

EDITORIAL

New Research Findings on Adolescent Reproductive Health in Africa

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Available evidence indicates that sub-Saharan Africa has some of the worst indicators associated with adolescent reproductive health in the world. Data indicates that by age 20, at least 80% of the continent's youth have become sexually active¹. In many sub-Saharan African countries, first sexual exposure takes place outside marriage² under circumstances of low and inaccurate knowledge of sexual and reproductive health³, and with very little use of family planning or other protective measures.⁴ This pattern of high risk sexual behavior is associated with an increased incidence of sexually transmitted diseases, HIV/AIDS, unwanted pregnancy, unsafe abortion and high fertility rates among youths in sub-Saharan Africa.

Despite the high burden of ill-health associated with adolescent reproductive health in Africa, there is very little understanding of what needs to be done to reduce the scale of the problem. Increasingly, some of the most pervading social, cultural, and economic determinants that fuel adolescent sexuality in African have become seriously entrenched and have shown no signs of abating. With persisting poverty facing many countries in Africa, and the increasing activism of pro-life groups and various cultural and religious gatekeepers, much of what was gained in the 1990s in promoting adolescent sexual and reproductive health in Africa, have been showing signs of reversal. Although many government in Africa view with concern the region's continued rapid population growth, high birth rates and escalating rates of HIV infection, there has been little political will to address the problem in a realistic manner.

It is within this context that the *African Journal of Reproductive Health* is featuring a series of articles in this issue of the journal that describe new research that foster greater understanding of the determinants of adolescents reproductive health in four sub-Saharan African counties. The Guttmacher Institute along with nine partner organizations conducted this seminal research in Burkina Faso, Ghana, Malawi and Uganda. The research covered two large regions of Africa-East and West Africa that are more severely affected by adolescent ill-health, and also two large blocks of French and English speaking African countries. Furthermore, due to the fact that up to 20,000 youths were interviewed in the four countries, this body of research speaks to the needs of adolescents themselves, and also strengthens the relevance and important of the results obtained.

The studies carried in this edition of the journal make significant contributions to understanding the patterns and determinants of adolescent sexuality in Africa in several distinctive areas. The paper by Akin Bankole et al⁵ reports on sexual behavior, knowledge and sources of information on sexuality among very young adolescents, aged 12-14 years. This is one of first such reports on the sexual behavior of very young adolescents ever reported in the literature on adolescent reproductive health in Africa. Secondly, the paper by Moore et al⁶, reports on the prevalence and meanings of exchange of money or gifts for sex in unmarried adolescent sexual relationships in Africa. Although financial and material gains have always been reported to be incentives for sexual relationships among youths in Africa, no systematic study has yet explored the extent and nature of the related practices. This report therefore, has important implications for the design of programs to address this problem as a major determinant of adolescent sexuality in Africa.

A third paper by Caroline Kabiru and Ezeh⁷, report on the factors associated with sexual abstinence, a key intervention needed to delay the onset of risky sexual behaviors that have hardly been reported among youths Africa. Other key papers reported in this series include the paper that explores the relationship between poverty and risky sexual behavior by Madise et al⁸ and the paper by Akin Bankole et al⁹ that reports on the knowledge of adolescents regarding the use of condoms in the four African countries.

In sum, the papers reported in this series add to the existing body of information relating to the socio-economic and cultural determinants of adolescent reproductive health in Africa. In particular, they provide critical and essential information needed for programmatic design and interventions on adolescent reproductive health in the African continent. However, despite the increasing knowledge of the prevalence and determinants of adolescent sexual behaviour and adolescent ill-health in Africa, it is worrisome that very little data currently exists that describe the effectiveness and efficacy of interventions needed to address the problems.

To date, very little intervention research on adolescent reproductive health has been reported from sub-Saharan African countries. For cultural and religious reasons, interventions that have proven to be effective in improving adolescent reproductive health in western countries have not been widely accepted in African countries. Thus, it would be relevant to test the effectiveness and relative effectiveness of innovative and culturally appropriate interventions that address adolescent reproductive health in sub-Saharan African countries. Also, research that describes the effectiveness of "western type" interventions in African populations is needed to convince policymakers to engage those kinds of interventions in the promotion of adolescent reproductive health in Africa. Clearly, intervention research should be an important area of focus in the next generation of programmatic interventions needed to promote adolescent reproductive health on a sustainable level in Africa.

In conclusion, the kinds of descriptive research reported in this edition of the African Journal add to the existing formative research data on adolescent reproductive health in Africa. However, the challenge is for policymakers to determine how best to use this information to design programs to improve adolescent reproductive health in Africa, and also, for the research community to show greater interest in intervention research relating to adolescent health in Africa.

Reference

1. Noble J, Cover J, Yanagishita M. *The World's Youth*. Washington DC: Population Reference Bureau, 1996.
2. McDevitt TM. *Trends in Adolescent Fertility and Contraceptive Use in the Developing World*. [IPC/95-1.] Washington, DC: U.S. Dept. of Commerce, 1996.
3. Gorgen R, Yansane ML, Marx M, et al. Sexual behaviour and attitudes among unmarried urban youths in Guinea. *International Family Planning Perspectives* 1998; 24:65-71.
4. Nare C, Katz K, Tolley E. Adolescents' access to reproductive health and family planning services in Dakar (Senegal). *Afr J Reprod Health* 1997; 1(2): 15-25.
5. Bankole A, Biddlecom AE, Guiella G, Singh S, Zulu E. Sexual behaviour, knowledge and information sources of very young adolescents in four sub-Saharan Africa. *Afr J Reprod Health* 2007; 11(3), p.28-43.
6. Moore AM, Biddlecom AE, Zulu E. Prevalence and meanings of exchange of money or gifts for sex in unmarried adolescent sexual relationships in sub-Saharan Africa *Afr J Reprod Health* 2007; 11(3), p44-58.
7. Kabiru CW, Ezeh A. Factors associated with sexual abstinence among adolescents in four sub-Saharan African countries *Afr J Reprod Health* 2007; 11(3), p109-130.
8. Madise N, Zulu EM, Ciera J. Is poverty a driver for risky sexual behaviour? Evidence from national surveys of adolescents in four African countries *Afr J Reprod Health* 2007; 11(3), p81-96.
9. Bankole A, Ahmed FH, Neema S, Ouedraogo C, Konyani S. Knowledge of correct condom use and consistency of use among adolescents in four countries in sub-Saharan Africa. *Afr J Reprod Health* 2007; 11(3), p28-43.