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High-level Leaders Commit to Integrating Sexual and Reproductive Health Education in Burkina Faso

CASE STUDY

“My government will make the fight against unplanned adolescent pregnancies in schools our fight,” declared Burkina Faso’s Prime Minister Paul Kaba Thieba. In an agenda-setting policy statement to parliamentarians on February 5, 2016, the Prime Minister officially committed to integrating sexual and reproductive health modules into school curricula for students aged 10 to 24. A majority of the country’s 125 parliamentarians then voted to prioritize it on the Prime Minister’s policy agenda for the year.

More than four months in the making, this advocacy win represents a remarkable step forward in expanding family planning information and access for young people and addressing the growing issue of unplanned adolescent pregnancies in Burkina Faso.

A Critical Need for Change

Burkina Faso is challenged by a low contraceptive prevalence rate (22.8%) and high unmet need for family planning (24.2%). According to Performance Monitoring and Accountability 2020 surveys, women aged 25 to 49 reported their average age at first sex was 17.3, with first contraceptive use beginning at 23.6. This gap in contraceptive use is reflected in an adolescent birth rate of 122 births per 1,000 girls aged 15-19—among

the highest in sub-Saharan Africa.¹

Although no one source captures the entire scope and impact of unplanned pregnancies among Burkinabe school-age girls, a recent study by UNICEF, Burkina Faso’s Ministry of National Education and Literacy (MENA), and the Ministry of Secondary and Higher Education (MESS), suggests the problem is widespread. The study recorded 1,016 pregnancies in seven of the country’s thirteen regions during the 2011-2012 school year alone.²

Unplanned pregnancies often lead girls to perform poorly in school or drop out completely. They often experience discrimination and stigmatization by their peers, families, and communities.³ Many resort to unsafe abortion. In a speech at a 2013 Women’s Parliamentary Network in the Francophone Parliamentary Assembly, a Burkinabe government official cited that 61 out of 100 pregnant girls between 15-19 years old sought abortion outside of health clinics, often in extremely unhygienic conditions.⁴

Even those who may want to protect themselves from pregnancy may not have the information to do so. Four in ten women aged 15-24 who were not using a modern contraceptive method reported they did not know

where to access contraceptive services.⁵ Thus, there is a critical need to improve access to reliable sexual and reproductive health information and services among this vulnerable group.

Uniting for Action

To address the issue, Advance Family Planning partner Equilibres & Populations (EquiPop), with support from Palladium West Africa, initiated a conversation with government officials on how to protect students in October 2015. Before then, the only sexual education activities for students were conducted by civil society organizations, and in just a few schools. Organizations facilitated educational discussions, ran communication campaigns, and provided “listening centers” where young people could access and discuss reproductive health information. But without a nationally run curriculum, these efforts were not sustainable.

Unfortunately, advocacy activities began during a time of socio-political unrest in the country; initial advocacy meetings were unsuccessful. But by mid-December 2015, with a return to normalcy, EquiPop moved quickly. They established a multi-sectorial committee engaged in improving sexual and reproductive health in schools. The committee comprised students, their parents, authorities from the Ministry of Secondary and Higher Education, officials from MENA, and civil society members.

They developed recommendations for action using AFP’s SMART advocacy approach. During a brainstorming meeting on December 15, 2015 the committee implemented a SMART facilitation to hone in on how to obtain the Prime Minister’s commitment to integrate sexual and reproductive health modules into school curricula nationwide.

The multi-sectorial committee identified primary and secondary decision-makers, namely the MENA Minister and other national education authorities. The committee examined the causes of the rise in adolescent pregnancy in more detail in order to articulate focused, evidence-based messages and recommendations (**see Box 1**).

On January 5, 2016, the committee sent a request for a meeting with decision-makers.⁶ Three members of the advocacy team met separately with the Secretary General of MENA and the Minister of MENA to introduce

Box 1: Recommendations presented by the multi-sectorial committee to national education authorities

1. Formalize and implement sexual and reproductive health education in post-primary and secondary schools by integrating reproductive health modules into students’ curricula.
2. Develop a mentor/peer education approach in schools and post-primary schools.
3. Establish school-based committees to identify and support students with unplanned pregnancies in the school environment.

the multi-sectorial committee’s recommendations. They were successful. The Minister of MENA was sympathetic to the repercussions of unplanned adolescent pregnancies, understood the urgency, and appreciated hearing a concrete strategy for addressing the issue.

The initial advocacy led to meetings with national education officials, where the Minister proved to be a strong ally. He made preventing unplanned adolescent pregnancies in schools a priority of his ministry. His department began reviewing students’ curricula to integrate the sexual and reproductive health modules.

The Minister of MENA presented this new priority at a parliamentarian-only Ministerial Council meeting on January 27th. The Prime Minister, who acts as chair of the Ministerial Council, was preparing his policy statement to the nation at the time. The Minister of MENA shared the same evidence on unplanned adolescent pregnancies and students’ lack of reproductive health information, along with his department’s strategy.

Convinced of the relevance and urgency to act, Prime Minister Thieba said compellingly in his policy statement to the country’s political leaders that unplanned adolescent pregnancies constitute a serious problem that needed immediate action. His strong statement led to the parliament’s subsequent vote to address the issue.

With this unprecedented high-level attention, a large, multi-sectoral effort to address unplanned adolescent pregnancies is now gaining ground in Burkina Faso. Across the country more civil society and education authorities are aware of the issue and partnering to take action. Advocates are working to keep this issue a top priority intervention for national education and literacy authorities.

Lessons Learned

- **Sustainable action requires ongoing synergy:** It was imperative to gather and engage all stakeholders (government ministries, non-governmental organizations, civil societies, parents, and students.)
- **A strong advocacy objective requires the right timing:** This advocacy win was not quick. In 2015, EquiPop's first advocacy attempt fell short due to the socio-political unrest in October of the same year. Advocacy activities were delayed until the timing and government were more favorable and likely to succeed.
- **Comprehensive data are essential to evidence-based advocacy:** The advocates had to rely on powerful messaging, as Burkina Faso's data on unplanned adolescent pregnancies in schools is scarce. It was challenging to demonstrate the gravity of an issue without sufficient data.

Next Steps

Since the Parliamentarians' vote did not include a financial commitment, EquiPop will continue to advocate with the Minister of MENA for resources to support the curricula change and incorporation within the education system. The multi-sectoral advocacy committee is seeking official recognition from the government so that they can formally participate in the development of the sexual and reproductive health modules. With the help of MENA, they plan to follow through to ensure that teachers are appropriately trained and the modules are integrated into school curricula at the primary and post-primary level.

References

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- ⁶ Letter Ref: Equilibres & Populations. 5 January 2016.

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Prime Minister Thiéba presents his policy statement to parliamentarians in February 2016.

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