



Ministère de
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African Forum on
Emergency
Contraception



Population Council



Centre Régional de
Formation et de
Recherche en Santé
de la Reproduction

**“Will the introduction of emergency contraception at high school
allow the adoption of safer behaviors regarding sexuality ?
Pilot study in a highschool (Dakar - Senegal)**

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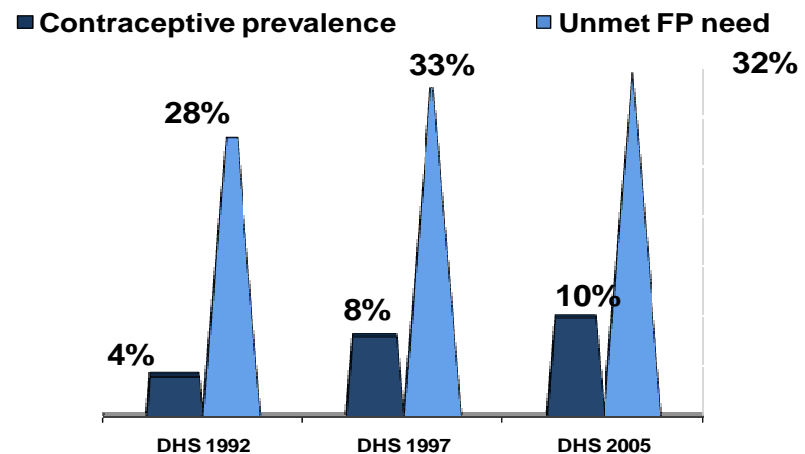
BACKGROUND AND JUSTIFICATION

International Conference on Family Planning Research and Best Practices
November 15 – 18, 2009 Kampala - Uganda

BACKGROUND & JUSTIFICATION

□ The context in Senegal

- Low contraceptive prevalence : 10.3% [DHS 2005]
- Unmet FP need
 - 33 % [DHS 1997]
 - 32 % [DHS 2005]



BACKGROUND & JUSTIFICATION

□ The context in Senegal

- Taux de prévalence contraceptive faible : 10,3 % [EDS 2005]
- Besoins non satisfaits en PF
 - 33 % [EDS 1997]
 - 32 % [EDS 2005]
- High maternal mortality rate 401/100 000 NV [EDS 2005]
- Mortality due to unsafe abortion 4 %

Contexte & Justification

- RH for adolescent = Problem of public health
 - Senegalese population young
 - ✓ More than 50 % is less than 20 years old
 - ✓ Youth between 15 – 24 represent 22,8 % of the urban population in Senegal [DHS 2005]
 - Adolescents et youth are little concerned or marginalized by FP programs

METHODOLOGY

General Objective

Improve knowledges and attitudes of adolescents and youth beetween 15 and 24 years old to prevent early and unwanted pregnancies

Specific objectives

1. Improve knowledges and attitudes of high school students beetween 15 and 24 years old to prevent early and unwanted pregnancies

Specific objectives

2. Improve the level of knowledges of high school students between 15 à 24 years old in the field of contraception in general, EC included
3. Improve the level of knowledges of health providers in the field of contraception in general, EC included

Objectifs spécifiques

4. Promote a good welcome to youth looking for contraception or EC service in health facilities and pharmacies
5. Formulate recommendations based on suggestions from various stakeholders to promote / encourage safer sexual behavior and better use of EC/ EC services

Methodology

- Area of intervention : district of Guediawaye
 - Lycée Limamoulaye
 - Health facilities and Pharmacies

- Length of study : 1 Year (2008)

- Targets
 - Highschool students and their teachers
 - Providers (physicians, nurses, midwives, pharmacists)
 - Assistants of providers (FP advisors, relays, vendors and sellers)

Methodology

□ Study design

■ Baseline

- 34 interviews et 4 focus groups
- 08 facilities visited

■ Intervention : training of 59 providers and theirs assistants, guidance of 73 high school students and their teachers

■ Endline

- 13 interviews
- 07 facilities visited

RESULTS

Results

□ Sexual behaviors : *Baseline*

■ Factors promoting the entry into sexuality

– Mimicry and media influence

– Poverty: «*They (young girls) have sex with several males at once, males who sustain them and ask in return be rewarded* » (High school girl)

– Mix and attitude: «*Girls provoke us and to show that we are men...* » (High school boy)

«*It is the behavior and the way girls are dressed* » (High school boy)

Results

□ Sexual behaviors : *Baseline*

- Circumstancies at risk to catch an STI / HIV
 - Prostitution or multi-partner sex
 - No use or misuse of condoms

«When we talk about prevention, they do not even know what it is chastity, fidelity.» (Male Teacher)

Results

□ Sexuels behaviors : *Baseline*

■ Circumstances at risk for pregnancy

« *It is when we have sex without knowing the moment of ovulation* » (High school boy)

« *If there is no penetration, there cannot be pregnancy* » (High school girl)

« *If this is the first time she has sex, she cannot be pregnant* » (High school boy)

Results

□ Sexuels behaviors : *Baseline*

■ Consequences of unwanted pregnancies

✓ Double marginalization

- At school : « *girls are sent off if they are not married* »
(Male Teacher)
- In the family

✓ Unsafe abortions and their consequences

Results

- Knowledge on EC : *Baseline*
 - Nine (9) interviewed over 10 know the « morning pill » **but**
 - High school students and teachers are the less aware
 - Providers and their assistants are unfamiliar with the dosage and ignore the mechanical method (IUD)
 - Method to use the dayafter a risky sexual intercourse not or poorly protected

«After intercourse, take the morning pill and continue for 3 days » (High school girl)

Results

□ Knowledge on EC : *Endline*

- Twelve (12) providers over 13 know IUD as a method

- Knowledge of indications

«The EC is for women worried about unwanted pregnancy after no or misuse of condoms ... » (Seller Pharmacy)

- When it should be taken : unfamiliar in 1 case on 3

Results

□ Perceptions on EC : *Baseline*

- Findings shared with 6 approvals over 10

« *A godsend to reduce wastage* » (Teacher)

«... *The sex teens are often unpredictable and, with the EC, we can prevent pregnancy* » (High school girl)

... And some reservations ...

«*Good approach but I prefer the oral way* » (Social worker)

Results

□ Perceptions on EC : *Baseline*

- Findings shared with 6 approvals over 10

« *Reduce the “ 5910 ” : - 5 minutes of pleasure,
- 9 months pregnancy,
- 1 child and
- 0 future* » (High School boy)

« *I don't agree, even though I have to talk about it.
Abstinence is ideal corresponding to our values and
religion* » (Female FP advisor)

« *I don't see any difference between EC and abortion* » (High School boy)

Results

□ Perceptions on EC : *Endline*

- Positive appréciation (8 over 10 of good opinion)

«It was during this training we understand many things and we took a different position ... » (Male Pharmacist)

BUT

Dilemma for others : *« If the doctor is talking about is a good method to prevent the famous" 5910 "but if the Muslim who speaks, I do not approve»* (Male Pharmacist)

Results

□ Perceptions on EC : *Baseline and Endline*

- Reservations on IUD
- Reservations on “pervers effects”

« *It favorise uncontrolled sexuality because the risk of pregnancy is reduced* » (Female Teacher)

« This pushes young people not to protect themselves anymore » (Female Pharmacist)

« Good approach to minimize unwanted pregnancies but think of the STI / AIDS that it does not protect » (Female Teacher)

Results

□ Perceptions on EC : *Baseline*

Important facts / utilisation of EC by students

1. Awareness of high school students

« It is not a regular contraceptive method because it is there to solve a specific problem when the urgency is felt »

» (High school girl)

«... The regular methods are more effective and they have different goals » (High school girl)

Results

□ Perceptions on EC : *baseline and endline*



Importants facts / utilisation of EC by students

2. *Opinions shared by providers*

✓ *Unfavorable opinions*

« Being young, you should refrain, religion obliges » (Male Pharmacist)

« *Young people abuse of it* » (Seller in pharmacy)

« *We should not incite the youth telling them that an EC method exists* » (Male Pharmacist)

Results

□ Perceptions on EC : *baseline and endline*



Importants facts / utilisation of EC by students

2. *Opinions shared by providers*

✓ *Favorable opinions*

« Good thing because they ofen face unwanted pregnancies »

(Male Pharmacist)

« *It's useful to prevent unsafe abortion* » (FP advisor)

« *It's a necessary evil ... if one was raped, one can take this method* »

(Seller)

Results

□ Service Utilization : *Baseline and endline*

- Low demand : 4 providers among 13 despite training
- Quality of welcome: no backlash
 - « They come often in secret. We feel that they are afraid, but they get advice before they sell » (Female Seller)
 - « It is a product (Norlevo[®]) which is not classified and it is a nonprescription» (Female Pharmacist)

but

« For conventional pills, it is a prescription » (Male Seller)

Results

- Barriers to access / Sensitization : *Baseline Survey*
 - Availability
 - ✓ Pharmacies : Norlevo[®](2 among 3)
 - ✓ Health facilities : Yuzpe method (Teens Center)/prescription
 - ✓ Schools : «*This is not tolerated in schools. We work on the basis of a national program and that is not enrolled in schools* » (Male Nurse)
 - Lack of information on the availability of the method

Results

□ Service Utilization : *Endline*

- Insuffisant counseling for the adoption of a regular method : 2 providers on 4

« *This is what we were told to do, but I confess that I do not guide* »
(Male Pharmacist)

Results

□ Barriers to access / Sensitization : *Baseline Survey*

■ Availability

- ✓ Pharmacies et health public facilities : Yuzpe / EC pill

« *It's quite available, we do it with Lofemenal[®]* » (Midwife)

« *Most of the time, we prescribe* » (Physician) **but** « *with a prescription, we are not sure that the one will take the drug* » (Female Physician)

- ✓ Private Nursery : « *It is a private entity, we do not receive any medication from the MoH* » (Male Nurse)

Results

□ Barriers to access / Sensitization : *Baseline Survey*

■ Welcome / providers – teachers attitude

✓ Embarrassment : « *They think the teacher is a " bandit " , he is vulgar* » (Male Teacher)

« *The shame of dealing with it in mass entertainment* » (Relay)

✓ Stigma: «*They are afraid, ashamed or are afraid to talk about their problems to those who can reprimand them or judge them wrongly*» (Peer Educator Teacher)

Results

- Barriers to access /Sensitization : *Baseline Survey*
 - Welcome / providers – teachers attitude
 - ✓ Lack of confidentiality : « *The attitude of providers that we deem, most often an air of disapproval, no privacy nor confidentiality* » (High school girl)
 - ✓ Lack of knowledge and trained personnel
«*I lack essential to properly inform*» (Relay)

Results

- Barriers to access /Sensitization : *Baseline Survey*
 - Prejudice: « *Youth do not go because they think that people there speaks only of sexuality and it is taboo* » (High School girl)
 - Lack of financial means and cost of the method
 - Classic Pill 25 cents
 - EC Pill 9 US \$

Results

- Barriers to access /Sensitization : *Endline Survey*
 - Welcome / providers – teachers attitude
 - ✓ Counseling: « *Privacy is ensured because here we have a cabin that can receive the special cases in a climate of confidence* » (Male physician)
«*I make them know that emergency contraception is not abortion method nor a method of abortion* » (Vendor Pharmacy)
 - Cost : « *It's a bit expensive. For adolescents, 9 US \$ is a bit heavy* » (Male Pharmacist)

SUGGESTIONS

Suggestions

- Improve access to RH services
 - Guidance of providers and their assistants to welcome teens
 - Strengthening providers capacity
 - Better organization of facilities
 - Multiplication of Teens Centers

Suggestions

- Improve acces to RH services
 - Guidance / sensitization of high school students
 - « *We must remove the taboo ... inform, educate* » (Seller)
 - « *We must talk about all with them* » (Pharmacy Vendor)
 - ✓ Promote abstinence
 - Guidance of teachers on RH
 - Strengthening peer education program
 - Advocacy for the implementation of RH services in high schools

Suggestions

□ Improve access to RH services

- Availability and reasonable cost reduction

« Also reduce the price, but it is problematic because it may encourage young people » (Male Pharmacist)

- Involvement of teachers, social workers and nurses

Suggestions

- Promote safe sexual behaviors
 - Sensitization Campaign
 - Formal introduction of relevant modules into high school curricula
 - Strengthening coordination between education and health sectors

Suggestions

□ Improve access to RH services

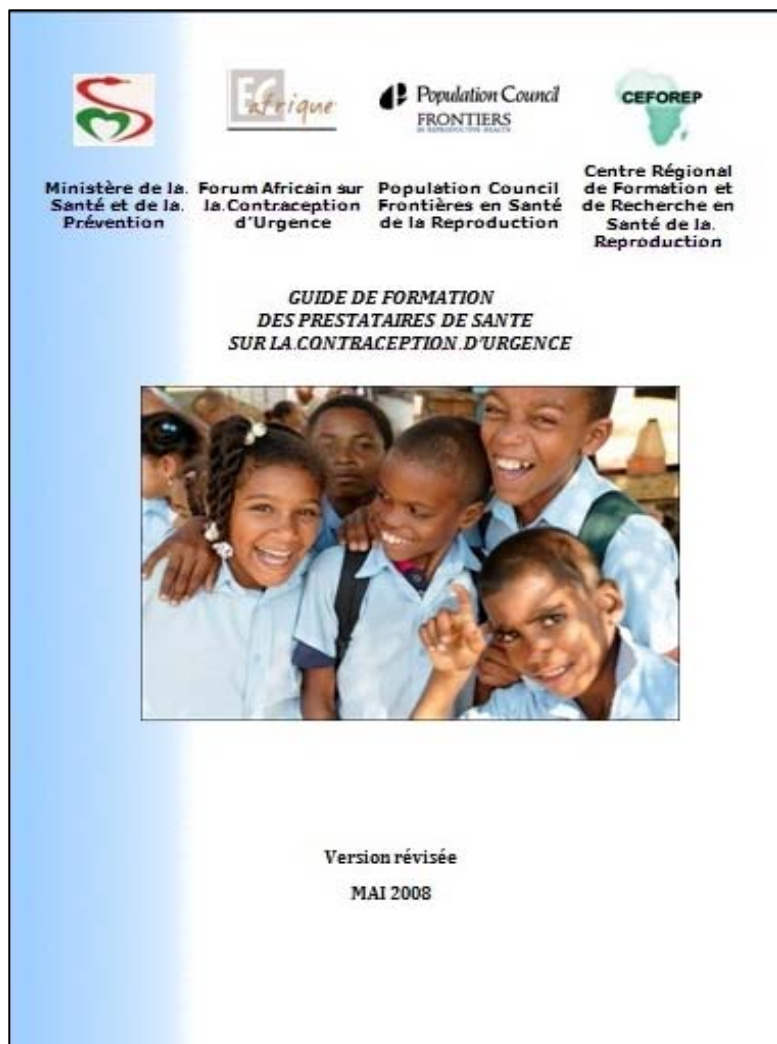
■ Parents involvement

« If parents understand the usefulness of this method in preventing unwanted pregnancy, ... [they] have the reflex, in case of exposure or in cases of risk to get by themselves their daughters for prescribing this product» (Male Physician)

Conclusion

- Teens RH is a public health matter
- High school students needs are obvious
- Introducing EC in high school and promoting safe sexual behaviors are a attempt to better address this issue

TEACHING GUIDES



The cover features a light blue background. At the top, there are four logos: a stylized 'S' with a heart, 'E Afrique', 'Population Council FRONTIERS', and 'CEFOREP'. Below the logos are the names of the organizations: 'Ministère de la Santé et de la Prévention', 'Forum Africain sur la Contraception d'Urgence', 'Population Council Frontières en Santé de la Reproduction', and 'Centre Régional de Formation et de Recherche en Santé de la Reproduction'. The title is centered in bold, italicized text. Below the title is a photograph of smiling school children. At the bottom, it says 'Version révisée MAI 2008'.


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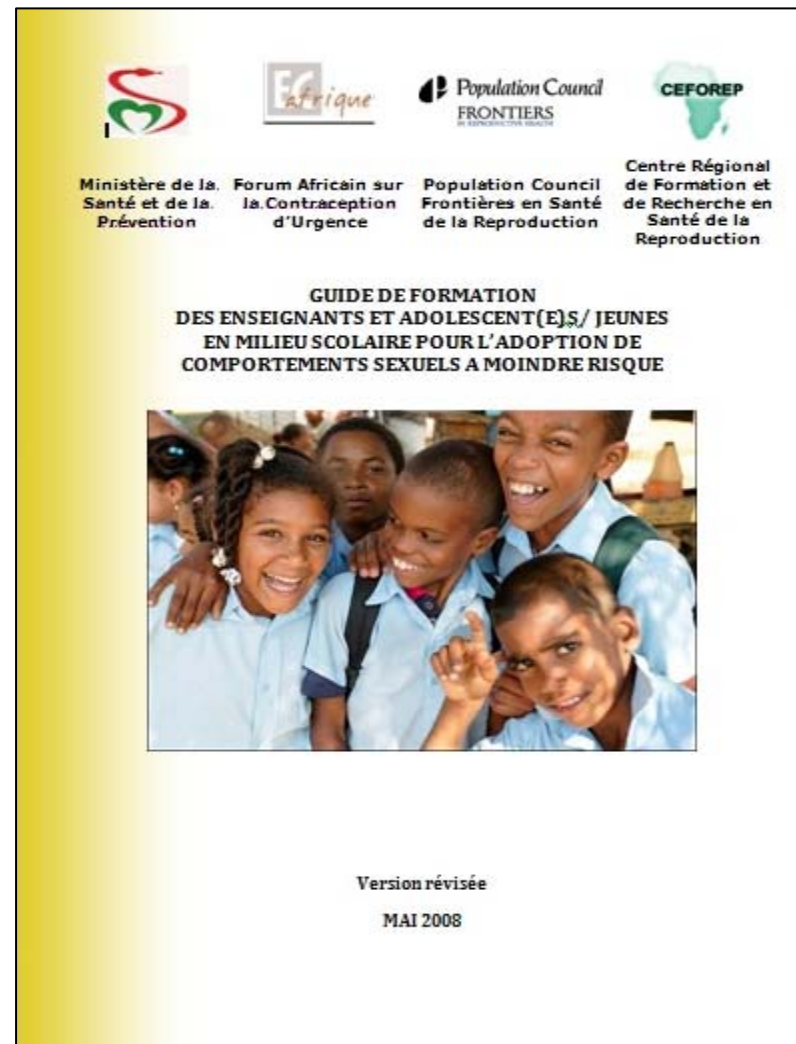
Population Council Frontières en Santé de la Reproduction

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**GUIDE DE FORMATION
DES PRESTATAIRES DE SANTE
SUR LA CONTRACEPTION D'URGENCE**



Version révisée
MAI 2008



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**GUIDE DE FORMATION
DES ENSEIGNANTS ET ADOLESCENT(E)S/ JEUNES
EN MILIEU SCOLAIRE POUR L'ADOPTION DE
COMPORTEMENTS SEXUELS A MOINDRE RISQUE**



Version révisée
MAI 2008

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