

Knowledge and Attitudes on Sexual and Reproductive Health Issues Among Sendafa High School and Preparatory Students

Desalegn Neme¹, Matifan Dereje Olana^{2,*}

¹Sendafa Town Health Office, Oromia Region, Ethiopia

²Department of Medical Laboratory Sciences, Collages of Medicine and Health Sciences, Ambo University, Ambo, Ethiopia

Email address:

matifan.dereje@ambou.edu.et.com (M. D. Olana)

*Corresponding author

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Abstract: The world population is composed of 18% of adolescents (10–19 years) and 26% of young people (10–24 years). Sexual and reproductive health (SRH) knowledge is an important predictor of an individual's sexual behavior. Adolescents in sub Saharan Africa, including the current study setting, Ethiopia has limited knowledge and attitude about sexual issues. Therefore, this study was aimed to assess knowledge and attitudes on sexual and reproductive health issues among Sendafa high school and preparatory students. Cross-sectional descriptive study was conducted from May to July, 2016 G.C., at Sendafa high school and preparatory students. All unmarried and aged 13-24, who are attending school during the data collection were included in the study. Study participants were interviewed about their socio demographic characteristics and their knowledge and attitudes on sexual and reproductive health issues using structured questionnaire. A total of 304 Sendafa high school students were assessed for Knowledge and attitudes on sexual and reproductive health issues during study period. Out of the total, 165 (54.3%) were male and 139 (45.7%) were females. Two hundred forty eight 248 (81.5%) of the students knew about sexual transmitted diseases, HIV/AIDs 206 (67.7%) and Gonorrhea 80 (26.3%). The most frequent sources of information about SRH issue were 158 (51.9%), 151 (49.6%) and (45 (14.8%)), school, Media and peers respectively. According to the finding of the current study knowledge and attitudes on sexual and reproductive health issues among Sendafa high school and preparatory students is good but need improvement.

Keywords: Adolescents, Sexual and Reproductive Health, Knowledge, Sendafa

1. Introduction

The world population is composed of 18% of adolescents (10–19 years) and 26% of young people (10–24 years) [1]. Young people, aged 10 to 24 years, in Ethiopia constitute the largest population proportion; over 21 million young people, i.e., approximately 22% of the country's total population [2]. Young people from sub-Saharan Africa countries are more at risk of sexual and reproductive health problems than those young people from around the world and the region contribute the highest risk of sexually transmitted infections including HIV infections [3, 4].

Sexual and reproductive health (SRH) knowledge is an important predictor of an individual's sexual behavior and is

important health concern and a focus of global attention. Different evidence suggests that even though there is high level of sexual activity in adolescents, there is a limited knowledge of sexual and reproductive health issues among adolescents in different communities; low levels of contraceptive use and negative attitudes toward modern contraceptive methods [5], high pre-marital sex (94.3%) and abortion (88.5%) [6], and Knowledge of more than one contraceptive method was low (39.0%) [7]. In addition, many adolescents have limited knowledge about basic sexually transmitted infections, only 33.3%, 37.9% and 14.5% knew that syphilis, gonorrhea, and hepatitis B, are sexually transmitted diseases [8]. Knowledge of menstruation is limited among adolescents, where opening a conversation

with parents and friends on sexual issues is absent [9].

Adolescents need correct knowledge and attitudes about healthy sexual and reproductive life and is a very crucial to assist adolescents to get true information and exhibit responsible attitudes by communicating skills about sexual life and providing them source of information. The channels of communication, such as mother–daughter discussions, teacher–student discussions or peer-to-peer programs through which adolescents might receive information on safe sex, relationships, reproductive health and related issues are not widely available in different country [6, 10, 11]. As reported by Rajapaksa-Hewageegana, N., et al., health professionals were the preferred source of sexual information (32%) rather than parents (12.5%) or friends (5.6%) [12], however Rahimi-Naghani, S., et al., reports friends as the primary or secondary source of knowledge about puberty and sex-related issues [13].

The literature suggests that adolescents in sub Saharan are ill equipped knowledge and attitude about sexual issues, while knowledge on sexual issues is essential to protect adolescents from the unwanted health consequences. Knowing knowledge and attitude status of adolescent is important to take corrective action for future healthy sexual issues for adolescents. However, there is no data regarding sexual and reproductive health issues in current study setting. Therefore, this study aimed to assess knowledge and attitudes on sexual and reproductive health issues among Sendafa high school and preparatory students.

2. Methods

2.1. Study Design, Period and Socio-demographic Data

A quantitative cross-sectional descriptive study was conducted from May to July, 2016 G.C., at Sendafa town school students. After obtaining informed consent, study participants were interviewed about their socio-demographic characteristics and assessed regarding their communication levels and factors influencing on SRH issues by using a structured questionnaire.

2.2. Study Area and Population

The study was carried out on school students in Sendafa town, Oromia regional state, central Ethiopia. Sendafa town is found 39 KMs from Finfinne, capital city of Oromia regional state and the country, Ethiopia. The study population includes all students from grade 9-12 attending Sendafa secondary school and preparatory schools during the study time. All unmarried and aged 13-24, who are attending school during the data collection were included in the study and students who are aged 24 and above and married were excluded from the study.

2.3. Data Collection

Study participants were interviewed about their socio demographic characteristics and their knowledge and attitudes on sexual and reproductive health issues by trained health professional, using structured questionnaire. Questionnaire was checked, edited and evaluated for consistence and completeness before the study.

2.4. Ethical Consideration

The research was ethically cleared and approved by Research and Ethics Committee of Sociology and Anthropology Department, Rift Valley University. Written informed consent was obtained from all the study participants before data was collected.

2.5. Statistical Analysis

Data were checked for completeness and entered into EPI Info and transferred to SPSS version 20 software. The students' demographic information of the study population were summarized using frequencies and percentage

3. Results

3.1. Socio Demographic Characteristics

A total of 304 sendafa high school students were assessed for Knowledge and attitudes on sexual and reproductive health issues during study period with the response rate of 100%. Out of the total, 165 (54.3%) were male and 139 (45.7%) were females. The mean age of the respondents was $16.77 \pm 1.78SD$, with a range of 13- 24 years. All of the current study participants were not married. Two hundred twenty six respondents were living with both parents. The majority of the respondent's parents were married and live together 248 (81.8%). The estimated mean family size of the respondents were $5.74 \pm 2.48SD$. Eighty four (27%) respondents had illiterate mothers and 60 (22%) of the students had diploma and above fathers. The occupation of mother and father of the students were 163 (53.6%) house wife and 114 (37.5) farmer respectively.

Table 1. Socio-demographic characteristics of school students in Sendafa town, June, 2016.

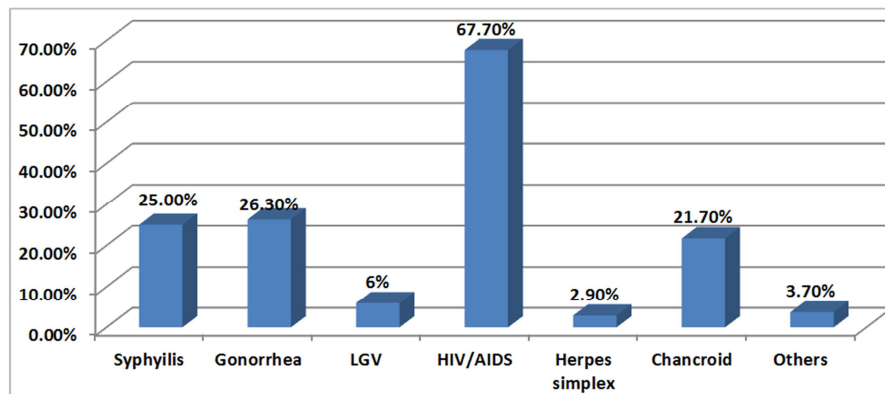
Variables	Numbers (304)	Percent
Sex		
Male	165	54.3
Female	139	45.7
Age		
13-16	156	51.3
17-20	131	43.1
21-24	17	5.6
Grade		
Grade 9	145	47.7
Grade 10	77	25.3
Grade 11	47	15.5
Grade 12	35	11.5
Religion		
Orthodox	240	78.9
Muslim	18	6
Protestant	24	7.9
Wakefata/tu	19	6.3
Other	3	1
Ethnicity		
Oromo	245	80.6
Amara	41	13.5
Tigire	2	0.6
Other	16	5.3
Living arrangements of students		
With both parents	226	74
With one parent	38	12.5

Variables	Numbers (304)	Percent
With relatives	14	4.6
Alone	24	7.9
Pocket money		
Yes	145	47.7
No	159	52.3

3.2. Knowledge and Attitude on a Selected Sexual and Reproductive Health Issues

Two hundred forty eight 248 (81.5%) of the students knew

about STD/HIV/AIDS. Out of these; 206 (67.7%) and 80 (26.3%) of the respondents knew HIV/AIDS and Gonorrhea respectively (Figure 1). About half 161 (53%) of the respondents knew when the menstruation (menarche) starts and responds the mean age of menarche was $13.5 \pm 1.27SD$. The feeling towards menarche among the female students were tension (25.8%) and fear (20.10%) respectively (Figure 2). Two hundred fifty two (82.9%) of the respondents knew the contraceptive methods, from these 130 (51.5%) and 94 (37.3%) knew Condom and Pills respectively (Table 2).



Multiple responses is possible

Figure 1. Students response to knowledge of STI Sendafa town 2016.

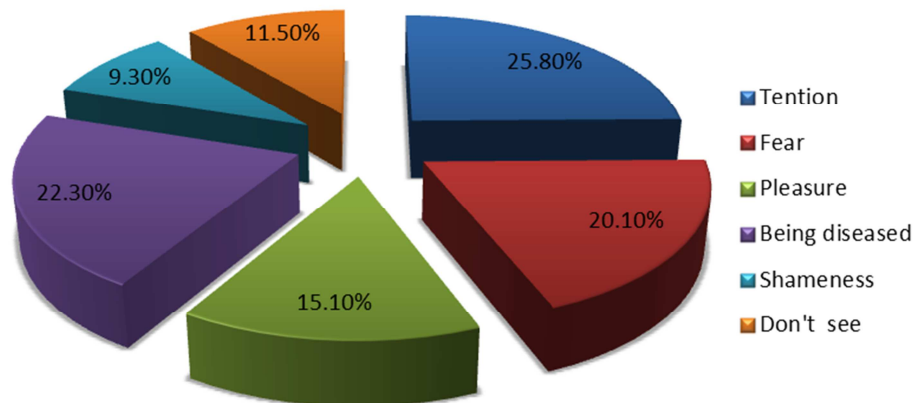


Figure 2. Female students feeling towards Menarche in Sendafa town 2016.

Table 2. The knowledge of students on Contraceptive method in Sendafa town, June 2016.

Variables	Frequency (N=252)	Percent
Pills	94	37.3
Depo-Provera	35	23.8
Impanel	68	26.9
IUCD	17	6.7
Condom	130	51.5
Abstinence	55	21.8
Using safe period	53	21.1

Multiple response fluctuate the percentage.

3.3. Source of Information on Sexual and Reproductive Health

Majority of the students 190 (62.5%) accepting in importance of communication with parents on SRH issues, while 99 (32.6%) of them had a negative attitudes towards its importance. The most frequent sources of information about SRH issue were 158 (51.9%), 151 (49.6%) and (45 (14.8%)), school, Media and peers respectively (Figure 3). About 226 (74.3%) and 78 (25%) of the respondents prefers getting information concerning SRH issues from school and home while 31 (10.2%) of them prefers church (Figure 3).

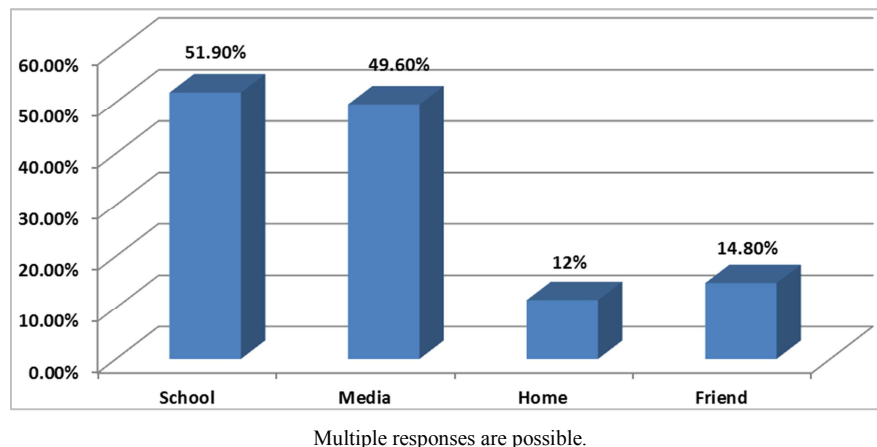


Figure 3. Students response to source of information for SRHI, Sendafa town, June 2016.

3.4. Sexual Attitudes and Behavior of Students

Majority 250 (82.2%) of the respondents disprove that it is normal and acceptable to have sexual feeling during adolescent while 54 (17.8%) of the students reported that as it is normal and acceptable. Male had 90.2% approval on premarital sex while females had insignificant approval. However; males had a negative attitudes towards the importance of communication on SRH and family size and grade had insignificant impact. Among the 52 had sexual intercourse twenty five (48.5%) of them were used condom, the median age of sexual initiation were $15 \pm 3.07SD$ and mean age of 15 years.

Table 3. School students to sexual initiation by different socio demographic variable Sendafa town, June 2016.

Variables	Sexual initiation		P value	β
	YES	NO		
Sex				
Male	41 (25.1%)	122 (74.9%)	.000	.902*
Female	13 (4.3%)	125 (90.6%)	.064	.159
Grade				
9	31 (21.5%)	113 (78.5%)	.000	.345*
10	8 (10.5%)	68 (89.5%)	.003	.34*
11	8 (17%)	39 (83%)	.000	.645*
12	7 (20.5%)	27 (79.5%)	.001	.520*
Age				
13-16	25 (16.1%)	130 (83.9%)	.000	.371*
17-20	22 (18.2%)	99 (81.8%)	.000	.425*
21-24	5 (29.5%)	12 (70.5%)	.169	.415
Family size				
≤ 6	20	180	0.41	0.144
≥ 7	12	90	.000	0.443*

* Significant p value at <0.05

4. Discussion

This study showed that two hundred forty eight 248 (81.5%) of the students knew about sexual transmitted infections. Out of these; 25% and 80 (26.3%) of the respondents knew syphilis and Gonorrhea respectively. The study conducted at south Arabia is higher than the current study, 33.3%, and 37.9% knew that syphilis, gonorrhea are sexually transmitted diseases respectively [8]. 206 (67.7%) of

the current study participants have also awareness about HIV/AIDS. This report is lower than the report from Malaysia, HIV remains the best known STD (83.6%) [14]; and higher than the report from Dilla, Ethiopia, the level of HIV/AIDS knowledge reported was 53% [15] and United Arab Emirates, the overall average knowledge score of HIV/AIDS was 61% [16].

According to the present study 53% of the study participants knew when the menstruation starts and responds the mean age of menarche was $13.5 \pm 1.27SD$. This is in close relation with another study in which mean menarcheal age was 13.1 ± 1.7 y [7]. The feeling towards menarche reported among the female students were tension (25.8%) and fear (20.10%). This reports is lower than the study conducted at South Africa while, 73% reported having fear and anxiety at the first experience of bleeding [9].

As reported by the current study 82.9% of the students have awareness about the contraceptive methods, from these 130 (51.5%) and 94 (37.3%) knew male condom and pills respectively. This study is lower than the study conducted in Spain, among university students 86.9% used a contraceptive method during their first sexual relation and the most used contraceptives methods were male condom (90.6%) and hormonal pills [17], in Nigeria, condom was the most frequently mentioned (59.3%) [7], and in Colombo, Sri Lanka, 57% used contraception at first intercourse [12].

Among study participants with awareness on reproductive and sexual issues, more than half 158 (51.9%) reported that they received information from school, followed by media 151 (49.6%) and peers 45 (14.8%). This report is in contrast to the study conducted at Hungary, while the majority of respondents obtained knowledge about sexual issues from the mass media than information received from school [18], friends as the primary or secondary source of knowledge about puberty and sex-related issues [13] and in agreement with another study, which reports school-based sexuality education programs improve sexual risk behavior knowledge, attitudes and behaviors among high school students [19, 20]. Institution based cross sectional study which was conducted among high school students in Dire Dawa, Ethiopia reports a majority of

student preferred to discuss with their peers than parents and condom use during first intercourse was associated with having communication about sexual and reproductive health [21]. Study conducted at Awabel district, Northwest Ethiopia, indicates that young people from families of higher family expenditure, lived with mothers, participated in peer education and lived near to a Health Center were more likely to utilize sexual and reproductive health services and those who had a parental discussion on sexual and reproductive health and ever had sexual intercourse were more likely to utilize the service than their counterparts [11]. Report from India showed that using peer education in schools informally could enhance the knowledge and approach toward aspects of physical health and sexual behaviors among female adolescences [22].

5. Conclusion

According to the finding of the current study knowledge and attitudes on sexual and reproductive health issues among Sendafa high school and preparatory students is good but need improvement.

Competing Interests

The authors declare no competing interests.

Authors' Contributions

All authors were equally participated in this paper.

Abbreviations

AIDS: Acquired immune deficiency syndrome; STI: Sexual Transmitted Infections; SRH: Sexual and reproductive health.

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