

EFFECTS OF ACTIVITIES OF YOUTH LOVE & LIFE CENTERS ON THE SEXUAL BEHAVIORS OF ADOLESCENTS AND YOUNG PEOPLE OF DJEGAN-KPEVI SECONDARY SCHOOL DURING THE PERIOD 2015-2016

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Abstract: *This study aimed for Young Centers Love & Life activities effect on Djègan-Kpèvi (DKP) teenagers and young's sexual behaviors in 2015 to 2016. First of all, it determines the percentage of young and teenagers that often come in the center for sexual well-being services. Then, through a quantitative and qualitative inquiry based on 427 subjects of which 212 students members and 212 students that are not members of the YCLL, 2 members of Djègan-Kpèvi center staff, and a member of Love & Life representative committee. Student's knowledge, perceptions and practices level on reproduction and sexual health have been measured and compared. Results reveal first that 75.94% student joins the center to have fun; it also reveals that those who have good knowledge, perceptions (50%) and practices (12.26%) level are coming from some of those who are used to visit frequently the center. The center is quietly enrolled in information-motivation-ability-behaviors model working of Williams Fisher and Jeffrey Fisher (1992) used in this study. From all that, the center have a part in DKP students' reproduction and sexual health bettering. However, some young stand up to the center because they thought that it does not take in account their real needs so; they would like to be gathered around their best interests. Nevertheless, centers principals must questioning on the interests that is given to playful services in order to join playful services to clinical and multimedia services.*

Key Words: *Effects, Knowledge, Perceptions, Practices, Members, Adolescence.*

1. INTRODUCTION:

"The world today has 1.8 billion young people aged between 10 and 24", the world's largest youth population in the history of humanity, which will ensure a better world for all (UNFPA, 2014). But this effect can only be immensely positive if young people are able to develop their capacities and have access to education and health, including sexual and reproductive health. Rasoanaivo (2014) will say that "young people are the greatest wealth of this world, it is the force of change". However, around the world, 7.3 million underage girls become mothers each year, 70,000 of them die from complications of pregnancy and childbirth and 3.2 million undergo unsafe abortions. A total of 95 per cent of these births take place in developing countries, where 20,000 girls under the age of 18 are being born every day. According to the same sources, more than one million people are infected every day by STIs and half of new HIV infections occur among young people (UNFPA, 2013). In sub-Saharan Africa, an estimated 2.2 million teenage pregnancies are estimated annually. 92% of these pregnancies occur in adolescents who do not use any contraceptive methods or who practice traditional methods. Adolescent abortions account for 14% of all unsafe abortions in the developing world, with 25% in Africa (Gutmacher Institute, 2010).

In Benin, 43% of women have their children during adolescence (Ministry of Family, 2010). According to Demographic Health Survey (DHS) IV, the percentage of women aged between 20 and 24 who had their first sexual intercourse before reaching the age of 18 is 49%. Among men between aged and 24, the percentage is 47% before

reaching the age of 18 years. As a result, young people engage in sexual activity at an early age by exposing themselves to all sorts of risks. Among adolescents and young people aged between 15 and 24 years who were sexually active, only 25% used a modern contraceptive method at the time of the survey in 2011. DHS III revealed in 2006 that young women have an average of 3.4 sexual partners and the average number of sexual partners among young men is 4.5. "Sexuality is an important dimension of life and its management is absolutely necessary. Young people with precocious sexuality and early motherhood, whatever their status, become faded flowers before they hatch "(Diouf, 1996).

The Sexual and Reproductive Health of Adolescents and Youth (SRHAY) is therefore the branch of Public Health which is currently facing major problems. These include: STI/HIV/AIDS proliferation; the non-use of contraception in the context of unprotected sex; the incidence of unwanted pregnancies and the complications of induced abortions; the use of unreliable sources of health information for adolescents and youth; the sex trade because of the deterioration of morals and the economic situation (Ministry of Health, 2010) [6]. According to Faye (2005), N'deye (2007), Okonofua (2007), Guttmacher Institute (2010), Diasso (2013) these problems are the result of sociocultural constraints, the development of modern societies, inadequate family planning services, lack of sex education in families, new technologies, poor socio-economic conditions, under-schooling, lack of willingness on the part of young people to learn about questions of sexuality and especially the lack or inadequacy of information on sexual and reproductive rights. As a result, the current situation of the SRHAY in Benin is of concern to more than one, as the number of victims continues to increase. For example: in Atacora and Donga, two of the twelve departments of Benin, "1,648 pupils became pregnant during the period of 2010 to 2013, an average of 549 cases of pregnancies recorded each year in schools" (Fousséni, 2014). A situation that puts the State on the one hand and the Civil Society Organizations (CSOs) on the other, which makes the improvement of the SSRAJ a priority.

It is in this context that Beninese Association for Social Marketing (BASM) has initiated YCLLs which are medico-social structures involved in the reproductive health of adolescents and young people. The latter are scattered throughout the country. Porto-Novo has two capital cities: the CEG DKP and the Ouandomarket. The main objective of these eavesdropping centers is to provide a framework for distraction and to promote access to information on the sexuality of adolescents and young people aged 10-24 years, which helps them reach a level of maturity enabling them to make responsible decisions. They also aim to protect them from unwanted pregnancies, STI / HIV / AIDS and the resulting risks.

For example, young people go to these centers to have fun with their peers, ask for information, or simply get free services and advice related to reproductive health. The interest of these centers is that they offer a space of listening in total confidentiality to the adolescents to help them to find answers to their questions in a distracting frame.

However, the use of reproductive health services is limited for adolescents and young people. This underutilization of services particularly affects girls. Moreover, the existence of play services limits adolescents' effective use of clinical services. For some adolescents and young people trying to use Reproductive Health services, there are cultural, medical, and economic barriers that make it difficult to use these services. Inattention to teenagers and youth attending centers and even disapproval from some service providers and the very strong influence of peer groups are also limiting the use of services by adolescents and youth. It is on the basis of this observation that we ask the main question: why, for a college of 3871 pupils, during the breaks, students prefer to walk in the court instead of going to the school Center to receive information about sexuality? Faced with this situation, two specific questions stem from the main question:

- how many adolescents and young people go to YCLLs to receive information about their sexual well-being?
- what is the level of Knowledge, Perception and Practice of adolescents and young people who attend and those who do not attend the YCLL in the field of Sexual and Reproductive Health?

To answer research questions, the following assumptions are made to be confirmed or reversed at the end of the survey.

- The high attendance of YCLL by adolescents and young people depends more on play services than on sexual welfare services.
- Attendance at YCLL promotes good levels of Knowledge, Perceptions and Practices in Sexual and Reproductive Health among adolescents and young people.

The objective of this work was to:

- determine the proportion of adolescents and young people who attend YouthLove & Life Center in Djègan-Kpèvi for sexual welfare services.
- measure the levels of knowledge, perceptions and practices of adolescents and young people in the field of Sexual and Reproductive Health among students who attend and those who do not attend Youth & Lifestyle Center.
- compare the levels of knowledge, perceptions and practices of adolescents and young people in the field of Sexual and Reproductive Health among students who attend versus those who do not attend the Youth & Lifestyle Center.

2. METHODOLOGICAL APPROACH:

In order to achieve the above objectives, a cross-sectional study of a quantitative and qualitative nature was carried out.

The survey population consisted of two targets: the pupils and the staff of the YCLL of DKP secondary school. For the first target, three strata on the mother population were established:

- group A (that of pupils regularly attending the center);
- group B (students who rarely attend YCLL);
- and group C (that of students who do not attend the center at all).

However, for reasons of comparability, only groups A and C were selected in the selection of the subjects in the sample. For this purpose, the Schwartz formula (1994) was used with a prevalence of "0.5", a 95% confidence interval and a margin of error of 5%. Since the prevalence of SSR, which is a broad subject, is unknown, it is retained: $p = 50\%$.

If $q = 1 - p$,

$$n = 1,96^2 \times 0,5 \times 0,5 / 0,05^2 = 384,16 = 385$$

10% is added for inoperable questionnaires; which give

$$38,5 = 39$$

$$385 + 39 = 424$$

$N = 424$ students

The choice of the 424 subjects was made according to the random technique as stated above. 212 subjects were selected from Group A and 212 also from Group C. With regard to the staff of the YCLL, two people were interviewed, namely a clinician specializing in questions of SRHAY and the manager of the center. As for the second target, the non-probabilistic method with the exhaustive selection technique was chosen, hence the 3 staff members of DKP Young Center of Love & Life. Our collection tools are: participant observation, questionnaire, focus group and interview. The quantitative data were processed using Excel and Epi Info software for comparison with the Pearson Chi test. As for the qualitative data, they were transcribed and then synthesized. The information collected and processed yielded the results reported in the following section.

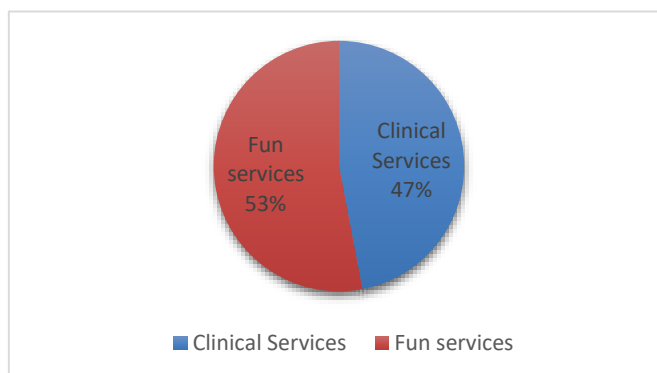
3. RESULTS AND DISCUSSION:

3.1 Results from the questionnaires and discussion

Table I: Distribution of students surveyed by attendance of YCLL

Attendance	Effective	Percent	Cumulative percent
Regular	1510	55,80	55,80
Rare	545	20,14	75,94
Not at all	651	24,06	100
Total	2706	100	

This table reveals that 55.80% of respondents regularly attend the YCLL against 24.06% who do not attend at all. These results prove that the YCLL remains an effective means of distraction or information acquisition for Beninese youth.



Graph 1: Distribution of pupils surveyed according to the levels and reasons for attendance

This graph shows that of the 1,510 students who regularly attend YCLL of DKP, 53% are more interested in fun services compared to 47% for clinical services.

Table II: Distribution of subjects according to their attendance and level of knowledge regarding the ovulatory period

	Frequent YCLL	Don't frequent YCLL	Total
Good level	17 (8,02%)	10 (4,72%)	27 (6,37%)
Low level	195 (91,98%)	202 (95,28%)	397 (93,63%)
Total	212 (100%)	212 (100%)	424 (100%)

Table III: Distribution of subjects according to their attendance and the level of perceptions of the discussion about sexuality

	Frequent YCLL	Don't attend YCLL	Total
Agree with parents	182 (85,85%)	188 (88,68%)	370 (87,26%)
Agree with friends	30 (14,15%)	24 (11,32%)	54 (12,74%)
Total	212 (100%)	212 (100%)	424 (100%)

In relation to the level of perceptions of the target population, the survey reveals through this table that 87.26% of this population think that we can discuss sexuality with parents and other adults. However, the 12.74% think that friends are the best people to better manage their sexuality.

Tableau IV: Répartition des sujets en fonction de leur fréquentation et du niveau de pratique face au multi partenariat, Djègan-Kpèvi, Avril-Juillet 2016

	Attend YCLL	Don't attend YCLL	Total
1 Partner	118 (55,66%)	147 (69,34%)	265 (62,50%)
>1 Partner	94 (44,34%)	65 (30,66%)	159 (37,50%)
Total	212 (100%)	212 (100%)	424 (100%)

Referring to the sexual behavior of the students who took part in our study, the survey reveals through this table that 37.50% of the respondents have more than one partner.

Table V: Distribution of subjects according to their attendance and level of knowledge in SRH

	Attend YCLL	Don't attend YCLL	Total
Good level	11 (5,19%)	5 (2,36%)	16 (3,77%)
Low level	201 (94,81%)	207 (97,64%)	408 (96,23%)
Total	212 (100%)	212 (100%)	424 (100%)

This table reveals that 5.19% of the members of the YCLL have a good level of knowledge of the components of the SSR against 2.36% of non-members of the YCLL With $p = 0.12$, the difference is not significantly significant.

Table VI: Distribution of Subjects by Attendance and Perception Level in SRH

	AttendYCLL	Don't attend YCLL	Total
Positive thoughts	106 (50,00%)	53 (25,00%)	159 (37,50%)
Negativethoughts	106 (50,00%)	159 (75,00%)	265 (62,50%)
Total	212 (100%)	212 (100%)	424 (100%)

This table shows that 50.00% of the respondents who attend the YLLC have positive thoughts about the components of the SRH compared to 25% among those who do not attend the YLLC. With $p = 0.0001$ the difference is statistically significant.

Table VII: Distribution of subjects according to their attendance and level of practice in Sexual and Reproductive Health

	Atend YLLC	Don't attend YLLC	Total
Favorable behaviors	26 (12,26%)	4 (1,89%)	30 (7,08%)
Less favorable behaviors	186 (87,74%)	208 (98,11%)	394 (92,92%)
Total	212 (100%)	212 (100%)	424 (100%)

In the population of those who attend the YLLC, 12.26% compared to 1.89% in the population of those who do not attend, have a good level of practice in Sexual and Reproductive Health. With $p = 0.0003$, the difference is statistically significant.

2.2 Results of the interviews during the focus groups

• Attendance

Among those who attend the YCLL, 42.16% of students say they attend for good games and 19.81% for advice. It is for this purpose that M.K. 4th class declares "friends induce us into errors while the CJAV tells the truth". However, 13.47% of them attend the YCLL because of cyber.

Among those who do not attend the YCLL, 30.12% of students who do not attend the center do not attend, because they say they do not have time. As proof, C.G. class of 3rd affirms "I do not have time for that". At the same time, 14.08% think that the YLLC is not intended for them. To illustrate, MB 2nd class says "it's for the youngest, I do not see myself playing ludo or exposing my private life to a young person like me while the advice I can have on the internet and with my friends ". However, of no 5.95% do not go there because they are ashamed. B.D. class of 5th declares "I am ashamed because the eyes of the others who frequent the YCLL prevents me from going there".

• Discussion about sexuality

In the category of those who attend the YCLL, 10.93% of the subjects who attend the center ensure to speak with their parents about issues related to sexuality without reserve. A.T. 6th grade says "the problems of sex are dense, so parents come in support of the YLLC to help me make good choices." In their rank, 52.00% say they do not talk about sex with their parents at all. However, 37.07% of these report having sex with their parents and other adults, but they are not truthful.

In the category of those who do not attend YCLL, it appears that 30.46% of the subjects who do not attend are discussing sex with their parents. K. N. 5th grade affirms "discussions with parents, educate us and prepare us to better manage our relationships". However, 17.14% say that in their great desire to talk about it, they cannot do it. It is on this subject that S.A. 2nd states "my parents do not like to talk about it at all because in our Muslim religion it is forbidden".

• Use of contraceptive methods

In interviews with students attending the YCLL, 30.46% say they do not use modern methods of contraception because they opted for abstinence. Some for primary and some for secondary. I. A. 4th grade declares "I do not use condoms or pills because I reserve myself now".

With those who do not attend the YCLL, 57.62% say they use the condom every time they have to go to the sex act. Testimony of A.Z. 1st class "I have a future, so I preserve myself to achieve it". However, 5.30% claim to use the condom only when the woman is in her ovulatory period. G.S class of 2nd states, "when it is without a condom, it is more sensational, so I wear it just in case of force majeure".

• Risks related to early sexual intercourse

Of those who attend the YCLL, 72.80% attest to knowing the risks associated with early sexual intercourse. It is to this effect that, C.F. class of 1st book "true saying, the sexual relations bring happiness but when it is too early, they disorient the young person and can make him catch many infections".

Among those attending the YCLL, 48.50% seem to be well aware of the risks associated with early sexual intercourse. T.A. Tle's class tells us "I waited for my 20s to do my first sexual intercourse because I was afraid of getting pregnant".

3. DISCUSSION:

3.1 Attendance of the Center by the students of Djègan-Kpèvi

In this study, the majority of the survey population frequent the YCLL. This result differs from that of Kodjovi et al. (1998) obtained in the EVACJEUNE 1 survey conducted in Lomé on young people aged 10-24, which reveals that during the last six months preceding the survey, only 54 2083 of the 2083 surveyed (3% of the sample) reported having visited a FP center. This low attendance may be related to the Togolese culture or the taboo related to sexuality in the meantime. The results obtained thus reveal the certainty that the youth is constantly looking for an environment outside of their family and educational setting (the school) which offers them the opportunity to better develop alongside their peers. This was confided by a subject who took part in the focus groups "... I love the center and I spend my whole days there when I do not have classes". A more explicit reading of this result, reveals a regular attendance of 55.80% against 20.14% of rare attendance. For one reason or another, some young people prefer to spend the majority of their free time in the YCLL while others use it only in cases of force majeure where no door is open to them. However, there is a predominance of male and undergraduate education in the regular student population of the center. The existing literature states that young girls are much more reluctant to discuss sexuality with adults as African culture still advocates virginity until marriage. So even when these girls are already sexually active, they go there in secret for fear of being judged by their peers and being scorned by their parents. Also, it is possible that the low attendance of girls is related to the fact that the YCLL is in the public eye. In parallel with our study, the result obtained by Ly (2011) who worked on "the care of adolescents and young people in the center of advice and education for young people of ANBEF in Niamey" reflects a strong attendance of center by the girls. This important representation of the female sex is undoubtedly justified by the learning of various activities such as sewing, knitting, cooking offered within the center. Unlike the YCLL, this center gathers young girls around their centers of interest and through this channel educates them in SRH.

With regard to the low attendance of the students of the 2nd cycle, this can be justified by the fact that they think themselves already adult, holders of the information which is not always reliable. A student of the 2nd cycle confirms it so well when he says: "... it is for the youngest, I do not see myself playing ludo or exposing my private life to a young person like me while the advice I can have them on the internet and with my friends ". We therefore ask ourselves the question of what are the reasons for the high number of visits to the YCLL.

Most adolescents and youth are in schools and those in DKP attend YCLL for a variety of reasons. With the YCLL, two services are offered to them, these are clinical services and fun services accompanied by multimedia activities such as cyber, photocopying, printing. With regard to the reasons for attendance, more than half of the students who regularly attend the YCLL do so for reasons of distraction. This result therefore invalidates that obtained by Kodjovi et al., (1998) who states that educational talks, counseling and the supply of contraceptives are the essential needs that lead young people to a FP center. Nevertheless, the second part of the results 47% of the population who regularly attend the YCLL for reasons of sexual well-being, is more or less similar to the result of Kodjovi et al., (1998).

Admittedly, the results of this work confirm that recreational services are much more coveted by young people than clinical services, but the analysis also shows us that clinical services through the activities of Information, Education and Communication (IEC) in SRH play an important role in young people. Especially with one of the intervention methods of the YCLL which is peer education. These young people are trained on SRH issues. Under their guidance, their peers are much more likely to go to the center and ready to change their behavior by observing their peers.

3.2 Knowledge of SRH and vis-à-vis the YCLL

The study found that 15.80% of respondents know the sources of information adequate for a fulfilling sex life. All the rest chose sources that do not always provide reliable information like: peers, social networks and the internet. These results show that there are young people who know they can get close to YCLLs, health workers, parents and other adults to have reliable information in SRH. They also recognize the crucial role played by these in sexual education especially in the absence of the family. However, it appears from this analysis that a significant number of those attending the YCLL are not interested in any other source of information other than the YCLL. This is justified by the fact that the YCLL puts at their disposal the necessary information and means, motivates them enough during the various sensitizations and counseling sessions to the point where they are no longer looking for additional information. The study by Nancy et al., (2009) on the sexuality of young people aged 12-24 reveals that young people's knowledge about sexuality comes mainly from other young people (27%) and the Internet (20%). Our results therefore confirm that of Nancy et al., (2009) in that the majority of our survey population prefers to get information from peers and the

internet. Speaking of means, the results of this study showed that only one of the surveyed respondents 8.02% of those attending the YCLL have a good knowledge of contraceptive methods against 6.13% of those who do not attend the center. This result simply conceals that respondents outside the condom, are not interested in any other contraceptive method. Indeed, it has been proposed for this question, four good answers that are the cycle collar, the jadelle / implant, the Intra-Uterine Device (IUD) and the condom. But the majority knows only the condom, because it is the method that is most accessible to them and protects them. Better still, this justifies this low level of good knowledge compared to modern methods of contraception. This result almost confirms that obtained by Kodjovi et al., (1998) in the EVACJEUNE1 survey conducted in Lomé, according to which only 26% of the respondents state that they know at least one modern method of contraception.

Only a small part of the respondents have a good knowledge of the ovulatory period because they know the period during which a girl can become pregnant in her first period after unprotected sex. The majority of respondents are unaware that the ovulatory period is not limited to the day of ovulation but also takes into account the two days preceding ovulation and the three days after. This lack of knowledge is the main cause of early pregnancy. These results corroborate those of Faye (2005) conducted in Senegal on young people aged 10-25 who attend an anonymous and free voluntary testing center according to which only 7.69% responded correctly to the question concerning the period of 'ovulation' at which period of his life can a girl fall into a pregnancy at the first sexual intercourse? "

By analyzing the different results related to SRH knowledge, young people always earn something more by attending the center. This is justified by the level of knowledge of subjects in reproductive health. It shows that 5.19% of respondents who attend the YCLL have the right level of knowledge against 2.36% of those who do not attend the YLLC. This can be explained by the fact that those attending the YCLL have access to much more information, counseling services and untouched play sessions. This result certifies that of Kodjovi et al., (1998) which shows that according to the respondents' statements, the young people who attended the center are all satisfied with the services of the center that would result from the full range of services offered by the center. However, it should be noted that the 94.81% of students remaining in those who attend and 97.64% of those who do not attend, do not all have a low level of knowledge of SRH because the average and low level have been grouped together to perform reliable statistical tests. However, it is important to reinforce the intervention strategies or rethink them differently in order to allow other students who regularly attend the YCLL, but who unfortunately have a low level of knowledge, to improve their knowledge in the field. This situation may be due to the high attendance related to the recreational services. These results only reinforce the intervention of a young person who took part in the focus group that says "I do not go to the YCLL because my friends who go there do not have everything I know about sexuality".

The goal is to think about how to educate or maintain young people even if the reason for attendance is related to fun services. An in-depth analysis of the results concludes that not everyone who does not attend the center does so because they are against this initiative but because they may be receiving sex education at home or are engaged with other associations that are also investing in the field of SRH (CERADIS, Beninese Association for Social Marketing (BASM) ...).

4. CONCLUSION:

In the wake of these results, Hypothesis 1 formulated at the beginning of this study, namely: "the high frequency of YLLC use by adolescents and young people is more dependent on play services than sexual welfare services" is confirmed.

As for Hypothesis 2, which states that "attendance at the YCLL favors a good level of knowledge, perceptions and practices in sexual and reproductive health among adolescents and young people," is partially confirmed in the sense that those who attend and those who do not attend are equivalent. Hence, according to the results of our survey, the YCLL does not really promote a good level of knowledge among those who go there.

At the end of our study, we note that the YCLL is a space reserved for young people in which they are offered the opportunity to receive sex education they do not receive at school or at home. The daily effort provides in the sense of improving benefits is commendable. However, there are still shortcomings in the management, operation and organization of the center, which means that the majority of young people who go there regularly do not have the right level of knowledge, perception and practice. To remedy this, palliative solutions such as the reinforcement of development activities, new mobilization strategies to which young people adapt better, the provision of new games accompanied by sensitization sessions during recreational activities in order to increase Attendance would favor the effective achievement of the objectives set. Taking into account the needs and expectations of adolescents and young people in real time and the effective involvement of the Beninese government would also be an asset.

REFERENCES:

1. Babatunde, O. (2013). Cited in State of World Population 2013: Teenage pregnancy in West and Central Africa. Dakar: UNFPA / WCARO, 4p.

2. Diasso, M. M. G. (2013). The problem of unwanted pregnancies and the situation of girl mothers in Africa and in the world. Parliamentary Assembly of the Francophonie Abidjan. Ivory Coast. 9p.
3. Diouf, A. (1996). Early sexuality and prenuptial fertility among teenage homeworkers in Dakar: the case of the district municipality of Grand - Yoff. Graduation thesis, UCAD, Dakar: National School of Training of Teachers of Family Economics.
4. Faye, M. (2005). Knowledge, Attitudes and Practices in Reproductive Health of Pikine-Guediawaye Anonymous and Free Voluntary Screening Centers (AVCVC). Master's thesis. Dakar: Cheikh Anta Diop University. 73p.
5. Fisher, W. and Fisher, J. (1992). IMHC analysis model. ARCHIVE-Canadian Guidelines for Sexual Health Education.
6. Fousseni, S. M. quoted by Dossa, J-C. (2014). Pregnancy in schools: When the family taboo delivers the future of girls to the street. Journal Specific event of April 21, 2015
7. Guttmacher Institute, (2010). The facts about the sexual and reproductive health of adolescent girls in the developing world. London: International Planned Parenthood Federation (IPPF). 4p.
8. Kodjovi, K., Patricie, M., Adadé, A.M., Donatien, B., and Djesika, A. (1998). Evaluation survey of the ATBEF youth center in Lomé "EVACJEUNE 1": Knowledge, attitudes and sexual practices of young people 1 of Lomé: USAID. 112p.
9. Ly, A. A. (2011). Support for adolescents and young people in the counseling and youth education center of the Nigerian Association for Family Welfare (ANBEF) in Niamey. End-of-cycle monograph for obtaining the certificate of aptitude for the functions of inspector of popular education of youth and sports. University Cheikh Anta Diop of Dakar. 75p.
10. Nancy, B., Luca, C., Deborah, D., Peter, K., Andrea, L., Marion, N., et al., (2009). The sexuality of young people over time: Evolution, influences and Perspectives. Report of the Federal Commission for Children and Youth (CFE). 103p.
11. Ndeye, A. N. (2007). Sexuality in schools in Dakar: behaviors, knowledge and perceptions related to HIV / AIDS. Master's thesis 1 research, Faculty of Arts and Humanities, Department of Sociology. University Cheikh Anta Diop of Dakar. 75p.
12. Okonofua, F. (2007). African Journal of Reproductive Health. New research results on reproductive health in Africa. Flight. 11 No.3. pp3-7
13. UNFPA (2014). The power of 1.8 billion adolescents and young people and the transformation of the future: executive summary.
14. Vodiena, G.N., Coppieters, Y., Lapika B.D., Kalambayi, P.K., Gomis, D. and Piette, D. (2012). Adolescents' and young people's perceptions of sexual and reproductive health, Democratic Republic of Congo. Public Health (Vol.24). Ed: S.F.S.P. 90p.