception from Kyrgyzstan’s series (© GIZ Kyrgyzstan).

Portuguese adaptation of the Tanzanian booklet on HIV and AIDS for the use in Mozambique (© GIZ Mozambique).
Further Reading


Moncrieffe, Joy (2001). Adolescent Participation in Situation Assessment and Analysis, 10 Case Studies from the Field, UNICEF and Commonwealth Youth Programme.


Pfander, Babette (2000). Survey on Knowledge, Attitude and Practice (KAP) of Adolescents with regard to Reproductive Health and Sexually Transmitted Infections, including HIV/AIDS, Ministry of Health & Reproductive Health Project GTZ, Dar es Salaam.

Pfander, Babette (2003). Survey on Knowledge, Attitude and Behaviour of Adolescents with regard to Reproductive Health, HIV/AIDS Prevention and Drug Abuse, carried out with the UNICEF funded Healthy Airwaves for Youth (HAFY) Project, Bishkek.


Published by
Deutsche Gesellschaft für
Internationale Zusammenarbeit (GIZ) GmbH

German Health Practice Collection

Programme to Foster Innovation, Learning and Evidence
in HIV and Health Programmes of German Development Cooperation (PROFILE)

Registered offices
Bonn and Eschborn, Germany

Friedrich-Ebert-Allee 40 65726 Eschborn, Germany
53113 Bonn, Germany
T +49 6196 0
F +49 6196 79 - 0
F +49 6196 79 - 1115

ghpc@giz.de
www.german-practice-collection.org

The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH was formed on 1 January 2011. It brings together the long-standing expertise of DED, GTZ and InWEnt. For further information, go to www.giz.de.

On behalf of
Federal Ministry for Economic Cooperation and Development (BMZ);
Division of Health and Population Policies;

Managing Editor
Anna von Roenne

Writers
Siegrid Tautz

Design
www.golzundfritz.com

Graphics
pp. 1, 19, 25, 28, © GIZ Yemen
p. 8, © GIZ/ Camilla Buch von Schroeder
pp. 8, 16b, 23a+b, © GIZ Tanzania
pp. 10, 12, 16a, © GIZ Nepal
pp. 14, 27, © GIZ/ Regina Görgen
pp. 17, 26, © GIZ Morocco


GIZ is responsible for the content of this publication.

Addresses of the BMZ offices
BMZ Bonn  BMZ Berlin | im Europahaus
Dahlmannstraße 4  Stresemannstraße 94
53113 Bonn, Germany  10963 Berlin, Germany
T +49 228 99 535 - 0  T +49 30 18 535 - 0
F +49 228 99 535 - 3500  F +49 30 18 535 - 2501

poststelle@bmz.bund.de
www.bmz.de