



Effect of a Sexual and Reproductive Health intervention on adolescents' knowledge and sexual behaviour in rural Ghana

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INDEPTH 10th Annual General and Scientific Meeting, 2010

Accra, Ghana



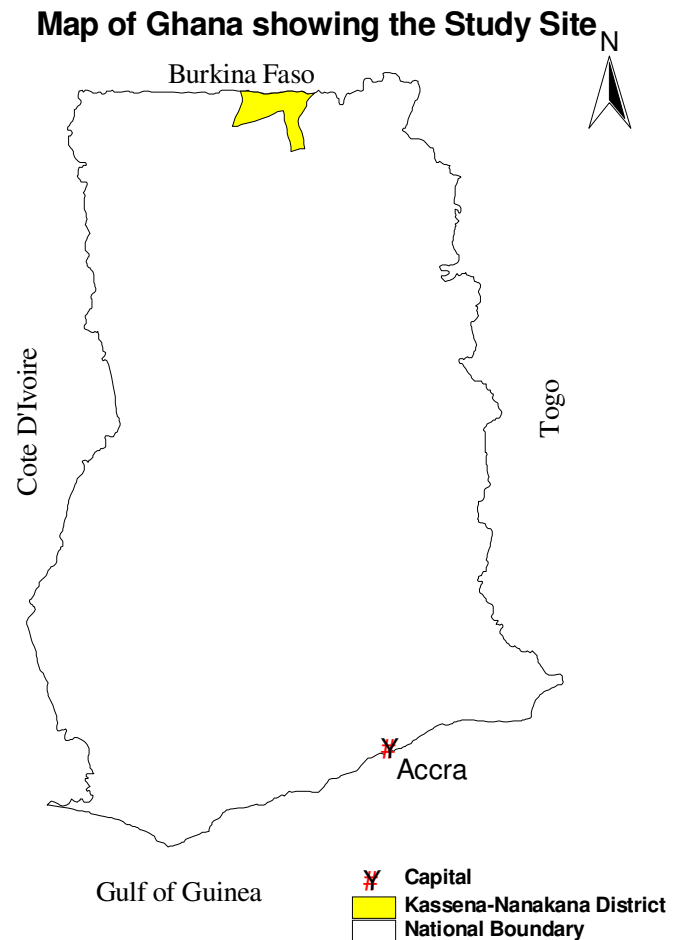
Introduction

- Majority of adolescents and young people lack relevant knowledge on their sexual and reproductive health (SRH). Unprotected sexual intercourse, places them at risk of sexually transmitted diseases (STDs) including HIV/AIDS and unintended pregnancy (UNFPA, 2006; Lloyd 2005).
 - In Ghana the situation is no different and evidence suggests that current focusing on perceived youth issues such as premarital sexual activity, unwanted pregnancies, out-of-wedlock births, illegal abortions, STDs and high levels of HIV and drug abuse may well be warranted (Glover et. al. 2003; GDHS 2008, 1998).
 - The Kassena-Nankana Districts of Ghana present a similar situation. Thus, the need for ASRH interventions, which was spearheaded by NHRC (Debpuur et. al 2006).
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Kassena-Nankana Districts of Northern Ghana

- Kassena-Nankana districts, population of 150,000 (18% urban and 82% rural)
- Population of Adolescents (10-19)
 - 24.4% of total population
 - 80% in-school
 - 20% out-of-school

(NDSS, 2009)



Intervention activities

- The study was a community randomized controlled trial with *Intervention and non-intervention communities*.
- Study sites included urban and rural locations.

Interventions

- Peer Education Activities
- School-based teaching of SRH: Junior High Schools
- Youth Friendly Health Services
- Community Mobilisation and Sensitization

Non-intervention Arm

- Only Youth Friendly Health Service was introduced
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Study methods

- Using the HNDSS data base a cohort of adolescents 15-17 years old, were randomly sampled from the two arms. They were interviewed in 2005 and re-interviewed in 2008
 - Interviews conducted by interviewers of same sex as respondent
 - The study was approved by the NHRC ethical committee and only participants who consented were interviewed.
 - Analysis of survey data taken at baseline in 2005 and post intervention in 2008
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Data Analysis

- Data was analyzed using STATA 10. Overall temporary changes were analyzed for sexual behaviour using logistic regression techniques.

Key outcomes that were assessed include:

- Knowledge of SRH issues
 - Knowledge of most likely period within the monthly cycle that a girl/woman could become pregnant if she has sex
 - Knowledge of signs and symptoms of STDs
 - Sexual behaviour
 - Ever had sex
 - Condom use at last sex
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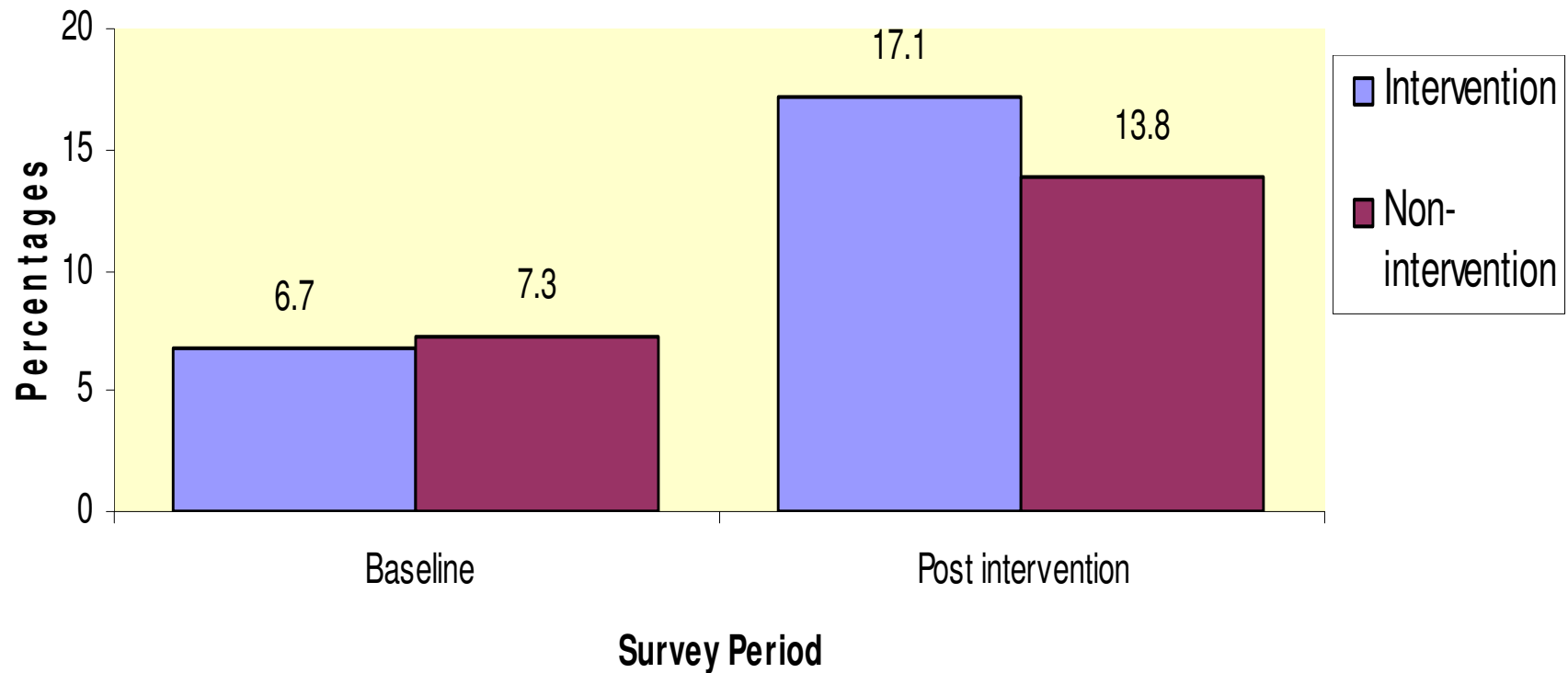
Results!!!

Background Characteristics of respondents

Period	2005		2008	
Intervention arm	I (N=1289)*	N (N=1376)*	I (N=1289)	N(N=1376)
Sex				
Male	59.7	58.1	*	*
Female	40.3	41.9	*	*
Religion				
Catholic	44.5	50.4	46.0	54.8
Other Christian	22.0	23.5	28.9	28.2
Moslem	12.0	6.6	11.3	3.9
Traditional Religion	7.0	4.3	6.6	7.1
Other & No religion	14.5	15.2	7.2	6.0
Educational Status				
No education	6.8	8.0	3.3	5.2
Primary	52.9	60.0	24.3	25.8
JHS/Middle	35.5	30.3	46.9	49.6
Secondary	4.8	1.7	25.5	19.4
Living Arrangement				
Living with both parents	64.2	69.7	53.4	62.2
Living with father only	6.8	7.4	6.4	6.7
Living with mother only	15.8	15.9	20.6	17.1
Living with neither parent	13.2	7.0	19.6	14.0
Marital status (currently married)	1.2	1.3	10.6	10.2

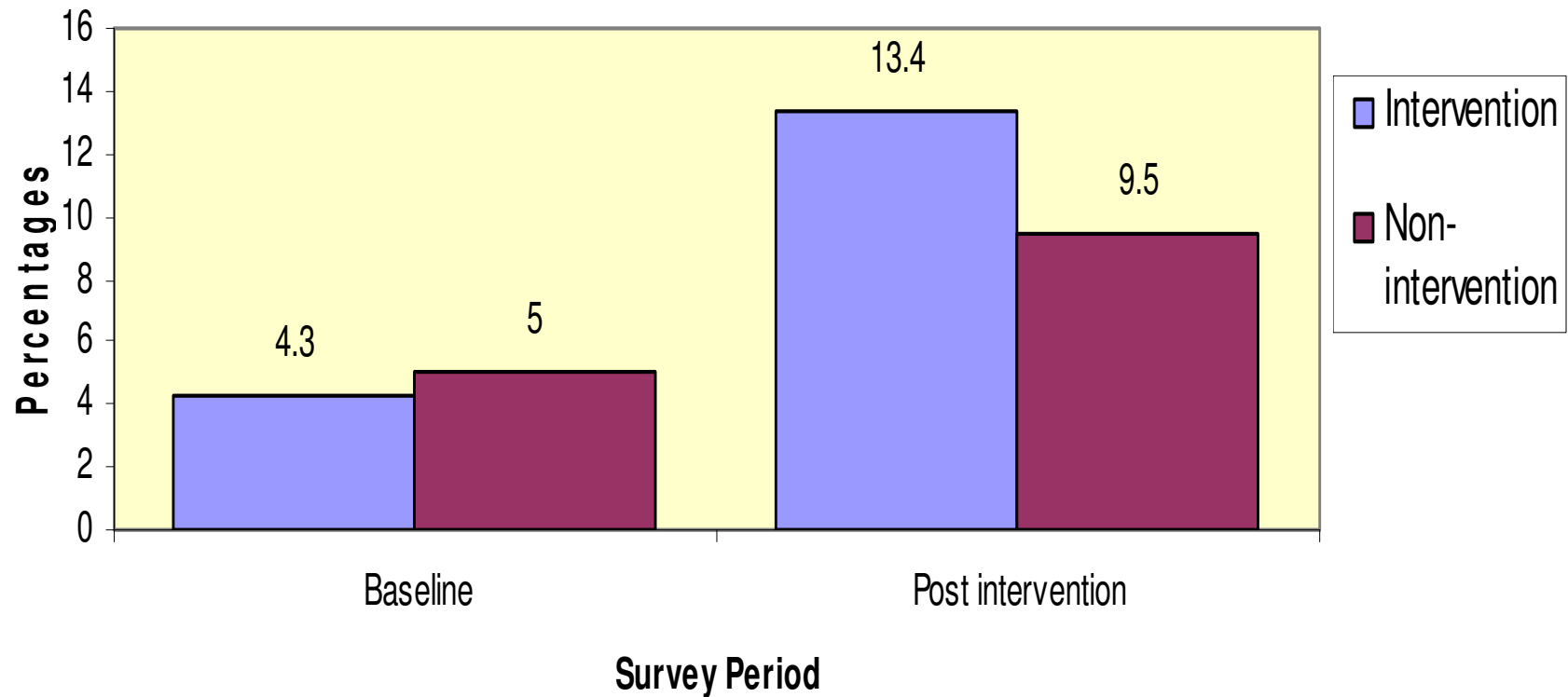
Knowledge of SRH issues by arm of intervention

Knowledge of most likely period a woman/girl could become pregnant within the monthly cycle



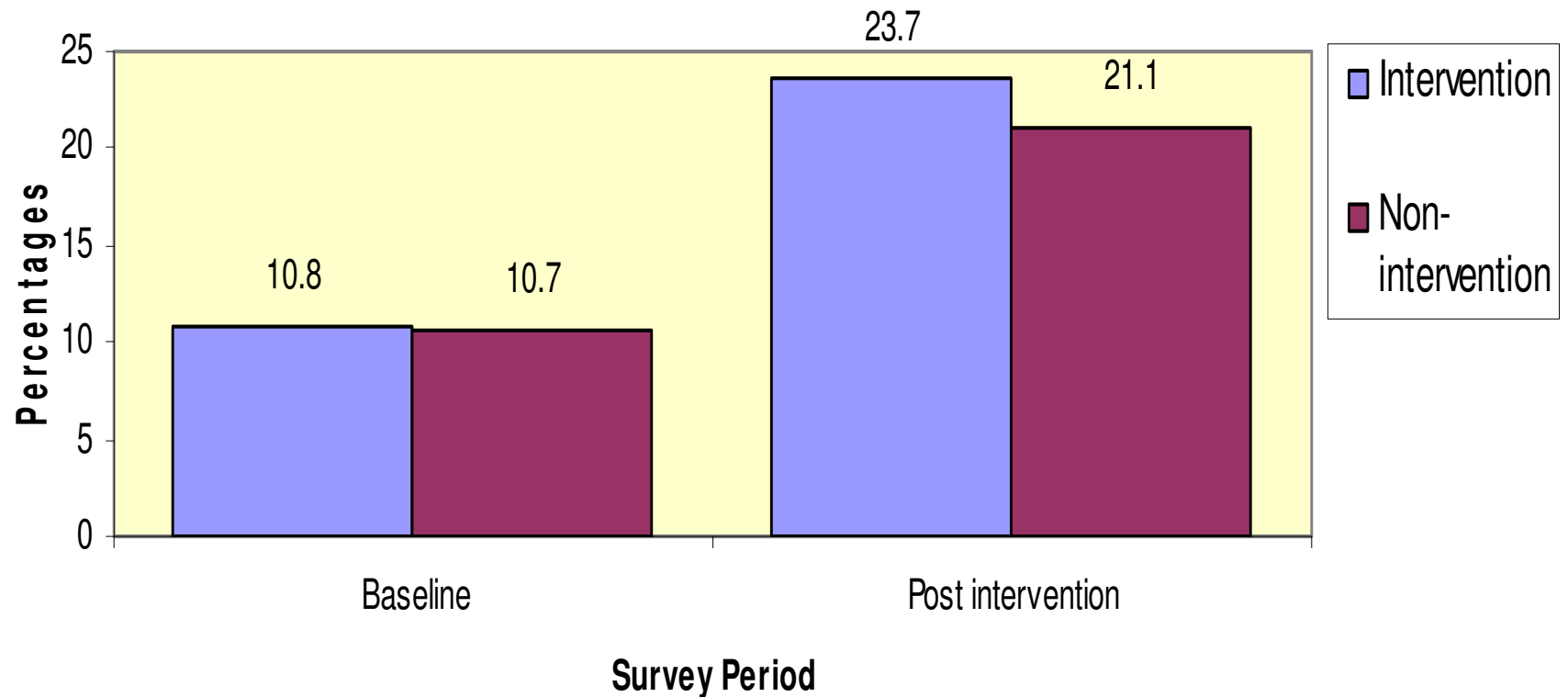
Knowledge of SRH issues; Males

Knowledge of most likely period a woman/girl could become pregnant within the monthly cycle among males

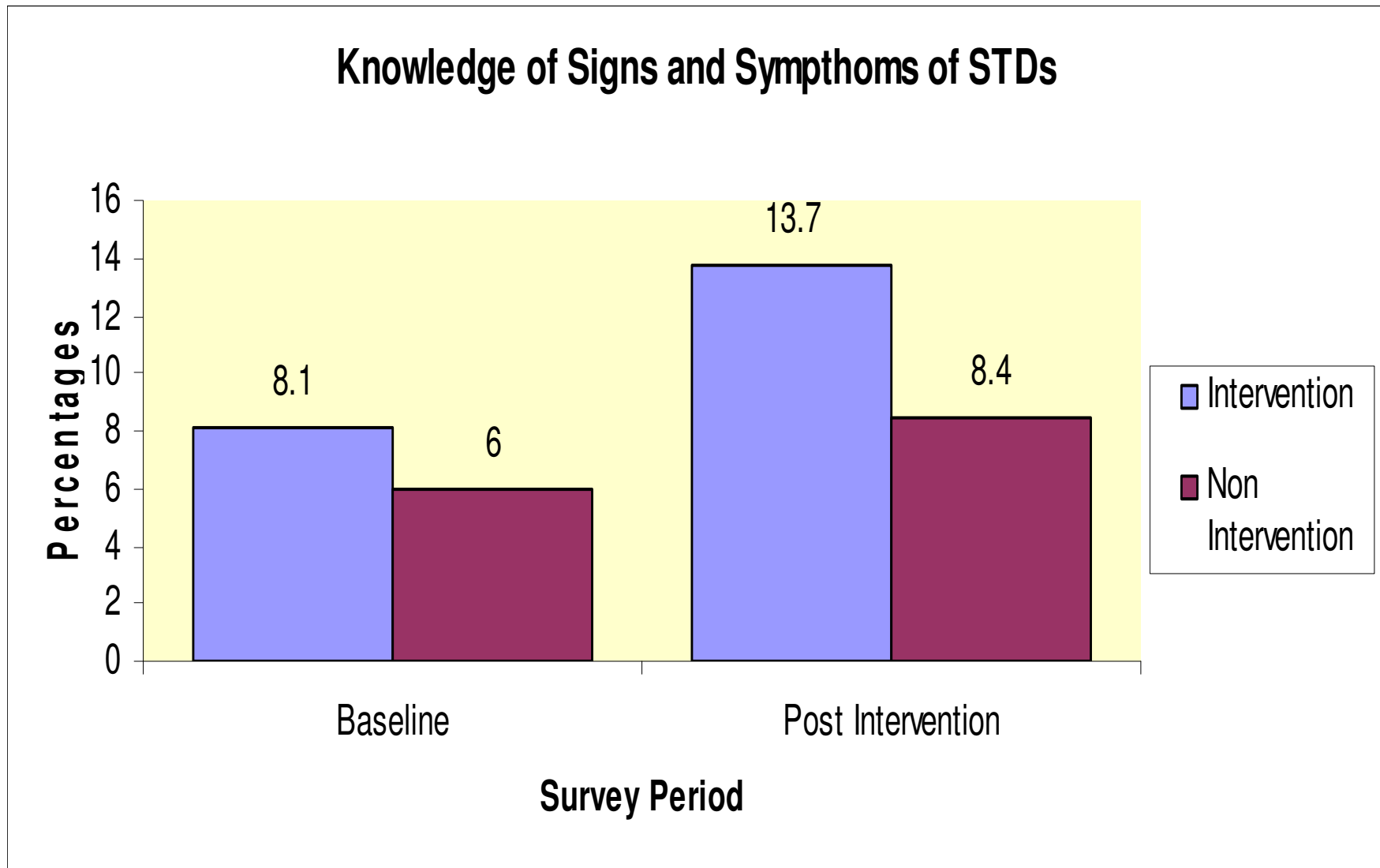


Knowledge of SRH issues; Females

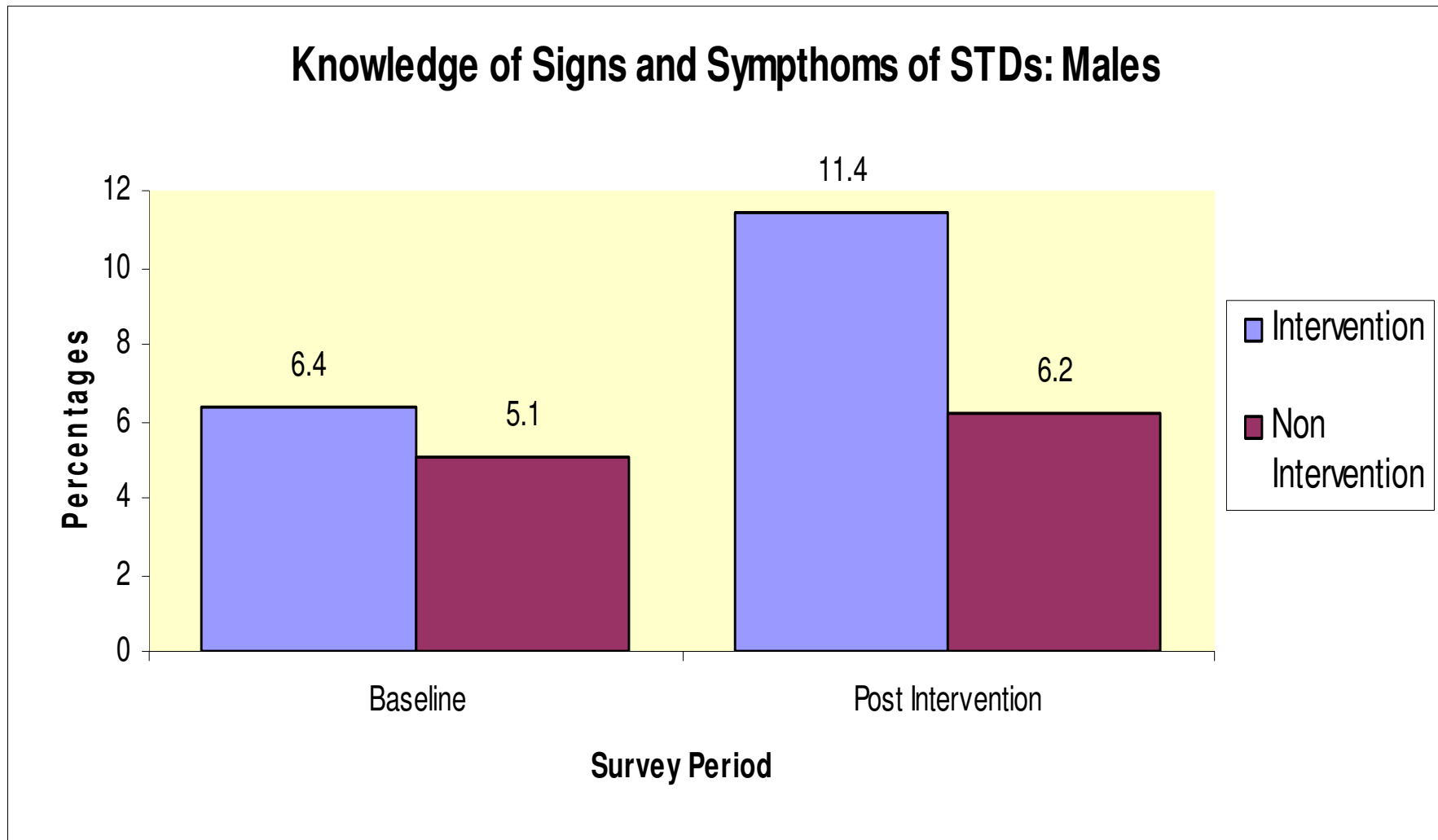
Knowledge of most likely period a woman/girl could become pregnant within the monthly cycle among females



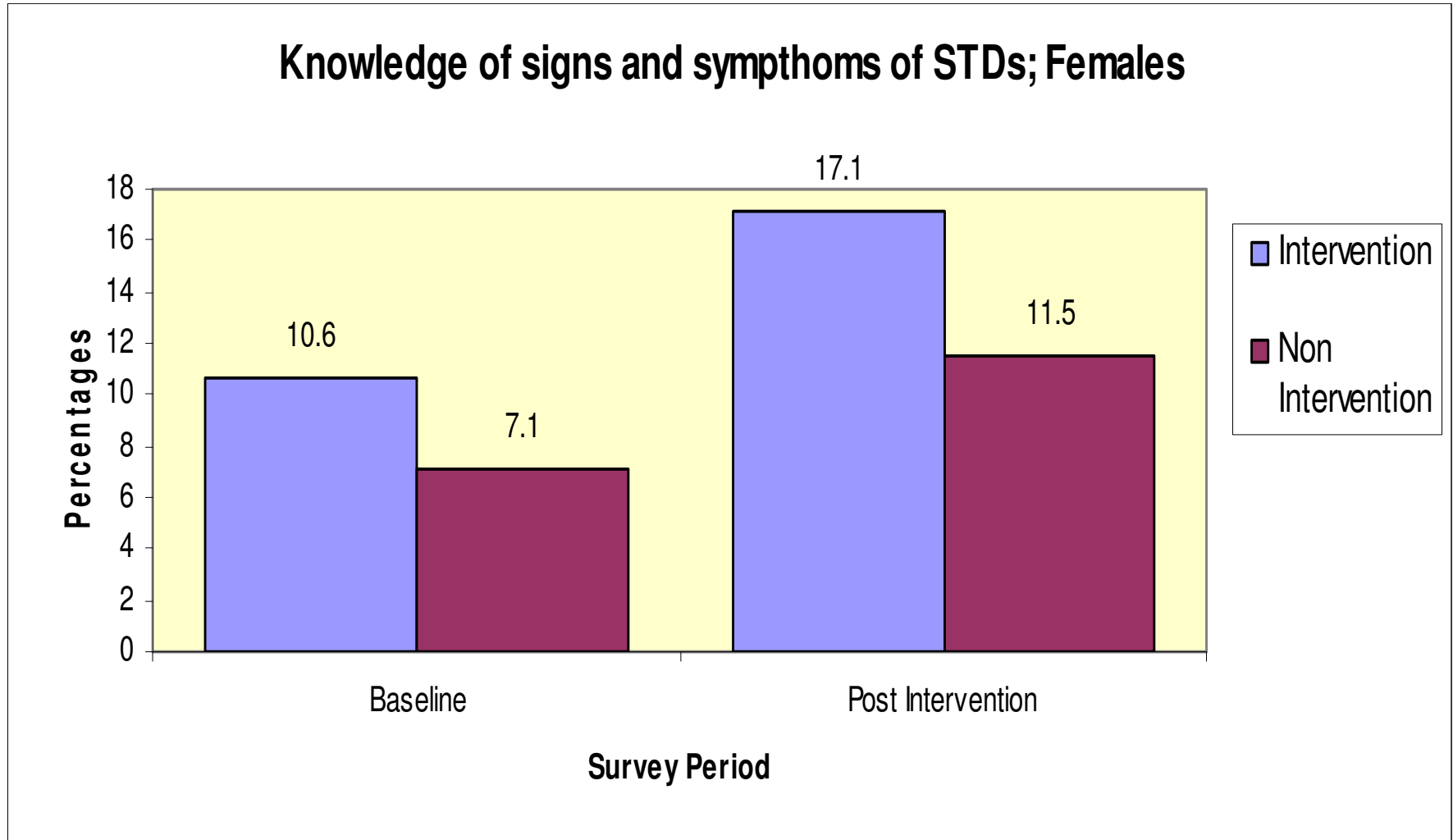
Knowledge of signs and symptoms of STDs



Knowledge of signs and symptoms of STDs; males



Knowledge of signs and symptoms of STDs; females



Regression on ever had sex

Ever had sex	AOR (95% CI) Baseline	p-value	AOR (95% CI) Post intervention	p-value
ASRH activity				
Non intervention	1	-	1	-
Intervention	1.44(1.11-1.86)	0.005	1.02(0.86-1.22)	0.787
Age				
15/18	1	-	1	-
16/19	1.98(1.44-2.73)	0.000	1.46(1.19-1.80)	0.000
17/20	2.66(1.91-3.69)	0.000	2.06(1.67-2.55)	0.000
Religious denomination				
No Religion	1	-	1	-
Catholic	0.78(0.52-1.15)	0.203	1.51(1.04-2.18)	0.031
Other Christian	0.63(0.40-0.98)	0.042	1.09(0.74-1.60)	0.656
Moslem	0.84(0.50-1.40)	0.501	2.31(1.45-3.69)	0.000
Traditional religion	1.29(0.74-2.25)	0.371	1.26(0.79-2.02)	0.327

Regression on condom use at last sex

Condom use at last sex	AOR (95% CI); Baseline	p-value	AOR (95% CI); Post Intervention	p-value
ASRH activity				
Non intervention	1	-	1	-
Intervention	1.38(0.84-2.28)	0.209	1.42(1.08-1.87)	0.012
Educational attainment				
None	1	-	1	-
Primary	2.80(1.12-6.97)	0.027	0.90(0.50-1.62)	0.717
JHS	4.43(1.74-11.28)	0.002	2.70(1.52-4.81)	0.001
SHS+	22.56(2.30-220)	0.007	5.21(2.75-9.90)	0.000
Sex/gender				
Male	1	-	1	-
Female	2.07(1.18-3.65)	0.011	4.30(3.21-5.76)	0.000
Residential Arrangement				
Neither parent	1	-	1	-
Living with both parents	1.81(0.92-3.55)	0.086	1.75(1.24-2.47)	0.001
Living with mother only	1.84(0.76-4.43)	0.177	2.00(1.32-3.02)	0.001
Living with father only	1.09(0.37-3.22)	0.871	2.17(1.18-3.99)	0.013

Discussion

- Exposure to sexual and reproductive health education has the tendency to increase knowledge of adolescents on sexual and reproductive health issues (Esero MO. 2008; Speizer et. al. 2003).
 - Increased knowledge develops positive SRH behaviour.
 - Helps to delay sexual debut
 - Encourages safe sex practice
 - Education, sex and living arrangement were important predictors of adolescents' use of condom at last sex.
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Discussion cont.

- Females were more likely to report condom use as compared to males (African Youth Alliance, 2007), Viana et. al. (2007) found the contrary.
 - Though there was a direct relation between being older and having initiated sex, there was no relation between age and condom use
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Lessons

- The findings suggest that providing SRH information to adolescents is key to a healthy SRH life style
 - Little education is not enough to help protect an adolescent, thus adolescents should be encouraged to stay in school to at least the JHS level.
 - ASRH is beyond a health issue, it encompasses social, cultural and religious dimensions. Combining various strategies helps to reach out to a large audience
 - Providing SRH information to adolescents is a priority area and needs a multi dimensional approach. All stakeholders must be actively involved in order to give it the needed attention and investment
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Thanks to the community members, GES, GHS, SAC members
Thanks to the Rockefeller Foundation for funding
Thanks to INDEPTH network for the travel award

