



January 2009

Knowledge of Reproductive Health and Reproductive Health related behaviours among adolescents of Kersa woreda

This policy brief describes Knowledge of Adolescent Reproductive Health and Reproductive Health related behaviour in KDS-HRC, 2008

Introduction

Adolescent Reproductive Health (ARH) is part of reproductive health (RH) by which adolescents are able to have a satisfying and safe sexual life and that they have the capacity to reproduce and the freedom to decide when and how to do so. This aspect of RH is currently becoming a broad agenda as the world is experiencing unprecedented and escalating health hazards of young people which are multifaceted in developing nations.

The World Health Organization (WHO) defines adolescence as progression from appearance of secondary sexual characteristics or puberty to sexual and reproductive maturity, development of adult mental processes and adult identity and transition from total socio economic dependence to relative. It also considered adolescents as young people between the age group of 10-19.

Knowledge of adolescent reproductive health and sexual coercion

A total of 864 adolescents, 448(51.9%) males and 416 (48.1 %) females, were included in the study. Only 175 (20.3 %) of the study subjects claimed to know what adolescent reproductive health means while the majority 689 (80.0%) did not. Reproductive health is family planning for 122 (71.3%), accessibility to RH information for 96(58.2%) , accessibility to RH services for 38 (48.7%, decision about when to rear child for 60 (35.1%), decision on initiation of sexual intercourse for 55(32.9%) , decision about with whom to engage in sexual intercourse

for 47(28.0%) , decision on number of children one wants to have for 46(27.4%), treatment of sexually transmitted infections for 52(30.8%) ,maternal and child health for 29 (17.35) and others for 26 (28.6%) of cases respectively. Female adolescents were asked about menstruation and only 146 (17.0%) of them knew about it before experiencing it for their own. Male adolescents were also asked about semen ejaculation and 156(36.1%) knew about it before experiencing it for their own. Only 38.4% knew some method of preventing pregnancy. Very few (7.0%) of male adolescents have ever coerced females for sexual intercourse without their consent

Predictors of knowledge of adolescent reproductive health

Among adolescents who claimed to know ARH nearly 28.0 % of them were found to be knowledgeable. Ethnicity, adolescents' , and paternal level of education, and receiving information on RH were found to be predictors of adolescents' knowledge of reproductive.

Table: Distribution of some socio-demographic characteristics with adolescents' knowledge of reproductive health.

Variables		Knowledge of adolescent RH	
		Knowledgeable (%)	Not Knowledgeable (%)
Sex	Male	56(44.8)	15(30.6)
	Female	69(55.2)	34(69.4)
Age	12-15	107(85.6)	43(87.8)
	16-19	18(14.4)	6(12.2)
Ethnicity	Oromo	5(4.0)	6(12.5)
	Amhara	120(96.0)	42(87.5)
Level of education	Illiterate	100(80.0)	46(93.9)
	Literate	25(20.0)	3(6.1)
Paternal education	Illiterate	48(38.4)	29(59.2)
	Literate	77(61.6)	20(40.8)
Received information on RH	Yes	41(33.1)	8(16.3)
	No	83(66.9)	41(83.7)

Conclusions

The level of knowledge reproductive health among adolescents of this study area is too low and limited. The majority (85.9%) of adolescents in the study site did not get information on their RH. Adolescents of both sexes in this study area have inadequate knowledge concerning some reproductive health related behaviours. Sexual coercion among both sexes was found to be insignificant.

Policy

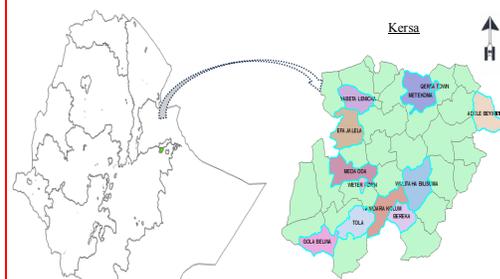
Recommendations

Awareness creation among rural adolescents on adolescent reproductive health has to be given due attention. Youth friendly services have to be in place and mechanisms have to be designed to equip adolescents with relevant reproductive health information. Information, education, and communication (IEC) strategy has to be strengthened to overcome the cons of early marriage and to discourage premarital sex.

Kersa Demographic Surveillance and Health Research Center (KDS-HRC), Haramaya University:

The surveillance site was established in September 2007 in Kersa district, Eastern Hararge of Oromia region, East Ethiopia with aim of tracking demographic changes like death, birth, migration and marital status change. The surveillance activities further extended by adding surveys in Nutrition, Reproductive Health, Environmental Health, HIV/AIDS, Morbidity/health seeking behavior and health care utilization during the month of January-March 2008.

The surveillance activity is instituted in 12 kebeles (the smallest administrative unit in Ethiopia with approximate population Size of 4-5 thousand). Two of the kebeles are semi urban and the remaining 10 are rural kebeles.



According to the first census there were 10,256 households and 53,482 people in the study site with an average household size of 5.2 and sex ratio of 104.5. In the study area the crude birth and death rates were 26.8 and 9.2 per 1000 population. Infant and under five mortality rates were 44.9 and 108.2 per 1000 live births respectively.

The activities of the surveillance are lead by a coordinator and a group of six staff members from the College of Health and Medical Sciences.

