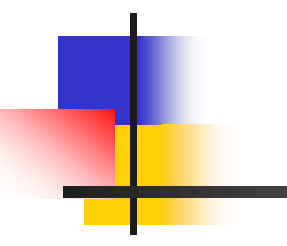


Sexual health concerns and preventive behavior of young people in rural Ghana: implications for integrating services



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Presentation overview

- Introduction to activities of Navrongo Health Research Centre
- Background to the Adolescent Health project in Navrongo
- Highlights on sexual health concerns and preventive behavior of young people in Navrongo
- Implications of young people's concerns and behavior for integrating services
- Conclusions

Navrongo Health Research Centre



- One of three research stations of the Ghana Health Service
- Activities focus on population and health problems of national and international significance
- Priority areas include malaria, meningitis and reproductive health
- Kassena-Nankana district as primary operational area
- Demographic surveillance as key research tool

Map of Ghana showing Kassena-Nankana District





The Navrongo Adolescent Health Project

Objectives of the Initiative



- To create a safe and supportive environment for adoption of healthy behavior among adolescents
 - Improve SRH knowledge and attitudes of adolescents
 - Reduce sexual risk behavior among adolescents
 - Increase adolescents' utilization of reproductive health services
- ❑ Achieved through implementation of a package of interventions in selected communities of the Kassena-Nankana district



Survey of adolescents

- ▶ Part of broader SRH intervention study
 - ▶ Purpose of survey
 - ▶ Provide data on SRH among adolescents in the district
 - ▶ Design of survey
 - ▶ District-wide coverage of 10-24 year olds
 - ▶ Two components
 - ▶ Social – to document SRH knowledge, attitudes & practices
 - ▶ Biomedical – to document existence of STDs
 - ▶ Data collected between April and October, 2003



Scale of Survey

	Social Survey	Biomedical survey
Male	3612	1839 (51%)
Female	3444	1900 (55%)
Total	7056	3739 (53%)

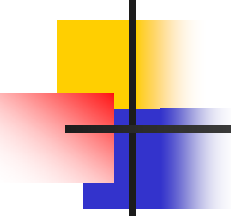


Key Findings from Survey of Adolescents

Knowledge (15-24 yrs olds)

Indicator	Males (%)	Females (%)
Knows fertile period of menstrual cycle	5	6
Knows pregnancy can occur at first sex	57	48
Possible to prevent/avoid pregnancy	75	67
Mentioned ≥ 1 modern method for preventing pregnancy	73	64
Knows one can get diseases from sex	89	86
Knows HIV can be transmitted through sex with an infected person	83	85
Mentioned one can protect against HIV by:		
■ Using condoms	49	32
■ Abstaining from sex	70	74

Aspects of first sexual encounter (15-24 year olds)



Indicator	Males (%)	Females (%)
Partner same age or older	72	96
Relationship to Partner		
▪ Spouse	9	48
▪ Boyfriend/Girlfriend	78	50
Sexual encounter was:		
▪ Planned	55	25
▪ Unplanned	37	26
▪ Not known	8	49



Reported Behaviour (15-24 year olds)

Indicator	Males (%)	Females (%)
Ever had sex		
■ 15-19 yrs	17	22
■ 20-24 yrs	56	82
Condom use		
■ First sex	46	16
■ Last sex	58	13
Had sex in last three months*	25	24
Mean No. sexual partners in past 3 mths*	1.5	1.1



Conclusions from survey

- Adolescents are not well informed about critical SRH issues; need reliable and accurate information
- Majority of 15-19 year olds are not sexually active and need to be supported to remain sexually inactive
- Sexually active adolescents need to be supported to avoid risky sexual behaviors
- Sexually active adolescents are exposed to the dangers of sexually transmitted infections
- Great majority of adolescents do not have STDs; an opportune time to intervene before situation gets worse



Sexual health concerns and preventive behavior of young people

(restricted to unmarried 15-24 year olds who have ever
had sex; N=831)

Selected background characteristics

Background characteristic	Males (%)	Females (%)
15-19 years	48.2	49.8
20-24 years	51.8	50.1
Currently in school	35.8	26.9
Christian	68.3	85.1
Lives with both parents	48.0	40.8
Lives with only one parent	39.1	34.9
Lives with neither parent	12.8	24.3
Kassim ethnic group	63.4	51.4
Nankam ethnic group	30.5	37.8
Other ethnic group	6.1	10.8



Concerns

Indicator	Males (%)	Females (%)
Concerned about pregnancy	35	56
Concerned about STD/HIV infection (ns)	44	49
Concerned about either pregnancy or infection	53	68



Prevention

Indicator	Males (%)	Females (%)
Prevented pregnancy	47	34
Prevented STD/HIV infection	46	32
Prevented either pregnancy or infection	49	35



Concern and Prevention

Indicator	Males (%)	Females (%)
Concerned & prevented pregnancy	72	40
Not concerned but prevented pregnancy (ns)	34	27
Concerned & prevented infection	67	38
Not concerned but prevented infection (ns)	30	27



Summary

- ▶ Females more than males reported having concerns about pregnancy at first sex
- ▶ Males more than females reported taking action to prevent pregnancy or infection at first sex
- ▶ Preventive behavior more likely among those reporting concerns about unwanted outcomes
- ▶ Gap between concerns about pregnancy or infection and preventive behavior



Implications for Integrating Services



SRH needs of young people

- Accurate and reliable information to build their knowledge
- Skills and confidence to translate knowledge into behavior
- Access to effective family planning and STI services to minimize risk of undesirable outcomes

- Will integrated services adequately address these needs?

Practical issues



- Young people have limited contact with the health system
 - not the traditional clients of MCH/FP clinics
- Health facilities' orientation towards 'sickness'
- Skills and capacity of health workers to educate and counsel young people
- Logistics and infrastructure
- Time constraints
- Community responsiveness
- **Health workers alone cannot meet SRH needs of young people**

Reach out to young people



- Outside the clinic setting
 - Promote interaction between health personnel and young people outside clinics
 - In schools
 - In the community
- Partner with teachers to promote teaching and learning of SRH in schools
- Involve young people in SRH education activities



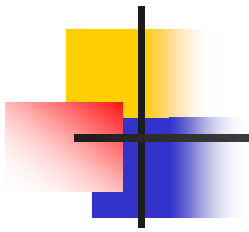
Conclusions

- Sexual active young people are at risk of unintended pregnancy and infection
- Concerns about pregnancy and infection not matched by preventive action
- Young people need to be assisted to build their knowledge on critical SRH issues, and develop the skills and confidence to translate knowledge into preventive behavior
- Clinic-oriented services unlikely to meet the needs of young people
- Need to involve institutions responsible for youth formation (e.g. schools) in SRH education



Appreciation

- Rockefeller Foundation
- District Health Administration
- District Directorate of Ghana Education Service
- Kassena-Nankana District Administration
- Chiefs and People of Kassena-Nankana District



Thank you!