

ABSTRACT

Impact of the Cameroon Adolescent and Youth Reproductive Health Intervention Program (CAREH) on delaying sexual activities

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The CAREH Program aims to improve adolescent and youth health. One of its goals is to delay youth sexual initiation. This paper evaluates the effects of CAREH's activities by testing two hypotheses. Data are from the Cameroon Family and Health Surveys carried out in 1996/97 and 2002. A quasi-experimental design was used to compare educated youth to those not educated by the program in 2002, with respect to youth surveyed at the baseline survey. This research is based on a framework inspired of the Health Belief Model. Results indicate that the proportion of youth having premarital sexual activities has decreased during the inter-survey period, especially among those educated by the CAREH program. Multivariate analysis found that negative perception about youth premarital sexual activities and parental control both were contributing to the delay of premarital sexual initiation. This evaluation pointed out the strengths and usefulness of the CAREH's program in Bandjoun.

Keys words: sexual, initiation, Cameroon.

EXTENDED ABSTRACT

IMPACT OF THE CAMEROON ADOLESCENT AND YOUTH REPRODUCTIVE HEALTH INTERVENTION PROGRAM (CAREH) ON DELAYING SEXUAL ACTIVITIES

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1. Overview

Nowadays, adolescents and youth health is an important component of public health in developing countries. However, many studies are still demonstrating that age sexual initiation is declining (Fawole, Asuzu et al. 1999; Forste and Haas 2002; Bozon 2003). This exposes youth to significant health problems such as teenage pregnancy, abortions, and sexually transmitted infections including HIV/AIDS. Thus, in order to alleviate those problems and improve reproductive health status in developing countries, several new regional projects and programs have been implemented in Africa.

In Cameroon, the Cameroon Adolescent and Youth Reproductive Health Promotion Program (CAREH) was implemented in 1996. The pilot intervention project was implemented in Bandjoun in the department of Koung-Khi, from July 2001 to July 2002. The goals of the CAREH program have been to promote health in general and reproductive health in particular. One of these goals is to contribute to delay adolescent and youth sexual initiation.

2. Research objectives and hypotheses

The program mainly promotes reproductive health advocacy among youth, parents, administrative, religious and traditional community leaders. Youth were educated about the consequences of early sexual initiation through motivation campaigns and/or trainings on reproductive health. Parents were educated about their roles on youth sexual education. This paper aims to evaluate the impact of CAREH's intervention on the delay of youth sexual initiation. In this study we test two hypotheses: a) positive perception on

premarital sexual activities for a boy or a girl is likely associated with experimenting premarital sexual activities; b) rigorous parental control on youth leisure activities may likely delay youth sexual initiation.

3. Methodology

This research was held in Bandjoun, which is located in West Cameroon, West Province, in the Koung Khi department (one of 58 departments). This quantitative research used two sets of data, one from Cameroon Family Health Survey conducted between 1996 and 1997 (baseline) and the other from a follow up survey conducted in 2002. There was a random sample of 1,289 youth (628 boys and 661 girls) in 1996/1997 and 2,219 youth (974 boys and 1,245 girls) in 2002 with age ranging from 10 to 24 years. In 2002, groups were compared according to whether or not they had attended the CAREH IEC reproductive health motivational campaigns or trainings. Among the targeted youth 1,655 (738 boys and 917 girls) did not attend CAREH-IEC activities and 564 (236 boys and 328 girls) did.

A quasi-experimental design was used to make a comparison between youth who attended CAREH program's motivation campaigns and/or trainings on reproductive health and those who did not attend any of these activities as well as youth surveyed at baseline. A framework adapted from the Health Belief Model was used to test our two hypotheses. A descriptive analysis was used with a survival analysis and multivariate analyses based on a discrete time logit model. Boys and girls were analyzed separately.

4. Key findings

A decline in youth sexual activities was noted between the 1996/97 and 2002 surveys. In 1996/97, there were 40% (36.15% boys and 44.33% girls) of sexually active youth; this proportion decreased to 35% (38.14% boys and 32.93) among youth who attended CAREH activities and 27% (20.46% boys and 32.28% girls) among those who did not

attend. The decrease of youth sexual activities was most important among youth who did not attend CAREH activities because the program attracts young people already sexually active in need of health education. Mean age for boys at premarital sexual initiation was 15.70 years in baseline survey, which passed to 15.91 years among educated boys and 16.15 years among not educated boys. Mean age for girls was 16.25 years at baseline, while it was 16.65 years for girls not educated, and 16.69 years for educated girls. Educated youth among girls delayed more their first premarital sexual initiation than those not educated by CAREH activities did.

In comparing survival curves we found out that in each survey young boys curve is below of the girls', showing that boys started sexual initiation earlier than their counterpart girls. But when we compare youth in baseline, who attended CAREH activities and those who did not, we can see that educated girls have the highest curve followed by the curve of not educated by CAREH, and girls at baseline had the lowest curve. However, among boys those not educated by CAREH have the highest curve, followed by educated boys and the baseline boys had again the lowest curve.

Multivariate analyses show that boys and girls' perception on necessity of premarital sexual activities increased their premarital sexual activities in all surveys (baseline, not educated boys and educated boys). Among boys, the hazard of premarital sexual activities to occur increase with age to reach the maximal intensity for not educated boys between 17 to 18 year and for educated boys between 19 to 24 years. The effect was higher among educated girls than not educated after 17 year. It is also obvious in all surveys that premarital sexual activities decreased with rigorous parental control on youth leisure activities.

Conclusion

The goal of this study was to evaluate the impact of CAREH program activities on the delay of premarital sexual initiation. The data provided a strong support that CAREH program contributed to delay adolescents and youth sexual initiation as shown by the

shift in sexual initiation trend in both sexes. The proportion of sexually active youth among educated youth and not educated youth with respectively 35% and 27% were lower than the rate in others African studies (Makatjane 2002; Oindo 2002; Flisher, Reddy et al. 2003). As expected, we found that girls' and boys' negative perception on premarital sexual initiation and rigorous parental control on youth leisure activities were associated with a decrease of premarital sexual initiation. Also, it was found that CAREH program efficiently fulfilled the need of youth in sexual education program in Bandjoun.

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