

APRIL 2002

WORKING PAPER 6

REACHING YOUTH

WORLDWIDE



Johns Hopkins University
Center for Communication Programs
1995 - 2000

WORKING PAPER 6

REACHING YOUTH WORLDWIDE

Anne Palmer



**Johns Hopkins University
Center for Communication Programs
1995 - 2000**

APRIL 2002



Prepared by the Johns Hopkins Center for Communication Programs with primary support from the United States Agency for International Development under the Population Communication Services project CCP-A-00-96-90001-00.

Suggested Citation:

Palmer, A. (April 2002). Reaching Youth Worldwide; Johns Hopkins Center for Communication Programs, 1995-2000, Working Paper No. 6. Baltimore: Johns Hopkins University, Bloomberg School of Public Health, Population Communication Services.

This publication may be reproduced without permission provided the material is distributed free of charge and Johns Hopkins Center for Communication Programs is acknowledged. Opinions expressed in this report are those of the authors and do not necessarily reflect the views of sponsoring agencies.

Edited and produced by Center Publications:

Nancy B. Smith, Editor, and Rita C. Meyer, Materials Development Manager.

Credits: *All photographs by JHU/CCP with the exception of the following: Patrick L. Coleman (cover), Rick Maiman (i), M&M Consultants (10), Artistes Associés Contre le SIDA (23, SFPS), Alice Payne Merritt (27, Brazil Street Theater), Gary Lewis (27, Brazil Youth Journalists), Bell Sotto (28); Mohsen Allam (29, Egypt), and Kevork Toranian (29, Jordan).*

Preface and Acknowledgments

Preventing problems during adolescence is more practical, cost-effective, and resource efficient than addressing problems once they occur. Programs that work with adolescents to prevent problems benefit everyone. Prevention continues to gain importance as the number of adolescents in the world increases and the resources dedicated to helping them are unable to keep pace. Young people between the ages of 10 and 24 years make up 25 percent of the world's population, roughly 1.7 billion people. Of these, 86 percent live in developing countries.

The Johns Hopkins University Center for Communication Programs (JHU/CCP) and its primary project, the Population Communication Services (JHU/PCS), have worked in more than 25 countries with hundreds of counterparts to create innovative programs for young people that focus on preventing reproductive health problems, developing life skills, preserving the environment, and providing health services. Seven projects that demonstrated impact with youth are highlighted in this publication. The strategies used in these projects evolved from 15 years of experience with youth programs. In addition, an inventory of select adolescent programs implemented with technical assistance from JHU/CCP from 1995-2000 is included at the end of this paper. The report was derived from project documents, previously published reports and articles, and information provided by JHU/CCP program officers, Robert Ainslie, Marcela Aguilar, Karusa Kiragu, and Peter Roberts. JHU/CCP would like to thank the following counterparts for their contributions to the programs:

NICARAGUA: Margarita Gurdian, JHU/PCS Country Representative; Oscar Ortiz, JHU/PCS Nicaragua; The Interagency Commission for Reproductive Health; and HILO Producciones.

PERU: National Reproductive Health and Family Planning Program/Peru Ministry of Health; Instituto Peruano de Paternidad Responsable (INPPARES); The Population Council/Peru; Carola de Luque, Director of Advocacy in Population Programs (APROPO); and Trixi Vargas, Hotline Counselor.

ZIMBABWE: Zimbabwe National Family Planning Council (ZNFPC) Information, Education and Communication (IEC) Unit; Fatima Bopoto-Mhuriro, Program Manager for Materials Development; Brian Makunike; the ZNFPC Provincial Managers and IEC officers; the ZNFPC Training and Service Delivery Units; Dr. Alex Zinanga, former Executive Director of ZNFPC; and Dr. Buhle Ncube, Acting Executive Director of ZNFPC.

KENYA: National Council for Population and Development (NCPD), the Family Planning Association of Kenya (FPAK), the Kenya Broadcasting Corporation (KBC), and the consortium of youth-serving organizations that worked on the project.

UGANDA: Delivery of Improved Services for Health (DISH) Communication Advisor Cheryl Lettenmaier and IEC Coordinators Anne Gamurorwa, Jennifer Sengendo, and Nankunda Allen; and District Health Educators of Jinja, Kamuli, Kampala, Luwero, Masindi, Masaka, Rakai, Mbarara, Ntungamo, and Kasese.

ZAMBIA: Carol Underwood, Elizabeth Serleimitsos, Uttara Bharath, Maria Banda Nkolola, Holo Hachonda, The Central Board of Health, USAID/Zambia, The Youth Advisory Group, Susan Krenn, and ZIHPCOMM.

Funding for the participation of JHU/PCS in these youth projects and for the preparation of this report was provided by the United States Agency for International Development (USAID). The opinions expressed herein are those of the author and do not necessarily reflect the views of USAID.



Jane Bertrand, PhD, MBA
Professor and Director
Center for Communication Programs
Johns Hopkins University
Bloomberg School of Public Health



Jose G. Rimon, II
Senior Deputy Director
Center for Communication Programs
Johns Hopkins University
Bloomberg School of Public Health

April 2002

Contents

Preface and Acknowledgments	iii
PART I Reaching Young People Worldwide	1
Approaches for Developing Youth Programs	1
PART II Key Youth Programs	4
<i>Work With Youth to Design the Program</i>	
1 The Kenya Youth Variety Show	5
2 Zambia HEART Campaign	8
<i>Appeal to Youth with Friendly Centers and Services</i>	
3 Zimbabwe's Promotion of Youth Responsibility Project	10
<i>Engage Multiple Audiences with One Program</i>	
4 Nicaragua's Together We Decide When Campaign	13
<i>Use Hotlines</i>	
5 Peru's Te Sentiras en Confianza (Confidential Call)	15
<i>Entertain to Educate</i>	
6 Uganda's Safer Sex or AIDS Campaign	17
<i>Involve and Teach Youth Through Technology</i>	
7 Peru's Isabel: Your Electronic Counselor	20
PART III JHU/CCP Youth Programs, 1995-2000	22
1 Africa	22
2 Latin America	26
3 Near East	29
4 Europe and Eurasia	30
References	32
Tables, Figures, and Matrix	
Table 1 <i>Cost-effectiveness of the Youth Variety Show in Kenya</i>	7
Table 2 <i>Self-reported actions taken as a result of viewing the Zambia HEART Campaign</i>	9
Table 3 <i>Percent, by site, of respondents with sexual experience who took action after exposure to PYRP, and odds ratio of the likelihood of taking action</i>	12
Figure 1 <i>Behaviors reported by respondents as a result of the Promotion of Youth Responsibility Project in Zimbabwe</i>	11
Figure 2 <i>Type of action taken by men and women aged 15 to 24 exposed to the Juntos Decidimos Cuando campaign in Nicaragua</i>	14
Figure 3 <i>Topics hotline callers wanted information about during the Confidential Call campaign in Peru</i>	16
Figure 4 <i>Actions taken as a result of exposure to any of three radio programs during the Safer Sex or AIDS campaign in Uganda</i>	18
Matrix <i>JHU/CCP Youth Programs, 1995-2000</i>	31

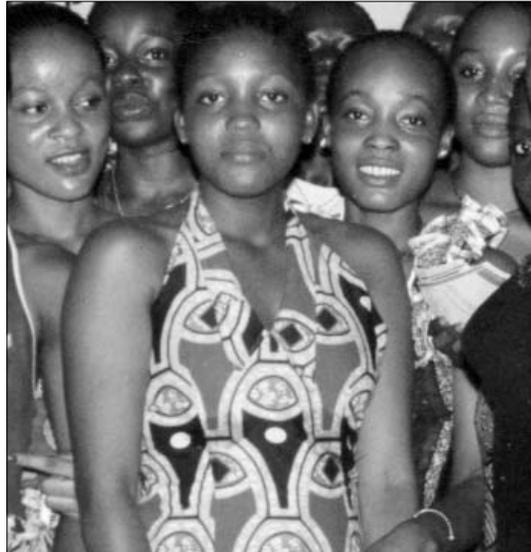
Part I

Reaching Young People Worldwide

Approaches for Developing Youth Programs

Helping adolescents make decisions that will positively affect their health and future is a challenge for communicators. A variety of ways must be used to reach young people because they are different from each other and have different experiences, needs, and lifestyles. The forthcoming chapters describe various innovative approaches and programs that effectively address the differences among youth.

Diversity: Adolescents are a diverse group. Early adolescents experiencing puberty have different needs than young people in their early twenties. Adolescence is a time of experimentation, possibilities, and deciding in which direction one wants to go in life. Because of this, adolescents¹ are not a homogeneous group that can be reached or influenced with one type of communication strategy or approach. The diversity among youth can be used advantageously by those who work with them. Lessons learned to date indicate that a variety of strategic communication approaches needs to be used to help youth understand the potential rewards and consequences of decisions they make. Communication programs play an essential role in



Working with partners in more than 25 countries, JHU/CCP reached different segments of the youth population.

educating, understanding, informing, and motivating young people.

The Johns Hopkins University Center for Communication Programs (JHU/CCP) and its primary project, the Population Communication Services (JHU/PCS), worked with partners in more than 25 countries on strategic communication programs comprising a variety of interventions designed to reach different segments of the youth population with different needs. Included in this working paper are six proven effective approaches that

JHU/CCP used to help young people make decisions that positively affect their health and welfare. The projects selected occurred from 1995-2000.

¹ Youth, adolescents, and young people are used interchangeably throughout this document.

High-risk Behaviors: Young people between the ages of 10 and 24 years² make up 25 percent of the world's population, roughly 1.7 billion people. Of these, 86 percent live in developing countries. Although birth rates have declined since the 1980s, the young age structure means an overall increase in the number of people entering their reproductive years. Statistically, young people now are the healthiest, most educated, and most urbanized of any previous cohort.³ Urbanization, however, carries a greater exposure to high-risk behaviors. Complications associated with pregnancy, childbirth, and unsafe abortion are the major causes of death for women aged 15 to 19.⁴ The United Nations estimates that one-half of all new HIV/AIDS cases are among 15- to 24-year-olds. Youth also face problems such as unemployment, adolescent pregnancy, and drug and alcohol abuse. Each of these issues requires different approaches to reach youth and influence their behavior.

Human Rights: From a human rights perspective, reproductive health programs for youth are important to support. Young people are more likely to engage in risky behavior and adopt new behaviors and values than older people, because adolescents are in an information-seeking and testing phase of life. To protect themselves from unwanted pregnancy, sexually transmitted infections (STIs), and other consequences of high-risk behavior, young people have a basic human right to receive accurate reproductive health information and services.

Economics: From an economic perspective, the decisions that adolescents make have an impact on their adult lives, and taken collectively, affect the future of their country. For example, in some African countries, employers face a shortage of workers because of the number of youth who are sick with HIV/AIDS. Also, school-aged girls who get pregnant must often drop out of school and subsequently have limited employment options. The axiom that "An investment in youth is an investment in the future" is especially true in relation to reproductive health.

Policy Barriers: Few countries have an official policy regarding adolescent reproductive health. Many countries impose cultural and legal barriers to discourage young people from seeking reproductive health information and services. The Program of Action drawn up at the International Conference on Population and Development in Cairo in 1994 urges countries to "ensure that the programs and attitudes of health-care providers do not restrict the access of adolescents to appropriate (reproductive health) services and the information they need..." Advocating reproductive health programs for young people continues to be an essential component of the Cairo program as barriers to empowering youth remain at policy and health provider levels. Thus, in the absence of concrete policies and often within hostile political environments, planners must create innovative reproductive health programs that reach adolescents.

Historically, adolescent reproductive health programs have been small, underfunded, undocumented, and unmeasured for impact. Most reproductive health interventions focused on reducing the fertility rate of married couples, because they are the easiest group from which to gather data. But young married couples are only one type of youth audience; most young people are either not sexually active or sexually active and unmarried, some with children. These various audiences require different messages to encourage, educate, and motivate youth appropriately about reproductive health issues.

Behavior Change Models: Programs for young people need to use models that can be replicated, documented, and evaluated for impact. JHU/PCS uses the behavioral science models, Steps to Behavior Change (SBC) and the Ideation Framework, to develop and evaluate youth programs. The SBC model recognizes that a person goes through the following stages: 1) increasing knowledge, 2) approving of the behavior, 3) intending to practice it, 4) practicing it, and 5) advocating the behavior. According to the Ideation Framework, behavior is the result of the joint action of cognitive, emotional, and social factors that are cumulative and influenced by

² WHO defines youth as people between the ages of 10 and 24.

³ *Population Today*, August/September 2000.

⁴ *The World's Youth 2000*, Population Reference Bureau.

communication.⁵ Intervening variables and causal pathways through which communication affects behavior can be identified and evaluated. Strategies such as social learning theory and community mobilization also play significant roles in PCS programs.

Lessons Learned in Developing Youth Programs

1 - Work with youth to design the program.

Designing effective programs for young people requires an understanding of their needs and concerns. Youth need to be involved in program development and execution to ensure the approaches used are interesting, relevant, and engaging. Effective youth programs encourage youth to be part of the decision-making process and seek feedback from young people on a regular basis. In cases where there may be problems that adults identify as issues yet young people do not, program managers need youth to be involved even more, because the risk is much greater of developing programs that only satisfy adults' interests.

2 - Appeal to youth with friendly centers and services.

In an era when having unprotected sex can lead to contracting a fatal disease, providing amicable services and information for youth must be a priority. Services need to be designed and branded as "youth-friendly." It is not sufficient merely to identify providers willing to serve youth. Rather, these providers must be trained to communicate effectively with youth, to respect them as clients with special needs, and to treat them accordingly.

3 - Engage multiple audiences with one program.

Youth audiences comprise many different segments, including those who are married, unmarried, in and out of school, urban and rural, sexually active, and not sexually active. Some programs have to reach all of these audiences and at the same time focus on the special needs of each. A participatory program can reach many audiences with meaningful activities and messages.

4 - Use hotlines. Telephone hotlines provide accurate, confidential, and personalized information to anyone with access to a telephone. For adolescents who have limited access to youth centers and services, a telephone hotline may be the only source on which they can rely for information and referral to a clinic that serves youth. Hotlines offer adolescents the assurance that their questions can be answered in confidence without fear of repercussions or embarrassment.

5 - Entertain to educate. Entertainment-Education uses an entertaining format to transmit educational messages. Reaching adolescents with entertainment leveraged through the multimedia is a hallmark of JHU/PCS programs. Many messages in popular culture promote unhealthy behavior. To model both positive and negative behaviors and show the consequences of them, Entertainment-Education uses credible characters in an engaging narrative. Since adolescents are experimenting with different kinds of behavior, presenting positive behavior models is important. Entertainment-Education uses mass media and folk media in popular formats such as music, serial dramas, and variety shows to present messages with an emotional appeal that can persuade and motivate young audiences to engage in healthy behaviors.

6 - Involve and teach youth through technology.

Within the past five years, the use of computer technology for behavioral counseling and health education has become popular. This rise is due, in part, to the increased availability of powerful, yet low-cost, computers that make it feasible to deliver computer-based health education materials to a large number of people. Benefits of computer-based instruction for delivering health education messages vis-à-vis traditional health education interventions include being able to reach large audiences and having users learn at their own pace.

⁵ Cleland, J. and Wilson, C. (1987). Demand theories of the fertility transition: An iconoclastic view. *Population Studies*, 41(1):5-30.

Part II

KEY YOUTH PROGRAMS

Six Approaches

The seven programs described in Part II highlight six different approaches implemented by JHU/PCS that are proven effective in reaching youth, making them aware of a particular issue, and changing their behavior positively toward that issue.

Work with Youth to Design the Program

- 1 Kenya**
- 2 Zambia**

Appeal to Youth with Friendly Centers and Services

- 3 Zimbabwe**

Engage Multiple Audiences with One Program

- 4 Nicaragua**

Use Hotlines

- 5 Peru**

Entertain to Educate

- 6 Uganda**

Involve and Teach Youth Through Technology

- 7 Peru**

Work With Youth to Design the Program

1

The Kenya Youth Variety Show

“Thank you for presenting us with such an educating, consoling and entertaining program...it is making us feel recognized and cared for.”

-18-year-old female, Kiambu region

Involving adolescents in the design and development of a program takes additional time and money, but that initial investment pays off in terms of reaching and appealing to youth. The Kenya Youth Variety Show (YVS),⁶ part of the Kenya Youth Initiatives Project (KYIP) that began in 1994, was conducted under the auspices of the National Council for Population and Development. A project advisory committee was formed, which included 26 youth-serving organizations all working together for the first time. KYIP had two main components: 1) networking for advocacy and 2) education. Both components were designed to inform youth about reproductive health issues, encourage them to seek information and services, and foster better communication between parents and youth. JHU/PCS provided technical assistance to KYIP to develop the educational component.



Young people attended live broadcasts and joined in the radio program's panel discussions.

The Kenya YVS began broadcasting in March 1995. The show was a one-hour, upbeat English-language program that aired weekly on Saturday mornings with a panel of adolescent and expert guests who discussed various reproductive health issues. The show was hosted by Karani, one of the most popular disc jockeys in East Africa, and Elizabeth Omollo, one of East Africa's best-known radio

personalities. The program's aim was to provide youth with accurate reproductive health information and link them to services where more information or assistance was available. A related objective was to encourage young people to obtain information from other reliable sources, such as trusted adults, since services are limited and often confined to a few geographical areas.

A regular feature of the YVS was a mobile van, nicknamed the Teen Bus, which traveled to specific

⁶ Excerpted from Kiragu, K., Sienche, C., Obwaka, E., Odallo, D., and Barth, S. (March 1998). *Adolescent reproductive health needs in Kenya: A communication response – Evaluation of the Kenya youth initiatives project*. Unpublished report. Baltimore: Johns Hopkins School of Public Health, Center for Communication Programs.

districts in Kenya recording young people's opinions expressed in dramas, interviews, and panel discussions. The YVS also answered on-the-air telephone questions from adolescents. The first time the show aired, the three phone lines at KBC jammed due to heavy caller traffic. In addition to soliciting comments from callers, the show's producers invited listeners to write to the program to share their impressions.

How it worked

- The program planners made a strategic decision to work with youth in every step of the program. When the radio broadcasts began, young people, recruited to monitor the programs, provided feedback to producers, participated in panel discussions with expert guests, and attended live broadcasts as members of the audience. Call-ins from young people helped shape the agenda of topics discussed in subsequent episodes, and the Teen Bus extended opportunities for expression and exchange to youth all over the country. By inviting young people as guests on the program, interviewing them in the field, and responding to their letters, the program gave young people a voice and opened a dialogue with them.

- Kenya has a history of contentious debate regarding the dissemination of information about adolescent reproductive health (ARH). Religious leaders publicly burned booklets on ARH, a topic that was greatly politicized since most adults are opposed to young people having sex. The YVS, however, was able to broadcast information on ARH that previously had been controversial, with no opposition.

- The high production quality of the YVS led to unsolicited interest in Kenya from Johnson & Johnson and the United Nations Population Fund (UNFPA). Johnson & Johnson became an important corporate partner by helping sponsor the program, and UNFPA began supporting a follow-on project with a \$900,000 grant.

- Producers of the radio program and print materials recognized that adolescents are not a homogeneous group. They took into account that some adolescents are sexually active and others are not. For example, broadcast and print messages were designed for younger as well as older youth. Along with sexual matters, the messages also covered a variety of other topics including peer pressure, parent-child relationships, substance use, and career development.

- The program also addressed the fact that many young people did not know where to go for advice and services. KYIP met this need by publicizing youth-friendly clinics and explaining to providers how to interact with young clientele. The weekly Teen Bus newspaper column and booklets produced for KYIP published names of youth-friendly clinics.

Evaluation Results

METHODOLOGY: The results of two omnibus surveys were used to assess the impact of the YVS. The omnibus surveys were national household surveys of youth conducted in communities every four months. The first survey served as an initial assessment because budget constraints prohibited a baseline survey. This assessment was conducted in December 1995, halfway through the broadcasts. The second survey, conducted in August 1996, was the follow-up survey. The evaluation focused on youth aged 15 to 24, though information obtained from adults also was analyzed. The first survey included interviews of 803 young people and the second survey included interviews of 779 youth. Just over 1,000 adults were interviewed during both surveys. In addition, impact data were collected from three sentinel youth-serving clinics.

- The first survey showed that at the inception of the radio program, 23 percent of first-time clinic visitors cited radio as their main source of referral to the clinic, 48 percent cited friends, and 42 percent cited clinic

personnel as their source of referral. The second survey found that by the fourth month of broadcasting, 56 percent of new clients cited radio as their main source of referral, 56 percent also cited friends, and only 39 percent cited clinic personnel as their source of referral.

- When asked whether they had recommended the program to others, 36 percent of the youth in the second survey said they had, up from 23 percent in the first survey. The adults who were interviewed during both surveys were also likely to recommend the program to others: during the first survey, 18 percent had recommended the program to others; this figure nearly doubled to 34 percent in the second survey. Many listeners became active promoters of the program.

- Adult listenership increased from 28 percent to 41 percent between surveys. This rise was encouraging since one of the objectives of the program was to reach adults to foster parent-child dialogue.

- Overall, a slight increase of listeners, from 54 percent to 56 percent, occurred between the surveys. However, listenership declined between surveys among 15- to 17-year-olds, the core intended audience. Two new FM radio stations began broadcasting during that time and may have drawn those listeners. This finding suggests future programs should use more aggressive promotion to retain this key audience.

- The local cost of the YVS (including research and evaluation, production and broadcasting, and program management) was approximately U.S. \$97,000. With an audience of more than 3 million, the average cost per listener was U.S. \$0.03. Similarly, the approximate cost incurred to lead one youth to take an action related to reproductive health was U.S. \$0.12. The individual cost for 1 percent of the audience (almost 60,000 youth) who visited a clinic or wrote to program producers was U.S. \$1.62 (see Table 1).

Table 1. Cost-effectiveness of the Youth Variety Show in Kenya

Activity	Percent	Number	Estimated cost per person (US\$)
Listened to the program	56	3,354,400	\$0.03
Recommended program to others	19	1,138,100	\$0.09
Took action as a result of show	14	838,600	\$0.12
Wrote / called show / visited clinic	1	59,900	\$1.62

Based on 5,900,000 youth aged 15 to 24 nationwide

Source: Kenya Youth Initiative Project, August 1996 Survey

Work with Youth to Design the Program

2

Zambia HEART Campaign

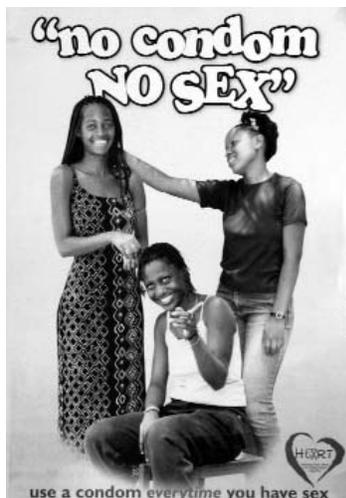
(Helping Each Other Act Responsibly Together)

The HEART Campaign⁷ in Zambia was designed in 1999 for youth by youth to inform young people about HIV/AIDS, specifically about ways to protect oneself from HIV/AIDS, and to promote abstinence and condom use. The campaign, implemented by the Zambia Integrated Health Programme, focused on sexually active and abstinent youth aged 13 to 19. It was designed to create a social atmosphere conducive to changing prevailing social norms and individual sexual behavior. The campaign contributed to the national effort of helping young people choose safer sex, thereby reducing the incidence of HIV/AIDS and other STIs.

The design team created five TV spots that included messages ranging from how a girl can say “no” to sex to promoting regular condom use. Producers of radio spots and songs adapted the same messages and concepts to the rural context and translated them into local languages. Other materials such as posters, book stickers, exercise books, messages on buses, and music videos complemented the mass media materials.

How it worked

- The design team, which included seven young people, was responsible for strategic planning, campaign development, and implementation. The young people on



Youth designed appealing materials.

the design team had a variety of backgrounds, including print, radio, peer education, video, and drama, and were the key decision-makers for critical aspects of the campaign. One young person on the design team was HIV+. This person was important in ensuring accurate and empathetic representation for HIV+ youth during the design and implementation stages.

- To achieve broader youth involvement, a Youth Advisory Group (YAG) was formed. The YAG included 35 young people from 11 youth groups and served as an advisory body to the design team to help develop the communication objectives and messages for each audience.

- The creative team designing the campaign used extensive pretesting. Message concepts were tested for appeal and comprehension through focus group discussions and in-depth interviews. Spot surveys after broadcasts were conducted to test reach and recall. The fieldwork involved over 1,200 rural and urban youth (aged 13 to 19) who were in or out of school.

Evaluation Results

METHODOLOGY: To evaluate the campaign, a quasi-experimental, separate sample pretest and posttest design was used.⁸ The pretest survey was conducted from

⁷ Excerpted from Underwood, C. (July 2001). *Impact of the HEART campaign: Findings from the youth surveys in Zambia 1999 & 2000*. Unpublished report. Baltimore: Johns Hopkins School of Public Health, Center for Communication Programs.

⁸ Cook, T.D. and Campbell, D.T. (1979). *Quasi-experimentation: Design and analysis issues for field settings*. Boston: Houghton Mifflin Co.

July to November 1999 to establish benchmark indicators for performance evaluation. Data analysis showed that the overall objectives of the campaign were met. For example:

- The HEART Campaign reached over 50 percent of the intended audience. Almost three-fourths of urban youth and more than one-third of rural youth saw one or more of the health communication TV spots. Urban and rural young women were as likely as young men to see some or all of the ads.
- Approximately 74 percent of male viewers and 68 percent of female viewers reported that the spots prompted them to talk with others about the ads, decide to abstain from sex, or use a condom.
- Among women who are sexually experienced, 82 percent of campaign viewers compared to 64 percent of non-viewers reported feeling confident in their ability to say “no” to unwanted sex.
- Viewers who saw one of the TV spots, *Mutale & Ing’utu*, became more knowledgeable about HIV/AIDS than non-viewers. Nearly 86 percent of viewers

compared to 72 percent of non-viewers recognized that a person who looks healthy can be HIV+.

- Viewers of the campaign were more likely to report condom use than non-viewers, even when sex, age, residence, and education were held constant. Older, better-educated respondents were more likely than others to use condoms, and women were more likely to report condom use than men.
- Fully 74 percent of male viewers and 68 percent of female viewers reported taking at least one action as a result of seeing the campaign. Young men reported an average of about 2.0 actions taken, and young women reported taking 1.5 actions on average. The action most commonly reported by respondents was talking with others—friends, partners, spouses, or parents—about the ads. The decisions to use a condom or abstain from sex were reported frequently by viewers as a direct result of campaign exposure (see Table 2).

These findings correspond to Phase One of the HEART Campaign. They do not reflect the effects of Phase Two, which began in the fall of 2000, or Phase Three, which started in the fall of 2001.

Table 2. Self-reported actions taken as a result of viewing the Zambia HEART Campaign (n = 643)

	Charac- teristics	Percent who decided to abstain	Percent who talked w/ others about ads	Percent who decided to use condoms
Age	13-14	18.7**	29.1*	6.8**
	15-16	26.4**	34.8*	12.3**
	17-19	36.0*	40.6*	20.5**
Sex	Men	31.8	36.8	22.3**
	Women	26.2	35.2	8.6**
Education	None ¹	—	—	—
	Primary (1-7)	15.5**	26.6**	8.2**
	Secondary +	38.0**	42.4**	19.2**
Residence	Urban	32.2*	39.2*	16.6
	Rural	22.8*	30.6*	11.4
TOTAL		28.6	35.9	14.6

Notes: ¹ Too few cases to report results
 * Differences within cell significant at p<.05
 ** Differences within cell significant at p<.01

Source: Zambia Youth Impact Survey, 2001

Appeal to Youth with Friendly Centers and Services

3

Zimbabwe's Promotion of Youth Responsibility Project

Youth need access to accurate information and friendly services to make informed decisions and choices about their lives. Promoting healthy behavior and linking young people to appropriate services requires a multi-channel approach. An intensive six-month multimedia communication campaign in Zimbabwe, entitled the Promotion of Youth Responsibility Project (PYRP),⁹ began in 1997. The objectives of the PYRP were to increase young people's knowledge of reproductive health issues and to encourage them to adopt behaviors that reduce the risk of becoming pregnant and contracting STIs/HIV/AIDS. The project encouraged abstinence for young people without prior sexual experience. For those already sexually active, the project promoted condom use and a reduction in the number of sexual partners. To achieve its goals, the PYRP sought to:

- Increase awareness, knowledge, and positive attitudes about reproductive health among young people;
- Encourage young people to attend identified youth-friendly health service facilities; and

- Increase support among leaders, policy-makers, and parents for reproductive health services and communication directed toward young people.

The campaign took place in five sites (four rural areas and one city) and included eight major components: launch events, a radio program, a telephone hotline, peer

educators, dramas, posters, leaflets, and a newsletter. Training programs for providers at designated youth-friendly clinics complemented the campaign.

To improve the quality and availability of reproductive health

services for young people, Zimbabwe's National Family Planning Council (ZNFPC) designated 26 clinics in the campaign area as youth friendly. Using a new training and counseling manual, ZNFPC trained one family planning provider from each youth-friendly clinic in interpersonal communication and youth counseling skills during a one-week course. Upon return to their clinics, the providers trained their co-workers in youth counseling. During the campaign, peer educators, drama groups, and print materials referred young people who needed reproductive health services to the youth-friendly clinics.



Launch events to attract and encourage youth to attend youth-friendly centers took place in five project sites.

⁹ Excerpted from Kim, Y.M., Kols, A., Nyakauru, R., Marangwanda, C., and Chibatamoto, P. (March 2001). Promoting sexual responsibility among young people in Zimbabwe, *International Family Planning Perspectives*, 27(1):11-19.

How it worked

- PYRP’s strength was in operating at many levels while addressing broad social and cultural issues. The program built support for the intervention among parents, teachers, health care providers, and other community members and fought biases against young clients in the health care system. By doing so, it ensured that young people would find a sympathetic reception when they tried to discuss issues raised by the campaign or seek reproductive health services.

- PYRP built community support for the intervention by decentralizing the management of the youth campaign to local action committees. Youth made up half of the committees. The focus of the committees was on young people taking responsibility and playing key roles. Committees had representation from local government and religious, educational, health, and business groups.

- The mix of campaign activities and materials proved to be effective in reaching rural and urban audiences. Campaign launches, for example, proved especially popular during the slow farming season in rural areas where entertainment is limited.

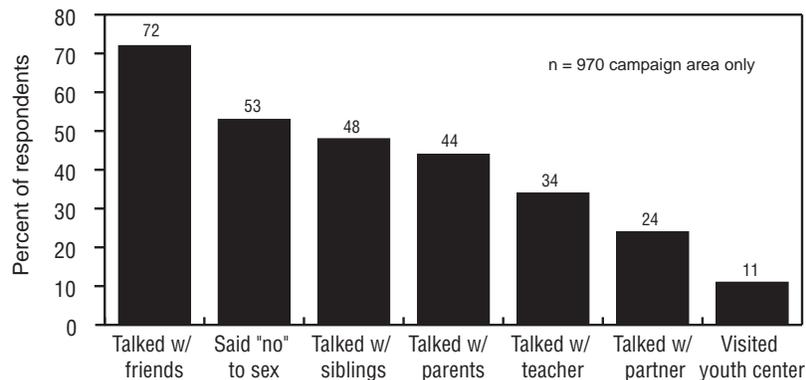
Evaluation Results

METHODOLOGY: The evaluation applied a quasi-experimental design with baseline and follow-up surveys in both experimental and comparison groups, involving about 1,400 women and men aged 10 to 24 years. Data were collected in five campaign and two comparison sites. Logistic regression analyses were conducted to assess exposure to the campaign and its impact on knowledge, attitudes, and behavior while controlling for other variables.

- Increased discussion of reproductive health issues with friends, relatives, and teachers was the most significant behavioral outcome of the campaign. Among respondents in campaign areas, 80 percent said they had talked with someone—friends (72 percent), siblings (48 percent), parents (44 percent), teachers (34 percent), and partners (24 percent). More than half of the respondents reported they had said “no” to sex as a result of the campaign (see Figure 1). The campaign’s largest effect was on encouraging sexually experienced youth to stay with one partner.

- Sexually experienced respondents with greater campaign exposure took significantly more health-related

Figure 1. Behaviors reported by respondents as a result of the Promotion of Youth Responsibility Project in Zimbabwe



Source: JHU/CCP and ZNFPC Zimbabwe Youth Project Evaluation Follow-up

actions compared to those with limited campaign exposure. This finding indicated a dose-response effect. For instance, 41 percent with greater campaign exposure took any health-related action compared to 10 percent with limited exposure; 20 percent with greater exposure remained with one sexual partner compared to 2 percent of respondents with limited exposure; and more than 10 percent with greater exposure began using condoms compared to 2 percent with limited campaign exposure (see Table 3).

- The campaign built support from leaders, parents, and providers in the community and within the health care system for reproductive health interventions directed toward young people. This support has enabled training for peer educators, youth-friendly clinics, and the hotline to continue.

- Awareness of contraceptive methods and knowledge of some reproductive health and HIV/AIDS issues increased significantly in campaign sites but not in comparison sites.

- One strategy of the project was to address gender constraints in sexual behavior. The PYRP called on girls as well as boys to take charge of their lives by fostering the value of individual self-esteem. Unfortunately, there was virtually no change in either gender regarding the overriding attitude that it was the males' responsibility alone to make sexual decisions.

Table 3. Percent, by site, of respondents with sexual experience who took action after exposure to PYRP, and odds ratio of the likelihood of taking action

ACTION	CAMPAIGN (n=334)	COMPARISON (n=99)	ODDS RATIO
Took any action	41.3	10.1	8.8**
Stopped having sex	12.6	5.1	2.1
Stayed with one partner	20.4	2.0	26.1**
Started to use condoms	10.5	2.0	5.7*
Asked partner to use condom	1.5	1.0	1.5

*p<.05 **p<.001. Note: Odds ratio from regression analysis controlled for respondents' age, sex, education, sexual experience, marital status, and urban-rural residence.

Source: JHU/CCP and ZNFPC Zimbabwe Youth Project Evaluation Follow-up

Engage Multiple Audiences with One Program

4

Nicaragua's Together We Decide When Campaign

Young people who are parents may need to know as much about reproductive health as those who are not. Recognizing this need, the Juntos Decidimos Cuando (Together We Decide When) campaign in Nicaragua spoke to all youth: those who are not sexually active, those who are sexually active, and those who already have children.

According to the 1992-1993 Family Health Demographic and Health Survey (DHS), Nicaragua has one of the highest rates of teenage pregnancy in Latin America, with almost 50 percent of young women having at least one child or becoming pregnant with their first by age 19. In 1997, the Nicaraguan Interagency Commission for Reproductive Health—a coalition of more than 15 government and non-government agencies working in the area of reproductive health—launched the Together We Decide When campaign, the first national reproductive health communication campaign for young people between the ages of 15 and 24.

The objective of the campaign was to create a continuing demand for information and services so youth would gain increased knowledge about reproductive health topics, thereby helping to reduce unwanted

pregnancies. It promoted reproductive health service providers and provided information through campaign messages that encouraged being responsible and sharing decisions on matters of sexuality and relationships.

Among youth without children, the campaign sought to foster a positive attitude toward postponing sexual activity and marriage. For young couples with children, the campaign positioned child spacing as an effective way of caring for the first child. For both audiences, reproductive health services were promoted.

Two approaches were used to implement the campaign's strategy: the mass media and Entertainment-Education. The mass media used radio and TV spots, posters, press releases, brochures, and inter-city bus advertising to gain national visibility and put

reproductive health for youth on the political agenda. Entertainment-Education used songs, street theater, and youth mobilization to explore the emotional transition involved in changing reproductive health behavior.

How it worked

- Youth mobilization was an essential element of the campaign. Young people organized themselves and



Street theater was one means of getting messages to sexually active youth, sexually inactive youth, and young people who already had children.

formed a Youth Committee, which coordinated and organized campaign elements, specifically the launch. Represented by many youth organizations, the Youth Committee actively participated in the national campaign by promoting reproductive health locally. This type of participation encouraged a sense of ownership among audience members.

- Well-known musical artists produced and performed the song “Give Time a Chance,” which encouraged young people to think about their options and decide together before becoming sexually active. The song did not tell youth that being sexually active was wrong, but rather provided more realistic options. “Give Time a Chance” was the signature song for the campaign launch.

Evaluation Results

METHODOLOGY: Questions included in the 1998 DHS provided a posttest evaluation of campaign impact. The sample size of 15- to 24-year-olds totaled 5,800 females and 1,179 males and was representative of all Nicaragua. (Unless stated otherwise, the percentages refer to the intended audience).

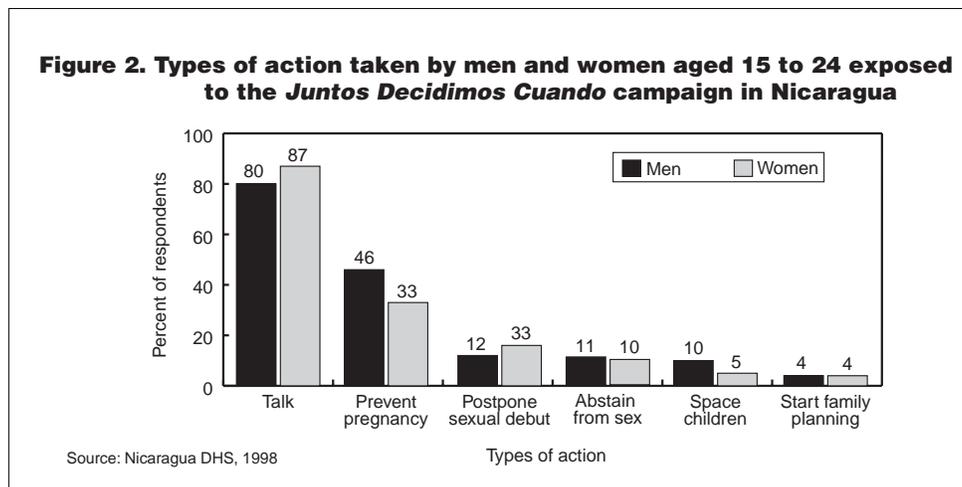
- Respondents who reported seeing the campaign logo included 72 percent of females and 70 percent of males.

About 70 percent of females and males were exposed to the slogan, “Together We Decide When.”

- TV was by far the most effective channel for reaching the intended audience: 76 percent of males and 73 percent of females (aged 15 to 24). Buses were the second-most effective channel, reaching 33 percent of males and 22 percent of females.

- As a result of exposure to the campaign, many men and women aged 15 to 24 took some action. Talking to someone about the campaign messages was the most prevalent action followed by being careful to prevent pregnancy. Other actions reported included postponing sexual debut, waiting to have another child, and starting family planning (see Figure 2).

- The messages spoke to both married and single youth. Those who talked to someone about the campaign included 83 percent of single males and 89 percent of ever-married males. Ever-married males (39 percent) were more likely to discuss family planning with their partner than single males (18 percent). It is notable that both groups did report some action.



Use Hotlines

5

Peru's Te Sentiras en Confianza (Confidential Call)

There will always be youth that cannot or will not visit a clinic or seek reproductive health information from a youth center. Yet, these youth still need and want accessible sources for accurate reproductive health information. Hotlines provide an ideal channel for youth audiences. Reproductive health information can be personalized and clarified through hotlines. By providing one-on-one contact, hotlines offer an excellent opportunity to reinforce prevention messages such as “Delaying sexual activity is normal and healthy.” Hotline counselors also can refer young people to appropriate reproductive health resources.

Advocacy in Population Programs (APROPO), a non-governmental organization (NGO) in Lima, Peru, started a hotline on family planning and reproductive health in 1993 as part of a larger communication strategy that included a multimedia campaign and street theater.

The objectives of the hotline were to:

- provide information on sexuality and family planning,
- combat myths and rumors about modern family planning methods,
- offer an arena where youth can openly discuss their sexual concerns, and
- provide referrals and information on where to obtain reproductive health and family planning services.



The hotline number was prominent on campaign materials.

The primary audience for the hotline was young people aged 15 to 29, which represented about 85 percent of the callers. According to the 1993 DHS, adolescent girls in Peru were giving birth to one out of every four children. One reason for this high birth rate was that youth did not have access to information to make informed decisions on sexuality and reproductive health. Those who did have access to information either were not clear about the information given or given only limited information during a brief consultation. Since young clients were not likely to return to a clinic for clarification, an anonymous hotline counselor could clarify information and answer questions without being judgmental or embarrassing the caller.

APROPO hired a psychologist experienced in counseling youth about sexuality and reproductive health to be the director and main counselor for the hotline. She worked from 9:00 a.m. to 6:00 p.m. five days a week. In the first month, 70 callers used the hotline. Due to heavy promotion through radio, TV, and print, the calls increased almost tenfold to 670 by the second month. By the end of the first year, the number increased to 9,107 calls, far beyond the estimated 2,500. After the first year, APROPO added more phone lines, hired more staff, and trained student interns. By 1995, counselors were averaging 120 calls a day and providing service to almost 30,000 callers—75 percent more calls than expected.

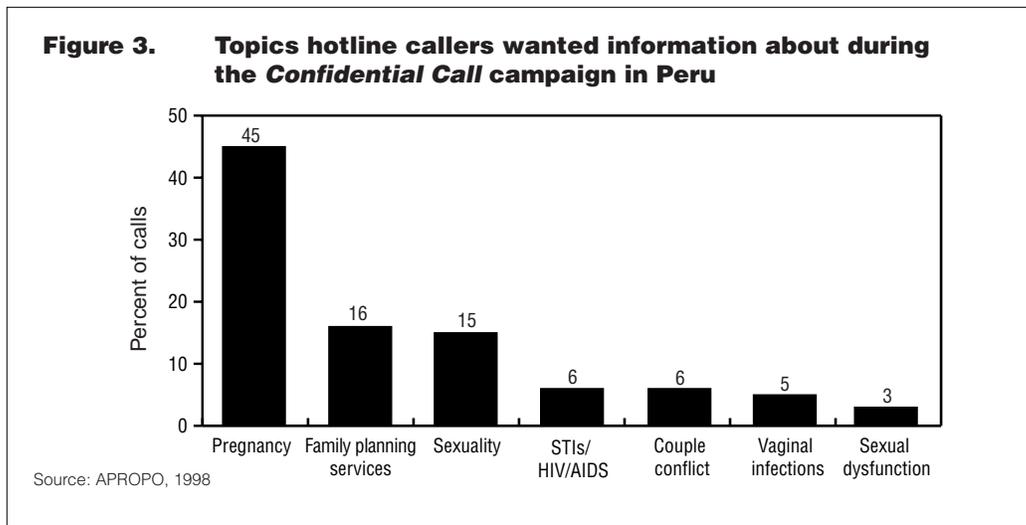
How it worked

- Radio and TV spots, street theater, stickers, flyers, and educational talks promoted the hotline. Some promotion was free. TV and radio personalities, curious about the hotline, interviewed staff about it. The hotline number appeared at the end of the TV spot for the Las Tromes national family planning campaign.
- Long-distance calls are expensive for those who have little disposable income. APROPO was able to secure a toll-free 800 number for the first time in Peru, which also allowed hotline counselors to reach rural audiences.
- The hotline provided ongoing monitoring for program managers. Over time, it became clear that callers understood basic information and counselors were able to provide more in-depth information and any up-to-date information (such as new youth-friendly clinics.)

Results from Monitoring Data

METHODOLOGY: Counselors gathered data on each call and recorded them on tracking sheets. Due to anonymity, hotline counselors were not able to verify whether callers heeded advice.

- Phone counselors helped 70 percent of callers with their problems and provided referrals for the majority of other callers.
- Radio programs were the most popular means (36 percent) of referring callers to the hotline. Friends were the next highest source of referral.
- Hotline usage peaked in 1996 at 30,014 calls. In 1998, 19,200 calls were taken, reinforcing the need for continued multiple venues of promotion.
- During the five-year period, 75 percent of callers were women and 25 percent were men. On the 800 line, the breakdown was 60 percent women and 40 percent men.
- Almost two-thirds (62 percent) of the callers were aged 15 to 24.
- Most callers (45 percent) asked pregnancy-related questions compared to 16 percent who asked about services and 15 percent who had questions about sexuality. Other topics callers had questions about included STIs/HIV/AIDS, couple conflict, vaginal infections, and sexual dysfunction (see Figure 3).



Entertain to Educate

6

Uganda's Safer Sex or AIDS Campaign

Adolescents are avid consumers of popular culture and entertainment, making entertainment an ideal channel to reach youth. In Uganda, the AIDS prevention communication project was part of the Delivery of Improved Services for Health (DISH) Project. It was established in 1994 as a five-year, USAID-funded, integrated reproductive health project managed by Pathfinder International with JHU/CCP

providing communication technical assistance. When the DISH Project started, a review of the literature revealed that youth (aged 15 to 19) felt they could not avoid HIV/AIDS and had a fatalistic attitude about the disease. Research also showed that adolescent boys had more control over condom use and often exercised more control in sexual relationships than girls. Adolescent boys, 15 to 19 years old, were selected as the primary audience and adolescent girls, 12 to 19 years old, were the secondary audience.

Under the DISH Project, the Safer Sex or AIDS campaign¹⁰ sought to reduce the incidence of HIV/AIDS by increasing availability and use of reproductive health services. The campaign's objective was to convince youth they could avoid AIDS by taking various measures to reduce the chances that their sexual activity would result in HIV infection. Specifically, those measures included



"Hits for Hope" became a popular song and concert series that attracted large crowds of young people as well as other age groups.

abstaining from sex, delaying sexual debut, using condoms, resisting peer pressure, reducing the number of sexual partners, discussing protection and safe sex with their partners, and engaging in non-penetrative sex.

The project used multimedia materials and complementary national and district-level activities. A national umbrella campaign was implemented in all ten DISH districts while the

Safer Sex or AIDS campaign was specific for youth. Included in the Safer Sex or AIDS campaign were radio spots, jingles, and programs; community participation in local activities; special editions of the newsletter *Straight Talk*; a music contest called Hits for Hope; a Matter of Fact Quiz; a poster; outdoor concerts; and a video entitled *More Time* made in the popular dialect. JHU/CCP provided technical support to the information, education, and communication (IEC) component of the project.

How it worked

- The audience was involved in the research and implementation of the campaign. Local action committees were established in every district and comprised youth and adults representing a broad spectrum of local groups and interests including local

¹⁰ Excerpted from Lewicky, N., Kiragu, K., Young, S., and Barth, S. (May 1998). *Delivery of improved services for health project, Uganda: Evaluation of the Safer Sex or AIDS campaign*. Unpublished report. Baltimore: Johns Hopkins School of Public Health, Center for Communication Programs.

government, businesses, NGOs, church groups, and youth groups. These groups designed and implemented the local activities and used the umbrella of national interventions and media to increase exposure and interest in local activities.

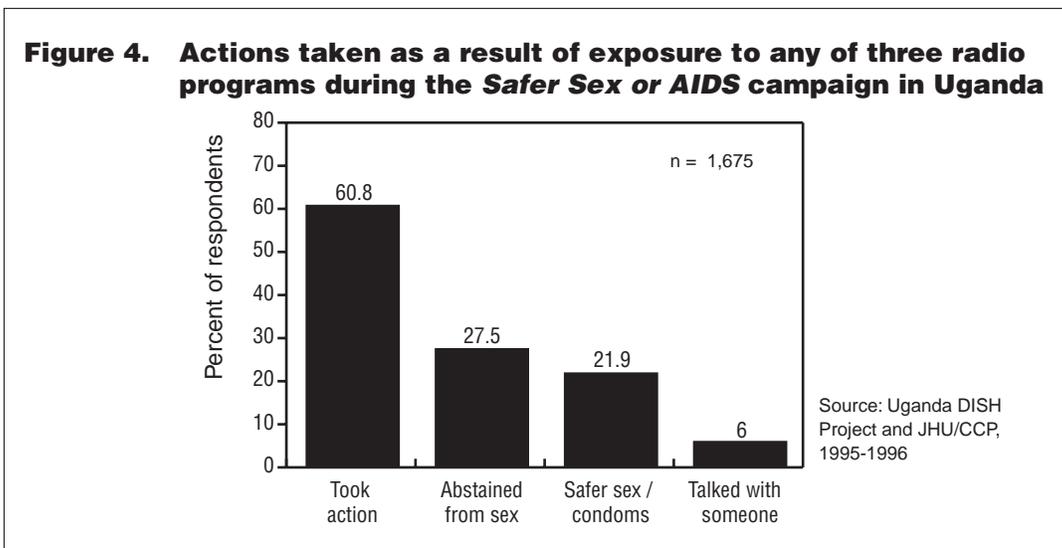
- The Hits for Hope music contest captured wide interest: 235 individuals or groups entered the contest in the ten districts. In the second phase of the campaign, the number entering the contest almost doubled.
- The song “Hits for Hope” and the concerts performed by Group Africa were an effective combination for reaching youth. The award-winning song was commercially released and became a hit on the nation’s three radio stations. The outdoor concerts were attended predominantly by the intended audience, but attracted other age groups as well, particularly adults. Up to 15,000 people, mostly young males, attended the individual Hits for Hope rallies.
- Implementing district-level activities was relatively easy because of strong local leadership. The district-level activities such as bicycle rallies, drama contests in schools, and the rap music concert reinforced the campaign’s messages.

Evaluation Results

METHODOLOGY: To evaluate the campaign, about 1,700 adolescents, aged 12 to 19 years old, were interviewed before and after the intervention. The Baseline Adolescent Survey was conducted in August 1995 to assess knowledge, attitudes, and practices about sexual activity and HIV/AIDS as well as to determine the media habits of the intended audience. A follow-up survey was conducted at the end of the campaign in October 1996. Both baseline and follow-up surveys included interviews with rural and urban youth, in and out of school.

Because of the wide array of other HIV/AIDS messages and activities competing for young people’s attention, special care was taken to ensure that respondents who reported exposure to materials referred to those produced under the Safer Sex or AIDS campaign. After interviewers showed respondents campaign newsletters and posters and played the radio jingle and advertisement, respondents were asked if they saw or heard any of them prior to the interview.

- More than 60 percent of the respondents stated that the project influenced them to take some type of action regarding their sexual behavior; almost 28 percent decided to abstain from sex and 22 percent decided to adopt safer sex practices (see Figure 4).



- Respondents indicated that radio was their most important source of information. After the campaign, respondents reported they were more likely to obtain their information about HIV/AIDS from the radio.

- After the campaign, youth who were sexually active said they were more likely to talk to their partners about protection and to use condoms. There was no statistically significant change in the prevalence of sexual activity among the respondents, of which about 50 percent were sexually active. While these behaviors were self-reported, the findings suggested that young people do absorb and understand important health messages.

- The campaign radio programs reached more than two-thirds of all respondents. Within most demographic categories, listenership was high, ranging between 65 percent and 80 percent. In-school and secondary school respondents were much more likely to have heard a radio program than out-of-school and primary school respondents. Female respondents aged 12 to 14 and

primary school children were the least likely to listen to the radio programs.

- Of all campaign materials and events (excluding radio), the newsletter entitled *Straight Talk* was most influential. A total of 26 percent of respondents indicated they felt most influenced by one of the newsletters.

- There was a clear dose-response effect. Among all respondents, attitudes improved as exposure to campaign IEC materials and events increased. There was no plateau or point of diminishing returns as respondents were exposed to more materials and events.

- Attendance at district-level activities was high. Of all respondents who lived in districts where special activities were hosted, over 60 percent indicated they attended at least one event. These events reached males (the primary audience) and females, both in and out of school.

Involve and Teach Youth Through Technology

7

Peru's Isabel: Your Electronic Counselor

Innovative technology plays an increasingly important role in providing information. The use of computer technology for behavioral counseling and health education has become popular within the last five years. This rise in popularity is due, in part, to the increased availability of powerful, yet low-cost computers that makes it feasible to deliver computer-based health education materials to large audiences.

JHU/PCS, the Population Council in Peru, and the Peruvian Institute for Responsible Parenthood (INPPARES, an International Planned Parenthood Federation affiliate) joined together in 1997 to evaluate the capability of interactive multimedia CD-ROM technology to deliver family planning, reproductive health, sex, and sexuality

information to adolescents and young adults in Peru. The partners chose to use computer-based interactive multimedia to reach young adults, because it allows sensitive information to be accessed while the user remains anonymous. This feature is attractive to adolescents who may not be comfortable speaking to adults. In addition, interactive multimedia appeal to

urban youth, especially as schools and universities throughout Latin America are installing multimedia computer systems. JHU/PCS also saw this project as a cost-effective way to reach the intended audiences by using existing print and video material produced by Peru's Ministry of Health (MOH) and APROPO to develop the CD-ROM.

JHU/PCS, in collaboration with INPPARES, designed, produced, and beta tested Isabel: Your Electronic Counselor.¹¹ Isabel is an interactive CD-ROM intended to increase levels of knowledge about sex, sexuality, unplanned pregnancy, contraception, and gender to influence the eventual adoption of a family planning method and avoid risky health behaviors.

The software was tested in one clinic in Lima, Peru. A computer with a touch screen in a private area of the clinic was accessed by clients prior to their appointments. The software was eventually distributed to more than 100 MOH clinics throughout the country. Isabel covers three main subjects (reproductive health, sex education, and family planning), which are divided into 25 subtopics. The



Many young people feel more comfortable using Isabel, the interactive CD-ROM, to learn about sexually sensitive issues, rather than asking adults.

¹¹ Excerpted from Aguilar, M. (December 1998). *Isabel: Your electronic counselor makes sex education accessible to young people in Peru*. Unpublished report. Baltimore: Johns Hopkins School of Public Health, Center for Communication Programs.

information is presented through videos, animated cartoons, text, and audio. Isabel also contains an anonymous database capable of tracking user sex, age, educational level, and area of residence.

How it worked

- Computer-based instruction (CBI) functions as an interactive mass medium and disseminates standardized messages to a large audience. Users can seek personalized information and control the rate of learning.

- CBI provides a confidential and anonymous means of access to explicit information. This feature is particularly important for adolescent sex education projects that may otherwise be limited in the content they offer.

- The software is designed for use with touch screens so that it remains accessible to people with little or no previous computer experience.

Evaluation Results

METHODOLOGY: Due to the confidential nature of the software, all the evaluation data were gathered at the terminal sites. The data included user statistics along with reactions to Isabel. No attempt was made to follow up with any of the users.

- During the 14-week evaluation, conducted by the Population Council in 1998, Isabel was available at one clinic site for a total of 455 hours. A total of 670 people used Isabel and accessed an average of 2.6 subtopics. The typical user was a woman (67 percent) between the ages of 13 and 24 (43 percent) with an education beyond high school (84 percent).

- The five topics of greatest interest were: 1) benefits of family planning, 2) first sexual relation, 3) machismo, 4) hygiene, and 5) abortion prevention. Preferences, however, differed by age. Users under age 13 most often wanted information about female anatomy. For users aged 13 to 19, machismo was the most popular topic. Users aged 20 to 40 preferred information on the benefits of family planning. Those over age 40 were most interested in vasectomy information.

- Of 232 clinic users questioned, 96 percent liked Isabel. Specifically, users mentioned that the software was motivating, innovative, informative, and educational. Other users mentioned they liked using Isabel because it was free of charge, always accessible, and saved time during the clinic visit. The 4 percent of users who did not like Isabel cited the lack of in-depth information as the primary reason.

- Statistics also showed that 73 percent of clients said Isabel was useful because it allowed them to access new information that was easy to understand. Users also mentioned that Isabel helped them to avoid embarrassment during their clinic visit, because they were able to get information they needed without having to address issues of sex and sexuality with strangers.

- Furthermore, close to 60 percent of clients found it easier to interact with Isabel than a traditional counselor. The remaining clients felt that talking to a counselor was better, because the counselor could provide more information in a more confidential setting than Isabel.

Part III

JHU/CCP Youth Programs

1995-2000

1 Africa

AFRICA ALIVE! (1998-ongoing)

What it is: Africa Alive! is an innovative, multinational network of youth and AIDS organizations aimed to reach and empower youth with HIV/AIDS prevention programs using popular entertainment. Formerly, there were scattered activities to fight AIDS, but through Africa



Africa Alive! rally musician wearing condom stickers.

Alive! almost 100 public and private sector organizations in Nigeria, Kenya, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe have joined together in a coordinated strategic effort to address the crisis. Africa Alive! provides the inspiration and means for these organizations to

work together to scale up the response toward AIDS on a regional level.

How it works: Community-based campaigns support mass media campaigns by using entertaining approaches such as puppet shows, rallies, and concert performances by popular musicians. The entertainers share information and messages about HIV/AIDS and how to change behavior to prevent the spread of the disease. African youth are encouraged to write postcards and diary entries to share personal stories of living with HIV/AIDS with national and international audiences via local and national media and the Internet.

Results/Status: Needs assessments identifying the current status of HIV/AIDS have been completed in Kenya, Tanzania, Uganda, and Zambia while those in Nigeria and South Africa are being finalized. Groups have performed four traveling rallies in Zambia and plan future rallies in Nigeria and Tanzania. In towns around Nairobi, 11 puppet shows reached 6,000 people. Nearly 100 disc jockeys, musicians, and athletes participated in role model training workshops in Zambia and Kenya. Members of Africa Alive! in Zambia and Kenya along with JHU/CCP staff are designing a standard curriculum for role model training. In developing fundraising proposals, Africa Alive! has established a relationship with Artists Against AIDS Worldwide (AAAW). A network of musicians, AAAW is dedicated to mobilizing resources for the HIV/AIDS agenda worldwide. Africa Alive! and other youth programs will benefit from funds generated through AAAW as well as from the establishment of direct linkages between selected artists and programs on the ground.

CARING UNDERSTANDING PARTNERS (CUP) INITIATIVE (1996-ongoing)

What it is: The CUP Initiative is a partnership of sports associations and health organizations that promotes healthy lifestyles through organized sports events. Program managers from 31 African nations and 175 policy-makers have endorsed the Initiative's "game plan" to encourage young men and their partners to adopt healthy behaviors. Health behaviors addressed include STIs/HIV/AIDS prevention, family planning promotion, and child immunizations.

How it works: The CUP Initiative works through local partners to develop high-impact public health messages

aimed at influencing the health behavior of young men and their partners and to deliver these messages during sports events using mass media, interpersonal communication and counseling, and community



Soccer players talking about Break the Silence posters.

mobilization. For instance, the Break the Silence: Talk about AIDS campaign was launched in October 1999 in Kenya during the Confederation of East and Central African Football Association Under 20 Soccer Tournament. The campaign included

information training sessions for players and coaches, health information referral booths in the stadium, prominent speakers addressing HIV/AIDS issues followed by a minute of silence, telephone hotlines, radio and TV broadcasts, and health videos.

Results/Status: After the Break the Silence: Talk about AIDS campaign, almost 80 percent of respondents said it was the first time they had heard or seen health messages at a football match and they liked it. The tournament activities also helped pave the way for Kenya's leaders to make AIDS a priority issue. Another CUP campaign entitled Play for Life took place from January 19 to February 7, 2002 in Mali, Nigeria, Ghana, and Burkina Faso as part of the African Cup of Nations, the largest sporting event of the continent. As part of the CUP Initiative, young men were urged during the various countries' soccer matches to "play for life" and prevent HIV/AIDS. Because this venue has proven so effective, program planners are working with countries to develop a blueprint strategy and materials to expand CUP interventions to other sports events.

THE SANTÉ FAMILIALE ET PREVENTION DU SIDA (SFPS) PROJECT (1995-ongoing)

What it is: The SFPS project is an eight-year regional project in French-speaking West and Central Africa. The youth activities within this project include a variety of high-quality media products: the Wake Up Africa! campaign, the Yamba Songo - Clés de la Vie radio series, and its spin-off comic book and cassette. The campaign

objectives for youth include increasing the number who practice low-risk behavior, increasing their knowledge of quality reproductive health services and access to them, continuing to strengthen and promote services for adolescents, reinforcing youth counseling and outreach activities, and providing integrated family planning and STIs/HIV/AIDS counseling.

How it works: To motivate youth to accept personal responsibility to halt the spread of AIDS, SFPS produced Wake Up Africa!, a campaign featuring over 20 West and Central African popular artists performing in a theme song, a video clip, a documentary, and radio and TV spots. During the media campaign, NGOs and community-based organizations carried out community activities while a radio serial drama was broadcast on local and regional stations. A comic strip based on the radio drama appeared in the bimonthly issue of a regional youth magazine. Youth NGOs and community groups used cassettes of the radio drama in health centers.

Results/Status: July 1999 survey data indicated that about one-half of the intended audience heard the Wake Up Africa! theme song, more than one-fourth recalled the theme, and one-fifth reported positive behavior change such as using condoms or abstaining from sex as a result of exposure to the campaign. The project launched a comprehensive youth HIV/AIDS campaign in 2001, focusing on services for youth such as hotlines, volunteer counseling and testing, youth-friendly health centers, and access to peer educational activities.



Popular performers premiering Wake Up Africa!

BURKINA FASO—ADOLESCENT REPRODUCTIVE HEALTH CAMPAIGN (1998)

What it is: With funding from the World Bank Population and AIDS Project, JHU/CCP collaborated with the National AIDS Control Program to conduct a multimedia campaign in six health regions of Burkina

Faso. The primary audience consisted of youth between the ages of 13 and 20 who lived in rural areas and were in or out of school.

How it works: The campaign's focus was a 26-episode radio drama series entitled *La Famille Boanga II*, which covered a variety of topics: STIs/HIV/AIDS, sexual responsibility, unintended pregnancy, family life education, female circumcision, and family laws. The IEC Working Group established under the project coordinated the official campaign launch featuring a speech by the President, the development and airing of a youth variety show produced by youth for youth, theatrical performances, and the production of campaign materials in French and five national languages.

Results/Status: Materials produced for the campaign included a logo; a 26-episode radio drama series; a 21-episode youth variety show entitled *Parole des Jeunes, Sante des Jeunes* (Youth Speak, Youth Health); radio and television spots; posters; brochures for youth and parents; a comic strip; and theater plays.

GHANA—STOP AIDS, LOVE LIFE

(1999-ongoing)

What it is: In February 2000, the First Lady of Ghana and JHU/PCS launched the country's first national HIV/AIDS prevention campaign, *Stop AIDS, Love Life*. The objective of the campaign is to get AIDS prevention on the policy and social agendas and motivate young people to act responsibly to prevent the spread of AIDS. The campaign focuses on personal risk perception, peer pressure, and social support issues. The slogan, "If it's not on, it's not in," was developed for the first phase of the campaign.

How it works: Three of the five TV spots promote the ABC's of prevention: Abstain from sex, Be faithful to a partner who is faithful to you, use Condoms with every sexual



encounter. The campaign features an AIDS song performed by 20 musicians who donated their time and

talents. One million leaflets and booklets, printed for distribution to health facilities, schools, churches, clubs, and other community organizations, explain Ghana-specific HIV/AIDS issues in a Question-&-Answer format.

Results/Status: The Ghana Ministry of Communication helped conduct audio and video presentations across rural areas reaching an estimated 4 million people. A traveling rally is visiting 120 towns across the nation to promote HIV prevention in entertaining and informative ways. The campaign introduces the concept of compassionate treatment of people living with HIV/AIDS, and more leaflets and booklets are to be published and distributed.

HAITI—YOUTH SEXUAL RESPONSIBILITY PROJECT AND YOUTH REPRODUCTIVE HEALTH PROJECT (1995-1996)

What it is: The Youth Sexual Responsibility Project was a USAID-funded pilot project carried out by the Centers for Development and Health that aimed to reduce teenage pregnancy, STIs, and HIV/AIDS prevalence rates among youth in three slum areas of the capital, Port-au-Prince. In February 1996, it merged with the UNFPA-funded Youth Reproductive Health Project, implemented by the Foundation for Reproductive Health and Family Life Education (*Fondation pour la Santé de la Reproduction et l'Education Familiale—FOSREF*), which operates a youth center in a middle-class neighborhood of Port-au-Prince.

How it works: These two complementary projects sponsored youth peer educator training, a theater contest, and a 10-episode radio variety program entitled *By Youth, for Youth*. Materials produced for the project included a logo identifying youth service delivery points, a music video, and an educational kit featuring the *Road of Life* board game.

Results/Status: Involving peer educators at all levels of project development encouraged youth involvement, advocacy with their peers, and effective promotion of healthy sexual behaviors. FOSREF carried on the project activities through 1998 and opened two additional youth-serving clinics outside Port-au-Prince. FOSREF continued to work with peer educators using the manual developed to train them in interpersonal communication.

KENYA—BUNGOMA HIV/AIDS INITIATIVE (1998-1999)

What it is: This HIV/AIDS campaign was implemented in Bungoma, Kenya, where the practice of male circumcision conducted by traditional healers in unsanitary conditions is an important factor contributing to the spread of the disease. Young boys in Bungoma are at high risk of acquiring HIV/AIDS, because they are encouraged to experiment sexually at a young age with girls, and because traditional healers use the same knife to circumcise several males. JHU/PCS together with the Ministry of Health, Bungoma District Health Management Team implemented this HIV/AIDS campaign aimed at circumcisers, community leaders, teachers, and young boys.

How it works: The interventions focused on educating community leaders and circumcisers, training teachers, and reaching youth through school and sports interventions about the link between unsanitary, local circumcision practices and HIV/AIDS transmission. Workshops provided teachers with information on AIDS prevention and transmission, and HIV/AIDS material was disseminated to team members and crowds during inter-school soccer competitions.

Results/Status: Advocacy interventions sensitized 35 community leaders and provided them with information to speak up in the community against performing male circumcision in a way that facilitates the transmission of HIV/AIDS. Workshops reached 700 teachers who brought AIDS-prevention messages to their students and encouraged them to compose and perform poems, songs, and dramas to deliver messages to other youth. The inclusion of various members of the community in workshops and seminars also fostered a feeling of local ownership and loyalty to the project, which bodes well for the longevity of campaign messages.

KENYA—GIRLS' EDUCATION PROJECT: HEALTHY FUTURES (1998–ongoing)

What it is: Under PCS, the Academy for Educational Development (AED) partnered with the Maendeleo Ya Wanawake Organization (MYWO), a Kenyan women's organization, to address the high primary school drop-out rate of Kenyan girls through the Healthy Futures project.

The purpose of the project is to reduce barriers to primary school completion among Kenyan girls with a special emphasis on barriers related to reproductive health. Using Participatory Learning and Action exercises, communities identified barriers related to girls' education and developed appropriate solutions.

How it works: In 31 communities in five districts, the project established primary school girls' clubs, which provide reproductive health guidance and counseling and also conduct income-generating activities as educational incentives for girls. The project recruited adult role models to promote girls' education among parents, produced a comic book, and sponsored girls' education themes in national musical and cultural festivals.

Results/Status: Though a formal evaluation was not done by PCS/AED, anecdotal information indicated positive experiences within the Healthy Futures project. Overall, the guidance and counseling activities, parental role models, and comic book were perceived to be the most successful components of the project while the income-generating activities were deemed to require more work. Interested in Healthy Futures, the Rockefeller Foundation has supported MYWO, since July 2000, with \$300,000 to expand and continue the project.



Comic book for girls.

SENEGAL—YOUTH REPRODUCTIVE HEALTH PROJECT (1998-1999)

What it is: The Senegal Youth Reproductive Health Project was implemented in Kaolack specifically to increase the awareness of young adolescent men in reproductive health issues.

How it works: An association of young community health workers spearheaded an information and referral hotline. The hotline was located in the family planning center. To raise funds for the hotline, health workers created a theater and poem contest for adolescents, which concluded with an awards ceremony. Songs from the theater production and poems created during the contest

were videotaped and distributed to health centers in urban areas. Local radio stations provided coverage of the contest and promoted the hotline during popular youth programming.

Results/Status: With the proceeds made from the theater and poem awards ceremony, a telephone center was installed to ensure the sustainability of the hotline. A percentage of the income generated at the center was used for further IEC and staff motivational activities.

ZAMBIA FAMILY PLANNING SERVICES PROJECT—TRENDSETTERS (1995-1998)

What it is: *Trendsetters* is a sexual and reproductive health newspaper produced by youth for youth through the NGO Youth Media Group (YMG).

How it works: About 10,000 copies of *Trendsetters* are produced and sold monthly at commercial outlets. YMG introduced a second newspaper, *Trendsetters School*, which is distributed for free in schools. Currently, 50,000 papers are distributed monthly. YMG also produces supplements and other print materials for special occasions



such as World AIDS Day.

Results/Status:

Trendsetters won a Global Media Award in 1997. The two newspapers continue to be produced by the YMG through the new Zambia Integrated Health Programme, which replaced the Zambia Family Planning Services project.

How it works: The show was aired during prime time in Bolivia with 12 weekly one-hour shows. The program included topics such as adolescent sexuality, communication between a couple, STIs, reproductive rights, and sexual orientation.



Results/Status: Interpersonal communication between partners concerning sexuality increased 14 percentage points, from 58 percent to 72 percent, after the series. Of those who viewed the series, 39 percent watched to learn more about sexuality and 90 percent stated they would like to see more episodes.

BOLIVIA—PIEL DE LUNA TV SERIES (1997)

What it is: *Moon Skin (Piel de Luna)* was a 15-episode TV mini-series for urban, middle-class youth in Bolivia. The purpose of the series was to address myths and taboos related to human sexuality by presenting accurate, entertaining information on pregnancy, adolescence, interpersonal communication, drug and alcohol use, contraception, and self-esteem.

How it works: Following each episode, a group of adolescents and the TV viewing audience gathered in the studio to discuss the problems presented in the series.

Results/Status: Viewership data showed that *Piel de Luna* ranked second in popularity. Over 46 percent of the intended audience, adolescents aged 15 to 19, saw the series. Of the intended audience, 82 percent thought the most valuable message and result of the mini-series was “talking about the subject” of sexuality.

2 Latin America

BOLIVIA—DIALOGO AL DESNUDO: BRINGING GENDER INTO THE MAINSTREAM (1996)

What it is: *Dialogo al Desnudo* was a one-hour commercial TV series intended to increase discussion about gender and sexuality. The key audience was adolescents over 15 years of age.

BRAZIL STREET THEATER (1995-1996)

What it is: Using a participatory Entertainment-Education strategy, JHU/PCS collaborated with the Ceará School of Public Health in developing a community outreach project for young adults in two municipalities in the state of Ceará. Troupes were trained locally to produce folk theater that would complement the MOH health promotion and outreach efforts. JHU/PCS supported troupes with reproductive health messages while the United Nations Children’s Fund (UNICEF)



Volunteer street actor.

supported them with messages about child survival.

How it works: The Brazilian street theater experience is unique because community members identified the health themes and selected the actors to participate in the project. The theater groups consisted of volunteers from all walks of life who were committed to putting on productions in their communities throughout the

year. Their training in theater came from participating in workshops, which were facilitated by street performers and covered the basics of designing, writing, and acting.

Results/Status: Dramas covering the themes of STIs/HIV and breastfeeding were performed in two regions of the state. This approach was expanded to other health themes.

BRAZIL—YOUTH JOURNALISTS (1996-2000)

What it is: Comunicação e Cultura, a local youth-oriented NGO, developed the Editoria De Igual para Igual (Editor from Equal to Equal) program in 1996 as a way to sensitize and provide correct information to youth on gender, reproductive health, and prevention of STIs/HIV. Through the student-run newspapers, the program was designed to engage in-school adolescents directly by writing articles and indirectly by reading the newspapers.

How it works: The program provided an opportunity for the student journalists to participate in workshops that focused on communication, reproductive health, gender,



Students model project T-shirts.

and prevention of STIs/HIV. With this training, tools, and information, youth journalists wrote articles about reproductive health topics and their importance in the lives of school-aged youth.

Information also was disseminated through production of educational materials and student mobilization activities.

Results/Status: The program involved 76 schools and trained 455 student journalists who circulated more than 600,000 copies of the newspapers with an average print run of 1,000 to 2,500 per edition. Standardized training manuals were produced. The program expanded to include out-of-school youth through the development of community newspapers. School professors and students participated in 95 social mobilization events. In 1999, Comunicação e Cultura received the Itaú Unicef (Education and Participation) Award, the highest national distinction for NGOs in Latin America.

ECUADOR— ARCANDINA

(1996-ongoing)

What it is: In December 1996, the first national TV program to promote awareness of environmental conservation and mobilize support for it among children and adolescents premiered in Ecuador.



Arcandina television show host with puppet character Jagui.

How it works: *Arcandina (The Andean Ark)* uses an Entertainment-Education approach, behavior change strategies, and community mobilization to encourage children to become environmentally responsible citizens. By the end of its first season in December 1997, 40 shows were produced in Ecuador and aired nationally and internationally. In 1998, JHU/PCS and *Arcandina* developed a set of messages to help children understand the links among population, health, and the environment. The next season began in 1999 with a ceremony introducing the Arcandina Ark, a mobile center for environmental education. The second season aired from November 1999 to March 2000.

Results/Status: Pre- and post-evaluations from students aged 6 to 12 showed an increase in knowledge of how human behaviors can destroy the environment.

Results also showed an improvement in their understanding of problems caused by population. In recognition of its environmental work, *Arcandina* was named the Best International Environmental Program of 2001 by the National Wildlife Federation (NWF) and received the National Conservation Achievement Award from the NWF in March 2002.

MEXICO—ADOLESCENT HEALTH PROGRAM (1995-1997)

What it is: JHU/PCS provided technical assistance to IMSS (Mexican Social Security Institute), Mexico's largest family planning services provider, to develop an innovative adolescent health program. Formative research with both providers and adolescents showed that adolescents wanted open and effective communication about sexuality at home, in school, and at service-provider sites. Providers wanted and needed specialized training about working with adolescents in a holistic manner.

How it works: JHU/PCS assisted IMSS in revising the training curriculum for providers including a session assessing their attitudes about educating adolescents on reproductive health. Materials produced for the program included a video for parents on how to discuss sexual topics with their adolescents, a new program logo, slogan, and a Youth Kit, which included a flipchart, video, contraceptive samples, and training guide.

Results/Status: The program expanded to different states where IMSS has adolescent programs. The program succeeded in getting multi-sectoral groups to respond better to adolescent needs. These groups met frequently and were comprised of health sector organizations, the Secretary of Education, Federal and State Justice programs, State Population Councils as well as local NGOs.

NICARAGUA—BODYGUARD CAMPAIGN (1999-2000)

What it is: The BodyGuard campaign was a component of the second phase of the Juntos Decidimos Cuando (Together We Decide When) campaign. Using results of surveys from the first



phase and further research, JHU/PCS, in collaboration with the Interagency Commission for Reproductive Health and PROFAMILIA, designed the BodyGuard condom campaign promoting it with a dual protection message: "BodyGuard can protect against both unwanted pregnancies and STIs/HIV/AIDS."

How it works: The social marketing campaign positioned BodyGuard as a popular, modern contraceptive method and made it available to youth in accessible outlets (bars, discos, gas stations). Along with the dual protection message, the Juntos Decidimos Cuando campaign shared information on negotiation skills between sexual partners and the timing when a woman can become pregnant.

Results/Status: Non-traditional outlets such as motels, discos, and markets were a major focus of the sales strategy for BodyGuard condoms and accounted for one-third of sales. Condoms are now available in more than 2,500 outlets that previously did not sell them. More than 1.2 million BodyGuard condoms were sold in 2000 with similar sales figures in 2001.

PERU—TIME FOR LOVE (1998)

What it is: JHU/PCS and IGUANA, the most successful soap opera production house in Peru, co-produced a five-episode TV mini-series called *Time for Love*. The story follows two young couples as they deal with the turbulence of their teenage lives and problems with in-laws after marriage.

How it works: Because of its commercial nature, the mini-series was launched with high-intensity promotion that TV networks reserve for their own programming.

Results/Status: Results from an evaluation of 399 high school seniors revealed that 72 percent of girls and 43 percent of boys watched the TV mini-series. About two-thirds of male and female viewers believed the stories



A signed portrait of young actors in the TV mini-series Time for Love.

portrayed in the mini-series could happen to them, while 15 percent of males and 25 percent of females said they already lived the experiences. Almost one-half of the female viewers talked to others about topics included in the mini-series. JHU/PCS plans to use the mini-series in similar youth programs throughout Latin America.

3 Near East

EGYPT—LIVE A HEALTHY LIFE (2000-ongoing)

What it is: As part of the Population/Family Planning IV Project, JHU/CCP provides technical assistance to the Live a Healthy Life youth communication campaign. The campaign, which began in 2000, is being implemented by Egypt's State Information Services (SIS) IEC Center. The intended audiences for the campaign are young married and unmarried men and women aged 15 to 25. The campaign focuses on youth with messages about pre-marital check-ups, the importance of child spacing, the equal value of female and male children, and the need for attention to reproductive health.

How it works: Using TV advertising, print materials, and community events, the campaign aims to increase the readiness of young unmarried people for successful, healthy family life in the future. Among married couples, the campaign focuses on increasing successful child-spacing practices.

Results/Status: Recognizing the importance of the campaign, the Minister of Information took the unprecedented step of directing Egypt TV to air the youth spots on all eight TV channels through Ramadan, a time when viewership is at its highest and special programming and premium-rate commercials take precedence. By airing the spots for free during this time, SIS reports an equivalent



Egypt's Live a Healthy Life campaign reaches out to young men and women aged 15 to 25.

value of almost U.S. \$3 million in cost leveraging. In March 2001, JHU/CCP sponsored a two-day national public relations event, which included a concert with a celebrity singer, press conference, pre-conference publicity, TV and radio coverage, co-promotion of public and private reproductive health and family planning services, and a launch conference.

JORDAN—WE PLAN FOR OUR FUTURE

(2000-ongoing)

What it is: Working with the National Population Commission/General Secretariat (NPC/GS), JHU/PCS designed a youth-to-youth project for married and unmarried



Hosts of Jordan's popular Youth 21 TV variety show.

young men and women aged 15 to 24 with activities and messages tailored toward each group. The project aims to give youth information and skills in life planning, reproductive health, and family planning to help them make informed decisions in the future.

How it works: The youth campaign uses an integrated communication approach with a TV variety show, *Youth 21*, as its centerpiece. Innovative Entertainment-Education radio programs, interactive theater, TV advertising, and print materials support and reinforce the TV show's objectives and messages. The project creates a network of youth-friendly centers and conducts outreach activities with trained youth and counselors in coordination with governmental and non-governmental organizations. The project provides a safe forum for young people where they can discuss their most pressing issues including physical and psychological maturation and communication with their peers, parents, relatives, and spouses.

Results/Status: JHU/PCS and NPC/GS began broadcasting 15 episodes of the TV variety show in May 2001. A youth contest and six TV spots are expected to maximize audience reach for the campaign messages.

4 Europe & Eurasia

MOLDOVA FAMILY LIFE EDUCATION

(1995-1999)

What it is:

JHU/PCS, the Family Planning Association of Moldova, the Youth-for-Youth Organization of Romania, and the Ministries of Health and

Education worked together to incorporate Family Life Education into secondary schools from 1995 to 1999. The objectives of Family Life Education were to increase knowledge of safe sex practices and promote contraceptive use and informed decision-making among youth.

How it works: The team adapted and piloted a Romanian sex education curriculum for Moldovan high schools and trained over 60 psychologists to use the curriculum and conduct training in 10 secondary schools.

Results/Status: A new course on teaching the curriculum is now required of all psychologists graduating from Moldova State University. The Ministry of Education made the curriculum part of its National Program on Education, allowing Family Life Education to be taught in all Moldovan secondary schools.

Pakistan Hotlines (1999-ongoing)

What it is: In Pakistan, JHU/CCP began working in 1999 with local NGOs in Islamabad, Karachi, and Lahore to develop a national youth hotline with electronic mail facilities to provide counseling on adolescent reproductive health concerns and links to services through a referral network of medical professionals.

How it works: The hotlines, which have been in operation since May 2001, are promoted through TV and radio spots and behavior change communication



Moldovan students acting in a skit they wrote for the Family Life Education competition.

materials such as posters, stickers, and pamphlets. The project includes an advocacy component to gain and maintain parental, religious, and political support for programs serving youth. Materials are based on formative research, and the evaluation is based on market research, interviews, and other surveys.

Results/Status: Local NGOs are training telephone counselors and arranging for phone-line infrastructure.

Russia—About Love (1996-1997)

What it is: In 1996, in collaboration with the MOH, the Russia Family Planning Association, Video Cosmos Production Company, and JHU/CCP developed *About Love*, an Entertainment-Education video, with an extensive user's guide for schools, clinics, and youth centers. The objectives of the video were to enhance sexual responsibility among youth and to build the capacity of providers to use the video in teaching situations.

How it works: The video was broadcast on regional TV and shown to hundreds of youth groups and other organizations. JHU/CCP and its partners produced and distributed a family planning methods brochure and poster for young people and a brochure on condoms.

Results/Status: The video was seen by over 34,000 adolescents throughout Russia and was aired on 23 local TV stations 51 times.

Ukraine—Night Saxophone (1995-1996)

What it is: In 1996, in collaboration with Cranehill Associates, JHU/PCS developed *Night Saxophone* and *Life Story*, 20-minute Entertainment-Education videos about contraception and sexual responsibility for youth. A user's guide was developed to accompany the videos.

How it works: Community partners conducted group showings of the videos in schools, clinics, discos, maternity homes, museums, and local cinemas. In addition, 20,000 family planning cue cards and 60,000 brochures were produced and distributed to complement the videos. Approximately 450 teachers and doctors were trained to use the materials.

Results/Status: Over 12,500 people saw the videos during 538 showings, which were broadcast 30 times on four different TV channels for a total of 10 hours.

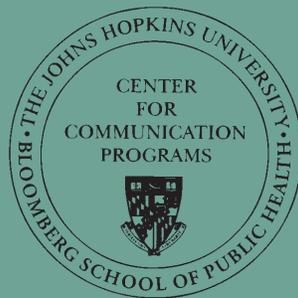
MATRIX: JHU/CCP Youth Programs, 1995-2000

Country/ Region	Slogan/ Title	Year Initiated	National Youth Strategies	Youth Set Agenda	HIV/ AIDS	Youth- Friendly Services	Hotline	EE Mass Media	In-School	Income Generation	New Com- munication Technology	Evaluation
Africa Regional	<i>Africa Alive!</i>	1998										
Africa Regional	<i>The CUP Initiative</i>	1996										
French-Speaking West & Central Africa	<i>Wake Up, Africa!</i> (SFPS)	1995										
Burkina Faso	<i>Reproductive Health Campaign</i>	1998										
Ghana	<i>Stop AIDS, Love Life</i>	1999										
Haiti	<i>Youth Sexual Responsibility</i>	1995										
Kenya	<i>Break the Silence</i>	1999										
Kenya	<i>Bungoma HIV/AIDS Initiative</i>	1998										
Kenya	<i>Healthy Futures</i>	1998										
Kenya	<i>KYIP</i>	1994										
Senegal	<i>Youth Reproductive Health (Reaching Men)</i>	1998										
Uganda	<i>Safer Sex or AIDS</i>	1994										
Zambia	<i>HEART</i>	1999										
Zambia	<i>Trendsetters</i>	1995										
Zimbabwe	<i>Youth Responsibility</i>	1997										
Bolivia	<i>Dialogo al Desnudo</i>	1996										
Bolivia	<i>Piel de Luna</i>	1997										
Brazil	<i>Street Theater</i>	1995										
Brazil	<i>Youth Journalists</i>	1996										
Ecuador	<i>Arcandina</i>	1996										
Mexico	<i>IMSS</i>	1995										
Nicaragua	<i>BodyGuard</i>	1999										
Nicaragua	<i>Together We Decide When</i>	1997										
Peru	<i>Confidence Call</i>	1995										
Peru	<i>Isabel</i>	1997										
Peru	<i>Time for Love</i>	1998										
Egypt	<i>Live a Healthy Life</i>	2000										
Jordan	<i>We Plan for our Future</i>	2000										
Moldova	<i>Family Life Education</i>	1995										
Pakistan	<i>Youth First</i>	1999										
Russia	<i>About Love</i>	1996										
Ukraine	<i>Night Saxophone</i>	1995										

References

- Aguilar, M. (December 1998). *Isabel: Your electronic counselor makes sex education accessible to young people in Peru*. Unpublished report. Baltimore: Johns Hopkins School of Public Health, Center for Communication Programs.
- Cleland, J. and Wilson, C. (1987). Demand theories of the fertility transition: An iconoclastic view. *Population Studies*, 41(1):5-30.
- Cook, T.D. and Campbell, D.T. (1979). *Quasi-experimentation: Design and analysis issues for field settings*. Boston: Houghton Mifflin Co.
- Johns Hopkins University/Center for Communication Programs. (November 2001). Nicaraguan youth begin to play it safe. *Communication Impact!* No. 12. Baltimore: Johns Hopkins University, Bloomberg School of Public Health, Population Communication Services.
- Johns Hopkins University/Center for Communication Programs. (March 2001). Community participation is key to supporting quality in Gold Circle clinics. *Communication Impact!* No. 11. Baltimore: Johns Hopkins University School of Public Health, Population Communication Services.
- Johns Hopkins University/Center for Communication Programs. (October 1999). Uganda communication campaigns spur integrated health programs. *Communication Impact!* No. 6. Baltimore: Johns Hopkins University School of Public Health, Population Communication Services.
- Kim, Y.M., Kols, A., Nyakauru, R., Marangwanda, C., and Chibatamoto, P. (March 2001). Promoting sexual responsibility among young people in Zimbabwe. *International Family Planning Perspectives*, 27(1):11-19.
- Kiragu, K., Sienche, C., Obwaka, E., Odallo, D., and Barth, S. (March 1998). *Adolescent reproductive health needs in Kenya: A communication response – Evaluation of the Kenya youth initiatives project*. Unpublished report. Baltimore: Johns Hopkins School of Public Health, Center for Communication Programs.
- León, R. and JHU/CCP. (1992). *Estrategia y programación de la intervención de comunicación, componente de comunicación masiva, 1993-1995*. APROPO.
- Lewicky, N., Kiragu, K., Young, S., and Barth, S. (May 1998). *Delivery of improved services for health project, Uganda: Evaluation of the Safer Sex or AIDS campaign*. Unpublished report. Baltimore: Johns Hopkins School of Public Health, Center for Communication Programs.
- Macro Internacional Inc. and Instituto Nacional de Estadísticas y Censos, Ministerio de Salud. (1998). *Encuesta Nicaragüense de demografía y salud*. (Nicaraguan demographic and health survey.) *Population Today*, August/September 2000.
- Underwood, C. (July 2001). *Impact of the HEART campaign: Findings from the youth surveys in Zambia 1999 & 2000*. Unpublished report. Baltimore: Johns Hopkins School of Public Health, Center for Communication Programs.
- Vargas, T. (1994). *Informe del servicio de consejería telefónica*. APROPO.
- The World's Youth 2000*, Population Reference Bureau.

**JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH
CENTER FOR COMMUNICATION PROGRAMS
POPULATION COMMUNICATION SERVICES**



**111 Market Place, Suite 310
Baltimore, Maryland 21202, USA
Telephone: 410-659-6300
Fax: 410-659-6266
E-mail: orders@jhuccp.org**