



**USAID**  
DU PEUPLE AMERICAIN



MINISTÈRE DE LA SANTÉ  
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# USAID/Neema

## PROJECT BRIEF

# Improving Youth Sexual and Reproductive Health in Senegal



# Improving Youth Sexual and Reproductive Health in Senegal

In Senegal, many unmarried sexually active youth want to avoid pregnancy but are not using modern methods of contraception. We designed a ‘Wellness Checkup,’ a free, private conversation with a nurse or midwife at a local health facility, as a low-stigma opportunity for health workers to facilitate a thoughtful decision about contraceptive needs. Results from an operational pilot in four health posts and one health center in Tambacounda indicate that the design is feasible to implement, increases youth visits to health facilities, and has the potential to shift youth contraceptive behavior.

## Summary

Access to contraception is [imperative](#) for the health and well-being of young people around the world. The global public health community and intergovernmental organizations recognize access to sexual and reproductive health (SRH) services as a fundamental human right regardless of marital status, age, parity, or any other individual circumstance. Indeed, ensuring universal access to sexual and reproductive health care services is one of the [U.N. Sustainable Development Goals](#).

Still, millions around the world do not have access to or do not use contraception. Half of teen pregnancies in low- and middle-income countries (LMIC) are unintended, and unplanned pregnancy affects women’s health and well-being in myriad ways. [Complications](#) from childbirth are the leading cause of death for adolescent women. High rates of unplanned pregnancy contribute to 4 million unsafe abortions among girls aged 15 to 19 in developing countries every year. Unplanned pregnancy also has significant economic and social consequences such as low levels of education, poor employment opportunities, and inter-generational poverty. Expanding access to effective contraception methods could have ripple effects on many other pervasive problems.

However, access is not always enough to ensure people have clear paths to using health services. We also must take into account behavioral barriers and local contexts in which people make decisions and take action. In Senegal, premarital sex is [strongly stigmatized](#) and abortion is [highly restricted](#).<sup>1</sup> Despite high rates of sexual activity among youth in Senegal—three-quarters of women aged 25-29 report having had sex before age 24, and half before age 20—the [modern contraceptive prevalence rate \(mCPR\) remains low](#) at only 3% for 15-19-year-olds and 14% for 20-24-year-olds. Among sexually active unmarried youth, mCPR is higher (24% among 15-19-year-olds and 48% among 20-24-year-olds), but still suggests an unmet need.<sup>2</sup> More than 80% of young non-users of contraception have never spoken about family planning with a health worker. In Tambacounda and Kedougou, our regions of focus in eastern Senegal, one-third of 15-19-year-olds and two-thirds of 20-24-year-olds have begun childbearing.

Together with our partners [IntraHealth International](#) and the [Ministry of Health and Social Action](#) in Senegal, and generously supported by USAID as part of the [Neema](#) project which aims

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<sup>1</sup> Though abortion is legal as a last resort to save the mother’s life, significant bureaucratic hurdles prevent access to safe and legal abortion even in these extreme cases.

[https://www.ippf.org/sites/default/files/ippf\\_coram\\_senegal\\_report\\_eng\\_web.pdf](https://www.ippf.org/sites/default/files/ippf_coram_senegal_report_eng_web.pdf).

<sup>2</sup> Unmet need is not reported for unmarried sexually active youth

to improve health for women and children in Senegal by strengthening health services and making them accessible to more people, we identified behavioral barriers to using contraception and designed solutions to help young people make active decisions about their sexual health.

## The Wellness Checkup

We conducted a literature review, observed nine health facilities, conducted 80 individual interviews with youth, their parents, and health workers, and conducted 11 focus groups with youth in order to identify behavioral barriers to the use of modern contraception among youth (ages 15-24).

We found that young people do not form an intention to use modern methods of contraception because they:

- believe they are protected by traditional methods
- are overconfident in their ability to abstain
- view contraceptive users in a negative light
- overestimate the social and health costs while underestimating the benefits of contraception
- have a limited choice set

We also found that even youth who intend to use modern methods confront barriers to follow-through, including the social risks of access (stigma) and the challenge of planning ahead for every sexual encounter.

Drawing from these insights, **we designed the Wellness Checkup, a free, private conversation with a nurse or midwife at a local health facility.** The Checkup includes a brief physical exam followed by a structured conversation about nutrition, exercise, and the prevention of pregnancy and STIs. Youth are encouraged to ask questions during the Checkup, and health workers are trained to deliver key messages that bust negative myths about contraception and offer condoms and a full family planning counseling session to all youth regardless of marital status and past sexual activity. Importantly, the Checkup and all related aspects of the intervention are framed around general wellness and include the low-stigma topics of nutrition and exercise in order to prevent social repercussions (real or perceived) for youth who participate.

Young people are encouraged to complete a Checkup at information sessions coordinated by health workers with local youth associations. The information sessions are an opportunity for health workers to deliver key messages about contraception – that it is safe and legal for all youth to use, that counseling sessions are confidential, that certain methods are more effective than others, etc. – and to begin building a personal relationship that

*"The benefits of family planning are to avoid unwanted pregnancies and space births. And for prostitutes. The disadvantages are side effects and encouraging infidelity among unmarried youth and difficulties having children afterwards."*

—Unmarried 18-year-old woman in Tambacounda

*"During my last time having sex, I didn't use a condom. I looked for one, but I couldn't find one."*

—Unmarried 19-year-old man in Kedougou

*"Some young people do not want to go to health facilities. When people see you in certain services, they might wonder why you are there and think you are there for bad reasons."*

—Health worker in Kédougou

will help people feel comfortable discussing sensitive topics with them. The information sessions also enable the research team to enroll interested youth in a text messaging program that reinforces key messages about nutrition, exercise, and prevention of pregnancy and STIs, as well as directing youth with health questions to reliable sources of information.

The intervention is further strengthened by several behavioral nuances to encourage attending a Wellness Checkup, such as a values affirmation exercise at the beginning of the information session, a carbon-copy appointment card that doubles as a voucher to emphasize the monetary value of the session (which also serves as a commitment device), and an optional “buddy” system that lowers the stigma of going to the health facility alone.

## Results

Health workers implemented the intervention in a feasibility pilot in four health posts and one health center in Tambacounda, hitting targets for the number of participating youth and delivering most of the key messages. Of youth who attended an information session, 40% completed a Wellness Checkup. Among youth who completed a Checkup and were offered a family planning counseling session, nearly half completed the counseling. We called a random sampling of people who had attended the initial information session to conduct a phone survey. About half (19 out of 40) of the people we called had also attended a Checkup, and several of them reported (without specific prompting) increased knowledge about prevention of pregnancy and STIs when asked if they had made lifestyle changes after the Checkup. Several health workers mentioned feeling that youth were more comfortable discussing sensitive subjects with them as a result of the intervention. All participating health workers agreed that: 1) the intervention should be deployed across Senegal, 2) the intervention would reduce unwanted pregnancies and STIs, and 3) they would continue to participate should the pilot be scaled.

We are currently seeking funding to run a randomized controlled trial (RCT) to more rigorously test the impact of the intervention on outcomes of interest such as modern contraceptive use and unintended pregnancy. Two major areas for improvement for developing that pilot are providing additional training to help health workers improve on youth-friendly attitudes and clarity of explanations and increased monitoring of the SMS program, which did not send most of the intended messages due to user error in the programming.

## Takeaway

[Existing interventions](#) to improve sexual and reproductive health among youth are largely ineffective or show weak positive effects, yet require significant investment. The Wellness Checkup is a sustainable, innovative intervention that has demonstrated promising results in a feasibility pilot. We believe conducting another pilot can build evidence for what truly works to enable more young people to gain knowledge about and use contraception.

Though a checkup-based intervention may sound somewhat obvious to readers from high-income countries, its simplicity belies its promise. Youth in Senegal do not currently visit health facilities except when acutely ill or accompanying an ill relative, as the fear of being identified as a contraceptive user deters many from seeking out one of few available sources of accurate information about their options for preventing pregnancy and the only access point for non-barrier modern methods. By facilitating a private, low-stigma conversation between youth and health workers, the intervention simultaneously creates the opportunity for health workers to

correct misconceptions about contraception and for youth to adopt a method. A general checkup has never (to our knowledge) been tried as a way to normalize care-seeking behavior and increase contraceptive use among youth.

We look forward to sharing the results of the RCT when available, and until then encourage other researchers to adapt the idea to other contexts and share the results. Cracking the code on the prevention of unintended pregnancies could profoundly improve the health and well-being of millions of young people around the world.