

In Their Own Words:

Adolescents' Views on Sexual and Reproductive Health in Sub-Saharan Africa

Executive Summary

New evidence from focus group discussions with adolescents in four Sub-Saharan African countries provides insight into how young people view sexual and reproductive health issues and what they think about their sources of health information and services. The data come from 55 focus group discussions (FGDs) conducted in Burkina Faso, Ghana, Malawi and Uganda in 2003. Focus groups included in- and out-of-school youth aged 14–19 who lived in rural and urban areas.

This executive summary of *Qualitative Evidence on Adolescents' Views of Sexual and Reproductive Health in Sub-Saharan Africa* presents key findings and policy and program implications for adolescent sexual and reproductive health.

Key findings

Sexual relationships: Overall, young people did not express disproportionately negative or positive judgments about adolescents' having sex, and discussions overwhelmingly focused on relationships with boyfriends or girlfriends, older (often married) men or women and occasional sex partners. However, young women and men were portrayed differently with respect to initiating sexual relationships. Young women were described as dressing "invitingly" or going to secluded places where young people meet for sex; in all countries except Burkina Faso, FGDs indicated that some young women engage in sex for money or with men other than their boyfriends. In contrast, young men were consistently described as actively pursuing sexual relationships or "conning" young women into having sex.

Sex for money or gifts: Both male and female adolescents discussed sexual relationships with older, typically married men or women that involved material exchange. (These relationships were also implicated in the breakdown of such protective behaviors as abstinence and condom use.) A common expectation was that once a young woman received a gift, she

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owed something in return—a debt explicitly talked about as sex. Moreover, there was frequent mention that young men give young women money or gifts in exchange for sex or in hopes of having sex in the future. Young women expected money and material goods not only from older partners but also from age-mates, and young men expected to give something for sex. Thus, "transactional sex" is more widely reflective of adolescent relationships than just young women having sex with much older male partners.

Premarital pregnancy: FGDs indicated that young men and women involved in a premarital pregnancy are treated in radically different ways: Young men who father a child before marriage are pitied, teased or "gossiped about," whereas the consequences are more severe for unmarried, pregnant young women, who may have to drop out of school or be

chased from their home. Young women in all four countries mentioned that young men often deny responsibility for premarital pregnancies.

HIV/AIDS and other STIs: Our findings suggest that young people are aware that they may be at risk of contracting STIs, including HIV, but the quality and depth of their knowledge vary and misconceptions persist. Although most participants were aware that a person can have HIV without displaying physical symptoms, they did not hold the same view about other STIs. Instead, they judged whether someone had an STI using visual signs (e.g., walking in a funny way) and did not recognize that many STIs may not cause obvious or visible symptoms.

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Abstinence: Although abstinence was generally viewed in a favorable light and as an ideal goal, young people differed as to how realistic they considered this option. Abstinence was viewed as a means of preventing HIV, other STIs and pregnancy, and less often as a way to preserve oneself for marriage. Young people also discussed abstinence as a strategy for sexually experienced individuals to cope with an STI or suspected HIV infection.

Views about condoms: Most of the discussion groups identified condom use as a way to protect against HIV and other STIs and, to a lesser degree, against pregnancy. Although other studies have highlighted misperceptions about condoms and barriers to access as primary impediments to condom use, we found that the values young people attach to sexual intercourse also present an important impediment. Young people talked about enjoying sex without

condoms (“the only way is raw”). Other reasons for nonuse were trusting that one’s partner did not have HIV, loving one’s partner and forgetting to use a condom because of the anxiety or excitement involved in having sex.

Negotiating condom use: Participants generally recognized that young women have the right to ask their partners to use condoms; in fact, insisting on condom use was perceived to be primarily women’s responsibility. However, young women’s right to demand condom use depended on whether they had received money or gifts. Young women often talked about the difficulties they faced, or the lack of power they had, in getting their male partners to use condoms.

Information: Young people placed a high value on being able to obtain confidential and accurate sexual and reproductive health information. They reported that they got this information mainly from the mass media (i.e., radio, newspapers and television), health care providers, schools or teachers and dramatic performances. Parents, aunts, grandparents, older persons in the community and friends were also mentioned as sources. No single source of information was dominant either among preferred or among actual sources. Barriers to obtaining sexual and reproductive health information included not having access to a radio or newspaper, not being able to ask questions, illiteracy, unwelcoming health care providers, feeling too shy or ashamed to ask parents and not trusting the accuracy of information.

Communication: Adolescents identified friends, parents (especially mothers) and, in all countries except Burkina Faso, grandparents as the people with whom they most commonly discuss sexual matters. However, in all four countries, many adolescents also mentioned that they were unable to talk with parents (especially fathers) about sexual issues because parents would shout, punish or beat them, adolescents are

too shy to talk about such things with their parents, and it is culturally taboo or disrespectful to do so.

Services: Young people said that they typically seek reproductive health services from a variety of sources. For STI problems, hospitals, public health centers and traditional healers were commonly mentioned sources of care. A wide range of sources were described for contraceptive methods. For abortions, young people turn to home remedies, hospitals and traditional healers. Key barriers to access include young people’s shyness or shame, distance of providers and cost of services, and negative attitudes from health care workers.

Voluntary counseling and testing (VCT): Young people did not seem to have fully internalized the advantages of VCT, in part because of the limited treatment available for AIDS and low levels of awareness and availability of VCT services. The main advantages cited were the ability to better protect oneself and to avoid infecting others. Participants spoke more strongly about the disadvantages of a positive test result, including the intentional spreading of HIV to others for revenge, the high cost of treatment and depression.

Policy and program implications

Our key findings have several implications for programmatic and policy approaches to improving adolescent sexual and reproductive health.

HIV/AIDS and other STIs: Efforts are still needed to educate young people about STIs and the modes of transmission, about the consequences of STIs if left untreated (e.g., infertility and increased susceptibility to HIV) and that people may be infected but not show any physical symptoms.

Information: Mass media sources remain important ways to provide young people with sexual and reproductive health information, and these efforts should continue. FGDs

showed that young people value a source's level of knowledge, experience and trustworthiness. In addition to mass media campaigns, efforts to address adolescents' need for information should be linked more strongly with health care providers, who have the knowledge and training to educate youth about sexual issues. Moreover, the shyness and concerns about privacy conveyed by focus group participants suggest that more investment is needed in comprehensive sex education programs—both in and out of school—that deliver information without identifying or stigmatizing youth who are sexually active. Linking schools with health clinics could also improve the quality of information and encourage young people to utilize services, although privacy issues would still need to be addressed.

The greatest disagreement and debate among participants focused on parents, with whom many adolescents felt unable to discuss sex-related matters. Nevertheless, improving information outreach to adults could help increase parents' desire to support their children in obtaining accurate and comprehensive sexual and reproductive health information.

Services: Our findings highlight the need for improved training of health care workers who provide STI-related and contraceptive services. Young people expressed a need for providers with relevant skills and accepting attitudes who would be receptive to serving young, unmarried clients and protecting adolescents' privacy. FGDs also indicated a demand for abortion services among young people, and the wide range of methods described by participants to terminate pregnancy suggests that medical sources for postabortion care merit ongoing investment.

Although VCT services are still rare in Burkina Faso, they are more available in Ghana, Malawi and Uganda. However, most youth did not discuss the personal benefits of VCT, despite their understanding that VCT can help prevent HIV/

AIDS. Programs should seek to increase awareness of and accessibility to VCT services in Burkina Faso; improve accessibility in rural areas of Ghana, Malawi and Uganda; and, in all countries, ensure adequate posttest counseling and support groups for youth who test positive for HIV. FGDs also indicated that youth associate the personal advantages of getting tested with the possibility of

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receiving treatment. Therefore, our study supports ongoing efforts to increase the availability and affordability of antiretroviral treatment.

Abstinence: Most participants understood the benefits of abstinence and acknowledged that it is an effective way to prevent STIs, including HIV/AIDS, and pregnancy. However, postponing sex until marriage was not a common motivation for abstinence; rather, FGDs indicated that this decision is typically based on a desire to avoid infection and pregnancy. As age at first marriage continues to increase in Sub-Saharan Africa, the message to “abstain until marriage” may become increasingly infeasible for young men and women. Thus, abstinence promotion must be accompanied by continued efforts to provide and encourage a range of protective methods, including condoms.

Condoms: Our findings suggest that condom promotion efforts must address the fact that many young people think sex is more enjoyable without condoms. Moreover, most participants agreed that young women have the right—and often the responsibility—to insist on condom use. However, exceptions were also mentioned (e.g., if a woman has received money or gifts from her

partner), and young women described difficulties in negotiating condom use. In-depth research is needed to understand adolescents' motivations for using condoms and the extent to which condoms are used consistently and correctly. This would inform efforts to improve use among sexually active adolescents who use condoms infrequently or not at all.

Overall, our findings point to an ongoing need to coordinate HIV prevention programs with other activities that address the poor economic conditions and unequal gender norms that encourage young people to engage in risky sexual relationships. A range of examples from 55 FGDs conducted in four different social and cultural contexts support this broad type of investment—from the negative consequences of premarital pregnancy for young women (but not for young men) to the frequent mention of young women's having sex in exchange for money or gifts. Evidence provided by the young people who participated in these discussions supports continued investment in young women to increase educational attainment, improve financial opportunities and expand legal rights. The benefits will be reflected in young women's sexual and reproductive health and in the health of their male partners.

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