

Sierra Leone

FACTFILE

Title Improving the Sexual and Reproductive Health and Socio-economic Development of Urban Youth

IPPF Member Association Planned Parenthood Association of Sierra Leone (PPASL)

Set up in 1959, PPASL is the country's leading non-governmental organization promoting and providing sexual and reproductive health services.

Aim To improve the accessibility and use of quality sexual and reproductive health services among young people aged 10 to 24 by setting up youth centres and outreach services.

Duration 18 months: 2003–2004

KEY ACHIEVEMENTS

▶ The level of awareness raising was impressive: 66 per cent of young people surveyed at the end of the project knew of the youth centres, 36 per cent had visited them, and 32 per cent had attended workshops on sexual and reproductive health issues.

▶ Attitudes and sexual behaviour changed as a result of the project, with a reduction in the number of sexual partners.

▶ Young people were keen to become trained community-based distributors.

▶ 12 young people received awards for high performance in condom distribution.

PROJECT OVERVIEW

Improving the socio-economic well-being of young people

The project aimed to improve the socio-economic well-being of young people, through a variety of strategies: to significantly increase the sexual and reproductive health knowledge among young people aged 10 to 24 in the project areas; to increase condom use by 10 per cent; to reduce multiple sexual partners among sexually active young males by 5 per cent; to provide a wide range of quality sexual and reproductive health services; and to provide incentives to youth peer counsellors to enhance their enthusiasm for providing information and services.

Challenges encountered by urban young people

The project ran youth care centres in two communities in Freetown – Grey Bush and Brookfields – which have fairly large populations of young people. These communities are overcrowded, and known for large numbers of school drop-outs. Female genital mutilation is common, and 70 per cent of sexually active young people interviewed before the project started had never used any contraception or condoms.

An additional challenge was the increasing prevalence of HIV infection in the country.

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Wide range of services on offer

Services offered by the youth care centres included contraception, particularly condoms, advice on safe motherhood and abortion, treatment of sexually transmitted infections, and information about HIV and safe sex.

On a cautionary note, project statistics indicated that one-fifth of the project sample

KEY PROJECT STATISTICS

Number of new family planning users: 693.

Number of condoms distributed: 24,016 – 73 per cent of these were to young people.

Number of non-family planning sexual and reproductive health services provided: 1,625.

The project reached 2,180 people with sexual and reproductive health information.

120 volunteers received skills development training, and 80 peer counsellors were trained.

The project aired 24 radio programmes, ran 31 quizzes, and conducted dramas and debates.

used self-medication or traditional methods to treat sexually transmitted infections. This was a clear indication that some young people shy away from medical centres.

Imaginative approaches needed to scale up the project

Despite the accessibility of the youth care centres, uptake was low. This means that imaginative approaches are needed to inform and educate young people on sexual and reproductive health issues, in particular about how to protect themselves and each other from HIV infection. This could be enhanced, for example, by making condoms cheaper and more easily available.

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Using less traditional ways to distribute condoms would expand and extend acceptability and access. Potential distributors could include tailors, market women, commercial sex workers, community elders, religious leaders and community youth organizations.

Involving young people in devising and running the services would give them ownership of the centres, encourage them to use the centres and motivate their peers to attend as well.

Ways to make the youth care centres more youth-friendly include talks and discussions, indoor board games and table tennis, and drop-in services for young offenders.

Setting up an internet café would also enhance the centres, offering an educational and entertainment service for young people, as well as information on sexual and reproductive health.

LESSONS LEARNED

Access to condoms could be improved by increasing the number of distribution outlets and by using non-traditional distributors such as commercial sex workers.

Mechanisms could be put in place to engage urban young people and involve more women, so they can play a more prominent role in the dissemination of sexual and reproductive health and safe sex messages.

Giving young people greater responsibilities in running the centres could enhance ownership, commitment and service uptake.

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Integrating skills training in the centres would upgrade young people's skills and help them become employable. This was a new approach to youth involvement in the country.

Project findings also indicated that even where young people had some knowledge about sexual and reproductive health, there was a gap between theory and practice, with some young people being unwilling to apply their knowledge.

On the plus side, findings showed that young men in the project areas had started to reduce their number of multiple partners as the project progressed.

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Exploring ways to engage young women

A special drive to engage young women would benefit the communities by using them to motivate their peers about safer sex, contraception and other aspects of sexual and reproductive health. This, in turn, would help to increase uptake of services at the youth care centres.

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Insecurity effects of civil unrest

The project was hampered by the war. Armed conflict in Sierra Leone led to areas of the country being insecure, with clinics being forced to close for safety reasons together with breakdowns in the supply chain.



COUNTRY STATS

Population is 5.4 million, with 42 per cent under the age of 15. (2008, Population Reference Bureau)

31 per cent of population is aged between 10 and 24. (2006, Population Reference Bureau)

Human Development Index ranking: 177 out of 177 countries. (2005, UNDP Human Development Report 2007/2008)

Average life expectancy at birth is 41.8 years. (2005, UNDP Human Development Report 2007/2008)

The infant mortality rate is 158 per thousand live births. (2008, Population Reference Bureau)

The total fertility rate is 6.5 (2000–2005) with only 4 per cent of married women aged 15–49 practising family planning. (1997–2005, UNDP Human Development Report 2007/2008)

It is thought that there is a wide prevalence of female genital mutilation. (Update on FGM/C, Global Consultation on Female Genital Mutilation/Female Genital Cutting (FGM/FGC) 30 July–3 August 2007, Addis Ababa, Ethiopia)

Population living with HIV/AIDS (aged 15–49) is 1.6 per cent. (2005, UNDP Human Development Report 2007/2008)

Only 42 per cent of births are attended by trained personnel. (1997–2005, UNDP Human Development Report 2007/2008)

