

Promising Practices

On the human rights-based approach in German development cooperation. Reproductive health and rights: Youths' access to information in Yemen

Background

Yemen has one of the highest rates of population growth in the world. Health indicators including those for reproductive health are among the poorest in the Arab world. Among other causes – such as economic and geographical factors – this is mainly due to poor quality of health services and a lack of information on reproductive health issues, services and rights, resulting in low demand. Capacity development and institutional strengthening of the Yemeni Health System is therefore essential. Likewise, empowerment of current and future users of health services, women and men alike, is required in order to increase demand for quality services.

Between 2004 and 2013, the Yemeni-German Reproductive Health Programme (YG-RHP) was implemented in cooperation with the Yemeni Ministry of Public Health and Population (MoPHP), by the former Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH, the German Development Service (DED) (both now Deutsche Gesellschaft für Internationale Zusammenarbeit, (GIZ) GmbH) the International Centre for Migration and Development (CIM), and Marie Stopes International, and funded by KfW (German Development Bank).

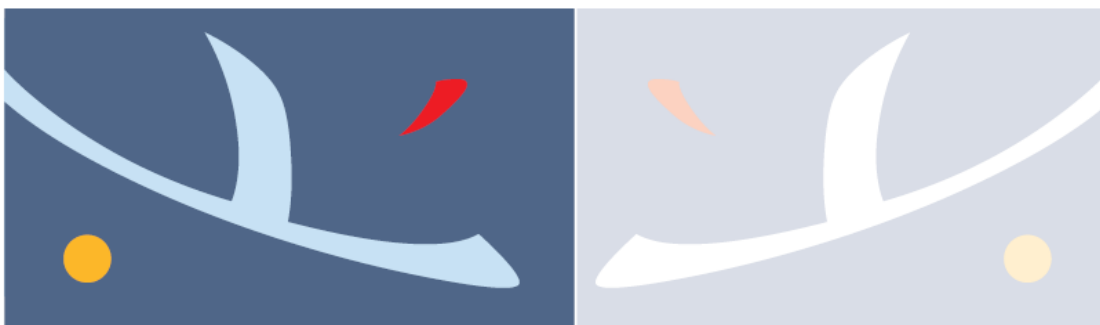
The YG-RHP was aligned to the Yemeni National Reproductive Health Strategy and the National Strategy for Children and Youth, and its overarching objective read as follows: 'The population is

better protected against risks associated with pregnancy, child-birth and HIV/AIDS'. The Programme operated in seven governorates and comprised three components:

- reform of the health sector and improvement of management at central MoPHP level,
- quality improvement of basic health services with emphasis on reproductive health, and
- promotion of reproductive health and health education with and for special target groups, in particular for youth and rural communities.

On the provider side the MoPHP was supported in setting up a quality improvement programme for first-line health services with emphasis on reproductive health.

On the demand side well established and innovative approaches like community-based reproductive health promotion, peer education and the gender and generation dialogue methodology were piloted with the goal of empowering young people and the poor rural population to assume their role in demanding quality services. Once tested and approved, new approaches were fed into the policy level where the programme supported the health sector reform process.]



Towards a human rights-based approach

Human rights framework

Yemen has ratified almost all core human rights treaties and reports on progress and challenges. Several human rights are relevant to reproductive health, including the right to non-discrimination and equality before the law, the right to privacy, the right to be protected from violence and harmful practices, the right to information, and the right to the highest attainable standard of physical and mental health. Specifically, the right to information pertaining to health matters is stipulated in article 17 Convention on the Rights of the Child for children and youth and in articles 10 (h), 14 (b), 16 (e) Convention on the Elimination of all Forms of Discrimination against Women for women and girls.

Human rights standards are complemented with cross-cutting human rights principles: non-discrimination and equal opportunities, participation and empowerment, transparency and accountability.

Process

Specifically, the programme addressed the right to access health related education and information, including on sexual and reproductive health, and participation of the population in all health-related decision-making.

Nearly one quarter of the Yemeni population are youth of 15 to 24 years. They have next to no knowledge about reproductive health issues, and there are no specific services catering to this age group. In general, youth do not have much of a voice in Yemeni society and their perspectives are bleak.

Building on a model originally developed in Tanzania, the programme supported the development and the production of a booklet series with and for young people on topics related to reproductive health, family life and healthy life styles. The intention was to hear and to answer youth's real questions concerning sexual and reproductive health.

Booklets 'This is what young people want to know about'

The project started from more than 10,000 questions collected from students in 26 secondary schools in the YG-RHP target area. After selecting and clustering the questions, teams of young people, experts and religious authorities developed draft answers. They made sure that answers were scientifically sound, culturally acceptable, and in youth-appropriate language.

Questions and answers cover the following topics

- Growing up & puberty
- Marriage and building a family
- Family planning
- Pregnancy, breastfeeding and delivery
- HIV/AIDS and sexually transmitted infections
- Smoking & qat (a narcotic shrub used on a daily basis by a vast majority of the Yemeni population and consuming a growing proportion of scarce water resources and household incomes)

An impressive intersectoral, cross-generational and intercultural negotiation process evolved, and resulted in a widespread network of individuals and organisations. In selected secondary schools peer educators were identified and trained for the distribution and discussion of the booklets with support from health educators and specifically trained teachers.

The questions youth raised revealed the unmet need for information as shown by two examples:

- More than 500 questions were related to early marriage, a practice which is still widespread and considered culturally appropriate and in the line with Islamic spirit in Yemen.
- Many questions, particularly raised by boys, were related to relationships between boys and girls during puberty and before marriage.

These two examples show that youth's questions might reflect social change, e.g. a trend towards later marriage for boys (supported by prohibitive costs and unemployment) while at the same time living in a largely gender-segregated society with limited possibilities of engaging in relationships before marriage.

To ask youth about their information needs was an important first step to foster participation. Including them in all stages of the production of the booklets not only enabled them to access reproductive health related information but also offered them the opportunity to make themselves heard and to participate in a meaningful way in their immediate social environment, e.g. by joining the group of peer trainers in their school.

By involving experts on medical as well as social and religious aspects in the process of developing the answers, an attempt was made to bring together, rather than juxtaposing, religious advice, evidence-based medical information, socio-psychology and human rights.

The booklets thus offer not only comprehensive but also legitimate information in the Yemeni context, and can thus be the basis for 'informed' choices.

A second revised edition of the booklets was produced in early 2009 in another complex exercise of stakeholder dialogue and the revision was based on the feedback of the students and other stakeholders.

Mechanisms for regular review and feedback from the peer educators, schools and the Governorate Health Office have been developed and documented. The training manuals and training sessions have also been updated according to the feedback received from the peer educators and the trainers.

Impact

Between 2006 and 2013, more than 2,800 peer educators in 190 schools and three youth centres were trained by YG-RHP. In addition, 659 peer educators in 65 schools were trained by the USAID-funded Community Livelihood Project (CLP) with technical support from YG-RHP. By the end of 2012, just over one million peer education booklets had been disseminated to young people through secondary schools, universities, youth organisations, development partners as well as national and international NGOs.

The processes related to the development of the booklets and the results ensuing from the booklet project were documented. The documentation showed that the booklets are widely accepted and utilised not only by students but also by health workers, teachers, parents, and in particular by religious authorities. Feedback was mostly positive and there is ongoing demand for the booklets.

YG-RHP conducted two comparative studies in 2009 and 2012 with readers and non-readers of the booklets to determine their impact on young people's knowledge, attitudes and practices. Both studies show that readers of the booklet are more aware of the risks of early pregnancy than non-readers (75% vs. 52% in 2009 and 86% vs. 65% in 2012). With regards to puberty, family planning and HIV/AIDS, the second study reveals significant differences between readers and non-readers of the booklets.

Almost 75% of readers are aware of various signs of puberty (and only 25% of non-readers). Readers have a more positive attitude towards the use of family planning methods (60% vs. 46%) and are more knowledgeable about the various modes of HIV transmission (66% vs. 33%). Concerning smoking and qat chewing, readers show a slightly higher awareness of the risks involved.

In other, more sensitive topic areas, for example with regard to the knowledge of the symptoms of HIV, and the attitude towards people living with HIV, both studies confirm that there is still little knowledge and little interaction with people living with HIV. Thus, more practical sessions were included in the PE training in order to better prepare volunteers for dealing with sensitive issues.

Initially, there were concerns about the booklets sparking opposition from radical Islamic groups. However, the likelihood of such opposition has been reduced significantly thanks to the prior involvement of religious leaders, parents and teachers councils, sheikhs, and members of local councils in the targeted areas. In addition, the booklets were approved by the Ministry of Endowments and Religious Affairs.



Left: The father has already agreed on a husband for his daughter without consulting her.



Right: Both parents are overwhelmed by the needs and demands of their children.



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Group of students in a peer education training session.

Challenges

In view of the dire need for reproductive health information on all levels of society, targeting secondary school students can only be a first step. Under a risk and human rights-based approach the most vulnerable groups need to be addressed, too. These would include out-of-school and illiterate youth, especially those in remote rural and in marginalised urban areas. Since it would require an entirely different methodology and the development of new tools, this approach has not yet been taken by the programme.

Access to information allows for 'informed' choice but due to the slow pace of social change in Yemen there are still few choices people can actually make – in particular young girls.

In order to achieve sustainability, a transfer of the booklet project to local partners is required. Their continuous engagement for supervision, training and re-training of peer educators and replacement of drop-outs will be crucial for the future of the project. Avenues for transferring the project to local NGOs are currently being considered.

Lessons learned

Involving religious leaders was a key success factor to address a very sensitive and taboo-laden topic like reproductive health. Their influence cannot be overestimated in a conservative Muslim society, and securing their support was essential.

Carefully facilitated negotiation is a key factor for any transfer between European and Arabic thinking, especially concerning sensitive issues like reproductive health and rights.

It is crucial to choose a format that involves, from the beginning, not only religious leaders but also parents and other adults. In rare cases, some adults did not approve the content of the booklets as suitable material for the age of their children and therefore did not allow their children to read them. Close cooperation with parents and teacher councils and religious leaders has therefore been essential.

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