

IUSSP General Conference – Tours 2005

Abstract submitted to session 104

Adolescents reproductive health

**Reproductive health knowledge & practices:
the gap between young boys and girls in 7 Asian countries**

Mary-Odile LOGNARD, Bruno SCHOUMAKER, Catherine GOURBIN

Institute of Demography, Université Catholique de Louvain, Belgium

Contact address

Mary-Odile Lognard

Institute of Demography, Université catholique de Louvain, Belgium

c/o BTC – CTB – PO Box 93053 – Siem Reap - Cambodia

Email : lognard@demo.ucl.ac.be

Short abstract

The overall objective of this study is to document sexual and reproductive health (SRH) knowledge, behaviour and needs of young people (10-24) in seven Asian countries (Bangladesh, Cambodia, Lao PDR, Nepal, Pakistan, Sri Lanka and Vietnam). More specifically, drawing on quantitative and qualitative surveys conducted in 2004 in these countries, we describe SRH knowledge and practice among young males and females and we identify major gaps between their knowledge and practice. Using multivariate analyses and results of qualitative surveys, we also seek to identify the factors explaining these gaps between knowledge and practice, with a specific emphasis on gender differences.

Background and objectives

Adolescents and youth represent a large proportion of the populations of South and Southeast Asia. In most countries, adolescents (10-19) represent more than 20 % of the population and youth (10-24) account for as much as one-third of the total population in many countries. The international community – notably at the 1994 International Conference on Population and Development – has widely acknowledged that adolescents and youths have specific behaviour and needs in terms of sexual and reproductive health. They lack knowledge about sexuality and reproductive health, they experience higher risks of unwanted pregnancies and abortion, are vulnerable to HIV/AIDS and STDs infections, and seem to be more often victims of sexual violence. However, despite their numerical importance and the specificity of their needs, adolescent populations remain particularly underserved in terms of sexual and reproductive health (Bott and Jejeebhoy, 2004). The paucity of data and research on that age group also means that their levels of knowledge, their behaviour and their needs are also poorly understood (Bott and Jejeebhoy, 2004; Hardee et al., 2004). Gender disparities have also been highlighted as an area where additional attention and research are strongly needed (Hardee et al., 2004).

The overall objective of this study is to document sexual and reproductive health (SRH) knowledge, behaviour and needs of young people in seven Asian countries (Bangladesh, Cambodia, Lao PDR, Nepal, Pakistan, Sri Lanka and Vietnam). More specifically, drawing on recent quantitative and qualitative surveys in these countries, we describe SRH knowledge and practice among young males and females in these seven Asian countries, and we identify major gaps between their knowledge and practice. This gap between knowledge and practices allows assessing the unmet need for reproductive health services among youth. Using multivariate analyses and results of qualitative surveys, we also seek to identify the factors explaining these gaps between knowledge and practice.

Data

This study uses a unique data base on adolescent sexual and reproductive health in Asia. The data come from quantitative and qualitative surveys conducted in 2004 in 7 countries of South and Southeast Asia. These surveys were conducted as part of the monitoring and evaluation process of the Reproductive Health Initiative for Youth in Asia (RHIYA)¹ by local

¹ The RHIYA (Reproductive Health Initiative for Youth in Asia) is a EU/UNFPA programme designed to contribute to the improvement of sexual and reproductive health status of young people in South and Southeast Asia, especially among poor and deprived population groups. The activities focus on increasing awareness and improving SRH knowledge and behaviour among young people; improving access to and utilisation of youth-oriented SRH services; capacity building; increasing political and community support for ASRH policies and improving understanding of critical adolescent health issues. More information on RHIYA is available on the web site: www.asia-initiative.org.

teams with the technical support of the Institute of Demography of the Université Catholique de Louvain (UCL).

The main objective of these surveys is to collect relevant and reliable baseline data on knowledge, attitudes and practice (KAP) on sexual and reproductive health before the start of the activities of the RHIYA programme. In each country, the baseline assessment comprises a large-scale quantitative survey on a representative sample of the target populations of the RHIYA projects (young males and females aged 10-24), and qualitative surveys among young people and parents (focus groups discussions) and among key informants (in-depth interviews) in the project areas. The results of these data collections will be used to assess the needs of young people in RHIYA areas, to implement activities of NGOs and to evaluate the effects of the RHIYA programme on sexual and reproductive health.

Although the surveys focused on the target populations of the RHIYA projects, and as a result are not representative at the national level, they provide unique cross-nationally comparable data on sexual and reproductive health among young people in Asia. The same questionnaires were used in the 7 countries, allowing rigorous comparisons of the survey results across RHIYA target populations in the different countries. Two separate questionnaires were used: one for the young males and females aged 15-24, and a simpler questionnaire for the adolescents aged 10-14. The same questionnaire was used for young males and young females, and the questionnaire used for the adolescents aged 10-14 contains many questions available in the 15-24 questionnaire. As a result, these surveys provide a rare opportunity to compare knowledge, attitude and practice on sexual and reproductive health among young males and females of several age groups in 7 countries². The availability of qualitative surveys on the same target populations also provides a rich source of information to supplement quantitative findings.

Methods

In the first part of the paper, we propose descriptive analyses of knowledge and attitudes in sexual and reproductive health among young people aged 10-24 in the seven countries comparing results by gender and age groups (10-14, 15-19, 20-24). Three major areas are considered: (1) knowledge of reproduction (menstruations, fertile period...), (2) knowledge of contraception and (3) knowledge of HIV/AIDS and STDs and their ways of prevention and adoption of prevention behaviour. Furthermore contraceptive use will be evaluated for the age-groups 15-19 and 20-24.

² The sample sizes of the quantitative surveys are sufficient in each country to analyze the data by sex and age group. They range from 1 800 respondents (Lao PDR) to 4 700 respondents (Nepal), with an average of 2 500 respondents.

In the second part of this study, we turn to the identification and explanation of gaps between knowledge and practice among the target populations (15-24) of the RHIYA projects. We will try to evaluate if appropriate knowledge translates into practice and, more specifically, to identify gaps (1) between knowledge and use of contraception and (2) between knowledge of HIV/AIDS and STI prevention methods and adoption of safe behaviour. The analyses will focus on the 15-19 age group in comparison with the 20-24, with a specific emphasis on gender perspectives in the seven countries.

Determinants of the gaps between knowledge and practice in SRH are further explored using two types of approaches. First, reasons for not using contraceptive methods or for not adopting safer behaviour were elicited from young people in all the surveys and provide first-hand information on the proximate determinants of the gaps between knowledge and practice. Secondly, socio-economic factors (education, place of residence, contacts with health services, family environment...) influencing the KAP-gap are identified through multivariate methods. Findings from qualitative surveys among young people are also used to better understand the determinants of such behaviour.