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Reproductive Health in Developing Countries

Reproductive health knowledge & practice:

The gap between young boys and girls in 7 Asian countries

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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, educational level and standard of living.

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, experience higher risks of unwanted pregnancies and abortion, are vulnerable to HIV/AIDS and STDs infections, and also 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). The factors that influence their knowledge, their behaviour and the gaps between knowledge and behaviour are also little documented.

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. Using multivariate analyses and results from qualitative surveys, we also seek to identify the factors explaining these gaps between knowledge and practice, with a specific emphasis on gender disparities and on the effects of the educational level and the standard of living of young people.

Data

This study uses unique data on sexual and reproductive health among young people in Asia. The data come from quantitative and qualitative surveys conducted in 2004 in seven countries of South and Southeast Asia. The surveys were conducted as part of the Monitoring and Evaluation component of the Reproductive Health Initiative for Youth in Asia (RHIYA)¹ by local teams with the technical support of the Institute of Demography of the Université Catholique de Louvain (UCL).

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

The main objective of these surveys is to collect baseline data on knowledge, attitudes and behaviour on sexual and reproductive health before the start 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 surveys 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 rich cross-nationally comparable data on sexual and reproductive health among young people in Asia. The same questionnaires were used in the 7 countries, allowing 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, 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. In the second part of this study, we turn to the identification and explanation of gaps between knowledge and practice among young males and females aged 15-24 in the target areas of the RHIYA projects. We evaluate

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.

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.

if appropriate knowledge translates into practice and, more specifically, we 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. A specific emphasis is put on gender comparisons and cross-country comparisons.

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 safe 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, standard of living, place of residence, contacts with health services, family environment...) influencing the gap between knowledge and practice are identified through multivariate methods. Findings from qualitative surveys among young people are also used to better understand the determinants of these gaps.