HIGHLIGHTS OF
25 Years of Youth Sexual and Reproductive Health Programming

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### Acronyms

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<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>acquired immune deficiency syndrome</td>
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<tr>
<td>ASEP</td>
<td>AIDS Surveillance and Education Project</td>
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<td>ARP</td>
<td>alternative rites of passage</td>
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<td>AYA</td>
<td>African Youth Alliance</td>
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<td>FGM</td>
<td>female genital mutilation</td>
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<td>FHI</td>
<td>Family Health International</td>
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<td>HIV</td>
<td>human immunodeficiency virus</td>
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<td>IMPACT</td>
<td>Implementing AIDS Prevention and Care Project</td>
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<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<td>KARHP</td>
<td>Kenya Adolescent Reproductive Health Project</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MOPH</td>
<td>Ministry of Public Health</td>
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<td>MYWO</td>
<td>Maendeleo Ya Wanawake Organization</td>
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<td>NGO</td>
<td>nongovernmental organization</td>
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<tr>
<td>PATH</td>
<td>Program for Appropriate Technology in Health</td>
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<td>PPAG</td>
<td>Planned Parenthood Association of Ghana</td>
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<tr>
<td>STI</td>
<td>sexually transmitted infection</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>YSRH</td>
<td>youth sexual and reproductive health</td>
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Introduction

The social and economic impact of a healthy and productive youth population is particularly important for developing countries, where young people ages 10 to 24 represent up to 30 percent of the population. Although youth is generally a healthy period of life, all too many young lives are lost or compromised due to reproductive health problems including human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs), unwanted pregnancies (often culminating in obstetrical complications or unsafe abortion), and poor nutrition. Yet young people are usually less informed, less experienced, and less comfortable accessing reproductive health services than adults.

The Program for Appropriate Technology in Health (PATH) is an international, nonprofit, non-governmental organization (NGO) dedicated to improving health, especially the health of women and children. PATH addresses the broad range of sexual and reproductive health issues throughout the life cycle and applies a human rights approach to meet individual needs. PATH’s commitment to reproductive health is guided by the values of the International Conference on Population and Development (ICPD) agenda.

Since its beginnings 25 years ago, PATH recognized that adolescents and young people are a population segment frequently overlooked by reproductive health programs, and began to work with partners in several countries on youth-specific information, education, and communication projects. These represented truly groundbreaking initiatives for many of PATH’s partners, as youth sexual and reproductive health (YSRH) was—and continues to be—a controversial and sensitive topic that had never before been addressed. Over the years, PATH’s work in YSRH has expanded to more than 50 countries. Some projects involved the adaptation and application of approaches that have been successful with adult populations, such as PATH’s pioneering methodology for the development of print materials for low-literate audiences and its extensive work improving access to reproductive health commodities through pharmacies and drug shops. Other work anticipated what were to become “best practices” in YSRH programming; for example, interventions tailored to the age or developmental stage of young people. Quite a few projects developed true innovations—from alternative rites of passage (ARP) where young girls are initiated into womanhood without undergoing female genital mutilation (FGM) to interactive computer-based programs that engage young people in reproductive health decision-making.

Today, PATH continues to be in the forefront of shaping the state of the art in YSRH programming, keeping pace with worldwide research findings and program experiences while creating and testing a broad range of interventions to help young people develop into responsible and healthy sexual beings.

PATH’s 25th anniversary is a fitting time to celebrate its decades of work promoting young people’s sexual and reproductive health, for according to the United Nations, 25 years marks the end of youth. This publication looks back, sharing highlights of some of PATH’s work in YSRH, and also looks forward, outlining its vision for the future.
PATH’s Approach to Youth Sexual and Reproductive Health

Youth, which refers to people ages 10 to 24, is a dynamic time of life, as many physical, social, and psychological changes that occur during our lifetimes occur during this timeframe. Between childhood and adulthood, attitudes are defined, long-term skills are acquired, health behaviors are formed, and life courses are charted. This is the period when youth aspirations and capabilities can be nurtured. The development challenge is to capitalize on the assets of youth, while modifying those behaviors, cultural norms, and social conditions that threaten their health and well-being.

Meeting this challenge calls for strategic actions that encompass:

Community: Fostering a safe and supportive environment for positive youth development and reproductive health;
Knowledge, Attitudes, and Skills: Empowering youth with knowledge, attitudes, and skills related to healthy sexual and reproductive health behaviors; and
Services: Increasing youth access to and use of sexual and reproductive health services and commodities.

This three-pronged approach is widely recognized as a useful framework for developing interventions to help youth practice healthier sexual and reproductive health behaviors. PATH programs work in each of these areas.

Developmental stages and social transitions vary across ages, as well as between boys and girls. As a result, PATH’s YSRH projects pay careful attention to the specific characteristics of youth, such as age, gender, schooling, and cultural setting, which can influence the effectiveness of interventions. Moreover, PATH interventions strive to reach youth where they live, study, work, and play.

Crosscutting Themes

The crosscutting concerns of gender equity, human rights, youth asset-building, and institutional capacity-building are woven into PATH’s YSRH work.

Gender and Power: Prevailing gender norms contribute to power differences in adolescence that can damage boys’ and girls’ development. PATH recognizes that girls and boys experience different vulnerabilities. As they reach adolescence, many girls are under pressure to marry and their social movements are limited to maintain their reputation and eligibility for marriage. Their access to schooling may also be limited. Pregnancy often quickly follows marriage, increasing threats to girls’ biological, social, and economic well-being. At the same time, socialization into traditional masculine roles promotes greater risk-taking among boys, with all the potential accompanying consequences—inflection, disease, injury and death from accidents of all kinds, violence, homicide, and substance abuse.

All of PATH’s adolescent work incorporates a gender perspective at multiple levels. It strives to challenge gender bias within communities, institutions, and health systems; to recognize the impact of family pressure and norms on how girls and boys are socialized into adult roles; and to foster positive interactions between boys and girls as they grow into adulthood. PATH projects also engage boys and men in changing gender norms for their own benefit, as well as for the benefit of girls and women.

Human Rights: PATH promotes human rights, particularly gender equity, in all its YSRH interventions not only because this is the right thing to do, but also because it is an effective approach. Human rights violations based in gender inequity contribute to high rates of unintended pregnancies,
Denying young people access to sexual and reproductive health information and services that can enable them to lead healthier lives is a violation of their human rights. Providing youth-friendly and gender-sensitive reproductive health services in locations easily accessible by youth is one of PATH’s major program strategies.

Youth Asset-building and Involvement: Youth is a period marked by creativity, energy, and resilience, all assets that, if respected and encouraged, can lay the foundation for a healthy, productive, and happy future. PATH seeks to build youth assets, helping young people to learn how to assess risks and make reasonable choices and to realize how powerful they can be, how much control over their lives they can have, and what promise their futures can hold. Projects focus on identifying and reinforcing the protective factors that increase the likelihood of desirable or positive behaviors and also buffer the negative influences of exposure to risk. Protective factors vary from setting to setting and include connections, autonomy, opportunity, social norms, and support.

Creating processes and structures to involve young people in all aspects of programming is another key strategy of PATH. Youth involvement builds youth assets and ensures that interventions address young people’s concerns and needs. In addition, participation helps adolescents learn, think, negotiate, and form social capital. Promoting youth involvement requires enabling environments, supportive adults, opportunities for participation, and strong policies, resources, and services.

Capacity-building and Institutionalization: PATH strives to build capacity by creating partnerships with implementing institutions while working with counterparts to strengthen their ability to effectively plan, design, evaluate, and manage programs and interventions. PATH also helps partners improve their skills for influencing policy and developing networks. Training, including the development of training curricula and manuals as well as the introduction of other supporting program materials, is one of the key methods PATH uses to build staff and organizational capacities. The proximity of PATH staff in offices in 14 countries greatly facilitates learning-by-doing technical assistance.

Institutionalization of YSRH programs means making them an integral part of the organizations and communities where they take place, thereby increasing the likelihood of sustainability. In addition to the full incorporation of program guidelines, procedures, and permanent staff with structures, goals, and purposes that characterize an organization, institutionalization requires community ownership of programs. For this to happen, youth, families, providers, policy makers, and program staff must be actively involved in planning, implementation, and evaluation. Thus, PATH’s YSRH projects often combine work with multiple institutions—from small, community-based NGOs to large public-sector institutions—to permanently establish the mandate, guidelines, and resources to provide young people with reproductive health information and services.
Multi-component Programs

China Youth Reproductive Health Project

In 2000, the China Family Planning Association (CFPA) and PATH began work on a five-year YSRH project funded by the Bill and Melinda Gates Foundation. The project is working in 14 sites (12 urban and 2 rural) with a total adolescent population of 80 million. It focuses on helping youth meet three behavioral goals: delaying sexual debut; reducing the number of sexual partners; and preventing unwanted pregnancy, STIs, and coercive sex. Multiple program interventions work synergistically to:

- Create a safe and supportive environment
- Empower youth with information and skills
- Increase youth access to services
- Increase CFPA’s organizational capability

CFPA and PATH work closely with both private industries and government institutions, with program activities taking place in schools, workplaces, and clinics. Education departments at the city and district levels, as well as factories, are incorporating life-planning skills and reproductive health services into their work, and clinics are establishing youth-friendly health services. In addition, CFPA advocates for government—both national and local—to adopt laws and policies that support YSRH.

CFPA is becoming a recognized national leader in YSRH programming and advocacy. In responding to the reproductive health needs of China’s highly diverse population of young people, CFPA and its local family planning associations and volunteers are gaining valuable skills and tools, including capacities in participatory learning and action techniques, life-planning skills education, monitoring and evaluation, and youth-friendly service provision. CFPA is also expanding its network of current and potential partners through training missions, conference participation, and other program and lesson sharing.
Kenya Adolescent Reproductive Health Project

The Kenya Adolescent Reproductive Health Project (KARHP), an operations research project funded by USAID, set out to answer the following questions:

- Can anything be done to postpone sexual debut for those not sexually active?
- Can anything be done to reduce risky behavior among sexually active adolescents?
- How effective are community-based interventions in improving knowledge, attitudes, and behavior?

In full partnership with the Kenyan government, including the Ministry of Education; the Ministry of Health (MOH); and the Ministry of Gender, Sports, Culture, and Social Services; PATH and the Population Council’s Frontiers in Reproductive Health (FRONTIERS) project compared the feasibility, effectiveness, and cost of two different combinations of interventions implemented in two districts each in Western Kenya. The three intervention packages implemented were:

Site A: Community-based public sensitization and advocacy along with youth-friendly staff and services in health facilities (two communities);
Site B: The same interventions plus school-based sexual and reproductive health education for different age groups (two communities); and
Site C: Control group (two communities).

Findings from the pre- and post-intervention population surveys of girls, boys, and parents include:

- A significant increase in knowledge of contraceptive methods among adolescents at site A;
- Improvements in knowledge of correct condom use among adolescents at sites A and B;
- Increase in knowledge of STI and HIV prevention (various prevention methods known at all sites, all particularly strong at site A);
- High and increasing approval of condom use by sexually active adolescents at all three sites; and
- Almost universal disapproval of premarital sex and childbearing.

In addition, the research found that sexual activity was infrequent among adolescents—more than half of 16-year-old boys and girls had never had sex, and among those who reported ever having sex, activity was irregular and infrequent. The average age of sexual debut remained at 14 years for boys and 15 years for girls.

Overall, KARHP succeeded in improving knowledge of reproductive health and attitudes toward protective behaviors, while evidence regarding behavior suggested changes are just beginning. The community-based and facility-based interventions improved knowledge, influenced attitudes, and may be starting to change behavior. School-based activities improved teachers’ role as a source of information, and may be contributing to reduced sexual activity. The community intervention was the least costly, and community members made substantial non-monetary contributions.

Community approval of KARHP was high. At meetings to disseminate project results, residents of the six communities called for a continuation and expansion of activities with the support of NGOs and government to sustain the interventions.
African Youth Alliance

In sub-Saharan Africa, half of all new cases of HIV infection occur among young people between the ages of 15 and 24. Botswana, for example, has the highest rate of HIV infection in the world: one in every three people of reproductive age is infected with HIV. The African Youth Alliance (AYA) is a five-year program, funded by the Bill and Melinda Gates Foundation, to expand YSRH and development efforts in four countries—Botswana, Ghana, Tanzania, and Uganda. In each country, a consortium of governmental and nongovernmental organizations implements the program in partnership with PATH, the United Nations Population Fund (UNFPA), and Pathfinder International. These countries were selected based on need, specific requests for assistance, and demonstrated government commitment to HIV prevention among youth.

AYA partners carry out a wide variety of interventions in each country to educate youth about reproductive health and HIV prevention and to provide them with the necessary information, skills, and support to make healthy life choices. These activities include:

- Carrying out advocacy and policy communication;
- Conducting behavior change communication through peer education, folk and mass media, and social marketing;
- Introducing and improving youth-friendly services;
- Integrating sexual and reproductive health into livelihood skills development and training programs for youth;
- Building the institutional capacity of AYA’s country-level partners to plan, implement, manage, evaluate, and sustain programs and services; and
- Fostering coordination and information sharing of program activities, lessons learned, and best practices.

The African Youth Alliance works to educate youth about reproductive health and HIV prevention.
COMMUNITY: Fostering a Safe and Supportive Environment

Interventions have the greatest impact when they address the social dimensions and context of adolescence. Social structure, kinship, and family relationships shape how young people are socialized into adult roles. Family and kin expectations reflect broader cultural ideals regarding sexual behaviors and family formation. For example, girls are not vulnerable just because they reach adolescence—they are vulnerable because of the social norms that limit their power to control their own sexual activity and reproductive health once they reach puberty. A safe and supportive environment includes not only the availability of reproductive health information and services for youth, but also the conditions that ensure their ability to access these resources.

PATH’s YSRH programs attempt to increase community and political support and positively influence social norms through the following strategies:

- Community mobilization
- Advocacy, policy formation, and networking
- Parent/adult education

Community Mobilization

Sustained positive changes in social norms and health behaviors are only possible with the direct involvement of those expected to make the changes. Motivating people to try new ways of thinking and doing requires earning their trust and facilitating their ownership of decision-making. A critical mass of people is also required to carry the momentum needed for lasting impact, and community mobilization helps to achieve this critical mass.

Mobilizing Hill Tribe Communities Against AIDS

The young people of two hill tribes in Thailand, the Akha and the Hmong, increasingly venture outside their villages to live. Mothers in the communities wanted them to have information on reproductive health and the risks of HIV. In addition, the tribes sought to build their own capacities to reduce the spread of HIV/AIDS and manage its impact within their families and communities by empowering women to protect themselves while simultaneously encouraging male responsibility for family and reproductive health.

In this model project, with funding from the European Commission, traditional and cultural leaders, small groups of residents, and existing village committees participated in meetings, trainings, and discussion groups related to reproductive health and STI/HIV prevention. Posters, cassette dramas, radio documentaries, health fairs, and puppet shows, created with the involvement of young people and homemakers, reinforced the heightened awareness of health-endangering and health-enhancing behaviors, while the area’s mobile health program integrated HIV and reproductive health into its services.

The outcome evaluation showed that these community mobilization activities improved knowledge of basic health care, reproductive health, and HIV prevention.

Advocacy, Policy Formation, and Networking

Advocating to increase widespread support of effective programs and policies for youth development and positive adolescent health behaviors is critical to the success of any YSRH effort. The
sensitive and potentially controversial nature of adolescent sexuality makes advocacy even more important. People may oppose programs that discuss adolescent sexual and reproductive health topics because they believe the issues are taboo, promote promiscuity, or are too embarrassing to discuss publicly. Effective advocacy based on evidence can help build a persuasive case that providing comprehensive reproductive and sexual health information and services to young people is important for their overall development.12

Organizations that work together in partnerships or networks can often accomplish more than they would individually. Networking not only strengthens organizations, but also expands services and gives a collective voice to efforts to promote youth reproductive rights.

National Advocacy Network in Kenya

In the early 1990s, with funding from the Mellon Foundation and PATH’s Small Grants Program, PATH worked together with the Centre for the Study of Adolescence and other partners to establish the Kenyan Association for the Promotion of Adolescent Health (KAPAH), one of sub-Saharan Africa’s first national networks of youth-serving NGOs. KAPAH’s national advocacy strategy involved reviewing laws and policies affecting YSRH, developing and disseminating fact sheets, convening workshops of national leaders, and countering false or extremist information in the national media. Within a year of its founding, KAPAH was successful in convincing the Kenyan government to change existing policy and allow young pregnant or recently delivered girls to return to school and complete their educations. KAPAH members also lobbied Kenyan delegates to the ICPD in Cairo to support incorporation of YSRH issues into conference documents, and published a series of informative articles in the Nairobi Daily Nation presenting facts on youth and sexuality in Kenya. KAPAH’s advocacy efforts are ongoing and include drafting a national adolescent health policy. This national adolescent health policy went to the National Council for Population and Development before being considered by Parliament.

An Energetic Fellowship of Youth Development Organizations

The Youth Exchange Network (YEN) in Kenya began in March 1999, when the Ford Foundation and PATH convened a gathering of some of Nairobi’s most promising youth development organizations that work in peri-urban areas. For the first time, the groups had a chance to meet and discuss their work, their frustrations, and their triumphs—quite simply, to network.

Since that first meeting, YEN has become an energetic fellowship. PATH has served as a facilitator, moving the network forward by providing meeting places, circulating meeting minutes, and conducting other organizational work. Members of the network share their strengths, problems, and tools with one another in a collaborative manner. While one organization may have counseling skills to share, others have experience in publishing, writing, or puppetry, while still others may have organized soccer leagues and garbage clean-ups, painted murals, provided sexual health information, or helped AIDS orphans. Network members agree that collaboration has made them feel less isolated, given them ideas and inspiration, helped them appreciate their uniqueness, and improved their work. All have benefited from their interdependence.
**Umbrella Organization Enhances Advocacy**

PATH also played an important role in the establishment of the Uganda Association for the Promotion of Adolescent Health (UAPAH), an umbrella association of youth-serving organizations. UAPAH aims to strengthen and advocate for reproductive health information and services for Ugandan youth and provides the means to exchange information within Uganda as well as internationally, collaborate on joint projects, and share resources.

UAPAH had its beginnings in a series of skills-building workshops, facilitated by PATH and funded by the Compton Foundation. Through the workshops, PATH helped 19 youth-serving organizations, such as the Uganda Anti-AIDS Association, develop a core group of YSRH trainers to adapt and use a life-planning skills curriculum to train others. The training also provided an opportunity for participants to learn more about YSRH issues and how to effectively advocate on behalf of youth.

With their new capacities, the participating organizations decided to formalize their network and launched UAPAH. PATH helped the association define its mission and objectives and also provided background information and materials on how coalitions operate and the legal and practical implications of working in such groups. UAPAH is now an independent entity, registered with the government of Uganda, and a chapter of the African Association for the Promotion of Adolescent Health. Through the association, youth-serving organizations in Uganda press for increased support for sustainable YSRH activities and programs.

**Advocacy Supports Program Interventions in Ghana**

Advocacy conducted by the Planned Parenthood Association of Ghana (PPAG) complemented the programmatic interventions of the Youth Development Foundation (YDF) (see peer programs below) in a project to improve the reproductive health of young, out-of-school, and/or pregnant youth. PPAG’s work, primarily supported by the PATH Small Grants Program, focused on the following objectives:

- Mobilizing health providers to provide youth-friendly services;
- Raising awareness of youth issues and needs among community members, policy makers, and leaders; and
- Engaging the parents and partners of young women who were pregnant or parenting in providing more emotional and financial support to these young mothers and their infants.

**Electronic Network to End Trafficking**

The Stop-Traffic Listserv, funded by PATH, was a different kind of network and the only listserv of its kind—an international electronic network that emphasized the public health implications of the human rights abuses of trafficking in persons. Trafficking victims—often women and children—are forced into prostitution, sweatshop, domestic or agricultural labor, or coercive mail-order bride arrangements. The international nature of much trafficking makes prevention, rescue, and justice a complicated pursuit.

Organizations and individuals regularly used Stop-Traffic information to help victims of trafficking. Subscribers used Stop-Traffic to dialogue, network, raise public awareness, educate government and law enforcement officials for change, and gain additional insight into the issue. Stop-Traffic saved lives by giving a voice to individuals and organizations helping victims of trafficking.

The listserv was also an important tool among domestic and international public health professionals. Posted messages included calls for papers, requests for help, notification of conferences and workshops, dates about events related to trafficking, and general news and information. Members included public health and human rights organizations, government officials, law enforcement agencies, academics, and researchers.
Adult/parent Education

Families and positive adult role models are critical to a supportive community. Often, it is within the extended family that information about sex and reproductive behaviors is communicated, and in which rites of passage from childhood to adulthood are performed. PATH often works with adults—parents, teachers, and service providers—to encourage positive attitudes and acceptance of youth experience and to develop skills for more effective communication with adolescents about sexuality and reproductive health.

A New Role for Adults as Facilitators

With support from the Thai Ministry of Public Health, through a World Bank loan, PATH created a set of intensive and systematic teacher training programs for use in tandem with sexuality education curricula in schools (see “Teens on Smart Sex” in School-based Programs below). The training process helped teachers feel more comfortable talking about potentially sensitive topics, and encouraged them to think through the conflicting messages about sex that young people receive. The training program also supported teachers to act as facilitators, rather than instructors, in the classroom. This new role for teachers gave students space to explore their own opinions and values and practice critical decision-making skills. Many teachers reported that they never saw their students as excited and engaged as when they used these teaching techniques. PATH uses a similar strategy in other programs, encouraging drug sellers, pharmacists, clinic staff, and other adults who serve young clients to develop positive attitudes toward youth that will enable them to better communicate with adolescents.

Scout Parents Learn to Communicate

Scout troops in Kenya served as a channel for reaching in- and out-of-school youth with reproductive health information. In one community, the project also worked with scouts’ parents. Not surprisingly, parents said they were uncomfortable talking about sexuality and reproductive health with their children, often because they themselves lacked adequate knowledge of facts.

PATH worked with scout troop leaders to prepare a simple guide, “Family Life Skills Communication Module for Parents and Interested Adults,” to provide the needed information to parents and help them initiate discussions about sensitive topics with their children. The guide addresses the role of parents in scouting, relationship skills, discipline, and how to listen and talk to young people. In addition, it covers key facts on early sexual activity, teen pregnancy, STIs, HIV/AIDS, contraceptives, and drug abuse. Program staff trained parents to use the guide to talk to children and also distributed it to other interested mothers and fathers in the community.

Clergy Disseminate Messages

Another parent education effort in Kenya arose from a key lesson learned in the scout project—it is difficult to get parents to come to meetings consistently. As part of the KARHP, clergy integrated reproductive health information into religious teachings and held meetings at their churches to provide parents with consistent messages of what they need to discuss with their children about reproductive health.
COMMUNITY SPOTLIGHT: Elimination of Female Genital Mutilation

PATH integrates community mobilization, advocacy, and parent education to increase community support and influence social norms towards the elimination of FGM, and where appropriate, the adoption of alternative rites of passage (ARPs).

PATH, in collaboration with the Kenyan national women’s organization Maendeleo ya Wanawake Organization (MYWO), the Kenyan MOH, and other local NGOs, has worked with Kenyan communities for ten years developing an acceptable and sustainable approach to reducing FGM and disseminating information about the approach to policymakers and groups working to improve women’s health. Donors who have supported parts of this work have included: Wallace Global Fund, Moriah Fund, Summit Foundation, and USAID. The work has attracted significant attention from international agencies and concerned governments, and has provided increased visibility for FGM elimination in Kenya. An evaluation of the project showed a major paradigm shift underway in the project communities. Over the course of six years, FGM in the project districts has declined by 22 percent among girls under age 20. In addition, more than half of women and men in areas where FGM had been a nearly universal practice now say they oppose it.

December is usually a significant month for FGM activities in Kenya. It is then that families have the time and money to perform elaborate circumcision ceremonies for both boys and girls. But this tradition is now being reversed in Gusii, one of the communities where PATH has worked with MYWO, the Seventh-Day Adventist Church, and more recently, the Federation of Women’s Groups, to bring circumcision of girls to an end.

In December 2001, in Tharaka, a community that pioneered the ARP program with PATH, 160 girls were initiated into womanhood without being cut. The ARP ceremony incorporates many of the traditional rites of passage activities, including food and songs, without the harmful and traumatic physical cutting. The girls receive training on family life and sexuality issues as well as life skills for five days before their ceremonial graduation on the sixth day. Since the first ceremony in 1996, 5,500 girls have graduated with ARP ceremonies. The program has now expanded to other districts such as Narok, Samburu, Kisii, Gucha, and Nyamira.

Community members, local leaders, and parents attend the colorful graduation ceremonies and communities have mandated the attendance of graduates’ parents or godparents to receive a certificate on behalf of the girls. The change of attitudes in the communities by the time of the graduation ceremonies is remarkable. These events are opportunities to gain additional support within the community and to advocate for more rapid and sustained change.

In Mali, PATH, UNFPA, and the Ministry of Women, Children and Family (MWCF) are collaborating on a three-year project funded by the Luxembourg

Mobilizing Men to Campaign against FGM

Men now campaign for the elimination of FGM in two Kenyan districts. Following qualitative research to establish male knowledge and attitudes towards the practice and the contribution that men make towards its continuance or discontinuation, PATH’s Communication for Change curriculum was used to train 98 men and boys to become peer educators and change agents within their communities. They gained information on the harm that FGM does to women, girls, and communities, while acknowledging the positive aspects of rites of passage. They learned interpersonal communication skills for tackling FGM in a sensitive yet direct manner and were able to educate others about the practice and the need to stop it. Men were challenged to apply this knowledge and information within their own families by stopping further cutting of any daughters, while boys pledged support to their uncircumcised sisters and to marrying uncircumcised girls. For the first time, boys and men took an active role and gave public support to alternative rites of passage as a way to move girls to maturity without being cut.
COMMUNITY SPOTLIGHT continued

Cooperation to work towards eradication of FGM. The project, entitled “Project Appui à la Lutte contre les Pratiques Préjudiciables à la Femme et à l’Enfant,” supports the MWCF through the National Committee for the Elimination of Harmful Practices to carry out a national advocacy program and design, implement, and evaluate a behavior change intervention in the pilot zone of Bougouni.

FGM is positioned as a family health issue, rather than as a women’s or children’s issue. The goal is to involve men because most are not aware of FGM complications, and as key decision-makers, their understanding of the issues and risks will affect abandonment efforts. In addition, FGM is presented in the context of other public health concerns such as HIV and maternal and neonatal health. A micro-credit component of the program also provides a popular forum for discussion of health issues including FGM.

The President of Mali, who for nearly a decade had not been publicly involved with this issue, is supportive and would like to have the National Committee and MWCF develop a national program for the abandonment of FGM.

Communication for Change: A Capacity-building Curriculum

Communication for Change is a training curriculum that represents the culmination of several years of study, program implementation, and evaluation in the area of FGM and other harmful traditional practices. It is the outgrowth of work in Nigeria, begun by PATH and the National Association of Nigerian Nurses and Midwives in 1985, and continued in a collaborative effort between PATH and MYWO starting in 1993. During the design and implementation of these projects, program workers collected data and field experiences that begged to be organized and formalized in a way that would help health workers and activists work more effectively with communities to eliminate FGM.

The purpose of Communication for Change is to improve organizations’ capacity to plan, implement, and evaluate community-based programs to eradicate this harmful practice. Three key premises form its basis:

• Eradication of FGM is largely a matter of social rather than individual change.
• Trust in ourselves and our communities is essential for change.
• Training that focuses on the knowledge and skills needed for FGM eradication programs builds organizations’ capacities to foster community problem-solving.

All societies are long-practiced in the art and science of thinking about, discussing, and resolving matters of importance to them as a community. Workshops using the curriculum help people think about the practice of FGM in the context of their culture.
KNOWLEDGE, ATTITUDES, AND SKILLS: Empowering Youth

A n empowered young person is one with the knowledge, skills, and confidence to think about and make responsible choices, to assess risks, and to set and realize goals for the future in all aspects of life. Improvements in adolescents’ knowledge about sexual risk-taking behaviors do not necessarily change behavior.14 Youth need to be equipped not only with correct information about sex and reproductive health, but also the skills to enable them to carry out informed choices. Effective programs include components to increase self-efficacy, such as skills-building, condom negotiation, risk reduction, and values discussions. In addition, achieving healthy sexual behaviors requires a focus on protective factors such as personal orientation toward and commitment to health and perceived social support for engaging in healthy behaviors.

PATH’s approaches to empowering youth with knowledge, attitudes, and skills for sexual and reproductive health include:

- Youth development and life-planning skills
- Peer programs
- School-based programs
- Linkages with livelihood/workplace programs
- Materials and media

Youth Development and Life-planning Skills

In childhood, health promotes development; while in adolescence, development promotes health.15 Like adults, young people require motivation to make healthy decisions about their sexual behavior. Youth development programs, particularly life-planning skills education programs, can help young people develop that motivation and the skills they need to delay their first sexual experience or to protect themselves from early pregnancy and STIs when they are sexually active.16,17

Life-planning skills training can be a catalyst to healthy reproductive decisions. For example, having good life-planning skills can:

- Help adolescents translate knowledge, attitudes, and values into healthy behaviors (when information and services are available);
- Develop adolescents’ ability to reduce specific health risks (such as unintended pregnancy and STI/HIV transmission);
- Help youth adopt healthy behaviors that improve their lives in general (such as planning ahead, seeking help, and forming positive relationships); and
- Strengthen self-esteem, which can help build confidence, enabling partners to conform to safe sex practices.18,19

PATH has developed a core life-planning skills training curriculum, with participatory activities covering a range of topics including reproduction and development, pregnancy, STI/HIV prevention, contraception, gender equality, drug and substance abuse, and parenthood. Other sections focus on setting and reaching life goals, values, building self-esteem, relationships, communication skills, conflict resolution, and advocacy. This curriculum has been adapted and field-tested in many of PATH’s YSRH programs.

An Opportunity to Question Traditional Gender Norms

The Society for Integrated Development of Himalayas (SIDH) is a nonprofit developmental organization that focuses primarily on education as a means of achieving universal justice in villages of
the Central Himalayas of India. PATH and SIDH worked together to provide reproductive health education to adolescents and young adults in the villages of Tehri Garhwal District with the goal of creating awareness of young men’s responsibility to improve and sustain the reproductive health of women. Qualitative research on beliefs, attitudes, and practices related to reproductive health, carried out with women’s and youth groups, served as a basis for the design of a comprehensive, gender-sensitive, non-formal curriculum.

Using the curriculum, SIDH helped village youth leaders, local NGOs, and MOH staff to focus on traditional roles and attitudes of women and men in their communities. They found that providing a forum to question patriarchal hegemony, or even just routine gender expectations, gave people a chance to break down stereotypes and more openly exchange their views. The project identified a most visible change in married men following the intervention—men participating in the discussions began to treat their wives better. Open communication and respectful treatment between husbands and wives can lead to a shift in community norms, with a positive impact on the next generation of spouses.

**Scouts Earn Proficiency Badges in Reproductive Health**

The more than 200,000 youth in the Kenya Scouts Association can now earn proficiency badges in reproductive health and drug abuse prevention after participating in sessions based on an adaptation of PATH’s life-planning skills curriculum. In 1995, PATH assisted the Kenya Scouts Association to carry out a two-year pilot project in two communities with funding from UNFPA. Scout leaders used the curriculum to provide weekly lessons on topics such as sexuality, anatomy, gender roles, health and personal hygiene, self-esteem, decision-making, pregnancy prevention, HIV/STIs, relationships, sexual abuse, and violence in the family. Today, the intervention is being expanded to all of Kenya’s Scout units, and will eventually reach more than 12,000 adult volunteers and 200,000 scouts.

**Tailoring Life-planning Skills Training**

The AYA project uses life-planning skills as one of its multiple interventions to improve YSRH. The core curriculum is being adapted and used in several ways depending on the needs and circumstances of the youth and organizations in Botswana, Ghana, Tanzania, and Uganda. It is being institutionalized in schools, either as a whole or partial curriculum for either after-school activities or integrated into existing lesson plans. AYA is also using life-planning skills education to reach out-of-school youth in weeklong workshops in places where they already meet, such as churches, camps, livelihood programs, youth centers, or sporting groups. Peer educators are also being trained to use the curriculum, so information they pass along or activities they conduct will all be based on this youth development perspective.

**Peer Programs**

Peer networks shape how young people define social norms and socialization. Perceptions of peers behaviors and attitudes toward sex are among the most robust indicators of whether or not a young person is sexually active. Many studies also show that young people get much of their information about sex from friends and that youth relate well to people of similar age, interests, and backgrounds.

Peer educators are nonprofessional teachers who talk to, work with, and motivate their peers in both individual and group settings. They may provide reproductive health information to their cohort, give referrals for needed services, and hand out or sell condoms or other commodities. With adequate support and training, peer educators have been successful in reaching otherwise hard-to-reach groups such as out-of-school youth, street children, and commercial sex workers because they can reach them wherever they gather—schools, factories, military bases, bars, sports events, and on streets.20
Peer education has been shown to increase knowledge, improve attitudes about health promotion, and has even shown promising indications of behavior change to prevent HIV. Peer educators themselves can gain long-term benefits from the experience, not only increasing their own reproductive health knowledge, but also gaining leadership skills, useful employment, and personal development.

**Peer Educators Reach Out-of-School Ghanaian Youth**

Peer education was a key component of a multi-faceted project, implemented by PATH and its partners, Youth Development Foundation (YDF) and Planned Parenthood Association of Ghana (PPAG). The project sought to increase reproductive health awareness and improve reproductive health services for special populations of out-of-school, pregnant, and parenting youth in Kumasi, Ghana. It also sought to help pregnant and parenting teens stay in school and delay additional pregnancies, and out-of-school youth to learn skills—both personal and occupational—that could increase their chances for financial independence.

Peer educators affiliated with YDF received two weeks of training as well as refresher courses in life-planning skills. They used a variety of approaches to reach 10- to 14-year-old out-of-school youth with reproductive health information and commodities, including designing and distributing media materials, developing and performing dramas on HIV/AIDS, pregnancy prevention, and gender and human rights, and dispensing condoms. At the end of the two-and-a-half year project in 2000, the management information system, designed with input from the peer educators, showed that YDF’s peer educators reached more than 12,000 young people with information, and referred some 400 more to appropriate services.

Classroom-led education, clinic services, contraceptive depots, advocacy to gain community support, films shown at durburs (large community meetings), micro-credit and small-scale revolving loans, quiz competitions, and radio promotions complemented the peer educators’ outreach and counseling efforts.

**Church Council Supports Peer Educators**

In Kenya, the National Council of Churches established a cadre of trained counselors and peer educators in selected secondary schools in three districts. Through the project, PATH helped to establish school-based AIDS clubs that provided a forum to discuss a variety of reproductive health topics. The Ministry of Education subsequently encouraged replication of this approach throughout the country.

**School-based Programs**

Keeping children in school as long as possible is itself a protective factor for YSRH. Education can give young people the skills and self-esteem they need to be motivated to protect themselves early and to lead productive lives. In addition, school may be one of the only places for many young people to receive accurate sexual and reproductive health information from a respected source.

School-based interventions have been shown to be effective in influencing youth knowledge and attitudes. Programs that use interactive and participatory approaches and peer networks in school settings can lead to delayed sexual activity, increased condom use among sexually active youth, and improved communication between youth and adults and between young sexual partners. School-based sexuality education programs that have appropriate curricula, adequate time, and trained, supportive instructors can help prevent early pregnancy, HIV, and STIs. Evidence also shows that sexuality education in schools does not lead to earlier or increased sexual activity in young people; rather, findings from these studies suggest that programs that promote both
postponement of sex and protected sex are more effective at preventing pregnancy than those promoting abstinence alone.\textsuperscript{14}

\textit{“Teens on Smart Sex”}

Introducing an HIV-prevention program into the Thai Rajabhat Institutes (teacher training colleges in Thailand) proved an effective strategy for increasing safe sexual behaviors among students. Following a training-of-trainers workshop, teacher trainers taught student teachers to use an eight-module curriculum “Teens on Smart Sex” to incorporate an HIV prevention program into classrooms. Support mechanisms and on-site supervision strengthened trainers’ capacity to train student teachers, and a computerized data collection system was put in place to measure changes among students in both intervention and control institutes. All teachers at the intervention sites incorporated the participatory training techniques into their teaching of other subjects and found ways to integrate the HIV messages into their classes. Sexually active students who participated in the “Teens on Smart Sex” course increased their use of condoms, while students at the control sites showed no change in their behavior. After this USAID-supported project ended, the Institutes were able to expand their programs and train more teachers to reach a wider group of students.

\textbf{Life-planning Skills for Boys}

A pilot project in four Vietnamese schools adapted PATH’s life-planning skills curricula and complementary materials to reflect issues of particular importance to young men ages 13 to 17. The training materials were designed for use by a range of different trainers including classroom teachers, peers, parents, and medical staff. Teachers were trained in both content and facilitation skills for participatory and interactive methods.

\textbf{Linkages with Livelihood/workplace Programs}

Youth sexual and reproductive health behaviors and outcomes are closely linked to young people’s educational and economic options; as a result, they warrant simultaneous attention. Programs that combine employment or livelihood skills development (through vocational training institutions, income generation, and micro-credit schemes) with access to reproductive health information and services enable youth to have healthier and more productive lives in both the short and long term. This combination of interventions enhances youth assets and can motivate young people to make healthy decisions for their futures.\textsuperscript{25}

\textbf{Micro-enterprise and Reproductive Health Education}

In the early 1990’s, a loan from PATH’s Fund for Technology Transfer helped a Salvadoran NGO, Asociación Salvadoreña Por Salud Rural (Salvadoran Association for Rural Health) or ASAPROSAR, to integrate reproductive health education into its micro-finance services. The loan allowed ASAPROSAR to significantly increase the number of women, particularly young women, reached with micro-finance services and community support for entrepreneurial activities. Technical assistance from PATH strengthened management of the micro-enterprise program and helped improve its portfolio, providing a stronger foundation for expanded micro-finance services for Salvadoran women. Trained by PATH staff in qualitative research and materials design, ASAPROSAR staff also performed needs assessments and designed appropriate health education materials and programs to meet their clients’ needs.

Today, ASAPROSAR’s micro-credit program has grown to 168 lending circles involving more than 3,000 women in rural and urban marginalized areas (each circle comprises 18–20 women). The credit program is now financially stable, and ASAPROSAR paid off its loan in 2002. Participants have access to all of ASAPROSAR’s other programs, which include health, education, and training programs.
A similar project in Bangladesh reaches even the youngest adolescents. A small grant from PATH enabled Concerned Women for Family Planning in Bangladesh to link credit and micro-enterprise activities to their reproductive health education program for in-school and out-of-school adolescent girls. The program, which includes two groups, one for 9- to 13-year-olds, and one for 14- to 19-year-olds, covers issues of gender discrimination, rights and responsibilities of adolescents, and leadership development, as well as family life and reproductive health information. The girls also receive skills training that enables them to earn income. They are encouraged to establish a savings account, and the project provides them with credit based on their earnings and savings.

**Income Generation for Organizational Capacity-building**

The National Union of Eritrean Youth and Students (NUEYS), an NGO managed by young people serving young people, received a small grant from PATH to offset the cost of purchasing a printing press. For many years, the only operating printing press in Eritrea was owned by a religious institution, which refused to allow the production of materials promoting healthy behaviors, such as condom and contraceptive use. Now, NUEYS provides at-cost printing for its own programs and earns small profits selling services to other organizations.

**Factory Workers Journey on “The Twisting Road of Love”**

In Indonesia, PATH partnered with industry and a local NGO partner, Yayasan Kusuma Buana (YKB), to improve the reproductive health knowledge, attitudes, and practices of thousands of young adult factory workers ages 18 to 24, the majority of whom are female. Trained outreach workers from YKB and peer educators, selected from among the factory workers, conducted information dissemination sessions for different groups of workers at two factories. These sessions were scheduled so that they did not disrupt the work shifts. Peer educators also organized three factory health fairs on HIV and drug abuse, anemia, and maternal health. Radio programs broadcast over the factories’ internal communication system reinforced information. At drop-in centers staffed by outreach workers, workers could visit anytime to ask questions, pick up leaflets, and/or play two interactive media games developed by PATH and local young people: *Crazy 4 You* and *The Twisting Road of Love*. These two games are computer programs that help users explore decision-making and communication around a range of topics—dating, sexual harassment, sex, marriage, partner communication, infertility, domestic violence, drug addiction, and others.

After six months of the combined intervention activities, a survey found improvements in workers’ knowledge of nutrition, contraception, and STIs, including HIV, compared to the pre-intervention survey. The factories’ management adopted the program as their own and has invested in a more comprehensive drop-in center for workers that includes counseling services. In addition, as word of the success of these projects has spread, other companies with factories in Indonesia have approached PATH and asked for a package of health interventions for both factory workers and the communities surrounding the work sites.
Materials and Media

PATH’s YSRH programs use many types of materials and media to increase youth knowledge of reproductive health issues and available services. Pamphlets and posters; traditional media such as songs and dramas; mass media such as radio and TV; interactive media such as computer games; and peer educator support materials are best used in conjunction with other interventions that provide message reinforcement and build skills. Different audiences can be reached using various combinations of materials and media, but adolescent programs have been most successful when information and education are provided interactively and where services are available to meet increased demand.20

PATH’s pioneering methodology for the development of print materials for low-literate audiences has been successfully applied to work with many other media, such as radio, video, songs, games, and theater. Much of this work has been with young audiences.

Print Materials

Print materials can provide youth with facts about healthy behaviors and reproductive health services as well as detailed, accurate information that may not be possible to present in a brief radio or TV spot. In addition, printed literature gives young people the chance to refer back and share with friends.

Different Ages: Different Materials

In one of PATH’s first projects acknowledging the different informational needs of younger and older teen girls, PATH collaborated with Perú Mujer, a national women’s development NGO in Peru, to produce two booklets for use in the organization’s activities supporting young women migrating to Lima to work as domestic workers. Developed and introduced in the mid-1980s, Para ti, que estás creciendo, for girls ages 11 to 14, covered friendship, sharing, relationships, the onset of puberty, female anatomy and physiology, nutrition, hygiene, self-worth, sex, pregnancy, decision-making, rape, and personal freedom. Qué lindo es ser mujer!, for young women ages 15 to 20, provided more comprehensive and in-depth information on these topics and general women’s issues. Both materials contained glossary and referral information.

Sugar Daddies Bring You Down

In the late 1980’s, when young people in Zimbabwe identified dealing with “sugar daddies” as a priority topic for media materials to support the work of the Zimbabwe National Family Planning Council’s (ZNFPC) youth division, there was some reluctance to addressing this topic. Although the other themes suggested by young people—career decision-making, parent-child communication, and boyfriend-girlfriend relationships—were viewed as important and acceptable, “sugar daddies” were considered a sensitive and controversial topic. In a first for ZNFPC, PATH worked with staff and youth to produce the booklet Facts About Growing Up, which included messages about all of the proposed themes including sugar daddies. In addition, two songs, written and recorded by popular artists, went on to be hits. A “village television” replicated the messages in the booklet.

Captain Condom Goes International

Captain Condom and Lady Latex at War with the Army of Sex Diseases, a comic book developed by teens with assistance from PATH and the Center for Youth Services, an NGO in inner-city Washington, D.C., was so engaging that programs in Kenya, Lesotho, Tanzania, and other nations later adapted the publication for their own use. Written at a second-grade level, Captain Condom presented information on STI-prevention and condom use.
Captain Condom was one of many products resulting from Plain Talk, a PATH project in the mid-1980s funded by the Ford Foundation. Through Plain Talk, PATH built the capacities of youth-serving organizations in the United States to develop youth-responsive media and materials to support their STI-prevention programs. From drama presentations by Tlingit and Haida youth in Alaska to posters for Chicano teens in Texas, these interventions encouraged young people to examine their behavior and make healthy and responsible choices.

Nuru and Her Friends Ponder Choices
The three-volume, Kiswahili-language comic book series Nuru was designed to help young people in Kenya address the pressures and challenges of moving into adulthood. Developed by PATH for USAID’s Implementing AIDS Prevention and Care (IMPACT) project, the topical stories focus on a teenage girl, Nuru, and her friends, who face numerous choices about friendships, dating, and sexuality. The sympathetic characters, bright colors, and youthful language attract young people, and the gripping accounts of the protagonists’ problems and struggles encourage readers to consider issues such as quality relationships, sexual behaviors that can save their lives, and finding the courage to do what they know is right. The Nuru series provokes lively, informal discussion: Did Nuru do the right thing? Should Oscar emulate Leon’s ways? Will Angel’s relationship with the sugar daddy be her undoing?

Traditional Media
Storytelling, puppetry, proverbs, visual arts and crafts, drama, music, and dance are among the media often described as traditional, although any means that a culture uses to deliver messages and pass on information can be considered traditional media. Many times, these methods are interactive and draw upon audience participation.

Live drama offers a particularly engaging format for delivering and discussing reproductive health issues. When compared to mass media, dramas reach a smaller number of people, but youth can be both the entertainers and the audience, and both groups can fully participate. Dramas or other performances often generate lively thematic dialogues, and youth programs can take advantage of this by facilitating post-performance question and answer periods. When theater is used in a community setting, it can reach a significant audience and promote communication between youth and adults.

Magnet Theater
PATH’s Magnet Theater activity in Kenya (see box), a component of USAID’s IMPACT Project, involves interactive drama in community settings. Approximately an hour long, Magnet Theater performances have been drawing increasingly regular audiences and audience participation has...
been growing steadily. Most significantly, Magnet Theater has helped change viewers’ behavior. Many young theatergoers, influenced by what they have seen in the plays, have consequently decided to get tested for HIV. They have then openly shared their experiences during subsequent performances, inspiring many others to also get tested.

**Theater, Murals, and Essays: A Creative Collaboration**

Also in Kenya, PATH’s Youth Murals program broke new ground in bringing about a creative collaboration between NGOs working in three different traditional media: graphic arts, theater, and essay writing. The result was an exciting new chemistry that inspired and engaged youth in a rich process of behavior change discussions.

The three NGOs work with in-school youth from three provinces. Theater groups facilitate the early part of the day, acting out dilemmas faced by youth (e.g., what should a girl do or say if a boy she has just met wants to have sex?) and spurring the youth to analyze and role-play different behavior options. After each presentation, the students discuss and choose the best behavior option. The mural artists from Sanaa Art Promotions observe the interactions and get cues from the students on what to sketch on the wall. Thus, the mural evolves and portrays the choices made by the young participants. Once the mural is ready, Purple Images, a local NGO that specializes in essay contests, gives the participants an open-ended essay topic (e.g., Gloria makes a choice). During the following week, students write essays based on the mural topic. The students compete for the best essay prize while expressing the lessons they have learned from the paintings. This fun and interactive activity helps the agencies gauge the effectiveness of their interventions.

**Mass Media**

With their potential to reach large numbers of people radio, television, music, video, and film can be used to support all three strategic actions for YSRH: fostering a supportive environment, improving information and skills, and increasing access to services. Radio is particularly useful as it has much greater penetration than television in developing countries and is widely available to youth audiences. Mass media can help change social norms—challenging taboos, promoting discussion of YSRH, and providing continuous images of positive behaviors. Dramatizations in public service announcements and soap operas can promote abstinence, delayed sexual initiation, parent/child communication, condom negotiation, responsible behavior, and equitable gender norms. Youth and other community members can then reflect these positive images as similar situations arise in their lives. Mass media can also cost-effectively communicate messages that influence knowledge, attitudes, and behaviors. Mass media interventions have demonstrated greatest impact on reproductive health behaviors when linked to more personalized and sustained activities or provision of support and services.
Radio
The Malawi Support to AIDS and Family Health project, funded by USAID, involved 24 NGOs collaborating with the government. PATH helped STAFH develop and implement a behavior change strategy aimed at youth and marginalized women. A radio soap opera aimed at youth ages 15 to 25 was complemented with a write-in and call-in component. PATH also facilitated training workshops on media materials development for participating NGO staff. Resulting products included a jingle and ten radio spots with messages that complemented those of billboards, car door stickers, banners, songs, drama and dance, bus paintings, and other media materials.

Film and Video
Awakening, a Hausa-language feature film, has carried the HIV-prevention messages of fidelity and abstinence from premarital sex to millions of film, video, and television viewers throughout Nigeria. Filmed in predominantly Muslim northern Nigeria, where many states have adopted Shariah or Islamic law, Awakening tells the story of Babangida, a young man who has sex with a poor woman who has turned to commercial sex work to survive. The audience is left hanging when Babangida goes for an HIV test—they must see the planned sequel to find out the results.

Produced with funding from USAID’s IMPACT Project and technical assistance from PATH, Awakening’s two young directors, with several previous hit films, donated their time, not only to bring HIV/AIDS information to the public, but also to “give something back” following their enormous success. A Steering Committee, with representatives from eight NGOs, advised scriptwriters on HIV risk factors, gender issues, stigma, discrimination, and religious concerns. When released in 2002, the film was linked to a statewide radio phone-in program created and produced by local youth, a “Guide for the Ride” cassette for long-distance drivers, and an interactive video for NGOs to use in their peer education activities. The phone-in radio show was so popular that it became a national program. Additionally, the video is now being used by the Peace Corps for training volunteers.

Creating a Social Movement through Radio Groups
The peer education strategy of IMPACT’s HIV/AIDS prevention program in Kenya, implemented with assistance from PATH, has shifted to focus on targeted discussions among small community groups known as “radio groups.”

Radio group members are selected in part because of their excellent social networking capacity. Peer educators with in-depth training and mastery of detailed information content facilitate a variety of discussions within the radio groups to stimulate behavior change among the group’s members.

Once a radio group member demonstrates verifiable and sustained behavior change that can be linked to any of the program’s objectives, that individual’s first-person testimony is brought to the weekly radio program, Kati Yetu (Between Us), and broadcast to the rest of the community. Within the community, that individual often becomes a strong example of positive behavior change for his or her peers.

A critical mass of such individuals, if followed by other members of their communities, creates the effect of a social movement. By demonstrating behavior that works positively and showing that change is possible and already happening, community members become passionate spokespersons. This process effectively redefines the role of mass media, changing it from a simple means of disseminating messages to an instrument reflecting to the community what is already taking place—radio becomes a magnifying mirror of behavior change. The approach is in accord with the theories of diffusion of innovation and focuses on possible early adopters by working with them in depth. It relies on magnification and diffusion to stimulate the majority to change behavior.
As part of the AYA project, youth used digital video camcorders to interview peers in their communities about sexual and reproductive health issues during the project’s start up phase. Eight youth from each participating country—four girls and four boys, four urban and four rural—participated in one week of training (camera techniques, interviewing techniques, and visual documentation techniques) and one week of filming. The footage was used to create visual products about the project and the situations of youth in the project communities. The young “film makers” will later help to train other youth in their communities to use the cameras for AYA activities. In 2005, AYA expects to use as many of the same youth as possible in the end-of-project evaluation effort.

**Interactive Media and Games**

Interactive and participatory methods are effective ways to engage people and help them learn new information and build on their existing knowledge base. New information technologies—desktop computer software, the Internet, and video games—offer the potential to achieve the same end. Increasingly accessible in many developing countries, these technologies have the ability to reach large audiences and can let users learn at their own pace or choose which information to access.

**RiskAdvisor, Crazy4You, and The Twisting Road of Life**

PATH has developed several interactive computer-based programs to promote positive reproductive health outcomes among young people in a variety of settings—from factories in Indonesia to the Internet. **RiskAdvisor**, **Crazy4You**, and **The Twisting Road of Life** are designed to engage players in decision-making. These programs allow clients to assess their reproductive health risks without the worry of personal exposure or provider criticism. They also provide the clients, or “players,” an opportunity to feel a certain sense of control about their game destiny.

**RiskAdvisor** encourages players to honestly answer a series of personal questions about private behaviors and habits that one might not divulge to another person—even a doctor or counselor. The player can review and assess his/her behavior in relation to risk taking. The program can demonstrate changes in risk level with the elimination of certain risky behaviors.

In Indonesia and Nepal, outreach counselors use a low-technology adaptation of the game—**Village RiskAdvisor**. Printed on cardboard or cloth, **Village RiskAdvisor** uses 16 questions and a grid to help players understand whether or not they are at risk for HIV or other STIs. After asking all of the questions, the counselor explains which behaviors are safe, which have some risk, and which are very dangerous.

**Crazy4You** and **The Twisting Road of Life** use stories with alternative paths and endings based on user choices. The stories allow users to make decisions at certain junctions of the story and to see what happens as a consequence of their choices.

Through the Bangkok Interactive Games Project, PATH is partnering with the games design division of Microsoft Games and MWEB, a Web site design group in Thailand, to produce additional interactive computer games aimed at youth ages 13 to 15.
KNOWLEDGE, ATTITUDES, AND SKILLS SPOTLIGHT: Games

Games range from simple to complex, and can be played indoors or out, by everyone from babies to senior citizens. Games are inherently FUN. The prospect of having fun causes people to seek games out, and having fun holds their attention.

This “fun” factor is probably why games are not usually taken seriously as educational tools. And yet, the “fun” aspect of games is a critical element of their success in sex education. Educators and public health advocates consistently pass up the opportunity to translate “fun and games” into “social profit,” be it better health, social justice, improved thinking skills, or any other worthwhile endeavor. Despite the clear communication potential of games, there is a dearth of educational games.

Why are Games Effective Tools for Addressing Reproductive Health?

The elements of fun and interest have multiple benefits in terms of the use of games for education. Fun and interest attract, engage, and hold players’ attention. They create energy. They foster an open, relaxed atmosphere, in which people let their guard down and participate in a more honest and sincere manner. This sort of open atmosphere is especially critical when it comes to sexuality education. “Fun” can set a positive tone, which encourages values such as thoughtfulness, caring, fairness, courage, hope, strength, and self-efficacy. Finally, game playing is inherently participatory—an important aspect of effective teaching.

Games handily remove the greatest barrier to sexuality education: silence. Adults are simply uncomfortable talking about sex—especially to young people, and that discomfort is contagious to youth.

In 1997, PATH proposed an unusual approach to reducing the practice of FGM in Africa: a board game about the issue. Although the concept seemed improbable, PATH pictured a board game that would allow children and adults to put aside harsh accusations and socially-dictated values and

We have gathered so much information from the sexuality game.

—young woman, age 25, India

Game playing is inherently participatory—an important aspect of effective teaching.
engagè in a thoughtful, respectful dialogue about a wide range of sexuality issues, including FGM, in a relaxed setting. PATH’s game for African adolescents, *Happy, Healthy, Me!*, helped young people learn to talk to each other and to adults about the physical, emotional, and social sides of sexuality. The game was used to foster calm, even friendly, discussions about a harmful cultural practice. The most successful programs for changing cultural traditions have demonstrated that people will only decide to put aside a harmful routine after they have had the opportunity to work through their own reasoning and logical processes.

PATH staff realized that this sexuality education game could be useful all around the world if modified to exclude the FGM-specific cards.

*Happy, Healthy, Me!* evolved into *Safari of Life*, an adolescent sexuality board game. The goals of the game are:

- New or strengthened healthy, clear lines of communication among youth, and between youth and adults;
- Increased knowledge about physical and social sexuality issues;
- Clarified and improved values and attitudes about sexuality issues; and
- Improved critical thinking skills around sexuality issues.

*Safari of Life* takes advantage of board games’ familiar format as players race to be the first to move their game pieces across the finish line. The Safari of Life “course” is a path of purple, yellow, and green stepping-stones that meanders among colorful African scenes. When a player lands on a purple stone, s/he must answer a question on a card taken from a Facts pile. Answering the Facts question correctly earns the player another turn.

**Evaluation Findings**

- In every test site but one, both *Safari of Life* and *A Young Man’s Journey* (an adaptation geared to the needs and interests of young men) were immediately well received and enthusiastically played.
- Players consistently respond to the fun and light-hearted nature of games, an important component of high-quality sexuality education with young people, given the awkwardness that often accompanies the topic.
- The three most immediate uses of the games are as an icebreaker; a values clarifier; and as a formative research tool.
- The long-term value of the games lies in their ability to positively affect sexual and reproductive health knowledge and attitudes, and to increase immediate and long-term communication about these issues.
- Adults respond to these games as enthusiastically as youth.
- The greatest barrier to use of the games is getting them “off the shelf.” Prior to playing, many players were dubious about the games, but within minutes of starting, players often became animated and instant game advocates.
- While the entertainment, color, tactile, and competitive aspects of the games are vital components, the quality of the questions on the cards (phrasing, content, and level of difficulty) is the key to success.
A deeper side of the game is revealed when a player lands on a yellow stone. Then s/he must answer a question card taken from the Feelings pile. The Feelings questions have no right or wrong answers; their goal is to generate lively discussions where players enjoy the chance to express opinions. The Feelings cards mix frank questions about sexuality with easier, general questions about interest and goals. This often generates energetic, positive, and explicit discussion between youth and parents or other adults about sexuality. While parents tend to focus sexuality discussion on avoiding pregnancy and infection, youth often have a different agenda. While they are interested in staying healthy, they also want to talk about relationships and feelings. *Safari of Life* responds to this need by including questions that are not directly about sexuality. This gives players a break in the intense sexuality conversations, and also gives youth a chance to practice “speaking up” about their interests and goals.

An additional set of cards, *A Young Man’s Journey*, was developed in response to *Safari of Life* evaluation findings, including the need for a more difficult game for older or more educated players, and to address male issues in greater depth. This set, called *Safari of Life: Young Man’s Journey* adds information on male physiology, violence, and homophobia to the basic reproductive health, contraception, HIV/AIDS, and sexuality issues covered in *Safari of Life*. The cards, entitled Opinions and Quickpoints, are used with the original board and are appropriate for older adolescents and adults, or younger audiences that have already played *Safari of Life*. Both male and female players have agreed that the information in the game is important for young men and women of all sexual orientations.

Some players and organizations have found the game so helpful that they have adapted it for various purposes. Population Services International invested substantial resources to test the game in Francophone Africa and subsequently created a French version. A University of Washington graduate student found a partner organization to help create and field test a Vietnamese version, now in use. Test play at an international population conference led to a grant from the United States Agency for International Development (USAID) to develop the *Young Man’s Journey* card sets. In the Philippines, PATH staff created a local version called *Hop the Isles* for youth sex workers. A Tanzanian group ranked the cards by difficulty and taped them to playing cards to add a scoring system. The National Teen Action Center in Connecticut based its summer 2001 program on *Safari of Life*, adapting the game into a room-sized version with youth as game pieces. *Safari of Life* received the Dr. Toy Award for Best Vacation Children’s Product (Spring 2001) and has been praised by Advocates for Youth, as well as by the Minnesota Sexuality Resource Review Board on behalf of Centers for Disease Prevention and Control. It has been disseminated to NGOs in over 70 countries and to dozens of U.S. organizations.

Games, such as *Safari of Life* and *A Young Man’s Journey*, can help foster community support for sexuality education, all the while improving youth’s reproductive health knowledge, attitudes, and skills.

**Question:** Name two things that would make it easier to talk to an adult about sex.

**Answer:** Number one: they’re not your mom. Number two: they’re not your dad.

—boy, age 15, playing *Safari of Life* with his parents in the U.S.
SERVICES: Increasing Youth Access to and Use of Sexual and Reproductive Health Services and Commodities

Young people need easy access to high-quality sexual and reproductive health counseling, services, and commodities. Nevertheless, the young people most in need of reproductive health services, particularly females and younger adolescents, have been underserved by existing efforts. Formal reproductive health services are used primarily by older adolescents, if at all. Negative provider attitudes toward youth and perceived lack of privacy and confidentiality remain major constraints to service provision. In addition, gender inequities, particularly unequal power in relationships, may limit adolescents’ ability to use contraceptives or seek reproductive health services.

Youth-friendly clinical services show promise in attracting and serving youth who may be embarrassed or intimidated to seek services, or may have practical obstacles to using services such as lack of transportation and funds. However, young people are more likely to use services when given many options and alternatives. PATH’s YSRH programs incorporate both clinical services and informal channels, including community agents, peer promoters, traditional healers, pharmacies, and social marketing, to expand the range of service sources available to youth.

Clinic-based Youth-friendly Services

To attract more young people, a clinic—whether located in a community, school, or workplace—must provide “youth-friendly” services. Youth-friendly services mean any staff who comes into contact with young people must act respectfully, have a positive attitude, and be supportive, nonjudgmental, and open to young clients’ concerns. Youth-friendly services also mean having convenient hours of operation, easily accessible locations, private and confidential counseling (preferably by trained peer counselors), walk-in or quickly arranged service appointments, low fees, and a wide range of services.

Services for Thai Youth

PATH aided the Prince of Songkla University in Hat Yai, in the Songkla province of southern Thailand, to design and set up the youth-friendly Adolescent Health Center, now a best practice model promoted by the Thai Ministry of Public Health (MOPH). More than 100 trained student volunteers offer education, counseling, and services to hotline callers and walk-in clients. The Center also serves as a resource center, with textbooks and modern magazines on adolescent reproductive health and life-skill issues to attract young clients. Group-based outreach focuses on adolescents in and outside the educational system. Staff and volunteers hold conferences to discuss interesting cases from the hotline counseling services.

During the six-month pilot phase, knowledge improved among the student volunteers as well as among participants in the outreach programs. After reaching more than 10,000 adolescents, the University adopted the model as its own and replicated it on other campuses. Secondary schools, technical colleges, and universities in northeastern and southern Thailand have since asked Center staff to help them establish youth-friendly services for their students.
A second project took place in Yala and Pattani, the two border provinces in southern Thailand where the majority of the population is Muslim and reproductive health status is relatively poor. With support from UNFPA, PATH and the MOPH worked with two local institutes, the Region 12 Health Promotion Center and Young Muslims Association of Thailand (YMAT), to implement a model adolescent reproductive health education and service program in four religious schools. The program addressed sexual and reproductive health within the broad framework of adolescent development and aimed to strengthen the capacity of NGO and provincial health staff to work with Muslim adolescents and communities in a manner that is sensitive to a minority group’s cultural norms and religious beliefs. Project activities included “Teen Line,” a hotline counseling service in the provincial hospitals and at YMAT, adolescent clinics, materials on reproductive health in the context of Islam, peer education in the religious schools, healthy youth camps, and volunteer and staff training. The project reached more than 4,000 Muslim adolescents.

**One Stop Shop**

The One Stop Shop in Kawangware, a slum community in Nairobi, offers a range of youth services in one convenient location. In the newly constructed youth center, adolescents find peer educators, health care, and recreational activities. With a library, meeting rooms, game area, clinic, and private counseling rooms, the One Stop Shop is accessible and youth-friendly.

Kawangware youth have been fully involved in the design, implementation, and evaluation of the One Stop Shop, which is managed by the Kabiro Health Care Trust (KHCT), a local NGO. The first-phase evaluation found that youth perceive their activities within the One Stop Shop project as “educative, practical, and empowering.” They reported that they see fewer pregnancies among their colleagues since the One Stop Shop began. The 120 trained peer educators have reached more than 20,000 in- and out-of-school youth through puppetry, media materials distribution, and interpersonal communication, and there has been a steady increase in youth seeking clinical services from the trained providers. Community advocacy resulted in parent, teacher, and leader support for the center and its activities, and KHCT and its partners now have the capacity to meet the development and reproductive health needs of youth in the communities they serve.

**Easier Access to Emergency Contraception**

Emergency contraceptive pills are an important option for young women to prevent unwanted pregnancy after unprotected sex or when a regular method fails. In 1998, PATH and several partners established the first direct pharmacy access for emergency contraception pills in the United States through a project in Washington State. PATH has undertaken similar efforts in Thailand and Philippines, and is currently working in Cambodia, Nicaragua, Kenya, and Vietnam. These latter efforts have received core support from the Hewlett Foundation. The project in Washington State, also funded by the Hewlett Foundation, was designed to develop a global model for delivering information and services related to unprotected intercourse—including emergency contraception, risk assessment for STIs, and ongoing contraceptive services—through pharmacies. A key component of the project is the adaptation and introduction of a resource packet for health care providers with information about prescribing practices, counseling issues, and service delivery considerations as well as sample use instructions, prescription blanks, informed consent forms, and screening protocols.

**Informal Channels: Drug Shops and Other Outlets**

Pharmacies and drug shops, along with outreach workers, traditional healers, and other community resources, represent an important and often untapped opportunity to increase youth access to services and products. However, realizing the potential of pharmacies as a source of reproductive
health commodities, advice, and care requires investments to ensure good quality, youth-friendly services. Youth regard drugstores as businesses that sell health products, not as health-care facilities. They generally have a solution in mind prior to visiting, and often rush in and out of the shop in order to avoid interactions for fear of being looked down upon or judged. Drugstore personnel see themselves as sales people and consequently, sell products according to customer demand. They rarely provide information, education, or counseling to young people and usually do not have a system for referring young people to other needed services.

**RxGen: Youth-friendly Pharmacies**

The RxGen Project, initiated in 2000 in Thailand, seeks to strengthen the capacity of drugstore personnel to provide youth-friendly services and exemplifies PATH’s approach to working with pharmacies. RxGen builds on more than ten years of collaboration between PATH and the Thai MOPH and networks of academics, pharmacists, and non-pharmacist drugstore personnel to improve the quality of services in drugstores. Hewlett Foundation has been the primary donor to support RxGen. PATH has helped to develop skills for the provision of contraceptives, treatment of STIs, and management of opportunistic infections related to HIV/AIDS.

Training drugstore personnel is a centerpiece of the RxGen project. Professional pharmacists and drug sellers have different capabilities, and RxGen training is tailored to their different needs, with clear, practical information. Training and accompanying manuals, developed with significant input from young clients, focus on:

- **Attitudes:** identifying key factors for providing youth-friendly services, improving communication skills with youth, addressing sexual history, and recommending appropriate products and services.
- **Technical training:** upgrading technical knowledge on reproductive health products, administration, and advice on side effects.
- **Communication skills:** working through case studies to enhance listening and questioning.
- **Youth-friendly environment:** identifying ways to modify the service environment to ensure greater privacy and confidentiality and to improve the physical appearance and layout of stores.

RxGen activities are not limited to drugstores. Because drugstores envision their role in providing reproductive health services to youth as “passive,” they are linked to formal public- and private-sector sources of care with proactive approaches to youth services. RxGen established a network of supporting agencies for referral, particularly between drugstores and provincial Youth Counseling Clinics. Drugstore personnel received *Guidelines for Referrals* and training in how to refer youth. The referral process starts with drugstore personnel completing a referral card and placing a green sticker with the RxGen

**Technologies for Adolescent Health**

Women, and especially girls, are often unable to refuse unwanted sex due to power inequity, economic dependency, and threats of violence that may make them unable to negotiate condom use or leave partners who put them at risk. Microbicides, chemical substances that women and men may one day use to protect themselves from STIs, including HIV, offer the hope of a woman-controlled method of protection, one that does not necessarily require a partner’s cooperation or knowledge. As secretariat to the Global Campgain for Microbides, a broad-based international effort to advance the development of microbicides, PATH looks forward to the successful development of this technology and its availability to women around the world.

PATH, with support from USAID, has developed a variety of low-cost diagnostic tests that can also advance young people’s health. Easy-to-use dipstick tests for HIV, hepatitis B, and tuberculosis are currently being manufactured by private-sector companies in Argentina, India, Indonesia, and Thailand. Rapid strip tests for STIs, malaria, and tuberculosis, based on the same principle as at-home paper tests for pregnancy, are also manufactured by collaborators in developing countries.
When a young client visits the referral centers for counseling, the receiving staff person sends him or her through an express lane to speak to a counselor, thus avoiding the often tedious registration process.

RxGen also networks with other youth-serving organizations that advocate for an improved legal and regulatory environment for young people. In addition, RxGen aims to create educated consumers through the distribution of informational materials in the drugstores. Although begun in Thailand, the RxGen project has since been replicated in other countries such as Kenya and Nicaragua. Donors who have supported the extension of RxGen include USAID, Ford Foundation, and Mellon Foundation.

**Social Marketing**

Offering appealing brand-name health products at affordable prices, available in a variety of existing outlets—pharmacies, street kiosks, beauty parlors, community centers, and clinics—social marketing is a program strategy that can overcome many of the barriers to youth access to reproductive health services and commodities. Supported by educational campaigns and interpersonal communication, social marketing promotes healthy behaviors among low-income and vulnerable populations.

**Solution to Secret Sickness**

Triple S (Solusyon sa Sikretong Sakit or Solution to Secret Sickness), a novel social marketing effort that is part of USAID’s AIDS Surveillance and Education Project (ASEP) project (see Services Highlight below), has demonstrated that the private sector can be actively engaged in STI treatment and prevention. Triple S offers an effective and affordable STI treatment and prevention package for individuals who are particularly vulnerable to HIV infection (marginalized groups such as male and female sex workers, especially those under 18 years old, and their sex partners), have STI symptoms, and cannot afford to pay the full cost of treatment.

Participating pharmacies and NGOs sell three color-coded treatment packages, based on guidelines for syndromic case management for STI treatment: green for urethral discharge; blue for cervical/vaginal discharge; and orange for genital ulcers. The complete drug course is contained in tamper-proof packaging inside a folder that includes not only directions for use and compliance but also seven condoms, two partner notification cards, two consultation vouchers, and STI information. NGOs charge only half the price charged in the pharmacies in order to ensure access to those who cannot afford the pharmacy prices. Additionally, partners of STI clients coming to either the pharmacy or NGO are charged 50 percent of the price.

Pharmacists and NGO staff, trained in syndromic management and client counseling, advise customers on the importance of partner treatment and the use of condoms, regardless of whether they buy the pack. They also highlight the need for a full course of treatment, citing this as a reason for buying the Triple S pack. In the first four years of the program, only one case was identified where the pack did not successfully cure the user.

Pharmacists also report that the Triple S program is helping to reduce the stigma associated with STIs; clients are increasingly open in talking about STI symptoms and treatment, in requesting the pack, and in purchasing condoms. Information and awareness of STIs and the Triple S packs is also spreading by word of mouth.
SERVICES SPOTLIGHT: AIDS Surveillance and Education Project

Youth—including sexually exploited children under the age of 16 (SECUS), child and youth sex workers, and female sex workers, many of whom are under age 24—are the focus of a range of interventions in USAID’s AIDS Surveillance and Education Project (ASEP) in the Philippines. Since 1993, PATH has worked with NGO partners in eight cities, with the goal of preventing a rapid increase of HIV. Four independent reviews have documented that ASEP is indeed helping to moderate the spread of HIV in the Philippines. PATH manages ASEP’s education component, providing training and technical assistance to NGOs to act as partners to the Department of Health and local health departments. An informal ASEP network links all NGO implementing partners nationwide and serves as a coordination and information-sharing forum.

ASEP education interventions are based on theories of social learning and communal and peer support for behaviors that reduce the risk of HIV and other STIs. One-on-one education is combined with guided group interactions that foster solidarity and skills-building for condom use, safer sex negotiation, and appropriate STI treatment-seeking. Interpersonal communication is reinforced by mass media messages designed to increase public awareness of STI symptoms and referral mechanisms, desensitize condom use, and encourage consistent use of condoms among individuals who have multiple sex partners.

PATH also developed a guide for program planners on preventing pregnancy and STIs among high-risk female adolescents.

ASEP’s outreach component includes peer educators offering preventive education to SECUS in six urban centers that have thriving sex sectors. ASEP asserts that peer education is both cost-effective and efficient in providing access to children and adolescents involved in the sex industry. Peer educators who are considered leaders in a gang or clique also offer invaluable positive influence on other group members.

Preliminary behavior change evaluations show that outreach to sexually exploited children has made strides against sexual exploitation in the communities. Children are more aware of lifestyle risk factors; they are learning how to negotiate condom use with their sexual partners; and with the help of NGOs, street children have been successfully organized into associations to give them a voice in their communities. NGOs have strengthened their capacity to identify and manage children with genital discharge and other STI syndromes. In one city alone (Cebu), over 900 high-risk children were screened and positive cases were managed at the point of first contact using prepackaged Triple S kits.

Providing a safe place where children can play and feel less inhibited helps lead to successful outreach. Sites that have a room available for children during the daytime attracted more clients than when outreach was attempted on the street or in communities. The rooms seemed to give children a feeling of refuge against hostile elements.

A mid-term program review conducted in 1995 confirmed the efficiency of ASEP’s targeted communication strategy and applauded the innovative public-private

Getting Young People to Talk: Life Stories Engage Exploited Youth

The documented life stories of children involved in sex work form the basis of Getting Young People to Talk. Outreach teams use dialogues and scripts, based on the children’s experiences, to elicit discussion and provide sexually exploited children nonjudgmental forums for sharing. This method provides a direct and realistic experience within a safe and controlled environment. Facilitators help participants revise and alter dialogues and scripts to fit their own lives and situations.

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A mid-term program review conducted in 1995 confirmed the efficiency of ASEP’s targeted communication strategy and applauded the innovative public-private
sector partnerships that the education component has fostered at local levels. An outside assessment in 2001 found that:

- ASEP partners raised more than $11 million in pro-bono media that increased awareness about HIV infection, child prostitution, and the need to destigmatize people with HIV/AIDS.
- ASEP partners use peer education approaches very effectively to communicate prevention information to difficult to reach high-risk groups.
- Data show that communication efforts have improved the knowledge, attitudes, and practices necessary for risk reduction.
- The Triple S and Safe Pack programs definitely warrant expansion as novel and effective approaches to STI treatment.

Building on the success of ASEP’s Triple S program, PATH is expanding the approach. Pharmacy personnel, community-outreach workers, and telephone counselors are being trained to provide pregnancy prevention education and training, emergency contraception referral, and other prevention services to adolescents.

Peer educators who are considered leaders offer positive influence among their group of friends.
Looking to the Future

International long-term development objectives are contingent upon the health, advancement, and survival of youth as our most important global resource. PATH foresees a day when societies measure their success in terms of the well-being of their children and youth. In this rapidly changing world, young people will face social, economic, political, and health challenges that were unimaginable even a decade ago.

National and personal health and development are inextricably linked, and successful adolescent development is the key to young people’s health. The key transitions that mark adolescence—the onset of puberty, first sexual intercourse, marriage, childbirth, leaving school, separation from parents, and beginning employment—represent moments of real opportunity to work with young people and influence the well-being of both individuals and societies, today and in the future. With just a little help, youth can ready themselves to safely make the passage into adulthood to become healthy and productive citizens. Effective mentoring by adults is as important to healthy transitions from adolescence to adulthood as are any revolutionary technologies. The rapidly changing world will further increase the importance of caring adults involved in the lives of young people.

PATH’s future plans for YSRH include replicating and expanding proven interventions as well as making available a wide range of program tools and curricula based on its experience to date. In addition, PATH looks forward to developing new program initiatives in several areas that heretofore have received insufficient attention from the international community:

- Violence and adolescents
- Married adolescents
- Younger adolescents (ages 10 to 14)
- Strengthening youth involvement

Violence and Adolescents. Violence inflicted on and by young people is a growing concern worldwide. Statistics on rape suggest that between one-third and two-thirds of rape victims are age 15 or younger. Cultural norms play a large role in the overall levels of violence in a community, and young people internalize the violent behaviors that they witness and experience as a societal norm. PATH is currently developing a training curriculum that addresses both prevention of and responses to gender-based violence. This core curriculum can be adapted to the specific issues related to adolescents, including individual and collective risk factors.

Married Adolescents. The majority of sexually active adolescent girls are married. Until recently, this large cohort has been virtually invisible to YSRH programs—mainstream programs often do not recognize them separately from older married women and adolescent YSRH programs miss them because they generally focus on unmarried youth. Because of their increased exposure to sexual intercourse and their physiological immaturity, married adolescent girls face greater reproductive health risks. In addition, they are often isolated with little control over mobility or monetary resources, and usually have low levels of income and education. Education and services that take into account the needs of married adolescent girls represent a powerful and positive opportunity to bridge this significant gap in reproductive health and rights and improve outcomes for both mothers and children. Such services would include: family planning, including access to emergency contraception; safe abortion and post-abortion care; antenatal care; use of skilled birth attendants; emergency obstetric care; prevention, diagnosis and treatment of STIs/HIV; and interventions to reduce gender-based violence.

Younger Adolescents. This subgroup remains even more underserved by the health system than older adolescents. Girls and boys in the 10- to 14-year-old age group often fall outside the reach of
Key transitions that mark adolescence represent moments of opportunity to work with young people.

health programs because they are too old for immunization programs (which target infants and young children) and too young to need most reproductive health services. Yet, the importance of effectively reaching young adolescents with appropriate health interventions (delivered largely outside the clinic setting) cannot be overstated. The reasons are twofold:

• By the time youth are sexually active, it may be too late to effectively build the protective skill set and supportive environment critical to maintaining health and reducing risk behaviors.
• New technologies on the horizon such as a vaccine for human papilloma virus (and, potentially, a vaccine for HIV) can powerfully affect the spread of disease if they can be administered to young people before they begin their sexual lives. But, systems to reach this age group are not well established at this time.

PATH’s recently launched Entre Amigas operations research project, funded by the Bill and Melinda Gates Foundation, is an innovative approach to reaching younger adolescents with a “basket” of selected reproductive health and development interventions in Nicaragua. The goal is to protect and promote the healthy development of 10- to 14-year-old girls in resource-poor settings through the provision of multisectoral and integrated services. A key focus of the project is to coalesce the capacities of compartmentalized systems of public-sector health service delivery and NGO youth development programs to achieve a common service objective reaching a common population. Since well-documented and successful options for younger adolescents are so few, PATH anticipates that the approaches, models, and tools developed for this pilot project will yield valuable lessons for replication.

Strengthening Youth Involvement. All PATH projects involve youth—in peer education and in message and media materials development—as sources of new and creative ideas, and/or as project advisors. However, this involvement is not always sustained, and the barriers to greater involvement are often many. Adults are often unwilling to share—let alone give up—power and authority in program design and management. Additional resources for staff and training are needed, as are changes in operating procedures. PATH believes efforts to achieve more meaningful, ongoing incorporation of young people into all aspects of programming are worthy of attention.

Although at age 25 PATH has “outgrown its adolescence,” it shares the perspective of many young people and looks to the future with a sense of hope and a desire for great positive changes.
Reproductive Health Outlook
www.rho.org

PATH’s Reproductive Health Outlook (RHO) website, now in its fifth year, summarizes research findings and program information related to key reproductive health topics. The adolescent reproductive health section provides:

• An overview of the context of adolescent reproductive health issues;
• Detailed discussions of key themes (such as developing life skills, providing information, involving youth, and preventing HIV and STIs);
• An annotated bibliography with approximately 100 references;
• Links to more than 50 online resources and organizations; and
• Program examples from around the world.

RHO is consistently updated to incorporate the latest research and programmatic strategies.

Adolescent Reproductive Health: Making a Difference.

Gender and Human Rights

M. Ellsberg, L. Heise, and E. Shrader. WHO/Center for Health and Gender Equity/PATH. (forthcoming)

Protecting and Empowering Girls: Confronting the Underlying Roots of Female Genital Mutilation.

Reproductive Health and Rights: Reaching the Hardly Reached.

Evaluating Efforts to Eliminate the Practice of Female Genital Mutilation: Raising Awareness and Changing Harmful Norms in Kenya.

Reproductive Health, Gender and Human Rights: A Dialogue.
Youth are a great source of new and creative ideas and should be involved in all aspects of YSRH programming.


Participation/youth Involvement

Capacity Building


User Materials for Youth, Family, and Adolescent Program Use


Safari of Life: A Young Man’s Journey. PATH. Forthcoming.

Hop the Isles Board Game. PATH. 2001.

Safari of Life Board Game. PATH. 2000.

Captain Condom and Lady Latex at War with the Army of Sex Diseases. Second Edition. PATH. 1996.

RiskAdvisor, Crazy4You, Twisting Road of Love. PATH.

Reproductive Health Services


Counseling, Informed Choice, and Informed Consent


Emergency Contraception

PATH seeks to build youth assets, helping young people to learn how to assess risks and make reasonable choices and to realize what promise their futures can hold.


www.path.org/resources/ec_tools.htm


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