POLICY BRIEF NUMBER 24

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Knowledge, risk perception, and prevalence of sexually transmitted infections among adolescents of Kersa woreda.

This policy brief describes Knowledge, risk perception, and prevalence of sexually transmitted infections in KDS-HRC, 2008

Introduction

Adolescence, the period in particular between 10 and 19 years, involves sexual experimentation that may lead to acquisition of sexually transmitted infections (STIs) and unplanned pregnancies. The risky sexual practices in this age group may include early sexual debut, having multiple sexual partners, engaging in unprotected sexual intercourse, engaging in sex with older partners and consumption of alcohol and illicit drugs. Several studies done in sub Saharan Africa have shown a high prevalence of STIs including HIV among youth, with females having higher prevalence compared to males. Nearly half of the estimated 19 million new STIs each year are in youth ages 15–21 and people under the age of 25 comprise nearly 50% of new HIV infections.

Knowledge of sexually transmitted infections other than HIV /AIDS and risk Perception among adolescents.

A total of 864 adolescents, 448 (51.9%) males and 416f (48.1%) females, were included in the study. Of all study participants 324(37.5%) responded that they know the diseases that can be transmitted sexually. These include chancroid 87(26.9%), gonorrhea 203 (62.75), HIV/ AIDS 310(95.7%), LGV 64(19.8%), syphilis 67(20.7%), and others 5(1.5%). The majority 156 (48.1%) believe that they are not at risk while 104 (32.1 %) even do not know that they are at risk of acquisition. Very few 34(11.0%) perceived that they are at very high risk of acquiring sexually transmitted infections. One hundred forty seven (45.4 %) of them knew STI that could be congenitally transmitted during pregnancy.

Predictors of knowledge of STIS among adolescents

Dichotomous variables related to the knowledge of adolescents about STIS excluding HIV /AIDS have been computed and only 32.5% of them were found to be knowledgeable about STIS. Gender, age, ethnicity, and adolescents level of education were found to be predictors of the knowledge of adolescents about STIS.

Table: Distribution of predictors of the knowledge of adolescents about STIS in kersa woreda, 2008.

Variables		Know STIS	
		Yes	No
Sex	Male	216(66.7)	232 (43.0)
	Female	108(33.3)	308 (57.0)
Age	12-15	51(15.7)	160 (29.6)
	16-19	273(84.3)	380 (70.4)
Ethnicity	Oromo	279(86.1)	515 (95.4)
	Amhara	45(13.9)	25(4.6)
Level of education	Illiterate	35(10.8)	300 (55.6)
	Literate	289(89.2)	240 (44.4)
Father's occupation	Farmer	286(88.3)	502 (93.0)
	Others	38(11.7)	38(7.0)
Father's education	Illiterate	200(61.7)	380 (70.4)
	Literate	124(38.3)	160 (29.6)

Conclusions

- Less than half know correctly diseases that can be sexually transmitted by various mode of transmission and believe that they are not at risk of acquiring these infections.
- Gender, age, ethnicity, and adolescents' level of education were found to be predictors of the knowledge of adolescents about STIS.

Recommendations

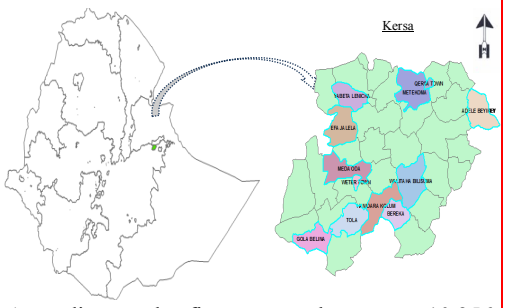
Strong information, education and communication (IEC) mechanisms that could enhance awareness of STIs and address the risk of acquiring them among adolescents should be designed

Policy

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.

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