

**REVIEW OF IEC/BCC AND RELATED ADOLESCENT
SEXUAL AND
REPRODUCTIVE HEALTH MATERIALS**

BY

DR. NAOMI MMAPELO SEBONI

SENIOR LECTURER

UNIVERSITY OF BOTSWANA

GABORONE

BOTSWANA

SEPTEMBER 2001

ACRONYMS

AYA	African Youth Alliance
ASRH	Adolescent Sexual and Reproductive Health
BCC	Behavioral Change Communication
IEC	Information Education Communication
POP/FLE	Population/Family Life Education
PACT	Peer Approach to Counseling by Teens
YWCA	Young Women's Christian Association
BOFWA	Botswana Family Welfare Association
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund

TABLE OF CONTENTS

	Page
EXECUTIVE SUMMARY	i - ii
SECTION ONE	1
Introduction and Background	1
Statistics on Adolescents Problems	3
Purpose of the Consultancy	3
Methodology	4
Behavior change needs of youth in the area of adolescent sexual and reproductive health	5
Creating an Enabling Environment	6
SECTION TWO	
Assessment of available behavior change communication On ASRH in Botswana	9
Gaps between existing materials and behavior change needs of youth in the area of ASRH	31
Recommendations	32
Conclusion	33
References	34

EXECUTIVE SUMMARY

Adolescents in Botswana and within the entire Sub-Saharan Region are subjected to trials and tribulations, which emanate from their own microenvironments. These young people deserve the best quality of life possible and thus the society needs to create a conducive environment for their successful growth and development. In Botswana the Government, in partnership with UN Agencies, NGOs Youth and other stakeholders, appreciate the need for sharing responsibility. As a result, the Donor Agencies are keen to fund projects that are geared towards young people, particularly those that promote young people's sexual and reproductive health within the context of total health development. For projects of this nature to be successful, a baseline data is essential.

This consultancy is designed among other things, to reveal what exists regarding IEC/BCC materials related to ASRH. The purpose of this consultancy is thus to:

- Identify sexual and reproductive health information and skills needs of adolescents.
- Review the existing BCC/IEC materials to guide materials development for BCC component for AYA.
- Identify gaps in existing educational materials addressing ASRH information and skills.

Methodology

The existing ASRH materials developed for Botswana (print and electronic) were selected, reviewed, and analyzed. The study identified content, its appropriateness, target population, gaps, and others. Posters/pamphlets; training programs/guidelines, manuals, evaluation reports and videocassettes were reviewed.

The behavior change needs were identified through existing research on ASRH in Botswana.

Results:

The analysis revealed that a lot of effort has been made to produce IEC materials in Botswana by the Ministry of Health (Family Health Division), NGOs such as BOFWA, PSI, YWCA and others. Other IEC Materials have been imported from other African countries and beyond Africa. The focus has been imparting creation of awareness and marketing of sexual and reproductive health products, ideas and commodities. The need for behavior change communication has been mentioned in most recent IEC Materials. However, most of them do not guide young people on how to embark on the long journey for behavior change. Some of the videocassettes revealed a strong component on behavior change.

This study also identified the gaps that exist between behavior change needs and the existing IEC/BCC materials. Recommendations were made, to guide bridging of existing gaps in ASRH, BCC/IEC.

SECTION ONE

Introduction and Background

The recognition of adolescents as a unique population group within the entire life span has influenced the leadership in Botswana to identify their needs and develop strategies to improve their health and development. Also, the environment that exposes adolescents to risks such as poverty, violence, exploitation, gender discrimination, to mention just a few, needs to be challenged, and rendered safe and supportive. The Government of Botswana, in partnership with United Nations Agencies and other stakeholders, developed a framework for a comprehensive strategy to address ASRH. Several measures, including acquisition of accurate information for making informed decisions, attainment of life skills necessary for avoiding risky behaviors, opportunity to access adolescent friendly services and obtaining behavior change communication, which is directed to change individuals' convictions deeply rooted in their cultural understandings are required (Govt. of Botswana MOH, 2001 and WHO Western Pacific Region, 2000).

Adolescence is defined differently in different societies, and its construction is molded by prevailing circumstances such as peace, war and cultural expectations. WHO views adolescents as those aged 10 to 24 years. In Botswana, adolescents are those aged 10 to 21 years. Currently, the Government of Botswana's focus is, as guided by youth policy, on young people aged 12 to 29 years.

Adolescent sexual and reproductive health needs to be viewed within the total adolescents' health and development. About 38% of the Botswana population consists of

youth aged between 10 – 24 years. This calls for recognition of adolescents as a unique group with its own specific needs. Throughout decade adolescents' health, in particular their sexual and reproductive health has been neglected. This gap had serious consequences such as early and unprotected sex, unwanted pregnancies, high prevalence of HIV/AIDS and other STDs among youth. Young people's sexual and reproductive health problems have negative impact on Botswana's growth and development. As a result, the government of Botswana, in partnership with other stakeholders, has initiated several national strategies which have adopted the principles of various and relevant national and international positions and conventions for example, International Conference on Population and Development (ICPD), Children's Rights Convention, Fourth World Conference on Women, National Population Policy, Botswana Sexual and Reproductive health Program, National Youth Policy, National Policy on HIV/AIDS and others.

Botswana faces various challenges pertaining to adolescents' health and development. These challenges require adoption of PHC, which purports multi-disciplinary collaboration, community participation and others. It is common knowledge that most conditions that contribute to adolescents' morbidity and mortality are preventable. During adolescence, healthy life styles and life-skills can be developed. Therefore, society needs provision of opportunities for development of effective strategies that would enhance positive adolescent health and development, and result in enjoyment of good health and good quality of life throughout the adult years.

Statistics on Adolescents' Problems

- Several studies (Seboni, 1993, Ball 1998, Ahmed 1989, and Sentinel Surveillance 1999), revealed high prevalence rates of unwanted pregnancy among adolescents, HIV/AIDS and other risky behaviors like early initiation of sexual intercourse. Also, studies on knowledge, attitudes and practices among youth show that they have a high level of knowledge (e.g. HIV awareness rated at 95%). However, this is not congruent with their actual behavioral practices (WHO/UB KAP study, 2000).
- 60% of Botswana is youth aged below 30 years. The HIV prevalence rate is highest among youth, for example for those aged 15 t 19 years, it is 20%, 20 to 24 years, it is 43% and for those aged 25 to 29 years, it is 45%. It has been observed that the average age of first sexual intercourse among adolescents is 17.5 years. Teenage pregnancy increased from 24% in the late 1980's to 30%. These problems demand a concerted effort among Government and all stakeholders.

Purpose of the Consultancy

The purpose of this consultancy is to:

- (i) Identify the sexual and reproductive health information and skills needs of adolescents.
- (ii) Review the existing behavioral change/ Information, Education and Communication materials to guide materials development for behavioral change communication component for African Youth Alliance.
- (iii) Identify gaps in existing educational materials addressing adolescent

The main task of this study is to review existing ASRH BCC/IEC materials and literature to guide adaptation, adoption and development of BCC materials for adolescents in Botswana. The above task will be achieved through the following activities:

- a) Assessment of BCC literature (print and electronic) that is evaluation reports, training manuals, guides etc. that focus on adolescents' health and development.
- b) Identify gaps between materials and behavior change needs of youth in the area of ASRH.
- c) Write a report and present findings at a one-day meeting of a few stakeholders.
- d) Select some materials for field testing and possible adaptation.
- e) Make recommendations for bridging the identified gaps.

Methodology

ASRH materials developed for Botswana (print and electronic) were reviewed, analyzed to identify the focus, content, target population, gaps, their appropriateness, quality, suitability and other critical elements. Also the researcher assessed the materials and their messages to establish whether they were convincing, motivating, innovative, credible and personalized. The following ASRH BCC/IEC materials were studied and analyzed:

Booklets, pamphlets, posters, magazines, training manuals and guides, curricula, evaluation reports and video- cassettes.

Behavior Change needs for youth in area of adolescent sexual and Reproductive health

These have been identified in several research studies on adolescent sexuality in Botswana (Seboni, 1993, 1996, Seboni and Taolo, 1995, Ball, 1998 and Ahmed, 1989, Seboni, Dambe and Abosi, 1999, WHO/UB KAP Study 2000).

- Avoid risk taking behavior
- Live in a safe and supportive environment
- Need to understand normal physical and physiological changes in their bodies
- Have the ability to deal with developmental changes
- Assume responsibility for one's sexual health such as abstinence, safe sex
- Obtain counseling
- Develop life skills, such as assertiveness, decision making and livelihood skills
- Know and exercise their sexual and reproductive rights
- Respect one another
- Practice safe sex and prevent unwanted pregnancies, STIs including HIV/AIDS
- Value virginity until older and/or marriage
- Ensure proper condom use and disposal
- Need for privacy, confidentiality and protection
- Utilize behavior change communication for positive behavior
- Information, Education and communication
- Resist peer pressure e.g. to initiate sex and prove fertility and/or manhood
- Active participation in their health care
- Effective gender relations and empowerment.
- Make informed choice

- Utilize available user friendly and comprehensive ASRH services that are sensitive to their rights, developmental level and culture.

Creating an Enabling Environment

The National Council on Population and Development identified the need for population communication (IEC) strategy for Botswana – which emanated from the National population and development policy and other related policies such as youth, Health and Women and Development. These policies purport multi-sectoral approach to all aspects of population issues and development which, include, among other things, sexual and reproductive health, male participation in family life, youth, information education and communication, women’s status, empowerment and others.

The IEC strategy suggests four (4) communication intervention strategies, namely:

- Information and awareness campaigns to create awareness and educate the public through use of various mass media.
- Advocacy: this involves provision of information and embarking on persuasive activities to all stakeholders for creation of an enabling environment (through creation of policy, legislation and other regulatory mechanisms) for acceptance of the addressed issue or product.
- Social Marketing – it involves campaigns that provide persuasive messages that encourage acceptance of ideas; behaviors and programs geared towards promoting behavior change. The audience’s perception, preference and satisfaction have to be taken into consideration.

- Attitude and behavior change communication campaigns – it is viewed as a more complex approach that addresses deeply held psychological, religious and socio-cultural convictions, as these cannot only be combated through mere provision of basic information and knowledge campaigns. The behavior change communication is geared to change the deeply rooted attitudes, values, beliefs and cultural practices in a society (National Council on Population and Development, 1998).

In recent years a rigorous approach to adolescent sexual and reproductive health has resulted in partnership projects such as, Bill and Melinda Gates and Turner projects. The collaborators are UNFPA, PATH, Pathfinder International, some NGOs and Ministry of Health. The project is entitled “shares responsibility for ASRH in Botswana. The central goal is to improve ASRH with focus on HIV/AIDS. One of this initiative’s major component is behavior change communication.

As alluded to earlier, behavior change communication is more complex as it has to address deeply rooted psychological, cultural and religious constructions. Thus, materials developed in this area have to take into consideration various perspectives that explain people’s psychosocial development. For example, psychologists such as Piaget, Erickson and others, purport that human behavior and intellectual development can be explained through various level of psychosocial development. Phillip’s (1975) analysis of Piaget’s theory portrays that language is not the original basis for thought; rather, “it is

the vehicle by which thought is socialized and does not totally influence the human thinking.” (P.69).

Adolescents are said to be egocentric, and peer interaction is the best measure to deal with this characteristic. Peer interaction enables the adolescent to recognize his/her views as one among others. An authoritarian approach by adults may often be rejected. Behavioral change communication has to enhance creativity, discovery and stimulate critical thinking that will enable young people to make responsible decisions. Martin and Pear (1983) state that for the behavior change modification to occur:

- It is critical to make use of reinforcement the natural environment provides for the targeted behavior.
- Work with people in the natural environment such as homes, neighborhoods and others.
- Allow individuals to manage their own behavior.

It is important for behavior change communication to adopt modeling methods (demonstrations) or simulations, role modeling as these may enable people to gain self-efficacy (confidence). Modeling is defined as imitation of others in the environment through observations, listening and experiencing. This is important in interpersonal relationships such as examining behaviors people model (Gazda, Asbury, Balzer, Childers and Walters (1991).

Self-management methods such as self-regulation or self-reinforcement make one take responsibility for one’s behavior (Kanfer and Goldstein, 1991).

SECTION TWO

Assessment of Available Behavior Change Communication Materials on ASRH in Botswana

Several IEC materials on ASRH in Botswana were obtained from Government departments, NGOs and educational institutions. The following discussion presents an analysis of IEC materials obtained from or developed by the Family Health Division, STD/HIV/AIDS Unit, Botswana Family Welfare Association, YWCA, University of Botswana Health and Welfare Center, Department of Curriculum Development and Evaluation (MOE and Population Service International).

1. **I Need to Know Series:** Part I, ii, iii, iv and v developed by the Family Health Division. These series portray a dialogue either among adolescents and adult relatives like aunts and uncles, or among boys and girls.

Part i: It addresses puberty and attempts to assist young people to deal with physical, emotional and social changes occurring during adolescence. It emphasizes the physical changes.

Gaps

- Emotional changes are only mentioned and not elaborated on
- Cultural practices such as rituals conducted at menarche are omitted

- There is no mention of how to deal with one's responses to both physical and emotional changes. Also, adolescent is not assisted to handle societal or other people's reactions to changes that he/she experiences.

Part ii: Addresses relationships and sexual feelings.

This series demonstrates the dilemma experienced by parents regarding provision of information to adolescents on sexuality matters. It depicts important areas such as:

- Boys' ways of initiating sexual intercourse
- Myths about sexual intercourse
- Abstinence
- Shared responsibility
- Making choices
- Peer pressure
- Also markets the series

Gap:

- It endorses the cultural expectation of the active role played by mothers in providing information on sexuality matters to teenage children, especially, daughters. The father is portrayed as playing a minimal role.
- Girls' sexual feelings were not addressed and this may convey the message that only boys who experience sexual feelings.

Indeed this reflects the fact that authors may also be very much influenced by the cultural values and expectations.

Part iii: Contraception and HIV/AIDS

The focus is marketing of condoms. The message is personalized and provides information on shared responsibility, use of condoms and where to get them. This issue depicts the girl as naïve and the boy as the one who takes the lead, negotiating for guidance. It provides guidance and portrays girls as also experiencing sexual feelings. This is viewed as normal. The relevant information on the pill provided addresses lack of knowledge about the correct use of the pill.

Part iv: Teenage pregnancy

- The dialogue depicts the girl's persistence
- That boys can respect girls
- Demonstrates dominance of older men, and how they provide material things to seduce adolescent girls
- It creates awareness about the consequences of having sex with older men
- Illustrates that young men can also abstain from sex

The gap identified is that the dialogue does not assist young women on how to avoid older men, such as equipping them with assertiveness and decision making skills.

Part v: Teenage pregnancy and its social economic and emotional consequences

- This scene provides information on family planning methods and their correct use
- Importance of avoiding subsequent unplanned pregnancies and cautions teenage girls about sugar daddies

- Encourage girls to uphold their virginity status as a cultural value

Gaps:

The boys were not warned about sugar mummies. Virginity should be encouraged for both teenage boys and girls.

The series convey personalized messages to the reader. They may challenge the adolescents to examine their own convictions about the issue at hand, and grapple with the best ways to deal with such issues. The series basically provide information on sexuality matters and do not focus at all on behavioral change communication. The subsequent issues were to deal with specific topic/issue at a time.

-What people need to know – this IEC material outlines the advantages of family planning at individual and socio – economic levels.

Posters/Booklets/Pamphlets

MCH/FP Unit also developed posters, pamphlets and booklets in addition to the “I need to know series” For example, there are several posters, pamphlets and booklets that provide information as well as marketing family planning methods. Examples are: pamphlets on methods of child spacing, which provides information in Setswana and English on methods of contraception, BOFWA has a booklet entitled “Youth Decisions in preventing HIV/AIDS.” The booklet mostly provides information on sexuality matters and urges youth to change their behavior and attitudes towards unsafe sexual practices, however, it does not necessarily guide young people on how to embark on the behavior

change process. BOFWA also trains youth on life skills such as assertiveness, interpersonal communication, and skills on income generation.

- Some materials such as “Kitso ka go dirisa sekausu” emphasize the marketing of the condom, but do reflect some aspects of behavior change communication, through pictures, and the story telling approach.
- PSI posters pamphlets and booklets mainly focus on social marketing of ASRH products, materials and ideas. They portray persuasive messages that are meant to convince the audience to accept ideas and information geared towards behavior change.

Others materials developed by Family Health Division

Health Education unit developed a poster on methods of contraception which include their advantages and disadvantages, such as side effects, effectiveness and warning signs. The methods included were the pill, injectables (Depo provera) Norplant, male condom diaphragm spermicides, sterilization, tubal ligation and vasectomy. FHD also provides a booklet entitled “which is your goal: certificate or pregnancy” in both English and Setswana. The booklet warns adolescents about the effects of teenage pregnancy and encourages them to talk to their parents. This booklet however, does not provide teenagers with the necessary skills such as assertiveness, decision making and communication skills on discussing sexuality matters with parents and peers.

The content of IEC materials developed by Family Health Division is simple, concise and focused. However, the content is mainly designed to provide information.

Botswana Family Welfare Association

This organization has adopted FHD IEC materials as well as usage of its own materials in the form of posters, booklets, pamphlets, magazines and videos.

Examples of posters include the one on creation of awareness on parents' responsibility regarding adolescent sexuality. It persuades parents to talk to their children about sexuality matters.

The Health and Wellness Center at the University of Botswana has developed its posters, booklets and pamphlets. One poster urges youth to take responsibility for behavior change, but does not guide them on how to go about it. It urges young people to talk openly about HIV/AIDS. The other poster markets the male and female condoms. It creates awareness on benefits of delaying sexual activity.

Posters

YWCA uses posters developed by FHD and BOFWA. It has a few videocassettes. POP/FLE Unit/Dept of curriculum and evaluation has posters developed in RSA that provide information. The posters pose questions on HIV/AIDS, STDs and gender issues. The questions solicit knowledge and do not address behavioral change.

Evaluation Reports

The evaluation reports on impact of HIV/AIDS among youth mainly focus on knowledge, attitudes and practices. There is a gap regarding actual study of behavioral change among youth.

Training Programmes Manuals/Guidelines and Curricula

- (i) Adolescent Health and Development Course (Department of Nursing Education, 2000)**
- (ii) HIV/AIDS prevention and control course (Department of Nursing Education, 2000)**

The Department of Nursing at the University of Botswana had developed the above two courses that focus on youth. One is the Adolescent health and development course that is offered to undergraduate and graduate nursing students. The HIV/AIDS prevention and control course is offered to all undergraduate students as a component of general education.

The adolescent health development course is designed to increase awareness on adolescents' needs. It also provides correct information on health issues, concerns, and problems as well as developmental transition processes during adolescence and their consequences. The course also equips young people with life skills, social, moral, ethical and communication skills that will enable them to address their own attitudes, values and practices, as well as those of their peers. Both courses emphasize behavioral change communication and utilize participatory/interactive teaching methods. They emphasize taking responsibility for one's health and prevention of at risk behaviors as individuals and groups. Social and moral development, character building and gender empowerment are emphasized.

(iii) **HIV/AIDS Counselor and training guide** – developed by the Counseling Sub Unit of the AIDS/STD Unit Ministry of Health. The Unit has involved other collaborators such as the Department of Nursing, Counseling Center, both of which are housed at the University of Botswana, Ministry of Local Government Lands and Housing and Institute of Development Management. The representatives from these agencies formed the task force that developed the above programme. This course is developed for health workers, social workers and community workers who need to be equipped with counseling Skills for HIV/AIDS. The case study method will be adopted mainly to address preventive and behavior change counseling, pre and post-test Counseling for HIV.

(iv) **Botswana Sexual and Reproductive Health Program: Service Standards and Guidelines 2001**

These were developed by a multidisciplinary group under the leadership of Family Health Division, Ministry of Health, and completed in 2001. The Gates Foundation funding for a project entitled “Alliance for Adolescents” shared responsibility for reproductive Health in Botswana enabled the development of this program. The major focus is to improve ASRH and the guidelines guide health managers and providers in the implementation of the ASRH project. The guidelines have different uses namely:

Guide for upgrading and improving SRH counseling and clinical services.

Guide assessment of quality care against the stipulated standards

- Guide training
- Guide supervision

The guidelines are comprehensive and address several areas such as policy framework and organization, cross cutting issues in SRH, priority components of SRH in Botswana and in each of the mentioned areas for adolescents considerations are explicitly discussed. In particular the adolescents' special considerations for IEC is outlined. The critical elements mentioned include:

- Increasing of awareness on SRH
- Enhance the ability of individuals and groups to exercise their basic rights
- Behavior change regarding negative attitudes, beliefs and practices, and prevention of SRH problems.

(v) Operational Guidelines for African Youth Alliance (AYA) Botswana Project (Draft) 2001

These guidelines are still in draft form. They will be used to guide all implementing partners. The intention is to standardize operations and facilitate management, provide the blueprint for operations and empower youth, among other things. It outlines roles and responsibilities of all the implementing groups. It also guides proposal development regarding the IEC/BCC – needs assessment is required for existence of peer education – that is in terms of out reach activities and the extent of coverage, types of media strategies used in BCC, availability of BCC materials for youth. Also, the

existence of life and livelihood skills necessary for empowerment of youth will be assessed.

(vi) The Botswana Harvard AIDS Training Programme, 2001

The course is designed for all health care professionals following the needs assessment, which revealed their need for more information and new skills for treating HIV, and AIDS patients. The need for skilled counselors was also expressed. There are general modules for all providers as well as specific ones for physicians, nurses and counselors. The modules include:

- HIV and AIDS related disease
- HIV/AIDS care management
- HIV Testing and counseling
- Gender specific HIV issues
- HIV/AIDS care for children
- Psychosocial issues
- Supportive Care and Palliative Care

(vii) BOFWA Training Programme on Adolescent Sexual and Reproductive Health

BOFWA also has developed a program on adolescent sexual and reproductive health, which includes individual, family and group counseling. The program purports use of drama, debates, videos, poetry and dance to deliver ASRH messages. The author assumes that the above methods of relaying messages in a personalized, motivating and innovative manner are effective. These

approaches may actually be directed towards behavioral change communication.

(viii) BOFWA Peer Education Training Manual

BOFWA also has a Peer Education Training Manual. The main purpose of the manual is to challenge youth to reflect on their behavior change. It promotes positive behavior change and equips youth with life skills such as negotiation, decision-making and problem solving skills. The content is comprehensive and includes other things like body image- what it is and what one can do to change things, values, choices and their consequences, skills development, exercises e.g. how to say no to sex; as well as counseling that guides young people to come up with their own options. The content for their training program reflects creativity, learner centeredness and is definitely personalized.

(ix) University of Botswana Health and Wellness Center Training Manual for University Student Leaders

This Center also has a training manual for university of Botswana student leaders entitled, “HIV/AIDS and You. It addresses the challenges and opportunities. This center produced the HIV/AIDS education brochure, which recommends dissemination of messages aimed at behavior change including safe sex practices. The brochure provides basic scientific facts on HIV/AIDS education brochure, which recommends dissemination of messages aimed at

behavior change including safe sex practices. The brochure provides basic scientific facts on HIV/AIDS in a simplified manner. It has attractive colorful presentations on the current status of HIV/AIDS in Botswana and outlines the impact of HIV/AIDS on individuals, family and the society at large. The brochure mainly provides information. Though it alludes to the significance of emphasizing behavioral change, it fails to provide tips on skills on behavior change.

Curriculum Development and Evaluation Department

(x) Guidance and Counseling Curriculum Guidelines

a) Guidance and Counseling Division

Curriculum guideline for Standards I to vii (31st July 2000)

These guidelines address essential aspects for behavioral change namely:

- (i) Personal guidance (self awareness, decision making, choice and grooming.
- (ii) Social Guidance and adolescence, interpersonal relationships, making friends substance use and abuse, POP/FLE, communication skills, social skills.
- (iii) Educational Guidance (Education and Employment, Effective study
- (iv) Vocational Guidance (Self Employment)

The content is comprehensive and teaching methods are learner centered, and may influence behavior change and development of positive attitudes towards life in general from an early age.

b) Junior Secondary Curriculum Guidelines (1998)

The content covers topics outlined for primary school level with a few additional topics in each area of focus.

Social Guidance: Copying skills, managing family, corruption and economic crime.

Vocational Guidance: job seeking skills, Financial and technical assistance for self-employment.

c) Senior Secondary Curriculum Guidelines (1998)

These Guidelines address career content, which builds on the primary and junior secondary levels. Additional content in specific areas are:

- Personal Guidance: value clarification, voluntary and charitable organizations, leadership, responsible parenthood, social change, young adulthood,
- Vocational Guidance: preparation for working life, career choice, interview skills. The emphasis is on character building, assuming responsibility at personal and social level, and developing entrepreneurship skills. The programme equips young people with life skills and livelihood skills.

- d) The department also developed guidelines specifically for POP/FLE and HIV/AIDS through the POP/FLE Unit (Draft). The guidelines are for all educational levels and the teacher has to provide age specific content. The modules are on:
- Population and environment
 - Family Planning (FP) and responsible parenthood
 - Home Management
 - Life skills
 - HIV/AIDS education
 - Health Education
 - The Family
 - Human Growth and Development

Unlike earlier versions on counseling the guidelines do not differentiate content for primary, junior and senior secondary. Some of the identified constraints and their specific content may be appropriate for Senior Secondary and tertiary levels.

- e) HIV/AIDS Guidelines (Draft) the content includes Basic facts of HIV/AIDS, Nutrition, hygiene, sexuality

Education, STDs children's rights and AIDS, child abuse beliefs and practices that contribute to spread of HIV, care and support of the infected and affected. HIV/AIDS impact on infected and affected, Life skills, Living positively and relationships.

The guidelines go beyond provision of mere facts on HIV/AIDS – and adopt a broader perspective. However, it does not delineate the content according to various educational and developmental levels.

(xi) YWCA Facilitators Guide for training Peer Educators (Peer Approach to Counseling by Teens)

The orientation covers history, objectives, youth problems, role and responsibilities of peer educators. Other parts include POP/FLE (values, attitudes, sexuality, relationships, teenage pregnancy, STD/AIDS, cultural transitions, abuse and violence, Substance use and abuse, gender issues, skills building, Education and employment, networking, skills development (self awareness), decision making, assertiveness and responsible behavior are addressed. The teaching methods allow for participatory learning that may enhance behavior change e.g. brainstorming, role-play, case study, group discussion, debate, and demonstrations. The manual provides useful guidelines for various educational sessions Field visits and exchange programs provide an opportunity for practical experience.

MCH/FP also has the family planning policy (revised Sept, 1994) guidelines and services standards.

- These allude to provision of IEC at individual and community level and the provision of a variety of Family planning devices and care of people with infertility, and counseling.
- The need to enable youth to make informed decisions and choices.

➤ Creation of awareness.

Assist the family to make an effort to delay first pregnancy- and have small family size. However, the guidelines do not guide providers on how to relay behavior change communication that addresses youth, women and men.

(xii) Reviewed Video Cassettes

The UB health and wellness center has several videocassettes, which provide information on HIV/AIDS and other health problems. BOFWA, YWCA and FHD also have useful and relevant videos. A summary assessment of some of these videos follows in the table below:

NO	TITLE	FOCUS	COMMENTS
1	No Second Chance	Released by the Center for Disease Control in the USA. It reveals the infection rate of STIs, including HIV and its intensity. Facts about HIV/AIDS such as types of HIV viruses, how the virus affects the body, its spread and complications are provided. It targets youth. It also portrays people living with AIDS, sharing their emotional and physical experiences. Emphasis	This video is interactive and personalized. It challenges the viewer to reflect on her own attitudes, practices and convictions. It alludes to behavior change as critical in the prevention of HIV/AIDS. It adopts the religious perspective in offering guidance to young people such as valuing of secondary virginity (i.e. not to have sex outside marriage). It promotes monogamous relationships. It emphasizes the moral aspect of relationships. It may inflict fear and a sense of hopelessness for those who may have resorted to condom use as a measure for safe sex. It may however be useful to the younger teenager who is not yet sexually

		<p>is placed on the fact that in life we make choices. The video further maintains that safe sex with a condom is a myth, as a condom has a 30% failure rate. Uses the analogy that having sex is like packing a revolver. No sex is safest. The video promotes adoption of smart sex, the notion of secondary virginity, and sex only within marriage. Finally it cautions partners to being alone in secluded places.</p>	<p>active to value virginity till older or married.</p>
2	The Right Time	<p>Tells the story of four pregnancies: (i) Dimakatso and Japan. The story is based in South Africa. Portrays the mother of a teenage girl reflecting on her failure to talk to her daughter about sexuality- sees this as the teacher's responsibility. Furthermore, the mother expects her husband to discuss</p>	<p>The four scenarios expose the young people to 4 common life situations. They show that: most adults find it difficult to discuss sexuality matters with youth that parents shift their responsibility to teachers and vice versa.</p>

		<p>sexuality matters with their son.</p> <p>(ii) The second scenario demonstrates the sugar daddy syndrome, where a lonely migrant laborer meets a teenage girl and entices her with material things like clothes. This minor takes advantage of poverty in the girl's family. The man instructs the schoolgirl not to use contraceptives as they may enable her to have sex with other men. She becomes pregnant and the miner abandons her. She eventually runs away from home and stays with friends. Ultimately she gives birth and dumps the baby in the bush.</p> <p>(iii) This story shows how mothers may act if they suspect their daughters are sexually active. She takes her to the clinic to put her on</p>	<p>The consequences of poverty and having relationships with older men are well illustrated. This video may challenge the young person to reflect on her actual values and practices – and decide to change her behavior.</p> <p>Reflects lack of respect for adolescent sexual rights. Teaches young people as well as adults to be involved in making informed decisions- illustrates the need for life skills among youth. Challenges men's dominance in sexuality matters.</p>
--	--	--	--

		<p>the pill. The daughter revolts and resorts to alcohol use. She gets pregnant and goes for an illegal (unsafe) abortion.</p> <p>(iv) Illustrates a young couple, which plans its family by delaying pregnancy and visiting the Family Planning Clinic.</p>	<p>Reflects share responsibility among partners and positive outcome such as, informed decisions and choices.</p>
3	Like any other love	<p>Focuses on life skills like assertiveness, being able to negotiate for a relationship without sex.</p> <p>Illustrates support of the partner irrespective of the HIV/AIDS status</p> <p>AIDS at the workplace, the discrimination that HIV/AIDS people face at the workplace.</p> <p>Shows parental support though with mixed feelings at times. Also shows the influence of neighbors on individuals.</p>	<p>The video is good for couples and those who have just started dating.</p>

4	Doors Opening: A positive approach to AIDS	<p>Emphasizes positive living, importance of support groups as well as self-appreciation and support. That being HIV positive is not a life sentence.</p> <p>Addresses the spiritual aspect of a human being.</p> <p>Provides a guide on how to deal with feelings or emotions.</p>	It is ideal for HIV infected and affected families and groups. It provides behavior change communication by stating what people can do and how to go about it.
5	Karati Kids	<p>Targets street children. Reveals how adults take advantage of street or neglected children through sexual abuse and violence. It also creates AIDS awareness among street children.</p>	Ideal for encouraging children and young adolescents to be alert and to protect themselves. Equips street children with survival skills e.g., how to support one another to avoid problems.
6	Sex and Love: What a teenager should do	<p>Provides information to young and middle aged adolescents on sex, abstinence, sexual feelings e.g. the notion of readiness for sex and its consequences.</p> <p>Emphasizes the relationship between sex and love – real love and lust. Explains</p>	It provides moral education. Illustrates how one's morals can guide positive decisions and appropriate choices in life.

		<p>chastity – sex for committed love. That taking risks is not love. There is no real bond with sex outside marriage for young people. That condom use ignores a person’s emotional needs.</p>	
7	More Time	<p>Based in Zimbabwe and targets young adolescents. Reveals the strength of peer pressure in risk taking behaviors such as, substance abuse and sex. The role played by parents in directing and guiding their children.</p>	<p>Guidance of young boys and girls requires consultation and shared responsibility among parents. Reveals how young people can learn from young and older relatives and through experience.</p>
8	All talk (UK)	<p>Boys and girls talk and exchange ideas on the power of positive and negative peer pressure.</p>	
9	TASO Day Center (Living positively with AIDS and based in Uganda)	<p>It emphasized the will to fight and live positively with the disease. It lays emphasis on what can be done. It is a support</p>	

		<p>group for all those infected. Skills development to generate income is given priority. The center runs an AIDS clinic where they receive prophylactic treatment for opportunistic infections and counseling. It further deals with the fear and dilemma faced by providers with regard to disclosing the diagnosis to patients.</p>	
10	AIDS and Youth = based in Tanzania	<p>Different artists on such issues lay emphasis on music in Kiswahili to relay HIV/AIDS information as the impact of HIV/AIDS, how it is spread and how it affects everyone without regard to age sex and social status. Dram is also used to convey important messages.</p>	

Gaps between existing materials and behavior change needs of youth in the area of ASRH

- Emphasis placed on provision of information rather than tips on approach skills for behavior change
- Lack of guidance in creating a safe environment for experience of ASRH rights
- Exposure of adolescents to physical development changes, and limited information on psychosocial/emotional changes.
- Failure to equip adolescents with life skills to handle developmental tasks
- Adoption of gender insensitive approaches and languages
- Lack of age specific message for early and middle aged adolescents
- Minimal emphasis on male involvement in healthy ASRH. Reflection of cultural perspectives that may influence relay of messages that disadvantage and disempower the girl child.
- STIs and HIV screening/testing inadequately addressed
- Lack of livelihood skills
- Lack of data on contraceptive behavior of boys
- Lack of emphasis on healthful living
- No reflection of tailoring of interventions for different levels of development during adolescence
- Issues of removing or minimizing stigma, especially with HIV not addressed.
- Support networks for various adolescent problems not marketed.
- Most of the IEC materials are rather too general and not specific in terms of setting, age group, sex and language.
- Drama and various traditional songs rich in sexuality messages not officially adopted for use in educational programs.

Recommendations

- Information on sexual relationships must address the positive and negative consequences of sexual actions as this enhances responsibility and informed decision making.
- The girl and the boy child should be empowered with life skills to protect them against sugar daddies and sugar mummies.
- Encourage fathers to participate in the education of youth of both sexes.
- Learners must be actively involved in learning activities
- Avoid messages that portray authority, and provide those which challenge one's inner feelings and orientation.
- Behavior change communication must be provided in several languages commonly spoken in Botswana
- Provide reinforcement in the natural environment that adolescents find themselves in e.g., homes, schools, neighborhoods, and recreation facilities.
- Promote interaction among adolescents to exchange views that may enhance behavior change.
- Adopt appropriate methods for behavior change communication such as, demonstrations, role-play, simulations, role modeling and others.
- Identify cultural influences that may impede behavioral change communication as well as those which may enhance it, such as communication and ritualistic performances at menarche by older female relatives.
- Behavior change communication must equip adolescents with life skills for dealing with developmental tasks, and to be comfortable to discuss sexuality matters with parents and other significant adults. Morality issues need to be addressed. Gender sensitivity and equity need to be incorporated in behavior change communication.
- Adopt multiple approaches in development of BCC/IEC materials to enhance creativity and discovery among youth.
- Avoid relay of generalized messages and pay particular attention to specific problems and practices in each district or locality.
- Provide age-specific messages that are culturally appropriate and gender sensitive.

- Utilize drama, traditional songs and poetry as other forms of BCC to address sexuality matters in informal and formal settings.

Conclusion

This consultancy has revealed that various institutions and agencies have BCC/IEC materials that address adolescent sexual and reproductive health. Also, most of these organizations have developed their own, but also use IEC materials developed by the Family Health Division. However, most of the IEC materials provide information; create awareness and market SRH commodities. A limited number, particularly videocassettes do reflect content directed towards behavioral change communication. It is believed that this report will show that materials exist and enhance sharing of resources and expedite development of behavior change communication materials.

REFERENCES

- Ahmed, G. (1989). Adolescent sexuality: Its causes and consequences in Botswana, Uganda, Zimbabwe, 1988/99, the problem in society (conference paper given at World Conference on Demographic and Health Survey Reports.)
- Ball, A. (1988). Family planning for youth in Botswana, information source and availability/Ontario, Canada School of Planning and Rural Development.
- Carmier, W.H. & Carmier, L.S. (1991). Interviewing strategies for helpers. Fundamental skills and cognitive behavioural interventions (3rd ed.). Pacific Grove, California: Brooks/Cole Publishing Company.
- Foy, D. & Dickson-Tetteh (2001). Handbook of adolescent sexual and reproductive health. A national adolescent friendly clinic initiative. Johannesburg: Reproductive Health Research Unit, University of Witwatersrand.
- Gazda, G.M., Asbury, F.R., Balzer, F.J., Childers, W.C., Walters, R.P. (1991). Human relations development. A manual for educators (4th ed). Boston: Allyn and Bacon.
- Government of Botswana/Ministry of Health (2001). Adolescent sexual and reproductive health implementation strategy.
- Kanfer, F.H. & Goldstein, A.P. (Eds) (1991). Helping people change. A textbook of methods (4th ed). New York: Pergamon Press.
- Martin, G. & Pear, J. (1983). Behavior change modification. What it is and how to do it (2nd ed.). Eglewood Cliffs, New Jersey: Prentice Hall.
- National Council on Population and Development (1998). Botswana population communication (IEC) strategy. Gaborone: Ministry of Finance and Development Planning.
- Phillips, J.L.Jr. (1975). The origins of intellect: Piaget's theory. San Francisco: W.H. Freeman and Co.
- Seboni N. M. (1995). Sexual and Reproductive Health Needs of Adolescents in the Okavango Region. Gaborone. UNICEF
- Seboni N. M. (1993). Botswana Female Youth: Perception of Sexuality and Risk-taking Behaviours Mosenodi, Journal of Botswana Educational Research Association.
- Seboni, N. M. (1997). Young people's needs in Botswana. A challenge for nursing. International nursing Review 44, (4) pp. 110 – 114.

Seboni N. M. and Lucas T. (1995). A baseline study on the Needs for Youth (completed).

Seboni, N. M., Dambe, M. & Abosi, O.E. (1998). A Socio-cultural study of Botswana.

World Health Organization/Western Pacific Region (200). Adolescent health and development: A regional profile.