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# Where Have All the Condoms Gone in Adolescent Programmes in the Democratic Republic of Congo

Marleen Bosmans,<sup>a</sup> Marie Noël Cikuru,<sup>b</sup> Patricia Claeys,<sup>c</sup> Marleen Temmerman<sup>d</sup>

a Political Scientist, International Centre for Reproductive Health (ICRH), Ghent University, Ghent, Belgium. E-mail: [marleen.bosmans@ugent.be](mailto:marleen.bosmans@ugent.be)

b Service d'Écoute et d'Accompagnement des Femmes Traumatisées, Bukavu, Democratic Republic of Congo

c Scientific Coordinator, ICRH, Ghent University, Ghent, Belgium

d Director, ICRH, Ghent University, Ghent, Belgium

**Abstract:** *Decades of mismanagement, combined with the withdrawal of international cooperation and a protracted war, have seriously affected the health system in the Democratic Republic of Congo (DRC) and the health status of the population. As part of a Belgian development cooperation programme, we conducted a study in Kinshasa and Bukavu in April–May 2004 on how a rights-based approach could contribute to an effective and appropriate response to the sexual and reproductive health needs of Congolese adolescents. Access to condom information and supplies was studied in this context. A qualitative methodology was used, consisting of focus group discussions with adolescents and interviews with peer education programme officers. These programmes were supposed to be based on the recognition of adolescent sexual and reproductive health rights and the so-called ABC approach (abstinence, be faithful, condom use). We found, however, that sociocultural barriers and strict obedience to Vatican doctrine prevented adolescents from receiving accurate and comprehensive sexuality education and that condom supplies were blocked by peer education programme officers. The promotion of adolescent sexual and reproductive health rights is the responsibility of States, but the international community, non-governmental and faith-based organisations and donors play an essential role in assisting States in this respect and should never act in violation of adolescents' rights. © 2006 Reproductive Health Matters. All rights reserved.*

**Keywords:** adolescents, peer education, condoms, sexuality education, safer sex, Democratic Republic of Congo

**D**ECADES of lack of investment and maintenance of public health services, combined with a massive withdrawal of multilateral and bilateral cooperation in 1992 and a war which lasted from 1996 to 2003, resulted in the collapse of the health system of the Democratic Republic of Congo (DRC), which was left solely in the hands of non-governmental organisations (NGOs), churches and private assistance.<sup>1</sup> Although national demographic and sexual and reproductive health data are not available, there are serious indications that the sexual and reproductive

health status of the population of the DRC is among the worst in sub-Saharan Africa. In 2002, the maternal mortality ratio was estimated at 990 deaths per 100,000 live births,<sup>2</sup> and ratios as high as 3,000 per 100,000 were reported in war-affected areas such as in the Kivu in eastern DRC.<sup>3</sup> The adolescent fertility rate is also among the highest in the world, with 220 births per 1,000 women aged 15–19 years.<sup>4</sup> Adult HIV prevalence rate estimates are between 4.2% and 5.1%, with estimates of the number of people living with HIV ranging from 450,000 and 2,600,000.<sup>5,6</sup> Whereas

in urban areas the HIV prevalence rate remained stable or even decreased during the war, prevalence rates among internally displaced populations increased significantly to 7.1%.<sup>7</sup>

In 2004, the World Bank identified six priorities for the social reconstruction of the DRC, all of them directly or indirectly related to health. Curbing the spread of HIV and rehabilitating the health sector were at the top of the list. Vulnerable children, including street children, child soldiers and child sex workers, have been identified as key target groups.<sup>8</sup> The Ministry of Health identified reproductive health and the fight against HIV/AIDS as two priorities in its public health strategy. The National Reproductive Health Programme and the National Programme for the Fight against HIV/AIDS specifically target youth and insist upon the coordination of all activities and interventions between the different stakeholders involved.<sup>9,10</sup> The DRC is now one of the priority countries for UNAIDS and the Global Fund to Prevent HIV, TB and Malaria. The National Reproductive Health Programme explicitly refers to the recommendations made at the 1994 International Conference on Population and Development in Cairo. A national reproductive health assessment in 2004 showed that the capacity of the DRC public health system needs to be reinforced at all levels and to be supported in a sustainable way by the international community in order to achieve the agreed sexual and reproductive health objectives.<sup>11</sup>

As part of a Belgian development cooperation programme, we conducted a study in Kinshasa and Bukavu in April–May 2004 on how a rights-based approach could contribute to an effective and appropriate response to the sexual and reproductive health needs of Congolese adolescents. Access to condom information, education and supplies was studied in this broader policy context. A rights-based approach is based on the recognition of the right of adolescents to full and accurate sexuality information and education as a means to ensure that they “have the ability to acquire knowledge and skills to protect themselves and others as they begin to express their sexuality.”<sup>12</sup> Accurate and comprehensive sexuality education is necessary to achieving better sexual and reproductive health of adolescents.<sup>13</sup> A rights-based approach also implies that adolescents should have access to condoms to protect themselves from sexual

and reproductive health risks such as HIV and unwanted pregnancy.<sup>14</sup>

The organisation of the study in the DRC was facilitated by two local non-governmental organisations (NGOs) (one in Kinshasa, one in Bukavu) involved in sexual and reproductive health peer education programmes for adolescents. The organisation in Kinshasa had originated as a Catholic programme but it gradually began to profile itself as an ecumenical organisation. The one in Bukavu was run by the Catholic diocese. Both were associated with a nationwide network providing adolescent sexual and reproductive health education, which was coordinated by the organisation in Kinshasa. The mission statement of the network was explicitly based on the recognition of the sexual and reproductive health rights of adolescents. The network had a monopoly on the organisation of life skills education in schools and the training of teachers in this respect.

The NGO in Kinshasa was selected as a partner in the implementation of a programme of “Support for Reproductive Health and Gender Needs for Displaced Populations with Special Attention to Adolescents (2001–2004)” in the DRC, which was part of a multicountry programme supported by the Belgian Development Cooperation. This NGO was in charge of the sexuality education and HIV/AIDS peer education component of the programme. Both the Kinshasa and Bukavu NGOs also received support from mainly Catholic, Belgian NGOs.

The field study took place in April–May 2004 and was followed by a seminar to report the findings and discuss the results with the international agencies, NGOs and local authorities that had been involved in the study or were interested in it. The seminar was organised in Bukavu in November 2005 and was also actively attended by young peer educators.

This paper reports on the access of adolescents to condom information and supplies.

## **Methodology**

Programmes run by local NGOs and supported by Belgian Development Cooperation in the area of sexual and reproductive health and child protection were selected for the assessment. The study was conducted in Kinshasa, the national capital, and Bukavu, the capital of the war-affected province of Sud-Kivu.

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