

## Knowledge and Attitudes Concerning Sexual and Reproductive Health among In-School Adolescents in the Gambia

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### Abstract

Adolescents and youth are individuals who are in the phase of life that separates early childhood and adulthood, a period that requires special attention and protection. This study was carried out to assess the baseline knowledge and attitudes concerning sexual and reproductive health among in-school adolescents in Greater Banjul area in Region 1, The Gambia. This cross-sectional study was carried out among 1505 in-school adolescents selected from secondary schools by systematic sampling technique. Data was collected using a structured, interviewer-administered questionnaire. A total of 1388 valid questionnaire (92.2% response rate) was analyzed. The age of the adolescent ranged from 13 – 19 years, with a mean age of  $16.5 \pm 1.9$  years. A higher proportion of them, 816 (58.8%), were females, concerning HIV prevention, a higher proportion mentioned correct use of condoms during sexual intercourse, 930 (67.0%), and having only one sexual partner, 781 (56.2%). Only 511 (36.8%) mentioned abstinence. The predominant contraceptive methods mentioned by adolescents were condom 1192 (85.9%), followed by oral contraceptive pills 735 (53.0%) and injectable 586 (42.2%). Almost half, 680 (49.0%), agreed that young people who carry contraceptives with them are promiscuous or unfaithful, while only 393 (28.3%) disagreed with this. About the same proportion agreed, 582 (41.9%) and disagreed with 557 (40.1%) that using a contraceptive is a sign of not trusting one's partner. The knowledge and attitudes concerning sexual and reproductive health were poor among in-school adolescents in studied. There is a need for an all-inclusive, comprehensive sexuality education to be implemented in all secondary schools in The Gambia.

**Keywords:** Attitudes, In-school adolescents, Knowledge, Sexual and reproductive health.

### Introduction

The United Nations defines 'young people' as those between the ages of 10 and 24 years, comprising of adolescents (10 - 19 years) and youths (15 - 24 years) [1]. The global population of this age group is 1.8 billion people, and 99% of them live in less developed regions, including sub-Saharan Africa [1]. Presently, the number of young people living in the world is at an all-time high. Adolescents and youth are individuals who are in the phase

of life that separates early childhood and adulthood, a period that requires special attention and protection [1,2]. It requires a positive and respectful approach to sexuality and sexual relationships and the possibility of having pleasure and safe sexual experiences, free of coercion, discrimination, and violence.

It is estimated that about 60% of Africa's population is less than 25 years, making Africa the youngest continent in the world [3]. In The Gambia, youth make up about two-thirds of the population [4], but observations indicate that

they lack access to quality information and services on preventing and protecting themselves against sexual and reproductive health (SRH) infections and unwanted pregnancies. The prevailing potential sources of sexuality education for young people include their peers who are equally ignorant from school, which is blamed for the lack of comprehensive sexuality education in most countries in sub-Saharan Africa and the social media [5]. Ideally, knowledge of SRH issues is supposed to emanate from the home from parents to adolescents. However, studies in The Gambia and other countries in sub-Saharan Africa showed that there is poor parent-adolescent communication on SRH issues [6,7]. The ripple effect of this is the vicious circle of poor knowledge, negative perceptions on SRH, and engaging in risky sexual behaviours, which are usually associated with serious health consequences among adolescents. For instance, teenage pregnancies outside of marriage among adolescent girls, in particular, is a major cause for concern in The Gambia, where 12% (urban 8.6% and rural 19.5%) of adolescent women aged 15 to 19 are already mothers or pregnant with their first child [8]. Also, teenage pregnancies constitute a major cause of unsafe abortions, which have contributed to 13% of Gambia's maternal deaths [9].

Adolescent sexuality education is a challenging issue in The Gambia as many institutions, including schools, religious centers, and traditional communities, limit such communication, which would not help to establish individual values and make sexually healthy decisions. There is a general belief that informing adolescents about sex and teaching them how to protect themselves would make them sexually active [10]. The relevance of comprehensive sexuality education among adolescents and youth can never be over-emphasized.

It would provide them with life skills with which they can handle crisis situations. They also become aware of their body and its

functioning and can protect themselves from sexual abuse if they are well informed. They can sublimate their sexual energy till such time they are ready for marriage; learn gender equality; protect themselves from unwanted pregnancies, unsafe abortions, STI's, HIV/AIDS. Adolescents have various needs with respect to sexual development and have a need to receive help in understanding their own changes of body and behaviour and how to cope with these not only at the time but also how to integrate them into a mature personality in the future.

In order to build a justification for the implementation of comprehensive health and sexuality education for adolescents in educational institutions, this study was carried out to assess the baseline knowledge and perception of SRH among in-school adolescents in Greater Banjul area in Region 1, The Gambia.

## **Materials and Methods**

### **Study Design/Setting**

This cross-sectional study was carried out in Greater Banjul area in Region 1, The Gambia. Region 1 is one of the eight Local Government Areas (LGA) of The Gambia and is subdivided into wards. Region 1 has a population of 322,735 inhabitants representing about 24% of the total population of the country [11]. The region has a total of 43 secondary schools (26 public and 17 private schools) with large youth population.

### **Sample Size Determination**

The calculated minimum sample size required for this study using the formula for calculating sample size for a proportion in a single cross-sectional survey [12] was 752. The following assumptions were made in the sample size calculation: A confidence interval of 95%; the estimate of the expected proportion (p) of 67.3% being the proportion of students who knew about sexually transmitted infection (STI) in a previous study in The Gambia; the desired

level of absolute precision ( $d$ ) of  $\pm 5\%$  and a design effect (DEFF) of 2.

### Study Population and Sampling

The study participants were students in all the secondary schools in Region 1. A systematic sampling technique was used to recruit the 35 students each from all the 43 secondary schools in the region. In each school, a list of all eligible students was obtained from the school Principal and arranged in alphabetical order, and this constituted the sampling frame. The sampling interval ( $n$ ) was determined by dividing the total number of eligible students by 35. The starting point was determined using a simple random sampling technique from the first name to the last name within the calculated sampling interval. Thereafter, every  $n$ th student was recruited for the study until the 35<sup>th</sup> student was gotten.

### Data Collection and Analysis

The data collection tools employed in this study were a structured, interviewer-administered questionnaire. The questionnaire was used to assess the students' exposure to sexuality education; preference regarding content, teaching approach, and format of the information received; level of support for or opposition to sexuality education in schools; and attitudes towards sexual and reproductive health issues.

Eight trained data collectors and 4 field supervisors from the Ministry of Basic and Secondary Education, Ministry of Health and Civil Society Organizations (CSO) assisted in the data collection.. The IBM SPSS Statistics version 22.0 (IBM Corp, Armonk, NY, USA) was used for data analysis. The outcome

variables were summarized using frequencies and proportions.

### Ethical Consideration

Ethical approval for this study was obtained from the Gambia Government/MRC Joint *Research Ethics Committee*. Permission to carry out the study was obtained from the principals of the secondary schools. Written informed consent was obtained from the students aged 18 – 19 years and from the parents of those aged 15 – 17 years through the Parent-Teacher Association (PTA). The study objectives and procedures and their rights to participate or not were carefully explained to the students with full assurance of confidentiality.

### Results

A total of 1505 in-school adolescents were interviewed in this study. However, a completely filled questionnaire (valid responses) gotten from 1388 of them was analyzed. This gives a response rate of 92.2%. Table 1 shows the socio-demographic characteristics of the adolescent. The age of the adolescent ranged from 13 – 19 years. Their mean was  $16.5 \pm 1.9$  years, with almost one-third of 896 (64.5%) were aged 16 - 19 years. A higher proportion of them, 816 (58.8%), were females. Adolescents in grade 9 dominated the study 614 (44.2%), followed by those in grades 8 (13.2%) and 12 (17.1%), while grade 7 (3.3%) was the least represented grade of study. The majority of the adolescents in this study were Moslems 1216 (87.6%) and resided with both parents, 1060 (76.5%). Few of them, 156 (11.2%) and 49 (3.5%) reside with their mother and father, respectively.

**Table 1.** Socio-demographic Characteristics of the Adolescents

Variables	Frequency (n = 1388)	Percent
<b>Age group (years)</b>		
13 – 15	492	35.5
16 – 19	896	64.5
Mean age: $16.5 \pm 1.9$		

<b>Sex</b>		
Male	572	41.2
Female	816	58.8
<b>Grade</b>		
7	46	3.3
8	183	13.2
9	614	44.2
10	135	9.7
11	173	12.5
12	237	17.1
<b>Religion</b>		
Christianity	172	12.4
Islam	1216	87.6
<b>With whom adolescent reside</b>		
Both parents	1060	76.4
Mother	156	11.2
Relatives	123	8.9
Father	49	3.5

The knowledge of some SRH issues among the adolescents was shown in table 2. The domains covered include knowledge of HIV transmission, knowledge of HIV prevention, knowledge of contraceptive methods and knowledge of where to get contraceptives. Almost all the adolescents knew that HIV could be contracted by having unprotected sexual intercourse with someone who has HIV 1370 (98.7%). The majority also knew that HIV can be spread through injection with needles used by an infected person 1096 (79.0%) and receiving blood transfusion from an infected person 1002 (72.2%). Few adolescents stated that HIV could be contracted by shaking hands with an infected person 198 (12.4%). The myths and misconception of HIV infection

resulting from bad omen, curses, and witchcraft was exhibited by 50 (3.6%) of the adolescents. Concerning HIV prevention, a higher proportion mentioned correct use of condoms during sexual intercourse, 930 (67.0%), and having only one sexual partner 781 (56.2%). Only 511 (36.8%) mentioned abstinence. Almost two-thirds of 901 (64.9%) knew where to get tested for HIV. The predominant contraceptive methods mentioned by adolescents were condom 1192 (85.9%), followed by oral contraceptive pills 735 (53.0%) and injectable 586 (42.2%). Male sterilization and intrauterine devices were mentioned by 255 (18.4%) and 207 (14.9%) of them, respectively. Two-thirds of 922 (66.4%) of them knew where to get contraceptives.

**Table 2.** Knowledge of Sexual and Reproductive Health Issues among the In-school Adolescents

<b>Components of SRH knowledge</b>	<b>Frequency (n = 1388)</b>	<b>Percent</b>
<b>Knowledge of HIV transmission</b>		
Having unprotected sexual intercourse with someone who has HIV	1370	98.7
Injecting a needle that was already used by someone with HIV	1096	79.0
Receiving blood [transfusion] from an infected person	1002	72.2
Transmission from mother to child	632	45.5
Shaking hands with an infected person	198	14.3
From mosquito bites	171	12.4

Bad omen/curse/witchcraft	50	3.6
<b>Knowledge of HIV prevention</b>		
Correct use of condom always during sexual intercourse	930	67.0
Knowledge of where to get tested for HIV	901	64.9
Having only one sexual partner	781	56.3
Abstinence from sexual intercourse	511	36.8
<b>Knowledge of contraceptive methods</b>		
Condom	1192	85.9
Oral contraceptive pills	735	53.0
Injectable	586	42.2
Rhythm method	385	27.7
Implant	341	24.6
Female sterilization	275	19.8
Emergency contraceptives	267	19.3
Male sterilization	255	18.4
Withdrawal method	211	15.2
Intrauterine devices	207	14.9
<b>Knowledge of where to get contraceptive</b>		
Yes	922	66.4
No	466	33.6

Table 3 shows the attitudes of the adolescents toward some SRH issues. Almost half, 680 (49.0%), agreed that young people who carry contraceptives with them are promiscuous or unfaithful, while only 393 (28.3%) disagreed with this. Similarly, only a third, 464 (33.4%), disagreed that making contraceptive methods available to young people encourages them to have a love affair. About the same proportion agreed, 582 (41.9%) and disagreed with 557 (40.1%) that using a

contraceptive is a sign of not trusting one's partner. Six hundred and sixty (45.6%) of the adolescents agreed that it is wise for a female student who does not want to become pregnant to use a contraceptive method, while 473 (34.0%) disagreed with this. More than half of the 765 (55.1%) agreed to be a friend to someone they know has HIV, while most of them, 1149 (82.8%), disagreed that it is acceptable for a man to beat his partner if she refuses to have sexual intercourse with him.

**Table 3.** Attitude of In-school Adolescents towards Sexual and Reproductive Health

Variables (n = 1388)	Agree	Disagree	Don't know
	n (%)	n (%)	n (%)
Young people who carry contraceptives with them are promiscuous or unfaithful	680 (49.0)	393 (28.3)	315 (22.7)
Making contraceptive methods available to young people encourages them to have love affair	700 (50.4)	464 (33.4)	224 (16.1)
Using a contraceptive is a sign of not trusting one's partner	582 (41.9)	557 (40.1)	249 (18.0)
Having consensual and protected intercourse with someone you love is a good thing	569 (41.0)	554 (39.9)	265 (19.1)
It is wise for a female student who does not want to become pregnant to use a contraceptive method	660 (45.6)	473 (34.0)	255 (18.4)

Most times, when girls say “no” to sex they really mean “yes”	493 (35.5)	642 (46.3)	253 (18.2)
If someone I know had HIV/AIDS, I would still be his/her friend	765 (55.1)	440 (31.7)	183 (13.2)
It is acceptable for a man to beat his partner if she refuses to have sexual intercourse with him	124 (8.9)	1149 (82.8)	115 (8.3)

## Discussion

The concern about adolescent sexual and reproductive health (ASRH) has grown over the past years due to unprecedented increasing rates of SRH infections, early sexual debut, and teenage and unwanted pregnancies. This baseline study revealed that a good proportion of the in-school adolescents were knowledgeable about HIV transmission and prevention even though there were few misconceptions.

They also displayed good knowledge of contraceptive methods. However, they fared poorly in their attitudes towards some of the SRH issues.

It is quite encouraging that most of the adolescents knew about HIV transmission and prevention. However, the few that stated that HIV can be gotten from shaking hands with an infected person and from mosquito bites is a major source for concern. Also worrisome is the fact that some adolescents felt that HIV infection is a result of a bad omen, a curse or witchcraft. This misconception can lead to poor health seeking behaviour as people may seek unorthodox remedies when they contract HIV which may further jeopardize their condition. This finding underscores the need for a comprehensive health education programme aimed at addressing myths and misconceptions of SRH issues for in-school adolescents. A study in Zambia among adolescents living with HIV showed that only 19.7% had ever gone to a doctor or health clinic to get information on sex [13].

This may not be unconnected with myths and misconceptions still surrounding HIV/AIDS. Another study in KwaZulu Natal, South Africa reported that adolescents’

knowledge of pregnancy and sexual and reproductive health was deficient [14]. However, the level of knowledge about HIV in this study was similar to what was reported among adolescents in eight sites across sub-Saharan Africa (SSA) [15].

In this study, apart from condoms, the knowledge of other contraceptive methods was sub-optimal. This trend was similar to what was reported in a study in the Karu local government area in Nigeria and in other parts of Africa [16,17]. It is, therefore, not surprising that only one-third of the adolescents knew where to get a contraceptive. The report of a study that utilized data obtained from pooled current Demographic and Health Surveys (DHS) conducted in 32 countries in SSA showed that the use of general and modern contraceptives among adolescents in SSA remains low [18]. Poor knowledge of contraceptive methods and how to access them is very detrimental to uptake of contraceptive services among adolescents and this is capable of impacting negatively on their SRH. The need to strengthen efforts aimed at scaling up contraceptive usage among adolescents in SSA cannot be over emphasized, and comprehensive SRH education is key. Comprehensive sexuality education plays an important role in equipping adolescents and young people with SRH information [19].

The in-adolescents demonstrated negative attitudes towards most of the SRH themes covered in this study. This could probably be as a result of the deep cultural and religious beliefs which impede communication on SRH, especially to adolescents and young people in the study setting. The majority of the in-school adolescents expressed disagreement for a man

to beat his partner if she refuses to have sexual intercourse with him.

This is a positive finding that will help in addressing the issues of intimate partner violence among the study population. A negative attitude is a precursor to risky sexual behaviours and all its attendant SRH consequences. Our study finding is comparable to the poor attitudes toward SRH among in-school adolescents in Tamale, Ghana [20], but contrasted the results of a study in Riyadh, Kingdom of Saudi Arabia, where the majority of the female secondary students had positive attitudes regarding SRH [21].

Our study has some limitations: It is a cross-sectional study that focused only on in-school adolescent; thus, the results cannot be generalized to all adolescents. This study did not explore factors associated with the knowledge and attitudes toward SRH of the adolescents.

However, the study has provided a veritable baseline for further studies on adolescent SRH needs in The Gambia.

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## Conclusion

The knowledge and attitudes concerning SRH were poor among in-school adolescents studied. There is need for an all-inclusive comprehensive sexuality education (involving teachers, healthcare workers and parents) focusing on attitudinal change to be implemented in all secondary schools in The Gambia.

## Conflict of Interest

The authors have no conflict of interest declare.

## Acknowledgement

The authors sincerely register their appreciation to the management and staff of the secondary schools in the Region 1 of The Gambia for their cooperation during the study.

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