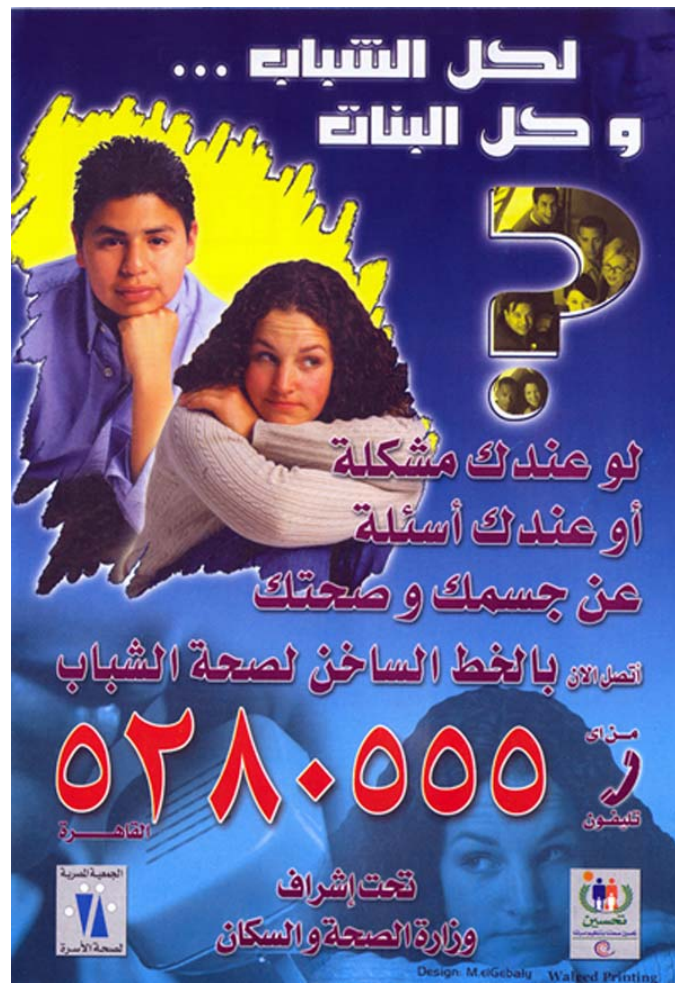




Best Practices in Egypt:

Reproductive Health/Family Planning Information for Youth (Youth Hotline)



Brochure advertising the youth hotline

The CATALYST Consortium is a global reproductive health and family planning activity initiated in September 2000 by the Office of Population and Reproductive Health, Bureau for Global Health of the United States Agency for International Development (USAID). The Consortium is a partnership of five organizations: Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International and PROFAMILIA/Colombia. CATALYST works in reproductive health and family planning through synergistic partnerships and state-of-the-art technical leadership. Its overall strategic objective is to increase the use of sustainable, quality reproductive health and family planning services and healthy practices through clinical and nonclinical programs.

Mission

CATALYST's mission is to improve the quality and availability of sustainable reproductive health and family planning services.

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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THE NEED

In Egypt, women and men get married early. The median age for the first marriage is 21 for women, and the median age for a first birth is 22.¹ (By the age of 30, women have already given birth to two-thirds of the children they will ever have.) Consequently the youth would benefit from TAHSEEN's messages about birth spacing, age at marriage, healthy living, safe motherhood, and delaying first pregnancy. The question TAHSEEN grappled with was how to reach the youth given that sociocultural norms in Egypt do not encourage intergenerational discussion about reproductive health and family planning topics neither with parents, teachers, religious leaders, nor other well-informed adults. Furthermore, there is a widespread assumption that engaged and young married couples do not need information about reproductive health and family planning topics, such as optimal birth spacing, until after they have had their first child. As a result, there are not many places where youth, or engaged and newly married couples can comfortably go to get accurate information, especially about potentially sensitive topics, such as family planning, HIV/AIDS, substance abuse, gender-based violence, or female genital mutilation. Even if services specifically for young adults were available, many would not risk the embarrassment of being seen at a clinic. Access to reproductive health and family planning information and services may be especially limited for disadvantaged youth who may lack the requisite funds or literacy skills. Innumerable opportunities to provide important information to motivated youth are therefore missed.

THE TAHSEEN SOLUTION

TAHSEEN is engaged in a number of activities designed to involve, educate, and mobilize youth, and to use youth as multipliers of information about reproductive health/family planning and available clinic services. And while these activities reach large numbers of youth in project governorates, there is still a need to (1) provide a confidential source of accurate information; and (2) reach youth outside project governorates. Youth hotlines have been established all over the world, and they are considered an efficient way of counseling youth in an accurate, personalized, confidential manner. They are especially useful in countries such as Egypt where there are neither widespread "youth-friendly" services nor institutionalized school-based reproductive health and family planning education programs. In addition, there is a precedent in Egypt for establishing hotlines: they already exist to counsel substance abusers, HIV-positive individuals, and women at risk of domestic violence.

TAHSEEN drew on international experience to establish Egypt's first youth hotline and associated website (www.shababna.org). This hotline bridged the gap of access and confidentiality. To establish the Youth Hotline, TAHSEEN:

Developed a reference manual. To assist physician-counselors, TAHSEEN created a reference manual that answers frequently asked questions. Using the manual, hotline physician-counselors

¹ Egypt Interim Demographic and Health Survey 2003, Fatma El-Zanaty and Ann A. Way, 2004. Cairo Egypt: Ministry of Health and Population [Egypt], National Population Council, El-Zanaty and Associates, and ORC Macro, p.18 and p.30.

can offer consistent, correct responses. Using a question-and-answer format, the manual covers a wide range of information such as male and female physiology, puberty, the menstrual cycle, personal hygiene, sexually transmitted infections, female genital mutilation, defloration on the wedding night, pregnancy, family planning, infertility, and other topics of interest to youth.

Recruited and trained young physicians to act as physician-counselors. Eight young physicians (half male and half female) were recruited to work six-hour shifts at the hotline's Cairo-based office from 10 a.m. to 10 p.m. daily. An interactive training, using role-plays and other participatory methods, covered both technical content and communication skills. This training prepared physician-counselors to:

- Answer youth questions in a supportive, nonjudgmental way
- Help youth clarify their values, attitudes, and behaviors regarding reproductive health and family planning
- Communicate well with youth over the telephone, reassure callers, and handle the occasional prank call
- Respond to questions from parents about how they might discuss reproductive health and family planning topics with their children

Established a website. TAHSEEN also established a website for youth. Questions can be posed through the site and answers offered through email. The site also contains booklets produced by TAHSEEN for youth and their parents on reproductive health/family planning, general health, hygiene, and nutrition.

Built support for the hotline. In October 2004, TAHSEEN brought together key stakeholders in a national meeting designed to kindle interest in, and support for, the hotline. As a result of this effort, representatives of the country's largest daily newspapers, and television and radio stations, as well as ministry, NGO, and university leaders welcomed the hotline with great interest.

Publicized the hotline. As a result of this meeting, several national partners stepped forward to offer assistance publicizing the hotline throughout Egypt:

The Egyptian Family Health Association (EFHA)—created calendar-posters advertising the hotline and distributed them to universities and schools and youth centers. Hotline physician-counselors also distributed these materials in the metro and on buses throughout Cairo.

EFHA also conducted informational sessions at universities and at Ministry of Youth and Sports Youth Centers in Alexandria, Assiut, Aswan, Beni Suef, Cairo, Fayoum, Ismaila, Luxor, Port Said, and Qena.

The Al Ahram, Al Akhbar, and Al Gomhoreya newspapers, the Channel 1 national television station, and the Great Cairo Radio and FM Stars Radio stations published articles and conducted interviews about the hotline.



Planned for sustainability. In addition to building government and public support for the hotline, TAHSEEN sought to increase the hotline’s sustainability by arranging for a sustainable source of direct support. TAHSEEN arranged for EFHA to host the Youth Hotline in its office, and to provide training to physician-counselors in communication skills. It also arranged for the Ain Shams Regional Center for Training to conduct the technical portions of physician-counselor’s training.

RESULTS

The hotline was functional in December 2004 and officially launched in January 2005, when undersecretaries from the Ministry of Health and Population and the Ministry of Youth and Sports inaugurated it. A system is in place for logging the time and date of calls, caller location and demographic characteristics, and topics covered. During the first five months of 2005, the hotline received a total of 6026 calls. Female callers totaled 3,992 with nutrition and weight questions, general medical, fertility and pregnancy questions, queries about irregular menstrual periods and social and psychiatric problems being the most frequently queried topics. For the 2,034 male callers, the most frequently queried issues were about marital relations, genital organs and masturbation. During the period from January 1- May 31, 2005, the website received 28,338 hits.

While it is too soon to fully quantify results, the hotline is fully operational and is receiving calls from across the country and from as far away as Japan, the United Kingdom, Saudi Arabia and the United States. As word spreads about the hotline, TAHSEEN expects these numbers will quickly multiply. In future, TAHSEEN and its partners will, if necessary, be able to adjust training materials, and hotline management based on these data.

A representative from the World Health Organization expressed interest following the inauguration ceremony in expanding the geographic reach of the hotline to other Arabic-speaking countries in the region.

