The Sexual and Reproductive Health Knowledge and Behavior of Very Young Adolescents in Sub-Saharan Africa

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September 2005

Paper submitted to 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.

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Abstract

Adolescent sexual and reproductive health is a critically important policy and programmatic issue in sub-Saharan Africa, but little is known about the situation among very young adolescents (those under age 15 years). This paper is based on new data for female and male 12-14 year olds obtained from national surveys of adolescents in four countries across sub-Saharan Africa (Burkina Faso, Ghana, Malawi and Uganda). The paper examines three main topics: (1) the prevalence of different types of sexual activity; (2) the extent and correctness of knowledge about STI/HIV and unplanned pregnancy risks and means of protection; and (3) knowledge of and preferences for sources of sexual and reproductive health information. Differences between males and females and across countries are of particular focus. Preliminary results show no consistent pattern in the progression of sexual activity and the majority of school-going 12-14 year olds are not receiving sex education.

Introduction

Adolescent sexual and reproductive health is a critically important policy and programmatic issue in sub-Saharan Africa. An estimated 6.9% of women and 2.2% of men aged 15-24 years were living with HIV at the end of 2004. About two-thirds of 20-24 year old women in Africa have become mothers by age 20, and about one in 10 have had a premarital birth by age 20. It is clearly urgent to understand the extent to which adolescents are at risk of STIs/HIV and unplanned pregnancy as well as the degree to which they are prepared to protect themselves. One group that is particularly underresearched is very young adolescents, those aged 12-14 years. This paper is based on new national survey data for 12-14 year olds from four countries across sub-Saharan Africa (Burkina Faso, Ghana, Malawi and Uganda) and provides an overview of what very young male and female adolescents know and do with respect to sexual and reproductive health.

The paper addresses three main topics: (1) the prevalence of different types of sexual activity; (2) the extent and correctness of knowledge about STI/HIV and unplanned pregnancy risks and means of protection; and (3) knowledge of and preferences for sources of sexual and reproductive health information. Exposure to sex education in school is also examined. Because so little is known about this age-group and this is the first study with comparative, quantitative data for both female and male 12-14 year olds in sub-Saharan Africa, this paper will use descriptive analyses to assess overall levels of risk and need and to measure differences between males and females and across countries by key sub-groups. Findings from this study are expected to enlighten policymakers and program managers on the sexual and reproductive health challenges that very young adolescents face. Such evidence is pertinent for the development of improved policies and programs for addressing the unique sexual and reproductive health needs of such very young people who are grappling with the psychological and physical changes of adolescence.

Background

Much of what is known about the sexual and reproductive behavior of very young adolescents in developing countries is from limited retrospective information from older adolescents and adults. The most common indicators of adolescent sexual and reproductive health derived from such data include age at first sexual intercourse, age at first union/marriage, age at first birth and use of contraception. The Demographic and Health Surveys (DHS) are the most widely used in comparative studies and to measure time trends in sexual and reproductive behavior and knowledge, but one must be at least 15 years old to be eligible for inclusion in these surveys. Therefore, they do not provide information on current levels of knowledge and behaviors for younger adolescents.

Moreover, sexual activity embodies more than the first event of sexual intercourse. A developmental approach to adolescent sexual behavior points to the many different experiences that adolescents have prior to engaging in sexual intercourse³ and thus can provide a better understanding of how and when to intervene with sexual and reproductive health information. Adolescents who have never had sexual intercourse are not necessarily sexually unaware or inactive. Based on research on adolescents in the

United States, experience of various sexual activities (e.g., kissing, fondling, masturbation and oral sex) usually precludes sexual intercourse though how fast the progression of sexual activity occurs varies across population sub-groups.⁴ Virtually nothing is known about sexual activities other than sexual intercourse among adolescents in sub-Saharan Africa.

Early adolescence is also argued to be a critical time for intervention with information about sexual and reproductive health. Many young adolescents are still in school and are living at home, and at the same time sexual maturation (pubic hair growth, breast development and menstruation for girls) is also occurring. Preventive information and services are always needed, but for very young adolescents—most of whom report that they have not had sexual intercourse (and thus are not at risk of pregnancy and are at less risk of STIs)—many questions remain about how aware, experienced, and informed are they with respect to pregnancy and HIV/STI prevention? And where have they gotten information from already? Given that the key is to intervene before adolescents are at risk of unwanted pregnancy, STIs or HIV,⁵ then how detailed and through what sources should information be conveyed? These questions will be addressed by the evidence from these four nationally-representative surveys of 12-14 year olds from a range of contexts across sub-Saharan Africa

Data and methods

The data for this study are part of a four-country project in sub-Saharan Africa called "Protecting the Next Generation" and undertaken by the Guttmacher Institute in collaboration with partner organizations in each of the four countries. The project seeks to contribute to the global fight against the HIV/AIDS epidemic among adolescents by raising awareness of young people's sexual and reproductive health needs with regard to HIV/AIDS, other STIs and unwanted pregnancy; communicating new knowledge to a broader audience, including policymakers, healthcare providers and the media, in each country, regionally and internationally; and stimulating the development of improved policies and programs that serve young people.

Nationally-representative, household-based surveys of 12-19 year olds were conducted in early 2004 in collaboration with Macro International Inc. and organizations in Burkina Faso (Institut National de la Statistique et de la Démographie), Ghana (Institute of Statistical, Social and Economic Research, University of Ghana), Malawi (National Statistical Office), Uganda (Uganda Bureau of Statistics) and Kenya (the African Population and Health Research Center). A first-stage systematic selection of enumeration areas was made in each country, and a second stage selection of households within the selected enumeration areas was made from a household listing.

All eligible 12-19 de facto residents in each sampled household were eligible for inclusion in the survey. Consent from a parent or caretaker was obtained for adolescents aged 12-17 years before the eligible adolescent was approached to participate in the survey. Once the parent or caretaker gave consent, separate informed consent was then sought from the eligible adolescent. Interviews were completed with 2605 12-14 year olds in Burkina Faso, 1903 in Ghana, 1849 in Malawi and 2480 in Uganda. The eligible

adolescent response rate ranged between 91.2% (Malawi) and 96.8% (Burkina Faso) for 12-14 year old females and between 88.3% (Uganda) and 95.5% (Burkina Faso) for 12-14 year old males. Interviews with 12-14 year olds lasted on average 54 minutes across the four countries and followed a protocol of same-sex interviews. Interviewers were in general selected to be young (around 18-25 years old).

The adolescent survey collected information about a wide range of aspects of adolescents' lives, including data on family relationships (living arrangements, communication, monitoring) and friendship networks, timing of physiological pubertal changes, sexual activity (kissing, fondling, sexual intercourse and anal sex), characteristics of sex partners and sexual relationships, pregnancy knowledge and sex education, contraceptive method knowledge and use (including attitudes about male condoms) and HIV/AIDS knowledge and demand for testing. Earlier findings from focus group discussions with 14-19 year olds in the four countries showed that young women in Burkina Faso were generally hesitant to discuss sexual activities. The findings led to the inclusion of a set of questions in the survey asked only of unmarried, 12–14-year-olds in all countries about their awareness of specific sexual activities (kissing, fondling, sexual intercourse), whether they knew of any close friends who had experienced the sexual activity, and then whether they themselves had ever experienced it. Questions about personal experiences were asked only if respondents were aware of the relevant sexual activity.

Preliminary results

Analysis of the survey data is currently underway. Preliminary results on the sexual activity of 12-14 year olds and their exposure to sex education follow.

Sexual activity

Contrary to what might be generally thought, very young adolescents in these four sub-Saharan African countries are not sexually naïve. Many say they are aware of kissing and fondling (the latter asked as "Have you ever heard of fondling? By this I mean someone's private parts, breasts or other parts of the body being touched in a sexual way.") and at least one in 10 report knowing close friends who have ever kissed or fondled someone or said they themselves had ever done so (see Table 2).

Characteristic _	Burkina Faso		Ghana		Malawi		Uganda	
	Female	Male	Female	Male	Female	Male	Female	Mal
Neighted sample size (normalized)	(N=1266)	(N=1277)	(N=945)	(N=968)	(N=923)	(N=892)	(N=1278)	(N=1200
Kissing								
Never heard of it	57.7	56.1	23.3	28.3	57.7	47.0	42.9	46
Heard, but no close friends or respondent did	31.8	30.5	58.7	54.0	21.0	28.0	28.7	33
Close friends did it, but not respondent	8.5	9.8	14.8	14.9	18.1	19.7	15.9	14
Has done it	2.1	3.7	3.2	2.8	3.1	5.3	12.5	5.
Fondling								
Never heard of it	60.3	57.1	33.9	44.9	37.6	34.3	34.7	43
Heard, but no close friends or respondent did								
t	27.8	26.5	43.2	37.1	26.4	20.0	21.9	27
Close friends did it, but not respondent	8.8	10.4	18.2	13.4	29.4	28.1	20.3	16
Has done it	3.0	5.9	4.7	4.6	6.6	17.6	23.1	11
Sexual intercourse								
Never heard of it	22.0	17.7	16.7	17.7	28.0	16.0	15.2	11
Heard, but no close friends or respondent did								
t	66.5	63.1	61.4	61.7	33.9	27.3	41.8	44
Close friends did it, but not respondent	9.9	13.4	20.3	19.2	35.2	37.3	35.5	29
Has done it	1.6	5.8	1.7	1.4	2.8	19.4	7.5	15
Anal sext								
Never heard of it	NA	NA	74.8	51.1	91.4	78.1	73.9	58
Heard, but no close friends or respondent did								
t	NA	NA	21.6	40.7	2.3	10.3	20.5	37
Close friends did it, but not respondent	NA	NA	3.3	7.5	6.1	9.3	5.4	3
Has done it	NA	NA	0.3	0.7	0.2	2.2	0.2	,
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Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	10

Notes: Numbers may not add to 100 due to rounding. † Questions were asked of only 1 eligible adolescent per household and only if no one over the age of 3 present or within hearing range. Questions were not included in the 2004 Burkina Faso survey.

Moreover, only a minority of both 12-14 year old females and males across all four countries say they have never heard of sexual intercourse (15-28% of females and 11-18% of males). The specific question wording in English—though the questionnaire was translated and pre-tested into the major languages of each country—was "Have you ever heard of sexual intercourse? By this I mean a penis in a vagina."

Few 12-14 year old females report in the survey interview that they have ever had sexual intercourse, which is to be expected, given the social stigma attached to sexual intercourse for young, unmarried adolescents. There was more variation among 12-14 year old males, with only 1% in Ghana saying they ever had sex compared to 15% in Uganda and 19% in Malawi. A far higher proportion of very young adolescents say they have close friends who have had sexual intercourse (10-36% of females and 13-27% of males). While some evidence suggests that people often think their friends are have done stigmatized behaviors to a far higher degree than they actually have, the reports of what close friends are doing could be considered a rough upper bound of the behavior.

No consistent pattern emerges in terms of a progression of kissing to fondling to sexual intercourse among very young adolescents: The proportion who have kissed or been kissed is not consistently higher than the proportion who have fondled/been fondled

which, in turn, is not consistently higher than the proportion who have had sexual intercourse.

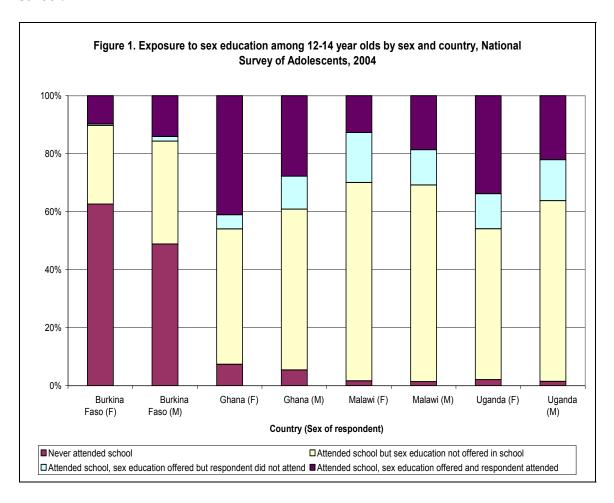
While sexual intercourse remains one of the most important experiences to understand given its direct link to unwanted pregnancy and HIV and STI transmission, some have argued (based on anecdotal evidence) that young women use anal sex as a substitute for vaginal sexual intercourse in order to avoid the risk of pregnancy and/or to preserve their virginity. Survey questions about anal sex were especially sensitive and were asked only of one, randomly-chosen eligible adolescent per household and if anyone over 3 years of age was within listening distance, the interviewer did not administer the questions. The question wording for awareness of anal sex was: "Young people sometimes have sex in different ways. Have you ever heard of anal intercourse? By this I mean where a man puts his penis in his partner's anus."

The majority of very young adolescents report not being aware of anal sex (74-91% of females and 51-78% of males). Yet even in an in-person survey interview, 4-6% of 12-14 year old females and 5-12% of males reported knowing close friends who have had anal sex or said they themselves ever had anal sex. Whether anal sex is being used as a substitute for vaginal sex is up for debate, but certainly the practice is not unheard of among even very young adolescents.

Most gender differences were statistically significant in the percentage distributions of females and males who had heard of each sexual activity, had close friends who had experienced it or who had experienced it themselves. The magnitude of these differences was relatively small for kissing and fondling, but much larger gender differences existed for sexual intercourse and anal sex.

Sex education

The majority of school-going adolescents are not receiving sex education (see Figure 1). However, most who do receive sex education do so before first sex. Given high levels of school enrollment among 12-14 year olds (88% or more of female and males in Ghana, Malawi and Uganda), sex education in school is promising. Burkina Faso is an important exception since only 30% of female 12-14 year olds and 42% of males are currently in school.



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¹ UNAIDS, Africa Fact Sheet, Geneva: UNAIDS, March 4, 2005.

² National Research Council and Institute of Medicine, *Growing Up Global: The Changing Transitions to Adulthood in Developing Countries.* Panel on Transitions to Adulthood in Developing Countries. CB Lloyd, ed. Committee on Population and Board on Children, Youth, and Families. Division of Behavioral and Social Sciences and Education, Washington, D.C.: The National Academies Press, 2005.

³ Graber JA., Brooks-Gunn J. and Galen BR. "Betwixt and between: Sexuality in the context of adolescent transitions," pp. 270-316 in New Perspectives on Adolescent Risk Behavior, R. Jessor, ed. Cambridge University Press, 1998.

⁴ Ibid.

⁵ UNAIDS, Seen but not heard...Very young adolescents aged 10-14 years, Geneva: UNAIDS, October, 2004.

⁶ Amuyunzu-Nyamongo M et al., *Qualitative Evidence on Adolescents' Views on Sexual and Reproductive Health in Sub-Saharan Africa*, Occasional Report, New York: The Alan Guttmacher Institute, 2005, No. 16.