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Ways to avoid unintended pregnancies in developing countries – an example from Cameroon

Abstract

Unintended pregnancies continue to be a major problem in many developing countries. Over 200 million women and couples do not have access to contraceptives even though they have expressed the wish to use them. As a consequence, an estimated 80 million pregnancies are unplanned each year. One reason is that sexual and reproductive health includes sensitive issues and is very complex. It is anchored in the societal context and touches cultural values, norms, and taboos. Analysing the "Trust in Auntie" project, the paper explores causes and consequences of unintended pregnancies in Cameroon. It is argued that the emancipatory potential of self-help groups and the impact of giving personal testimony of teenage mothers help to improve reproductive health and hence reduce unplanned pregnancies in high-risk groups. The empowerment of teenage mothers contributes to a change in attitude and behaviour in adolescents.

Summary

In 2000, a study by the Germano-Cameroon Health and AIDS Programme found that girls in Cameroon have followed worldwide trends towards sex before marriage and multiple sexual partners. This puts them at high risk of getting pregnant, being removed from school, forced into early marriage, harmed by unsafe abortion, and acquiring sexually transmitted infections including HIV. In Cameroon, a girl's Auntie used to be her most trusted confidante, teacher and counsellor on sexual matters. In 2001, GTZ launched the Aunties' Programme which borrows from this tradition. Since then, the Programme has recruited more than 10 000 unwed young mothers who got pregnant while still in their teens and has given them basic training in sexual and reproductive health. So trained, they become known as "Aunties" and form local Aunties' association, through which they support each other and also perform many of the functions Aunties used to perform but not just within their own families. Instead, they reach out into their immediate vicinities and wider communities and focus, in particular, on providing adolescents with sex education in schools and personal counselling outside of schools.

By end 2008, Cameroon's trained Aunties had formed more than 200 local Aunties' associations. Almost 500 Aunties were experienced and skilled at providing sex education in the schools of their villages or neighbourhoods and, working in pairs, they had the potential of reaching from 38,000 to 48,000 students per year. In a joint effort, GTZ and InWEnt had trained more than 3,500 Aunties for counselling and they had the potential of counselling more than 52,500 adolescents per year. Heavily dependent on volunteerism, the Aunties' Programme is low cost and sustainable. It has gone from strength to strength in Cameroon and there is mounting evidence that it is changing the behaviour and improving the health and well-being of thousands of trained Aunties and tens of thousands of other young Cameroonians.

In 2005, a general assembly of representatives from Cameroon's local Aunties' associations formed the National Network of Aunties' Associations (RENATA) and it has mounted campaigns to end the gender inequality and sexual abuse and exploitation that put the country's girls at high risk of early and unwanted pregnancy and its consequences and of sexually transmitted infections including HIV. In 2006, it launched a campaign that has exposed the previously hidden and extremely painful and harmful practice of mutilating or "ironing" the breasts of pubescent

girls in order to make them less attractive to boys and men. This publication describes the Aunties' Programme and its achievements in detail and concludes that the Aunties' approach is transferable to other countries with traditions and contemporary situations not unlike those found in Cameroon. This approach is a good example of capacity development in that it enables young women at risk of marginalization to connect and support each other, locally and nationwide, and to shape their own futures. It has the potential to make significant contributions toward four of the eight interrelated Millennium Development Goals: gender equality and empowerment of women, reduction in child mortality, improvement of maternal health, and reduced infection and harm by HIV and other diseases.

Introduction

In Cameroon, a girl used to call her aunt by the diminutive "Auntie" ─ or "Tantine" in French ─ as a sign of affection for her most trusted confidante, teacher and counsellor in matters that were too personal and embarrassing to be discussed with any other adult. Her Auntie taught her how to relate to boys and men, how to remain chaste until she got married and how, if she got pregnant before then, she would be condemned and rejected by her own family and everyone else.

Urbanization, modern transportation and communications, globalization of youth culture, poverty, and disparities between rich and poor have undermined such traditions. Girls in Cameroon have followed worldwide trends toward sex before marriage, early sexual initiation and multiple sexual partners – sometimes driven by need for food, shelter or clothing. This means they are at high risk of getting pregnant, being removed from school, forced into early marriage, harmed by unsafe abortion, and acquiring sexually transmitted infections including HIV.

Today, aunts often live far from their nieces and, even if they live nearby, they seldom serve as their nieces' most trusted confidantes, teachers and counsellors in sexual matters. However, some traditions remain. One is the embarrassment girls feel when discussing sex, especially with their parents and other adults. Another is the practice of condemning and rejecting "bad" girls who have become pregnant outside of marriage.

In 2000, GTZ's Germano-Cameroon Health and AIDS Programme did a study finding that risky sexual behaviour and pregnancies before marriage were common throughout Cameroon. In 2001, it launched the Aunties' Programme which invites unwed young mothers to take three days of basic training in sexual and reproductive health and to join local associations linked through a national network. Thus qualified as "Aunties," many are given additional tools for sex education in schools or additional training for counselling of adolescents. The objectives of the Aunties' Programme are to:

- **Establish self-help groups that reach out to others.** Through the basic training and then through the social support provided by their local associations, unwed young mothers learn to build each other's self-confidence and motivate each other to take care of their own sexual and reproductive health. They also gather the courage to be open and honest about their own situations, share their personal experiences and reach out to others.

- **Provide contemporary Aunties to address contemporary issues.** Unwed young mothers meet needs once met by traditional Aunties. They are non-judgemental advocates, teachers and counsellors for sexual and reproductive health who speak from their own experience at coping with the realities all young people face in today's Cameroon.
- **Promote education and reduce poverty.** Their local associations and national network encourage unwed young mothers to return to school or take advantage of opportunities for vocational training, better employment or small businesses development. In addition, participation in their associations' activities provides some with supplementary income and medical expenses.
- **Counter stigmatization and discrimination.** Giving unwed young mothers useful roles in their communities increases the respect others have for them. The education they provide has a similar effect, as people come to accept that sex before marriage and multiple sexual partners are not unique to unwed young mothers. Until young people are provided with the information, skills and supplies they need to avoid unwanted sex and negotiate safe sex, it is just luck that determines who becomes pregnant or infected with a sexually transmitted disease such as HIV.

This study puts the Aunties' Programme in context and then describes what has been achieved so far.

Cameroon and its sexual and reproductive health

In 2007, Cameroon had a population of 18.1 million people. The population is growing by around 2.3 % a year. In 2004, a Demographic and Health Survey (DHS) covered 10,462 households throughout Cameroon and found:

- Child-bearing begins early. By the time they reach 20 years of age, 29% of women are pregnant or have already given birth to at least one child. Women give birth to an average of 5.0 children but averages vary from 3.2 among the richest and most educated to 6.5 among the poorest and least educated.
- Half of all women are married by age 17.6 years while half of all men wait until they are at least 25.2 years old. Polygamy is common, with 30% of married women saying they are in polygamous unions.
- 59% of rural women and 71% of women from the poorest households give birth at home without the assistance of a trained professional.
- 90% of women know about contraception but only 26% of married women use it and only 13% use modern methods.
- 29% of women and 62% of men from 15 to 49 years old have had high risk sex (i.e., sex with a non-marital, non-cohabiting partner) within the past 12 months, while 8% of women and 40% of men have had sex with more than one partner during the past 12 months. Only 41% of women and 55% of men used a condom during their last experience of high risk sex.
- HIV prevalence is 5.5% among all adults from 15 to 49 years old but 6.8% among women and 4.1% among men. The gender gap is growing, with 4.8% of young women

from 15 to 24 years old being HIV-positive compared to 1.4% of young men. (Institut National de la Statistique and ORC Macro, 2005).

In summary, women are poorer than men, have lower levels of education, are less well-informed about sexual and reproductive health and are less likely to do what is necessary to protect themselves from harm by unwanted pregnancy and by HIV and other sexually transmitted disease. They tend to be considerably younger than their male partners and male violence and coercion increase their vulnerability.

In many countries, female mutilation is a common way of trying to reduce the vulnerability of girls and young women by reducing their interest in sex and their sexual appeal to boys and men. In Cameroon, a comparatively low 1.2% of all women have been circumcised but the percentages run up to 12.5% among women from certain ethnic groups in predominantly Islamic regions. A recent GTZ survey revealed that breast ironing is a far more common way of trying to reduce sexual activity (see box).

Pubescent girls mutilated by breast ironing "for their own protection"

In early 2006, GTZ's Germano-Cameroon Health and AIDS Programme did a country-wide survey of 5,700 girls and women from 10 to 82 years old to determine the extent of a practice that girls and women rarely talk about, especially to boys and men (Ndonko F and Ngo'o G, 2006). The survey found that 24% had had their breasts ironed when they reached puberty. This extremely painful procedure involves binding the breasts with heated towels or other material and then pounding, rolling and massaging them flat with stones, wooden pestles, coconut shells and other instruments.

Breast ironing is done by the girls' mothers, grandmothers, older sisters or other female relatives. It is meant to protect them from sexual attention but many with ironed breasts become pregnant anyway and are forced to leave school and get married, undergo unsafe abortion or give birth outside of marriage. Besides being extremely painful and traumatic, breast ironing leaves permanent tissue damage and deformity. While the long-term consequences have yet to be studied, they may include infections, cysts, cancer and the need for breast removal or other surgical procedures.

Dr Flavien Ndonko, an anthropologist with the Germano-Cameroon Health and AIDS Programme, says that the taboo on talk about sex is at root of the problem. "Parents need to learn to talk to their sons and daughters about sexual and reproductive health, the need to protect themselves from harm and the need to respect the rights of everyone else to go unharmed, too."

The Aunties' Programme in seven steps

GTZ's Germano-Cameroon Health and AIDS Programme officially launched the Aunties' Programme in 2001 but did the situation analysis on which it is based the previous year. It was the first of what can be described as seven steps. These steps should be seen, however, as a flight of stairs where there is continuing work on the maintenance and improvement of each and every step, so that the whole structure provides ever stronger support for efforts to improve the sexual and reproductive health of young people.

Step 1: situation analysis

Much of the evidence for a situation analysis can be gathered from existing sources, including reports produced by ministries of health and national statistics in partnership with international

organizations. In Cameroon, reports on Demographic and Health Surveys in 1991, 1998 and 2004 and a Multiple Indicator Cluster Survey in 2000 have provided evidence used to develop and strengthen the Aunties' Programme.

In addition, the Germano-Cameroon Health and AIDS Programme conducted its own baseline survey in 2000 to provide more evidence specific to unwed young people. In 2004, it conducted a similar survey prior to accelerating expansion of the Aunties' Programme and it went as follows:

- A questionnaire and a discussion guide for focus groups asked for information on personal histories, behaviour and knowledge pertaining to:
    - Sexually Transmitted Infections (STIs) including types and frequency of infection, symptoms, modes of transmission and methods of prevention
    - HIV/AIDS including HIV status, when it became known, symptoms, modes of transmission and methods of prevention
    - Condoms and other contraceptive methods
    - Early or unwanted pregnancy
    - Sexual behaviour including virginity, abstinence, fidelity, pre-marital and extra-marital sex, number of sexual partners, frequency of sex and last incidence of sex
    - Usual sources of information about sex (e.g., parents, other relatives, teachers, friends)
    - Situations that might lead to sexual intercourse.
- In three provinces – North-West, Littoral and South-West – 12 interviewers with training in social science and public health administered the questionnaire to 4,500 unwed young people between 12 and 25 years old and facilitated focus group discussions with 136 of them in groups of no more than eight people each.
- The main findings were:
    - One-third of the unwed females and two-thirds of the unwed males had had two or more sexual partners within the past year.
    - Half of those did not use condoms during sexual intercourse.
    - 21% of the unwed females had already had at least one unwanted pregnancy and, of that group, 36% had had at least one induced abortion.

The situation analysis is not just a one-time or periodic activity. Instead, it keeps track of the current situation, including the availability of sexual and reproductive health services. In Cameroon today, contraceptives are not actively promoted but they are tolerated and they are available in certain hospitals, clinics, family planning centres and, since late 2005, in pharmacies through social marketing. However, these places are often not easily accessible or friendly to unwed young people and even the reduced social-marketing price of condoms is too high for many to afford. The law prohibits abortion except when pregnancy results from rape or seriously endangers the mother's health.

Step 2: mobilisation

Local authorities

Before the Aunties' Programme begins mobilizing unwed young mothers in any locality, it seeks the permission and support of local authorities. These always include the traditional, elected or appointed leaders of the locality, be it an urban neighbourhood, town or village. They usually include the mayor of the city or municipal district and sometimes include the head of the provincial government. In addition, they include health officials such as the city or municipal district medical health officer and the head of any health centre or hospital that serves the locality.

This ensures there will be no misunderstanding of the Programme's intentions and methods and that local authorities understand that unwed mothers and everyone else will be asked to volunteer their time and other resources. The only financial resources the Programme brings to localities are dedicated to supporting the poorest unwed young mothers with small per diems for participating in training and other activities and with expenses to cover babysitting and medicines.

Seeking the permission and support of local authorities also ensures that they will assist with such matters as arranging for the free use of public meeting places and, in the case of health officials, with support for training and other activities.

Unwed young mothers

People will often not readily admit they are unwed mothers or have ones in their families, so recruitment of members for Aunties' associations must be handled sensitively. It begins with a local census done by "snowballing." An experienced social worker or social scientist heads a small team (often including unwed young mothers from Aunties' associations in other communities) and team members approach potential recruits for interviews, guided by questionnaires which they fill out during the interviews. Once the census gets going, it snowballs as one after another young unwed mother approaches her peers and explains the Programme's intentions and methods of operation.

During the first few days of the census, the team makes arrangements for a place, date and time for the initial training session. Doing this early on means they can tell most recruits what the arrangements are during their recruitment interviews. The team does its best to set the date no more than three weeks after all the interviews are done, so everything the recruits learn during the interviews is still fresh in their minds.

During their interviews, potential recruits are told that their participation is voluntary, that there is no pay involved (unless their interviews reveal they may need small per diems and reimbursements for expenses) and the training is not geared toward preparing them for jobs. They are usually given pamphlets or fliers and these provide basic information on sexual and reproductive health and the Aunties programme.

Parents

During the census-taking, many parents of unwed young mothers are at first astonished that anyone from so far away is interested in interviewing their "bad girls" but most become very

cooperative and ready to help their daughters and other unwed young mothers in their communities.

Once Aunties' associations are established, they meet with parents' associations to raise other parents' awareness of the Aunties' objectives and gain their support. Though initially suspicious of "bad girls" who might want to approach and influence their own children, parents are usually relieved to learn that Aunties' associations will provide them with resources and allies in efforts to promote sexual and reproductive health among their children.

Step 3: training and tools

Basic training

All unwed young mothers interviewed during a local census are invited to participate in basic training. It provides knowledge and skills pertaining to sexual and reproductive health and introduces the idea of establishing a local Aunties' association. Experience has shown that three days are essential if all topics are to be covered adequately. It has also shown that there will be insufficient opportunities for individual participation if more than 40 people participate in a training course. If there are more than 40 unwed young mothers ready for training in a locality, they are divided into separate groups.

The Ministry of Health and Ministry for Women's Empowerment and the Family provide the senior trainers, while unwed young mothers who have been through training make up the balance of training teams. A committee made up of the programme's staff, senior trainers and unwed-young-mother-trainers meets regularly to review content, methods and results and make adjustments.

One of the key methods is personal testimony, preferably by unwed young mothers from other localities where Aunties' associations are already established. In addition, trainees are invited to share their own experiences. In sections covering HIV and AIDS, people living with HIV and AIDS are invited to talk. The dual purpose is, first, to provide concrete examples and, second, to show trainees how to speak from their own experiences when advocating, teaching or counselling for sexual and reproductive health.

A variety of printed material is also used. For example, the Programme's own hand-out leaflet on virginity and HIV is distributed. So is material produced by other organizations, with technical support from the Germano-Cameroon Health and AIDS Programme. The concluding session covers formation of a local Aunties' association and, for it, three documents with examples of a constitution, an electoral code and internal rules are handed out. (For more on these, see Step 4.) Depending on how well this session goes, it may be possible to elect officers and establish the local Aunties' association then and there, but the trainees may prefer time to digest what they have learned before taking those steps.

Tools for sex education in schools

Before 2006, roughly one in fifteen Aunties took an additional training course where they learned to reach out to school students with short presentations on different aspects of sexual and reproductive health and HIV and to add emotional impact by giving personal testimony about their own experiences. By 2006, the Aunties' Programme had developed simple tools that

enabled the most active Aunties to do all of the things they have previously learned to do in the course, without actually taking the course.

Equipped with their tools, Aunties arrange for half-day introductory meetings in which medical doctors participate. These meetings inform headmasters and teachers about the Aunties' objectives and how they have been trained, discuss the sexual and reproductive health issues faced by young people, propose a programme of school presentations covering various topics, and seek permission and support for the programme.

Aunties learn to gear their presentations to different age groups and confine each presentation to a particular topic, while promising to return for additional presentations on other topics. For students in their late childhood or early adolescence, for example, the first topic might be puberty and an Auntie's personal testimony during her presentation might tell the students how she felt, what she knew and did not know and what the consequences were.

Aunties ask teachers to fill out monitoring forms after each presentation, providing their observations and giving their signatures. In addition to providing valuable feedback, these forms provide evidence of consent by headmasters and teachers and also of the content of presentations, in case there are any complaints from parents or other community members afterwards.

Training for counselling of adolescents

Once an Aunties' association is established and the Aunties become known, adolescents and adults begin to approach them with sexual and reproductive health problems. Typical problems include: poor communications with parents; conflict with parents; pain or irregularities with menstruation; fear of pregnancy; confirmed pregnancy and what to do about it; rape; incest; sexual harassment by teachers or other authorities; contraception (available methods, how to obtain and use condoms, negotiating the use with partners); health and hygiene of infants; how to get birth certificates; getting fathers to recognize their children and accept responsibility.

By 2004, it was apparent that most Aunties felt uncomfortable offering advice on such personal matters and that even those who felt comfortable lacked counselling skills. It asked Capacity Building International (InWent) and Evaplan to develop a course for training Aunties in the counselling of adolescents. (Subsequently, the Ministry for Women Empowerment and Family decided to use the same course material to train women for counselling in women's centres.)

Now, Aunties' associations are asked to choose five to eight of their members who would make good counsellors and roughly one in eight Aunties has taken special training in counselling of adolescents. The first part of the training looks at typical problems, their causes and ways to address them. The second part provides communication and counselling skills, including active listening, showing empathy and offering guidance. The training course lasts for five days and, unlike the basic training course, is delivered to groups of trainees from a number of different places. It usually takes place far from the villages or neighbourhoods where most of the trainees live.

Step 4: building local Aunties' associations

In 2003, 160 Aunties (five from each local association) took part in a three-day workshop where they developed guidelines that are now provided in three documents with examples of a

constitution, an electoral code and internal rules. These documents encourage them to follow democratic and transparent procedures in building and running their associations.

With democracy in mind, each local association is encouraged to provide its members with space and time to study and discuss the examples and then revise and adapt them for their own purposes. They are encouraged to give careful consideration to these matters while they so do:

- Who qualifies as an Auntie (i.e., as an association member); when do they cease to qualify (e.g., when they get married or when they reach a certain age?)
- How to handle non-participation or infrequent participation of members in meetings and other events
- How to nominate and elect officers, qualification of officers (e.g., are some not qualified because they do not participate enough, are now married, are too old?), terms of office, scheduling of elections.

Step 5: community, school and individual interventions

Once a local Aunties' association is established and its members are trained and well known, the Aunties' are able to advocate, teach and counsel for sexual and reproductive health in the community and its schools and among individuals.

Community interventions

Each Auntie is encouraged to begin in her own family, talking to her sisters and other young female relatives and helping them avoid falling into the same traps she fell into. She should then reach out to young females in her own immediate neighbourhood and in any church, sports, youth or other groups she may belong to.

Aunties share their experiences making these interventions when they attend regular association meetings. They also maintain open lines of communication with the Aunties' Programme staff so they have somewhere to turn with questions they cannot answer or problems they cannot solve among themselves. They are never left to fend entirely for themselves because the nature of their interventions means there may be hostile reactions from some individuals (e.g., boys who object to anyone trying to influence their girlfriends) and there may be need for an appeasement mission by Programme staff.

School interventions

Interventions in any particular school typically consist of a series of short presentations, covering different topics and given on different days spread out over a school term or year. The personal testimony of the Aunties who give these presentations is key to their success. It establishes trust and rapport and gives emotional impact to messages, so they are truly heard and taken to heart. Students are often deaf to the words of older adults who try to talk to them about sexual and reproductive health because they believe older adults cannot empathize with their feelings of sexual attraction, desire and love but, instead, disapprove of such feelings and prefer to moralize. The Aunties, by contrast, are around their own age and have already done the very things older adults most fear girls and young women might do.

To give such testimony is not easy for most Aunties. Many are too shy to stand in front of a group of students and share personal experiences they would find hard to share even with their

closest friends. Only about one in 15 is willing and well suited to give such testimony and these are the ones provided with the tools for sex education in schools described earlier. See the box on Suzie's and Nadége's testimony for typical content of the testimony given in school presentations.

Suzie's testimony

"When I was pregnant I did not know right away because my cycle was not regular. I could see it this month but could not see it for another two months. I wasn't worried because I thought it was the same problem. So I just did as usual until, after five months, I knew that I was pregnant. But before I knew it myself, it was already a rumour everywhere. When I passed a group of my friends in school, they started talking about me. Before that, we always played together, strolled and came back into class together. Now, they left me alone. I felt so lonely during break. When I heard our mothers talking about it, I realised there was something in me. Before that, they had already informed my grandmother. She started talking to me in parables but I could not understand. Then when my elder brother knew he called me into the room and asked me. It was very difficult for me to say yes. So I said no. I always said no."

Suzie was 14 years old when she became pregnant.

Nadège's testimony

"There was a nearby neighbour who gave me private lessons. He was like a child of my own house but when I went there for private lessons he made sexual advances. I was so naïve, I did not know anything. He forced me to have intercourse with him. When I noticed that my menses were not coming, I wanted to tell someone but he asked me to hold off. I said if my parents notice, how will they react? Later on, he started buying drugs for me to take. I took the drugs but nothing changed. No abortion took place. At four months, I said I could no longer keep it but it was too late. I was feeling weak but I was afraid to go to the hospital and, with naivety, I kept it. It was at eight months when my parents noticed that I was pregnant.

"It was my uncle who was sponsoring me in school, though I did not know it. He arrived one night and saw me making fire. He called for me. I answered and he punched me everywhere, beating me until I lost my front tooth. I ran and slept away from the house that night. I was afraid to go home. I endured it until my aunt bought a few things for the baby. I delivered under hard labour. I tore and I was in a coma for two days. The baby weighed five kilograms.

"I had to stop school. I could not continue, so I obtained no certificate. All that was expected from me was lost. I still haven't gone back to school.

"After having my baby, I continued suffering because, with all that my parents had done for me, they said they could not continue to take care of me and my child. One day, they droved me from home and threw wood ash* on me at a crossroads … I did not even know the place."

* In Nadège's ethnic group, to throw wood ash on someone is to condemn them and cast them out.

Nadège was 17 years old and in the Third Form at school when she gave birth.

Individual interventions

With training and experience at counselling, Aunties become recognized as "experts" anyone in their communities can turn to with sexual and reproductive health and related problems. In cases of pregnancy, both the girls and the boys who got them pregnant often seek out Aunties for advice, especially if they are experiencing conflict in their homes due to the pregnancy. Both girls and boys also seek them out in cases of incest, rape and other forms of abuse and violence that are often kept secret in families and communities.

Skilled Aunties backed-up by well-established Aunties' associations and reinforced by the Aunties' Programme staff can be powerful forces for the good in their communities, giving young people somewhere they can go for protection and letting others know that exploitive or abusive behaviour may no longer be hidden from view and tolerated. Aunties' associations are now learning that this is so and developing more systematic methods for keeping records, following up, monitoring and reporting of cases.

Personal counselling: a typical case involving a girl and her boyfriend

Aunties are encouraged to fill out reporting sheets after each counselling session, including each follow-up session. The following example is taken from sheets completed by one Auntie in 2004.

Beatrice, an 18-year-old student, explains that her boyfriend wants to have sex with her and use a condom. She has refused, saying that she is clean. She complains that maybe her boyfriend does not love her and thinks she is a prostitute, if he has so little confidence in her. She worries that a condom will reduce her sexual pleasure, could make her ill and might even make her barren.

The Auntie corrects Beatrice's misconceptions about condoms, explains their advantages and advises her to agree to her boyfriend's request and always use condoms. She also asks Beatrice to bring her boyfriend so they can talk things through together. In a follow-up session with Beatrice and her boyfriend, he explains that he really loves Beatrice. He wants to use the condom, not because he doesn't have confidence in her but because he does not want her to have an unwanted pregnancy. He is a student, too, and does not want to father a child yet.

The Auntie tells them more about the advantages of using condoms, the importance of using them systematically for each and every time they have sex and the importance of checking to make sure the condom is not past its expiry date. She also tells them about other methods of contraception they can use, if Beatrice really does not want to use a condom, but tells them they should use other methods only after they both have been tested for HIV and other sexually transmitted infections and only if the tests come out negative. If either of them tests positive, then they should always use condoms.

At the end of the session with her boyfriend, Beatrice agrees to using condoms from now on.

Step 6: spreading the word through the media

A newspaper feature on an Aunties' association, a radio interview with an Auntie or the personal testimony of an Auntie on television – all of these are good ways of informing the general public about the realities facing young people in the Cameroon of today and about things that can be

done to prevent unwanted pregnancy and infection by HIV and other sexually transmitted disease. The media also provide opportunities to shed light on largely hidden problems such as incest, rape, clandestine and life-threatening abortion, female circumcision, and breast ironing.

Step 7: on-going management and monitoring and evaluation

Before they form Aunties' associations, most unwed young mothers have never belonged to formal organizations with constitutions and other rules and regulations. This means that the associations are highly vulnerable to members making mistakes, having misunderstandings and getting into conflict. Most unwed young mothers also lack experience at setting goals, developing plans of action, implementing those plans and monitoring and evaluating the results.

This all means that a certain amount of ongoing technical support from the Aunties' Programme staff is essential but that the amount can be gradually reduced. During the first year after a new Aunties' association is established, Programme staff meet with the association once every trimester to review progress, discuss problems and find solutions. During the second year, they meet with the association once during each semester. After that, they meet once per year. Throughout the year, Programme staff is available for consultations by telephone and these are becoming ever easier with the spread of mobile phones. When serious problems arise, previously unscheduled meetings can be arranged.

Relations among association members

Relations among members, including the need for teamwork and conflict resolution, are discussed at all regular meetings between Aunties' associations and Aunties' Programme staff. Typical agenda items include "power games" among members, absenteeism, other failures to perform by the elected officers, and misunderstandings regarding the roles of elected officers and the regulations governing their behaviour. Such problems are particularly frequent and acute during the first year but they serve the purpose of helping members understand the importance of upcoming elections and the nomination of the best candidates for officer positions.

Resolving a conflict concerning mobile phones

All associations are given a mobile phone and a monthly budget allowing them to communicate regularly with staff at the Programme office. In some associations, these phones proved to be sources of conflict. They were a novelty and rare luxury and there was resentment and jealousy when some members were seen to be getting more than their fair share time using the phones. Phones given to some associations disappeared and there were suspicions and accusations all around. An annual general assembly of representatives from all Aunties' agreed to make presidents of local associations ultimately responsible for loss or damage of phones and to penalize them with 50% of the cost for replacement or repair of phones.

Planning, implementation and monitoring and evaluation

Building capacity to plan, implement and monitor and evaluate programmes are the other main topics of discussion at all regular meetings between Auntie's associations and Aunties' Programme staff. Associations are encouraged to develop simple goals, plans of action and monitoring and evaluation procedures.

At the end of the first year of an association's operations, Programme staff facilitates participatory evaluations using the simple SWOT (Strengths, Weaknesses, Opportunities and

Threats) method for assessing past performance and challenges ahead. For subsequent years, associations are urge to identify a simple set of indicators for monitoring progress on implementation of their plans of action. A typical set of core indicators includes:

- **Inputs**
    - Numbers of educational materials, condoms, "morning after" pills and so on that were distributed during the year
- **Process**
    - Numbers of girls and young women given basic training, training for school interventions and training for personal counselling
    - Numbers of interventions in the community and its schools and among individuals
- **Outputs**
    - Any before and after numbers that may be available, e.g., the number of school girls who became pregnant in the year before and the year after they attended presentations by an Aunties' association.

Achievements

More than 200 associations with trained Aunties

By 2003, two years after GTZ launched the Aunties' Programme, there were 23 local Aunties' associations and they were having such positive impacts that GTZ decided to accelerate the recruitment and training of new Aunties and the establishment of new associations. By June 2007, there were 141 local Aunties' associations spread across eight of Cameroon's ten provinces and plans were afoot to establish associations in the two remaining province before the end of 2007. By end 2008, more than 200 associations were formed with a total of 10,000 Aunties trained.

Almost 60% of all unwed young mothers who are identified and interviewed during the recruitment process actually follow up and take the basic training and join local Aunties' associations. The table below shows the numbers who took basic training during the first six years of the Programme, the numbers who went on to take additional training for sex education in schools before it was replaced by a simple set of tools for the most active Aunties, and the numbers who went on to take additional training for counselling of adolescents.

Numbers of unwed young mothers provided with training, 2001-07

Year	Basic training	For sex education	For counselling
2001	77	43	
2002	213	55	
2003	2213	94	
2004	481	43	211
2005	1251	42	212
2006	1637	0	279
total	**5872**	**277**	**702**

National Network of Aunties' Associations

In August 2005, the Réseau National des Associations de Tantines (RENATA) or National Network of Aunties' Associations was launched at a general assembly of representatives from all local Aunties' associations. RENATA has a website (www.tantines.info), publishes English and French versions of a newsletter and spearheads nation-wide campaigns to promote the sexual and reproductive health of young people. These campaigns appeal to political authorities and the general public to put an end to the gender inequality and sexual abuse and exploitation of girls that puts them at high risk of early and unwanted pregnancy and of infection by HIV and other sexually transmitted disease. Since early 2006, RENATA has been leading a national campaign against breast ironing.

Impacts on trained Aunties

A recent survey of trained Aunties

In late 2006, the Aunties' Programme conducted a survey covering 802 trained Aunties in the eight provinces that have local Aunties' associations (Ndonko F, 2007). Interviewers gave interviewees blank questionnaires, which asked for no information that might identify them, and asked them to fill these out and seal them in unmarked envelopes. (The interviewers filled out the questionnaires if the interviewees could not read or write.) The results showed that the 802 Aunties had the following characteristics:

- They ranged in age from 15 to 35 and had a median age of 22; 16% were 15-19 years old; 56% were 20-24; 23% were 25-29 and 4% were 30-35. (The Programme aims to recruit unwed mothers who become pregnant in their teens but they are often older than that when they are recruited and, of course, they continue to grow older as they remain members of Aunties' associations. Local associations usually have rules that restrict older members from holding executive positions and that may also require them withdraw from membership when they reach a certain age.)
- 52% had one child, 46% had from 2 to 6 children, 2% had lost their children, and the average was 1.6 children per Auntie.
- 6% had no schooling, 35% some primary education, 58% some secondary education and 1% some tertiary education.
- 25% were unemployed, 18% students, 17% agricultural workers, 12% commercial workers, 9% clothing makers, 8% hair dressers, 2% employees or operators of telephone call boxes, 9% other.
- 43% said they attended meetings of their Aunties' associations regularly, 28% irregularly and 29% never.
- 30% had taken additional training for sex education in schools or personal counselling.

Impacts on their behaviour and sexual and reproductive health

The survey found the following patterns and trends in behaviour and sexual and reproductive health among the 802 trained Aunties interviewed:

- **Condom and other contraceptive use**

- 26% said they always used condoms before they became trained Aunties. After they became trained Aunties, condom use was 27% among those who attend Aunties' association meetings sporadically, 47% among those who attend regularly, and 50% among those who have taken additional training for counselling of adolescents.
- 52% used condoms during their last sex while 48% did not. 36% always use condoms, 49% often use them and 15% never do.
- The proportion that always uses condoms varies from a low of 10% in one province to a high of 57% in another province. (Efforts are now underway to strengthen training and Aunties' associations in provinces where low percentages said that they always use condoms.)
- 8% have taken a "morning-after" pill after having had unprotected sex, in order to prevent pregnancy.

- **Sexually transmitted infections (STIs)**
  - Since becoming trained Aunties, 13% have acquired an STI and 87% have not. (This indicates considerable improvement since 2004, when a similar survey found that 26% had acquired an STI since becoming trained Aunties.)
  - Of those who sometimes or never use condoms, 15% have acquired an STI. Of those who always use condoms, 8% have acquired an STI. (The latter result probably means that they started systematic use of condoms after they acquired an STI, though the question and the answers did not make this sufficiently clear.)
  - Of those who acquired an STI, 8% bought medicine from street vendors (who are not subject to government control and often sell counterfeit or fake drugs), 9% in a pharmacy and 69% in a hospital while 11% self-medicated or did something else and the remaining 11% did nothing.
- **HIV testing**
  - Before becoming trained Aunties, 39% had been tested for HIV and 61% had not; since becoming trained Aunties 48% have been tested and 52% have not. (A similar survey conducted in 2004 found that only 39% had been tested after becoming trained Aunties.)
  - **Note 1:** In early 2007, the Aunties' Programme began offering voluntary and confidential HIV counselling and testing to Aunties who attend training courses for counselling of adolescents. This new offer was spurred, in part, by the promise that antiretroviral therapy would soon be offered for free to those who need it. Before this promise, it was difficult to motivate people to go for counselling and testing. Reasons that counselling and testing are not provided in conjunction with basic training include that it takes place where the trainees live. These locations lack facilities and personnel able to provide counselling and testing and they also raise the Aunties' anxieties about breaches of confidentiality. The fact that training courses for counselling usually take place far from where the trainees live makes it easier to assure Aunties that confidentiality is guaranteed. So far, from 87% to 92% of trainees have accepted the offer of HIV counselling and testing and from 95% to 100% have returned to get their results after tests. (Of the first 164 Aunties tested, 10% were found to be HIV-positive.)

Socio-economic impacts

The survey of 802 Aunties found that:

- Since becoming trained Aunties, 19% have returned to school. Of those who were less than 20 when they quit school due to pregnancy, 36% have returned to school.
- 63% have taken other action to improve their economic prospects such working in agriculture, serving an apprenticeship, entering a business or taking a part-time job.

On average, unwed young mothers are among the poorest of the poor in Cameroon. They have an estimated average annual income of less than the equivalent of €500 to cover the annual cost of living for themselves and their children. While the Auntie's Programme calls for volunteerism, it provides honorariums to support some of the poorest while they participate in training or other activities associated with their duties as Aunties. It may also pay fees to those who are skilled and experienced at sex education in schools or personal counselling if they are asked to do more than might normally be expected of a volunteer. In addition, it provides some of the poorest with free medicines and free-baby sitting while they are participating in training or other activities. It makes payments directly to the baby-sitters, who are usually trained Aunties.

The Programme estimates that, over the past three years, roughly 14% of all trained Aunties earned additional income from fees or honorariums for training and other activities or received free medicines.

Numbers of Aunties who received honorariums, fees, free medicines and payments for baby-sitting during 2004, 2005 and 2006

	2004	**2005**	**2006**
Honorariums and fees:			
€100	207	212	283
€200 to €500	23	30	50
€1000 or more	7	7	9
Free medicines:			
€5 to €20	20	75	120
€20 to €100	0	4	10
More than €100	0	0	1
Payments for baby-sitting	45	96	206

The benefits of being Aunties, in their own words

The survey of 802 Aunties found that 75% were very satisfied with the training they had received, while 23% were moderately satisfied and 2% were not at all satisfied. Asked about their duties as trained Aunties, 64% said they were very satisfied, while 30% said they were moderately satisfied and 6% said they were not at all satisfied.

Unwed young women who have children generally find themselves in miserable situations. If they are not condemned and cast out entirely, they find themselves dependent on their parents and other relatives, who treat them and their children as unwelcome burdens and who constantly remind them that they have failed in their responsibilities and let everyone down. When unwed young mothers return to their families as trained Aunties, their newly learned ability to speak about their own mistakes and talk frankly about the kinds of behaviour that have got them into trouble gain them respect and trust and other family members turn to them to talk about their

own troubles. There is considerable anecdotal evidence that, as they become more accepted by other family members, their children also become more accepted.

These are just three of many recorded reports where Aunties talk about the benefits they have derived, personally, from being Aunties:

- "If you would have seen me before and if you see me now, you would not recognise me. I am a different person." (Chichi, photo right)
- "Before I was only looking for goods, clothes, no other plans in mind. Now I want to study and be someone." (Marie Noelle, photo left)
- "After I was on television my family and the neighbours went crazy. Everybody wanted to talk to me, to listen to me." (Madeleine Songo)

Luzie's story

Now 26 years old, Luzie gave birth to her first child when she was 15 and was attending a college in Cameroon's capital, Yaoundé. Her mother had six children and she was the eldest while her father, a government official, had four more children with another woman. One of her father's close friends, a Nigerian merchant, regularly visited the family in the evenings.

One day, Luzie's father sent her to town to deliver a letter, giving her 100 CFA francs (the country's currency) for a taxi and explaining how to get to a shop near the central market. When she arrived, she recognized the merchant and gave him the letter. He was overjoyed and said, "You know, you are my wife." He gave her 5,000 CFA francs and sent her back to her family. Luzie was puzzled by what had just happened and hoped it was a joke between the two old men. When she told her mother the story and handed her the 5,000 CFA francs, she felt relieved when her mother confirmed "it's only a joke" while handing the money to her father.

After that, the Nigerian merchant continued to be a regular guest in their home and frequently gave Luzie's mother money which she passed on to Luzie's father. One day her father insisted that she accompany the merchant as he went to buy plantains and manioc. Since it was already dark outside, Luzie had an eerie feeling as she got into the man's car. Instead of driving to the market, he drove into an increasingly gloomy part of the city until he found an isolated spot, stopped the car and turned off the engine and light. He then folded back the car seats, began to fondle her and soon forced himself into her. Still a virgin, Luzie whimpered with pain.

Afterwards, he took Luzie home. Her dress was covered with blood and she could hardly walk from the pain. She ran crying to her mother who called the father. He said, "Let it go." From then on, no one spoke about this incident.

Two months later, friends and classmates asked Luzie if she was ill and said, "You look sick." When the merchant came by the house again, he told her to go to the hospital and said he would pay for a check-up. When a nurse asked about her periods, Luzie said she had already missed two months. The nurse gave her pills and told her to return if she missed another period. When the next period didn't come, Luzie went back to the hospital where they did a pregnancy test. The nurse told Luzie's mother, "You'll become a grandmother." Luzie didn't understand what this meant until, at home, her mother explained that she was four months pregnant. When her mother told her father he quietly said, "Let it go."

The merchant paid for pre-natal care, delivery and basic items for Luzie and the baby. At age 15, Luzie gave birth to her daughter Lucretia. The merchant continued to visit the family and, during one of his visits, he asked Luzie's father for her hand in marriage. Luzie was horrified because

this man was her father's age and had three daughters around her own age. The father refused the proposal, complaining that the merchant had not given him enough money to pay for marriage to his daughter.

Soon, the father asked Luzie to "be of service" to another of his friends. This time Luzie refused and said, "If I fall pregnant again, then it will be with someone I choose." Out of protest, she chose a boy of her own age from her village and soon she fell pregnant again. He had told her that he was seriously interested in her but that turned out not to be true. Soon she found herself alone with a second child, this one a boy.

At age 22, Luzie had her third child, whose father was a man with whom she had lived for three years but who provided her and her children with little support. She had to provide, instead, by working in the fields for subsistence crops and, sometimes, by working as a farm labourer for 1,000 CFA francs per day, the equivalent of €1.40. Luzie survives but feels she has made a mess of her life and has made things hard for her children.

Her father tried getting Luzie's younger sister to go with his friends, too, but Luzie warned her never to do that. She made two attempts to find the Nigerian merchant and get him to pay for child support but, while he made promises to do so, he never turned up at scheduled meetings to make the arrangements.

In November 2004, Luzie heard that some people had come to her village to find unwed young mothers and offer them training. Other unwed young mothers gave her details and when she heard about the plans to establish a local Aunties' association, she signed up immediately.

Luzie says, "The association has changed my life. It is back on course and I have hope again." She speaks enthusiastically about her new responsibilities as an Auntie. She has convinced not only her sisters but her friends to do what they must to prevent unwanted pregnancy, forced marriage, removal from school, and infection by HIV and other sexually transmitted disease. She gives testimony in the village primary school and talks to mothers about protecting their daughters from harm. She feels that she is well-respected in her village and, best of all, that her own mother is full of admiration for her and her volunteer work as an Auntie.

Luzie has cut all ties with her father and consoles herself with the belief that, one day, he will be held to account for his actions. The last time she saw him she said, "You will have to account to God." Why has she not reported the merchant who raped her? She sees no chance of a conviction in court, given that her own father offered her for money. What are her dreams for the future? Luzie would love to train for a profession. She dreams of marriage to nice man who knows her history and accepts her. "Either a man will accept me as I am, or I'll remain alone."

Impacts on other young people

Through sex education in schools and counselling of adolescents, Aunties help girls and young women avoid unwanted sex, resist the advances of boys they find tempting and take appropriate precautions when they decide to have sexual relations. They provide similar assistance to boys and young men but, in their case, Aunties are perhaps most effective at helping them understand things from the perspectives of their female partners or potential partners.

Aunties make their school presentations in pairs and it is roughly estimated that a pair of Aunties covers an average of 160 to 200 students per year. By the end of 2006, there were 477 Aunties

trained to make presentations and a potential of covering from 38,000 to 48,000 students per year. The reports teachers fill out during or after presentations provide ample evidence that they think students respond enthusiastically to most presentations and the presentations have strong and lasting impacts on the students' behaviour. Here are two examples, taken from actual reports, of typical observations made by teachers:

- "The lecture on 'early and unwanted pregnancies' to the Form One students was well presented. It was heavily attended by the students, who paid close attention and demonstrated that they understood the subject matter. This could be easily seen from the questions they asked and the good answers they received. The lecture itself plus the attitude of the students proved that many such lectures are necessary."
- "The lecture on 'Early and unwanted pregnancies' at this time of the year is a welcome relief, as students are preparing to go on Christmas vacation. It will help prepare the students psychologically to withstand the pressure during the holiday period. I wish to encourage the Aunties in their social work to help change our community. Good luck. God bless the Aunties' Association.

While there is no systematic monitoring and evaluation measure of the impacts school presentations, anecdotal evidence indicates that there are significant declines in the incidence of new pregnancy among female students after they and their male classmates have been exposed to a series of Aunties' presentations. In one community's schools, 30 girls dropped out due to pregnancy the year before Aunties made presentations and no girls dropped out due to pregnancy the year after.

In 2005, a study focused on six Aunties' associations and the volunteer work of 30 Aunties trained for counselling adolescents. On average, each of them had counselled 13 individuals over the 10 months immediately following their training. Assuming that Aunties trained for personal counselling cover an average of 15 individuals each per year, the 702 Aunties trained by the end of 2006 could provide personal counselling to a total of more than 10,500 people per year.

The study found that 53% of all individuals who asked for personal counselling were concerned either about how to avoid pregnancy or how to deal with it when it occurred. Another 16% came to the Aunties with menstrual problems, while 11% were concerned about difficulties in communicating with their parents and 8% were concerned about rape. The Aunties' advice often focused on the benefits of using condoms and how to use them properly. Some girls were given "morning-after" pills and others received support in bringing their pregnancy to early and safe termination, usually with the cooperation of the boy or man involved. In a few instances, the entire association had supported girls in getting safe abortions and even in laying charges against rapists.

Impacts on families and communities

Trained Aunties and their local associations and national network are breaking the taboo on talking openly about sex in Cameroon. In so doing, they are making it possible for families and communities to face up to realities that have too often been kept hidden in the past. One such reality is the kind of gender inequality that enables boys and men to go unexposed and unpunished for the sexual exploitation and abuse of girls and women, while the girls and women they exploit and abuse often pay extremely high prices that may include unwanted pregnancy,

forced marriage, removal from school, harm from unsafe abortion, being left on their own to support children they can ill afford to support, or being condemned and cast out by their families, friends and communities. Another reality is the worldwide youth culture that exposes young people everywhere to the risks of early sexual initiation, sex before marriage and multiple sexual partners.

The result is families and communities that are more open, tolerant, empathetic and compassionate and that take steps to protect their young people from harm and to provide them with safe and nurturing environments in which they can explore their sexual feelings while learning safe sexual behaviour. In this emerging new environment it is becoming more possible to put a stop to such abhorrent practices as forced incest, rape and female circumcision. The Aunties' campaign against breast ironing is a particularly notable achievement. It brought to the light of day an abhorrent practice that was very common but deeply secret and, in so doing, it promises to put a stop to that practice.

Low and sustainable costs

GTZ's Germano-Cameroon Health and AIDS Programme estimates that the cost of providing basic training to Aunties varies from the equivalents of €2 to €20, depending on the travel, accommodation and other costs that may be incurred by trainers and trainees. The cost of providing training for counselling of adolescents varies from the equivalent of €168 to €248. The costs are kept low by the voluntary nature of the Aunties' programme and the fact that it asks national ministries, local authorities and other partners to make donations in kind, including donations of venues for meetings and training courses and donations of professional staff to serve as senior trainers.

The slow, careful step-by-step process of building a whole network of local Aunties' associations has been the key to its cost-efficiency and sustainability. There is now a large cadre of trained, experienced and highly skilled Aunties who can do much of the training of new recruits and of Aunties who wish to take additional training. At the same time, the demonstrated success of the whole programme has made partners ever more willing to be generous in their in-kind donations.

Challenges

To improve recruitment methods

On average, around 60% of all unwed young mothers interviewed during the recruitment process show up for basic training but, from location to location, the percentages vary from 30% to 80%. Sometimes rumours precede the arrival of the recruitment team, creating misconceptions about the whole Aunties' programme and hostile opposition from religious leaders and others. Experience has shown, however, that success at recruitment depends largely on the quality of the recruitment team. Members of the team should be skilled and empathetic interviewers and communicators, ready to listen and answer questions and able to explain and generate enthusiasm for the Aunties' programme. Improving recruitment is an on-going challenge but one being met by the growing cadre of trained, experienced and highly skilled Aunties who participate in recruitment teams.

To drive home messages so they change behaviour

Another on-going challenge is to drive home messages so that people hear them clearly, take them to heart and act upon them by, for example, using condoms consistently when engaging in risky sex. This challenge is being met by on-going monitoring and evaluation and efforts to improve the training of Aunties and strengthen their local associations and national network.

To reach out to males

In Cameroon, a boy's Uncle used to play a role similar to a girl's Auntie, serving as his most trusted confidante, teacher and advisor on sexual matters. For the first four years, from 2001 to 2004, there was a small Uncles component to the Aunties' Programme. Recruitment teams sought out unwed young fathers and invited them to participate in the same basic training provided to unwed young mothers. By 2004, 4% of all people who had gone through basic training and joined local Aunties' associations were boys or young men.

The practice of recruiting unwed young fathers ended in 2004. While those already in Aunties' associations were invited to remain, no more financial resources went toward providing them with training. Unwed young fathers do not suffer from anything approaching the damaging consequences of pregnancy and birth out of wedlock that are suffered by unwed young mothers. Four years of experience suggested that was probably the main reason why they did not take basic training or their membership in Aunties' associations nearly as seriously as the girls too those things. In addition, they tried to dominate the girls and were found to be disruptive.

It remains true, however, that males are the main perpetrators of the gender discrimination and the sexual exploitation and abuse that imperil the sexual and reproductive health of girls and young women. How to reach males with appropriate messages and change their attitudes and behaviour is an ongoing challenge.

To improve monitoring and evaluation

GTZ's Germano-Cameroon Health and AIDS Programme has been consistent in trying incorporate monitoring and evaluation into the Auntie's Programme. However, there is considerable room for improvement. The systematic use of before-and-after questionnaires would be one way of measuring the extent to which information is absorbed and behaviour is changed as a result of training provided to Aunties' and the sex education and personal counselling they provide to others. The after questionnaires might be applied some months after, in order to measure retention of learning and lasting changes in behaviour.

Lesson learned

► **Keep it simple**

The first objective of the Aunties' Programme is to provide unwed young mothers with the knowledge, skills and social support they need to take care of their own sexual and reproductive health and otherwise look out for their own interests and that of their children. The second objective is to empower other young people with knowledge and skills to take care of their own sexual and reproductive health. That's it. There should be no other objectives. Giving into the temptation to add on more will threaten the voluntary nature of the Aunties' programme, burdening the Aunties with too many responsibilities and requiring that they be given more training and supervision and be paid for all the time required of them. That will call for levels of

technical and financial support that will be difficult to achieve and impossible to sustain.

► **Think short-term**

Unwed young mothers are not young for long. The Aunties' Programme can provide them with the training, skills and support they need to carry them through a short period of their lives until they are ready to move on. Their position as Aunties is voluntary, part-time and temporary and should be expected to last for three or four years at most. GTZ's policy is to provide technical support to any one local Aunties's association for three or four years at most, too. After that, the association should be self-supporting and GTZ's limited resources should go toward helping other associations get launched and well-established.

► **Give first priority to teenagers**

Unwed teenage mothers are the main target group and other teenagers are the second target group. While the programme should be flexible and allow for the recruitment and training of unwed young mothers who got pregnant when they are teenagers but are now somewhat older, it should give first priority to teenagers. The programme should also allow for the fact that recruits will grow older during their three or four years as Aunties. Experience in Cameroon has shown, however, that there is a real danger that older mothers will use their greater experience and self-confidence to control a local Aunties' association and cause younger mothers to withdraw. In addition, older mothers are not perceived as peers by teenagers and so lose the advantage younger mothers have when providing sex education or personal counselling to teenagers.

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► **Stay focused on the immediate vicinity**

Initially, trained Aunties were encouraged to reach out to communities far from their own and were given travel allowances to do so. It soon became apparent that they preferred to travel rather than stay near home. This not only deprived their own communities of their services but it called for burdensome accounting procedures and it increased costs substantially and threatened the sustainability of Aunties' associations. Now the strong preference is that Aunties provide services within walking distance of their own homes or, at most, within distances they can reach by arranging for free lifts.

► **Emphasize empathy, not moralizing**

Initially, some trained Aunties misunderstood that the intention was to advocate abstinence as an option and not the only acceptable option. Some were observed shouting at teenagers to stop if they saw them flirting. The training should make it clear that one of the things Aunties have to offer is that they have made their own mistakes and other young people will be most inclined to listen to them if they tell their own stories and open the doors for the other young people to tell their stories too. Aunties should explain the risks involved in certain behaviour and the options for avoiding those risks but should understand that scolding and moralizing are the very things that stop young people from listening to older people or confiding in them.

► **Provide gradually diminishing support and reliable lines of communication**

After training, Aunties should be accompanied by staff or more experienced Aunties and

provided with gradually diminishing support until they can work on their own. Beyond that, Aunties and their local associations need to be assured of ready access to support and advice from programme headquarters and this is made increasingly possible with mobile phones and computers. Crises and emergencies are not uncommon and these may occasionally call for site visits by programme staff.

► Provide new experiences and motivation

Aunties work as volunteers, without pay, and the training they get is not an obvious path to a career. Without immediate or future financial rewards, Aunties need other kinds of motivation and these can come from new and stimulating experiences such as periodic refresher courses, participation in radio or television shows or visits to Aunties' associations in other communities. Opportunities for personal growth and acquiring skills at human relations and communications can also provide motivation.

As well as providing trained Aunties with opportunities for further training and experience at making presentations in schools and doing personal counselling, the Programme provides some of them with opportunities to participate as members of recruitment teams and training teams. There are now small cadres of Aunties who have become highly skilled at doing the interviews involved in recruitment and at helping to provide basic training and additional training for counselling of adolescents.

Though the emphasis is on volunteerism, the experience in Cameroon has shown that small financial rewards can also provide significant motivation. Most Aunties are very poor and the equivalent of one Euro is more than half of their normal daily income. It can be especially important to ensure that they do not lose opportunities to earn income if they participate in training or in activities associated with their roles as Aunties.

Why is the Aunties' Programme a promising practice?

GTZ has set out a number of criteria at least some of which must be met to qualify GTZ-supported initiatives as "promising practices." The Aunties' Programme in Cameroon meets most of these criteria. Specifically, it is innovative, cost-effective, sustainable, participatory, empowering, and well-documented and it demonstrates gender awareness. There is room for improvement in its monitoring and evaluation methods but they produce sufficient evidence to show that it is effective and successful in reaching toward its objectives.

It is also transferable, not just from locality to locality with Cameroon but also to other countries, many of which traditions and contemporary situations not very unlike those found in Cameroon. It has the potential to make significant contributions toward achievement of the eight inter-related Millennium Development Goals. It reaches toward four of those goals in particular: gender equality and empowerment of women, reduction in child mortality, improvement of maternal health, and reduced infection and harm by HIV and other disease.

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