Guinea’s Youth-Driven Campaign Promotes Right to Abstain or Use Condoms

Young Adults Included in Program against STIs, HIV, Unintended Pregnancy

When the campaign launched in eight districts in July and August 2001, its overall goal was to help create a more receptive environment with young adults through community-based approaches to prevent HIV infection and unintended pregnancies. The yearlong campaign combined youth-driven community-based interventions with mass media outreach. Key activities were:

- advocacy with community leaders, parents, and youth;
- peer educator outreach;
- radio programs;
- involvement of local small businesses and community leaders, parents, and religious leaders;
- school activities;
- print and promotional materials.

The campaign succeeded in reaching young adults through tailors, hairdressers, and café staff, and it prompted responses. For female adolescents, 21.5% of youth in the intervention had increased community openness compared to 11.8% in the control group. For males, 37.4% of youth in the intervention group had increased community openness compared to 28.6% in the control group. These results were significant (p<0.01).

Community Mobilization with Youth for Youth

The Guinea Youth Campaign offered young adults an opportunity to have a community-based approach to prevent HIV infection and unintended pregnancy. The campaign’s success can be attributed to engaging young adults in the development of innovative health communication interventions at the community level. These innovations included reaching young adults through various channels, including health care providers, faith leaders, and community mobilization with youth for youth.

In the intervention group, 26.2% of youth reported increased community openness compared to 20.3% in the control group. These results were significant (p<0.01). The campaign’s success was due to exceptional coordination at the regional, district, and local levels. Community mobilization with youth for youth was an essential first step in this process. The campaign reached young people ages 15-24 through various strategies and activities, including community mobilization with youth for youth.

Right to Abstain or Use Condoms

Guinea currently has an HIV prevalence of 2.5% among youth, 2.3% for pregnant women, and 4.3% for pockets of the population such as commercial sex workers. The campaign’s success can be attributed in large part to involving young adults in the development of innovative health communication interventions at the community level. The youth-driven approach proved effective in creating a more receptive environment with young adults through community-based approaches to prevent HIV infection and unintended pregnancies.
activities, and ensure objectives were met. These groups helped harmonize and sustain communication activities in each of the eight districts.

Campaign launches included large events developed for youth by youth that were covered on rural radio and national television. Local and regional political and religious leaders representing Upper Guinea publicly endorsed the activities. The regional working groups coordinated this high level of support.

The regional working groups also supervised the process of identifying peer educators, which included an equal representation of boys and girls. Several community representatives participated in the recruitment as well, such as parents and health workers. PRISM trained peer educators to reach and/or refer youth to information about preventing HIV/AIDS and unintended pregnancies. They reached peers through organized community events (soccer and street shows), guina (groups of friends that meet daily for traditional tea ceremonies), seres (social groups bringing together same-age youth) and health center outreach.

A partnership between PRISM and small businesses carried out many of the social mobilization activities. This initiative included more than 150 tailors, hairdressers, and café owners. The small business owners decorated their shops with campaign logos and served as sources of information and/or referrals for pregnancy and HIV/AIDS prevention.

PRISM trained 22 health providers from 20 health centers in technical issues and interpersonal communication and counseling to help with youth counseling and referrals. Personnel from 89 health centers participated in the campaign and worked closely with the peer educators.

Eight theater groups (one in each district) were trained in health issues and performed in the communities. They presented dramas based on themes such as reproductive health, sexuality, abstinence, and condom use. A series of 16 interactive radio programs, broadcast twice weekly on rural radio in the local language (Maninka), offered a forum to discuss subjects such as reproductive health and sexuality. To complement the programs, radio spots were broadcast before the evening news, highlighting the key messages of the radio programs. During community mobilization activities, campaign organizers showed movies and documentaries on STIs, HIV/AIDS, and problem pregnancies. The local working groups organized the broadcasts with support from PRISM and also distributed promotional materials such as T-shirts, hats, balloons, and brochures.

IMPACT

In April 2002, researchers conducted an impact evaluation to assess perceptions, attitudes, and behaviors regarding HIV/AIDS, other STIs, and unintended pregnancy. They used data from the 1999 DHS survey in Upper Guinea as a baseline for selected key indicators and chose the Beyla province in Guinea Foretisere as a comparison (control) area.

Outcomes of interest included reported condom use at last sexual intercourse and contemplation of abstinence. Results showed significant differences in perception of community openness in discussing youth sexuality issues with 60.4% males in the intervention area reporting more openness as compared to 32.7% in the control area, and 41.0% females in the intervention area as compared to 13.3% in the control area (figures 1 and 2). Peer educators were the primary source of reproductive health messages, and more than 80% of youth felt that community and religious leaders supported the peer educators.

The results also showed a significantly higher proportion of young men and women in the intervention area ever using a condom or using a condom at last sex, when compared to the control site. Even though knowledge of HIV/AIDS was already high, both men and women in the intervention area demonstrated a significantly higher knowledge of methods to prevent HIV infection than the control group (figure 3).

Researchers found a significant association ($p<0.01$) between the level of campaign exposure and condom use at last sex. But once a respondent participated in two campaign activities, a “diminishing return” effect on behavior change was associated with participation in a larger number of activities. The campaign was effective in improving preventive behavior such as condom use at last sex, which was significantly higher ($p < 0.01$) in the intervention area than the control (47.6% vs. 24.1% for men and 27.0% vs. 2.7% for women respectively).

Overall, the youth campaign affected men and women differently, a finding that reflects women’s status in Guinean society. The majority of respondents participated in at least one campaign activity, with more men (83%) than women (63%) participating. Young men that participated in a larger number of campaign activities showed significantly higher odds (1.24) of using a condom at last sex. Young women, on the other hand, had significantly higher odds (1.27) of contemplating abstinence when they perceived their community to be more open to discussing reproductive health issues as compared to one year prior to the survey.

The Guinea Youth Campaign results illustrated the power of involving youth in designing a community mobilization approach to prevent unintended pregnancy and the spread of HIV/AIDS and STIs.