Programme BRIEFS

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TECHNICAL ASSISTANCE
AFRICA PROJECT II
THE POPULATION COUNCIL

Adolescents

In recent years, the reproductive health status and service needs of adolescents in developing countries have become a priority for policy-makers and programme managers, alike. Adolescents constitute a significant proportion of the population, particularly in developing countries, where their contribution to population increase is considerable due to *population momentum,* or the shear numbers of young people in their reproductive years. Perhaps, more importantly, adolescents suffer disproportionately from negative reproductive health outcomes and sequelae, such as early and unwanted pregnancies, unsafe abortion, and STIs, including HIV/AIDs. The physiological and social disadvantage young people face concerning their reproductive health status is exacerbated by added psycho-social, policy and service barriers associated with reproductive health services in sub-Saharan Africa.

Research and programmes focusing on adolescent reproductive health in sub-Saharan Africa are a relatively new phenomenon - in their first generation - with the vast majority of programmes being less than twenty years old. The first generation of youth programmes in sub-Saharan Africa has largely relied on lessons learned from outside the region. Programmes for adolescents in sub-Saharan Africa are now moving into the second generation, and taking valuable lessons[1] from the first generation. This summary presents lessons learned from studies of adolescents themselves and adolescent programmes in Africa that should guide the future direction of programming on the continent.

[1]*The studies summarized here represent work from the OR/TA II Project, the Policy Research Division and International Programmes Division of The Population Council.*

Country	*Study Description*
BOTSWANA	*Strengthening NGO management, research and service delivery capabilities to undertake activities to improve adolescent reproductive health status in Botswana*
BURKINA FASO	*Identifying the specific sexual health needs of young people in Burkina Faso in order to improve programming for youth in the country.*
KENYA	*Evaluating multi-purpose youth centre approach in two youth centres in Kenya*
KENYA	*Introducing community-based approaches to adolescent reproductive health information and services in Nyeri, Kenya*
GHANA	*Large scale assessment of adolescent reproductive health knowledge, attitudes, and practice in three urban centres in Ghana*
GHANA	*Testing youth centre and peer education approaches to reaching adolescents with reproductive health information and services in rural Volta Region, Ghana*
GHANA	*Evaluating multi-purpose youth centre approach in nine youth centres in Ghana*
GHANA	*Assessing change in socio-cultural norms related to adolescent sexual behavior in rural Kassena-Nankana District, Ghana*
ZAMBIA	*Testing peer educator and micro-credit approaches to reaching young people in Zambia incorporating Participatory Learning and Action (PLA)*
ZIMBABWE	*Evaluating multi-purpose youth centre approach in three youth centres in Zimbabwe*
ZIMBABWE	*Introducing community-based and centre-based approaches to adolescent reproductive health information and services in rural Magunje and urban Bulawayo, Zimbabwe*

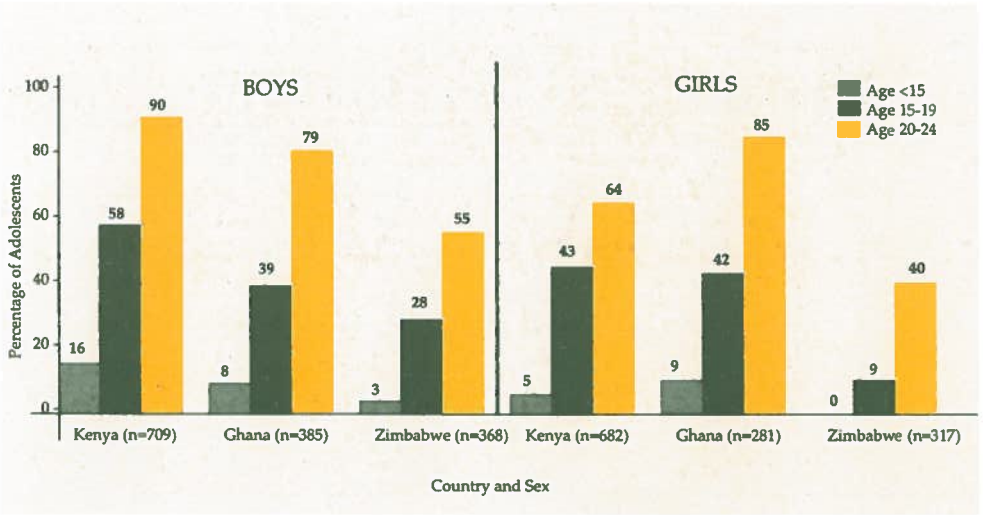
Findings

What do we know about the sexual and reproductive behaviour of adolescents?

Sexual Activity: What is the social context for adolescents?

- A significant proportion of young people are becoming sexually active premaritally. In Kenya, Ghana and Zimbabwe, by age 16, about 50% of adolescents have had sexual intercourse. In a study in Kenya, sexually experienced boys in the sample had initiated sex at about age 14 1/2 while girls started having sex at around age 16. By age 24, virtually all unmarried boys (95%) and most unmarried girls (77%) are sexually experienced.

Figure 1: Proportion of sexually experienced adolescents in rural Kenya, Ghana and Zimbabwe, by Sex and Age Group



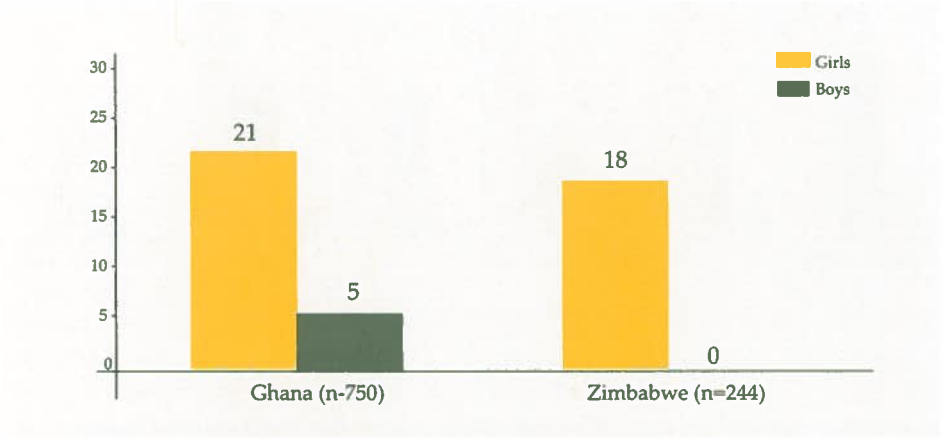
- Qualitative research in rural northern Ghana revealed the evolving patterns of adolescent sexuality in sub-Saharan Africa including the loosening of social controls on sexuality and the increasing importance of money in the negotiation of sex.
- Sex in exchange for money or gifts is common among adolescents. In Zambia, almost two thirds (65%) of the sexually active girls in the study had received money or gifts for sex, while in Ghana, 36% of sexually active boys reported using money and gifts to obtain sex from girls.

- Studies in Ghana, Zimbabwe, and Kenya reveal that a significant proportion of girls had experienced force during sexual encounters. In Ghana, 21% of girls reported that their first sexual encounter resulted from rape, while 18% of Zimbabwe girls were forced into their first intercourse. In Kenya, 22% of girls had been subjected to rape or attempted rape during the most recent sexual encounter. These findings emphasizes that programme planners need to take into account non-consensual sex when designing programmes for adolescents.

- A significant proportion of sexual acts are unwanted by adolescents and not pleasurable. In Kenya, 34% of boys' most recent sexual encounter and 49% of girls' most recent encounter were unwanted. In Zimbabwe, 73% of girls and 15% of boys reported that they felt sad after their first sexual intercourse. This underscores the need for programmes to empower adolescents with communication and sexual negotiation skills.

- For girls, age differences between them and their partners likely reflects important power imbalances with regard to sexual negotiation and family planning use. In Kenya and Ghana, girls sexual partners are, on average, 3 to 4 years older, compared to adolescent boys being about 1 year older than their partners.

Figure 2: Proportion of adolescents in Ghana and Zimbabwe who were forced into first sexual intercourse, by sex



Contraceptive use: do adolescents protect themselves?

- Use of family planning methods among unmarried adolescents is low considering that premarital pregnancies are, more often than not, unwanted. Among sexually active adolescents in Kenya and Botswana, 52% and 65%, respectively, had ever used a method. In urban Ghana, 51% of sexually experienced adolescents used family planning during their most recent intercourse.

- Condoms are perhaps the most suitable method for adolescents as they prevent transmission of STIs, including HIV/AIDs, provide protection against pregnancy, and are appropriate for those in unstable relationships. While virtually all adolescents sampled are aware of condoms (99% in Ghana and Kenya) adolescents in Ghana describe shyness in obtaining condoms and psycho-social barriers to carrying condoms. Sixty-three percent of boys and 80% of girls report that they feel too embarrassed to obtain condoms. Programme planners need to create mechanisms to facilitate adolescents acquiring condoms without embarrassment.

- In a qualitative study in Zambia, many adolescents considered condoms unnecessary or inappropriate for their age. Some felt that young boys cannot impregnate girls as their sperm are not strong enough. Boys also complained that condoms are too big and easily slip off.

Consequences: What are the outcomes of unprotected sex?

- The consequences of unprotected sex are particularly acute for adolescents, especially when they are in-school and have limited access to services. Over a third of sexually experienced never married females in a study in Ghana had experienced a pregnancy and 91% of these pregnancies were unwanted. Similarly, 26% of sexually experienced girls in Kenya and 21% of those in Zambia had experienced at least one pregnancy.

- In a study in urban Ghana, 89% of unmarried girls who had an unwanted pregnancy reported having attempted abortion.

- In Kenya and Zambia, 4% of sexually experienced girls and 8-9% of sexually experienced boys report having had a sexually transmitted infection.

How effective are existing programmes in reaching adolescents and effecting positive change?

Other than school-based family life education (FLE) information programmes, the most popular approaches used to reach adolescents with information and services in sub-Saharan Africa have been multi-purpose youth centres and peer educator programmes. However, evidence from Africa suggests that these might not be the most appropriate or effective ways to reach adolescents with reproductive health information and services.

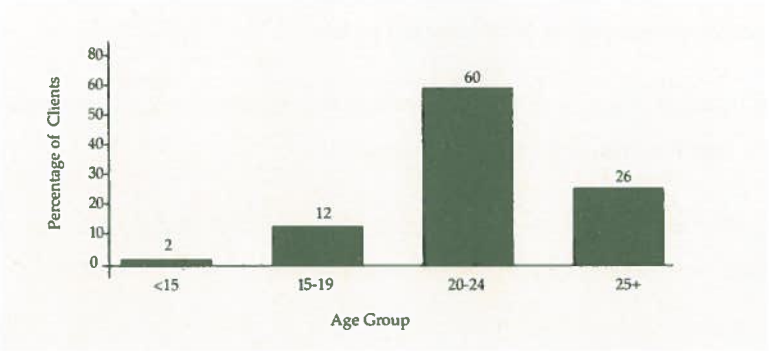
What Do We Know About Youth Centre Programmes?

- Chemist shops, kiosks, and friends are the most common source of condoms. Seventy-eight percent of youth in a study in Ghana obtained condoms from chemists and 75% of adolescents in a Kenyan study obtained condoms from kiosks, friends, or chemists. Despite this, most existing programmes for youth focus on facility-based delivery of family planning services.

- Multi-purpose youth centres were found to be only marginally effective in reaching girls and younger adolescents with reproductive health information and services. In centres in Kenya and Zimbabwe, boys outnumbered girls at the centres by as much as 4 to 1 and a negligible number of adolescents aged 10 to 14 visited the centres.

- Adolescents in studies in Kenya, Zimbabwe and Ghana stigmatized youth centres run by family planning organizations because the centres were branded as places for the sexually active or for those with sexually transmitted infections. As such, these youth centres were seen as unappealing, particularly for girls for whom premarital sexual activity is not culturally accepted. Youth programmes operated by family planning organizations should distance themselves from the parent organization in order to avoid this stigma.

Figure 3: ***Age distribution of boys and girls visiting the youth centres, Kenya (n=119)***



- Hours and days of operation were often not convenient to youth, with youth centres in Zimbabwe, Kenya and Ghana operating only during regular business hours when most young people are in school or involved in income generating activities.

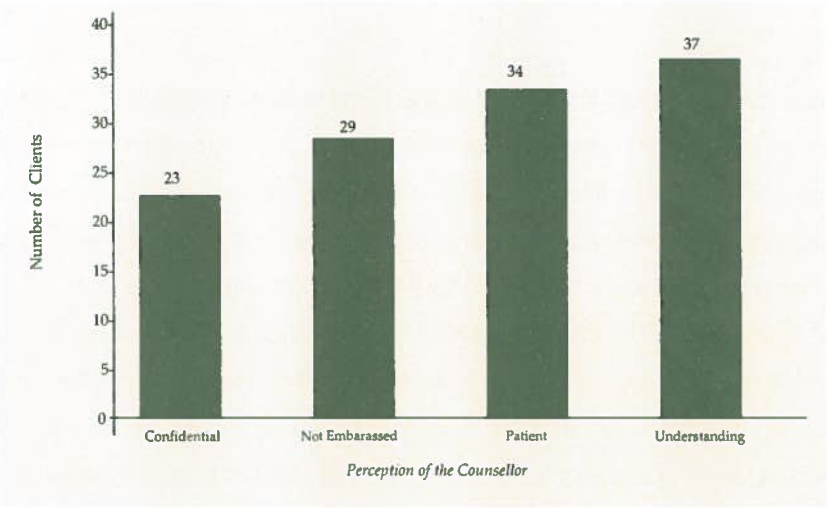
- Only a small minority of adolescent clients of the youth centres were aware that reproductive health services were available at the facilities, as facilities were often viewed as recreational centres. Such multi-purpose centres need to take a "no missed opportunity" approach to integrating reproductive health messages with recreational activities or other activities used to attract adolescents to facilities.

- While programmes in Sub-Saharan Africa have increasingly been concerned about sustainability, youth centre approaches have been found to be an extremely expensive strategy to reaching young people. Youth centres in Kenya were found to be expensive and unsustainable considering the number of young people reached compared to occupancy and training costs.

What do we know about peer educator programmes?

- Peer educators in Kenya were often found to be judgmental and conservative in their attitudes toward premarital sex and provision of contraceptives to young people. While they were quite knowledgeable about HIV/AIDS and STIs, they lacked communication skills and knowledge of fertility and family planning. Given that many youth programmes utilize lay people to deliver information and services, special attention needs to be paid to addressing staff attitudes and quality of care.

Figure 4: ***Young peoples perceptions of the youth counsellors, Zimbabwe (n=37)***



- While young people in Kenya generally had confidence in the knowledge of peer educators, less than half of the adolescents interviewed (42%) felt that the peer educator would keep information confidential and only a slight majority of the clients in Zimbabwe felt that counselors would keep information confidential.

- Peer educator programmes seem to have significant impact on the educators themselves. In Zambia, 94% of peer educators in one particular programme reported that they are practicing safer sex since they became involved in the programme.

What are promising alternatives for reaching adolescents more effectively?

- **Using Livelihood opportunities as an Entry Point** Most young people are concerned with educational, employment, and livelihood opportunities and not with recreation. As a result, youth centres in Ghana run by Planned Parenthood Association of Ghana are testing multi-purpose youth centres that use library and career services to draw young people to the centres, rather than recreation. Evidence from these centres reveals that parents of adolescents are much more amenable to adolescents going to centres for these services than for recreation.

- **Using Credit as an Entry Point.** Given the evidence that young people are not empowered to realize their reproductive intentions, either because of diminished self-esteem or lack of negotiation skills, a pilot programme in Zambia is testing empowering young people through a micro-credit scheme. It was hypothesized that the programme that provided out-of-school adolescents with credit to start businesses or expand existing ones would indirectly result in increased self-esteem and capacity to realize reproductive intentions.

- **Using Existing Human Resources in the Community.** Considerable attention has been paid to increasing the sustainability of youth programmes in sub-Saharan Africa, particularly where cost recovery for such programmes is not an option. In Zimbabwe, a programme capitalizing on the existing infrastructure of community-based workers such traditional birth attendants (TBAs), community based distribution agents (CBDs), agricultural extension workers, and village health workers, is being tested. In this programme of the Zimbabwe National Family Planning Council, this cadre of workers has been trained to reach youth with reproductive health information and referrals during their normal community outreach activities. Preliminary evidence suggests that this approach is effective in reaching youth in rural communities through recognized and respected members of the community.

- **Reconstructing Traditional Mechanisms.** In many communities in sub-Saharan Africa, trusted adults - aunties and uncles - were traditionally used to give reproductive health information, especially where parents felt incapable to do so. A programme by the Family Planning Association of Kenya is testing reintroducing this traditional mechanism by recruiting and training respected parents in the semi-rural community of Nyeri to give RH information and

referrals for services to, mostly, private providers. Thusfar, parents in this largely Catholic community have found this approach to be an acceptable means to educating young people.

- **Reaching Youth Where They Congregate.** It is often said that young people need to be reached with RH information and services in their own settings. In Bulawayo, Zimbabwe, recreational youth centres have been operated for over 20 years by the Bulwayo Municipality. The Zimbabwe National Family Planning Programme has teamed up with the Bulawayo Municipality and Municipal clinics in establishing a RH information and referral mechanism in the existing infrastructure. Through this pilot programme, recreational centres that are extremely popular with urban youth now offer RH information in a setting that has a long history of acceptance in the communities.

Future Directions

- **Involvement of Youth.** Youth involvement in the design and implementation of programmes has long been considered an important element in the success of youth programmes. Unfortunately, involvement of youth in sub-Saharan Africa programmes has been tokenistic at best. In Zambia, the Participatory Learning Approach (PLA) has been used successfully by engaging youth in designing, planning and evaluating programmes for them. Continued efforts need to be made to extend the participation of young people in RH programmes.

- **Involvement of Gatekeepers (Parents, Communities, and Religious Bodies).** Adolescent reproductive health information and services is a sensitive issue in most communities. As such, gatekeepers (including parents, communities, and religious bodies) need to be involved in programme planning and be given programme "ownership" to the greatest extent possible. Sadly, this is not been the case in most programmes that resultingly risk opposition and rejection in the communities in which they operate. In both Zimbabwe and Kenya, ZNFPC and FPAK have used strategies to involve gatekeepers in programme design, management, and decision-making. Initial evidence suggests that these steps have been well worth the time and effort as projects enjoy considerable support from the communities in which they are being implemented.

- **Designing programmes that are gender-sensitive.** Research among adolescents has revealed that adolescent boys and girls experience very different social pressures and expectations associated with sexual behaviour.

Efforts to consider, separately, the special social context and resulting needs of boys and girls have been limited. Programme planners need to re-orient thinking to take into account the gender specific perspectives on the social context of sexual activity and reproductive behaviour for adolescents.

- **Increased attention to quality of care.** Surprisingly few programmes for adolescents in sub-Saharan Africa have been systematically evaluated. Those that have reveal that programmes are sorely lacking in quality of care. Special attention needs to be paid to both defining what constitutes quality care for adolescents and ensuring that programmes meet these standards.

- **Making existing services more youth-friendly.** Situation Analysis studies conducted throughout the region have shown that a sizeable proportion of service providers may have some negative attitudes toward providing RH services to youth. Many providers take it upon themselves to restrict access to different family planning methods by age, even when these age restrictions are not part of national guidelines. Approaches to these problems may include: development and dissemination of new guidelines; greater attention to the content of guidelines during training and supervision; and more intensive approaches to attitude change.

- **Strengthening Family Life Education (FLE).** FLE programs are frequently considered relatively ineffective because of poor teacher preparation. However, an important challenge is to learn how this opportunity to educate and influence a large number of youth can be made more productive.

- **Targeting Segments of the Youth Population More Effectively.** Adolescents and youth are heterogeneous groups. Important differences which need to be considered in educational planning include factors such as gender, age, school and work status. While there are some universal needs such as reproductive health knowledge programs frequently need to be directed toward particular segments of the youth community,with their particular needs in mind.

Resources Available from the Population Council

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