

# 7th International Dialogue on Population and Sustainable Development

Exploring Cultural Diversity and Gender Equality:  
towards universal access to sexual and reproductive  
health and rights

15 – 16 October 2008



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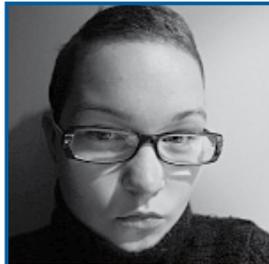
The 7th International Dialogue 'Exploring Cultural Diversity and Gender Equality: towards universal access to sexual and reproductive health and rights' provides a platform for exchange and networking among national and international actors where questions around culture and the promotion of sexual and reproductive rights will be addressed. It offers an opportunity to 'meet the expert', exchange information and experience, and generate and share new knowledge.

The Cultural Forum will be presenting numerous country examples, thereby providing an insight into the experiences and opportunities in promoting sexual and reproductive health and rights in diverse cultures. By presenting these case studies the conference will cover a broad range of regional and context-specific experiences on culture, gender and sexual and reproductive health and rights.

This information will be the basis for an in-depth expert discussion among participants. It will raise awareness about the influence of culture – both positive and negative – on efforts to promote gender equality and sexual and reproductive health and rights. The case studies provide an insight into strategies and approaches which are sensitive to culture and traditions, taking them as a starting point to moderate or induce a process of change.



## Joining forces: youth advocates for sexual and reproductive health and rights in development



*Luize Ratniece,  
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youth network (YSAFE)  
coordinator*

The project 'Joining forces: youth advocates for SRHR in development' aims at building the capacities of young people from both Europe and Africa to advocate together for SRHR in development.

### The organisation

The International Planned Parenthood Federation European Network (IPPF EN) is one of six regions of the International Planned Parenthood Federation (IPPF), the world's largest voluntary organisation in the field of sexual and reproductive health and rights (SRHR), founded in Bombay in 1952. IPPF links national Member Associations (MAs) in more than 166 countries worldwide to strengthen support for SRHR and to improve access to sexual and reproductive health services, in particular for young people. IPPF EN has MAs in 41 countries throughout Europe and Central Asia. IPPF EN Regional Office in Brussels provides technical support to help MAs develop strategies and build institutional capacity. The SRHR of young people are one of its five priority areas. IPPF EN and its MAs are fully committed to promoting the

participation of young people as full and empowered partners in the movement and efforts to improve SRHR. The regional youth network 'Youth Sexual Awareness For Europe' (YSAFE) was launched in early 2006 to link up young people working in MAs and to provide them with opportunities to contribute to the work and decision making of IPPF EN. In addition to the website, opportunities to participate in events, and consultation on several decisions, YSAFE holds an annual meeting at which it elects a steering committee. The steering committee members participate in the IPPF EN governance structure with full voting rights.

### Our project experience

Since 2006 IPPF EN has been implementing the project 'Joining forces: youth advocates for SRHR in development' which aims at

building the capacities of young people from both Europe and Africa to advocate together for SRHR in development. The project gives young people the opportunity to have their voice heard at important Joint Parliamentary Assemblies of the EU and Africa, the Caribbean and Pacific members of Parliament (also known as EU-ACP JPA).

After having attended advocacy capacity building workshops, the young advocates designed and realised advocacy events, actions and campaigns on national and pan-European levels. In their countries they



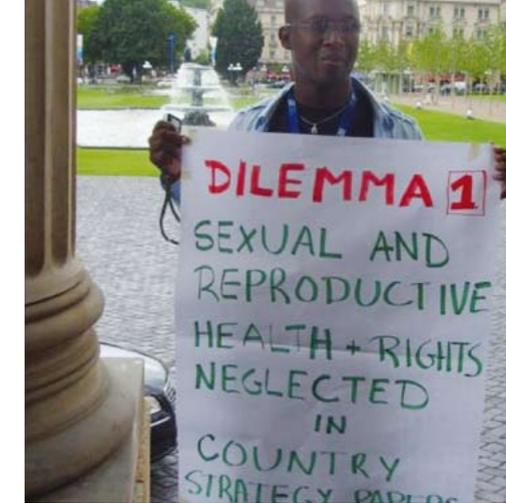
launched successful initiatives (e.g. postcard campaigns, article writing, conferences with decision makers) to gain the support of Official Development Assistance (ODA). On a European level, the young advocates actively attended the JPA sessions in Wiesbaden (Germany – May 2007), Kigali (Rwanda – November 2007) and Ljubljana (Slovenia – March 2008). During the JPA session, they organised demonstrations on SRHR needs and youth participation, staffed information stands and joined up with other civil society organisations, which increased their visibility and credibility among the EU-ACP decision makers and even raised the attention of the media.

Above all, the young advocates successfully held a side event at the Slovenia JPA attracting a high number of Members of Parliament. There, they explained the challenges to access SRH services in the developing world, pointed out the importance of youth participation when designing and implementing projects that reach young people and raised awareness on how young people from both Africa and Europe have taken their needs in their own hands. The young advocates presented their statement 'hear our voices' to remind JPA members of the International, European and African political commitments that have been made to address SRHR. They discussed how they can help young people to be heard on their SRH needs and support the issues of SRHR and youth participation. There was an open debate between the young advocates and the attending JPA members who showed overall support to young people on SRHR with concrete recommendations.

### Young advocates success stories

The main successes during this project were:

- » Linking up with young people from the Youth Action Movement (the IPPF youth network in the Africa region), other youth organisations and civil society organisations.
- » Attendance at high-level meetings (JPAs) and the official side event in Slovenia provided a platform for advocating directly to Members of Parliament on SRHR and youth participation.



» The high visibility of the young advocates resulted in media attention and support from the co-chair of the JPA as well as other Members of Parliament.

The main challenges during this project were difficulties in communication with the JPA organisers in order to obtain space for a stand and a side event. During the workshops the language and knowledge differences between the participants were overcome by translating and taking more time for individual explanations.

### Lessons learned

- » Regular communication and follow-up is essential to overcome the difficulty of organising an event/workshop in another country.
- » Young advocates appreciate carrying out in-country action plans which have a positive influence on the national advocacy work of their MAs.
- » It is not easy to influence the agenda of the JPA sessions and it takes time to make contacts with policy makers to gain their confidence.
- » Even in seemingly 'difficult' countries (e.g. Poland) support for SRHR can be gained among policy makers.
- » The joint advocacy efforts by the youth networks were appreciated by the JPA delegates from the North and the South and contributed to their successful advocacy actions.
- » A North-South partnership is essential to ensure cultural sensitivity and understanding

needed to successfully implement advocacy for ODA.

- » The language abilities of the young advocates are essential in communication with each other and the Assembly delegates.
- » Going on field visits was positive in motivating the young advocates for action.

### Next steps for implementation

Donor funding ended for this project in 2008, however, IPPF EN will continue the project through support from the other IPPF regions and will continue looking for new funding opportunities. Follow-up activities are planned under the next EU-ACP JPAs in Papua New Guinea and the Czech Republic.

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## Behaviour change communication: 'social merchandising'



William N. Ryerson,  
President

### The organisation

Population Media Center (PMC) is an international non-profit, Non-governmental organisation with a well-tested methodology for creating behaviour change communication programmes that address social, environmental, and health issues in a way that honours the system of values of the target community. PMC, founded in 1998, has used this methodology to create and broadcast radio serial dramas focusing on reproductive health, family planning, HIV/AIDS, trafficking and exploitation of children, empowerment of women, healthy lifestyles for youth, and environmental protection. PMC works worldwide from its headquarters in Shelburne, Vermont, USA. PMC has completed or currently has programmes in Brazil, Burkina Faso, Côte d'Ivoire, Eastern Caribbean, Ethiopia, Jamaica, Mali, Mexico, Niger, Nigeria, the Philippines, Rwanda, Senegal, Sudan, the United States, and Vietnam.

In each country, PMC builds a collaborative process between radio and/or television broadcasters, appropriate government ministries, and Non-governmental organisations to design and implement a comprehensive media strategy for addressing family and reproductive health issues. PMC receives its funding from various UN agencies, governments, NGOs, private foundations, and private donors.

Funding for PMC's work in Brazil is provided

by the Weeden Foundation and the Thornton Foundation.

### The project experience

In Brazil, PMC uses a unique strategy called 'social merchandising' that results in the insertion of key environmental, social, and health themes into the lives of key characters in commercially sponsored entertainment serial dramas (telenovelas). The project involves working closely with the scriptwriters as they plan a new telenovela to identify issues that would be appropriate for each character to address, based on the planned storyline of the drama. Once the writers choose which issues to incorporate, the project team then develops detailed information and links to experts to help the writers provide accurate treatment of the issue and positive role modeling by characters of their resolution. This work is based on the Social Learning Theory of Albert Bandura.

PMC works in partnership with Comunicarte, a social marketing organisation in Rio de Janeiro, and the Social Merchandising Department of TV Globo, the largest television network in Brazil. TV Globo inserts messages related to reproductive health and other issues in its most popular programmes at no cost to Comunicarte or PMC.

In 2007, the project was successful in helping TV Globo integrate 1,268 scenes dealing with

## 'Telenovelas' constitute an excellent vehicle for the dissemination of model behaviours, attitudes and positive practices, particularly to people lacking information and educational resources.

reproductive health, small family size, gender relations, domestic violence, sustainable development and the environment, and related social and health issues. These programmes are broadcast nationwide in Brazil and exported to dozens of countries worldwide, dubbed into various languages.

In 2007, nine prime time telenovelas that dealt with social and health issues were aired. The influence that serial dramas exert, or can exert, on the attitudes and behaviours of the typical Brazilian viewer has been the object of many studies. Qualitative research on the Brazilian serial dramas revealed that 'watching telenovelas' has become a habit that is extremely valued by the female population in particular.

It is unarguable that serial dramas, and television in general, are excellent media for the diffusion of educational and cultural messages to people devoid of informative and educational resources. One of the recurring themes addressed in the telenovelas was the issue of unplanned pregnancy. The programmes showed the consequences of unsafe sex and highlighted the importance of condoms and other preventive methods (e.g. 'Páginas da Vida'). The programmes did not promote any one form of contraception over another, but emphasised the benefits of planning one's family, and encouraged viewers to seek services. The programmes did not directly address what to do if unplanned pregnancy does occur, but rather focused on the prevention of unplanned pregnancy.

### Success stories

At the conclusion of 'Páginas da Vida', quantitative and qualitative studies were conducted to assess the impact. The results, especially among female viewers, demonstrate that the use of a culturally-sensitive and gender-based approach achieves the most impact in terms of knowledge and behaviour change indicators. Some highlights of these results include:

- » 60 percent of women interviewed watched 'Páginas da Vida' on a regular basis.
- » 65.4 percent of female viewers interviewed said they would be 'more careful' to prevent unwanted pregnancy.
- » Among viewers interviewed at family planning clinics, 60 percent of clients aged 18-24 said that scenes in 'Páginas da Vida' served as a stimulus for them to seek a health service.
- » There was more than a 50 percent increase in knowledge among women interviewed with regard to various reproductive health issues such as: contraceptive methods, family planning, maternal health, maternity/paternity, unwanted pregnancy, adolescent pregnancy, and HIV/AIDS.

The Brazilian government has formally acknowledged the power of social merchandising as an important and powerful tool to educate, inform and entertain the population. From 1991 to present, Comunicarte has contributed input to 72 of TV Globo's serial dramas, totalling more than 9,300 hours of programming. It is estimated that, directly or indirectly, Comunicarte has influenced the insertion of around 6,500 socio-educational scenes or situations, addressing issues as fundamental as human rights and the rights of citizens, sexuality, reproductive and sexual health, gender relations, the rights of children and adolescents, rights of the elderly and people with disabilities, drug abuse, environmental preservation, and other issues relating to sustainable development. In less than 20 years, the total fertility rate in Brazil fell from 6.4 children per woman to less than 2.7 children per woman, a reduction unparalleled in the world. This phenomenon is more surprising still because Brazil has never had a national family planning programme. According to many specialists, the Brazilian serial dramas modelled the benefits of a small family, stimulating couples to use contraceptives; thus reducing the fertility rate nationwide.

### Lessons learned

Certainly, the Brazilian telenovelas do not portray the universe of the feminine experience in Brazilian society, still marked by 'machismo' and sexist preconceptions. However, they mirror the transformations that have been occurring over the last decade – valuing the social role of women and, in many aspects, raising women to a position of equality with men. 'Telenovelas' socio-cultural innovations to a large population, in particular adolescents and youth.

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### The way forward

PMC will continue their intense collaboration with TV Globo and Comunicarte. To monitor coverage of the issues suggested by the project team, project staff, and volunteers also track the 'telenovelas' and report on how issues were treated in the programmes.

Because of its format and seductive language, as well as the degree to which the content reflects modern life, Latin 'telenovelas' constitute an excellent vehicle for the dissemination of model behaviours, attitudes and positive practices, particularly to people lacking information and educational resources. Comunicarte/PMC-Brazil recognises its contribution to the social modernisation of the Brazilian population, particularly among groups and communities that have been excluded, or are at risk of exclusion. Comunicarte/PMC's work with TV Globo can be used to spread socio-cultural innovations among other nations with similar levels of development and similar social problems to the ones Brazil faces.



## Prevention is the key – engaging in improving young girls' health



Herbert Mona,  
Advocacy Officer

**Y2Y embodies the belief that young people themselves are key actors in their own development, not simply beneficiaries and, as such, can themselves help find solutions to their problems.**

### The organisation

The German Foundation for World Population (DSW) is an international development organisation, founded in 1991 as a private non-profit foundation by two entrepreneurs from Hannover, Germany. DSW's main goal is to help people free themselves from poverty. To this end, we support family planning and sexual and reproductive health projects in Africa and Asia. Our premise is simple: only if people are able to protect themselves from unwanted pregnancies and HIV/AIDS do they have the chance to lead a healthier and better life. In this respect reaching young people is key. Young people are the parents of tomorrow and crucial to the development of their country.

### Our project experience

In order to address the multi-faceted needs of young people, DSW has developed 'Youth-to-Youth' (Y2Y), a programme designed to improve the sexual and reproductive health of young people by young people. Unlike many other sexual education projects, Y2Y embodies the belief that young people themselves are key actors in their own development, not simply beneficiaries and, as such, can themselves help find solutions to their problems. Y2Y is thus built on principles of active participation, gender equality and respect of local cultural, traditional and religious values. Y2Y is implemented in Burkina Faso, Kenya, Tanzania, Uganda and

Ethiopia, with Ethiopia being the focus country for fighting obstetric fistula.

### Y2Y highlights: Fight Fistula!

Poverty, malnutrition, poor health services, early marriage and gender discrimination are the main causes of fistula in Ethiopia amongst girls and young women. The childbirth-induced injury leaves women incontinent, ashamed and ostracised by their society. An obstetric fistula is a hole, which forms when tissues of the vagina, the bladder and rectum die after the blood supply has been cut off during prolonged obstructed labour. Apart from leaving women incontinent, they may also suffer nerve damage to lower extremities after prolonged labour in a squatting position and significant emotional damage.

In Ethiopia, it is estimated that about 9,000 girls and young women each year develop a fistula, out of which less than 15 percent receive treatment of any kind. The unsatisfying progress in fighting fistula is mainly due to cultural aspects such as early marriage which leads to early pregnancy, but also shame and isolation derived from social stigma.

### Prevention is the key to fighting fistula

DSW regards prevention as key to fighting fistula. Therefore, education and family planning services are at the forefront of a new project, which started in July 2006 under DSW's Y2Y

programme in Ethiopia. Entitled 'Fight Fistula!', this project targets both men and women in nine selected woredas in Ethiopia's East and West Gojam.

By using trained nurses and former fistula patients as peer educators in home-to-home visits, mass edutainment and peer-to-peer learning in youth clubs, it is estimated that around half a million people will be reached with reproductive health information and improved health facilities. Whilst facilitating the reintegration of former fistula patients into society through their involvement in the youth clubs, the youth club members gain knowledge and support from someone who best understands their concerns and experiences.

### The approach

The Y2Y programme aims at positive behaviour change among young people through a variety of activities. Although the specific implementation of activities varies from country to country, the activities themselves are uniformly designed. They are

- » Establishing and strengthening youth clubs, or peer groups;
- » Providing intensive and mass information, education and communication (IEC) on sexual and reproductive health;
- » Offering sexual and reproductive health services:

The Y2Y programme is unique in that it is highly replicable, sustainable and adaptable. Peer education is the cornerstone of the Y2Y programme. A peer learning cascade serves to facilitate and control the quality of the peer learning process and achieve a greater impact. DSW works at several levels. At the national level DSW cooperates with government agencies, civil society networks and partners. In the districts at the decentralised level, we identify partners with whom we work to reach the communities. DSW also works with services providers in health centres at the district

and community level. With regard to young people DSW supports Y2Y youth clubs where adolescents have the opportunity to directly and equally participate in projects and make decisions on what needs to be addressed and how. Boys and girls are equally involved and addressed in all activities.

### Opportunities

Through Y2Y, DSW not only gives young people information on sexual and reproductive health. The benefits are numerous and include

- » Empowering young women not to be coerced into unwanted and unprotected sex;
- » Promoting community involvement through advocacy and desensitisation activities;
- » Developing leadership through club management and peer education trainings;
- » Empowering young people with income generating activities.

### Challenges in the 'Fight Fistula' project

- » Changing attitudes towards the social status of girls has remained a challenge.
- » Lack of adequate environment and infrastructure for young people to access sexual reproductive health services, treatment and information still leaves large numbers of them, especially young girls, with their needs unmet.
- » Legal systems and policy implementation have in practice failed to protect women and young girls against all forms of violence and discrimination.
- » Young girls themselves have accepted their gender roles and feel bad not to fulfil the family's expectations.

### Lessons learned in the 'Fight Fistula' project

There is still an overwhelming need to support young girls. Parents and guardians still neglect the responsibility of educating young people about sexual health, preferring to leave this to other actors.

- » Adolescents trust in health care providers as

a source of sexual and reproductive health services. Such services must be guaranteed gender sensitive.

- » Young people are open-minded but not free from gender stereotypes and expectations. Working with young people means focusing on existing roles and feasible changes.

### The way forward

Engage community stakeholders to build support for and improve the effectiveness and outreach of the intervention in the community. This requires involvement of families as well as traditional and religious leaders.

Engage girls and boys equally, and giving enough space for boys and girls to reflect their challenges regarding gender expectations.

Bring about change in a gender discriminative culture takes a long time. DSW has initiated this process with promoting cross-gender dialogue, aiming at increased mutual understanding for men and women.

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## Youth Assembly, HIV/AIDS Education and Learning Program (H.E.L.P.)

**The international composition of BERMUN embraces cultural diversity and understanding, while facilitating academic advancement for all participants. Great value is placed on mutual respect and tolerance for the opinions of others.**

### The organisation

#### Youth Assembly/ H.E.L.P.

The Berlin Model United Nations (BERMUN) Youth Assembly founded 2006 the student-run, and student-funded organisation 'HIV/AIDS Education and Learning Program' (HELP). The core object of HELP is to empower youths by incorporating their personal passion into student initiatives to fight HIV/AIDS. HELP achieves this by fostering leadership abilities, functioning as a youth think-tank, providing an international peer network and an ideal platform for intellectual exchange. In order to start their own student organisation, HELP Ambassadors undergo a process in which they recognise, analyse and act in response to specific country situations. Most of them organise diverse educational sessions among peers.

#### Berlin Model United Nations (BERMUN)

BERMUN was founded in 1992 with the intention of promoting cooperation between students from the former eastern and western areas of Berlin. Since then, BERMUN has grown from a one day simulation with 30 participants to a four day international Model UN (MUN) conference with over 600 participants from Eastern and Western Europe, the Middle East, and North America. It enables them to assume the role of diplomats and to exercise leadership by acting as committee chairs or country delegates. Organised for students, by students, BERMUN presents a unique opportunity for young people to acquaint themselves with international politics, guided by one banner theme that is selected each conference. This year's conference 2008 is devoted to the issue: 'Empowering Women: A Prerequisite for Global Development'.

### The project experience

#### Youth Assembly/ H.E.L.P.

HELP's attempt to provide universal access to sexual and reproductive health and rights proved to be the most challenging in Saudi Arabia, especially in the case of providing methods of prevention for youth. The research of two Saudi-Arabian HELP Youth Ambassadors showed that cultural diversity and gender equality was not viewed as an issue that required improvement, to the contrary, the current 'male dominated' structures were proudly defended by those benefiting from it: men. Furthermore, a strict government internet censorship of websites providing accurate data about developments of the epidemic hindered the Ambassadors from obtaining exact information. Their information was based on either hearsay or vague estimates by NGOs. Eventually the Ambassadors, both females, had to terminate their endeavours to assess the situation amongst youth in order not to risk a whipping – the ordinary punishment for speaking about HIV/AIDS and sexuality. Despite the restrictions, the Ambassadors utilised the HELP peer-to-peer network and sought the support of their fellow international Ambassadors to collect data on the HIV/AIDS situation in Saudi Arabia.



BERMUN 2008, Youth Assembly and H.E.L.P.

### Facing topics at BERMUN

At BERMUN youths actively engage in politics and learn about political procedures. Non-native English speakers have the opportunity to improve their language skills in a professional, yet friendly and inviting atmosphere. Research skills are reinforced and new, often controversial international issues are introduced and explored in depth. The international composition of BERMUN embraces cultural diversity and understanding, while facilitating academic advancement for all participants. Great value is placed on mutual respect and tolerance for the opinions of others. Throughout the history of BERMUN it has been a noticeable trend that more and more females have joined the programme while the professionalism and quality of the conference has continuously grown. It is our firm goal that all participants gain new experiences at BERMUN, in order to attain the drive and confidence needed to participate actively in shaping tomorrow's world and making it a better place.

### Success stories

#### Youth Assembly/ H.E.L.P.

The Saudi HELP Youth Ambassadors arrived at the BERMUN Youth Assembly conference 2007 with only the information they had received from their fellow Ambassadors and classes in their American high school environment. They went on to develop an action plan that takes into account the restraints and dangers of raising the issue of HIV/AIDS in a strictly Islamic country. With the support of their fellow Youth Ambassadors the students

hosted fundraising events within a safe environment. The high quantity of Saudi Arabian applications received for the BERMUN Youth Assembly conference 2008 is the result of the successful endeavours of the current Saudi Ambassadors.

### BERMUN

We are particularly proud of the conference's expansion and the fact that teachers and students who joined us in the first years founded local MUN programmes in their cities and have acknowledged our contribution to political and social education.

By selecting a theme such as 'Empowering Women: A Prerequisite for Global Development' young people are confronted to reflect on societal-cultural values and to rethink their own attitudes toward gender questions.

### Results and conclusions

#### Youth Assembly/ H.E.L.P.

One of the lessons we as HELP directors learned is that strict cultural, religious norms and a repressive society are not sufficient reason for not addressing issues of gender equality and HIV/AIDS amongst youths. Our experience showed that often the challenge lies in identifying individuals and circles, such as those engaged in the diplomatic service in Saudi Arabia, and enlisting their support and commitment.

The funds gathered at our charity dinner were donated to foreign NGOs outside of Saudi Arabia that aim to promote a more liberal policy on reproductive rights in Saudi Arabia. This 're-channelling' of funds limits their personal risks and possible punishments and sends a clear message to the international community that the issues of HIV/AIDS and gender equality deserve greater attention.

### Recommendations

#### Youth Assembly/H.E.L.P.

HELP's experience has shown that larger business corporations and international communities in Saudi Arabia enjoy greater freedoms than Saudi citizens. We should not underestimate the potential influence powerful political and financial institutions may exercise in promoting universal awareness of the HIV/AIDS problem. Social entrepreneurship must be part of the credo of all multinational corporations, especially those in countries where access to information is restricted.

### BERMUN

Teachers are encouraged to introduce programmes offering young people opportunities to engage actively in their own political and social education. Such exercises encourage young people to assume responsibility. Leadership embodying democratic norms and values are the fundamentals of the democratic order.

## Berlin Model United Nations (BERMUN) 2008

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## 'Bodily knowledge and contraception' – health education for young people and adults of both sexes with migration background

### The organisation

The Federal Centre for Health Education (BZgA) is a specialist authority in the portfolio of the Federal Ministry of Health founded in 1967. The BZgA is responsible for the elaboration of principles and guidelines for the contents and methods of health promotion and health education in Germany, for planning, implementation and evaluation of prevention campaigns and the development and implementation of training programmes. In this field the BZgA cooperates with national and international partners on local, regional and governmental level, e.g. health insurance funds, DAH (German Aids Help), Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH, European Union (EU), World Health Organisation (WHO).

### The project experience

The folder 'Bodily Knowledge and Contraception' is aimed primarily at young people and adults of both sexes with migration background, but its simple language and easy-to-understand illustrations make it suitable also for people with a lower educational level. It can be used by experts from a wide variety of disciplines, particularly gynaecology and counselling. The folder is constructed as a flip chart, in order to convey information using text-blocks (on the counsellor's pages) and corresponding picture-blocks (on the client's pages).

**The folder 'Bodily knowledge and contraception' is aimed primarily at young people and adults of both sexes with migration background, but its simple language and easy-to-understand illustrations make it suitable also for people with a lower educational level. The medium is seen as a necessary working material for culture-sensitive sex-education and counselling for people of different backgrounds.**

### Content

Female body; male body; sex and reproduction; contraception and family planning; gynaecological consultation; pregnancy and birth; termination of pregnancy; advice and assistance  
In each chapter culture-specific matters of special note are integrated through text and pictures, and also separately addressed (e.g. menstruation, virginity and FGM).



Stefanie Amann,  
Scientific Officer

### Opportunities

This folder was developed on the basis of empirical studies, research and consultation with experts. In a pre-test, 20 experts from the fields of gynaecology, counselling, migrant organisations tested the folder in their own field of expertise on 300 people. This qualitative consultation enabled the BZgA to assess the target-group with respect to comprehension, acceptance of text and pictures, and to optimise the medium.

### Lessons learned

The aim of the pre-test was to test particularly sensitive topics, statements and illustrations for their acceptability. Illustrations were deliberately chosen which, because of their detailed explicitness and directness might have drawn criticism. Desired changes related in particular to the depiction of the male and female body and the depiction of sexual intercourse, and were implemented as follows: the colours were toned down, the pubic hair reduced, the proportions changed and the setting, with its interpersonal communication (e.g. between patient and doctor), more strongly emphasised. The pre-test showed that the majority of those interviewed found the folder very positive and suitable for use in their field of work. Format, content and presentation were appropriate to the target group and judged to be discerning and sensitive in their language and illustrations. The medium is seen as a necessary working material for culture-sensitive sex-education and counselling for people of different backgrounds.

### The way forward

The final step in the quality-assurance process take the form of an evaluation by an external research institute.

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## Reduction of maternal & neonatal mortality in the villages of the Nusa Tenggara Provinces, using a gender sensitive approach



Rahmi Sofiarini,  
Senior adviser

**The promotion of gender equality and women's rights will shift culture as a set of guidelines or an inherited 'lens', through which the individual perceives and understands the world that she/he inhabits and learns how to live within it.**

### The project in context

The SISKES programme, implemented jointly by Government of Indonesia in the two provinces Nusa Tenggara Barat (NTB) and Nusa Tenggara Timur (NTT) in the eastern part of Indonesia, and Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH, aims at improving district health systems with a focus on maternal and neonatal health. SISKES includes a broad range of interventions including improving clinical skills and management of health services; better allocation of human resources, as well as community empowerment. A key factor in this system's approach is the empowerment of the communities to respond to maternal and neonatal emergencies, and to increase women's access to health center services including information and education on sexual and reproductive health and rights (SRHR).

Maternal and neonatal mortality reduction requires cross-cutting efforts which have to take into account culture, gender, sexual and reproductive health and rights, in order to enhance the health sector response and increase access to services. To do so, various key stakeholders are involved and working together closely: at national level, the Ministry of Health, at local level the provincial and district health offices, the health service providers at all levels (e.g. hospitals, health centers), as well as professional organisations, training institutions, local Non-Governmental Organizations (NGOs) and the communities themselves.

### The community empowerment strategy

The community empowerment strategy is an integral part of SISKES. It is underpinned by the existing traditions of helping each other which exist across ethnic societies in these provinces. Assistance is given to communities to facilitate participatory consensus building amongst community members in establishing a 'Community-based Alert System', a support system in which villagers mutually support each other to respond to maternal health emergency situations. This alert system consists of notification of urgent health issues and emergency cases, the provision of means of transportation and communication to access the local health center, and the provision of financial support and voluntary blood donation. In addition, a community-based family planning information post is actively disseminating information and bridging people with health services; also, there are information sessions on Reproductive Health/Rights for 'out of school and out of work' youths that aim at increasing knowledge at the community level. Community consensus, developed 'from, by, and for ourselves', has made coping with emergencies easier and has saved lives. This has not been limited to maternal cases but also includes other emergencies such as accidents and other health cases (e.g. dengue and malaria).



### Our lessons learned

Early observation has shown that the function of the established 'Community-based Alert System' together with gender equality promotion and reproductive health education have commenced to trigger the dynamic work of the health system in those areas. This change was described by one of the village midwives:

'Before having the village birthing post (Polindes), building and establishing the Alert Systems only 20 percent of deliveries were assisted by health personnel. After having the Polindes, the number of deliveries assisted by health personnel increased to 40 percent. After establishment of the alert system, the deliveries became 100 percent assisted by health personnel and all take place in the health facilities'.

It has also brought significant changes to the lives of people as one of the following stories indicates:

'I am very poor and do not have any means of transportation. It was very difficult to get public transportation at night and I was very shy asking for help from the rich who own a car, when I got anemia and was in a very weak condition. It was very helpful, in my sub-village – having the consensus to help each other, my family was not shy anymore asking help for the usage of transportation and immediately brought me to the Health Center', told by Rakmah, 50 years.

The example of SISKES demonstrated that entry point of this community empowerment is the common interest to improve maternal and infant health in the communities concerned. The underlying assumption is that by improving behaviours and establishing supportive community mechanism at the local level will reduce vulnerability and show quick and positive results which are likely to be applied to wider health issues in the community, and be of benefit, in the long run. The challenge is to convey the message that efforts to empower communities are a means and not an end in itself; and that a long term perspective is required for a participatory process which is owned by the community.

### The success story

Community action has a positive impact on the continuum of care through its renewal of the Family Planning Commission network (BKKBN), increasing the number of current users of contraceptive methods. Implementation of the programme has also supported advocacy to local government in increasing the budget for the health sector at village level. Community actions have the potential to shift gender relations, which will enhance progress towards universal access to sexual and reproductive health services, strengthen women's rights and shift decision making processes in the household. This is demonstrated, for example, by increasing awareness of young people to prevent early marriage and protect themselves against sexually transmitted infections (STIs) and HIV infection.

The promotion of gender equality and women's rights will shift culture as a set of guidelines or an inherited 'lens', through which the individual perceives and understands the world that she/ he inhabits and learns how to live within it. One community member's comment: 'I learned by conducting group discussion, making presentation, playing a game, watching film, and, above all, the reproductive health sessions has offered me 'a room' to discuss many relevant issues'. Thus, all these community actions have potential for enhancing progress towards universal access to sexual and reproductive health and rights.

### Next steps

Further research is needed, looking at the impact of reproductive health service provision and rights education for adolescents in shaping their health-seeking behaviour and leading to the full enjoyment of reproductive health and rights, of both men and women, in the societies of the Nusa Tenggara Provinces.

### Improvement of the District Health System in NTB and NTT

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# Promoting sexual responsibility among youth and the sexual self-determination of women

## The organisation

Agence Ivoirienne de Marketing Social (AIMAS) is an Ivorian Non Governmental Organisation founded in 2001. It is composed of a General Assembly, a Board of Directors and a staff of 40. Its mission is to contribute to the well-being of the people of Côte d'Ivoire through the provision of high quality reproductive health information, services and products through social marketing. We are funded by the German Government through KfW Entwicklungsbank (KfW development bank), Global Fund, President's

Emergency Plan for Aids Relief (PEPFAR) and SHELL/CI and Ivorian Government. We work nationwide and target mainly young people (aged 15 to 24) in urban areas regarding HIV prevention, and women in relationships (aged 15 to 44) in rural areas in order to increase women's sexual self-determination and to promote the use of family planning.

**In a local environment in which male authority is the norm, AIMAS gives special emphasis to gender equality in order to meet the needs of its targeted clients.**



Lazare Koudou Goussou,  
Executive Director

## Description of a research project

The HIV/AIDS epidemic poses a grave public health problem in Côte d'Ivoire. According to the last national survey, the HIV prevalence rate is 4.7 percent. At the same time Côte d'Ivoire, with a maternal mortality rate of 543/100,000 births, has one of the highest maternal mortality rates in the world.

In a local environment in which male authority is the norm, AIMAS gives special emphasis to gender equality in order to meet the needs of its targeted clients.

The organisation aims specifically to encourage urban youth who are sexually active to adopt responsible sexual behaviours. Young girls who are the most vulnerable to HIV infection are given special attention by developing and honing their negotiation skills. It also targets women and their partners to encourage dialogue among the couple in order to increase women's sexual self-determination and to promote the use of family planning.

AIMAS conducts research among the target populations to inform its strategies. For example, a series of studies were conducted to develop and finally evaluate the campaign 'T'es Yere, T'es Cool' to promote responsible sexual behaviour among in-school youth.

One of the key insights of the research was that urban youth look up at those among them who

appear to be in control and knowledgeable of the ways of the world, expressed as 'Yere' in the local urban youth slang. Accordingly, messages were designed to increase the youth's knowledge about HIV prevention and to increase control over their sexual behaviour, including the use of condoms and abstinence.

Currently, the campaign 'Ma femme, mon amie' is in process to promote sexual self-determination and family planning use among peri-urban and rural women. It is informed by research findings that show that in the Ivorian culture, where reproductive decisions are prerogative of males, dialogue and harmonious relations among couple are seen as the answer for increased self-determination and greater gender equality in decision-making for women.

## Success stories

AIMAS has recorded successes such as:

- » Condom sales have been growing despite the appearance of several new brands from Asia. Sales are now around 30 million pieces per year.
- » The annual sales of oral contraceptives are around 1,5 million cycles per year.
- » The promotion of responsible sexual behaviour has met with success as young people have become more conscious of their individual risk to HIV infection and unwanted pregnancy.

- » AIMAS remains leader in the distribution of condoms (over 90 percent market share) and oral contraceptives (over 60 percent market share).

However, AIMAS' achievements did not come without a number of challenges. Some are:

- » All decision-making regarding reproductive matters is the prerogative of males in almost all the socio-economic groups in Côte d'Ivoire. This is a major obstacle for women's self-determination and for gender equality.
- » Côte d'Ivoire was physically divided in two zones by the rebellion. AIMAS continued however, providing services to the population in the whole country.

AIMAS has been fortunate for these opportunities:

- » AIMAS is currently in discussion with Famy-Care, to source hormonal contraceptives on a credit basis in order to obtain a secure line of quality supplies.
- » AIMAS is currently negotiating for a grant from ECAfrique for emergency contraceptives in order to give women another sexual self-determination option.

## Lessons learned

Studies provide understanding of specific cultural standards and norms that govern individual behaviour, especially in matters related to reproductive health and gender issues.

Extensive consultations with various parties are necessary in order to break cultural barriers and win trust.

## Recommendations

Sustained communication and community mobilisation efforts are needed in order to make headways for increased female sexual self-determination, especially in rural settings.

Further strategies need to be developed to form partnerships between communities and health providers that empower women.

Despite of the military crisis, opportunity should be given to the whole population access to health products and services.

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## Intergenerational Dialogue (IGD)

### The organisation

Through the Ministry of Health/GTZ Health Sector Programme, the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH supports the Kenyan government in implementing the National Health Strategic Plan under the 'Joint Programme of Work and Funding' in the following thematic areas: Reproductive Health, Health Financing, Quality Management, Health Policy, Gender Based Violence and Human Rights. The programme embraces and works with key government bodies and civil society organisations such as the Ministry of Health (MOH), Ministry of Gender, Children Affairs and Social Development, Population Council, Kenya Institute of Education, University of Nairobi and Association of Media Women in Kenya (AM-WIK) among others, in order to address policy concerns and implement anti FGM and Gender Based Violence activities.

### The project experience

Several national and international organisations in cooperation with the Government of Kenya have been implementing activities to end female genital mutilation (FGM) for many years with limited success. The Kenya Demographic and Health Survey of 1998 put the FGM national prevalence rate at 38 percent. Five years later in 2003, the same survey indicated a reduction by six percent. Evidently, the work that was being done was not generating



*Jane Onyango, Component Head Gender Based Violence/Human Rights*

results as expected. Several baseline surveys among communities with near universal prevalence rates were carried out in the year 2000. The survey results indicated that despite the implementation of different approaches by many players, there was no significant progress on behaviour change and attitude in the targeted communities. This called for a rethink of strategy, a strategy that would involve participation of all sections of community and further motivate them to abandon FGM. By this time, the Intergenerational Dialogue (IGD) approach had already been introduced in Guinea and initial results looked very good. The GTZ consulted the Ministry of Health (MOH) partner to discuss the possibility of rolling out IGD in Kenya modelled on the Guinea approach. MOH was very receptive to the idea and the plan-

**Instead of just passing information, the IGD encourages listening and dialogue on the ambivalences and dilemmas which accompany the process of adapting attitudes and behaviours.**

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ning phase of IGD was launched. To start the process, IGD was implemented in Tharaka and Kajiado districts.

### A success story

The Intergenerational Dialogue (IGD) approach recognises that information campaigns on female genital mutilation have increased knowledge but do not always change deeply rooted behaviours and attitude within the population. Instead of just passing information, the IGD encourages listening and dialogue on the ambivalences and dilemmas which accompany the process of adapting attitudes and behaviours. The listening and dialogue approach consists of two phases: peer reflection sessions and dialogue between generations. The dialogue workshops follow a narrative choreography. The old and the young generations of both sexes share their stories in the familiar context of their environment; questions that would otherwise never come up are raised; every one is listened to and treated with respect. In the course of the dialogue, the multiple links between the personal, the cultural and the political become visible and can be addressed.

Only mutual respect and appreciation make it possible for new, shared visions to emerge. The IGD approach has been implemented in Kajiado and Tharaka districts in Kenya. Several facilitators were trained in listening and

dialogue techniques. This core team became trainers in their local communities as well as agents of change on FGM. Communities are trained to engage in dialogue as they carry out their daily chores. In total, over 4,000 members of the two communities have been reached. The fear to engage elders or a person of the opposite sex in meaningful discussion has been broken. The taboo on mentioning and dialogue on FGM is a thing of the past.

The requests for specific reproductive health services have increased following the improved dialogue skills. Many myths and false information that were used to perpetrate FGM have been dispelled. The position of the girl child in these communities has improved as indicated by the school enrollment records. Since all IGD projects end with an Alternative Rite of Passage (ARP), there is a growing public demand for participation in an ARP from both the young girls and parents. Prevalence rate of FGM has slowed down (more so among the Tharaka). The open practice of FGM has disappeared due to the anti FGM legislation and the increased communal probity on the practice of FGM. Some specific challenges include the poor enforcement of existing legislation; the disconnection between the police and provincial administration on the one hand and the community members where these dialogues happen on the other, as well as the relatively high costs of implementing IGDs.

### Lessons learned

It takes the participation of the whole community to embrace change in attitude and behaviour.

The IGD creates an excellent opportunity for communities to evaluate their values and value system and makes the community explore related concerns systematically (hard questions are handled with relative ease). The Alternative Rite of Passage (ARP) where the older generation teaches the younger generation, is publicly

demanding following successful IGD implementation. The public declaration after the implementation of IGD is an important day and involves the mighty and the lowest community members. It is a pointer of the new values that the community is willing to accept. IGD uses positive culture and traditions to challenge negative culture and traditions. The male involvement in this approach has proved very successful especially in ensuring that men/boys participate together with women/girls in making and honouring major decisions.



### The way forward

The IGD should also target formal groups and professionals whose contribution is necessary in the fight against FGM such as the police, the chiefs, the health workers and the justice system. The IGD approach needs to be replicated in other FGM practising districts in Kenya. While interest in the approach and its roll-out is high, there is need to carry out impact assessment to determine levels of achievements as regards attitude and behaviour towards FGM. Complete adaptation of IGD to fit diverse local contexts and cultural specificities in Kenya community by community needs to be done.



## Healthier lives through safer reproductive health practices



Diallo Mariam Fofana,  
Communication and social  
marketing counsellor

**PSI Mali's programmes use research and work in partnerships with other organisations to ensure that cultural and gender norms and practices are taken into account while promoting healthier lives through safer reproductive health practices in Mali.**

### The organisation

PSI is the leading non-profit social marketing organisation in the world with programmes in malaria prevention, reproductive health, child survival and HIV. Since 1970, PSI has been promoting products, services and healthy behaviour that enable low-income and vulnerable people to lead healthier lives. PSI Mali has been working in Mali since 2001.

Areas of intervention and target groups of PSI Mali are

- » HIV/AIDS: High risk groups including truckers, commercial sex workers, etc. VCT centres: general population and high-risk groups;
- » Diarrhoea: parents and caretakers of children under five;
- » Reproductive health/family planning: men and women of reproductive age;
- » Female genital mutilation: parents (and other decision makers) of females under 15 years of age;
- » Malaria: parents and caretakers of children under five and pregnant women.

Principle donors are

- » The Federal Republic of Germany through KfW Entwicklungsbank (the German development bank)
- » The Global Fund To Fight AIDS, Tuberculosis and Malaria (GF)

- » U.S. Agency for International Development (USAID)
- » The Dutch Government.

Local partners include

The Malian Ministry of Health, the Malian Ministry of Social Protection, The Malian Ministry for Women, the governmental programme on FGM 'Programme National de Lutte contre la Pratique de l'Excision' (PNLE), the National High Council for Aids Prevention (Office of the President of Mali), the Haut Conseil National Islamique, the Alliance Islamo-Chretien, the U.S. Centers for Disease Control, Deutscher Entwicklungsdienst (DED), GTZ, the U.S. Peace Corps, the NetMark project, CARE, Save the Children, the Association Malienne pour la Planification Familial (AMPPF), CAG (Centrale d'Achats Generiques), Assistant Technique National (ATN), Centre National pour l'Information, l'Education et la Communication pour la Santé (CNI ECS), Voices of Mali, Groupe Pivot/Santé Population.

### Our project experience

We assist the Government of Mali in its efforts to reduce the high levels of mortality and morbidity through safer reproductive health practices. Our objectives are to:

- » Promote the abandonment of female genital mutilation in Mali through evidence based behaviour change communication activities.

- » Promote family planning in Mali by making available high quality subsidised contraceptives and services in the private sector and conducting evidence based behaviour change communication activities.

### Activities

PSI Mali's programmes use research and work in partnerships with other organisations to ensure that cultural and gender norms and practices are taken into account while promoting healthier lives through safer reproductive health practices in Mali.

Female genital mutilation

A situation analysis and household survey was conducted in order to guide project activities. Evidence-based behaviour change communication activities include:

- » Produced and broadcasted the first behaviour change communication campaigns on TV and radio in Mali promoting the abandonment of FGM.
- » Awareness raising activities with religious and other leaders.
- » Development of interpersonal communications material for outreach workers (ongoing).

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- » Technical assistance to Programme National de Lutte contre la Pratique de l'Excision and civil society organisations engaged in the promotion of the abandonment of FGM and a law making the practice illegal.

Family Planning (FP)

Household surveys and product availability surveys are ongoing in order to guide project activities. High-quality, low-priced FP products are made available through the private sector. A network of private clinics providing high-quality FP services and products is supported through training and monitoring. Evidence-based behaviour change communication activities are implemented to promote the increased use of contraceptives.

### Success stories

Regarding FGM:

- » Barriers to the abandonment of FGM were identified by research, such as the non-valorisation of unexcised women, religious and cultural beliefs, lack of knowledge of negative health and psychosocial consequences.
- » Messages are developed in collaboration with numerous partners and pretested.
- » There is evidence that the behaviour change communication activities have increased the debate and discussion on FGM – the 'ice has been broken'.

Regarding FP:

- » Barriers to the increased use of modern contraceptives such as pronatal social norms and lack of understanding of fertility cycle were identified.
- » The availability of contraceptives in the private sector was increased.
- » FP services were introduced into the private sector.
- » Evidence suggests that behaviour change mass media communication activities have increased knowledge and brought about a more favourable attitude towards FP.

### Challenges

- » The programme of PSI Mali is evolving in a difficult societal and political context (85 percent of women between 15 and 49 years of age have undergone FGM as a child); the political commitment to end the practice is weak; FGM is not outlawed; Islamic religious leaders have a high influence on people and politics are divided on the issue.
- » There has been only slight increase in the use of modern contraception in the last five years.

### Opportunities

- » The 'ice has been broken' regarding FGM.
- » DHS data indicates that there may be a shift in norms.
- » The Malian Ministry of Health, especially the Division for Reproductive Health is aware of the challenges regarding FP and poised for action.
- » There is still much untapped interest within the private sector.
- » There is a possible increase in interest by donor community.

### Lessons learned and recommendations

Regarding FGM:

Change of deeply rooted behaviour takes time. Partnership, partnership, partnership... Therefore, despite numerous challenges don't give up. In partnership, keep pushing!

Regarding FP:

There is a need for year round intensive evidence-based behaviour change communication activities. Therefore the proven successes need to be scaled up – especially in evidence-based behaviour change communication activities such as increasing the frequency and type of messages.



## 'Vagina Monologues' – education tool or sexual sensibility provocation

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#### The organisation

The Gender-Center is a Non-governmental organisation (NGO) on research and training, with a team of professionally trained members in different research areas focusing on gender and development issues. It has been operating since 1998, though registered as an NGO in February 2000. The Gender Center's core group consists of 25 specialists (teachers, psychologist, legal specialists, and doctors) who work on a voluntary basis. Since 1999 the Gender Center has been a member of the KARAT Coalition of women NGOs in Central and Eastern Europe (CEE).

Experts of the Gender-Center contributed directly to the elaboration and advocacy of the Gender Equality Law and the Law on Prevention and Elimination of Family Violence, as well as the National Strategy on Reproductive Health.

#### The project

In the years 2005-2006 there was a large dispute on Life Skills-Based Education (LSBE) in the Moldovan society with big contradictions between the political parties, the government, the Parliament and religious organisations. LSBE included sex education, HIV prevention, among others. Many teachers, parents, pupils, and NGOs supported LSBE, but the Ministry of Education terminated it. At the moment sex

education does not exist in Moldovan schools. During the international campaign '16 days of activism against violence against women', held on December 2007, the spectacle 'Vagina Monologues' took place in the capital Chisinau. The spectacle was organised and role-played by five young actresses and conducted by the famous Moldovan producer Nelly Cozaru, with financial support of United Nations Population Fund (UNFPA), and the NGOs 'Gender-doc' and 'Gender-Center'.

The overall objective of this event was to sensitise the population on women's sexuality in particular and sexuality issues in general. The 'vagina monologues' are meant to provoke and touch; 'women survivors telling their stories of rape and sexual violence to a public audience'. Tatiana, 23 years old: '... the performance was social as well. Our women are intimidated and ignorant, they do not love and very little appreciate themselves, they receive little pleasure from sex – this is what the play is also about. So, the Vagina Monologues were liberating the audience, making them face things that are not customary to talk about in public, only at the kitchen table with a drink, 'pouring the soul'.



Valentina Bodrug-Lungu,  
President of Gender-Center

The Vagina Monologues were liberating the audience, making them face things that are not customary to talk about in public, only at the kitchen table with a drink, 'pouring the soul'.



The 'Vagina Monologues' had a big impact and importance in the Republic of Moldova. The theatre hall of the House of Nationalities was full. The young people, in particular, demonstrated a big interest. Many intellectual people have positively appreciated this event. At the same time, the representatives of Orthodox Church were protesting in front of the House of Nationalities. Consequently, the spectacle was closed. In our opinion, considering the European context and future integration of our country it is very important to promote not only the economical and social

but also cultural integration. In this way we will learn the respect for tolerance, diversity and understanding of others. In this regard, 'Vagina Monologues' is a pre-test for all of us, but at the same time it is an educational tool for our society.

#### The impediments

The Moldovan society is dominated by the patriarchal traditions with strong value systems and taboos regarding human sexuality. The church generally perceives the notion of Sexual and reproductive health as a human right as a 'taboo'. Its influence remains most important for Moldovan citizens.

#### Conclusions

In order to ensure successful implementation of events and programmes related to sexual and reproductive health, effective collaboration among governmental organisations, civil society and international organisations is significant.

In order to have a strong sustainable programme at the national level, the promotion of best practices based on evidences is required.

In order to ensure an efficient and flexible sensitisation intervention, the active involvement of massmedia is essential, because they are highly accepted and influential in our society.

#### The way forward

The government should increase its cooperation with non-governmental organisations and international organisations in order to ensure the implementation of the National Strategy on Reproductive Health. In order to ensure the realisation of sexual and reproductive rights it is mandatory to involve the decision makers and stakeholders as well as mass media. This is a prerequisite for promoting access to sexual and reproductive health and rights.

Increased efforts should be focused on information and education of the population on sexual and reproductive rights using diverse information and communication methods, including theatre, as well as the 'Vagina Monologues'.

It is recommended to the government to provide sex education systematically in schools, including vocational schools.



## Integrating the gender perspective into economic and social development policies – portrayal of the family code reforms through caricatures in rural contexts



María José Moreno Ruiz,  
Senior Advisor

**Massive information campaigns were launched to counteract misinformation about the new family code. The gender project contributed to those actions through unconventional methods such as theatre presentations and exhibitions.**

### The organisation

The gender project 'Portrayal of the family code reforms through caricatures in rural contexts' began in June 2003, following the priorities set by the Moroccan Government in bilateral conversations with the German Cooperation. The national counterpart is the Ministry of Social Development, Family and Solidarity. This Ministry is the institutional body for the advancement in matters of gender equality and social cohesion, as well as the fight against poverty and exclusion. The national institution responsible for women's rights and gender equality in the country has been an enthusiast and effective player promoting structural changes in Morocco towards the realisation of women's rights and equality. The

project of Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH follows its leadership with specific contributions in a number of national initiatives, such as the conceptualisation of a gender mainstreaming methodology for public institutions and agencies, or the process of consensus building around a National Strategy for Gender Equity and Equality.

A number of initiatives were launched from 1972 to promote a major reform of the family code (Moudawana) before it took place in 2004. Moroccan women's organisations were the main actors who drove this demand and fight for equality. In 1990 the Union de l'Action Féminine, a group founded by professional women, launched a campaign to gather a million signa-

tures to demand the reform of the Moudawana. Their efforts came into an increasingly bitter conflict with conservative groups. Nevertheless, the new family code was announced by King Mohammed VI in October 2003, and unanimously adopted by both parliament chambers in 2004. The code introduced major elements of gender equality, though it also keeps elements of inequality between men and women (inheritance, polygamy rests although it is made more difficult; single mothers' rights).

### Gender Mainstreaming in Economic and Social Development Policies

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### The project

Family is considered a central institution in the Muslim-Arab cultural space: the institution which reflects and promotes national identity. The legal code which regulates it, is enunciated according to religious texts and interpretations. In this context, the reform and evolution of the family code is difficult and potentially controversial. In order to prevent and to respond to the unrest and disagreement engendered by this reform it was necessary to explain to the population the content of the amendments in a way which could avert misinterpretations. A successful media campaign had to take into account the high illiteracy rate (officially estimated at 62 percent among women, 42 percent among men and 82 percent in the countryside) as well as the need to stress in its message the compatibility between the reform and religious mandates.

Massive campaigns were launched to counteract misinformation about the new family code. The gender project contributed to those actions through unconventional methods such as theatre presentations and exhibitions (photos, cartoons) to inform people about the changes in the code, and to facilitate the understanding of the new dispositions of the legal text, especially among illiterate women and young people. The media campaign using cartoons was considered by a number of actors especially powerful. The work of 14 famous cartoonists in Moroccan media portrayed and promoted the amendments of the new family code. The cartoons revealed themselves as an ideal method to depict clichés and stereotypes about the position and relations between women and men.

The exhibition was first displayed at the School of Fine Arts in Casablanca and Goethe Institute in Rabat. It was also staged in different schools and used by several NGOs.



Title of the cartoon presentation:  
'ELLE et LUI', 'She and him'

The result of this process was a challenging and compelling exhibition. It encouraged even reluctant visitors to think twice about the practical measures and laws needed in order to guarantee women full enjoyment of their rights. The exhibition was afterwards used by other institutions and organisations. It was also portrayed as a model in different media and publications.

### Lessons learned

- » Humour and art manifestations can be powerful allies to fight discrimination and violence against women.
- » Media campaigns in contexts of high illiteracy can gain with the use of non-traditional methods.
- » Media campaigns are likely to be more useful and successful when they combine a number of approaches (visual, radio, press).
- » To invest in the thematic training of media agents (journalists, editors, and cartoonists) is key to maximising the relevance of the message transmitted.
- » Cartoons are an excellent vehicle to contest stereotypes, but in order to have the desired impact it is necessary to take into account the social and religious framework of the target group.

### The way forward

- » Explore non-traditional ways/non-traditional actors to transmit the message of equality.
- » Being sensitive and well-informed about the cultural and religious context is key to promote gender equality.
- » Different interpretations of religious and traditional texts should be presented when talking about gender equality in order to show different alternatives to a given situation.
- » This campaign was thought to serve the general public. In order to ensure an implementation of the new family code which fully follows the principle of equality further work on targeting relevant actors is needed (for example judges, in this case).



# 'We're different, we're equal'



Douglas Mendoza Urrutia, Programme Officer

Sexually active young people who had talked with other young people about these issues were significantly more likely to feel they could negotiate safer sexual practices with their partners, and this sense of efficacy led them to actually talk to their partner about prevention and be more likely to practice preventive behaviours.

## Fundación Puntos de Encuentro

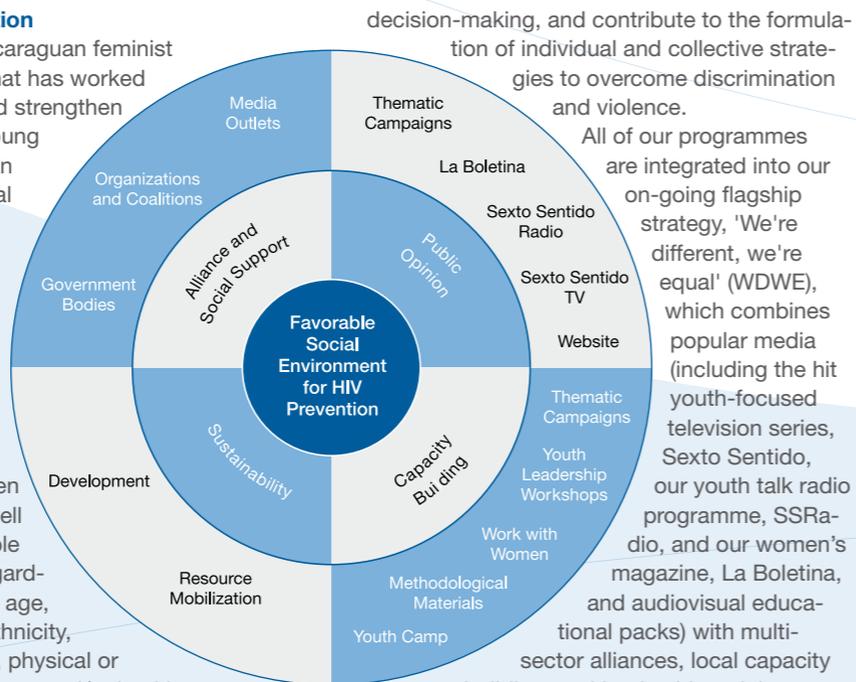
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### The organisation

Puntos is a Nicaraguan feminist organisation that has worked to promote and strengthen women and young people's human rights in Central America since 1990. Puntos seeks to contribute to a society based on non-violent and non-oppressive relationships between women and men, as well as young people and adults, regardless of gender, age, social class, ethnicity, sexual identity, physical or mental differences and/or health status. Puntos de Encuentro develops communication for social change and capacity and alliance building programming designed to give new perspectives to social issues in public and private discourse, strengthen autonomous



decision-making, and contribute to the formulation of individual and collective strategies to overcome discrimination and violence.

All of our programmes are integrated into our on-going flagship strategy, 'We're different, we're equal' (WDWE), which combines popular media (including the hit youth-focused television series, Sexto Sentido, our youth talk radio programme, SSRadio, and our women's magazine, La Boletina, and audiovisual educational packs) with multi-sector alliances, local capacity building, and leadership training.

Our work is intentionally multi-thematic, using issues such as HIV and sexually transmitted infections (STIs), sexual abuse and rape, sexual exploitation, domestic and gender violence, sexual identity, abortion, physical and mental

differences, multiculturalism, social class, migration, as well as activities regarding microcredit, maquilas, collective action, and others, as lenses through which to address issues related to gender and generational relations and norms, as well as stigma and discrimination.

### Our project experience

Puntos de Encuentro's multimedia, multi-thematic, feminist strategy, 'We're Different, We're Equal' (WDWE), combines edutainment, capacity and alliance building, and social mobilisation to:

- » Challenge inequities in social norms regarding gender, age, and sexuality;
- » Question stigmas related to HIV and sexual diversity;
- » Increase and personalise risk perception;
- » Promote the right to live free from discrimination and violence, and practise responsible sexuality, and the prevention of violence against women.

Implemented since 2000, the strategy shapes critical thinking, interpersonal communication, and social support and collective action and change among women and young people. WDWE, which has reached more than one million women and young people in Nicaragua, Honduras, Guatemala, Costa Rica, El Salvador, Mexico and the United States, includes the following key programmes and activities.

### A success story

The 'We're different, we're equal' strategy reaches and significantly impacts on young people on a massive scale, according to a recent comprehensive impact evaluation currently being published by the U.S.-based Horizons Project. The study calculates that WDWE regularly reaches approximately 700,000 young people in Nicaragua, and many more throughout the region. The evaluation demonstrates that, bolstered by Sexto Sentido's popularity

### WDWE's Impact on Young People

Nicaraguan youth significantly exposed to WDWE (defined as having regularly watched two of the last three seasons of Sexto Sentido) showed the following changes, compared with those less exposed:

#### HIV

- 42 percent greater probability of having consistently used a condom with casual partners in last six months
- 30 percent more likely to say that 'consistent condom use can prevent HIV'
- 29 percent more likely to have thought about their own possibility of acquiring HIV

#### Stigma and Discrimination

- Increase in those who would maintain a friendship with a homosexual friend from 36 percent to 49 percent over 2002-05 project implementation
- 19 percent willing to be friends with an HIV-positive person

#### Gender Equity

- 14 percent more likely to agree that 'nothing can justify a man hitting his wife'

#### Service Providers

- 48 percent more likely to have recently visited a center that provides attention for domestic violence
- 31 percent more likely to know of a center that provides attention for STIs/HIV
- 58 percent more likely to have visited an organisation with concerns about sexuality in the last six months.

and scope, WDWE's integrated approach has made a positive contribution to young people's attitudes and behaviours about HIV prevention, gender equality, discrimination, and knowledge and use of health and social service providers. In particular, WDWE contributed to greater interpersonal communication on a number of issues, which turned out to be a key entry point for practicing sexual responsibility: Sexually active young people who had talked with other young people about these issues were significantly more likely to feel they could negotiate safer sexual practices with their partners, and this sense of efficacy led them to actually talk to their partner about prevention and be more

likely to practice preventive behaviours. Local organisations reported that WDWE created new opportunities for dialogue and debate about taboo topics in families, schools, with friends and in organisations and the media; strengthened their own work and enabled the development of new initiatives. It was also noted as having strengthened youth leadership, and links and alliances between individuals, groups, and social movements.

### Lessons learned

Differences between women and men revealed by the study results demonstrate the need to explore the links between power, control, communication, and practices in both stable and occasional relationships.

A general decline in condom use and partner communication was observed alongside the perception of less collective efficacy and a worse (more adverse) social environment, factors which affect HIV prevention.

Analyses and results related to changes associated with 'greater exposure' to WDWE apply to 59 percent of the population interviewed. Based on projections for the adolescent and young urban population in Nicaragua, changes could have affected more than 700,000 people, or around a third of the country's youth population.

The links between subjective, personal, interpersonal, and social environmental processes are complex. Interpersonal partner communication is a key aspect to be considered in the design of HIV prevention programmes.

### The way forward

In the coming period, Puntos will continue to implement this institutional work model, increasing our regional impact by intensifying efforts in the region. We are currently developing a new television series that will link sexual, reproductive, and economic rights in family relations and daily life.



# Making Money Work for Women: Enhancing women's access to economic resources and HIV/AIDS services in Kabalore District



*Diana Katasi Opolot,  
Gender & Youth  
Coordinator*

**The clubs have had a multiplier effect, women club members mobilise other women as well as other community members for SRH/HIV/AIDS services. Through clubs, information and services are provided in a socio-culturally familiar setting using the local language, hence increasing acceptability.**

## The organisation

Reproductive Health Uganda (RHU) formerly Family Planning Association of Uganda (FPAU), founded in 1957, is a non-government and not for profit organisation that provides sexual and reproductive health (SRH) services. RHU pioneered family planning activities and is now the largest NGO in matters related to family planning and SRH, with vast experience and a wide service delivery network spread throughout Uganda. RHU is an accredited member of the International Planned Parenthood Federation (IPPF) and primarily serves the vulnerable and yet hard to reach underserved populations such as people in conflict and post conflict settings, young women and men especially in rural areas. RHU offers integrated SRH services; the change in name from FPAU to RHU reflects

the full service package it offers. RHU works closely with UN and international agencies, bilateral Family Planning Associations Government line ministries and institutions. RHU has a multiple donor mix which ensures diversity of interventions in the field of SRH including gender and HIV/AIDS.

## The project experience

The Uganda Participatory Poverty Assessment (PPA)/ 2002 revealed a strong link between health and poverty, with poor health cited as a cause, an effect and dimension of poverty. Additionally, certain cultural norms and values in Uganda such as early and pre-arranged marriages as well as widow inheritance expose girls and women to HIV infection and other undesirable sexual and reproductive health

(SRH) conditions. Combined with a low level of education and these norms and values (such as patriarchy) instil fear on part of the victims of abuse.

In order to reach the target group holistically, RHU developed this project to improve the health status of poor women in rural settings which is expected to increase their productive capacity, while enhancement of women's access to financial resources is expected to increase their accessibility to health care. The approach also set to enhance gender awareness which empowers women to better access health services. A particular focus of the intervention is on HIV/AIDS because it was established by PPA2 as crippling people's productive capacity.

## Our success story

138 women have been (re-)organised in seven groups with the aim of empowering them with:

- » HIV/AIDS and SRH related information, life planning skills and enhancing gender awareness including issues related to culture and how they affect SRH. Culturally, men are the decision makers, through this project women are empowered to enhance their decision making abilities.
- » Business management and entrepreneurship skills as well as revolving funds. Culturally, men are expected to be the bread winners and the key controllers of financial resources, yet in reality women have taken on a higher burden of taking care of families. The project empowers women economically to boost their productive resources.

The clubs have had a multiplier effect, women club members mobilise other women as well as other community members for SRH/HIV/AIDS services. Through clubs, information and services are provided in a socio-culturally familiar setting using the local language, hence increasing acceptability. As a result, between March – July 2008 1,176 people (53 percent women, 16 percent men, 31 percent children) reached through the women clubs with sexual and reproductive health and rights (SRHR) related services (including HIV testing and referrals, Prevention of Mother to Child Transmission of HIV(PMTCT), Anti Retroviral Therapy (ART), treatment of opportunistic and sexually transmitted infections (STIs).

## Challenges

The leadership skills women club leaders have acquired require constant upgrading. The limited involvement of men could make them suspicious about the interventions, yet culturally men are key gate keepers whose support is vital if SRH interventions are to succeed.

The current staffs are too few to adequately cater for the demand for outreach services as demanded by the women clubs.

Provision of services in facilities and tents that are not designed for health care, limits the range of services provided, and undermines quality of care.

The high cost of HIV/AIDS related drugs and supplies such as VCT kits, branded condoms as well as the frequent stock outs, negatively affects service delivery.

## Opportunities

Reproductive Health Uganda (RHU) provides a broad SRH package including HIV/AIDS which makes delivery of HIV/AIDS related services non-stigmatising.

RHU uses outreaches as one of the service delivery modes to reach the ordinary person with information and services within their socio-cultural setting using the local 'Lutoro' language. Partnerships such as the Joint Clinic

Research Centre (JCRC), mission and district referral hospitals exist for referrals for continuity of care such as management of opportunistic infections.

The project is using Ministry of Health service guidelines and policies on HIV counselling and testing to ensure standard procedures are followed and quality of care.

## Lessons learned

Linking SRHR activities to economic empowerment of women enhances their ability to access SRH information and services within their already existing community-based activities. Using organised community-based groups such as women clubs to mobilise community members for SRH information and services:

- » increases their acceptability given that they are provided in a socio-culturally familiar setting and in a cost effective manner;
- » ensures sustainability of services.

Outreach services provide vital services to women to suit their time, material and financial constraints, and reduce stigma.

## Reproductive Health Uganda (RHU)

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**The way forward**

In order to ensure cultural sensitivity, quality of care, promotion of human rights and to address gender concerns, the following is recommended:

Engagement of males as beneficiaries, partners and change agents should be incorporated to foster sustainable interventions, and to provide an opportunity to promote gender relations. Continuous capacity building for women club members in business management and leadership skills will empower women to take up higher positions of responsibility.

Staffing should be strengthened to ensure adequate number and mix of professionals for provision of a comprehensive HIV/AIDS package. Engaging relief staff for outreaches to back-up the full-time staff would also counter staffing challenges, and ensure that more people are served in a socio-culturally familiar setting.

Further upgrading of the outreach kit and re-designing facilities would ensure that quality at all times is never compromised and facilitate serving more community members in socio-culturally familiar settings.

More resources should be allocated to drugs and supplies to ensure that the budgets match the current prices. Advocacy for commodity security is also essential. This would ensure that the demand created matches the availability of SRH related services they have been motivated to use.



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The International Dialogue on Population and Development underlines the interdisciplinary importance of sexual and reproductive health and rights (SRHR) and population dynamics as key factors in achieving international development goals such as the Millennium Development Goals (MDGs). The conference series is designed to facilitate the networking of national and international players and encourage the exchange of information and experience. The International Dialogue is an annual, two-day conference taking place in Berlin, jointly organised by the German Foundation for World Population (DSW), Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH, InWEnt – Internationale Weiterbildung und Entwicklung gGmbH, the International Planned Parenthood Federation (IPPF) and KfW Entwicklungsbank, in close cooperation with the Federal Ministry for Economic Cooperation and Development (BMZ) and with Bayer Schering Pharma AG.



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