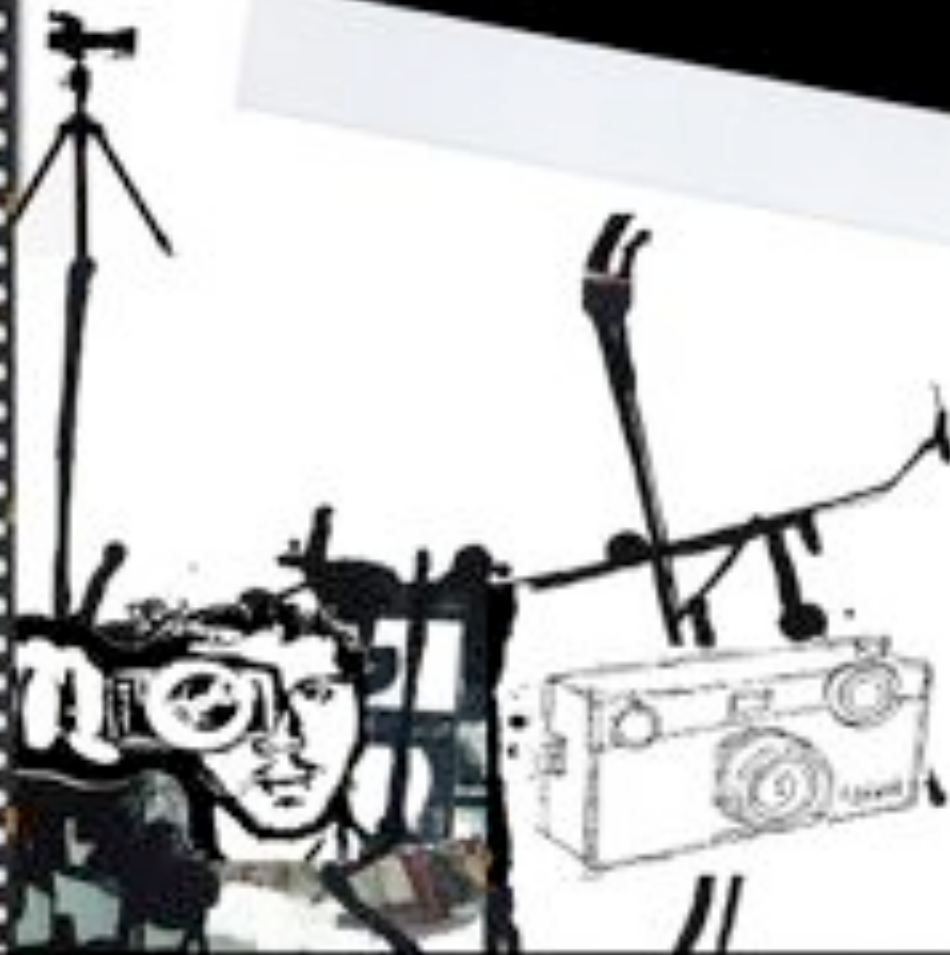
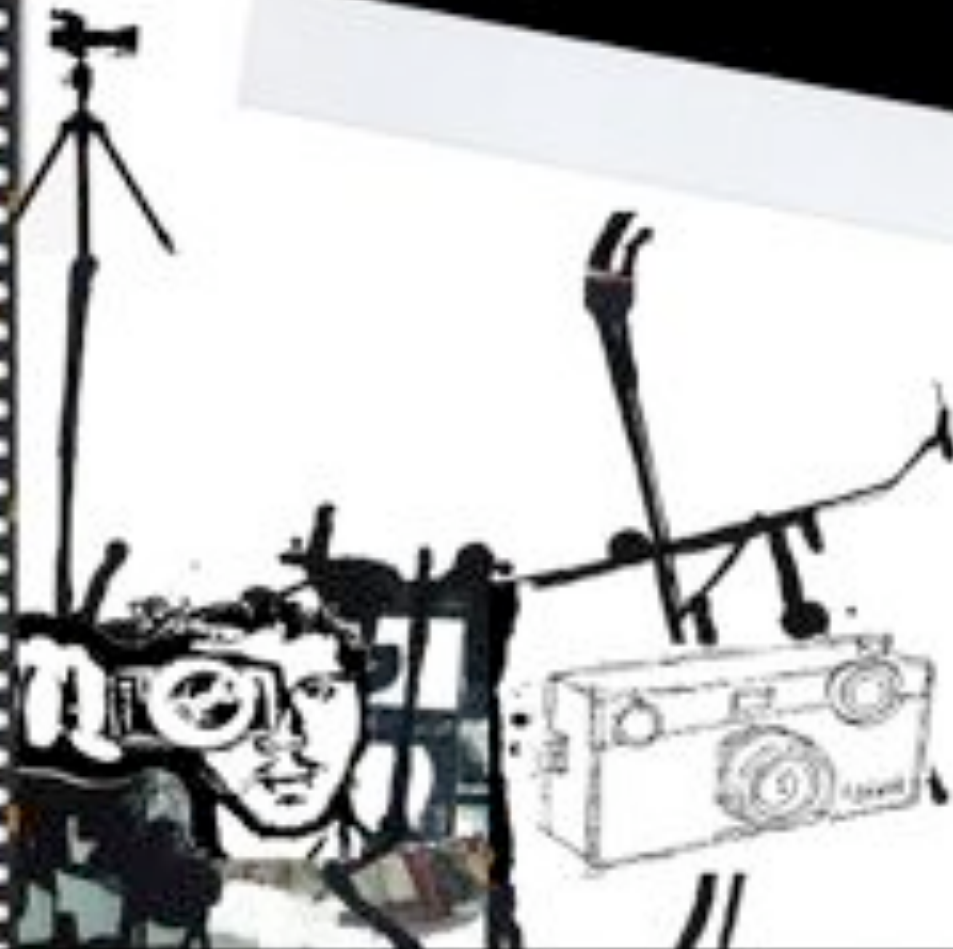


A creative photographic project
that encourages young people
to take an active interest in
Sexual and Reproductive
Health and Rights as
a global issue.





1. Introduction





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1.1 ZOOM IN! THE PROJECT

Zoom in! is an education pack designed for use by teachers and youth facilitators to help young people understand developing world and sexual health issues through self expression. It is not a sex education project, but it is designed to tap into young people's developing sexual awareness and how they relate that to their peers. The aim of Zoom In! is to get young people to think about themselves - which they love doing - but at the same time think about and respond to young people like themselves, but who live in the developing world and may be less fortunate.

Zoom In! first came into being as a participatory project carried out by Marie Stopes International Australia with young indigenous Australians to help them understand their sexual health needs and to design services to meet those needs. The indigenous Australians who took part in the project were thus empowered to not only have their say but to have their views acted upon. The national exhibitions of their photos and stories created both awareness of their difficulties and generated funding for services appropriate to their needs.

Zoom In! takes the creative element of that project (the photos/stories) and uses it as a means to encourage young people from around the world to share their thoughts and concerns over sexual and reproductive health and rights. In the process, young people from Europe will not only learn about their own sexual health and rights, but also those of their peers in the developing world.

In this way, the project aims to raise awareness and provoke thought and discussion among young participants about some of the more challenging issues do to with sex, sexual and reproductive health and associated rights.

Zoom In! can be tailored to suit many different curricula.

The pack aims to be flexible enough to provide teachers and educators with the tools necessary to carry out this project in any way they choose. It can be used to fit with various types of curricula, such as **politics** and **ethics, global citizenship, sex and relationships**, and **personal, social and health education**. It can also be run over a short or long period of time, depending on how much depth the facilitator chooses to go into. Some pilot groups used the project successfully in peer-to-peer education activities.

For ideas on how to use the pack or for lesson plans, see **SECTION 4: TEACHING SUGGESTIONS**.

1.2 PHOTOS/STORIES FROM THE DEVELOPING WORLD

The most powerful and unique feature of this pack has been the inclusion of the voices of young people from developing countries. Through our association with locally based non-government organisations (NGOs), we were able to ask them to approach young people in their respective countries and invite them to participate in this project as a way of getting their voices heard. We worked with NGOs from Bangladesh, China, Mexico, Pakistan, Uganda, Viet Nam, Zambia and Zimbabwe.

The young participants were introduced to the project, invited to workshops to discuss sexual health issues and given disposable cameras to express their concerns. The young participants were introduced to the project, invited to workshops to discuss sexual health issues and given disposable cameras to express their concerns. We have been extremely impressed by the quality of the images and especially by the honesty and openness of many of the stories. Some of the young participants seemed to find it easy to say what they wanted, whereas others were clearly not used to being asked to express themselves and their wariness, in itself, says a great deal.

We could not have managed to produce such an interesting and effective project without this invaluable input from our young developing world participants and the NGOs partners who supported them.

1.3 ZOOM IN! HOW IT WORKS

This section explains the Zoom in! process as it was intended in design. However, the project is highly flexible to suit all different requirements and capabilities (see **SECTION 4: TEACHING SUGGESTIONS**).

The following process forms the basis of the project design:

1. The facilitator uses the information from the **KEY FACTS** section to start discussions around the developing world, poverty and sexual and reproductive health and rights – especially for young people.
2. These are drawn out to encourage young UK participants to think around the issues of the eight countries providing the images (see **COUNTRY INFORMATION**).
3. The facilitator explains how these young people in the developing world have carried out a photo/story exercise to express their concerns and thoughts on sexual health and rights.
4. The facilitator shares the photos provided and discusses what the photographer might be saying, what themes might be highlighted in the photos, overlapping with the issues already discussed and using the **THEMES** section as support if necessary.
5. The young UK participants are shown the stories that go with the photos they have been considering.
6. Young participants are then invited to choose a photo/story that they particularly like or are drawn to and are then asked to go out and repeat the process – i.e. take a photo and write a story that will act as a parallel to the photo/story they have selected. The issues addressed may be similar or different but essentially the photos should stand as a developing world/developed world pair. We have provided an example of the pairing process within the project (see Example 1). The stories are typical and the images (although they are from stock files) are good examples of the sort of photos the young participants might have taken. Obviously images do not need to show people, but can be more abstract in expression.
7. There is a process of displaying and discussing photo/story pairings among participants.
8. Ideally the photo/story pairings are exhibited somehow in the school or organisation.
9. Participants could be encouraged to consider taking action by engaging in some advocacy activities. We hope that the young participants who become involved in this project will not only learn about sexual health issues, but will want to add their voices to those of their peers in the developing world and demand to be heard. For that reason, the pack provides ideas for taking some of the issues covered in the project further.

Example 1

1.4 EXAMPLE OF THE PHOTO/STORY PAIRING

TROUBLE

My father died last year. People said it was AIDS. My mother is now too sick to work.

I am the oldest daughter and I wanted to do well at school so that I could help my mother and my brothers and sisters.

After my father died there wasn't enough money for me to pay my school fees but my teacher promised he would help me. One day he asked me to visit him after class. He started to touch me and said I could stay in school if I had sex with him.

Two years later I have a beautiful baby but nobody to help me. My teacher will never admit the baby is his. I cannot go to school anymore. Now I sell vegetables in a market and look after my family and daughter. I can't make enough money to help my mother – she needs a lot of medicine.

I love my baby. I cannot imagine my life without her. I do not want her to ever suffer like this.

Zambia



(This story does not relate to the image. It is for example purposes only.)

Example 2

MY BABY

I'm 16 years old. I was at a party a few months ago and met this really nice guy. He was so romantic and made me feel really special. He was three years older than me and all my friends told me I was lucky that he noticed me.

He took me out to dinner and then we started kissing in his car. I'd never had sex before. I'd heard about condoms and stuff but I was too embarrassed to ask him to use one. He never called me again after that and I didn't have his number.

My mum was furious when I told her I was pregnant. She had me when she was 17 and never thought I would make the same mistake. She told me I should have an abortion and I went to the doctor but I couldn't go through with it. I already loved my baby.

I'm really scared but I'm happy at the same time. I always hated school before but now I have a reason to stay so I can get a good job and look after my baby myself.

United Kingdom



(This story does not relate to the image. It is for example purposes only.)