Guinea Youth Campaign for HIV and Pregnancy Prevention (2000-2002)
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Johns Hopkins Bloomberg School of Public Health
Center for Communication Programs

Background

Guinea's health system has led the effort to implement the tenets of the Bamako Initiative in Africa, drawing on decentralization, cost recovery, and community participation to provide reasonable access to a basic package of preventive and curative services. Despite great progress, great health needs remain. Guinea has a high total fertility rate (5.5), rapid population growth rate (3.1%), high maternal mortality rate (528/100,000), and a high infant mortality rate (98/1000) (1999 Guinea Demographic and Health Survey).

Guinea currently has an overall HIV prevalence rate of nearly 3%. The prevalence among Guinean youth, at 2.5%, is slightly lower than that in the population as a whole, but appears to be growing.

Guinea has a very young population. More than 60 percent of Guineans are less than 24 years old and about 15 percent are young adults between the ages of 15 and 24. Many Guinean young people become sexually active at an early age, usually without using condoms or other forms of contraception. According to the 1999 Guinea Demographic and Health Survey (DHS), approximately 30% of women and 8% of men aged 25-49 were sexually active by the age of 15.

The 1999 DHS survey indicated that Guinean young people had high levels of general awareness about sexual and reproductive health issues, but low levels of in-depth knowledge. For example, only one-third of surveyed youth knew of STIs other than HIV/AIDS, and only 85% were able to name a method of HIV prevention. Understanding of asymptomatic HIV infection was also limited. Regarding contraception, the 1999 DHS found that only 3% of 15-19 olds were using a modern family planning method and that only 11% of boys had used a condom during last sex. Among the reasons cited by youth for low contraceptive use were (1) lack of accurate information on family planning methods, and (2) limited access to health care services and lack of information on where to obtain family planning methods.

Project Overview

In 2000, USAID/Guinea and a variety of partner organizations launched a yearlong adolescent health campaign in Upper Guinea. This project, which was known as the Guinea Youth Campaign, provided young people with a community-based approach to preventing HIV and unintended pregnancy. The campaign revolved around the slogan "My right – information; my duty – abstinence or condom use" and reached young adults through community events, peer education, and outreach at local businesses. Using broad-based advocacy and community mobilization techniques, the project also addressed parents and community leaders, which facilitated open communication of taboo subjects and fostered social change

The Guinea Youth Campaign was implemented by the USAID-supported PRISM (Pour Renforcer les Interventions en Santé Réproductrice et MST/SIDA) project and by the Guinean government. PRISM is managed by Management Sciences for Health (MSH) and the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP).

Project Goal
To create a receptive environment in which sexuality, STIs, and unintended pregnancy could be discussed among young people between the ages of 15 and 24.

Project Objectives
The Guinea Youth Project aimed to increase the percentages of:
- young people who understood that a person who appeared to be in good health could be HIV-positive
- young people who knew that condoms could protect against HIV
- young people who used condoms the last time they had sex
- girls who used modern family planning methods to avoid unintended pregnancy
- girls who intended to use modern family planning methods in the future
- parents who discussed issues pertaining to personal development and sexuality with their children.

Geographic Coverage and Audiences
The project originally targeted young people aged 15-24 who were not married and lived within five kilometers of health centers in the regions of N'Zérékoré, Faranah, and Kankan. Due to civil conflict in neighboring Sierra Leone and Liberia, PRISM was obliged to close its office in N'Zérékoré in September 2000. Project activities were carried out as planned in Faranah and Kankan. In the Faranah region, the campaign took place in three prefectures: Dabola, Dinguiraye, and Faranah. In the Kankan region, the campaign reached five prefectures: Kankan, Kérouané, Kourossa, Mandiana, and Siguiri.

The project's secondary audiences included parents of youth aged 10-24 years old, health service providers, and political, community, and religious leaders.

Project Messages and Desired Audience Response
Key Promise/Benefit: You can avoid becoming infected with HIV if you abstain from sexual intercourse or use a condom every time you have sex. Using condoms or other modern family planning methods also prevents unwanted pregnancies.

Support Points
- **Sexual activity spreads AIDS in Guinea**
  HIV/AIDS is a serious problem in Guinea. It is transmitted primarily though sexual intercourse. Because it may take several years for symptoms of HIV/AIDS to develop, you cannot tell from looking at a person whether or not he has HIV.
- **Talk about HIV and AIDS**
  AIDS is a disease that has no cure. The best way to stop its spread is through prevention. Talk to your friends, children, and young clients about how HIV is transmitted. Formulate a plan to protect yourself and your family from acquiring HIV.
- **Abstain**
  Most cases of HIV/AIDS are transmitted through sexual intercourse. Abstaining from sex is the best way to avoid becoming infected with HIV or getting pregnant. Abstinence is not harmful to your health.
- **Use Condoms**

Condoms help protect against pregnancy and HIV infection and are a sign that you care about and want to protect your partner. Condoms do not break when used and stored correctly.

Desired Action Response
Choose a personal "game plan" (either abstinence or condom use with every partner) to protect yourself from becoming infected and to prevent pregnancy. Discuss HIV/AIDS and sexuality with young people in order to help prevent them from becoming infected or pregnant.

Implementing Partners
PRISM worked in each project prefecture with IEC (information, education, and communication) groups comprised of representatives from government agencies, local and international NGOs, and private sector groups. IEC groups met quarterly and received technical assistance and funding to develop, organise, and supervise youth-led activities in their areas. Each quarter, representatives of prefectoral IEC groups convened at regional meetings.

Research
In order to develop effective interventions, it was necessary to gain in-depth information about the sexual and reproductive knowledge, attitudes, and practices (KAP) of Guinean youth. The project team accomplished this by conducting qualitative research among young people in the three project regions. This research explored a variety of topics, including negotiation skills, vocabulary used to communicate sexual intentions, and the roles of peers and adults in adolescent decision-making.

The research team used a narrative focus group discussion approach for data collection. The narrative method is a research procedure that draws upon young people's knowledge to illustrate common patterns of social and sexual relationships in a given society. The study design and the focus group guides used by the team were developed by a group of researchers and young people, who worked together to ensure that both were culturally and age-appropriate. Teams from CCP trained project field workers in focus group facilitation and data management.

Twelve focus groups were held in the three project regions. Focus groups were conducted primarily in local languages. Participants were introduced to a range of scenarios for which they role-played "next steps" or "endings" according to what they perceived to be "typical" behavior for young people. This methodological approach offered detailed information about the sexual and reproductive KAP of Guinean youth, without forcing participants to discuss sensitive personal experiences in a public forum.

The focus groups discussions suggested that both premarital sex and multiple sexual partnerships were relatively common among young people in the project regions. Other findings:
- Misinformation pertaining to reproductive health was very common. For example, many participants were not aware that having sex once could result in pregnancy.
- Signs of pregnancy were well known.
- Awareness about contraceptive methods was high, but a great deal of misinformation existed about specific methods.
- Contraceptive use was low.
- Abortion (through over-the-counter medications and herbal remedies) appeared to be a common phenomenon. Knowledge of abortifacents is widespread.
- General awareness about HIV/AIDS was high, but specific knowledge was low.

- Risk perception and prevention behaviors were extremely low.
- Understanding of asymptomatic carriers, modes of transmission, and preventive measures was poor.
- Peers played an important role in decisions concerning sexual relations and sexual health.
- STIs were common; Self-treatment using over-the-counter medications or herbal remedies was the norm. Partner notification was rare.
- Intergenerational communication about sexuality was very limited.
- Peers, parents, healthcare providers, and the media were important channels for reaching youth in Guinea. Many young people learned about sex, relationships, and sexual negotiation through *grains*, groups of friends who gather each day to drink tea and socialize.

The complete findings of this qualitative research can be found in the report *La Sexualité des Adolescents dans les Régions Administratives de Faranah, Kankan et N'Zérékoré: Résultats d'une Recherche Narrative*, published by CCP.

Following the completion of formative research activities, the project team conducted a message and materials development workshop. This workshop brought together a group of young people, service providers, community group members, donor organization representatives, and local leaders who designed project messages and materials and developed campaign activities.

Key Project Activities

Advocacy targeting community leaders and parents:

Given the sensitive nature of the campaign's subject matter, it was crucial to gain the support of parents and local leaders before initiating activities with young people. In order to do so, IEC group members approached community and religious leaders, demonstrating careful respect for local protocol and traditional customs. Group members also held meetings with parents to encourage them to initiate dialogue with their children about STIs, HIV/AIDS, and unintended pregnancies. Advocacy activities with parents and local leaders successfully educated adults while drumming up support for the campaign. Activities generally included presentation of: regional data on STI and HIV prevalence, results of the project's research, and a variety of print and video materials.

Peer education:

Through their work with community leaders and parents, IEC group members were able to identify young people to serve as peer educators for the project. Based upon the recommendations of parents' groups, health workers, and local leaders, IEC groups selected a group of young people to serve as peer educator leaders. These leaders attended a five-day training, after which they conducted a series of shorter peer educator trainings in the project sub-prefectures. Trainings covered four areas: environmental and contextual factors; technical information about HIV/AIDS and unintended pregnancy; decision-making and communication skills; and the roles and responsibilities of peer educators. In total more than 200 peer educators were trained. These educators are currently active in eight prefectures. Peer educators' duties include:

- Developing action plans for the organization, management, and evaluation of all peer education activities
- Leading group discussions, making presentations, answering questions posed by their peers, and referring young people to health centers
- Counseling and supporting young people, particularly those in their *grains*, or friend groups
- Organizing and conducting community mobilization activities

- Motivating young people to discuss HIV/AIDS and pregnancy prevention with friends
- Reporting on their activities to health workers, IEC group members, and PRISM IEC coordinators.

The project's peer educators are unpaid volunteers. The project provides them with a small amount of money to cover transportation expense and the cost of tea and sugar for peer group meetings. Peer educators also receive project promotional materials, which increase their visibility and status in the community.

Service provider training:

Improving the quality of and demand for adolescent health services were important goals of the Guinea Youth Campaign. To this end, the project trained 22 providers from 20 health centers to provide youth-appropriate counseling and treatment for STIs and unintended pregnancies. The trained health workers also worked closely with the project's peer educators on some youth campaign activities.

Community mobilization activities:

IEC group members, peer educators, and health workers conducted a wide variety of community mobilization activities in connection with the campaign. These activities included video and slide shows, street theater shows targeting out-of-school youth, question-and-answer sessions at schools, gala evenings for young people, community theater performances, and sporting events.

Local business involvement:

Using an innovative approach to community mobilization, the project's IEC groups collaborated with small business owners in order to disseminate campaign messages and other information. The project targeted businesses frequented by young people, such as hair salons, sewing centers, auto repair shops, and cafés. Members of the IEC groups briefed business managers on sexual and reproductive health issues and how to refer patrons to local health centers. Managers were then responsible for distributing campaign IEC materials, performing condom demonstrations, facilitating educational discussions with patrons, and referring patrons to health centers when appropriate. These activities were evaluated using monitoring forms developed by the IEC groups. Partner businesses received promotional signs and project gadgets such as T-shirts, posters, and combs.

Radio programming:

IEC team members selected and trained a group of 15 high school students from Kankan and Faranah to serve as the project's "press club." These young people participated in a five-day workshop on sexuality, reproductive health, puberty, self-esteem, decision-making, and negotiation skills in the Guinean cultural context. The workshop also included training on the use of recording equipment, so that press club members could interview other young people and record segments for the project's radio programs.

After completing training, press club members began to gather material for the project's radio programming. They recorded interviews with young people, debates, role-plays on parent-child communication, and referral information for various health concerns common to adolescents and young adults. These recordings, which after editing comprised sixteen programs, were then translated into the primary local language and broadcast twice a week over two rural radio stations. Five radio spots highlighting the campaign's main messages were also recorded and broadcast just before the evening news during the same period.

Print and promotional materials:
Two posters and three brochures were developed for the campaign. All materials were pretested extensively with both young people and community leaders, with particular attention to conservative elements of local society. All print materials included the campaign logo and the slogan "My right: information; my duty: abstinence or condom use." The three themes addressed in the brochures were STI/HIV prevention, pregnancy prevention, and abstinence. The two posters addressed condom use and parent-child communication. Promotional materials developed for the campaign included T-shirts, hats, balloons, banners, stickers, pens, combs, tote bags, and commemorative fabric. Project peer educators were responsible for much of the distribution of campaign materials, although local business owners and health workers also participated.

Evaluation and Impact
In April 2002, researchers conducted an impact evaluation to assess perceptions, attitudes, and behaviors pertaining to HIV/AIDS, STIs, and unintended pregnancy. Data from the 1999 DHS survey in Upper Guinea served as a baseline for certain indicators. The province of Beyla in Guinea Forestiere was used as a comparison (control) area.

Results indicated significant differences in perception of community openness in discussing youth sexuality between the intervention and control areas. Peer educators were a primary source of reproductive health information, and the majority of young people surveyed felt that community and religious leaders in their areas supported peer education efforts.

The results also showed significantly higher condom use (either ever or at last sex) among youth in the intervention area than the control area. Knowledge of HIV prevention methods was significantly higher among both young men and young women in the intervention area.

"Researchers found a significant association ($p<0.01$) between the level of campaign exposure and condom use at last sex. But once a respondent participated in two campaign activities, a 'diminishing return' effect on behavior change was associated with participation in a larger number of activities." (Communication Impact, No. 16, June 2003). The campaign also seems to have resulted in increased preventive behaviors in the intervention area, which were significantly higher than those seen in the control province.

In general, the campaign affected men and women differently. Post-campaign surveys indicated that a higher proportion of young men had participated in campaign activities than young women. Furthermore, young men who had participated in campaign activities showed increased odds of having used a condom at last sex, while participating young women had higher odds of considering abstinence as a preventive strategy.

Involving youth in the design and implementation of this intervention appears to have been an important factor in the campaign's success. Furthermore, the use of a broad-based community mobilization approach seems to have been an effective strategy for increasing dialogue around sensitive issues.

Lessons Learned

- In-depth formative research on young people's sexual knowledge and behavior helped to improve intervention quality and effectiveness.
- Advocacy among decision-makers and opinion leaders facilitated the acceptance of campaign activities that addressed sexuality — a taboo subject.
- Involving young people and those who influenced them in campaign design and implementation was crucial.
- Prefectoral IEC Groups should manage interventions to whatever degree possible. These groups are an effective conduit for both funding and new ideas.
- Parents must be involved in the process of change if it pertains to young people.
- Peer educators should be carefully chosen, trained, and supervised. Allowing communities to choose their own peer educators may promote greater community support of and involvement in peer education activities. Young married women seem to make particularly good peer educators. It is also important to train extra educators in case people drop out of the program.
- Peer educators should be offered some form of compensation, such as program promotional materials. Programs can also motivate young people by making them more visible in their communities, soliciting their opinions on program progress, and ensuring community support for their work.
- Peer educators should be connected to health services, and should have regular contact with the health workers who supervise them.
- Communicating campaign messages through several different channels made it easier to reach both in-school and out-of-school youth.
- Focusing on traditional channels of communication contributed greatly to the impact of the campaign. Communicating new ideas through plays, sporting events, *grains* (groups of friends who gather daily to drink tea), and *sérés* (groups of people born during the same year) enabled the program to promote change among young people without contradicting cultural morés or causing offense.
- To maximize understanding of the campaign messages, IEC materials should be well produced and well integrated into the overall strategy.
- Rural radio is an effective way to reach youth in Upper Guinea. This is particularly true in the evening, when many young people gather to listen to programs and music together.
- Print materials and videos should be translated into N'ko, Arabic, and other local languages.
- Posters should be laminated to ensure their longevity.
- Discussions following theatre presentations were a quick and easy way to gauge the audience's comprehension of messages, share additional information, and clarify any questions.
- Using hairdressers, sewing centers, and auto repair shops as conduits for disseminating sexual and reproductive health information was a successful strategy that could be replicated by other programs.

Next Steps

In light of the project's success, Guinea's Ministry of Public Health suggested that it be replicated in other parts of the country. Current activities include the following:

- Implementing campaigns in mining towns to address the high-risk practice of *foudoukoudouni*, or short-term "marriage."
- Forming partnerships with young men who work as baggage handlers and porters, and training them in HIV prevention.

- A qualitative study on HIV risk perception by sex workers in Kankan, which is being used to plan activities.
- Ongoing training of religious leaders to facilitate their involvement in HIV/AIDS prevention and expand young people's access to life-saving information.