



## “Aunties” for sexual health and non-violence

How unwed young mothers become advocates, teachers and counsellors in Cameroon

### The Context

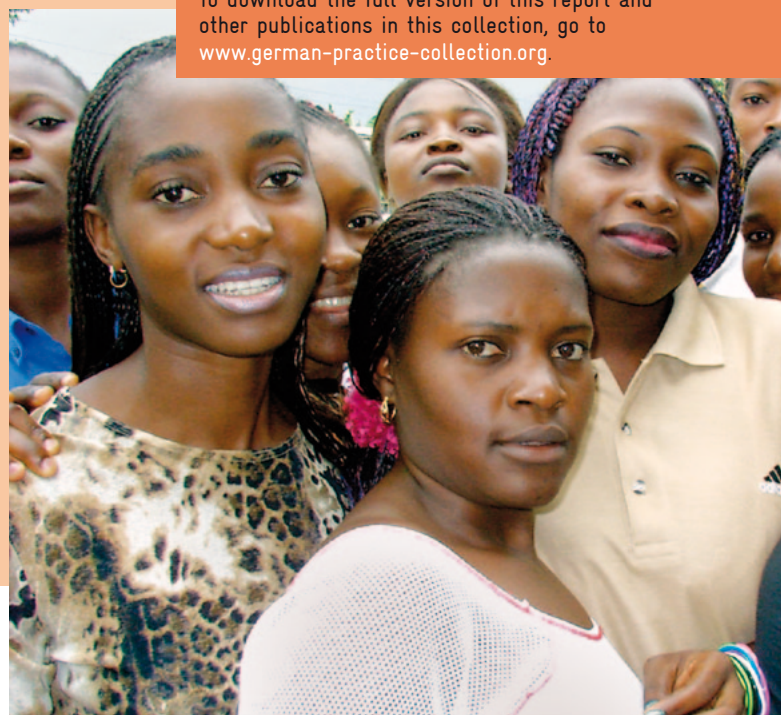
In 2000, a study by the German-Cameroon Health and AIDS Programme (PGCSS) found that girls in Cameroon have followed worldwide trends towards sex before marriage, early sexual initiation and multiple sexual partners. This puts them at high risk of getting pregnant, being removed from school, forced into early marriage, harmed by unsafe abortion, and acquiring sexually transmitted infections including HIV. Gender inequality adds to their vulnerability. By comparison to males, Cameroon's females are poorer, have less schooling, are less well-informed about sex, are less likely to do what is necessary to prevent pregnancy and infection, and are much younger than their sexual partners. They are still subject to two very harmful practices: breast “ironing” and post-partum belly “massage”. A 2008-09 study found that they are also subject to rape and incest with increasing frequency.

### The Aunties' Project

In Cameroon, a girl's auntie used to be her most trusted confidante, teacher and counsellor on sexual matters. In 2001, the German-Cameroon Health and AIDS Programme launched the Aunties' Project which borrows from this tradition. By mid-2010, the project had recruited more than 12,000 unwed young mothers who first got pregnant while in their teens and had given them basic training in sexual and reproductive health. So trained, unwed young mothers become known as “Aunties” and form local Aunties' associations, through which they support each other and also perform many of the functions aunts used to perform. There is a difference, though. These contemporary Aunties reach beyond their own families into their villages or urban neighbourhoods, providing young people with sex education in schools and counselling outside of schools.

By mid-2010, there were more than 240 local Aunties' associations spread across all ten provinces. Around 3,000 Aunties were experienced and skilled educators in sexual health and, working in pairs, they had the potential of reaching as many as 300,000 students per year. More than 4,300 Aunties were experienced and skilled counsellors and they had the potential of reaching more than 64,000 young people per year.

In 2005, Cameroon's local Aunties' associations formed the National Network of Aunties' Associations (RENATA).



Unwed young mothers at a training workshop that will qualify them as Aunties.

Since then, it has mounted campaigns to prevent unwanted pregnancy and to end gender inequality and breast ironing. In 2008-09, it collaborated with the PGCS on Cameroon's first ever study on rape and incest and, since then, has been

### German HIV Practice Collection

This Collection describes initiatives supported by German Development Cooperation and assessed as “promising or good practice” first by experts within German development organizations and then by two international peer reviewers with relevant expertise.

Each publication tells the story, in plain language, of a particular programme or project and is published in short (four-page) and full versions, often with links to related tools and other material at [www.german-practice-collection.org](http://www.german-practice-collection.org). The Collection aims to stimulate dialogue, so please visit this website and tell us what you think.

Managing Editor [ghpc@giz.de](mailto:ghpc@giz.de)

Peer-reviewed

conducting a vigorous campaign against these acts of physical and psychological violence. In early 2010, Cameroon's Ministry for Women's Empowerment began extending the Aunties' Project through all 58 of the country's Women's Support Centres.

### The Aunties' Project in seven steps

Establishing and expanding the Aunties' Project can be described as a seven step process, where the steps are seen as a flight of stairs that undergoes continuing maintenance and improvement and provides ever stronger support.

#### Step 1: situation analysis

Some of the evidence for a situation analysis can be gathered from existing sources, including reports on Demographic and Health Surveys. The PGCSS provided additional evidence, specific to unwed young people, with its own baseline survey in 2000 and a follow-up survey in 2004. The latter found that one third of the unwed young females had had two or more sexual partners within the past year and that, of that one third, half did not use condoms and 21% had already had at least one unwanted pregnancy. Additional surveys have enriched the analysis. For example, one in 2009 found that 5.2% of adolescent girls had been raped and another 14% had escaped from attempted rape.

The situation analysis also keeps track of current policies and practices. For example, contraceptives are available but in places that are not friendly to unwed young people and at prices many cannot afford.



Primary school students respond enthusiastically to an Aunties' presentation on sexual and reproductive health.

#### Step 2: mobilisation

The Aunties' Project never enters a village or urban neighbourhood without first asking for permission and support from the appropriate government, health and education authorities. This ensures that they understand that the Project has a limited budget and depends on voluntary contributions, including their contributions of space for training courses and meetings and, in the case of health authorities, staff willing to participate in some training sessions.

A team headed by a social worker or social scientist then enters the village or neighbourhood and begins identifying and interviewing unwed young mothers. As news of their activity spreads, more unwed young mothers come forward and volunteer to be interviewed. During the interviews they are told about the Aunties' Project and invited to attend a basic training course.

#### Step 3: training and tools

The basic training to qualify unwed young mothers as Aunties lasts for five days and provides them with knowledge and skills pertaining to sexual and reproductive health and related counselling and education of young people. The Ministry of Health and the Ministry for Women's Empowerment and the Family provide some of the senior trainers, while skilled and experienced Aunties make up the balance of training teams. The training is highly participatory and aims to give Aunties courage and experience at speaking out and sharing their personal experiences.

During basic training, all Aunties are provided with counselling skills and tools and roughly one-third turn out to have the personal qualities that make them effective counsellors. The tools include flow-charts to guide them through typical counselling situations, such as when a girl asks what she should do when her boyfriend refuses to wear a condom.

Aunties with the personal qualities that make them well suited for sex education in schools are provided with a set of tools that enables them to organize and deliver a series of short presentations. Each presentation focuses on one topic such as, for example, what girls and boys experience during puberty.

#### Step 4: building local Aunties' associations

In 2003, a national workshop of Aunties developed a model constitution, electoral code and set of internal rules for a local Aunties' association. With democracy in mind, each local

association is encouraged to provide its members with space and time to study and discuss these models and then revise and adapt them for their own purposes.

#### **Step 5: community, school and individual interventions**

Newly trained Aunties begin in their own families, talking to their sisters and other young female relatives and helping them avoid falling into the same traps they fell into. Then they reach out to young females in their own immediate neighbourhoods and in any religious, sports, youth or other groups they belong to. As they gain experience, some show the personal qualities that make them well-suited for counselling or for sex education in schools. Provided with tools and support, they eventually become recognized as “experts” anyone in their communities can turn to with sexual and reproductive health and related problems. Skilled Aunties backed-up by well-established Aunties’ associations and reinforced by the Aunties’ Project 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.

#### **Step 6: spreading the word through the media**

A newspaper article about 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 and things that can be done to prevent unwanted pregnancy and sexually transmitted infection. The media also provide opportunities to shed light on largely hidden problems such

as incest, rape, illegal and life-threatening abortion and female circumcision. The PGCSS, RENATA and other partners have collaborated on production of a number of films and videos.



Members of the Mamfe Aunties Association

#### **Step 7: on-going management and monitoring and evaluation**

During the first year after a new Aunties’ association is established, the Aunties’ Project 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, project staff is available for consultations by telephone and, when serious problems arise, for emergency meetings.



#### **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 grand-mother. 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.”





Members of a local Aunties' association entertain each other at one of their meetings.

### Why is the Aunties' Project a promising practice?

The German HIV Practice Collection has eight criteria at least some of which must be met for a German-supported initiative to qualify for a publication in the Collection. The Aunties' Project meets all of these criteria. Specifically, it is **participatory**, **empowering**, **gender-aware**, **sustainable**, and **transferable**. Its **monitoring and evaluation** methods produce sufficient evidence that it is an **effective** and **cost-efficient** way of reaching towards its objectives. Its achievements include:

- Almost 90% of all unwed young mothers identified and interviewed during the recruitment process follow up by taking the basic training and joining local Aunties' associations. By mid-2010, there were more than 240 associations and 12,000 trained Aunties. Around 3,000 Aunties were providing sex education in schools and 4,300 were providing counselling to young people.
- It costs from €76 to €81 to train each Auntie and the costs beyond training are low and easily sustainable, since the project depends largely on volunteerism and donations in-kind.
- A 2006 survey of 802 trained Aunties found:
  - 75% were very satisfied and 23% were moderately satisfied with their training.
  - Before training, 26% always used condoms; after training and then attending Aunties' association meetings regularly, 47% always used condoms.
  - Since training, 19% had returned to school and 63% had taken other action to improve their economic prospects, such as serving an apprenticeship, entering a business or taking a part-time job.
- In 2007 – after the government promised free antiretroviral therapy and after a survey found that only 56% of Aunties were tested for HIV before last giving birth and that many did not return for the result – the project began making a routine offer of testing to trainees during basic training workshops. In 2009, 88% of all trainees took up the offer and 99% of those returned to learn the result.

- School teachers are asked to fill out report forms after presentations by Aunties and these usually say the students respond enthusiastically and the impacts on them seem to be strong and lasting. In one school, 30 girls dropped out due to pregnancy in the year before Aunties delivered a series of presentations and no girls dropped out due to pregnancy the year after.
- Anecdotal evidence suggests that personal counselling of young people is also effective. The Aunties' advice often focuses on the benefits of using condoms and how to use them properly. Some girls are given "morning-after pills" and others receive support in bringing pregnancy to safe and early termination. In a few cases, Aunties' associations have laid charges against rapists.
- The Aunties' Project has taken a practical approach to building its capacity and taking on issue after issue, first by gathering the evidence and then by mounting campaigns of action. Its current country-wide campaign against rape and incest is a pioneering example.

### Would you like to know more?

The full version of this publication and other publications in this collection can be found at [www.german-practice-collection.org/en/successful-programmes](http://www.german-practice-collection.org/en/successful-programmes).

The tools developed and used by the Aunties' Project can be found at [www.german-practice-collection.org/en/toolboxes/sexual-health-and-rights/aunties](http://www.german-practice-collection.org/en/toolboxes/sexual-health-and-rights/aunties).

In addition, films and videos related to the project can be found at [www.german-practice-collection.org/en/videos/sexual-health-and-rights/aunties-harmful-practices-and-sexual-abuse](http://www.german-practice-collection.org/en/videos/sexual-health-and-rights/aunties-harmful-practices-and-sexual-abuse).

### Contacts and credits

#### Published by

The German HIV Practice Collection managed by the Project "Strengthening the German contribution to the global AIDS response"  
Responsible: Dr. Thomas Kirsch-Woik  
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH  
Dag-Hammerskjöld-Weg 1–5  
65760 Eschborn / Germany  
E [ghpc@giz.de](mailto:ghpc@giz.de)  
I [www.german-practice-collection.org](http://www.german-practice-collection.org)

#### Project Authors

Dr. Flavian Ndonko (German-Cameroon Health and AIDS Programme)  
E [flavian.ndonko@giz.de](mailto:flavian.ndonko@giz.de)  
Georgette Arrey Taku (Executive Secretary, RENATA)  
E [renatantines@yahoo.com](mailto:renatantines@yahoo.com)  
I [www.tantines.org](http://www.tantines.org)

#### Writers

Stuart Adams (2007 and 2010) and James Boothroyd (2010)

**Design and production**  
[www.golzundfritz.com](http://www.golzundfritz.com)

#### Photographs

Flavian Ndonko, Regina Görgen, Véronique de Viguier

All individuals whose images appear in this document consented to be photographed.

Eschborn,  
first edition: July 2007  
(update: December 2007)  
this fully revised edition: September 2010  
(update: January 2011)