

# **Adolescents' Knowledge, Use of and Barriers to Sexual and Reproductive Health Information and Services in Burkina Faso, Ghana, Malawi and Uganda**

Ann Biddlecom<sup>1</sup>  
Alister Munthali<sup>2</sup>  
Susheela Singh<sup>1</sup>  
Vanessa Woog<sup>3</sup>

February 2006

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Paper to be presented at the Population Association of America meetings, March 30-April 1, 2006. This research was conducted under The Alan Guttmacher Institute's project *Protecting the Next Generation: Understanding HIV Risk Among Youth*, which is supported by The Bill & Melinda Gates Foundation, The Rockefeller Foundation and the National Institute of Child Health and Human Development (Grant # 5 R24 HD043610). Authorship is alphabetical.

1 The Guttmacher Institute, New York, New York, United States

2 Centre for Social Research, University of Malawi, Zomba, Malawi

3 Independent consultant

**Abstract**

Current evidence of adolescents' knowledge about, use of and barriers to sexual and reproductive health information and services highlights promising directions and persistent challenges in preventing pregnancy and treating sexually-transmitted infections (STIs) and HIV among young people. This paper draws on data from nationally-representative, household-based surveys in 2004 of 12-19 year olds in Burkina Faso, Ghana, Malawi and Uganda. Results show that adolescents get sexual and reproductive health information from a range of sources, particularly mass media, friends and teachers/schools. Yet only about one in two sexually-experienced adolescents have ever used a modern contraceptive method (mainly male condom) and 4-10% ever had an HIV test. A substantial proportion of sexually-experienced adolescents do not know of any source to obtain contraceptive methods, get STI treatment or get an HIV test. Social-psychological reasons (e.g., embarrassment or fear) and financial cost remain common barriers to getting these types of services in all four countries.

## **Introduction**

Many young people in Sub-Saharan Africa face the risk of unintended pregnancy, sexually-transmitted infections (STIs) and HIV. Among 20-24 year old women, 8% in West/Central Africa and 15% in South/East Africa have had a premarital birth by age 20 (Lloyd 2005), Sub-Saharan Africa contains almost two thirds of young people living with HIV (about 6.2 million) and at the end of 2004 7% of women and 2% of men 15-24 were living with HIV (2004 UNAIDS).

Current evidence of adolescents' knowledge about, use of and barriers to sexual and reproductive health information and services highlights promising directions and persistent challenges in preventing pregnancy and treating sexually-transmitted infections (STIs) and HIV among young people. Information is important, but it is not enough to ensure young people's sexual and reproductive health. Do they get the services they need? What are barriers to getting contraceptive methods, STI diagnosis and treatment and HIV tests?

This paper draws on recent, nationally-representative data for 12-19 year olds in Burkina Faso, Ghana, Malawi and Uganda to examine their knowledge about, use of and barriers to sexual and reproductive health services. This study contributes to the literature in three ways: (1) information is provided separately on contraceptive methods, STIs and HIV so that similarities and differences in providing services can be highlighted; (2) data are nationally representative and designed to be comparative across countries so that findings are not restricted to service users (as is the case for facility-based studies) or to sub-population (as is the case for local area studies or data from one sex only); and (3) recent data can be linked to prior study findings to identify the degree to which specific types of barriers or use of service sources persist over time.

## **Data**

Nationally-representative, household-based surveys of 12-19 year olds were conducted in early to mid-2004 in Burkina Faso, Ghana, Malawi and Uganda. A first-stage systematic selection of enumeration areas was made, and a second stage selection of households per enumeration area was made from a household listing.<sup>1</sup> All eligible 12-19 de facto residents in each sampled household were eligible for inclusion in the survey. Informed consent was sought from 18-19 year olds. Consent from a parent or caretaker was obtained for adolescents aged 12-17 years before the eligible minor adolescent was approached for assent to participate in the survey. Interviews were completed with 5,955 12-19 year olds in Burkina Faso, 4,430 in Ghana, 4,031 in Malawi and 5,112 in Uganda. The overall response rate ranged between 86.6% (Uganda) and 95.2% (Burkina Faso).

## **Preliminary findings**

- Adolescents get their information about contraceptive methods, sexually-transmitted infections (STI) and HIV from a lot of different sources—especially mass

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<sup>1</sup> During fieldwork, four districts in the Northern region of Uganda had to be dropped from the sample due to security concerns. Thus, the survey sample for Uganda is representative of the whole country excluding four districts in the Northern region.

media, friends and teachers—thus providing support for multi-pronged information efforts.

- A substantial proportion of adolescents do not know of any source to obtain contraceptive methods, to get advice or treatment for STIs or to get an HIV test (see table below).

Characteristic	Burkina Faso		Ghana		Malawi		Uganda	
	Female (N=3043)	Male (N=2912)	Female (N=2194)	Male (N=2235)	Female (N=1998)	Male (N=2034)	Female (N=2600)	Male (N=2512)
<b>Contraceptive methods</b>								
Does not know of any method	21	16	10	9	18	10	8	5
Knows methods, not sources for them	43	47	56	56	32	32	48	44
Knows methods & sources	37	36	34	35	50	58	44	51
<b>Sexually-transmitted infections (not HIV)</b>								
Does not know of any STI	76	71	62	57	37	32	46	44
Knows STIs, not sources for treatment	8	8	12	13	19	16	20	14
Knows STIS & sources for treatment	16	21	27	30	44	52	34	42
<b>HIV</b>								
Does not know HIV	15	13	4	3	5	5	2	1
Knows HIV, not sources for a test	51	46	35	34	23	20	40	35
Knows HIV & sources for test	33	41	60	63	72	76	59	64

- Of those who know of a source, formal health sector sources (clinics or hospitals) were commonly mentioned and preferred for contraceptive methods, STI treatment and HIV testing.
- There is a large gap between needs and service utilization: No more than half of sexually-experienced adolescents has ever used a modern method of contraception (usually the male condom); a substantial fraction of adolescents reporting STI symptoms or STIs did not seek care (e.g., 40% in Malawi and 60% in Uganda); and no more than one in ten sexually-experienced adolescents ever had an HIV test.
- Social-psychological reasons (being embarrassed, shy or afraid) are the most common barriers to getting sexual and reproductive health services among sexually-experienced adolescents. Not knowing where to go and the cost of services are moderately important, and factors directly linked to providers (privacy and staff attitudes) are mentioned by a small proportion of adolescents.