#GoingDigital

A Powerful Toolkit for Developing Sexual & Reproductive Health Rights (SRHR) Digital Interventions for Young People.

My Age Zimbabwe Girls choose Champions.
Photo taken by Fortune Marangwanda.

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ACRONYMS

AGYW	Adolescent Girls and Young Women	SRHR	Sexual and Reproductive Health and Rights
AIDS	Acquired Immunodeficiency Syndrome	STI	Sexually Transmitted Infection
CSO	Civil Society Organization	AI	Artificial intelligence
CSE	Comprehensive Sexuality Education	M&E	Monitoring and Evaluation
DHS	Demographic Health Surveys	mHealth	Mobile Health
GBV	Gender-Based Violence	SMS	Short Message Service
HIV	Human Immunodeficiency Virus	UN	United Nations
LMICs	Low- and Middle-Income Countries	UNESCO	United Nations Educational, Scientific and Cultural Organization
MHM	Menstrual Hygiene Management	UNFPA	United Nations Population Fund
NGO	Non-Governmental Organization	UNICEF	United Nations Children's Fund
SDG	Sustainable Development Goals	WHO	World Health Organization

GLOSSARY OF TERMS

Adolescent girls and young women: This toolkit focuses on interventions that target young people age 10-24 years.

Digital platforms: This includes websites, mobile applications, social media platforms, and messaging services.

Digital technologies: This includes digital and computerized devices, digital communications or social media, and digital audio video.

Human-centered design: This is research that is designed to place the experience of the human "research subject" at the center of research design and implementation.

Smart Phones: Mobile phones with internet access.

Digital Conversations: Dialogues that mainly happen on social Media including visual, audio, and video.

Meaningful youth participation: A participatory process in which young people's ideas, expertise, experiences, and perspectives are integrated throughout programmatic, policy, and institutional decision-making structures so as to best inform outcomes. This process requires young people to be involved in all levels and stages of program, policy, and other initiative development, including design, implementation, and evaluation. Participation and engagement must be supported by:
(i) access to accurate and youth-friendly information;
(ii) meaningful decision-making mechanisms; and
(iii) fully integrated accountability mechanisms from stakeholders.2

Sexual and reproductive health and rights (SRHR):
The Guttmacher-Lancet Commission defines SRHR as "the Physical, emotional, mental, and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity."3
SRHR topics, include contraceptive services, sexually transmitted infection (STI) care, the prevention and treatment of HIV/AIDS, sexual education, abortion care, issues associated with gender-based violence (GBV), and general sexual health and wellbeing..

My Age Zimbabwe Girls choose Champions. Photo taken by Fortune Marangwanda.

ACKNOWLEDGEMENTS

EXECUTIVE SUMMARY

The methodology employed in this Toolkit is firmly grounded in the principles of meaningful youth engagement. Young people were actively involved in every stage of the process, including the design, data collection, and development of the toolkit itself. Their valuable contributions have been instrumental in shaping the content and ensuring its relevance and effectiveness.

This toolkit, developed by My Age Zimbabwe, delves into the barriers and opportunities presented by digital technology in enhancing young people's access to Sexual and Reproductive Health and Rights (SRHR) information.

The COVID-19-induced lockdown exposed young people to vulnerabilities in terms of SRHR challenges, hindering their access to essential information and services. Previously, civil society organizations (CSOs) predominantly employed face-to-face engagement methods, such as community dialogues, theatre performances, roadshows, and comprehensive sexual education (CSE) in schools, to reach out to young people. However, with the implementation of lockdown measures, CSOs and stakeholders encountered difficulties in sustaining their support for adolescents and young individuals.

While the utilization of smartphones, particularly in urban areas, is on the rise among young people, there remains a dearth of evidence regarding their internet usage for accessing SRHR-related information. This includes topics like puberty, menstruation, bodily autonomy, and cultivating healthy relationships.

My Age Zimbabwe conducted an online consultation with youth-led organizations and also conducted offline consultations with 200 young individuals (including 16% adolescent girls and young women) aged 10-24 in Zimbabwe. The pivotal question that guided the creation of this toolkit was as follows: How can we effectively harness the potential of digital technology to enhance the Sexual and Reproductive Health and Rights (SRHR) of young people, and which platform resonates most with their needs?

The consultation encompassed a comprehensive exploration of what, why, and how adolescent girls and young women seek SRHR information through smartphones. Additionally, it delved into the utilization and impact of SRHR information found online. By attentively listening to the lived experiences of young individuals, the consultation aimed to commence the process of unraveling the intricacies associated with this matter.

Moreover, a validation workshop, led by youth participants, was organized to provide a platform for in-depth discussions and the formulation of recommendations. The aim was to explore how digital spaces can be enhanced to ensure accurate and reliable SRHR information, as well as how online platforms can be leveraged to facilitate information dissemination, improve access to SRHR for young people, and bolster advocacy efforts.

TOOLKIT OVERVIEW

The #GoingDigital Toolkit was collaboratively developed by My Age Zimbabwe Trust to provide guidance and best practices for developing and implementing evidence-based digital interventions to support young people's SRHR information and services.

The #GoingDigital Toolkit aims to bolster the creation of evidence-based digital interventions while simultaneously enhancing the capabilities of young individuals and youth-centered organizations. This resource has been crafted to be comprehensible and user-friendly, providing guidance on the development of digital interventions with and for young people.

Within this toolkit, you will find a wealth of information, tips, case studies, and real-life experiences that illuminate the process of cultivating robust and youth-friendly digital interventions. Though designed to cater to a diverse array of audiences and stakeholders, its primary focus remains on young people and youth-centered organizations who aspire to embark on the transformative #GoingDigital journey within their SRHR interventions.

By developing this toolkit, our intention is to foster a more inclusive, equitable, and just world, enabling young individuals to remotely access SRHR information and services.

How the toolkit was developed

The methodology employed in crafting this toolkit wholeheartedly embraced meaningful engagement and co-creation with young people in their diversities, recognizing that young people and youth-centered organizations constitute the primary audience. Consequently, their lived experiences, perspectives, desires, and viewpoints were placed at the forefront of its development.

In collaboration with youth-centered organizations in Zimbabwe, an online survey was conducted to gather valuable insights from the respondents. Their input shaped the nature of the toolkit they deemed beneficial: a user-friendly resource that encompasses best practices for educational purposes.

The research process entailed thorough desk research, drawing upon multiple secondary sources. These sources encompassed reports, books, journals, position papers, guidelines, as well as toolkits developed by CSOs and NGOs that focused on similar thematic areas.
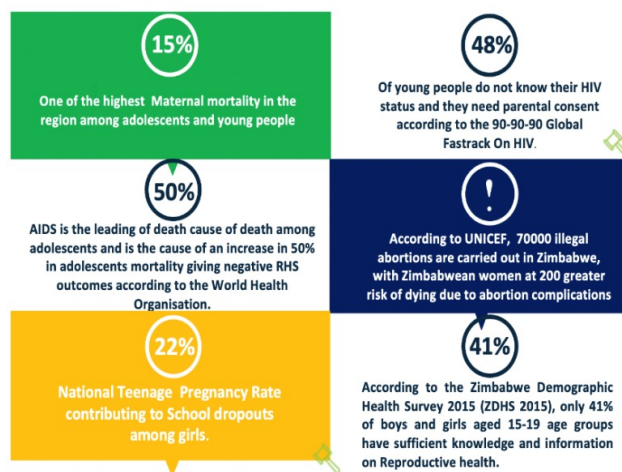
INTRODUCTION

Adolescence represents a pivotal period wherein the foundation for a healthy sexual and reproductive life is laid, simultaneously addressing issues that disproportionately affect adolescent girls. These include harmful gender norms, early marriage, and gender-based violence.

A lack of accurate information serves as a catalyst for risky sexual behavior and suboptimal reproductive health outcomes. Conversely, when equipped with the knowledge necessary to make informed decisions regarding their sexual and reproductive health and rights (SRHR), young individuals are better positioned to fulfill their potential, complete their education, and secure economically empowering employment opportunities.

By addressing barriers that impede access to healthcare services and ensuring that young people possess the means to exercise agency over their SRHR, we can foster an environment in which they are more likely to thrive.

THE INTERSECTION: Digitalization, youth, and sexual and reproductive health and rights

Adolescents and young people encounter numerous obstacles when seeking accurate information about their sexual and reproductive health and rights (SRHR), often finding themselves uninformed or misinformed on the subject. In many low- and middle-income countries (LMICs), the implementation of comprehensive sexuality education (CSE) is not widespread, and the available information may lack accessibility, reliability, or youth-friendly characteristics. Regrettably, minority groups face even greater challenges due to prevalent structural barriers and socio-economic disparities. These difficulties are further compounded by factors such as age, location (rural or urban), and marital status.

15%
One of the highest Maternal mortality in the region among adolescents and young people

48%
Of young people do not know their HIV status and they need parental consent according to the 90-90-90 Global Fastrack On HIV.

50%
AIDS is the leading of death cause of death among adolescents and is the cause of an increase in 50% in adolescents mortality giving negative RHS outcomes according to the World Health Organisation.

According to UNICEF, 70000 illegal abortions are carried out in Zimbabwe, with Zimbabwean women at 200 greater risk of dying due to abortion complications

22%
National Teenage Pregnancy Rate contributing to School dropouts among girls.

41%
According to the Zimbabwe Demographic Health Survey 2015 (ZDHS 2015), only 41% of boys and girls aged 15-19 age groups have sufficient knowledge and information on Reproductive health.

Why #GoingDigital

The use of digital platforms is an increasingly popular approach for achieving health objectives, particularly among adolescents and young people and particularly to address health system shortcomings such as lack of access. Digital health is particularly promising in low- and middle-income countries, where mobile phones are the primary way to access the internet .

People under the age of 35 are more likely to have a smartphone than those in older age groups, and the rate of adoption among young people is much higher . Children and adolescents under age 18 account for an estimated one in three internet users worldwide, and a growing body of evidence shows that young people are accessing the internet at increasingly younger ages .

Going digital in young people's Sexual and Reproductive Health and Rights (SRHR) programming offers numerous benefits and advantages. Here are several key reasons why embracing digital platforms can be effective:

1. Accessibility: Digital platforms provide a convenient and accessible way to reach young people, especially those who may have limited access to traditional healthcare services or live in remote areas. By utilizing digital tools, SRHR programs can overcome geographical barriers and ensure that information and services are available to a wider audience.

2. Privacy and Confidentiality: Young people often face obstacles in seeking SRHR information due to privacy concerns or fear of judgment. Digital platforms allow individuals to access information discreetly, maintaining their privacy and confidentiality. Online platforms can provide a safe space for young people to explore sensitive topics, ask questions, and access resources without fear of stigma or discrimination.

3. Tailored and Personalized Approach: Digital platforms enable SRHR programs to deliver tailored and personalized information to young people. By utilizing data analytics and user profiling, programs can understand the specific needs, preferences, and behaviours of young people, allowing them to provide targeted information and services. This personalized approach enhances engagement and relevance, increasing the effectiveness of SRHR interventions.

4. Interactive and Engaging Content: Digital platforms offer various interactive and engaging features such as videos, animations, quizzes, and games, which can be used to deliver SRHR information in an appealing and interactive manner. These formats can capture young people's attention, promote active learning, and enhance knowledge retention. Interactive content also encourages young people to actively participate, ask questions, and seek further information.

5. Peer-to-Peer Support and Community Building: Digital platforms provide opportunities for young people to connect with peers, share experiences, and seek support in a safe and supportive environment. Online forums, social media groups, and chat services can facilitate peer-to-peer interactions, fostering a sense of community and solidarity. Peer support is crucial for young people's SRHR, as it allows them to discuss sensitive topics, seek advice, and learn from each other's experiences.

6. Scalability and Cost-Effectiveness: Digital platforms offer scalability and cost-effectiveness in delivering SRHR programming. Once developed, digital interventions can reach a large number of young people simultaneously without significant additional resources. Compared to traditional face-to-face interventions, digital platforms can be more cost-effective in terms of distribution, training, and monitoring.

7. Real-Time Monitoring and Evaluation: Digital platforms provide the capability to collect real-time data on engagement, usage patterns, and outcomes. This data can inform programmatic decisions, identify knowledge gaps, and evaluate the impact of interventions. Real-time monitoring and evaluation enable SRHR programs to be adaptive, responsive, and evidence-based.

While digital platforms offer numerous advantages, Digital divides exist, however, and they mirror broader socioeconomic divides— between rich and poor, men and women, cities and rural areas, and those with education and those without due to factors such as limited internet access, affordability, or digital literacy. Therefore, a comprehensive approach that combines digital interventions with other strategies, such as offline outreach and community-based programs, is necessary to ensure inclusivity and reach the most marginalized populations.

My Age Zimbabwe Girls choose Champions.
Photo taken by Fortune Marangwanda.

The Rise Of Digitalization.

The rise of digitalisation is undoubtedly one of the most important trends of recent years: more and more people around the world are using the Internet and Internet-based technologies to connect, interact, access services and information, and share ideas. There are 5.3 billion internet users in the world as of 2023, meaning over 65% of the world's population has access to the internet. In Zimbabwe there has been an exponential increase of 117 thousand (+2.1 percent) between 2022 and 2023 with a total of 5.74 million internet users as of January 2023 .

This reflects that developing countries, the use of mobile technology to access sexual and reproductive health (SRH) information and services is especially widespread among young people. Mobile phones provide a cost-effective, efficient and highly suitable communication channel for reaching and engaging young people.
Digital tools are particularly effective because they reduce stigma, ensure confidentiality, and cut costs and challenges linked to reaching health facilities.

Studies have proven that providing SRH information via mobile phones is highly appealing to young people and can positively influence their SRH outcomes, including improving knowledge, reducing risky sexual behaviour, and increasing utilisation of health services.

 It should nevertheless be noted that digital solutions for SRHR are particularly effective when they complement and support the delivery of physical services for young people.

Health care is increasingly being delivered through digital channels such as the internet, mobile phone messaging, social media, apps, voice, video messaging, and telemedicine. This trend has been facilitated by diffusion of mobile technology and rapid advances in artificial intelligence. Digital communication channels offer wide coverage, allow messaging to be targeted to particular groups or individuals, and offer potential for enhancing the delivery of sexual and reproductive health and rights (SRHR) information and support.

Types Of Digital Health Interventions.

Digital health interventions include a diverse array of mobile and electronic platforms, which the SRHR sector has harnessed in both high- and low-income countries to increase access to SRHR services and information, improve quality assurance, and provide remote training.

Sexual and reproductive health and rights (SRHR) for young people can be supported through various digital interventions. Here are some types of digital interventions that can be used specifically for young people's SRHR:

Mobile Applications (Apps): Mobile apps can provide young people with access to comprehensive sexual and reproductive health information, including contraception methods, STI prevention, and menstrual health. These apps may also offer features like tracking menstrual cycles, providing reminders for contraceptive use, and offering resources for sexual health education.

Web-Based Platforms: Web-based platforms can offer interactive and educational resources on SRHR topics tailored to young people. These platforms can provide information on puberty, consent, healthy relationships, and safe sex practices. They may also include anonymous question-and-answer features or chat options to address specific concerns or queries.

Online Counseling and Telemedicine: Digital platforms can enable young people to access confidential and remote counseling services related to sexual and reproductive health. Online counseling can address issues such as contraception, STI testing, pregnancy options, and relationship advice. Telemedicine services can also facilitate remote consultations with healthcare providers for confidential and personalized SRHR support.

Social Media and Online Communities: Social media platforms and online communities can serve as spaces for young people to engage in discussions about SRHR, connect with peers, and access reliable information. These platforms can host interactive campaigns, online support groups, and educational content to promote positive sexual health behaviors and raise awareness.

SMS and Messaging Services: SMS and messaging services can deliver targeted SRHR information and reminders directly to young people's mobile devices. These services can provide information on contraceptive methods, safe sex practices, and STI prevention. Additionally, they can offer personalized support, answer questions, and provide referrals to local SRHR services.

Gamified Education and Apps: Gamification techniques can be applied to SRHR education to engage and educate young people. Gamified apps and platforms can use quizzes, challenges, and interactive storytelling to impart knowledge about SRHR topics in an engaging and fun manner. These interventions can promote healthy behaviors, decision-making skills, and contraception awareness.

Peer-to-Peer Support Platforms: Digital platforms that facilitate peer-to-peer support can be valuable for young people seeking SRHR information and guidance. These platforms allow young people to connect with peers who have similar experiences and share accurate information, experiences, and advice related to SRHR topics.

KEY CONSIDERATIONS

The consultations with young people revealed that young people in Zimbabwe have varied experiences in accessing SRHR information online. Overall, young people are turning to digital platforms as a one-stop shop, where they look for information about their bodies, their health, and their relationships. However, they reported that they do not act on the digital information they find, partly due to a lack of trust in its credibility.

Furthermore, the impact of stigma and socio-cultural norms was evident in how young people discuss and access SRHR information and services. These factors introduced complexities and nuances, leading to diverse findings that warrant careful consideration.

Primary findings are as follows:

1

Young People use multiple digital platforms to access varied SRHR information.

Different digital platforms are used to look up SRHR information.
Google and YouTube are the most preferred. WhatsApp, TikTok, and Facebook are also spaces to discuss and share knowledge. Young people consulted did not use specific SRHR-related applications or websites.

The primary SRHR topics accessed online vary by location. Young people in urban settings mostly search mostly for information on menstruation, sex contraception, sexual health, and abortion. In Rwanda, they search for information on love, relationships, and puberty.

2

Young people seek sensitive SRHR Information through the internet-enabled phones because It can afford privacy and/or anonymity.

Boys compared to girls do not feel comfortable discussing many SRHR issues, even with a close confidant. Hence, digital platforms are a key source of information for SRHR topics that remain taboo.

Adolescent girls and young women fear stigma and suspicion of sexual activity among peers and relatives. They fear both asking questions in person and having their online search histories scrutinized.

3

Young people reported barriers to access and challenges with using digital platforms to meet their SRHR information needs.

4

Predominantly, fear and stigma preclude young people from acting on information they find on digital platforms.

Young people's key issue with information found online was being **unsure of its accuracy and validity.** Therefore, they attempt to validate online information with trusted peers.

Barriers that hinder use of digital platforms for SRHR information include **fears of getting inaccurate information and of being negatively influenced by information found online.** For example, boys might worry about accidentally ending up on a pornographic site.

Adolescent girls and young women are wary of acting on SRHR information they find online. They reported feeling unsure of the accuracy of the information. They also reported a fear of judgment and repercussions from family members if they found out they searched for and acted on such information.

For many young people, **taking action, such as visiting a physical health or SRHR service center is not a common step after finding information online.**

CONCLUSIONS

This toolkit offers an expanded understanding of young people's perceptions of the barriers and opportunities of digital platforms as a source of SRHR information.
Additionally, the toolkit provides an in-depth account of their SRHR questions and concerns. This includes how fear of judgment and stigmatization both influence their SRHR information-seeking behaviors and use of information found online.

When young people proactively and independently manage and express their SRHR in an informed way, it offers benefits to society as a whole. As the world's population of young people grows, efforts to address identified barriers and unlock the potential of digital solutions are necessary. Young people's diverse perspectives lived experiences, and expertise on these topics make them uniquely capable partners. Given this, They should be engaged meaningfully in the program design and implementation.

PERI-URBAN

For young people in peri-urban areas, seeking information on STIs was more popular than in other geographies.

Participants mentioned they looked up methods of contraception to protect themselves against STIs. Searches around the termination of pregnancy were also frequent. Some adolescent girls and young women mentioned they specifically worry about getting pregnant even more than they worry about contracting an STI.
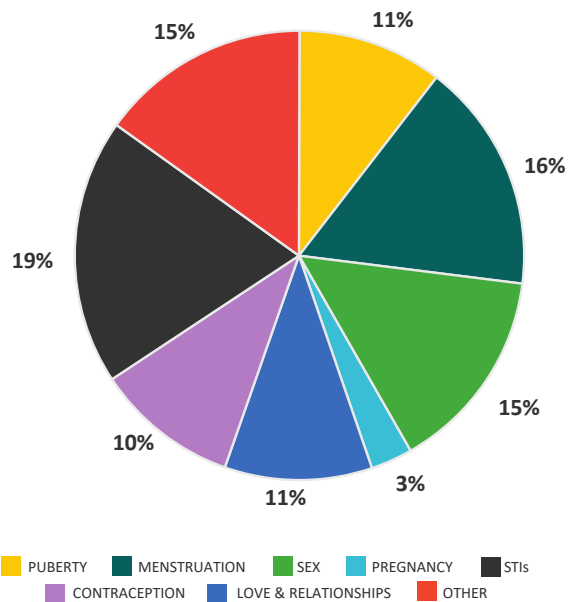
" *Young people that are sexually active are mostly afraid of getting pregnant or contracting STIs, so they search a lot of pregnancy and STI related content online* "

YOUNG PERSON, MACHEKE

PUBERTY 11%
MENSTRUATION 16%
SEX 15%
PREGNANCY 3%
STIs 19%
CONTRACEPTION 10%
LOVE & RELATIONSHIPS 11%
OTHER 15%

URBAN

.
"Love and relationships" was the most searched topic among young people in urban area and searched topics included puberty and menstruation. Girls and young women were motivated to get information on topics like contraception and abortions, due to a fear of the repercussions of getting pregnant before getting married.
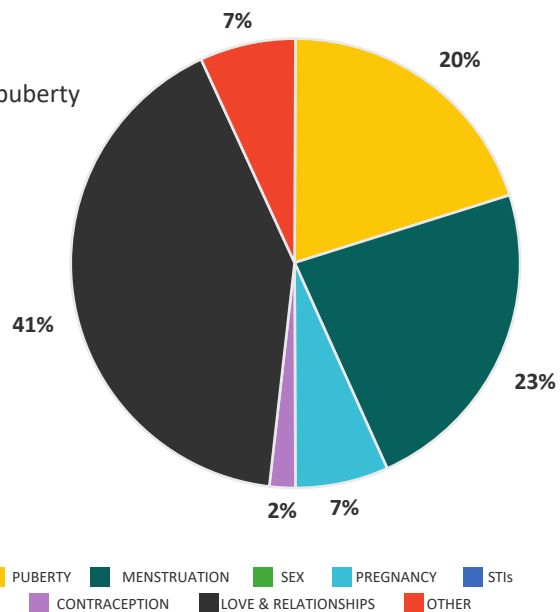
" *As a young person navigating the complexities of love and relationships we crave guidance and understanding as we navigate the intricacies of romance, heartbreak, and building meaningful connections. The digital realm provides us with a platform to explore, learn, and seek advice from diverse perspectives without asking our family members or relatives* "

YOUNG PERSON, HARARE

PUBERTY 20%
MENSTRUATION 23%
SEX
PREGNANCY 7%
STIs
CONTRACEPTION 2%
LOVE & RELATIONSHIPS 41%
OTHER 7%

CROSS-CUTTING ACTIONS IN
IMPLEMENTING DIGITAL INTERVENTIONS FOR YOUNG PEOPLE.

Engage Young People in the Co-creation

Engaging adolescents and youth means actively and intentionally involving them as co-creators, collaborators, problem solvers, champions and change agents. Meaningful engagement requires an inclusive and mutually respectful partnership between young people and adults in which power is shared, respective contributions are valued and acknowledged, and young people's ideas, perspectives, skills and strengths are integrated into the design and delivery of interventions.

When it comes to their health, young people are not just the beneficiaries of the intervention but are the experts with rich and context-specific information young people need and the technologies young people are using.

Engage them meaningfully, throughout the planning, development, implementation and monitoring stages of the digital health intervention.

Guidance on engaging young people in the intervention design process

DOs	DONTs
✓ Respect and value the perspectives and skills of young people	✗ Hire someone as "the young person" on the team in order to tick boxes
✓ Pay young people for their work and contributions to the development and implementation of the intervention.	✗ Use the skills and expertise of young people for free.
✓ Work with youth-led networks to represent a diverse group of young people and get as many perspectives from young people as possible.	✗ Work with only one young person or the same young people. Young people are not a homogeneous group
✓ Account for young people's lived realities and identities when involving them in the process. Implement mechanisms to safeguard young people's interests and identities.	✗ Invite one young person to speak on behalf of different kinds of young people. ✗ Manipulate young people to respond in certain ways to meet personal or organizational needs and goals.
✓ Trust young people. Developers of interventions may not always understand what works for young people, which is why young people are the best group to consult.	✗ Underestimate the experiences of young people.
✓ Engage young people from the beginning of the process and at every step along the way, including having several consultations.	✗ Engage young people only at the end of the process or only at one stage of the process.
✓ Create opportunities for young people to buildcapacity, gain experience, acquire skills and gain upward mobility. Their role should evolve from beneficiaries to partners to leaders.	✗ Treat young people as problems to solve.
✓ Create a safe, youth-friendly space for young people to participate.	✗ Ignore answers or input from young people because they are unwelcome to developers and implementers of the intervention.
✓ Recognize privilege, power and social context when working with young people. Understand how to share power and decision-making during the process.	✗ Assume things about young people without talking to young people.

Involve the right people at the right time

Each stage of the process in designing and implementing digital health interventions requires specific expertise, input, and involvement. It is crucial to involve the right people at the right time, understanding who should be present, their purpose, and at which point in the process they should contribute. While some individuals or organizations may be engaged throughout the entire process, their level of involvement may vary.

The core team members should have a clear understanding of their roles and responsibilities, as well as identify the expertise needed at different stages. This may include expertise in digital technologies, promotion, marketing, or other relevant areas. It is important for team members to focus on tasks they are trained and capable of performing, while also allowing others on the team or participants to contribute their skills and knowledge when necessary. By leveraging the collective expertise of the team, the intervention can benefit from diverse perspectives and ensure that each aspect of the process is handled effectively.

Guidance on engaging young people in the intervention design Process.

Protecting young people from abuse, incompetence, and privacy violations is paramount. Key considerations for promoting safety, privacy, and ethical standards include:

1. Appropriate Terminology:
Use terminology that respects the legal, social, cultural, and health implications associated with young people. Different terms may have different connotations and meanings, and they can vary within and between countries and regions.

2. Informed Consent:
Establish processes to obtain informed consent from young people, particularly those under 18.

3. Privacy Rights:
Respect and protect young people's right to privacy, including their right to share, access, and receive information.

4. Reporting Obligations:
In certain cases, ethical or legal obligations may require reporting of personal information or stories disclosed by young people, even if it jeopardizes trust. This may be necessary when a young person has a serious illness, is at risk of self-harm or harm to others or is at risk of neglect or abuse.

The specifics of ensuring safety, privacy, and ethical standards will depend on the delivery channel, implementation context, and relevant laws and regulations of the country. This includes data collection, storage, sharing, and protection of confidential information and identities. Transparency, sensitivity to the data collected, and the development and enforcement of security policies are standard practices in safeguarding the data.

THE DIGITAL INTERVENTIONS FRAMEWORK

PLAN

Conduct a landscape analysis and needs assessment to understand the context and identify the target audience's requirements.

Determine if a digital solution is the most appropriate approach to address the health needs of young people.

Develop a theory-driven approach, considering evidence-based strategies and best practices.

DEVELOP

Create a comprehensive content and delivery strategy that aligns with the identified health outcomes.

Adopt an iterative approach by developing and testing prototypes, allowing for continuous improvement based on user feedback.

Ensure the intervention is user-friendly, engaging, and tailored to the specific needs of young people.

IMPLEMENT

Launch the intervention in phases, considering factors such as scalability and resource availability.

Implement a promotion and marketing campaign to raise awareness and engage the target audience effectively.

Monitor and evaluate the intervention's performance, using appropriate metrics to assess its impact and make necessary adjustments

Activity: Using the socio-ecological model, conduct a Landscape Analysis on Digital Interventions

At the planning stage, a landscape analysis and a needs assessment can provide a deeper understanding of and objective information about the local context, the target audience, and implementing constraints and opportunities.

Potential questions for the landscape analysis.

Individual level
- Who are the target users of the intervention?
- What are the levels of literacy and digital literacy among the intended users?
- Where are the target users geographically located?
- What is the educational background of the intended users?
- What are the specific health interests, concerns, and priorities of the target users?

Interpersonal level
- What are the family environments like for young people?
- What social influences impact young people's behaviors and decisions?
- How do young people interact with family members, friends, or romantic partners?

Note: Obtaining comprehensive data in the area of young people's use of digital technology can be challenging, especially considering phone-sharing habits, age restrictions on service or website use, and legal limitations on data storage for young users.

Public Health and Policy level
- What current health statistics are available regarding young people?
- What existing health policies specifically focus on young people?
- What regional or national health programs or campaigns are currently being implemented?
- What is the state of the region or country's digital and technological infrastructure and capabilities?

Individual level- digital platforms
- What types of devices do young people commonly use?
- Which digital channels, apps, and websites are most popular among young people?
- How do young people utilize technology and digital delivery channels?
- What are the digital habits of young people, including when and where they use their devices and how much time they spend on them?
- How accessible and affordable is internet and phone access for young people?
- What is the prevalence of phone ownership among young people? Do they share phones?
- How do young people protect their digital information in their daily lives?
- Are there any privacy and confidentiality limitations in their current technology usage patterns (e.g., accessing the internet at internet cafes, sharing phones)?

Community level
- Community Level
- What existing digital and non-digital health interventions and programs are available for young people in the community?
- What content specifically tailored to young people already exists on the intervention topic?
- Which community members are involved with young people?
- Who are potential partners for developing, testing, delivering, or promoting the intervention?
- Which technology or delivery channels are perceived to have the greatest reach and influence within the community?
- What community-level barriers exist for young people in accessing relevant health information and services?
- What are the social expectations regarding the roles, behaviors, and positions of young people within their families and communities?
- What types of information are young people actively seeking or lacking that a digital health intervention could help address?

CREATING COMPELLING DIGITAL INTERVENTIONS

TIPS FOR CONTENT DEVELOPMENT

Content is the evidence-based health education information—aligned with recommended health practices and international, regional and national standards—that will be shared with young people through the digital health intervention Content can be in various media formats, including text, images, video and other multimedia. Content must be accurate and appealing in order to ensure that users understand it and find it interesting and relevant to their needs and circumstances

o **Understand the target audience:** Start by gaining a deep understanding of the needs, preferences, and challenges faced by young people in accessing SRHR information and services. Consider their age, cultural background, literacy levels, and technological familiarity. Conduct surveys, focus groups, or interviews to gather insights directly from the target audience.

o **Set clear objectives**: Define the specific goals you want to achieve with your digital intervention. For example, it could be to increase knowledge about contraception methods, promote safe sexual practices, or provide information about local SRHR clinics. Clear objectives will guide the design and evaluation of your intervention.

o **Collaborate with stakeholders**: Involve relevant stakeholders such as youth organizations, healthcare professionals, educators, and technology experts throughout the development process. Consider engaging a marketing and design firm, user experience developer, visual designer, and/or content strategist/writer to help generate ideas for the promotion and marketing of the intervention. Their input will help ensure that your intervention is effective, accurate, and culturally sensitive.

o **Choose the right digital platforms:** Identify the most appropriate digital platforms to reach your target audience. Consider using a combination of websites, mobile applications, social media platforms, SMS messaging, or chatbots. The platforms should align with the technological preferences and accessibilities of your target audience.

o **Develop engaging and user-friendly content:** Create compelling content that is accurate, evidence-based, and tailored to the needs of young people. Use a variety of formats such as videos, infographics, interactive quizzes, and personal stories to make the information more engaging. Ensure that the content is presented in a user-friendly manner, with clear language and intuitive navigation.

o **Provide interactive features:** Incorporate interactive features that encourage user engagement and participation. For example, include features like chatbots or virtual assistants that can answer frequently asked questions, provide personalized information, or offer referrals to local SRHR services. Gamification elements, such as quizzes or challenges, can also make the intervention more interactive and enjoyable.

o **Ensure privacy and security:** Pay close attention to privacy and security considerations, particularly when handling sensitive health information. Implement robust data protection measures, obtain informed consent, and clearly communicate how user data will be stored, used, and protected.

o **Test and iterate:** Before launching the intervention, conduct usability testing and pilot studies to gather feedback from the target audience. Incorporate their suggestions and iterate on the design to enhance usability and effectiveness.

o **Evaluate impact:** Establish methods to evaluate the impact of your digital intervention. Monitor metrics such as user engagement, knowledge gain, behavior change, and satisfaction levels. Collect feedback through surveys or interviews to understand the intervention's effectiveness and identify areas for improvement.

o **Promote and disseminate:** Develop a comprehensive dissemination strategy to ensure the wide reach and adoption of your intervention. Collaborate with partners to promote the intervention through social media campaigns, targeted advertisements, partnerships with relevant organizations, and offline outreach activities.

Remember, the success of your digital intervention relies on continuous monitoring, evaluation, and improvement. Stay updated with the latest research, trends, technological advancements, and user feedback to make ongoing refinements and ensure the intervention remains relevant and impactful.

AI 4 SRHR

USING AI TO IMPROVE ACCESS TO SRHR INFORMATION & SERVICES FOR YOUNG PEOPLE

Artificial Intelligence

Using AI to increase access to sexual and reproductive health and rights (SRHR) for young people is an innovative approach that has the potential to address some of the barriers they face in accessing information and services. Here are several ways AI can be leveraged to enhance access to SRHR for young people:

1. Chatbots and Virtual Assistants: AI-powered chatbots and virtual assistants can provide a confidential and non-judgmental platform for young people to ask questions, seek information, and receive guidance on SRHR topics. These conversational agents can be designed to understand natural language and provide accurate and personalized responses, helping to address concerns related to sexual health, contraception, sexually transmitted infections (STIs), consent, and more.

2. Online Education and Awareness: AI can be used to develop interactive and engaging online platforms that deliver comprehensive SRHR education to young people. These platforms can include multimedia content such as videos, infographics, quizzes, and interactive modules. AI algorithms can analyze user interactions and preferences to tailor the content and recommendations based on the individual's needs and interests.

3. Personalized Recommendations: AI algorithms can analyze large amounts of data, including demographic information, browsing patterns, and user preferences, to deliver personalized SRHR recommendations. This can help young people discover relevant resources, services, and support networks in their area. For example, AI-powered platforms can suggest nearby clinics, provide information on local support groups, or recommend appropriate contraceptives based on individual needs.

4. Data Analysis and Predictive Analytics: AI can be utilized to analyze aggregated and anonymized data related to SRHR, such as trends in contraceptive use, STI prevalence, or common misconceptions. By analyzing this data, AI algorithms can identify patterns and make predictions, which can inform targeted interventions and policy decisions. For instance, AI can help identify regions with low contraceptive usage rates among young people and enable policymakers to allocate resources more effectively.

5. Remote Consultations and Telemedicine: AI-powered platforms can facilitate remote consultations with healthcare professionals, offering young people a convenient and confidential way to seek advice and support. Through video or text-based interactions, young people can discuss their SRHR concerns, receive guidance, and even obtain prescriptions for contraceptives, if appropriate. AI can assist in triaging cases, prioritizing urgent issues, and improving the efficiency of healthcare service delivery.

6. Language and Cultural Sensitivity: AI systems can be trained to understand and respond to queries in multiple languages and cultural contexts, ensuring that young people from diverse backgrounds can access SRHR information and services. AI can help bridge language barriers and provide culturally sensitive information, promoting inclusivity and reducing disparities in access to SRHR resources.

8. Privacy and Confidentiality: Privacy and confidentiality are crucial when addressing sensitive topics like SRHR. AI systems should be designed with strong security measures to protect users' personal information. Confidentiality assurances can encourage young people to seek information and support without fear of judgment or disclosure. Clear privacy policies and transparent data handling practices should be in place to build trust and ensure compliance with data protection regulations.

9. Peer-to-Peer Support: AI can facilitate peer-to-peer support networks by connecting young people with shared experiences and concerns. Through AI-powered platforms, young people can engage in online communities, forums, or support groups to exchange knowledge, share stories, and provide emotional support. AI algorithms can suggest relevant communities based on users' interests and needs, fostering a sense of belonging and reducing feelings of isolation.

TIP FOR DEVELOPING AI-BASED DIGITAL PLATFORMS

Collaboration between AI developers, healthcare providers, educators, and youth organizations is critical to ensure that AI-powered solutions align with the needs of young people. By working together, stakeholders can contribute their expertise, share resources, and co-create solutions that are effective, culturally relevant, and responsive to the unique challenges faced by young people in accessing SRHR information and services.

Case Studies

Case Study

263 Youth TV: co-creation of digital interventions for young people.

The youth online platform develops content on SRHR for young people through a co-creation and a co-creation process with young people. All content development and production is done by young people through an exciting and collaborative process. Here are some steps they shared when developing a digital program, or **social media campaign:**

1. Identify the Purpose and Goals: Young people get through a roundtable to determine the purpose and goals of the TV program. Is it educational, entertaining, or a combination of both? Clarify the target audience and the intended impact of the program.

2. Form a Collaborative Team: A team is formed that includes young people, mentors, and professionals with expertise in TV production, writing, directing, and other relevant areas. A safe, inclusive and supportive environment that values everyone's contributions.

3. Brainstorm Ideas: The team conducts brainstorming sessions or workshops with the young people to generate ideas for the TV program or social media campaign. Young people are encouraged to be creative through open dialogue, allowing all participants to contribute their thoughts and suggestions.

4. **Choose a Concept:** The team will review and evaluate the ideas generated, considering factors such as feasibility, relevance to the target audience, and alignment with the program's goals and select a concept that resonates with the team and has the potential to be developed into a compelling TV program.

5. Develop the Story / Format: if it's a drama, the young people work together to develop the story, characters, and settings of the play . Inputting will be done through mutual understanding to ensure the production reflects their perspectives, interests, and experiences.

6. Outline the Episodes: Young people will develop an episode outline or a season arc that outlines the themes, key plot points, and character development. They will collaboratively determine the structure and timeframe of the program or campaign.

7. Scriptwriting: Young People will write the scripts for the episodes. Encourage the young people to contribute their ideas, dialogue, and storytelling elements.

8. Production Planning: Plan the production logistics, including budgeting, scheduling, casting, location scouting, and technical requirements. Involve the young people in these discussions to provide them with a hands-on understanding of the production process.

9. Production and Filming: Execution of the production, including shooting the scenes, capturing the footage, and recording the audio is led by young people. Including roles, such as acting or technical production based on their interests and skills.

10. Post-Production: Trained young people to edit the footage as other young people will watch, allowing them to contribute their ideas and learn about post-production techniques.

12. Promotion and Distribution: Young people will develop a strategy for promoting and distributing the TV program or running the program, considering platforms, marketing, and audience engagement. Young people will use their own platforms to promote the product or campaign.

Remember to create a safe and respectful environment throughout the process, allowing young people to express themselves and contribute their ideas. Encourage their creativity, build their skills, and provide mentorship and support as they navigate the TV program development journey.

263YouthTv

Health, Rights, Well-being

Created and driven by young people, **263YouthTv** is a virtual platform that uses digital technology to capitalize on the talents of young people in providing rights and well-being for young people (10-35) in Zimbabwe (10-35) through digital interventions.
Due to COVID-19
Young young people are turning to digital platforms as a one-stop shop, where they look for information about their well-being, their health, and their relationships through, digital conversations, dialogue, social media campaigns, info-sessions and edutainment (theatre, music, dance, poetry)

1 Provide a platform for young people to showcase their talent and positively contribute to sustainable development of their communities.

2 Link young people with to appropriate youth-friendly information linking them with service providers in their communities.

3 Meaningfully engage youth in the design of digital SRHR, **Comprehensive Sexuality Education resources,** and testing of online health platforms, to make them accessible and youth-friendly, and encourage their use.

4 Provide digital literacy education and increase opportunities for integration among organizations, Service providers, influencers and young people

5 Increase investments in youth through the provision of comprehensive sexuality education, to help create an enabling environment for all people to seek out health information and reduce stigma around SRHR.

Case Study

SAFE PAL APP: A Youth-Friendly Digital Tool Helps Combat Sexual Violence In Uganda (UNFPA)

The SafePal app is a digital platform that enables survivors of Gender Based Violence to report cases confidentially. SafePal was created by a group of young people with support from UNFPA, to respond to the challenge of the low levels of reporting gender-based violence.

How the platform was co-created with young people?

UNFPA and partner organisations brought together more than 80 young people, in order to generate innovative solutions to this and other longstanding SRH challenges. This led to the development of SafePal, a mobile application designed by youth to enable young people, girls in particular, to anonymously report episodes of sexual violence, helping to reduce the time gap between reporting and intervention through quick referrals.

In 2020, the SafePal was upgraded into a fully-fledged interactive application to promote communication and information exchange on gender-based violence, SRH and HIV among young people, in addition to supporting reporting cases
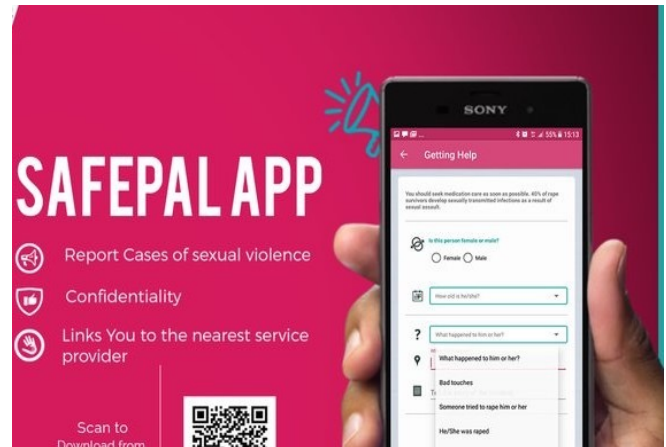
How the Safepal App is used to report Gender Based Violence

✓ You can access SafePal using either a smartphone or a computer. On your smart phone , download the app from Google Play Store or browse using www.safepal.co from a computer

✓ To report, click on the report icon, and start the reporting process.

✓ You will be required to fill in a few details; the most crucial one being a telephone number that a service provider will use to reach you

✓ When a case is submitted, SafePal instantly notifies the relevant service provider on phone and email so that they can get to the case within the shortest time possible.

✓ Incident reports submitted are usually attended to within 72 hours.

Case Study
Population Services Zimbabwe – Wise-Up Self-Care Mobile App

The SelfCare Counsellor Application went live on 19 December 2022 as a Website-based counselling tool. As a toolkit, it affords users an introspective SRHR Self Examination platform with referral links to more information resources, contact centres as well as Clinic facilities for further management.

It has the following information

- General SRHR information
- Information on contraception methods and how they work
- Frequently asked questions on contraception
- Menstrual Hygiene information

This toolkit is accessed through a direct search on the PSZ Website, URL link, and QR SCAN code.

https://www.pszim.com/wise-up-self-care-campaign/.

 It helps young people by linking them w to PSZ service provision channels near them. For further information, a user can the contact PSZ toll-free lines provided on the app.
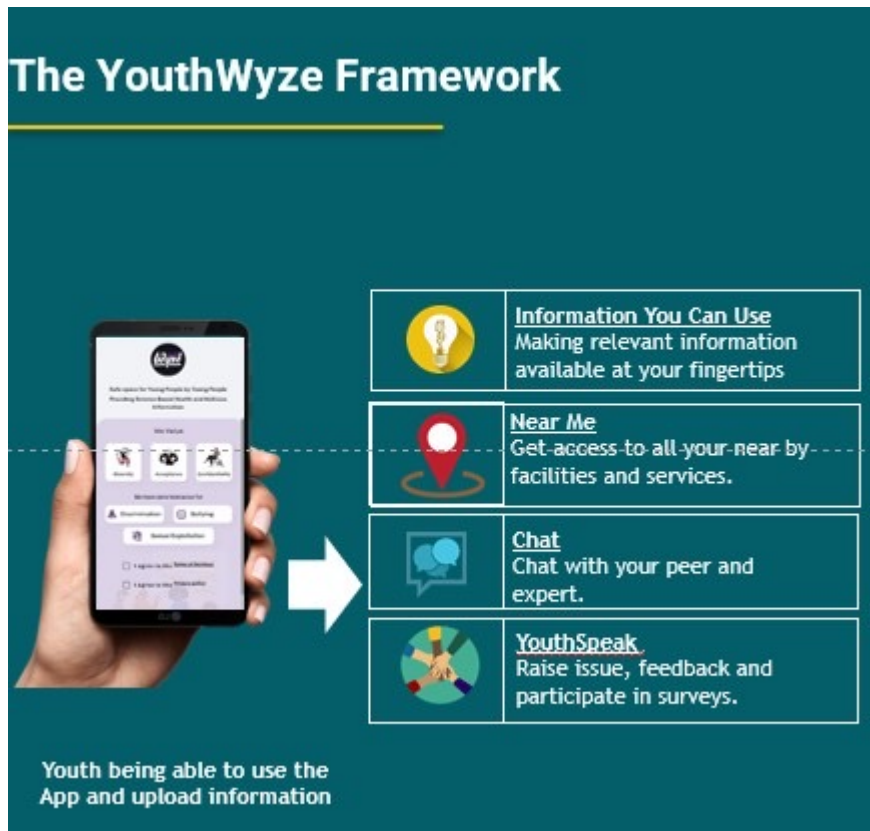
Co-creation with young people

It was adopted from the MSI global application, which was developed with information from different projects implemented globally that targeted young people as well.

Case Study
SRHR Africa Trust – Youth Wyze Application

The YouthWyze App is a revolutionary mobile application designed to empower and support adolescents and youth in navigating Sexual Reproductive Health and Rights. In an era where technology dominates every aspect of our lives, young people face unique challenges and opportunities. With the rapid growth of social media, online communication, and information overload, it is crucial to equip the youth with the necessary tools to thrive in this digital age.

YouthWyze App is a comprehensive mobile application that addresses the diverse needs of today's youth. It provides a safe and inclusive platform where young individuals can access a range of resources, guidance, and community support to enhance their personal development, mental well-being, and digital literacy.

Co-creation with young people

The development of the application was youth led with support from technical consultants which comprised of end-user groups (SRHR & HIV providers and patients) who provided feedback on all aspects of the intervention, from design considerations to implementation protocols, which was used to refine the tool's design, content, and integration into the clinic. Youth consultations were conducted across the SAT country offices which resulted in the adoption of the name "YouthWyze". Young people are at the centre of the rollout of the application.

USE OF DIGITAL APPS TO INCREASE ACCESS TO SRHR FOR YOUNG PEOPLE _____

Lack of formal adequate Comprehensive Sexuality Education education in schools, continued
stigma, and cultural taboos and sexual and reproductive health in Zimbabwe lead to an acute need for accessible information and services.

Digital Apps and Menstruation
Adolescent girls and young women have mixed levels of knowledge about what their period is, how much bleeding to expect, menstruation-related symptoms, and how to delay their periods. Participants also had a lot of questions about what sex is and what happens during sex.

Stigma around menstruation leads to harmful misconceptions about menstruation and cultural practices that negatively impact adolescent girls and young women.

Digital applications play a significant role in promoting menstrual health by providing tracking tools, educational resources, symptom management support, community engagement, contraceptive management, period product accessibility, and contributing to research efforts in the field.

KEY ISSUE:

While there is existence of a limited number of SRHR Applications in Zimbabwe, various barriers, including accessibility and trust, limits access to these applications.

It is important to increase awareness of trustworthy applications or develop new digital platforms that youth actually use and find helpful.

DIGITAL SOLUTION

Young people suggested what a youth-friendly

application that gives information to them about

SRHR would look like.

This would require the application to:
- o Be easy to use, discreet, and accessible at any time;
- o Have information presented in video format with no advertisements;
- o Contain testimonials and ratings of services from other users to increase credibility; and
- o Allow for online consultations with doctors offering prescriptions and referrals to physical programs and local clinics.

YOUNG PEOPLE'S USE OF SRHR INFORMATION THEY FIND DIGITALLY

SHARING TO INCREASE KNOWLEDGE

Among young people, peer to peer information sharing to increase peers and other young people's knowledge is the main way which information flows leading to action on that information they find via mobile phones. Young people also share with family members and, in a small number of cases, with partners.

Young people also share share information online through WhatsApp, Facebook, SMS, Tik-tok and phone calls. They share information in person at school, work, and youth club meetings.
Given that that sharing inaccurate and false information may exacerbate myths and misconceptions around SRHR, there is need to make sure that young people have correct information from trusted sources.
Information sharing among young people is seen as a responsibility or a duty towards others who may need the information but cannot access it.

SEEKING SERVICES AFTER LEARNING ABOUT SRH ISSUES:

JONZO's STORY

Finding information online is not enough if young people can not freely act on the information that they would have received. This is important especially in instances where the SRH issue that may
need attention and physically visiting a health center
Has its own barriers.

Through a drama scenario given by My Age Zimbabwe part of their theatre for development interventions. *Jonzo has an STI and he searches information online and found about his STI symptoms online*. Jonzo asks his friends (participants) who unanimously agreed that he should go and seek medical attention.

Jonso goes out of the room and participants are asked if he would go and access services. Some reiterated that stigma would prevent him from visiting clinics. Participants' concerns about visiting a clinic included fear of judgment, lack of privacy, and worries about the discretion of health workers.

Participants also shared their fears and concerns with some concerned that the character of Jonson who is also a drug user would even look online for information about her symptoms
In the tirst place because he is expected by society not to be sexually active and would fear judgment if anyone found out about his search history.
For these reasons, young people thought it was more likely that the character would keep it a secret and wait for symptoms to go away.
Young people also mentioned being fearful of repercussions from their parents if they
came forward with STI symptoms owing to stigma and discrimination

BARRIERS PREVENTING YOUNG PEOPLE FROM ACCESSING SRHR INFORMATION VIA DIGITAL TECHNOLOGY?

There are several barriers that can prevent young people from accessing sexual and reproductive health and rights (SRHR) information via digital technology. Some of these barriers include:

LIMITED ACCESS TO INTERNET

In Zimbabwe, particularly in rural or low-income areas, access to reliable internet connections and digital devices may be limited. This lack of infrastructure can make it difficult for young people to access SRHR information online. via digital technology.

AFFORDABILITY

Even if internet access is available, the cost of data plans or digital devices can be prohibitive for some young people. They may not have the financial means to afford the necessary tools to access SRHR information digitally.

DIGITAL LITERACY

Not all young people have the same level of digital literacy or familiarity with technology. Lack of digital skills and knowledge can make it challenging for them to navigate online platforms and find accurate SRHR information..

LANGUAGE AND CULTURAL BARRIERS

SRHR information may not be available in the local language or may not be culturally appropriate for certain communities. This can create barriers for young people who are seeking information that is relevant and understandable to them.

CONTENT QUALITY AND RELIABILITY

The internet is filled with vast amounts of information, and not all of it is accurate or reliable. Young people may struggle to find trustworthy sources of SRHR information amidst the abundance of misinformation and biased content.

STIGMA AND SOCIAL NORMS

In some societies, there may be significant stigma surrounding discussions of sexual and reproductive health. Young people may face societal or cultural barriers that discourage them from seeking or accessing SRHR information digitally.

LACK OF PRIVACY AND CONFIDENTIALITY

Privacy concerns can deter young people from seeking SRHR information online. They may worry about their digital footprint, data privacy, or the potential for their personal information to be shared without their consent.

LEGAL AND POLICY RESTRICTIONS

Certain regions have legal and policy frameworks that restrict or censor SRHR information online. These restrictions can limit young people's access to comprehensive and accurate information about their sexual and reproductive health.

Key note:

Addressing these barriers requires a multi-faceted approach, including improving internet infrastructure, promoting digital literacy, ensuring culturally appropriate content, combating misinformation, reducing stigma, and advocating for policies that prioritize young people's access to SRHR information via digital technology.

> " *Young people are afraid of someone finding out what they have been seeking online and judging them or that their searches indicate that they are sexually active.*
>
> *–Participant*

FEARS YOUNG PEOPLE HAVE ON ACCESSING SRHR INFORMATION ON DIGITAL PLATFORMS

The primary barriers to young people accessing SRHR information digitally are fear of stigma and judgment. Young people are worried about family, community members, and even peers finding out about their searches or noticing their activity on social media. Other reasons to not use digital platforms to access SRHR information included not knowing how to use a phone properly or not knowing how to look up the correct information online.

A NEGATIVE INFLUENCE ON BEHAVIOR

While contrary to evidence, young people shared the perception that learning about certain SRHR topics online could have a negative influence on their behavior.

In particular, the concern was that they would be encouraged to have sex.

Harare and said that people can be negatively influenced by the internet and start chatting to strangers or having sex.

Some young people also also mentioned that they were fearful they may end up acting on unsafe or harmful information found online, so preferred not to search for information at all. Because of the fear of being negatively influenced by online information.

FEAR OF JUDGMENT

Young people are worried about someone tinding out what they have been seeking online and judging them or suspecting that their searches indicate that they are sexually active.

This fear of judgment was irrespective of ownership status. Having to share a phone if they owned one, or borrowing a phone if they didn't, contributed to this worry.

Participants in the consultation reported that an owner may check their search history after sharing their phone. As a result, young people in the workshop stated that while borrowers may look for SRHR information, they will avoid sensitive topics like abortion. In India, parental disapproval was a specific concern.

> *"If I were to search content relating to sex or contraceptives even if I am not sexually active or wanting to learn. I am afraid that when my mom gets back her phone which I use, she will think I am having sex."*
>
> c BORROWER, 21, BULAWAYO

EXPOSURE TO EXPLICIT CONTENT

Some young people were worried that searching for SRHR information online could lead to exposure to explicit material. This was particularly true in Bulawayo, where the most common disadvantage of using a phone to search about SRHR (mentioned by more than 50 percent of all participants, regardless of ownership status) was encountering pornographic videos or websites. Adolescent girls and young women said that the risk of encountering pornography stopped them from using the internet to access SRHR information. This was also mentioned in Mutare and Masvingo, but not by a significant number of participants. In Harare, there were mentions of how the risk of viewing pornography stopped girls from using the internet for SRHR information. However, participants suggested pornography was a main source of SRHR education for boys.

> *"As a young person, I believe that access to comprehensive sexual and reproductive health information is vital for our well-being. It is unfortunate that when searching for SRHR content we fear that we may end up stumbling upon explicit content. We need to address this issue and create safer spaces for us to access the information we need without compromising our safety and dignity."*

YOUNG PERSON, BULAWAYO

DIGITAL LITERACY

Most young people mentioned difficulty or lack of knowledge regarding how to delete their search history and protect their privacy on social media. This was a main barrier that limited them from searching for SRHR information on their phones, as it increased their fears of being judged and stigmatized.

Picture taken From a focus groups discussion with young people
Credit: My Age Zimbabwe

> *"Search history and dates get saved; that's why young people do not search about topics freely."*

MEMBER OF A YOUTH LED CSO's

ACCESS AND ACCESSIBILITY

Some participants stated that structural and technical barriers prevented them from searching for SRHR information online. Lack of data, airtime, or WiFi limited access to the internet to search for SRHR information. Similarly, it was noted that young people who borrowed mobile phones complained of having less access to data bundles to go online.

Young people highlighted that language barriers limited the accessibility of online information. Most information found was is in English or pure Hindi, while their preferred medium is vernacular. This point on language was also mentioned in another consultation where it was discussed that language is sometimes a barrier to access to information as SRHR terminologies are mostly understood in English and there are not adequate vernacular terms that young people can relate with.

POTENTIAL RISKS FOR DIGITAL INTERVENTIONS

ONLINE GENDER-BASED VIOLENCE.

Even though digital technologies can provide new possibilities for being and knowing, it is important to be attentive to how power is shaped, embedded and wielded in these technologies and discourse . Young people particularly girls and women are at risk of facing discriminatory impulses based on misogyny, racism, sexism, homophobia, or transphobia are not only amplified by the cultural norms of the internet, but even supported, defended, and valued in an ever growing demand for 'clout' . It is important for young people, youth led organizations and digital interventions implementors to be aware of forms of online GBV and cyber-crimes.

Online gender-based violence is commonly defined as an action facilitated by one or more people that harms others based on their sexual or gender identity or by enforcing harmful gender norms, which is carried out by using the internet or mobile technology. This includes stalking, bullying, sexual harassment, defamation, hate speech and exploitation, or any other online controlling behavior .

QUOTE

" *I emphasize the need for critical awareness regarding the power dynamics inherent in digital technologies and their accompanying discourse. In this interconnected world, young people, especially girls and women, face heightened risks of encountering discriminatory impulses rooted in misogyny, racism, sexism, homophobia, or transphobia. The cultural norms of the internet not only amplify these biases but also offer them support, defense, and value in the pursuit of social validation. It is crucial for young individuals, youth-led organizations, and digital intervention implementors to recognize the various forms of online gender-based violence and cyber-crimes. "*

SRHR Expert, Zimbabwe

Types of Online Gender-based Violence, according to the Violence Against Women Learning Network:

HACKING: *The use of technology to gain unauthorized or illegal access system and information, e.g. accessing private emails, passwords, call logs.*

IMPERSONATION: *The use of technology to assume the identity of someone else. e.g creating fake profiles on social media platforms, sending messages from someone else's account*

SURVEILLANCE/ TRACKING: *The use of technology to stalk and monitor someone's activities e.g. tracking web browser content, GPS location*

HARASSMENT/ SPAMMING: *The use of technology to repeatedly contact annoy, threaten, and or scare a person.*

RECRUITMENT: *The use of technology to lure a person to potentially violent situations e.g. us chat room for human trafficking purpose*

MALICIOUS DISTRIBUTION: *The use of technology to manipulate and distribute personal and | or defamatory content related to someone else. e.g. doxing non-consensual sharing of personal images*

MINIMIZING AND RESPONDING TO RISKS OF HARM IN SRH DIGITAL INTERVENTIONS

As with other forms of communication and service delivery in SRHR, potential harms of using digital technology must be first considered, then mitigated or minimized in the intervention design, and measured during evaluation or implementation. Those who deliver interventions should also plan how to respond to reports of harm.

Here are 4 key steps that should be taken to minimize and respond to risk of harm in SRHR interventions, specifically focusing on digital interventions:

1 **Consider potential harms during intervention design. With input from users and key stakeholders:**

- o Develop theoretical frameworks to elaborate mechanisms through which adverse outcomes may occur.

- o Understand how digital media are used, shared, and kept private.

- o Understand the sensitivity, stigma, and social and power dynamics influencing SRH in the context for which the intervention is planned.

2 **Consider potential harms during intervention design. With input from users and key stakeholders:**

- o Develop theoretical frameworks to elaborate mechanisms through which adverse outcomes may occur.

- o Understand how digital media are used, shared, and kept private.

- o Understand the sensitivity, stigma, and social and power dynamics influencing SRH in the context for which the intervention is planned.

3 **Measure adverse outcomes.**

- o Use research methods to reduce reporting bias such as by using standardized, validated measures.

- o Follow ethical guidelines for conducting research on violence.

4 **Plan how to support those reporting adverse events, including IPV.**

- o Provide links to existing services and/or staff training according to setting.

OPPORTUNITIES OF DIGITAL TECHNOLOGY TO IMPROVE YOUNG PEOPLE'S SRHR?

Digital technology presents numerous opportunities to improve young people's sexual and reproductive health and rights (SRHR). Some of these opportunities include:

- **Access to Information**: Digital platforms provide easily accessible and comprehensive SRHR information for young people. Websites, online forums, and mobile applications offer educational resources, facts, and guidance on topics such as contraception, STIs, consent, and healthy relationships.

- **Confidentiality and Privacy**: Digital technology allows young people to seek SRHR information and services discreetly. They can access information without judgment or fear of stigma, ensuring their privacy and confidentiality.

- **Remote Consultations**: Telemedicine and online consultations enable young people to seek professional advice, counseling, and medical support for SRHR concerns without physical visits to healthcare facilities. This is especially beneficial for those in remote areas or facing mobility constraints.

- **Research and Data Collection**: Digital platforms enable the collection of real-time data on young people's SRHR behaviors, needs, and preferences. This data can inform evidence-based policymaking, program design, and resource allocation to better address the specific needs of young people

.

- **Peer Support and Engagement**: Digital platforms facilitate connections with peers who share similar SRHR experiences. Online communities, social media groups, and forums provide spaces for young people to seek advice, share stories, and support one another in a safe and inclusive environment. innovative solutions to address SRHR challenges. This includes interactive educational tools, gamification, chatbots, and personalized health tracking apps that engage and empower young people in managing their SRHR.

- **Behavior Change Interventions**: Digital technology can be harnessed to deliver behavior change interventions, such as targeted messaging campaigns, reminders for contraceptive use, or promoting safer sexual practices. These interventions have the potential to positively impact young people's SRHR decision-making and choices.

- **By leveraging the opportunities offered by digital technology, we can enhance young people's access to SRHR information, services, and support, promoting their overall well-being and empowerment.**

DATA PROTECTION AND SECURITY

As implementers of digital interventions for young people it is important that you understand the compliance and legal parameters in which your organization should operate under.

Zimbabwe formally enacted the Data Protection Act (DPA) on December 3, 2021. The Act's primary focus is on data privacy and ensuring data protection for all data collected by data handlers within the country as well as outside the country if the means used for processing is located in Zimbabwe.

Under Zimbabwe's Data Protection Act (DPA), organizations have several obligations towards their customers and users. Here's a summary of the key obligations:

CONSENT REQUIREMENS

❖ Organizations must obtain written consent from individuals to collect sensitive personal data. Consent can be withdrawn at any time.

❖ Non-sensitive personal data can be processed without consent under specific circumstances outlined in the DPA.

SECURITY REQUIREMENTS

❖ Data controllers must implement appropriate technical and organizational measures to protect data from unauthorized access, alteration, or destruction.

❖ Data controllers must have written contracts with data processors to ensure data security.

DATA BREACH NOTIFICATION REQUIREMENT

❖ Data controllers must report any data breaches to the regulatory authority within 24 hours.

❖ Data Protection Officer Requirement:

❖ While not explicitly required, organizations can appoint a data protection officer (DPO) to ensure compliance with the DPA.

DATA PROTECTION IMPACT ASSESSMENT

❖ While not mandatory, conducting regular data protection impact assessments is recommended, particularly for high-risk data processing activities.

OPERATIONALIZING THE DPA

❖ Organizations can achieve compliance by having a representative in Zimbabwe, transparent privacy policies, a consent management system, data mapping exercises, and regular impact and risk assessments..

RECORD OF PROCESSING ACTIVITIES

❖ The DPA does not explicitly require record-keeping for data processing activities. However, the Cybersecurity Committee mandates the confidential recording of decisions made during its meetings.

CROSSDBOARDER DATA TRANSFER REQUIREMENTS

❖ Personal data can only be transferred outside Zimbabwe if an adequate level of protection is ensured in the destination country.

❖ Transfers to countries without adequate protection can occur under specific grounds outlined in the DPA.

DATA SUBJECTS RIGHTS

❖ Data subjects have rights such as being informed about the use of their personal data, accessing their information, objecting to processing, requesting modifications or deletions of incorrect data.

REGULATORY AUTHORITY

❖ The Postal and Telecommunications Regulatory Authority of Zimbabwe (POTRAZ) serves as the independent data protection authority with enforcement powers..

PENALTIES FOR NON-COMPLIANCE:

❖ Non-compliance with the DPA can lead to fines, imprisonment, or both.

❖ Courts can seize media or storage devices containing compromised data, which will then be destroyed.

DATA SUBJECT RIGHTS

Here are the rights afforded to data subjects under the DPA:

Right To Be Informed: All data subjects have the right to be informed of the use of their personal data;

Right To Access: All data subjects have the right to request access to any and all information in the custody of the data controller or data processor;

Right To Object: All data subjects have the right to object to the processing of their personal information;

Right To Modification: All data subjects have the right to request correction of false or misleading personal information;

Right To Deletion: All data subjects have the right to request that a data handler delete any data they may collect on them that the data subject considered false or incorrect.

THE PRINCIPLES OF DATA PROTECTION

LAWFULNESS, FAIRNESS AND TRANSPARENCY

Personal data shall be processed lawfully, fairly and in a transparent manner in relation to the data subject.

PURPOSE LIMITATION

Personal data shall be collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes.

DATA MINIMISATION

Personal data shall be adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed.

ACCURACY

Personal data shall be accurate and, where necessary, kept up to date.

STORAGE LIMITATION

Personal data shall be kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed.

INTEGRITY AND CONFIDENTIALITY

Personal data shall be processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.

ACCOUNTABILITY

The controller shall be responsible for, and be able to demonstrate compliance with the Data Protection Principles.

Helping small businesses work towards Data Protection Compliance and deliver on their Web Application goals

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CONCLUSION AND RECOMMENDATIONS

There are many opportunities to implement digital interventions for young people from the perspective of young people.

Digital Interventions can be used to explore SRHR issues. Information needs were wide-reaching, from basic questions about puberty, menstruation, and sex, to more detailed queries about safe abortion, contraception, and HIV/AIDS.

The confidentiality online spaces offer is a key reason why young people turn to digital platforms to source SRHR information.
When young people cannot confirm the accuracy of information online, they keep the information to themselves or attempt to verify it with confidants, both of which can exacerbate myths and misconceptions.

When information is deemed trustworthy, adolescent girls and young women share and discuss with others what they have learned.
The emphasis on using digital spaces for information sharing highlights the potential of leveraging digital platforms as spaces for advocacy, education, and awareness-raising campaigns around SRHR.

Improving digital literacy is needed in order to further, unlock the potential of digital solutions for SRHR.
Low levels of digital literacy contribute to Adolescent girls and young women's fears of being judged based on their search history and ability to find accurate information.
The stigma around SRHR continues to be pervasive And detrimental.

Stigma impacts adolescent Girls and young women's information-seeking Behaviors, use of information found online, and willingness to talk about these topics. Findings Help highlight the complex, sometimes contradictory effects stigma has on participants' experiences related to SRHR.

RECOMMENDATIONS

Remember, there is a need to connect young people's online and offline worlds to make resources and interventions credible and practical. The study recommendations, directly informed by adolescent girls and young women in validation workshops is included below. Recommendations from study participants are highlighted in boxes. To harness the power of digital platforms to improve people's SRHR, governments, policymakers, civil society, content and application developers, and donors — working meaningfully alongside young people — should:

Ensure there is accurate and comprehensive SRHR information online, across varied digital platforms, and note when information is scientifically valid or medically verified.

MOST RELEVANT FOR: Governments, health professionals, civil society organizations (CSOs), and content and application developers

- There should be comprehensive SRHR information online in accessible formats that includes topics related to puberty, sex, love and relationships, and STI management and prevention in the preferred local languages and dialects

- Information that is affiliated with respected and recognized health institutions, such as WHO, or sourced from health practitioners free of bias, should be marked and recognized as such.

- Digital platforms with verified information should be promoted via trusted online resources. This includes print and audio media and existing youth-friendly medical and community services.

Validated by young people:

- Across settings, medically verified information and webpages branded by clinics and providers are seen as marks of credibility, in particular for information on menstruation, safe sex, and STIs.

- In Rural communities, adolescent girls and young women recommended using popular radio stations and youth clubs to promote online platforms to increase confidence in online sources.

- Young people suggested enhancing online resources with testimonials and rating systems from other young people and by using brand ambassadors to promote and vouch for online services.

Link online SRHR information to appropriate youth-friendly medical and community services to raise awareness of trustworthy digital platforms and encourage follow-up with services.

Taggert partners: Governments, health professionals, CSOs, and content and application developers.

- Engage with providers, community centers, youth clubs, and youth-focused organizations so they can help verify the accuracy of online information, amplify digital platforms that are trustworthy, and provide online services in confidential ways.

- Identify youth-friendly health centers that provide in-person services in respectful and confidential ways and socialize this information. This includes, when possible, adding testimonials and ratings from other adolescent girls and young women who have used these health centers to reduce fear of follow-up with services.

Validated by young people:

- Linking digital resources to both online and offline community and health services that are credible and of good quality was seen as potentially important to make online platforms effective.

Meaningfully engage youth in the design of digital SRHR resources and testing of online SRHR platforms to make them accessible and youth-friendly and encourage their use.

Key targeted partners: Governments, CSOs, and content and application developers

- Provide privacy, anonymity, and confidentiality settings on digital platforms, including disabling notifications. This will allow for safely discussing and sharing information online, and encourage use of SRHR-specific applications.

- Digital solutions should provide the space for adolescent girls and young women to ask questions and invite discussions between users through forums, message boards, and messaging functions such as chatbots.

- Create digital solutions with accessibility in mind, considering the principles of human-centered design, testing products with target adolescent girls and young women in a variety of formats and styles, and minimizing advertisements and functionality in areas with limited internet connectivity.

Validated by young people:

- Digital solutions must emphasize privacy and discretion and have a youth-friendly look and feel

- Young people recommended short and concise videos, loud and attractive appearance of applications and platforms, and fewer ads to increase use and avoid "getting bored."

Provide digital literacy education and increase opportunities to privately access internet-enabled devices.

MOST RELEVANT FOR: Governments and CSOs

- Provide digital literacy education in and out of schools so adolescent girls and young women feel confident in identifying reputable sources of SRHR information privately. The curriculum should include guidance on navigating the Internet, downloading and managing applications, creating secure passwords, using privacy settings on social media, managing search histories on browsers, and ensuring safety in online forums.

- Install computers or other digital devices in schools, libraries, community and health centers, and youth clubs so adolescent girls and young women can access online information in spaces they frequent and in which they feel comfortable.

Validated by young people:

- Make access to digital devices easier.

- Help young people learn how to search and find the information they need

- Young people recommended that they be taught how to manage their privacy and understand when their activities can be seen by others on social media. Some instructions on steps like deleting a search history or managing privacy settings would be useful.

**Picture taken from a Short Film Shoot by Young People
Photo taken by Fortune Marangwanda.**

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