

# New world for youth project

The Gambia

Working with young people in The Gambia is both sensitive and challenging: sexual and reproductive health (SRH) information and service provision are opposed by many parents and religious leaders, the majority of whom find it difficult to accept that young people are sexually active. The name **New world for youth** was chosen to reflect the project aim – to enable young people to experience life in a new, more positive way.

The project goal is to empower young people aged 10–24 (who constitute 29% of the entire population) through awareness-raising, information, education and services on sexual and reproductive health and rights as a way of promoting safer sex; positive attitudes and behaviour change; and healthy physical, sexual and emotional well-being.

This is the first project of its kind in The Gambia. The Gambian context combines a conservative society that does not allow open discussion of sexual and reproductive health issues, together with high rates of urban growth, societal change and increasing levels of sexual activity among young people. Lack of access to information and services makes young people vulnerable to unwanted pregnancy, sexually transmitted infections (STIs) and unsafe abortion.

Designed as a pilot by The Gambia Family Planning Association (GFPA), the project involved young people right from the start by seeking their views on the project proposal and encouraging their participation in shaping and implementing the project.

The key strategy is to provide information and services to young people by attracting them to a multi-purpose youth centre which meets youth development needs such as recreational activities and games alongside SRH-focused activities and services. The centre, set in a marginalized and densely populated area, is supported by an information, education and communication component; community-based advocacy; and staff and volunteer capacity-building.

The project corresponds to the five priorities in IPPF's strategic plan: to meet the needs of young people, to increase access to services, to address issues related to abortion and HIV/AIDS, and to strengthen advocacy for SRH.

## PROJECT TITLE

New world for youth project

## IMPLEMENTED BY

The Gambia Family Planning Association (GFPA). GFPA was set up in 1968. The leading NGO in the provision of SRH services in The Gambia, GFPA's vision is to offer high quality programmes and services which are holistic, integrated and gender-sensitive, with a specific focus on youth.

## PROJECT AIM

To improve the sexual and reproductive health and rights of young people aged 10–24 in the Greater Banjul area.

## FUNDING

IPPF Vision 2000 Fund (with support from the European Union since January 2003)

## BUDGET

US\$462,774

## DURATION

January 2002 to March 2005





The Gambia is a predominantly Muslim, pronatalist, male-dominated society where women are valued for their fertility and young people have little decision-making power.

The project needed to increase young people's and parents' knowledge of SRH, and change the attitudes of policy-makers, service providers and religious leaders. It showed that there were no services tailor-made for young people, compounded by a widely held misconception that SRH services for young people encourage early sexual experimentation.

### CULTIVATING A CULTURE OF SUBMISSION AND SILENCE

The Gambia is a predominantly Muslim, pronatalist, male-dominated society where women are valued for their fertility and young people have little decision-making power. Sex before marriage is taboo although a national survey of 14–24-year-olds reported that over 40% are sexually active.

Traditional customs are strong, and certain practices – such as female genital mutilation, and early and forced marriage – aggravate the risk of maternal and child morbidity and mortality. These practices also cultivate a culture of submission and silence in young women.

Traditional beliefs and practices, social taboos and pressures, an inadequate clinic infrastructure as well as the judgmental attitudes of service providers are factors which inhibit young people from seeking services and put them at risk of unwanted pregnancies, unsafe abortions and STIs/HIV infection. In addition, existing services are adult-oriented and do not offer young people the opportunity to discuss their SRH needs and concerns freely.

A baseline survey conducted in 2002 indicated that the project needed to increase young people's and parents' knowledge of SRH, and change the attitudes of policy-makers, service providers and religious leaders. It showed that there were no services tailor-made for young people, compounded by a widely held misconception that SRH services for young people encourage early sexual experimentation.

### ADVOCACY FOR – AND BY – YOUNG PEOPLE

**Aim: to improve the knowledge and change the attitudes of policy-makers and religious leaders about youth services. Innovation: the project model uses a network of young people, parents and opinion/religious leaders to advocate for sexual and reproductive health and rights, and to counter significant opposition.**

Community-level advocacy is a critical project component to create a supportive environment for young people's SRH rights and well-being. Individuals and groups who express support are gradually recruited to take a formal role in networks to advocate on behalf of the project.

*Parent network:* parents inform their peers of the project's aims and encourage them to become involved.

*Religious and opinion leaders' network:* leaders advocate the importance of young people's SRH and rights to colleagues and the community.

*Project advisory committee:* representatives from government departments, local authorities and the National Youth Council promote the project at the local and national policy level.

*Youth advocacy movement groups:* a movement entirely owned and managed by young people, they mobilize youth groups to advocate for their own SRH and rights.

This interlinked structure enables on-going advocacy at many levels in the community and in key policy-making arenas.

### TRIGGERING A DIALOGUE ... A SIGNIFICANT ACHIEVEMENT

**Aim: to reach 80% of young people in the project area with SRH information. Innovation: developing youth-friendly information, education and communication materials and activities.**

As a first step, a competition was held to develop a project logo. The logo shows a sun representing the dawning of a new era with the strapline 'Giving young people a choice'.

Young people are trained to manage different aspects of the project. This gives them a spirit of ownership of their centre, strengthens their participation and also generates some funds.

The sheer diversity of project communication channels is a significant strength: activities include drama and singing, quizzes, question and answer sessions, activities linked to football matches and girls-only activities. Highly innovative are 'speaking out' sessions in which young people are encouraged to speak out about SRH issues of concern to them which have traditionally been controversial or taboo.

Printed and audio-visual materials designed to increase knowledge and understanding – on topics such as sexual health and peer pressure – are complemented by a web page, another project innovation. Radio has become a particularly effective medium to motivate potential service users.

Peer health educators are a crucial link in the communication strategy. They organize and implement events and activities, and act as an on-going resource that young people can access for information and condoms in their own area.

## INTEGRATED CENTRE ... THE FIRST OF ITS KIND

**Aim: to increase use of sexual and reproductive health services by 10%. Innovation: setting up a youth-friendly centre and clinic.**

Opened in December 2002, the youth centre is the first of its kind in The Gambia to provide recreation and education facilities integrated with SRH information and services.

Open five days a week, the centre has a library, Internet café and clinic. An indoor space is used for study, games and meetings; while the outdoor area offers the chance to play basketball, volleyball and table tennis.

Although recreational activities are important in their own right, they also act as a vital entry point for disseminating SRH information and motivating service use. For example, information on SRH is integrated into computer training (the curriculum includes sexual and reproductive health issues which are included in course examinations) and Internet browsing (a list of SRH websites is available at each computer station). Condoms are available in the computer centre, the café and the meeting area.

Young people are trained to manage different aspects of the project, such as the café: this gives them a spirit of ownership of their centre, strengthens their participation and also generates some funds.

Youth-friendly services at the centre aim to overcome the huge barriers that young people face in accessing sexual health facilities. The youth clinic, which includes a laboratory, is run by two nurses who offer condoms, pills, IUDs, spermicides, injectables and emergency contraception; pregnancy testing; cervical smears; counselling; management of STIs; and treatment of minor ailments.

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Condoms are the most popular method of contraception. They are distributed free, and two-thirds of condom clients are within the target age group (10–24 years).

Clinic statistics show encouraging increases in service uptake – between July 2002 and June 2003 a 10-fold increase in the number of visits for family planning services was recorded (although this, in part, reflects

the fact that the clinic only became fully operational in December 2002). Now that services are well established, attention is focusing on diversity within the target group and identifying barriers to service use. Firstly, evidence suggests that there is under-utilization of services by the 15–19 age group and, to a lesser extent, the 10–14 age group. Secondly, while young women may be *using* condoms, statistics show that they are less willing to *collect* condoms than young men. Thirdly, campaigns are planned to raise awareness of emergency contraception and increase uptake.

## CAPACITY-BUILDING ... THE UNDERPINNING STRATEGY

**Aim: to increase GFPA's capacity to manage youth-focused programmes. Innovation: focusing on a gender-sensitive programme for young people demonstrates GFPA's shift from family planning to more comprehensive sexual and reproductive health services.**

Training underpins the capacity-building strategy and is provided in order to develop staff and volunteer skills in managing SRH programmes for young people in areas such as understanding and knowledge of SRH issues, organization and leadership skills, and a commitment to the project's aims and objectives.

Regular support and supervision are used to monitor service quality and the day-to-day logistics of service delivery. This supervision also provides an opportunity to support and motivate service providers to embrace all aspects of quality of care and the rights of the client.

Support and training enable staff and volunteers to explore their own values about sexual and reproductive rights for young people and to identify what a rights-based approach and providing youth-friendly services mean in practice.

## EFFECTIVE PARTNERSHIPS: AN INNOVATIVE MODEL FOR REPLICATION

The project is innovative in its culture of working in partnership – going beyond anything usually seen in The Gambian context.

The project enjoys strong collaboration with both the government and the NGO sector. Working through its project advisory and youth management committees also ensures that the project functions efficiently and effectively, and allows it to draw on external expertise and experience.

By linking its youth-focused SRH work with broader youth development needs – such as education, recreation, self-fulfilment and general health – a strong core of support has been built with key partners within the community who see concrete benefits emerging from the project.

**One father, a member of the parent network, affirms the relevance of the project's youth centre, and the way its work focuses on the real sexual and reproductive health needs of young people in The Gambia.**

“The project is contributing to changing the lives of the young people. Young people are given the opportunity to think freely about their lives, young girls are more aware of early marriage and teenage pregnancy which has helped to reduce [the prevalence] and promote a healthier lifestyle.”

(Source: father interviewed during the Mid-term Review, December 2003)

**Although recreational activities are important in their own right, they also act as a vital entry point for disseminating SRH information and motivating service use.**



Community participation takes place largely through the parent network and the network of opinion and religious leaders. Both networks believe that the project is succeeding in tackling problems of teenage pregnancy, unsafe abortion and STIs. Community support stems from an appreciation that the project is taking up issues they find difficult to deal with themselves and that it provides a positive alternative to young people getting involved in drug and alcohol abuse. They believe that the project is helping the poorest in the community: a typical comment is that they never thought they would see anything like this project in their neighbourhood.

#### **COLLABORATIVE AND ENTREPRENEURIAL SPIRIT**

Working in the area of sexual and reproductive health services for young people is both challenging and innovative and, although there has long been a need, no other agency in The Gambia has undertaken such a venture.

GFPA planned this as a pilot project right from the start. Strong collaboration with partners and key policy-makers has established support for the project among all stakeholders. This provides an opportunity for GFPA to advocate for replication of successful elements of the project model into its core programme.

The project has developed a sustainability plan which is updated annually over the lifetime of the project during a workshop with project stakeholders.

It is clear that attitudes have changed as a result of project activities. The community commitment to the project, and its ownership of the project, will contribute towards sustainability as the parent network, for example, has stressed that it will not allow the benefits to end with the current project funding.

#### **CONTINUITY, CONSOLIDATION AND SUSTAINABILITY**

It is expected that, by the end of the project, there will be a well-established youth advocacy movement in The Gambia and a fully functioning youth-friendly centre/clinic that will improve sexual and reproductive health in the target group. In turn, the project will contribute to GFPA's mission to promote sexual and reproductive health and rights to couples and individuals, especially the under-served (of whom young people are a major proportion), through advocacy, counselling, motivation, education and clinical services.

At its mid-point, project performance has been very impressive. The emphasis for the remainder of the project is on continuity, consolidation and sustainability. Building on lessons learnt so far, the project will consider several factors.

- Use of the project's clinical services by adults and young people is appreciated by the community and is a significant factor in their support. However, it is possible that the number of married adults using the clinic at the centre may be discouraging young people from using it and this balance needs further monitoring.
- Materials and activities will be developed that aim to increase young women's access to condoms by directly challenging the stigma associated with young women obtaining and carrying condoms and negotiating their use.
- Awareness of and access to emergency contraception need to be increased.
- Training for peer health educators should help to develop their understanding of the reasons why young women have to resort to unsafe abortion. This will help them provide more effective counselling and referrals.

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# profile

## The Gambia



The project is located in the Greater Banjul area, incorporating Banjul City Council and Kanifing Municipality, with an estimated catchment population of 357,200.

- **Population is 1.5 million, with 29% aged 10–24.**
- **Human Development Index ranking: 155 out of 177 countries.** (Source: UNDP 2004)
- **Average life expectancy at birth is 54 years.**
- **The infant mortality rate is 77.8 per thousand live births.**
- **The maternal mortality rate is very high at 1,100 per hundred thousand live births.**
- **The total fertility rate is estimated at 5.6 with only 10% of married women aged 15–49 practising family planning (9% for modern methods).**
- **The percentage of total fertility rate attributed to births by women aged 15–19 is 15%.**
- **Only 44% of all births are assisted by trained personnel.**
- **Population living with HIV/AIDS (15–49) is 1.2%.**
- **The literacy rate among adults is very low at 29% for women and 44% for men.**

(Source: PRB 2004)

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