



# Reaching Adolescents through a variety of approaches

**Nafissatou J. Diop**

**REDUCING INEQUITIES:**

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# Outline

## Adolescents in sub-Saharan Africa

- Who are they?
- Where are they?
- Why are they important?
- How do we reach them?
- The way forward



# Who are they ?

## Adolescents' capacities and opportunities vary by:

- Age
- Gender,
- Marital status
- Parental status ( with our without children)
- Schooling (in or out of school)
- Workers/Non workers
- Living with both, one, or no parents
- Migrant
- Region of residence (rural/urban/peri-urban))
- Cultural affiliation

# Where are they?

	Population		Education		Marriage		Employment	
	Adolescents age 10-24 in 2006		% Adolescents who attended secondary school in 2000/2006		% Adolescents age 15-19 who are married		% Adolescents age 15-19 who are economically active in 2005	
	Millions	% of total population	Girls	Boys	Girls	Boys	Girls	Boys
<b>Burkina Faso</b>	4.7	34	9	14	32	1	66	71
<b>Côte d'Ivoire</b>	6.4	35	18	33	25	2	37	56
<b>Rép. Guinée</b>	3.1	32	15	33	46	2	62	61
<b>Mali</b>	4.7	34	14	25	45	9	63	69
<b>Niger</b>	4.6	32	6	8	62	4	62	82
<b>Sénégal</b>	4.1	34	16	23	28	-	54	59
<b>Caméroun</b>	5.7	34	28	34	33	9	37	55
<b>Rép. Congo</b>	19.3	33	13	24	-	-	52	54
<b>All</b>	<b>52.6</b>	<b>33.5</b>	<b>15</b>	<b>24</b>	<b>39</b>	<b>4</b>	<b>54</b>	<b>63</b>

Source: United Nations, 2006

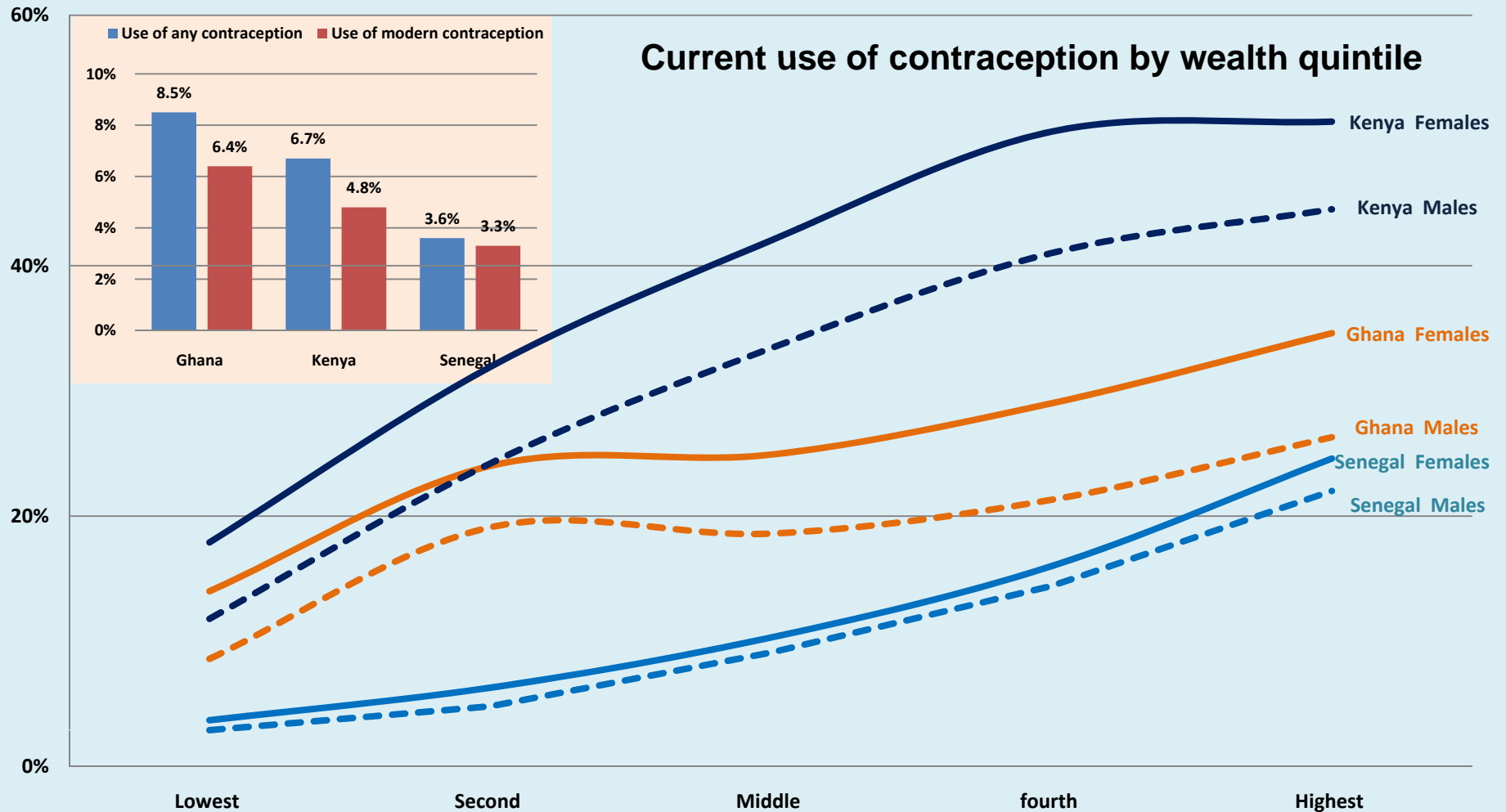
# Why are they important?

	Health		Utilization	
	% of unwed adolescents age 15-19 who are sexually active*		% of married women using FP	
	Girls	Boys	15-19 years	20-24 years
<b>Burkina Faso</b>	24	25	4	9
<b>Côte d'Ivoire</b>	53	55	4	7
<b>Rép. Guinée</b>	28	50	5	6
<b>Mali</b>	33	34	4	7
<b>Niger</b>	-	23	2	5
<b>Sénégal</b>	9	-	2	4
<b>Caméroun</b>	55	43	15	14
<b>Rép. Congo</b>	-	-	-	-

\* Ces données ne concernent que la Capitale

# Why are they important?

## Utilization of modern contraception methods among adolescents (aged 15 to 19, DHS)



# Why are they important?

## Unmet needs for family planning among adolescents (aged 15 to 19, DHS)

		Ghana	Kenya	Senegal	Bangladesh
unmet needs for family planning		56.8%	27.8%	33.5%	19.4%
Current unmet family planning needs by wealth quintile	Lowest	40.7%	32.7%	30.4%	17.4%
	Second	37.7%	30.3%	31.1%	18.6%
	Middle	34.5%	26.6%	33.7%	17.1%
	fourth	33.0%	17.4%	33.6%	17.0%
	Highest	23.9%	17.0%	28.9%	15.6%

# How do we reach them?

	Youth Centers	School-based Education	Peer Education
Strengths	<ul style="list-style-type: none"><li>•Confidentiality</li><li>•Providers friendly</li><li>•Services adapted</li></ul>	<ul style="list-style-type: none"><li>•Delay first intercourse</li><li>•Increased use of condoms/contraception</li><li>•Reduced # of sexual partners and frequency of sex</li></ul>	<ul style="list-style-type: none"><li>•Effective in connecting youth to services and increasing knowledge</li><li>• Decrease # of sexual partners</li><li>•Increase condom usage</li></ul>
Limitations	<ul style="list-style-type: none"><li>•Poor cost-effectiveness</li><li>•Low attendance by girls</li></ul>	<ul style="list-style-type: none"><li>•Lack of acceptance by school authorities</li><li>•Not mandatory</li><li>•Referral system</li></ul>	<ul style="list-style-type: none"><li>•Males reached more than females</li><li>•Vulnerable groups not reached</li></ul>



# How do we reach them?

	<b>Community based IEC</b>	<b>IEC outreach from health facilities</b>	<b>Life Skills</b>
<b>Strengths</b>	<p>Facilitated education sessions</p> <ul style="list-style-type: none"><li>• Impact on demand for and use of services</li><li>• Good Referral system</li></ul>	<ul style="list-style-type: none"><li>• Marketing and Branding associated with social franchizing</li><li>• Potential for referral between pharmacist and health facilities</li></ul>	<ul style="list-style-type: none"><li>• Effective to empower youth and increasing knowledge</li><li>• Decrease # of sexual partners</li><li>• Increase condom usage</li></ul>
<b>Limitations</b>	<ul style="list-style-type: none"><li>• Problem with sustaining interest</li><li>• Poor involvement of youth in the design</li></ul>	<ul style="list-style-type: none"><li>• Impact of social outreach not known</li><li>• Role of the private sector</li></ul>	<ul style="list-style-type: none"><li>• Large variations in the intensity and focus of life skills approaches</li><li>• Referral system</li></ul>

# What are the solutions?

## Multi-sector Community Approach

- **Community level involving young people, leaders and parents**
    - Youth associations, peer education, life skills, parent programs, religious leaders involvement
    - Advocacy/media campaigns to create a supportive community environment
  - **Health Services**
    - Caregiver training and sensitization
    - Young people to help in the referral
  - **Schools**
    - curriculum, involvement of teachers
    - Other social mobilization activities
- **Establishment of Bridges**

# What are the solutions?

## Multi-sector Community Approach

### Strengths

- Reaches unenrolled and enrolled adolescents
- Uses both adult and adolescent community members to reach adolescents and gatekeepers
- Creates social mobilization

### Limitations

- Scaling up the multiple components



# Additional solutions

## Prevent early marriage and support married adolescents

Create alternatives to early marriage for girls who have dropped out of school by promoting literacy, awareness about their rights, improving life skills, and the establishment of solidarity and social assistance ;

Capacity building in basic life skills for young girls through the organization of girls' social groups

Provide support for married girls excluded from socio-economic progress;

Reduce the social isolation and economic vulnerability

# The way forward

- 1) More funding to scale up promising approaches;
- 2) Target the undeserved youth not in school, married, workers in cities, in rural area;
- 3) Improve the attitudes and behavior of providers
- 4) Increase adolescent and parent participation in the development and implementation of programs; and linking community programs to health services;
- 5) Gender issues need to be systematically taken into account.

