

High use of ICTs, low access to SRHR info

Research into the role of ICTs in facilitating access to SRHR information and sexual behaviour in Senegal shows that ICTs are useful communication, information and entertainment channels for vulnerable youth. Yet, these vulnerable young people (gays, lesbians, sex workers and young domestic workers) make minimal use of ICTs to access information on SRHR. As a result, ICTs are perceived as having little influence on their sexual behaviour.

Young people in Senegal lack information about Sexual and Reproductive Health and Rights (SRHR) and often don't know where to access such information. Talking about SRHR issues is taboo in many families. At the same time, first sexual experiences often take place before marriage; without access to contraceptives and a lack of awareness of the risks of unsafe sex. For vulnerable groups such as gays, lesbians, sex workers and young domestic workers this is of even greater concern. ICTs may help bridge the SRHR knowledge gap among vulnerable young people and influence their sexual behaviour, but does this actually work? To find out, 246 young people from vulnerable groups in four regions in Senegal were interviewed on the matter.

Facts - ASK programme in Senegal

Where? Dakar, Saint-Louis, Kaolack, Louga, Mbour, Thiadiaye

By whom?

- Association Sénégalaise pour le Bien-Etre Familial
- Amref Health Africa

For whom? Young people, especially vulnerable young people

Scope of the research

246 vulnerable young people (gay, lesbian, sex workers or young domestic workers) from four regions in Senegal.

Differences in the use of ICTs

Although all groups of vulnerable young people confirmed using ICTs, there were differences between the groups. Young domestic workers for instance said they frequently used more traditional media (radio and television). Among gays, lesbians and sex workers the mobile phone was used "all the time", in their words.

ICTs and SRHR information

In practice, ICTs were hardly used as a means to access SRHR information. Only young domestic workers mentioned that they sometimes "accidentally" stumbled upon SRHR information through TV or radio programmes. Surprisingly, many of the young people were also unaware of the existence of a child helpline. A lack of interest, lack of awareness of websites or a preference for asking a health professional were mentioned as main reasons for not using ICT channels.

Recommendations

The results of this research suggest that although young people from vulnerable groups in Senegal have access to ICTs and use them very frequently, they hardly use those channels to become informed about SRHR. To enhance access to SRHR information through ICT channels, a first step would be to increase their visibility among vulnerable groups through, for instance, targeted awareness-raising activities. Working with popular artists and

traditional media is recommended. Once the channels are known, the following can be considered:

- Make SRHR information more readily available through mobile phones by developing apps or SMS services and seeking partnerships with telecom providers;
- Continue investing in traditional media as a means to inform youth on SRHR and seek partnerships with community radio channels;
- Adapt SRHR websites so that they also meet the needs of vulnerable groups.

