

ALLABI Elodie, SOGBOHOSSOU Paulin, DE GROOTE Nadja, HOUNDENOU Sandra, GBEDJIMENOU Louise, GOUDJO Fréjus, DANDJLESSA Olivier, OLODO Laïfoya, DEMEY Yana, APLOGAN Richepin, SOMASSE Yassinmè Elysée.
Email address of the main author : senami.nadegeallabi@enabel.be

INTRODUCTION

The service model for addressing the sexual and reproductive health needs of adolescents and youth remains a challenge. In Benin, the Integrated Spaces at Health Centres (ISHC) model is promoted with mixed results. We have tested a model of demedicalized services integrated into youth recreational centres.

METHOD

- Community-based, participatory, and inclusive approach
- Co-construction with teenagers and young people
- Establishment of management structures
- Multi-sectoral coordination involving the health sector, social affairs and microfinance, sports, education, local authorities, artisans, parents, adolescents and young people, and religious leaders
- Recruitment and capacity-building of facilitators
- Organisation of health workers to provide services in the centre
- Mobilisation of stakeholders to promote sexual and reproductive health

RESULTS

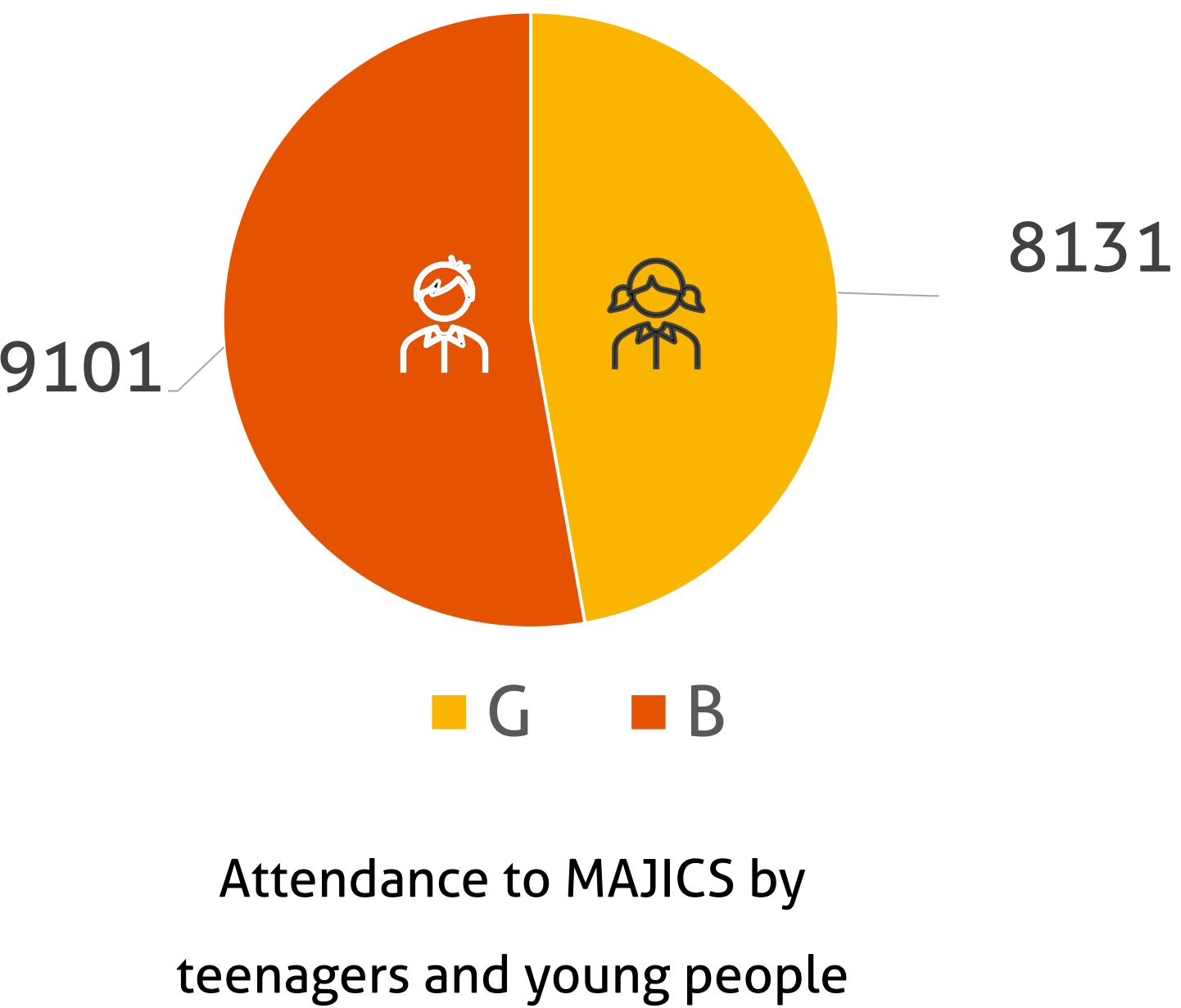
The model, named "Maisons d'Apprentissage de Jeux d'Informations et de Services sur la Culture et la Santé '(MAJICS)' " was implemented in two municipalities.

After one year of implementation, quantitative data were collected from attendance records, and stakeholder perceptions were collected through individual stakeholder interviews. MAJICS has evolved into genuine co-creation spaces, where local talents engage adolescents in activities such as handicrafts, plastic arts, fashion, culinary arts, and ecological agriculture. Additionally, various games, information sessions, health education, and clinical services were provided.

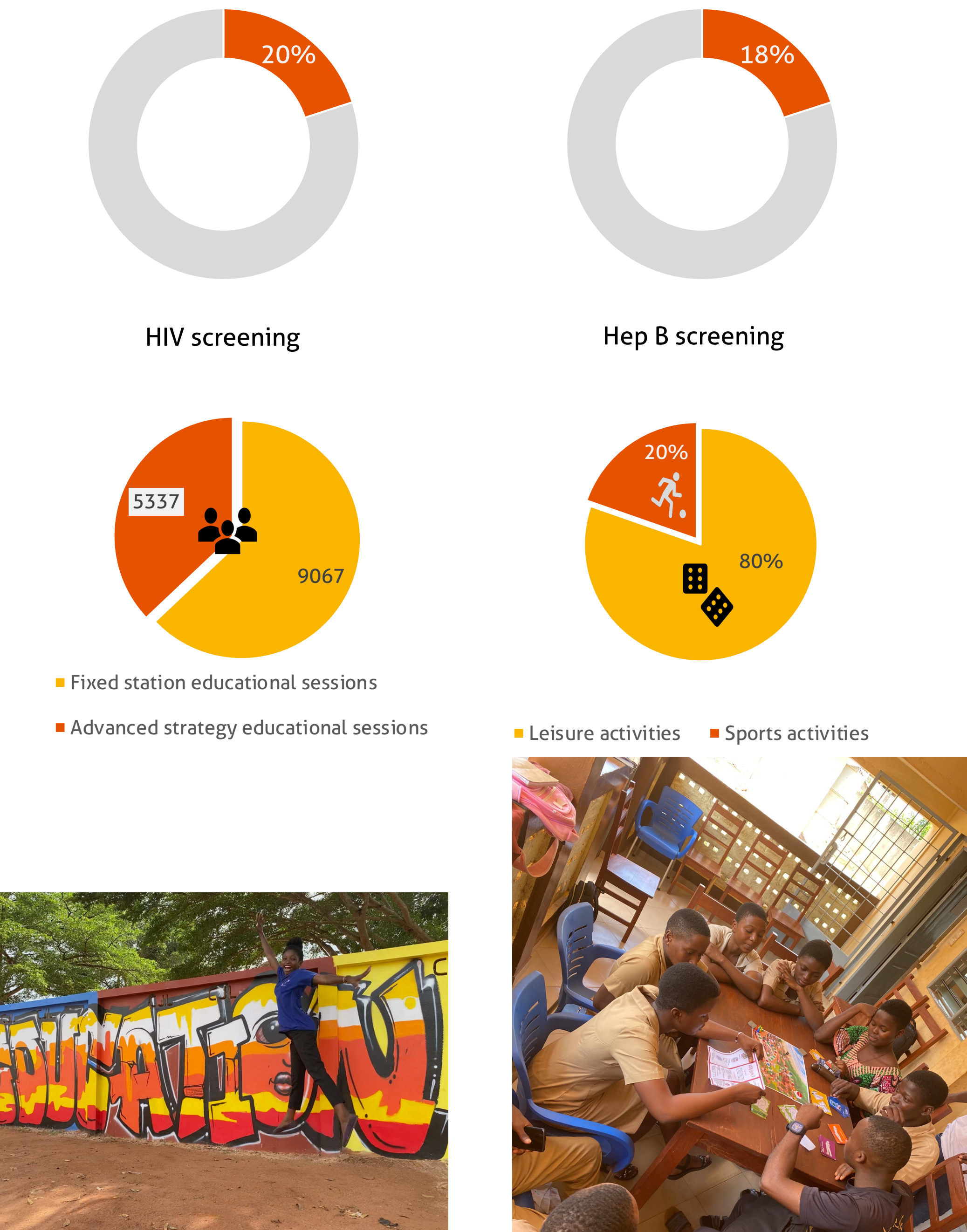
Services offered by MAJICS

Socio-educational services	Information services	Clinical services
Games	Individual counseling	STI screening/treatment (Hepatitis B, HIV)
Internet access (controlled)	Couple counseling	Contraception
Sports activities	Group counseling	
Study areas	Peer education	
Cultural activities	Advanced strategies	
Craft activities		
Intergenerational dialogue		
Vacation camps		

Use of services



Clinical services in MAJICS in the Atlantic department



Testimonial from the animators

"G., a 15-year-old boy, visits the centre regularly. He's a rambunctious youngster with friends, who always appears unkempt with his long hair, and who regularly provokes conflicts at the centre by preventing others from accessing the games. A home visit revealed that his mother had remarried, and the boy had been left to fend for himself. The animators now actively involve him in their activities, motivating him to do better. In the meantime, he has improved significantly, and together, they are trying to find a place for him to learn a trade."

DISCUSSION

Enabel has innovated by developing a demedicalized services model integrated into youth and leisure centers to complement the medicalized model promoted by the Beninese government known as "Centre Ami des Jeunes" (CAJ). The goal was to address the sexual and reproductive health needs of adolescents and young people through MAJICS services, which has proven successful. The multi-sectoral mobilization has also been successful, becoming a strength for MAJICS, with all stakeholders, including local authorities, religious leaders, artisans, players in the school education sector, social affairs, health, and the adolescents and young people themselves.

Compared to other approaches like the youth-friendly center (CAJ), the two models are complementary. The medical model lacks sufficient space for socio-educational, cultural, and informational activities due to its location. Furthermore, it doesn't allow easy access for all mentioned sectors and for parents to engage with adolescents and young people on a daily basis. However, this model excels, especially in clinical services, which is not the case in MAJICS. The irregularity of clinical services and the unavailability of health workers for round-the-clock care remain challenges to be addressed if we are to continue offering holistic services in MAJICS.

CONCLUSION

MAJICS are a magical, attractive and educational setting for adolescents. A comprehensive assessment is needed to help the country choose the right model fitting best adolescents' needs. Political engagement is needed to guarantee the sustainability of the model.



REFERENCES

- [1] Organisation des Nations Unies pour l'éducation, la science et la culture (UNESCO). **Principes directeurs internationaux sur l'éducation à la sexualité**, Une approche factuelle.
- [2] Chandra-Mouli V, Lane C, Wong S. **Qu'est-ce qui ne fonctionne pas en matière de santé sexuelle et reproductive de l'adolescent : Une analyse des données probantes sur les interventions communément acceptées comme meilleures pratiques**. *Global Health*.
- [3] V W, al. **Besoin et recours des adolescentes aux services de santé sexuelle et reproductive dans les pays en développement**, www.Guttmacher.org (2015, accessed 2 August 2023).
- [4] **Stratégie nationale multisectorielle de la santé sexuelle et de la reproduction des adolescents et jeunes 2018-2022**.
- [5] Ministère de la santé. **Stratégie nationale multisectorielle de santé sexuelle et de la reproduction des adolescents et jeunes au Benin 2010-2020**.
- [6] UNFPA. **Informer les jeunes sur la santé sexuelle et reproductive et accompagner leur autonomisation**. *UNFPA Bénin*, <https://benin.unfpa.org/fr/news/informer-les-jeunes-sur-la-sant%C3%A9-sexuelle-et-reproductive-et-accompagner-leur-autonomisation> (2019, accessed 4 October 2023).
- [7] Merritt L. **Collaboration multisectorielle et mobilisation des ressources** | The Challenge Initiative, <https://tciurbanhealth.org/fr/courses/adolescent-youth-sexual-reproductive-health-toolkit-advocacy/lessons/multisectoral-collaboration-and-resource-mobilization/> (accessed 4 October 2023).

