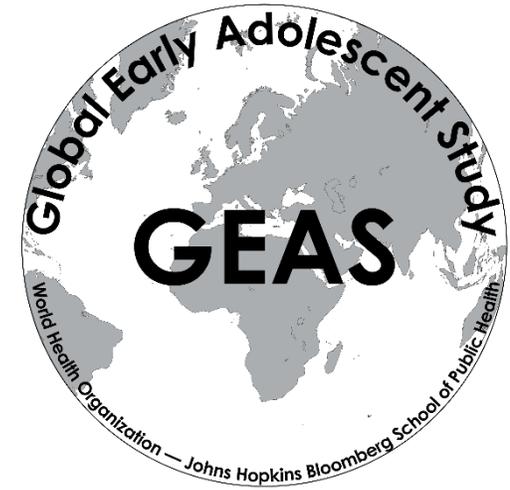


Early adolescents' sexual and reproductive health knowledge and behavior: A four-country comparison



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Presenter disclosures

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- The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose



Background

- Early adolescence (10—14 years) is one of the most critical periods of the life course for human development, yet is one of the most poorly understood (Crockett and Crouter, 2014)
- Rapid physical, cognitive, and social changes, with puberty being the main marker of the transition
- Rapid sexual development due to biological and psychological processes occurring within an individual (Blum et al., 2014)



Background cont'

- Globally, there are about 1.2 billion adolescents
- As the world becomes increasingly urban, significant proportion of young people will be living in urban areas, often in low-resource settings, (United Nations, 2014) – contexts characterized by high poverty levels and poor SRH outcomes
- Such contexts could increase young adolescents vulnerability to sexual risks
- Herein, we explore very young adolescents' sexual and reproductive health knowledge and behaviors in resource-poor urban settings in the USA (Baltimore), Kenya (Nairobi), Ecuador (Cuenca), and Belgium (Ghent)



Methods

- Analyzed data from four sites Baltimore (USA), Nairobi (Kenya), Cuenca (Ecuador) and Ghent (Belgium)

| Site | Young adolescents interviewed (Boys and girls) | Parents /caregivers interviewed |
|-----------|--|---------------------------------|
| Baltimore | 33 | 23 |
| Nairobi | 30 | 32 |
| Cuenca | 30 | 30 |
| Ghent | 30 | 28 |



Results

Knowledge

- In all sites, adolescents had some knowledge of sexual and reproductive health (SRH) issues.
- Common terms mentioned included, sexual intercourse, STIs, HIV/AIDS, teenage pregnancy, sexual abuse, sexual desires, contraceptives
- Adolescents had knowledge of changes that occur during puberty. Commonly mentioned physiological changes were menstruation, breast development, hips development among girls and deepening of voice, broadening of shoulders, beard, among boys. Also mentioned for both boys and girls were development of sexual desires



Sources of sexual and reproductive health information

- Parents, media and peers were the main sources of SRH information including sexual behaviors
 - Whereas in the Baltimore, Ghent and Cuenca most adolescents had access to smartphones and social media was common, in Nairobi, more adolescent mentioned listening or viewing programs that contained sexual and reproductive health information on TV, radio programs, videos and movies
 - Parents mainly in Cuenca and Nairobi feared the kind of information adolescents accessed through media

I: And do you think now, the internet, the computers, and the entire stage, mobiles, she is exposed to more risk or maybe more difficulties?

R: I think there is more risk. It becomes more dangerous because in a computer, I go to work and she is alone.

(Cuenca, mom)



Sources of sexual and reproductive health information

- Although parents were the most trusted source of information, in most cases and across all sites, there lacked “appropriate” communication channels
 - By **instilling fear**, parents hoped that it would delay the onset of romantic relations or sexual activity
 - Expected adolescents to initiate talks related to puberty/relationships
 - Perceived adolescents to be too young for talks related sexual behaviours



Romantic and sexual behaviors in early adolescence

- Across all sites, there was some level of engagement in romantic and sexual activity
 - In Baltimore and Ghent, there was a distinction between dating and sexual relations. Whereas parents and adolescents were open to dating sexual relations were condemned by many parents
 - Parents “OK” with sexual activity ensured their daughters were on contraceptives
 - In Cuenca and in Nairobi, romantic relations were synonymous with sexual activity and hence not encouraged by most adolescents and parents
 - Adolescents who engaged in romantic relations in Nairobi kept it a secret from their parents/peers



Girls are at a higher risk of poor SRH outcomes than boys

- Whereas both adolescent girls and boys were said to be at risk of poor SRH outcomes, girls were considered more at risk

“... but with my daughters no; they have to stay in the house with me. They have to go where I can see them because I know that the risk is greater for them because they are thinking that a relationship with a boy is one thing; and I know that boys think it is something different”

(Baltimore mom)



Are parents prepared to discuss romantic and sexual behaviours?

- Most parents indicated their willingness to discuss with their daughters/sons.
 - Parents and adolescents indicated comfort having a discussion with a parent of the same sex - An 11-years old boy indicated having felt embarrassed talking with the mom about someone who was being nice to him
- However, majority barely have any talk with the adolescents

I: Okay. And what do you parents say about dating?

*R: They didn't talk to me about that yet. Probably like when I turn 12 because I am 11, like next year. That's it
(Baltimore girl, 11 years)*



Reactions to romantic relations/sexual behaviours

- Books over boys: Across all sites, parents were more strict to girls; girls were discouraged from engaging in romantic relationships to focus on their education

*R: She (mom) says either choose a career of my education or boys. I know that I don't want to lose my education, I want to be smart, so I go to the career of education instead of boys
(Baltimore girl, 12 years)*

- Immoral: Mainly in Nairobi romantic relations were termed as “bad manners”

*I: ... you go home and tell your mum that you have a girlfriend, what will she say or do?
R: she will beat me ... because it's bad manners
(Nairobi boy, 11 years)*



Reactions to romantic relations/sexual behaviours

- Restrictions: Even where parents are open to dating (Ghent and Baltimore), there are restrictions. A parent in Baltimore indicated that putting restrictions created a safe environment for adolescents to experience their sexuality
- Past experiences: Mothers tried to protect girls from experiences that they(mothers) might have gone through in adolescence through sharing their experiences

“During our time, my mother used to be so busy and she had no time to talk to me. I got my baby at 17 years old and I also try to talk to her so that she doesn’t find herself the same circumstances I was in”

Nairobi mom



- Fear tactics: Mainly used to scare adolescents from romantic relationships; Parents used non-factual information to instil fear in adolescents.
- Peer pressure: Perceived to reinforce bad behaviours

“... the bond of friendships grows, they talk more between them, they form their ideas and criteria, and sometimes we have to be in that situation and sometimes it's a little complicated, because it is worrying can lead to other conflicts that may lead in drugs, sexual intercourse at an early age”

Cuenca mom



Reactions to romantic relations/sexual behaviours

Punishments: Fear of facing the wrath of parents kept adolescents away from engaging in romantic relations

“The last time he found out I was talking to a boy he came up to the camp and made me like stop talking to him in front of all those kids, so that is why I am trying, that’s why I’m not telling him a lot of things because he goes overboard with it”
(Baltimore girl, 13 years)

I: and how would you react towards her if she had a boyfriend?

R: at such age I would be very mad and it is likely that I might beat her
(Kenyan mom)



Conclusion

- Sexual development is a normal development process that begins long before a young person initiates any sexual behaviors
- The period of early adolescence represents a unique window of opportunity for intervention before these behaviours are solidified
- Information passed to adolescent on sexual development is barely factual and is based on how parents and/or peers
 - Based on how parents/peers desires for individual adolescent's behaviour
- Parents are a key influencer of adolescents' sexual behaviours



Implications

- Understanding sexual development in adolescence is important; need to engage all actors including adolescents and parents in discussions about sexual development
 - need to engage adolescents in discussions that affect their lives and who face the greatest risks of health complications
- Need to engage parents in interventions focusing sexual development to enhance their ability to discuss openly
- Tap on context-based media platforms to reach adolescents



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