

Senegal Youth

OR Summary 35

**FINAL REPORT
PENDING**

Involve Community Networks in Adolescent Reproductive Health

An intervention to improve adolescent reproductive health increased community awareness and improved young people's knowledge. Use of safer sexual practices such as abstinence increased, but condom use decreased among sexually active couples. Continuing engagement of parents and community leaders will strengthen the network of support for youth reproductive health.

Background

Senegal is undergoing rapid urbanization, leading to changes in traditional social and family structure. With these changes there is a rise in early sexual activity among young adults, and increased exposure to unwanted pregnancy and sexually transmitted infections. In Senegal where 28 percent of the population is between 10-19 years of age, a renewed focus on reproductive health services appears timely.

In 1999, FRONTIERS began a three-year collaboration with the World Health Organization (WHO), the Ministries of Health, Education, and Youth, the Center for Research and Training (CEFOREP) and the Population Training Group (GEEP) to test the feasibility, effectiveness and cost of several interventions to improve the reproductive health of youth aged 10-19. The study took place in three urban communities in northern Senegal. The communities of Louga and St. Louis served as intervention sites where community- and clinic-based interventions were offered; and St. Louis also introduced a school-based intervention. Diourbel served as a control site.

The community intervention included sensitization on adolescent reproductive health for community and religious leaders, communication



with parents through women's groups, and education sessions led by peer educators. As part of the clinic-based intervention, providers and peer educators were trained to offer youth-friendly services. The school-based intervention trained teachers and peer educators to provide reproductive health information through a reproductive health curriculum tailored to in-school and out-of-school youth.

Findings

◆ Community members strongly endorsed improving youth reproductive health but expressed mixed feelings about adolescent sexuality. Religious leaders believed that parents should discuss reproductive health issues openly with their children; but parents lack the knowledge to do so with confidence.

Though both parents and young people approve of informing youth about reproductive health, most favor promoting abstinence rather than contraception.

◆ Young people's knowledge of reproductive health increased. The proportion of adolescents knowing one or more contraceptive methods rose significantly (from 49 to 61% in St. Louis and from 59 to 69% in Louga). Knowledge of the consistent and correct use of condoms also increased significantly and was nearly universal in both intervention sites. The proportion of youth knowing the period when a girl can become pregnant increased modestly from 21 to 26 percent in St. Louis and 14 to 25 percent in Louga. When youth were asked about ways to avoid STIs, references to abstinence increased.

◆ Overall, sexual activity among unmarried Senegalese adolescents is low: 20% of boys and 4% of girls reported that they had ever had intercourse. Among sexually experienced youth, the proportion reporting a sexual encounter during the last six months decreased from 48 to 36 percent. The average number of sexual partners dropped from 2.1 to 1.5, implying that more youth are choosing fidelity to one partner.

◆ However, condom use also declined. The use of condoms at first sexual experience decreased from 32 to 21 percent in St. Louis, and use at last intercourse dropped from 48 to 34 percent. Significant decreases also took place in Louga and the control site. The intervention introduced messages on abstinence, fidelity, and condoms, but abstinence and fidelity were highlighted by providers.

◆ Youth who reported visiting a health facility rose from 5 to 12 percent in St. Louis and 7 to 12 percent in Louga. About half the visits were

related to reproductive health. Although the school-based intervention succeeded in integrating reproductive health information into the curriculum, it was not well integrated with the community and clinic activities.

◆ The marginal costs for implementing all three interventions over two years totaled approximately US\$100,000, with costs for the community and clinic interventions totaling \$74,000. The community intervention was the most costly (about \$40,000), followed by the clinic (about \$34,000), and school interventions (about \$26,000). Most expenditures were for planning and training at the start of the project.

Utilization

◆ The Ministry of Health and WHO plan to scale up elements of the clinic and the community components in other districts. The intervention was timely in that it coincided with the creation of the Ministry of Health's Office of Adolescent Health, and helped the new agency to develop its strategy.

Policy Implications

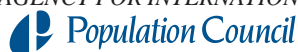
◆ The combined roles of abstinence, partner fidelity and condom use need further analysis by policymakers. Parents and religious leaders need to be part of the discussion.

◆ Multiple approaches need to be used to reach various groups of adults, including parents and teachers. Programs should target men to enable them to play a more active role in their children's reproductive health. Teachers also need training to equip them to provide accurate reproductive health information.

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Diop, Nafissatou J., et al. 2001. "Improving the Reproductive Health of Youth in Senegal - Baseline Report," FRONTIERS Program Report. Dakar: Population Council. For more information contact: Population Council, 143 Sotrac Mermoz, BP 21027, Dakar-Ponty, Senegal. Tel: 221-865-1255; Fax: 221-824-1998; E-mail: pcdakar@pcdakar.org.

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