

Addressing the sexual and reproductive health needs of young people in the informal sector in Mali

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From December 2005 to November 2007 Family Care International (FCI) and the Association of Child and Young Workers of Mali implemented a project that employed the life skills approach to promote sexual and reproductive health and prevent HIV infection among young people in the informal sector in the capital city of Bamako. The project was financed by the Bristol Myers Squibb Foundation. The project targeted females and males aged 14 to 25 years who were among others apprentices, hand carters, domestic workers, laundry-girls or mobile vendors. Most of them did not complete primary education or never went to school.

Several studies in Mali show that young people in the informal sector live in an unstable environment characterized by transactional sex: they are often forced to exchange sex for money due to poverty. Further, girls are often subjected to sexual harassment and rape. These studies also indicate that young people's sexual debut comes at a young age, and that their sexual relations are frequent, without protection and with multiple partners.¹ Their knowledge levels on the basic aspects of sexual and reproductive health (SRH) including the transmission of and protection against STIs and HIV is very low. They also have low levels of uptake regarding HIV testing and utilising health facilities.

Lessons learned

- The SRH information and services needs of young people in the informal sector can be addressed by involving them both as actors (peer educators, trainers) and beneficiaries.
- The engagement of young workers' bosses and other adults (foremen, employers of the domestic workers, landlords/landladies of the migrant girls, religious leaders, etc.) is of key importance.
- The life skills approach is appreciated by the youths because it does not only allow them to learn from the SRH information but also to discuss and practice it.

In 2002-2003, FCI implemented a regional advocacy project aimed at building the capacities of organizations working for and/or representing young people. In Mali, it worked with the Association of Child and Young Workers of Mali (AEJT), which aims to promote the Rights of the Child among young workers through advocacy and sensitization activities. The AEJT has some 5000 members, mostly young people from the Bamako district. In the framework of this project, the AEJT advocated with community leaders for the adaptation of SRH information and services to young workers' needs and specific situations. The key lesson learned from this experience is that to be effective, this work must involve young people themselves as actors and beneficiaries. An effective strategy is to build their capacities to advocate for their own cause and empower them to offer services to their peers.

Building capacities of young people

At the conclusion of this project, the AEJT intended to continue working with FCI on the promotion of SRH and the prevention of STIs and HIV. To achieve this goal, FCI and the AEJT conceptualized a pilot project in 2005. This project, implemented in three communities in Bamako, had two principal elements, namely: 1) to provide knowledge, skills and materials (notably condoms) for the prevention of STIs and HIV among young people through peer educators (we call them educator-leaders) and 2) to establish a bridge between HIV prevention and HIV and AIDS care by creating a framework for cooperation between the AEJT and health facilities, to build capacities of young people to utilise these services, and to reduce any existing barriers.

The principal strategy was to use the life skills approach to build the capacities of young workers to be able to sensitize and counsel their peers on SRH and HIV issues. Life skills are a wide choice of aptitudes and capacities that allow someone to use his or her knowledge to address given situations in an appropriate manner. These skills, notably in communication, decision-making or negotiation, direct the development of one's self-respect, self-esteem, self-reliance and self-confidence to face peer pressure;

discuss issues related to sexuality with parents and other adults; negotiate abstinence or safer sex; and seek sexual and reproductive health services in a timely manner.

A committee was set up composed of the AEJT, FCI, the National High Council Against AIDS and some key leaders in the fight against AIDS and the promotion of SRH among young people, to guide and provide technical and political support to the pilot project.

Some achievements

From the beginning of the pilot project in December 2005 to November 2007:

- One hundred young AEJT members (56 girls and 44 boys) were trained by a pool of 12 young AEJT trainers and equipped to start SRH promotion and HIV/STI prevention activities among their peers. Some 20,500 young people were reached by these educator-leaders and 272 received pre-test counselling. A total of 13,352 condoms were sold to 1941 clients.
- Some 50 members were trained to start income-generating activities for the association, such as making soap, dyeing and lending (portable) stereo systems.
- The AEJT received institutional support for training and follow-up with regards to administrative management and accounting.

A major achievement of the advocacy process was the devotion and mobilization of employers, other adults responsible for the young workers and religious leaders for the prevention of HIV/STIs among youth. The employers were sensitized through successive exchange meetings on the factors of vulnerability to HIV and STIs. At one advocacy event, young people used theatre to transmit messages on health problems in general and vulnerability to HIV and STIs in particular. For religious leaders, a one-day advocacy meeting was organized at which a presentation was made using Quranic verses, which greatly facilitated their mobilization for the promotion of the health of young people in the informal sector.

Lessons learned

We have not formally evaluated the project yet, but through focus group discussions with young people and various meetings held with their guardians and employers, we have learned some important lessons, which include:

- It is possible to address the SRH information and services needs of young people in the informal sector. To work with young people as both actors (peer educators, trainers) and beneficiaries is a key factor in the success of the project.
- The fact that the association already undertook awareness activities among their members on issues of workers' rights facilitated the establishment of activities on sexual and reproductive health. At the request of the AEJT, FCI has built the capacities and skills of the educator-leaders on SRH and STI/HIV. In turn, they have sensitized their comrades at the workplace.
- The engagement of young workers' bosses and other adults (foremen, employers of the domestic workers, landlords/landladies of the migrant girls, etc.) is of key



Photo: Veronique Elam

importance. Advocacy with these groups is critical in facilitating young workers to attend the information sessions. Providing information about SRH and HIV to the persons in charge also allows them to support the young people.

- The life skills approach is appreciated by the youths because it does not only allow them to learn from the SRH information but also to discuss and practice it. The following are some of the testimonies given by young people during workshops: *"After your facilitation on voluntary and anonymous testing, I promised to change my behaviour but before that I will take my test because I have been at risk of HIV infection,"* (mechanics apprentice). *"In our workplaces, we did not believe HIV exists. From the exchange of ideas during the educational chats with the educator-leaders, we are now convinced that HIV is a reality and we are all concerned now,"* (laundry girl).
- Building the institutional capacity of the AEJT and initiating activities that generate income, are important components of the project.

The pilot project ended in November 2007. Nevertheless, there were a lot of requests for its continuation in the three communities and to expand it to other parts of Bamako and other regions of the country. Fortunately, we have, so far, secured funding for another year to enable the project to continue, starting February 2008. The fact that there is a committee comprising influential actors in the struggle against AIDS and the promotion of sexual and reproductive health has resulted in a strong support for the project that, we hope, will be translated in its further continuation.

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1. Integrated STI Prevalence (ISBS) and Behaviour Survey. Programme National de Lutte contre le SIDA, CDC, USAID, 2003