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Special Issue On Reproductive Health for Pastoralist Youth Baseline survey report in Afar, Ethiopia

AMREF
Better Health for the People of Africa

By
AMREF in Ethiopia

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About the journal

Aim and objectives

The Journal of Reproductive Health is an educational journal with emphasis on reproductive health. It is published four times a year by AMREF in Ethiopia's Afar PYRH project. It is the main forum for exchange of information on public health in Ethiopia. The journal is useful for low level and peripheral health worker.

Tabel of contents

Acknowledgement

The baseline survey would not have been completed without the assistance of various people.

We would like to extend our sincere gratitude to AMREF Afar health program staffs, to Staffs at the country office , to the consultants and to colleagues in the Netherlands.

Abstract

Introduction: With support from the Dutch Ministry of Foreign Affairs, AMREF is implementing a four-year (2007 to 2010) programme focusing on the reproductive health care of the pastoralist youth in Kenya, Ethiopia, and Tanzania. The programme targets mainly Pastoralist youth, male and female, in the age range 10 – 24 years and will reach more than 135,000 pastoralist over a period of four years in Kenya, Ethiopia, and Tanzania. To achieve these objectives, it was deemed necessary to conduct a baseline assessment in order to monitor and evaluate the impact of the program.

Objectives: To generate informative and valid baseline information that can later be used as an effective tool for the evaluation of the project outcomes and impacts

Methods: This baseline assessment was conducted in two zones within Afar in July 2007. It has used both quantitative & qualitative methods to generate information on the basic programme indicators. The study population for the quantitative survey were 1101 youth aged 10-24 years. Structured, pre-tested and interview administered questionnaire was used to collect data. Data was entered and cleaned using Epi info 6.0 4. Descriptive summaries, chi-square, and t-test were used to describe and analyse data. P-values <0.05 was considered to be statistically significant.

Results: 1101 youth participated (male: 51.8% female: 48.2%), 57% were in school,52.6% knew one or more methods to avoid HIV infection. These were Abstinence (518, 94.5%), fidelity to one partner (266, 48.5%), and condom use (117, 21.4%) The mean age for first sex was found to be 15 years. The current use of contraceptives was found to be 3.2%. Antenatal care attendance rate in the last pregnancy was 15.2 %. The prevalence of Female genital cutting was found to be 94.4%.

Conclusions: The reproductive health status of Pastoralist youth in Afar region was among the lowest in the country as revealed by the indicators considered in this study.

1. Introduction

1.1. Background Information on Afar

Afar National regional state is one of the nine regional states of the Federal Democratic Republic of Ethiopia. Administratively, the region is divided in 5 zones, 29 districts and 358 Kebeles. (1) The total population of the region is about 1.4 million out of which is 57 %are male and 43% female. Over 96% of the population in the region depends on pastoral livestock for their livelihoods. Even though the region is characterized by low and erratic rain fall, a large number of livestock, including an estimated ten million camels and goats believed to be the backbone of the community. In addition to huge animal resources the area has great potential due to 12 permanent rivers, which have a great potential for irrigation, and vast quantities of mineral resources that could contribute to the development of the region.

Despite these advantages Afar Pastoralist, are the least developed and urbanized community in the country. No social and economic facilities have been constructed thus limiting the growth and benefits of the Pastoralist . There are extremely few health posts, schools and rural water supply and sanitation services. Regarding health services available for youth Pastoralist the region is characterized by very poor standards. Accordingly, AMREF Ethiopia, as a regional health partner is conducting a regional youth reproductive health survey around the topics of HIV/AIDS, STIs and FGC.

Afar region is also homogenous in terms of ethnicity with an overwhelming majority being from the Afar ethnic group. (91.8%) Consistent with this homogeneity, the majority of the population speak Afarigna 90.8%.

1.2. PYRH Programme Goal : To improve the reproductive health and rights (RHR) of pastoralist communities in eastern Africa (2)

Programme Objectives

1. Contribute to the reduction in HIV/AIDS, STI and unwanted pregnancies
2. Contribute to the reduction in female genital cutting among girls in afar
3. Contribute to the reduction in maternal and child mortality

1.3. PYRH Programme Themes

The PYRH programme is implemented under three strategic themes (2)

a) Direct Poverty Reduction (DPR),
b) Civil Society Strengthening (capacity building) (CB) and
c) Advocacy (ADV)

1.4. Programme Outputs and Outcomes

Table 1- Direct Poverty Reduction

	Ethiopia
Objective	Reduction in HIV/AIDS, STIs and unwanted pregnancies and FGC
1	50 000 young people (includes young mothers) reached through informational activities – demand created
2	In 2010 4000 pastoralist (age range 10 -24) protect themselves against HIV/AIDS STDs and unwanted pregnancies
3	By 2010 the number of pastoralist girls undergoing circumcision has dropped by 10%

Table 2-Capacity Building

	Ethiopia
Objective	Reduction of child and maternal mortality
1	45 000 of the pastoralist women will make use of reproductive health care and HIV/Aids care offered by the district health system
2	15% of the total pregnant pastoralist women receive pre and post natal care through trained midwives who work closely with the district clinics
3	Improvement in maternal health
4	At least 15% increase in the proportion of mothers who have positive pregnancy outcome
5	At least 15% increase in proportion of mothers with access to VCT and PMTCT services

Table 3-Advocacy

	Ethiopia
Objective	Reduction of Female genetal cutting among girls in Afar
1	Platform established for local NGOs and local authorities for advocacy to support abolition of FGC
2	15% of Local leadership/ kebeles mobilized to support the abolition of FGC
3	In 2010 the percentage of girls who are circumcised have dropped by 10%
4	Afar Leaders, the community and various authorities to support the abolition of FGC

2. Objectives of the Baseline Survey

2.1. General objective:

To generate informative and valid baseline information that can later be used as an effective tool for the evaluation of the project outcomes and impacts

2.2. Specific objectives:

The specific objectives of this assessment are the following:

- To asses sexual and reproductive health knowledge attitude and practice among youth aged 10-24 years
- To illustrate practices of youth in relation to STI/HIV/AIDS prevention and control strategies
- To establish attitudes, beliefs and Values of youth with regard to major sexual and reproductive health issues
- To examine sexual activity, contraception and pregnancy among youth aged 10-24 years
- To describe Health seeking behavior of pastoralist youth with regard to reproductive health issues
- To determine the magnitude of and factors associated with Female Genital Cutting among pastoralist youth in Afar region

3. Methodology

3.1. Study area and period

Two zones (3 and 5) and 11 districts in the Afar region of Ethiopia are considered as study areas. This study was conducted in July 2007.

3.2. Study design

This study used the cross-sectional study design with interview administered questionnaire to youth of age 10-24 years.

3.3. Study population

In-school and out-of school youth aged 10-24 were the study population for this study.

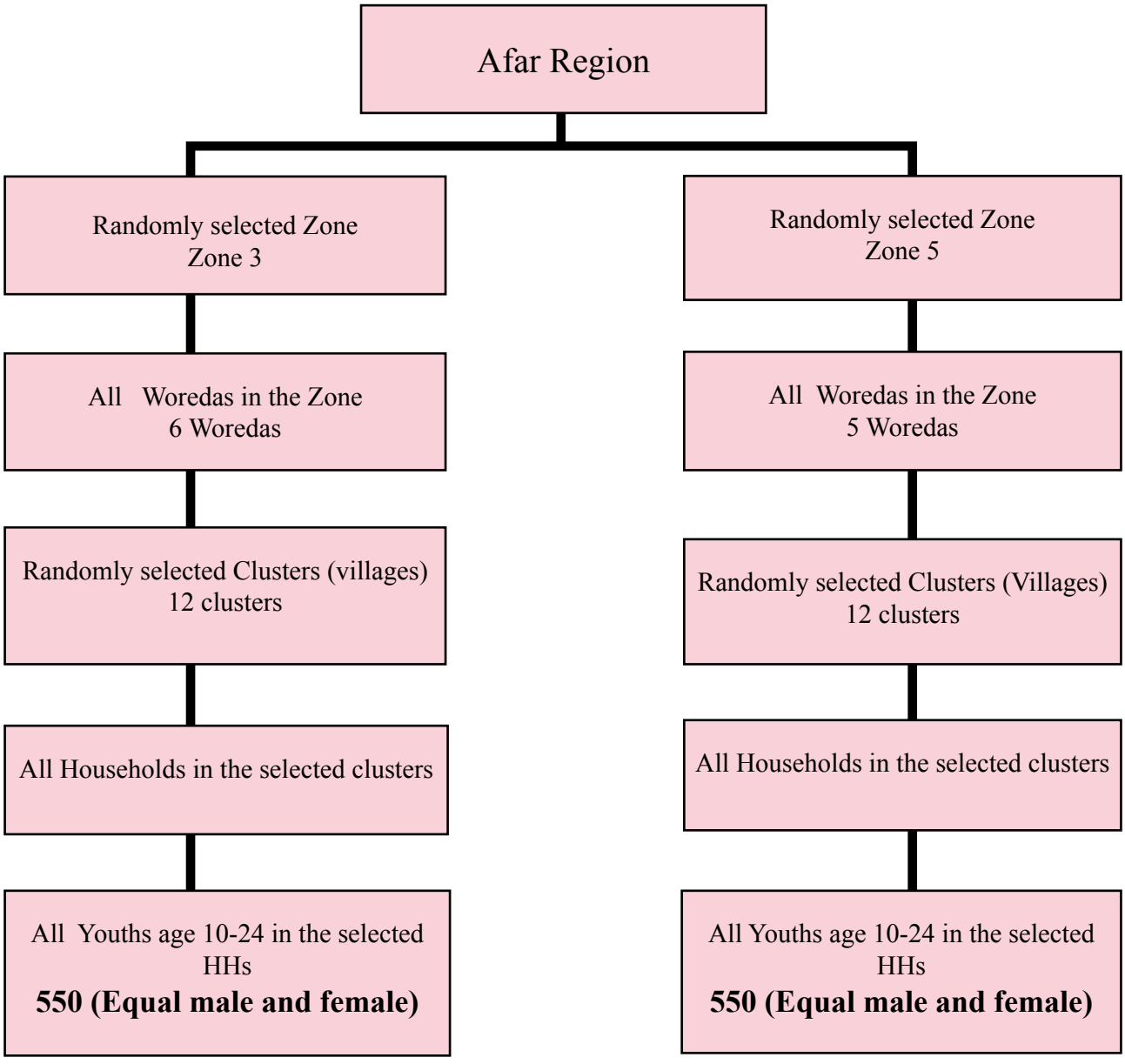
3.4. Sample size and sampling

The prevalence of ever tested for HIV (2.5%) was used to determine the sample size required for the study. A 20% non-response rate and a design effect of 1.5 to accommodate the multi-stage nature of the sampling are taken in the sample size calculation. By considering a margin of error of 1.75 and using sample size determination formula for estimating single proportion, the final sample size became 550 from each zone and each sex. Hence the total sample size for this study became 1100.

3.5. Sampling procedure:

A multi-stage cluster sampling was employed in this baseline survey. Two Zones were selected purposively (more affected and accessible). Then all Districts of the selected Zones were included. A total of 11 Districts were included in the baseline survey. To determine the number of households for each Woreda, the total sample size calculated for zone was divided in to the Districts proportionally to the district population size.

Figure one : Sampling frame



Assuming one Village has 45-70 households and at least one aged 10-24 years eligible to be available in each Household, the number of clusters was determined based on the district population size. After randomly selecting the required number of clusters in each district, all households in the selected clusters were included in the survey. All age eligible youths of the selected household were included in the baseline survey. Equal proportion of male and female youths was maintained during data collection.

3.6. Data collection

The data were collected by trained interviewers after pretest of the instruments on a community out of the selected clusters. A structured and interview-administered questionnaire was used to collect quantitative data. This questionnaire included the following variables:

- Background variables
- Sexual and reproductive health
- STI/HIV/AIDS
- Attitudes, beliefs and Values
- Sexual activity, contraception and pregnancy
- Health seeking behavior
- Female Genital Cutting

3.7. Data Analysis

The quantitative data was entered, coded and cleaned using Epi info version 6. Then the data was transferred to SPSS version 10.0 for further analysis. Descriptive summaries like proportions were used to describe findings. Tables were also used to present some findings. Cross-tabulations, chi-square statistics and t-tests were used to analyze disaggregated data. P-values <0.05 were considered to be statistically significant.

3.8. Ethical considerations

This baseline study is part of the Reproductive Health for Pastoralist Communities in Afar project signed between AMREF in Ethiopia and Afar Regional Health bureau. Official permission to conduct this assessment was secured at each level. Verbal informed consent was taken from each respondent. The right to deny responding was respected. Confidentiality of all the information was assured at all levels.

Fig. 3 Male youth discussant with the moderator, Afar 2008

4. Results and discussion

4.1. Background Information

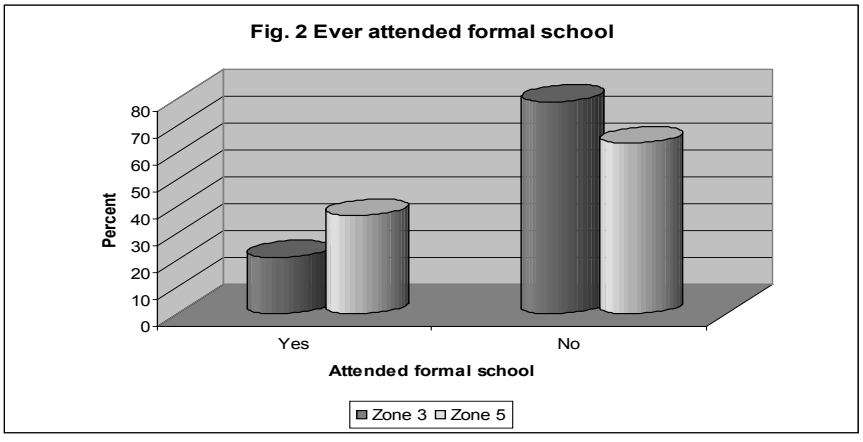
A total of 1101 youth aged 10-24 were interviewed. Of these 549 (49.9%) were from Zone 3 and 552(50.1%) are from Zone 5. About 51.8% of the respondents were males and the rest 48.2% were female respondents. The mean age of respondents was 17.7 years with standard deviation of 3.2 and with range of 10-24. .

Only 312 (28.3%) has attended formal education. About 35.6% of these are in zone 3 and the rest 64.4% are in zone 5 (x^2 =32.6, df=2,p=0.00). Currently 57.0 % were in –school youths . This proportion is also higher in zone 5 (63.5%) than zone 3 (36.5%). One third of those who are attending school are attending primary school level.

The average age of marriage for those who get married was 16.2+ 1.7 years. Age at first marriage for females (15.68) is significantly lower than that of males (16.9) (t=6.3, DF=261, p=0.00). Age at first marriage for the two zones has shown no difference for both sexes. Currently, nearly half of the respondents (45%) are not married and a quarter of them (26.2%) are currently married.

4.2. Sexual and reproductive health

Asked about during which part of her cycle does a women has greatest chance of being pregnant



The majority of respondents have done nothing to earn money for themselves (75.2%). About 412 (37.4%) are/were married. One-fifth of the respondents have ever had a boy/girl friend/partner. Currently 209 (19.0%) of the respondents have a boy/girl friend. Of these 85.6% are in zone 5.

majority 45.2% responded that right after her period has ended where as the other 40.3% of them don't know. Only 43(4%) indicated that it is in the middle of her cycle.

Can a girl get pregnant when she had sex for the first time? The majority of the informants (48.1%) responded yes where as the other 37.5 %do not know. Only 14.4% said it is impossible. When asked can a girl get pregnant if she had sex only once, 47.3% of them responded as it is possible while the remaining majority (37.5%) do not know. One hundred sixty three (15.1%) indicated as not possible.

How old a boy needs to be to make a girl pregnant? The average age respondents indicated is 15.4±1.4 years with range of 11-30. Furthermore it is indicated that boys in zone five can make a women pregnant at an earlier age of 15.2 than those in zone 3 at an age of 15.6 years. The average age that a girl can become pregnant in this study was 15 ±1.6 years with a range of 11-30.

About one fifth of the respondents (20.7%) knows ways to avoid pregnancy. of these 122(56.0%) are in zone 5. Most commonly known methods of contraceptives are condoms (81.1%), injectables (78.2%),pills (60.6%).

For the question Are there any good things about having a child while you are a teenager 58 % of them responded as yes there is. Majority of the respondents 42.3% indicated that there is no reason to avoid pregnancy when they are teenagers. Only 11 % of them indicated that it is reasonable to avoid teenage pregnancy.

Asked about what safe sex is all about 84 % of them responded that avoiding sex with prostitutes, avoiding sex with multiple partners in 77.5 % of them and abstaining from sex in 74.6%.

Majority of them 45.9 % disagree that a person can always tell by looking at another person has a sexually transmitted infection. Vast majority of the respondents (43.4%) of them disagree with the statement that if signs of a sexually transmitted infection disappear, it means that the person has no longer disease. Close to 39 % of them disagree with the statement that says a person can get HIV/AIDS the first time he or she has sex. For the statement that says women who has HIV can give birth to a child with HIV 32.0% of them disagree. More than a quarter of the respondents
(27.8%) agree with the statement AIDS is curable disease in some cases.

4.3. STI/HIV/AIDS

Of all the respondents 64% know an infection that a person can get through sexual intercourse. Only 31(2.9%) of the respondents had at least one STI symptom in the last 12 months while 38(3.6%) had a life history of STI symptoms. Of these who had a history of STI only 1.4% advised their partner/s to seek treatment. When they had STI symptoms the majority did not have sex with their partners.

Almost all of the respondents (90.2%) have had heard about HIV/AIDS. All of these who know HIV/AIDS know that HIV is transmitted through sexual intercourse. Almost half of the respondents (52.6%) know that this disease is preventable. However, a significant majority of respondents (13.9%) did not accept that the use of condoms reduces the risk of getting HIV.

Surprisingly, 79% of the respondents don't know how long it takes for a person infected with HIV

to develop AIDS. At the time of survey, only three respondents thought that they were at risk of getting HIV in the past 12 months. However, 11 (1%) thought they have done something that might have put them at risk of getting HIV. Thirty (2.8%) respondents thought that most of their friends are at risk of getting HIV.

4.4. Attitudes, beliefs and Values

Thirty percent of the respondents know where to go for an HIV test. However, only 12.2% considered going for an HIV test but 9.3% received their test results. The major reasons for going for the test were history of multiple sexual partners and suspicion of partners. The main reasons for not going for the test are trust and fear of having the test.

Table 1: Opinion of respondents on age for first sex and marriage, Afar 2008

SN	Event	Mean	SD
1	The ideal age for a girl to have sex for the first time	14.95	1.49
2	The ideal age for a boy to have sex for the first time	15.95	1.65
3	The ideal age for a girl to marry	15.97	3.22
4	The ideal age for a boy to marry	17.13	2.50
5	The ideal age to have a child	18.10	2.73

Forty-three percent of the respondents think that it is difficult for young girls to get contraceptives. of all reproductive issues it was STI/HIV/AIDS that was most (6.2%) discussed in the last 06 months. Majority of those who discussed RH issues discussed with their friends in most of the cases sand their sisters and brothers in some cases.

Female friends were most preferred by females in discussing RH issues. The same is true for males.

4.5. SEXUAL PRACTICE AND FAMILY PLANNING

In this study; 32.7% had ever had sexual intercourse of whom 61.3% had multiple sexual partners in the last 12 months; the mean number of sexual partner in the last 12 months was 1.8 (S.D 2.6), and the mean lifetime partners was 2.6 (S.D 5.6) and median 1 (range 0-60). The prevalence of premarital sex was found to be 26.7%. The mean age at first sexual intercourse was 15.7±16.1 years. The mean age with whom the respondents had sex at first was 16.6 ± 3.4 and the age range was also between 13 and 45.

Only 4.9 % of those who has sex have given something in exchange for sex. Ever use of condom by the respondents is only 2.0%. Only 3.2% of the Sexually active respondents are currently using contraceptive methods. Of these 1.9% have used contraceptive consistently in the last 30 days.

Fifty-one (6.5%) of the study subjects were pregnant at the time of survey.

Table 2: Age at first pregnancy and birth, Afar 2008

SN	Event	Mean	SD
1	Age at first pregnancy	16.8	2.0
2	Age of partner who caused the pregnancy	19.6	7.2
3	Age at first birth	19.9	3.2

About 13.3% of the last pregnancies were unwanted. Only 15.2.% of those pregnant mothers had at least one ANC visit. About 3.7% of those who had ever been pregnant have tried abortion of which 3.6% was reported to be successful. To a question on how confident respondents are to rely on single partner for six months three-fourth are not sure of that while 1.8 responded as "probably could."

4.6. Health seeking behavior

Only 7.3% of the respondents have visited a health facility in the last 06 months. Majority of them visited once or twice in the last 06 months. Nearly one tenth of them have heard from radio about health facilities while 3.4 % of them heard from friends. When they went to the health facilities in the last 06 months majority about 9.4% of them talked to a nurse. Only 7.3 % of those who went to the clinic would like to return back if needed.

4.7. Female Genital cutting

Of all the respondents 384(36.7%) knew any health, psychological or social problems associated with female circumcision. Of all the female respondents 159(31.4%) knew about any health, psychological or social problems associated with female circumcision. Of all female respondents 474(94.4%) are circumcised.

Table 3: Prevalence of Female genital cutting by Zone. Afar 2008

SN	Zone	Number	Percentage
1	Zone 3	239	50.5
2	Zone 5	234	49.5
	Total	473	100

In this study 866(83.7%) had sister/s. The average number of circumcised sister/s a respondent had is 3 $\pm$ 1.5 with a range of 1 -10 sisters. The average number of uncircumcised sisters that the respondents of this study have is less than 1 sister. The age of circumcision ranges between the first weeks after birth to 15 years of age. But the majority got circumcised in the first year of their life.

The major decision makers in circumcising a daughter are the mothers (70%), fathers (36%), and grandmothers (15.5%). Of those female respondents who were circumcised, only 23.5% of them wished that they had not been circumcised. The rest majority (76.5%) accepted their being circumcised. Those who wish that they were not circumcised wished it because of painful experience at circumcision and that circumcision is against the right of women.

For those sisters who are not circumcised (though they are few in number) mothers are the major decision makers (23.3%) followed by fathers (7.2%) and the girls themselves (2.3%). Nearly half of those respondents who are not circumcised faced some sort of problem because they are not circumcised.

In view of the 75 % of the respondents there is difference between circumcised and uncircumcised girls. The major difference are displayed in the following table.

Table 4: Difference between circumcised and uncircumcised girls, Afar 2008

SN	Difference	Number	Percent
1	Circumcised are clean	394	35.8
2	Acceptance in the community	295	26.8
3	Respected in the community	231	21.0
4	Social acceptance	144	13.1
5	Give pleasure to husband	130	11.8
6	Uncircumcised are promiscuous	102	9.3
7	Marriage prospect	85	7.7

About 60% of the informants have heard any message against Female Genital cutting. One-fifth (20.2%) of the respondents believe that Female Genital cutting limits girls education. Only 11.5% of the informants indicated that a girl can still get a husband without being circumcised. With regard to complications of FGC, the results of this study are described in the following table.

Table 5: Perceived complications of FGC, Afar 2008

SN	Perceived Complication	Number	Percent
1	One can bleed to death	364	33.1
5	Can lead to HIV infection	343	31.2
3	Violation of human rights	246	22.3

Fig. 4 Major target group of the PYRH project, Afar 2008

4. Conclusion

The study showed low reproductive health status. Knowledge was poor, and utilization of services minimal. Risky behaviour including multiple sexual partners, female genital cutting, and low use of condoms were prevalent. There was low access to reproductive health information and services. There is need to increase access to reproductive and HIV prevention information and services, and strengthening of the capacity of the health sector to offer services, with a focus on sexual and reproductive health rights of Afar youth.

5. Recommendations

1. IEC/BCC interventions on sexual and reproductive health are needed for pastoralist youth in Afar region
2. Availing youth friendly services in the vicinity of Pastoralist youth in Afar region is needed.
3. Advocacy on harmful consequences of Female Genital cutting targeting local leaders and religious leaders is needed.
4. Further studies are needed to explore socio-cultural factors impacting on sexual and reproductive health of pastoralist youth.

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