



“Aunties” for sexual health and non-violence

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



Acknowledgements

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Tools

The tools mentioned in this publication – and additional ones not mentioned – are available at www.german-practice-collection.org/en/toolboxes/sexual-health-and-rights/aunties.

In addition, the films and videos mentioned in this publication – and additional ones not mentioned – are available at www.german-practice-collection.org/en/videos/sexual-health-and-rights/aunties-harmful-practices-and-sexual-abuse.

The approach described in this publication was developed with the former German Technical Cooperation Agency (GTZ) which in 2011 merged into the Gesellschaft für Internationale Zusammenarbeit (GIZ). All contacts have been updated throughout this publication, whereas the institutional name and acronym of GTZ persist in the text.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BMZ	Germany's Federal Ministry for Economic Cooperation and Development
DHS	Demographic and Health Survey
GDP	Gross Domestic Product
GIZ	German International Cooperation (Deutsche Gesellschaft für Internationale Zusammenarbeit)
GTZ	German Technical Cooperation (now GIZ)
HIV	Human Immunodeficiency Virus
InWEnt	Capacity Building International, Germany (now GIZ)
M&E	Monitoring and Evaluation
NGO	Nongovernmental Organization
RENATA	National Network of Aunties' Associations
STI	Sexually Transmitted Infection
SWOT	Strengths, Weaknesses, Opportunities and Threats
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNIFEM	United Nations Development Fund for Women
WHO	World Health Organization

German HIV Practice Collection

Peer-reviewed

Objective

In 2004, HIV experts working for German development agencies and their partner institutions worldwide launched the German HIV Practice Collection. From the start, the objective has been to share good practices and lessons learnt from HIV initiatives supported by German Development Cooperation. The actual process of jointly defining good practice, documenting it and learning from its peer review is considered as important as the resulting publications.

Process

Managers of German-backed initiatives propose promising ones to the Secretariat of the German HIV Practice Collection at ghpc@giz.de. An advisory board of HIV experts representing German development organizations and the Ministry of Economic Cooperation and Development (BMZ) select those they deem most worthy of write-up for publication. Professional writers then visit selected programme or project sites and work closely with the national, local and German partners primarily responsible for developing and implementing the programmes or projects.

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

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

Only approaches that meet most of the criteria are approved for publication.

Publications

All publications in the Collection describe approaches in sufficient detail to allow for their replication or adaptation in different contexts. They have a standard structure and are presented in plain language that aims to appeal to a wide range of readers, as well as specialists in the field. The publications also direct readers to useful tools and are issued in full-length and in short versions that can be read online, downloaded or ordered as printed copies.

Get involved

Do you know of promising practices? If so, we are always keen to hear from colleagues who have developed responses to challenges in the fields of health and social protection. Please also check out our website to comment on, discuss and rate all of our publications. Here you can also learn about proposals and approaches currently under peer review.

Our website can be found at www.german-practice-collection.org. There you can also download the short version of this publication and both long and short versions of other publications. For more information, you can also contact the Managing Editor at ghpc@giz.de.

To download the short version of this report and other publications in this collection, go to www.german-practice-collection.org.

Summary

Cameroon's Aunties' Project is one of sub-Saharan Africa's most promising models for empowering girls and young women to protect their sexual and reproductive health and fight gender-based violence.

In 2000, a study by the German-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, aunts used to be girls' trusted confidantes, teachers and counsellors on sexual matters. In 2001, GTZ launched the Aunties' Project, which borrows from this tradition. As of July 2010, the Project had recruited and provided training in sexual and reproductive health to more than 12,000 unwed young mothers who got pregnant in their teens. These young women become known as "Aunties" and form local Aunties' associations, through which they support each other and perform many of the functions that aunts used to perform, but not just within their own families. They reach out to adolescent girls and boys in their communities and provide sex education in school classrooms and personal counselling outside of classrooms.

By July 2010, Cameroon's trained Aunties had formed more than 240 local Aunties' associations, serving communities throughout the country. More than 3,000 Aunties had been trained to provide sex education in their village or neighbourhood schools and, working in pairs, they had the estimated potential of educating from 228,000 to 300,000 young people per year. As well, 4,300 Aunties had been trained to provide personal counselling and they had the estimated potential of counselling more than 64,000 young people per year.

There is evidence that the Aunties' Project is changing the behaviour and improving the health and wellbeing of tens of thousands of trained Aunties and hundreds of thousands of other Cameroonians. Since it is based on volunteerism, it is also low cost and sustainable.

The project also contributes significantly to basic education, as about one in five trained Aunties return to school. Girls who are particularly disadvantaged are eligible for scholarships and school supplies and these have helped 50 Aunties to return to primary or secondary school or university. The Aunties' network also supports girls seeking self-employment by encouraging enterprise and supporting the development of professional skills.

In 2005, Cameroon's local Aunties' associations formed the National Network of Aunties' Associations (RENATA). Since then, it has mounted successful campaigns to end the gender inequality and sexual exploitation that put the country's girls at risk of early and unwanted pregnancy and its punishing consequences. Backed by research, these campaigns have also exposed the practice of mutilating or "ironing" the breasts of girls (2006), the dangers of early pregnancy (2008) and the high incidence of rape and incest (2009).

The success of the Aunties' Project has encouraged the national government to budget for its expansion and seek to leverage further support from other international donors.

This publication concludes that the Aunties' approach is transferable to other countries, providing a promising model for empowering young women, fighting gender-based violence and contributing to four of the eight Millennium Development Goals.

Introduction

In Cameroon, a girl would often call her aunt by the diminutive "Auntie" – or "Tantine" in French. This was, among other things, a sign of affection for her most trusted confidante, teacher and counsellor in matters too personal or embarrassing to be discussed with any other adult: how to relate to boys and men, how to remain chaste until marriage and how, if she got pregnant before then, she would be condemned and rejected by her own family and others.

» *Girls in Cameroon have followed worldwide trends towards sex before marriage with multiple partners – often out of need for food, shelter or clothing.*

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 towards sex before marriage with multiple partners – often out of need for food, shelter or clothing. This means they are at high risk of getting pregnant, unsafe abortion and sexually transmitted infections (STIs), including HIV, as well as in danger of being removed from school or forced into early marriage.



Members of the Mamfe Aunties Association

Today, aunts often live far from their nieces and, even if nearby, aunts 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 marriage.

In 2000, the German-Cameroon Health and AIDS Programme did a study which showed that risky sexual behaviour and pregnancy before marriage were common throughout Cameroon. In 2001, it launched the Aunties' Project, which invites unwed young mothers to take five days of basic training in sexual and reproductive health and to join local associations linked through a national network. Once qualified as "Aunties," many unwed young mothers provide sex education in schools and act as counsellors for adolescents in their families and communities.

The Aunties' Project fits within a Ministry of Public Health-GTZ programme to improve the sexual and reproductive health of young people and this broader programme is part of a comprehensive initiative to strengthen Cameroon's health-care system. The Project's aims are to:

- **Establish self-help groups that reach out to others.** Through training and social support provided by local Aunties' associations, unwed young mothers learn to build self-confidence and motivate each other to take care of their own sexual and reproductive health. They also muster the courage to speak openly about their personal experiences and reach out to others.
- **Provide Auntie-equivalents training to address today's issues.** Unwed young mothers meet needs once met by girls' aunts. They are non-judgemental advocates, teachers and counsellors for sexual and reproductive health and rights, who speak from their own experience at coping with the realities all young people face in contemporary 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-scale business development. In addition, participation in their associations' activities provides some with supplementary income and money for 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 needed to avoid unwanted or risky sex, only luck determines who will become pregnant or acquire HIV or another STI.
- **Stop harmful practices and sexual violence and promote gender equality:** Through its national network of associations (RENATA), the project aims to raise awareness throughout Cameroon of harmful practices such as breast "ironing" and post-partum belly "massage" and the perils of unwanted pregnancy, rape and incest. Its campaigns on these topics have grabbed headlines in national and international media, sparking public and political discussion of these often taboo topics.

Updated Publication

This publication describes the Aunties' Project and what it has achieved so far. It is an updated edition of "Aunties for sexual and reproductive health: How unwed young mothers become advocates, teachers and counsellors in Cameroon", which was published in 2007.

Cameroon and its sexual and reproductive health

The United Republic of Cameroon, in central Africa, has an estimated population of 19.9 million people. Of those, 12.3 million (61.4 percent) are under the age of 25; 5.1 million are females 0-19 years old; and 58.4 percent live in urban areas (UN, 2009 and 2010). The country grew out of the 1961 merger of the former colony of French Cameroon (which became independent in 1960) and the southern part of the former colony of British Cameroon. Decades of relative political and social stability have helped it attract major investment in roads, railways and agriculture, petroleum and forestry.

Cameroon's considerable wealth, however, is very unevenly distributed. In 2007, its gross domestic product (GDP) per capita was US\$ 2128 and it ranked 95th out of 135 countries in the Human Poverty Index. Around 32 percent of Cameroonians over 15 years of age were illiterate, 30 percent did not have access to clean water and 34 percent born in 2007 were not expected to live beyond the age of 40 (UNDP, 2009).

Cameroonian women suffer serious inequality. The country ranks 103rd out of 155 countries in the Gender-related Development Index. While Cameroonian women have slightly longer life expectancy than men, they are significantly less likely to read or write or get a decent education and their estimated earned income is not much more than half that of men (UNDP, 2009).

» *Women in Cameroon are poorer than men, have lower levels of education and are less well-informed about sexual and reproductive health.*

Sexual and reproductive health

Women in Cameroon 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 unwanted pregnancy and HIV and other sexually transmitted disease. They also tend to

be considerably younger than their male partners and male violence and coercion increase their vulnerability.

HIV prevalence was 5.1 percent among all adults from 15 to 49 years old in 2007. Among young women 15 to 19 years old it was 4.3 percent, compared to only 1.2 percent among young men of that age (UNAIDS, 2008). The last Demographic and Health Survey (DHS) for which results are available was done in 2004 and it suggests a number of factors that may account for much higher HIV prevalence among young women than among young men (Institut National de la Statistique and ORC Macro, 2005). Covering 10,462 households throughout Cameroon, it found that:

- Child-bearing begins early. By 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. About 30% of married women say 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.
- 53% of women have experienced physical violence since the age of 15 and, of those, 45% have experienced physical violence within the past 12 months.
- 90% of women know about contraception but only 13% use modern methods.
- 29% of women and 62% of men from 15 to 49 years old have had higher risk sex (i.e., 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 higher risk sex.

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. The 2004 DHS found that, in Cameroon, a comparatively low 1.2 percent of all women have been circumcised but the percentages run up to 12.5 percent among women from certain ethnic groups. A GTZ survey, published in 2006, revealed that breast ironing is a more common way of trying to reduce sexual activity.

The vulnerability of women is compounded by biological factors. When engaged in heterosexual activity with an HIV-positive partner, a woman is from two-to-four times more likely to become infected than a man and a younger woman is at higher risk than an older one. One reason is that sexually transmitted infections (e.g. gonorrhoea and syphilis) are more likely to be asymptomatic in women, so women are less likely to seek treatment and are left highly susceptible to added infection by HIV (UN, 2004).

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

In early 2006, the German-Cameroon Health and AIDS Programme did a country-wide survey of 5700 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 percent 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.



Auntie distributing flyers against breast-ironing.

Flavien Ndonko, a medical anthropologist with the German-Cameroon Health and AIDS Programme, says that the taboo on talk about sex is at root of the problem. "Parents and other adults need to learn to talk to children and adolescents about sexual and reproductive health, the need to protect themselves and the need to respect the rights of everyone else to go unharmed, too. The Aunties are helping to facilitate this learning."

Aunties' Project in seven steps

The German-Cameroon Health and AIDS Programme launched the Aunties' Project in 2001, but the situation analysis that informs it – the first of its seven steps – was done the previous year. The steps described here should be seen as a flight of stairs where there is continuing work on the maintenance and improvement of each step, so that the whole structure provides ever stronger support for efforts to promote the rights and improve the sexual and reproductive health of young people.

» *The Project's seven steps should be seen as a flight of stairs where there is continuing work on the maintenance and improvement of each step.*

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 Surveys in 2000 and 2006 have provided evidence used to develop and strengthen the Aunties' Project.

In addition, the German-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' Project. In three provinces – North-West, Littoral and South-West – 12 interviewers with training in social science and public health administered the questionnaire to 4500 unwed young people 12–25 years old and facilitated discussions with 136 of them in focus groups of no more than eight. 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; and
- 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 which was often unsafe (performed by an unqualified person).

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.

The online Toolbox at www.german-practice-collection.org/en/toolboxes/sexual-health-and-rights/aunties has English and French versions of a questionnaire and a focus-group-discussion guide that can be used for a situation analysis.

Step 2: mobilization

Local authorities

Before the Aunties' Project 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 chosen urban neighbourhood, town or village. In addition, health officials such as the district medical health officer and the heads of local health centres or hospitals are invited.

» *Before the Aunties' Project begins mobilizing unwed young mothers in any locality, it seeks the permission and support of local authorities.*

This ensures there will be no misunderstanding of the project'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 invested locally by the project are to support 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 of local authorities also encourages them to provide public meeting places and support for training and other activities.

Unwed young mothers

People will often not readily admit that they or members of their families are unwed mothers, so recruitment 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 is underway, it snowballs as one after another young unwed mother approaches her peers and explains the project's intentions and methods of operation.

During the first few days, the census 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 interviews, potential recruits are told that their participation is voluntary, that there is no pay involved (unless interviewees reveal they need small per diems and reimbursements for expenses) and the training is not geared towards preparing them for jobs. On leaving, they are usually given pamphlets or flyers with basic information on sexual and reproductive health and the Aunties' Project.



School children reading Aunties' information leaflet.

Parents

During the census, 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 cooperate and are ready to help their daughters and other local unwed young mothers.

» *Parents are usually relieved to learn that Aunties' associations provide them with resources and allies to promote sexual and reproductive health among their children.*

Once Aunties' associations are established, they meet with parents' associations to raise other parents' awareness of their objectives and win their support. Though initially suspicious of "bad girls" who might want to influence their own children, parents are usually relieved to learn that Aunties' associations provide them with resources and allies 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. This builds knowledge and skills pertaining to sexual and reproductive health and introduces the concept of a local Aunties' association.



At the beginning of the project, Aunties attending training were using their babies as desks. Since then, nannies are hired to take care of babies during training sessions.

Initially the Ministry of Health and Ministry for Women's Empowerment and the Family provided senior trainers to run these sessions. The Aunties' Project, however, swiftly developed its own cadre of senior trainers, drawing on the best of the trained and experienced Aunties. During training workshops, these trainers meet in committee with project staff to review content, methods and results and, as appropriate, make daily adjustments.

One of the key training 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, people living with the virus are invited to talk. The dual purpose is, first, to provide concrete examples and, second, to show trainees how to speak from their own experience when advocating, teaching or counselling.

A variety of printed and audio-visual material is also used – for example, the project's own leaflet on virginity and HIV prepared with technical support from the German-Cameroon Health and AIDS Programme. One session covers the formation of a local Aunties' association and provides trainees with examples of a constitution, an electoral code and internal rules (see also Step 4). Depending on how well this goes, a subsequent session may include the nomination and election of association officers.

Initially, basic training was done in three-day workshops but the training curriculum has been revised and expanded and, in 2008, it was decided to cover training for counselling in the same workshops. Now, five-day workshops with a maximum of 60 participants each allow sufficient time to cover essential topics and also sufficient opportunity for participation by all trainees in presentations, sharing experiences, brainstorming and discussion and debate (see Summary of Schedule for Aunties' Training Workshop).

The online Toolbox at www.german-practice-collection.org/en/toolboxes/sexual-health-and-rights/aunties has English and French versions of the original three-day training session outlines and slide presentations on key topics and also the revised five-day training programme and schedule. It also has the model constitution, electoral code and internal rules used for the sessions that focus on forming a local Aunties' association and electing officers.

Summary of Schedule for Aunties' Training Workshop: covering basic training and training for counselling of adolescents

Hours	Monday	Tuesday	Wednesday	Thursday	Friday
08:00–10:00	Session 1 <ul style="list-style-type: none"> - Registration - Mutual introductions - Practical orientation - Trainee expectations - Course objectives 	Session 5 <ul style="list-style-type: none"> - Introduction to pre- and post-test counselling - Offer of HIV tests to trainees 	Session 9 <ul style="list-style-type: none"> - Abortion 	Session 13 <ul style="list-style-type: none"> - Case studies 1 and 2: Role and quality of a good Auntie; Model constitution of an Aunties' Association 	Session 17 <ul style="list-style-type: none"> - Counselling charts 1,2,3, and 4 - Counselling experiences
Coffee break					
10:30–12:30	Session 2 <ul style="list-style-type: none"> - Local prevalence of early pregnancy - Introduction to the Aunties' Project 	Session 6 <ul style="list-style-type: none"> - Puberty 	Session 10 <ul style="list-style-type: none"> - Contraceptive methods including condoms 	Session 14 <ul style="list-style-type: none"> - Case study 3: Rights and obligations of the child 	Session 18 <ul style="list-style-type: none"> - Counselling charts 5,6,7, and 8 - Counselling experiences
Lunch					
14:00–15:30	Session 3 <ul style="list-style-type: none"> - STIs, HIV and AIDS 	Session 7 <ul style="list-style-type: none"> - Early pregnancy 	Session 11 <ul style="list-style-type: none"> - Hygiene of mother and child - Nutrition of mother and child 	Session 15 <ul style="list-style-type: none"> - Case study 4: Giving testimony 	Session 19 <ul style="list-style-type: none"> - Counselling charts 9,10,11, and 12 - Counselling experiences - Audio spot and film on breast "ironing"
Break					
16:00–17:30	Session 4 <ul style="list-style-type: none"> - Aunties' testimony about HIV testing - Introduction to HIV testing - Audio spots on anti-retroviral therapy and trusted partners 	Session 8 <ul style="list-style-type: none"> - Early pregnancy (cont.) Aunties' testimony - Extracts from film "Aunties in the City" 	Session 12 <ul style="list-style-type: none"> - Communication skills - Active listening skills, with role play - Film 	Session 16 <ul style="list-style-type: none"> - Results provided to trainees who opted to take HIV tests 	Session 20 <ul style="list-style-type: none"> - Evaluation of workshop by trainees - Closing remarks

Auntie Georgette Taku uses her hard-won expertise to teach children



In this photo, Auntie Georgette Taku is using a spirited question and response method to get 8- and 9-year old students thinking and talking about the taboo topic of sexual abuse. She clearly enjoys the rapid repartee, but her expertise as an Auntie was hard-won.

Georgette was a top student, but her secondary education included virtually nothing about sexual health and, by 19, she had suffered an unwanted pregnancy and was forced

to abandon plans for university. For a time, she lived in virtual isolation in the home of an uncle, in Mamfe, near the Nigerian border. The father of her child had disappeared, and she was penniless and depressed.

By her early 20s, she was selling groundnuts at the roadside, and might have done this for the rest of her life if the Aunties' Project hadn't come to town and recruited her. After training, and learning to train other Aunties, she earned enough to cover the cost of her child's upkeep and – with scholarships from the pilot Education Project of the Network of Aunties' Associations (RENATA) – began university in Yaoundé. She is now studying for a master's degree in anthropology and serving as Executive Secretary of RENATA.

Reflecting on her progress and how the Aunties' Project helped her turn her life around, Georgette says, "It feels so good and makes me really proud."

Tools for sex education in schools

Before 2006, basic training ran for just three days and 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 how to add emotional impact by giving personal testimony about their own experiences. By 2006, the Aunties' Project had developed simple tools that enabled the most active Aunties to do all of the things they had previously learned to do in the course, without actually taking the course.

Equipped with their tools, Aunties arrange for half-day introductory meetings in schools with medical doctors in attendance. These meetings

inform teachers about the Aunties' objectives and how they have been trained, allow for discussion of the sexual and reproductive health issues faced by young people, and seek permission and support for a proposed series of presentations.

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. 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 confirm the consent of head-teachers and staff and detail the content of presentations, to address potential complaints by parents or other community members.

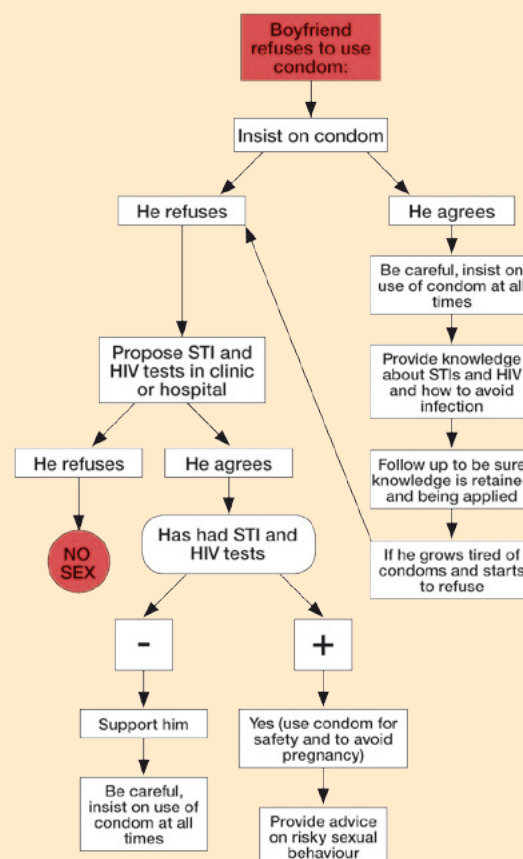
Training for counselling of adolescents

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; and getting fathers to recognize and accept responsibility for their children.

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. Capacity Building International (InWEnt) responded by offering funding for a consultant from the NGO Evaplan to coach project staff and Aunties in developing the curriculum for a training course in the counselling of adolescents. (Subsequently, the Ministry for the Promotion of Women and the Family used the same course material to train women for counselling in women's centres.)

Initially, there were separate five-day training workshops for counselling. Since 2008, the five-day workshops that cover basic training also cover counselling and provide the skills and tools needed by aspiring counsellors to begin work, with support from their local Aunties' associations. The curriculum covers typical problems, their causes and ways to address them. It provides communication and counselling

skills, including active listening, showing empathy, and offering guidance. It also leaves trainees with sets of tools, including flow charts to guide them during counselling sessions (see accompanying example).



Flowchart for counselling girls to negotiate condom use with their partners.

The online Toolbox at www.german-practice-collection.org/en/toolboxes/sexual-health-and-rights/aunties has English and French versions of material initially used in separate five-day training workshops for counselling but now used in combined five-day training workshops that cover both basic training and counselling. This material includes flow charts and other tools that can be used in actual counselling sessions.

Step 4: building local Aunties' associations

In 2003, 160 Aunties (five from each local association) took part in a three-day general assembly meeting where they developed guidelines that are now provided in three documents with examples of a constitution, an electoral code and internal rules. Their aim is to encourage democratic and transparent procedures in the building and running of associations.

Each local association is urged to provide members with space and time to study and discuss the examples and then revise and adapt them for their own purposes. In doing so, they are encouraged to give careful consideration to:

- 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.

The online Toolbox at www.german-practice-collection.org/en/toolboxes/sexual-health-and-rights/aunties has English and French versions of a model constitution, electoral code and internal rules for a local Aunties' association.

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 is then encouraged to reach out to young females in her own immediate neighbourhood and in any church, sports, youth or other groups to which she belongs.

Aunties share their experiences making these interventions when they attend regular association meetings. They also maintain open lines of communication with the Aunties' Project staff to answer more difficult questions. They are never left to fend entirely for themselves, as their work sometimes elicits hostile reactions (e.g., from boys who object to anyone trying to influence their girlfriends) and there may be need for an appeasement mission by project staff.

» *Aunties are never left to fend entirely for themselves, as their work sometimes elicits hostile reactions.*

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 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 closer to 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 students and share personal experiences they

would find hard to share with their closest friends. Only about one in four is willing and well suited to give such testimony. See the boxes on Suzie's and Nadège's testimony for typical content of the testimony given in school presentations.

» *The personal testimony of the Aunties who give these presentations is key to their success.*

Aunties enjoy support of school-teachers and parents

Patricia Balkam Tchaze, Principal of Amihdaf Bilingual Primary School in Yaoundé, says that most parents approve of the teaching done by Aunties in schools, even when the pupils are young and the topics are early pregnancy, sexual abuse and rape. "This project has helped us achieve our school goals because it allows children to familiarize themselves with a subject that most parents consider taboo, even though rape and incest are serious problems in our society. It allows children to build their vocabularies and face sexual predators they can meet in different milieus, including their homes. They learn to say No to abuse and to denounce it to their parents." She says that children further disseminate the prevention messages they learn in school when they talk to friends in their neighbourhoods.

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. She gave birth to a boy, continued her education and later on went to a training school for hotel management.

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 drove 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. She went back to finish secondary school after being trained as an Auntie and then trained to be a teacher. She now teaches in her village's primary school.

Individual interventions

With training and experience at counselling, Aunties become recognized in their communities as "experts" that anyone can turn to with sexual and reproductive health and related problems. In cases of pregnancy, both girls and the boys who got them pregnant often ask 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' 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. Aunties' associations are now learning that this is so and developing more systematic methods for keeping records, following up, monitoring and reporting of cases.

» *With training and experience at counselling, Aunties become recognized in their communities as "experts" that anyone can turn to with sexual and reproductive health and related problems.*

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.

Beatrice, an 18-year-old student, explains that her boyfriend wants to have sex with her and use a condom. She has refused, saying 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 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 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 test is 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, the personal testimony of an Auntie on television: these are good ways of informing the general public about the realities which young people in Cameroon

are facing and things that can be done to prevent unwanted pregnancy and infection by HIV and other STIs. 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 (see box below and later discussion of RENATA campaigns).

Films and videos focus on key issues and promote Aunties' Project

Short films and videos are among the media tools used by the Aunties for training and publicity campaigns. Produced by professional filmmakers (in French, English, Pidgin and Fulfulde) with the support of RENATA and GTZ, many have also been broadcast nationally on television.

Examples include:

- Aunties in the City, 32 min, 2004 (French, English), which documents the harms of early pregnancy and how the Aunties' Project trains Cameroonian unwed young mothers to education others in sexual and reproductive health.
- Campaign Against Breast Ironing, 1 min 14s, 2006
- Rape: break the silence and denounce the rapists, 32 min, 2009

For these and other examples, please go to www.german-practice-collection.org/en/videos/sexual-health-and-rights/aunties-harmful-practices-and-sexual-abuse.

Step 7: on-going management and monitoring and evaluation

Before they join 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 results.

Some ongoing technical support from project staff is essential, but experience has shown that this can be reduced over time. During the first year after a new Aunties' association is established, project staff meets with the association once every trimester to review progress, discuss problems and find solutions. In 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 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' Project 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.

Planning, implementing and measuring impact

Building capacity to plan, implement and monitor and evaluate programmes has been a frequent topic of discussion at regular meetings between Auntie's associations and Aunties' Project staff. In the early years, associations were encouraged to develop simple goals, plans of action and monitoring and evaluation (M&E) procedures. At the end of the first year of an association's operations, project staff also facilitated participatory evaluations and planning with the SWOT (Strengths, Weaknesses, Opportunities and Threats) method.

With little local capacity for M&E during a period when the Aunties' Project expanded swiftly, these protocols for regular data collection and analysis proved to be expensive and difficult to adhere to. As a result, M&E now varies from one association to the next: some send reports four to six times per year; others report less frequently and project staff no longer attempts to collect all monitoring forms.

Instead, members of staff track the progress of different associations through meetings and phone calls, and occasional impact studies, comparing results against the 2000 baseline study. This is feasible as the Aunties' Project is often the only organized agency engaged in sexual and reproductive health, family planning or routine HIV counselling and testing, in a community; so, changes in behaviour can sometimes be attributed reasonably to their initiatives.

Data from one impact study, for example, show that Aunties are contributing to an increase in the percentages of pregnant girls and young women accessing antenatal care, prophylactic antiretroviral therapy, and other services for the prevention of mother to child transmission of HIV. As well, data show that Aunties are increasing the number of other young mothers who ensure that their infants are vaccinated, benefit from good hygiene, have birth certificates and, later, are enrolled in school.

Aspiring Aunties flock to training sessions

Young mothers often go to great lengths to attend training sessions for aspiring Aunties, so much so that organizers must sometimes turn them away. In Wum in June 2010, more than 300 teenage mothers showed up for a workshop with just 70 places.

"We had people forcing their way in, all wanting to participate and benefit from the HIV test, t-shirt and food," says Flavien Ndonko, the medical anthropologist who manages the GTZ Aunties' Project. "And at the Bamenda workshop women trekked for two days through the forest in rainy season to participate."



The project staff work hard to support trainees and help them support one another, so all women attending a five-day workshop in Yaoundé in March 2010 were drawn from a single neighbourhood of the capital city. Many came with infants and a willingness to work, as the sessions provided information to prepare them for both teaching in schools and individual counselling in their communities.

By Day 5, the walls were papered with flip-chart pages: felt-pen diagrams of female and male sexual organs and of trees identifying the causes and consequences of early pregnancy. One flip-chart titled "Indirect Causes" had roots with labels such as "bad company", "sponsoring (by older men)", "lack of peer education", "alcoholism", and "desire for luxury".

The trainer, in her early 20s, showed a slide with a decision chart for counselling a girl who is afraid that she may be pregnant. A discussion of abortion ensued and the trainer said, "We do not advocate abortion, but it is a woman's choice," before adding that before the age of 18 all pregnancies are considered "risky" owing to possible complications, tearing, etc.

Later the trainer gently teased Edith, who had dozed off and had all participants stand for some physical exercises. The session culminated with an announcement that HIV test results would be available before the end of the day, then participants gathered outside on the street to be photographed in bright new t-shirts denouncing rape.

Achievements

Trained Aunties and associations, nationwide

The Aunties' Project has grown swiftly. By 2003, two years after its launch, it had already trained more than 2,200 unwed mothers as Aunties and they had formed 23 local Auntie's associations. By 2007, it had trained almost 5900 Aunties and they had formed 141 associations in eight of the country's ten provinces. By July 2010:

- The project had trained more than 12,000 Aunties and they had formed more than 240 local Aunties' associations, spread through all ten of Cameroon's provinces.
- Roughly 3,000 of the trained Aunties were working as volunteer educators on sexual and reproductive health and rights in their village or neighbourhood schools and, working in pairs, they had the estimated potential to reach from 228,000 to 300,000 young people per year with such education.
- Almost 4,300 of the Aunties were working as volunteer counsellors and they had the estimated potential to provide personal counselling to more than 64,000 young people per year.

Almost 90 percent of all unwed young mothers interviewed during the recruitment process now follow up and take the basic training and join local Aunties' associations, though this varies from 40 percent to 100 percent across the ten provinces (see box on aspiring Aunties).

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 existing local Aunties' associations.

RENATA has a website (www.tantines.org), 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 STIs. The national campaigns have addressed the traditional practices of breast and post-partum belly "ironing", early pregnancy, adherence to HIV treatment and, most recently, rape and incest. These campaigns have simultaneously raised the profile of the Aunties and generated thousands of articles in local and national newspapers as well as widespread coverage in broadcast media. Three of the campaigns are described below.

Campaign against breast-ironing

As noted in a box earlier in this publication, nearly one in four Cameroonian girls are subject to so-called breast "ironing" in their adolescence. This can cause abscesses, cysts and otherwise disfigure the breasts and traumatize the individual. In 2006, RENATA joined with community radio stations, television, other media, NGOs and government partners in a campaign to raise awareness of this traditional practice and its harmful effects. This put the issue on the public agenda for the first time in Cameroon.

Campaign to prevent early pregnancy

RENATA launched this national initiative in November 2008, with the support of the GTZ-backed German-Cameroon Health and AIDS Programme, after release of the alarming findings of a GTZ study of 5000 adolescents. These findings included that 11 percent had suffered sexually transmitted infections and nearly one in ten girls was sexually active before the age of 12. One in five of the girls in that category had unwanted pregnancies and one in three with unwanted pregnancies dropped out of school as a result. The study also found that a great many adolescents had their first

sexual intercourse during periods of public festivals. Via the RENATA web site, pamphlets, media and workshops, the campaign emphasizes the negative consequences of early pregnancy on all involved: girls, male partners, the child, and family members. It also calls for greater dialogue on the topic in schools, families, as well as abstinence from sex for as long as possible, consistent use of condoms once active and HIV testing.

Campaign against rape and incest

In 2008, data gathered over three years via a standard Aunties' questionnaire revealed that 6.5 percent of 16,028 respondents from throughout Cameroon had been raped at least once. In July 2008, RENATA brought together 100 Aunties for a three-day workshop at Bamenda to discuss the issue. Here, many spoke about their experiences, and asked the representatives of five government departments what they were doing to address the problem. In most cases, the officials could only speak of plans but not of concrete measures or programmes already in place and countering rape. The Aunties voiced their frustration and agreed to establish a national agency (S.O.S. Rape) to offer 24-hour telephone support and counselling for rape victims and to advocate for better programmes and services. Members of RENATA also called for a detailed national prevalence study (see box).

This was the first comprehensive, national study of rape in Cameroon and, based on its findings, members of RENATA agreed to launch a national campaign to raise awareness. The campaign began with a news conference at the Hilton Hotel in Yaoundé in May 2009 and it was attended by 1000 people including representatives of the media, government, NGOs and other stakeholders including 200 Aunties who had been victims of rape. The news conference attendees were shown a film, produced specifically for the campaign and later aired on national television before an audience of millions. The event grabbed headlines and influenced immediate political changes, with the appointment of a new Minister for Women's Empowerment and the Family charged with tackling the problem of rape and other thorny issues.

»» *The conference influenced immediate political changes, with the appointment of a new Minister for Women's Empowerment and the Family charged with tackling the problem of rape.*

First national study of rape

In 2008–2009, RENATA teamed up with the German–Cameroon Health and AIDS Programme and GTZ to conduct the country's first comprehensive survey of rape. Groups of student researchers, armed with questionnaires fanned out to cities and communities throughout the country. In the ensuing weeks and months, they returned with data from 37,719 women (aged 15–49) in 41,102 households. The results included:

- One in 19 Cameroonian women (5.2%) had been victims of rape, with prevalence ranging from 3.7 percent in Adamawa Province to 7.5 percent in North Province;
- 27 percent of the victims had been raped more than once, 18 percent had been raped by a family member, 9 percent had been raped by more than one man at least once;
- 18 percent of victims contracted a sexually transmitted infection from a rapist, and 24 percent became pregnant as a result;
- Just one in three victims underwent a HIV test after being raped.

While 5.2 percent of women had been raped, another 14 percent had escaped when rape was attempted. The average age of women was only 15 when they were raped. A comparison of data on women of different ages led to the conclusion that the prevalence of rape had increased markedly since 1970.

The British Broadcasting Corporation (BBC), Deutsche Welle and Radio France Internationale (RFI) were among the international media that covered the campaign. National and local coverage broadened over the ensuing year as smaller campaigns were launched in other cities and in communities, schools, universities and prisons nationwide.

A web site (www.tantines.org/tantinesgood/rap_incest_cameroon.html) and a range of printed materials, video and radio spots were developed for the campaign, with considerable success. Thanks in part to the entrepreneurship of Aunties, who can earn small amounts by selling leaflets, publications tied to the campaign moved quickly. In one three-day period Aunties purchased more than 50,000 copies of one campaign leaflet for resale.

As well, the newly formed group S.O.S. Rape trained more than 375 victims of rape to offer counselling and support to others in 8 provinces. Discussion and reporting of rape increased in the Cameroonian media during the campaign and demand rose significantly from police, army, health and social services for further education and information from RENATA and S.O.S. Rape.

The campaign prompted RENATA to organize special workshops to help Aunties who were victims of rape, so they could overcome their traumatic experience and become effective educators and counsellors for other girls and young women at risk or victims of rape and incest. A three-day workshop in the coastal town of Kribi in March 2010, for example, brought together about 57 Aunties from throughout the central,

west, east and southern parts of the country. Here participants heard about the results of the national prevalence study, watched documentary films on the topic, shared their experiences of rape and were offered personal counselling and advice.

They also heard from a variety of speakers. A medical anthropologist discussed the social and political aspects of rape and the importance of encouraging victims to get a medical certificate and of denouncing rapists and pursuing them in court. A lawyer described legal aspects of bringing charges

against rapists. The young participants, many of whom had infants and young children with them, listened closely when addressed by Miss Cameroon 2009, Anne Lucrece Ntep. She had used her title and its Youth Ambassador status to lead a caravan that travelled throughout the country raising awareness among girls and young women about sexual violence. Film-maker Dieudonné Nana and representatives of national media were among those in the audience. Over the course of the meeting many came forward and, at great pains, recounted how they were raped and how they felt.

Miss Cameroon 2009 speaks to Aunties



Anne Lucrece Ntep was Miss Cameroon 2009 and, as such, she was Youth Ambassador for women. Standing at centre of the photo, she spoke at the Aunties' workshop on rape held in Kribi in March 2010 and said:

"The Aunties are present in practically all regions of the country and everywhere that I have travelled I worked in synergy with them on the ground. For example, in Bamenda, I had some girls who were knowledgeable about rape and who were able to help victims – this was a significant contribution. These girls need to propagate their message, but what they often lack is financial resources."

Impacts on trained Aunties

Survey shows trainees benefit extensively

In late 2006, the Aunties' Project conducted a survey covering 802 trained Aunties in the eight provinces that had local Aunties' associations at the time (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 Aunties had the following characteristics:

- They ranged in age from 15 to 35 and had a median age of 22; 16% were 15 to 19 years old; 56% were 20 to 24; 23% were 25 to 29 and 4% were 30 to 35. (The Project aims to recruit unwed mothers who become pregnant in their teens but they are often older when recruited. Local associations have rules that restrict older members from holding executive positions and may ask them to withdraw their membership after 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% small-scale traders, 9% seamstress, 8% hair-dressers, 2% employees or operators of telephone call boxes and 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 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 used condoms, 49% often used them and 15% never did.
- The proportion that always used condoms varied from 10% in one region to 57% in another. (Such data led to efforts to strengthen training and Aunties' associations in regions where few always use condoms.)
- 8% had taken a "morning-after" pill after unprotected sex, to prevent pregnancy.



Auntie Madeleine Songo, elected by her association to attend a workshop in Germany

» *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.*

Sexually transmitted infections

- Since becoming trained Aunties, 13% had acquired an STI and 87% had not. (This indicated improvement since 2004, when a similar survey found that 26% had acquired an STI since becoming Aunties.)
- Of those who sometimes or never used condoms, 15% had acquired an STI. Of those who always used condoms, 8% had acquired an STI. (The latter result probably meant that they started systematic use of condoms after they acquired an STI.)
- 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

- 44% did not have an HIV test before giving birth and, of the 56% who had been tested, 8% did not return to learn the result. Based on statistics such as these, the Aunties' Project began to make a routine offer of HIV counselling and testing to all trainees in early 2007 (German-Cameroon Health and AIDS Programme, Summary of activities, 2008–2009). By 2009, trainees at all Aunties' workshops nationwide received a routine offer of voluntary, confidential HIV counselling and testing, which was usually provided by teams of health workers from the nearest hospital or HIV clinic.

» *Trainees at all Aunties' workshops received a routine offer of voluntary, confidential HIV counselling and testing.*

- This new offer was prompted, in part, by the promise that antiretroviral therapy would soon be offered for free to those who needed it. By the end of 2009, the project was proving popular and yielding excellent results. In the 12 months ending December 2009, 1717 of 1950 young mothers (88%) who underwent Aunties training took up the offer of testing and 99% returned to receive their results and counselling on how to protect themselves and their children further. One hundred and forty-six found they were seropositive, indicating a prevalence rate of 8 percent (compared to the country-wide prevalence rate of 5.1 percent among all adults 15 to 49 years old).

Socio-economic impacts

The survey of 802 Aunties found that:

- Since becoming trained Aunties, 19% had returned to school. Of those who were less than 20 when they quit school due to pregnancy, 36% had returned to school.

- 63% had taken other action to improve their economic prospects such as 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 Aunties' Project 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 project estimates that roughly 15 percent of all trained Aunties earn additional income from fees or honorariums for training and other activities or receive free medicines. In the majority of cases, the fees and honorariums add up to no more than €100 per year and the value of their free medicines comes to no more than €20 per year. However, the most skilled, experienced and active Aunties may earn fees and honorariums of more than €200 per year and, in very few cases, more than €1000 per year; and in some instances the value of their free medicines comes to €100 or more per year. In addition, many benefit from receiving or providing baby-sitting.

Another source of income for Aunties is the purchase and sale of printed materials. A calendar showing menstrual cycles, for example, is a fast-selling item and many Aunties have purchased these calendars for 60 CFA francs (€0.09) each

and sold them for 90 to 100 CFA each. RENATA takes 20 percent of the profit, but it is estimated that enterprising Aunties can earn about 30,000 CFA (€45) per month by selling calendars when they take the time to explain its uses to potential customers.

Ministry adopts Aunties' Project

The government of Cameroon has followed the progress of the Aunties' Project since its launch in 2000 and, over the years, its commitment to the project has steadily grown. In 2004, the Ministry of Women's Empowerment and Family agreed to a formal partnership that allowed GTZ to provide the basic training offered to aspiring Aunties at Women's Support Centres nationwide. This partnership proved to be less useful than anticipated but, in June 2009, a new Minister assumed office and began looking at the Aunties' Project as a potential model for helping unwed young mothers and other young women.

The new Minister asked her staff to begin by sponsoring a 5-day training session. Held in Bertoua in 2009, the session had to turn away many would-be participants but was very successful and convinced the Minister to start building on the Aunties model. While using the Aunties approach to train young women in preventing early pregnancy and HIV/STIs and otherwise caring of themselves and their babies, the Ministry is to provide training and micro-credit to help unwed young mothers earn income to care for themselves and their babies.

"What interests us is, as well as preventing early pregnancies and HIV, that these girls and young women obtain information that allows them to reintegrate socially and economically, because a girl who can provide the basics for herself and her baby is definitely capable of saying No," says Sidonie Alima, head of the Partnerships Unit (Chef de la Cellule de Coopération) in the Ministry for Women's Empowerment and Families.

» *"A girl who can provide the basics for herself and her baby is definitely capable of saying No."*

The Ministry found funding to extend the Project to Women's Support Centres and, in 2010-2011, it has budgeted 10 million CFA (€1.5 million) to extend coverage to all 58 Centres nationwide and hopes to leverage a further 70 million CFA (€10.5 million) from Plan Cameroon, United Nations Development Fund for Women (UNIFEM) and other partners for the initiative.

"For families [the threat of early pregnancy] is frightening, and it contributes to the feminization of poverty and HIV," Alima notes. "The Aunties' Project must play a major role and we must engage other players in the field of health and social welfare – not just the Ministry and GTZ." Girls' mothers and the Ministry of Education among other ministries should also be involved, she said. "We must give credit to the [Aunties'] Project, the way that it has drawn attention, via the media and their campaigns and posters, to rape and incest and its advocacy to ensure that people listen and take action."

Benefits of being Aunties, in their own words

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

» *The survey of 802 Aunties found that 75 percent were very satisfied with the training they had received.*

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:



"Before I was only looking for goods, clothes, no other plans in mind. Now I want to study and be someone."
(Marie Noelle)



"When I got pregnant I lost all hope. I didn't go to school for two years. Then I registered in evening courses just to waste time. After I trained to become an Auntie, I understood that all was not lost. I switched to take courses full time during the day and prepare for exams."
(Myriam A. Njeulong)



"After I was on television my family and the neighbours went crazy. Everybody wanted to talk to me, to listen to me."
(Madeleine Songo)

Impacts on other young people

Through sex education in schools and counselling of adolescents, Aunties help girls and young women avoid unwanted sex 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 perspective of their female partners or potential partners.

(The Aunties' Project focuses mainly on empowering girls and young women but creates an environment for positive behaviour change by boys and men.)

» *In mid-2010, around 3,000 Aunties were working as volunteers to make presentations in schools and they had the estimated potential of reaching 228,000 to 300,000 students per year.*

Aunties make their school presentations in pairs and it is estimated that a pair of Aunties covers an average of 160 to 200 students per year. In mid-2010, around 3,000 Aunties were working as volunteers to make presentations in schools and they had the estimated potential of reaching 228,000 to 300,000 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. One such report offers a typical observation made by teachers:

"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 to resist the sexual temptations and pressures that are often associated with the season's celebrations. I wish to encourage the Aunties in their social work to help change our community. God bless the Aunties' Association."

While there is no systematic monitoring and evaluation to measure the impacts of 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' 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 volunteering as counsellors cover an average of 15 individuals each per year, the 4300 Aunties working as counsellors in mid-2010 could potentially counsel more than 64,000 young people per year.

The study found that 53 percent 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 percent came to the Aunties with menstrual problems, while 11 percent were concerned about difficulties in communicating with their parents and 8 percent 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. One such reality is the kind of gender inequality that enables boys and men to sexually exploit and abuse girls and women with impunity, while the exploited often pay a very high price in the form of unwanted pregnancy, forced marriage, removal from school, being left on their own to support children and condemned by their families and friends. Another reality is the worldwide youth culture that exposes young people everywhere to the risks of premature sexual initiation.

» *As a result of breaking the taboo, families and communities are more open, tolerant, empathetic and compassionate.*

As a result of breaking the taboo, families and communities are more open, tolerant, empathetic and compassionate. They 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 more candid environment, it has become more possible to put a stop to breast-ironing, incest and rape, as demonstrated by the Aunties' national campaigns.

A mother and her family liberated by the Aunties' Project

Desirée Ndjidji, 43, (in foreground of photo, with her grandson and her daughter Nelie) says her family has been transformed by the training and encouragement the Aunties gave to her daughter, Nelie Laurence Kommeu.



Nelie's childhood was marred by terrible abuse. She was drugged and raped by her father repeatedly from the age of 8, then banished two weeks after giving birth to his son. Just 16 years old, Nelie had to quit school to care her infant and move to another town. When Desirée Ndjidji left Nelie's father and moved in with Nelie, she found that Nelie was deeply withdrawn and anxious.

"She was lost," Desirée recalls. "She couldn't sit still, even for 15 minutes, and if you spoke to her she didn't reply."

Then Nelie attended a training workshop to become an Auntie, where she learned how to wash her infant son and get him a birth certificate and, perhaps most importantly, how to care for herself. After hearing the testimony of another rape victim, she talked to a counsellor and, later, revealed to her mother the abuse she had suffered.

Desirée was shocked at first, but began to make connections. She told Nelie that her older sister had also been abused by their father. This helped Nelie to come to terms with her rape and turn her life around.

"I can't explain how relieved I felt, even though there are consequences every day," Nelie recalls. Soon, as an Auntie, she was talking about her experience to students. She went on to work for RENATA in Yaoundé and returned to school in the evenings. She would now like to be a teacher or paediatrician.

Her mother says Nelie is now "very awake" and she, too, is relieved. "I feel liberated, because when Nelie was not at ease, her child was not at ease," Desirée recalls. "Thanks to RENATA, I now understand ... what situation I was living in. I wouldn't want to denounce my husband but [what he did was] a crime."

Low and sustainable costs

The German-Cameroon Health and AIDS Programme estimates that the five-day Aunties' training course, which now covers the basic curriculum plus counselling, costs from €76 to €81 per trainee. Costs are kept low by providing training in the communities where Aunties live and by asking national ministries, local authorities and other partners to subsidize the programme by providing their own professional staff as senior trainers, venues for meetings, or food and other materials.

The 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 project has made partners ever more willing to be generous in their in-kind donations.

The greatest cost-saving, however, derives from the fact that Aunties volunteer their time and hard-won experience. In countries with relatively few resources, this could be a significant contribution to public health and the wellbeing of girls and young women.

» *The greatest cost-saving derives from the fact that Aunties volunteer their time and hard-won experience.*

Challenges

Better recruitment methods

Around 90 percent of all unwed young mothers interviewed during the recruitment process show up for basic training but, from location to location, the percentages vary from 40 to 100 percent. In some locations, it is not uncommon for 40 percent more young women to show up for training than seats available, as word-of-mouth prompts those who have not been recruited to try to get in. In other locations, rumours based on misconceptions of the Aunties' Project spark hostility from religious leaders and others, complicating the work of recruitment teams. Experience has shown that success at recruitment depends largely on the quality of the recruitment team. Team members should be skilled and empathetic interviewers and communicators, ready to listen and answer questions and able to explain and generate enthusiasm for the Aunties' Project. Improving recruitment is an on-going challenge but one being met by the growing cadre of trained, experienced and highly skilled Aunties.

Messages that modify behaviour

Another continuous challenge is to drive home messages that actually change people's behaviour: for example, so they begin to use condoms consistently when engaging in risky sex. This challenge is being met by improvements in the training of Aunties and strengthening of their local associations and national network, together with impact evaluations.

Reaching younger girls

One of the great dangers of early pregnancy is that young mothers often have one or more other children soon after their first-born. This places an additional burden on them and their families, and makes it doubly difficult for them to regain control of their lives and protect themselves and

their children. Most of the young mothers recruited as Aunties are in their late teens or 20s and, often, many years have passed since their first pregnancy. The project is looking for ways to recruit them soon after their first pregnancies. This would help prevent multiple pregnancies at an early age and, also, would provide more young trainers able to communicate effectively with other young mothers.

Reaching out to boys and men

Boys and men are the main perpetrators of gender discrimination and of sexual exploitation and abuse of girls and young women, so the German-Cameroon Health and AIDS Programme has been keen to help them change their attitudes and behaviour. Initially, aspiring 'Uncles' were encouraged to participate in Aunties' training workshops and, by 2004, 4 percent of all graduates of basic training and members of local Aunties' associations were boys or young men. However, they often dominated discussions or tried to distract the female trainees and, since the consequences of unwanted pregnancy were not as serious for them as for girls, they were less willing to accept some of the curriculum's basic messages. For these reasons, they are no longer invited to participate in the training workshops, but the need to reach out to them remains.

Improving monitoring and evaluation

The German-Cameroon Health and AIDS Programme has worked hard to develop effective systems for monitoring and evaluating (M&E) the Aunties' Project. Local Aunties' associations, however, have not always had the capacity or will to do regular M&E and project staff has not had the means to collect or analyze regular reports from communities of Aunties throughout the country. Follow-up and impact studies provide some measure of progress but more could be done to improve M&E.

Lessons learnt

Keep it simple

The first objective of the Aunties' Project 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 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' Project, burdening the Aunties with too many responsibilities and requiring that they will 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' Project can provide them with the training, skills and support they need for 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 provides technical support to any one local Aunties' association for three or four years at most, too. After that, the association should be self-supporting and GTZ's limited resources go towards 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 project 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 project 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.

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 services, it called for burdensome accounting procedures, increased costs substantially and threatened the sustainability of Aunties' associations. Now the preference is for Aunties to provide services within walking distance of their own homes or 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 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 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.

Diminish support gradually but maintain 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 project headquarters – for example, via mobile phones and computers. Crises and emergencies are not uncommon and these occasionally call for site visits by project staff.

Provide new experiences and motivation

Aunties work as unpaid volunteers 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. Other incentives are opportunities for personal growth and acquiring skills in human relations and communications.

As well as providing trained Aunties with opportunities for further training and experience at making presentations in schools and doing personal counselling, the project provides some 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, experience shows that small financial rewards can also motivate participants. Most Aunties are poor and the equivalent of one euro is more than half of their normal daily income. Such small sums also ensure that some individuals do not lose opportunities to earn income if they participate in training or activities associated with their roles as Aunties.

Why is the Aunties' Project a promising practice?

The German HIV Practice Collection has eight criteria which must be met for GTZ-supported initiatives to qualify for publication in its HIV Practice Collection. The Aunties' Project in Cameroon meets all of these criteria. Specifically, it is effective, participatory, empowering, gender-aware, innovative, and sustainable. There is room for improvement in its monitoring and evaluation, but it produces sufficient evidence to show that it is effective and cost-efficient in reaching towards its objectives.

It is also transferable, not just from locality to locality within Cameroon but also to other countries, many of which have traditions and contemporary situations not unlike those in Cameroon. The fact that it is well documented makes it much more transferable. It is an approach that could be initiated by a government ministry, a multilateral or bilateral agency or a non-governmental organization and then reinforced through partnerships. It has the potential to make significant contributions towards achievement of the eight inter-related Millennium Development Goals, most notably gender equality and empowerment of women, reduction in child mortality, improvement of maternal health, and reduced infection and harm by HIV and other disease.

» *The Auntie' Project is transferable, not just from locality to locality within Cameroon but also to other countries.*



Aunties from different associations singing at a meeting.

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