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Sexual behavior, perception, and pattern of communication on sexuality related issues among adolescents of Kersa woreda

This policy brief describes sexual behavior, perception, and pattern of communication on sexuality related issues in KDS-HRC, 2008

Introduction

Adolescent sexuality and sexual behavior are of great concern worldwide. Due to the decrease in the age of sexual initiation and increase in the age of marriage, young people tend to have more sexual partners in types of relationships with varying meanings, putting them at greater risk for pregnancy and HIV. The interest in the reproductive health of adolescents continues to grow throughout the world because sexual risk behavior among adolescents is becoming a major public health problem. It was investigated that people under 25 comprise approximately half of all new HIV cases, the majority of whom are infected through unprotected sex.

Sexual behavior, and pattern of communication on sexuality

A total of 864 adolescents, 448 males (51.9%) and 416 females (48.1%), were included in the study. Adolescents were asked about their attitude towards premarital sex. Accordingly, 751(87.0%) agreed that a woman should be virgin at the time of marriage, 738 (85.4%) disapproved premarital sex, and 761(88.1%) disagreed on the mutual acceptance of premarital sex by the community.

However, 118(13.7%) of adolescents have ever experienced sexual intercourse. The mean age at the

first sexual debut was 16.62 years (± 1.57 S.D). Twenty one (17.8%) of them have two or more life time sexual partners. The average number of life time sexual partner is 1.43(± 1.1 S.D).

Only 221 (25.6 %) of adolescents have ever communicated about sexuality with their parents while the majority (74.4%) did not. The major reasons for not having discussion on sexual issues include afraid of their parents for 428 (67.3 %), cultural prohibition for 200 (32.0%) , reluctance from the side of the parents for 190 (30.2 5) , and lack of knowledge about sexuality by the parents for 171 (27.2 %).

Predictors of early sexual debut.

The results of logistic regression showed that age, marital status, cohabitation with parents, and father's education were found to have statistically significant association with early sexual debut.

Table 1 : Distribution of predictors of early sexual debut among adolescents of Kersa woreda, 2008.

Variables		Ever had sexual intercourse	
		Yes	No
Sex	Male	51(43.2)	397(53.2)
	Female	67(56.8)	349(46.8)
Age	12-15	11(9.3)	200(26.8)
	16-19	107(90.7)	546(73.2)
Marital status	Never married	47(39.8)	717(96.1)
	Married	71(60.2)	29(3.9)
Availability of income	Yes	34(28.8)	30(4.0)
	No	84(71.2)	716(96.0)
Currently live with	Parents	42(35.6)	690(92.5)
	Others	76(64.4)	56(7.5)
Father's education	Illiterate	65(55.1)	515(69.0)
	Literate	53(44.9)	231(31.0)

Conclusions

The majority of the study subjects have unfavorable attitudes towards pre-marital sex .An early initiation of sexual debut is more common among adolescents of the study area .The majority of the study subjects have not ever communicated about sexual and reproductive issues with their parents. Risky sexual behavior has been observed among study adolescents. Age, marital status, cohabitation with parents, and father's education were found to be predictors of early sexual debut.

Policy

Recommendations

Strategies should be designed to maintain the negative attitudes of adolescents towards pre – marital sex and delay sexual intercourse until regular union with ones partner. The parent - adolescent communication has to be empowered at both household level and public forum by using different approaches .Strong behavioral change and communication efforts have to be demonstrated among young people at all that levels to preserve their health so they could contribute to their nation's welfare.

Kersa Demographic Surveillance and Health

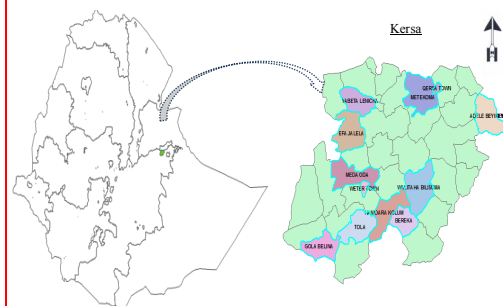
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The surveillance site was established in September 2007 in Kersa district, Eastern Hararge of Oromia region, East Ethiopia with aim of tracking demographic changes like death, birth, migration and marital status change. The surveillance activities 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.

