



ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH: AN OVERVIEW AND A PROPOSAL FOR FURTHER RESEARCH

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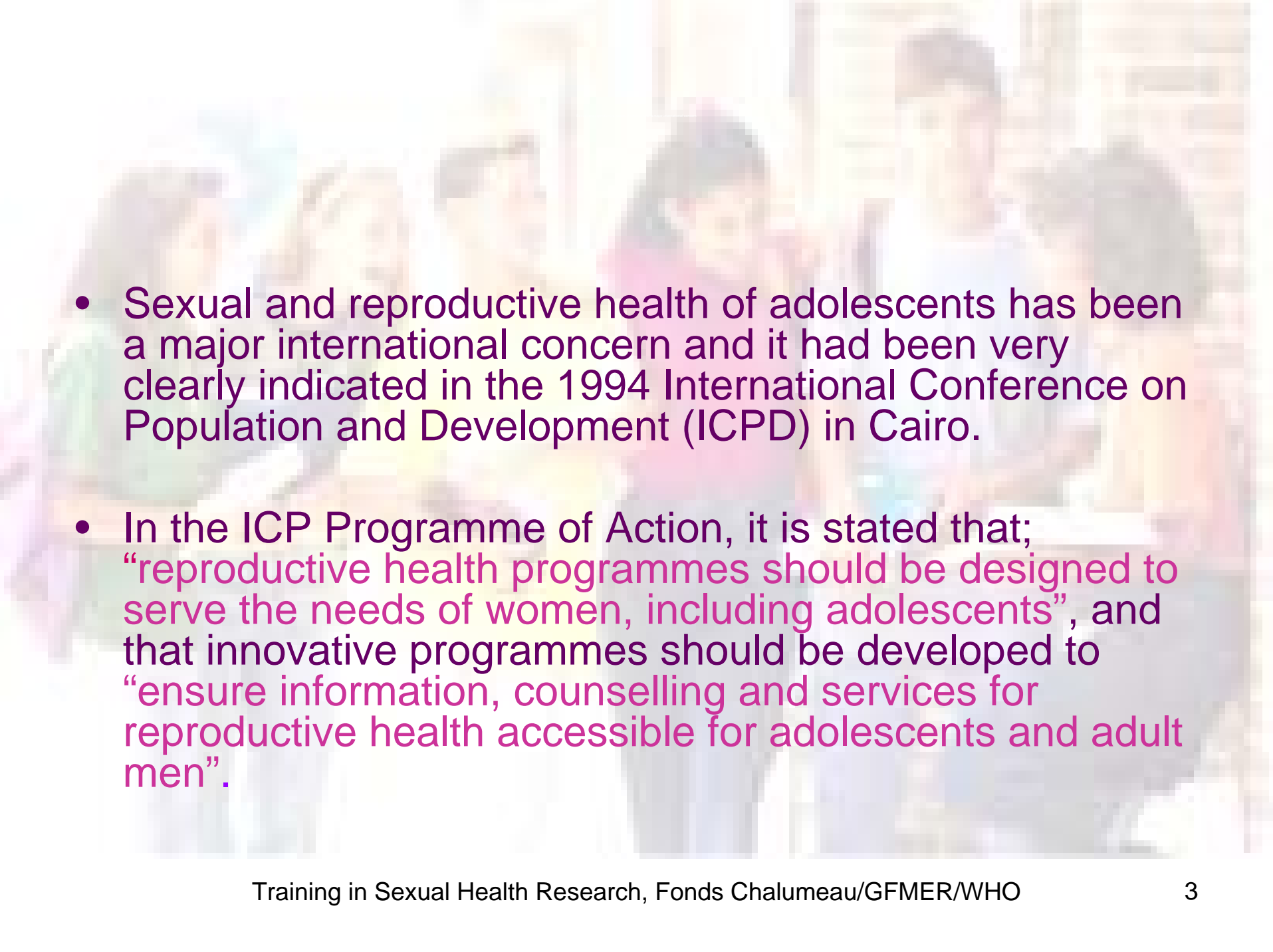
Training in Sexual Health Research

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- Young people (10-24 years) are an important population group with a great potential for physical, mental and psychological development.
- Eighty-five percent of the 1.2 billion adolescents (10-19 years) worldwide live in developing countries and comprise of over quarter of its population.
- Young people are perceived as generally healthy, and are not in need of special health services.



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- A group of diverse young people, including men and women of various ethnicities, are sitting together in what appears to be a classroom or meeting. They are looking towards the camera with neutral to positive expressions. The background is slightly blurred, showing what might be a window or a wall.
- Sexual and reproductive health of adolescents has been a major international concern and it had been very clearly indicated in the 1994 International Conference on Population and Development (ICPD) in Cairo.
 - In the ICP Programme of Action, it is stated that; “reproductive health programmes should be designed to serve the needs of women, including adolescents”, and that innovative programmes should be developed to “ensure information, counselling and services for reproductive health accessible for adolescents and adult men”.

The study on sexual/reproductive health of adolescents/young people requires specific focus and perspective...

- 15 millions of adolescents experience pregnancy each year. Since most of these pregnancies are unwanted, young women tend to have induced abortions, whether legal or not. According to WHO projections, nearly half of the induced abortions occur under unsafe conditions.
- Studies about STIs in adolescents show that the incidence is increasing. Today, each year, one in 20 adolescents suffer from an STI other than HIV/AIDS. Moreover, half of new HIV cases are observed in the 15-24 age group.
- The majority of sexual contacts among adolescents are unprotected: among married adolescents, use of modern contraceptives ranges between 1% in some sub-Saharan Africa countries and 60% in Latin America. Only in 4 out of 19 sub-Saharan countries, more than 10% of unmarried adolescents use modern contraceptives.

It is necessary to develop plans and programmes for adolescents/young people to easily access sexual/reproductive health information and services within reproductive health programmes in order to address the problems of sexual/reproductive health faced by adolescents/young people.



Sexual/Reproductive Health of Adolescents/Young People in Turkey-1



- According to the 2000 census, the population of 10-19 and 20-24 age group is 20.7% and 9.8% of the general population, respectively in Turkey.
- The 2003 Turkish Demographic and Health Survey (TDHS) results show that women aged 15-24 constitute 15.8% of the female population.
- Currently 11.9% of women aged 15-19 are married (TDHS, 2003).
- The median age at first marriage is 20 among women 25-49 (TDHS, 2003).
- Unmet need of FP services is higher among women aged 15-29 and women living in rural residences. 2% of currently married young women at the age group of 15-19 have no idea about any type of modern contraceptive method (TDHS, 2003).
- Across age groups, the lowest level of ever use of any family planning method is observed among ever-married and currently married women age 15-19 (TDHS, 2003).
- The percentage of women in the age group of 20-24 with at least one induced abortion is 7.3% (Further Analysis of 1998 TDHS).

Sexual/Reproductive Health of Adolescents/Young People in Turkey-2

- Sexuality is seen as a taboo, especially among girls, several parents continue to hold traditional belief in regard to their relationship with adolescents and do not talk about sex with their children despite different socio-economic levels, traditional beliefs commonly prevail.
- The tradition of silence continues for those going to school and adolescents are unable to acquire adequate information during their formal education. As a consequence, they may resort to different sources of information and may be misled and get wrong information.
- On the other hand, on the contrary of the traditional attitude, different patterns of attitudes and behaviours about pre-marital sex can be present especially among young people at universities in big cities.
- The comprehensive studies including information, education and counselling (IEC) training phases have been accelerated only in the last decade, it is still an under-investigated area in Turkey.

Studies on Sexual/Reproductive Health of Adolescents/Young People in Turkey

- In Turkey, there is no comprehensive study of adolescents at the national level. The limited number of studies on sexual/reproductive health of young people has not focused on perceptions of sexual/reproductive health, attitudes and behaviours related to sexual/reproductive health.
- The results of all studies conducted in Turkey* show that adolescents have insufficient knowledge about sexual/reproductive health and their main sources of information are friends, parents and mass-media. On the other hand, they are interested in having information and counselling and services on these issues.

* -Vicdan K. 1993. Demographic and Epidemiological Characteristics of Adolescents, Current Problems and Recommendations for Solutions in Our Country, Zekai Tahir Burak Maternity Hospital, Unpublished Specialty Thesis, Ankara.

- Ozvaris B.S. et al. Evaluation of Sexual Knowledge of Adolescents. Journal of Health and Social Welfare Foundation, 1995, 2:2-7.

- A Baseline Survey of the Project for Applying Information Education and Communication Approach and Provide Public Support in Slum Areas of Turkey, Hacettepe University Institute of Population Studies, Ankara, 1999.

- Ozyurek E, Nalbant H. Knowledge Level of Last Year Education Faculty Students about Sexual Health. Human Resource Development Foundation: Project for the Support of Adolescent Sexual Life, Project Report, Turkey, Istanbul, 1998.

(First Phase of the Study)

Study on the Influential Factors of Sexual and Reproductive Health of Adolescents/Young People in Turkey



- ☑ Carried out in 2001 on the first year students of Hacettepe (Ankara) and Dicle (Diyarbakir) Universities.
- ☑ Focus group discussions
- ☑ Survey
- ☑ Semi-structured interviews

Some Important Findings of the First Study:

- According to knowledge scores assessment, the scores of the majority of Hacettepe students (91%) and almost half of Dicle students (51%) were found “satisfactory”. However students had also incorrect information on the SRH topics in both universities.
- The most common three sources of S/RH information in both universities were “book/magazine/encyclopaedia”, “peers/friends” and “school/teacher” respectively. “Physician/professional” was found as one of the last sources of information in both universities.
- It’s found that the majority of the students didn’t receive any S/RH services.
- In terms of preferred sources of information, it was found that the first source of information preferred by students were "physician/professionals".
- It is found the most common services have been received as "information", "curative", and "consultancy"
- Most frequently specified place according to students’ ideas on the ideal places where S/RH services should be provided was “university/school” in both universities.
- More than 2/3 of the students specified that they had ever had a sexual partner.
- The students were also asked whether premarital sex is natural part of dating for young people. Almost half of the students replied “yes”. However, the majority of the students in both universities agreed with the statement “Virginity is important for me for marriage”.
- The most frequently used contraceptive was condom among sexually active students in both universities.
- The first place stated by female and male students in Hacettepe University and female students in Dicle University, where they can get contraceptive was “pharmacy”.
- The health personnel working in health centres in both universities believed that their knowledge about adolescent age was insufficient.
- Students expressed that they would like to receive SRH services at the university health centres and they also described the type/ characteristics of the services which they would like to receive.

Youth Friendly Health Service Unit (Supported by UNFPA/ICC)



- After the first phase of the study, according to the demands of the students we established “Youth Friendly S/RH Service Unit” in 2002 within the health centre of the university.
- For the last two years, these units are functioning, and providing counselling services as well as clinical S/RH services including provision of contraceptives by trained physicians and psychologists.

Second Phase of the Study



Short Term Objectives:

- To identify knowledge, perceptions, views, risk behaviours of young people / adolescents who are last year students of the university with regard to sexual and reproductive health,
- To identify the influential factors on their knowledge, views and practices about sexuality and reproduction,
- To see the changes during the last 3 years and determine the level of RH/FP service utilization and their views on the S/RH services which are provided at the health centre of the university.

Long term objectives

- To improve the model of Adolescent/Youth Friendly Sexual and Reproductive Health Services (AFS/RHS) to youth in universities and to establish them in primary health care services in Turkey.
- To improve university students' knowledge, attitudes, service seeking, contraceptive use and risk behaviours on S/RH in a positive manner before leaving the university.

Methodology (Study Site)

- Hacettepe University Beytepe Campus in Ankara consists of Faculty of Economics and Administrative Sciences, Faculty of Applied Sciences, Science of Engineering, Science of Education, and the Faculty of Literature.
- Our target group consists of 4039 of the total 14 857 students on their last year. All the last year students at Beytepe Campus will be surveyed in this study.
- The students of the faculties those have reproductive and sexual health lectures as part of their regular curriculum and those are located in different campuses will not be included in this study.

Methodology

Quantitative and Qualitative Methods:

- The same self-administered questionnaire of the first phase with some additional questions about time spent in the university, type of social activities, any educational program received on S/RH issues and also utilization of university student health centres including “Youth Friendly Health Unit”.
- Also we plan to use qualitative research methods (focus group discussions, and semi-structured interviews) in order to evaluate the knowledge, attitudes, service seeking behaviours, contraceptive use and risk behaviours on S/RH.

Data Analysis

- The collected data will be coded in accordance with the coding guideline designed by the research team, and the coded data will be analyzed by SPSS 11.5. And also effects of influential factors will be analyzed by using logistic regression techniques.
 - All last year students will be involved to the study, however the students who were interviewed in the first phase will be analyzed separately.
 - Separate analyzes will be performed for both male and female students.

Methodology (Variables)

Background factors

- Family structure
- Socio-economic and demographic characteristics of the young person
- Communication within family
- Media
- Peer effect
- Availability of services

Intervening factors

- Knowledge on S/RH
- Perception of risk,
- Risk behaviours (unprotected sex, age at first sexual intercourse, alcohol and drug use)
- Gender roles, sexual identity
- Adolescents'/young people's awareness of available services
- Accessibility of services
- Time spent in the university
- Type of social activities
- Any educational program received on S/RH issues
- Utilization of university student health centres including "Youth Friendly Health Unit".

Budget:

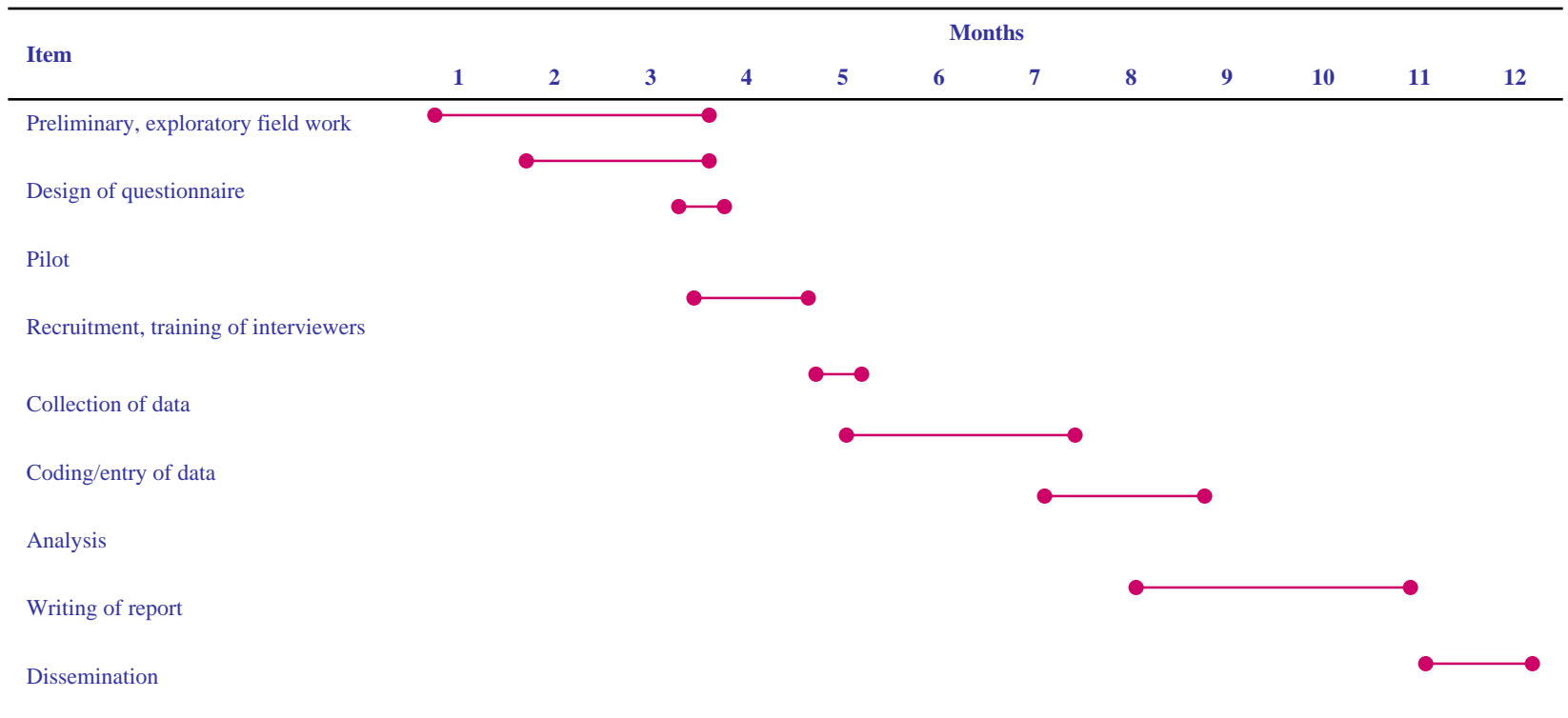


The budget of this survey is estimated to be 5000 US \$.

Budget items:

- Questionnaire printing: 1000 US \$.
- Interviewers' payments: 2250 US \$.
- Coding and statistical data processing: 1000 US \$.
- Report printing: 750 US \$.

Table 1. Timetable of the project (2005, Ankara, Turkey)





Thank you...