Assessment of Sexual and Reproductive Health Needs of Young People in Jimma College of Teachers' Education

Temesgen Yadeta Dibaba (M.A), Zinab AbbaOli AbbaDiga

Jimma University, College of Education and Behavioral Sciences, Department of Teacher Education and Curriculum Studies, Ethiopia

Abstract- The main purpose of the study was to assess the sexual and reproductive health needs of young people in Jimma College of Teachers' Education. The study employed qualitative case study method. Young people, teachers, health and counseling professionals in the college were the main sources of data. Stratified and purposive samplings were used. Focus group discussion and in depth interview were the main tools of data collection. The data were analyzed thematically using verbatim quotes. The study indicated that many participants had lack of awareness about health needs during different developmental stages. Besides, they had inadequate information about sexuality and relationships behaviors before they taste it practically in their life. There had been also a lack of openness in communication among sexual partners about the knowledge of and attitudes to contraceptives and sexually transmitted infection. Further, the sexual and reproductive health services in the college were inadequate. Thus, pregnancy among unmarried females, increasing incidence of abortion and sexually transmitted disease s were common among young people in the college. In conclusion, many young people in the college had been vulnerable because of the lack of knowledge, skills and attitudinal challenges to avoid SRH risky behaviors, mainly females. The prevalence of sexual activity at an early age, coupled with multi sexual partners and attitudinal challenges towards the use of contraceptives and condom had exposed many females to the risks of sexually transmitted infections and HIV/AIDS, unwanted pregnancy, unsafe and repeated abortion. Attempts made to minimize the risks of sexual and reproductive health in the college hardly exist. Therefore, urgent measures are required to save the lives of most precious but vulnerable young people life in the college. Among the major implications of the study; inclusion of SRH education in to school curriculum, awareness rising through sexual and reproductive health clubs, peer-education, drama, competitions, etc., along with young people focused workshops, discussions, meetings, and seminars with all concerned stake-holders, strengthening the partnership among educational institutions, governmental and non-governmental youth-serving organizations and further detailed researches in the area of SRH needs of young people were suggested as helpful.

Index Terms- HIV/AIDS, reproductive health, sexuality, sexually transmitted disease/infection, unwanted pregnancy, unsafe abortion, young people

I. INTRODUCTION

Health is one of universal human rights. This right includes sexual and reproductive health. To guarantees sexual and reproductive health right, people must be treated according to their needs. The sexual and reproductive health services enhance public health and improve quality of life. They can reduce the risk of disability, disease or death from sexually transmitted infections (STIs), harmful traditional practices and HIV/AIDS. As a result, sexual and reproductive health among young people have become increasingly important and aroused international concerns (WHO, 2010).

In recent years, numerous surveys have shown that young people in developing countries, especially in Sub-Saharan Africa have low levels of sexual knowledge affecting their attitudes towards sex and sexual behaviors. Ethiopia is a country in Sub-Saharan Africa that comprises many young people whose reproductive health needs is poorly understood and ill served (Sridevi, 2011). In addition, the available researches in the areas have shown that an increase in premarital sex, unwanted pregnancy and unsafe abortion among college students (Hong, 2011).

Likewise in Oromia, many young people from different zones of the region join Jimma College of Teachers Education. The sexual and reproductive health needs of these young people have not been yet assessed. Therefore, the assessment of the sexual and reproductive health needs of these young people is very vital for many reasons. It provides information on young people sexual and reproductive health knowledge, attitudes and behaviors and the services available to them. Besides, such needs assessment provides a baseline from which to start interventions, and helps to determine where to focus advocacy efforts of people in the target area. This study was thus; designed to assess the sexual and reproductive health needs of young people in Jimma College of Teacher Education. To this end, the study would answer the following basic research questions.

1. How far young people in the college have adequate awareness about health needs during different developmental stages?
2. What experiences do young people in the college have about sexuality and relationships

behaviors?

3. What knowledge of and attitudes to sexually transmitted infections do young people in the college have?
4. Who are the major social influences on sexual and reproductive health behavior of young people in the college?
5. What views do young people have about the sexual and reproductive health services in the college?

II. Objective of the Study

The general objective the study was to assess the SRH needs of young people in Jimma College of Teacher Education so as the results would help to address the SRH challenges of young people. The specific objectives of the study include the following.

- To assess the awareness of young people about health needs during various developmental stages.
- To examine the experience of sexuality and relationships behaviors of young people in the college.
- To describe the knowledge of and attitudes to sexually transmitted infections that young people have in the college.
- To identify the major social influences on sexual and reproductive health behavior of young people in the college.
- To indicate the views that young people have about the sexual and reproductive health services in the college.
- To suggest ways or means by which the challenges of young people SRH needs would be addressed in a comfortable and effective manner.

III. Significances of the Study

The findings of the study would be significant in the following ways.

- It would assist to provide correct information about existing SRH knowledge, attitudes and behaviors of young people.
- It would help to identify key issues that urgently need to be addressed in SRH of young people.
- It would assist to design effective strategies to increase access and use of SRH services.
- It would help to indicate better ways of disseminating SRH information to young people.
- It would assist to create supportive environment for dealing with SRH needs of young people.
- It would help to design better ways and means of addressing the SRH problems of young people.

Research Methods and Materials

In order to obtain a clear picture of sexual and reproductive health needs of young people in Jimma College of Teachers' Education qualitative case study method was used.

Data Sources

The main data sources for the study consisted of young people, teachers, and counseling and health service providers of the college. Accordingly, the data were collected from forty-eight young people, counseling and health service professionals of the college.

Sampling Techniques

In order to obtain sample respondents stratified and purposive samplings were used. Multistage stratified sampling was used to select samples from the college trainees. The strata include trainees' sex, age, field of specialization (stream) and year of attendance. Accordingly, based on their age three strata were formed. These were from age group 14-17, 18-20 and 21-24. Besides, trainees were categorized in to their streams such as languages, social and natural sciences. Further, trainees' year of attendance was taken into consideration (first, second and third year students). Purposive sampling was also used to select teachers, one guidance and one health services professionals. Teachers were selected from the view points of courses they offer in the college. Accordingly, two female teachers from natural science and four from education streams were involved in the discussions. Guidance and health services professionals were selected from the position they hold in the area so that they could provide valid and pertinent data to the study.

Table: Characteristics of sample students

Strata by Age		Strata by Year		Strata by Stream		Strata by Sex	
Classification	No.	Classification	No.	Classification	No.	Male	Female
14_17	16	1st	16	Language	7	24	24
18_20	16	2nd	16	Social sciences	7	-	-
21_24	16	3rd	16	Natural Sciences	34	-	-
Total	***48***	***Total***	***48***	***Total***	***48***	***Total=48***	

IV. Data Collection Instruments

Interview and focus group discussions were the main tools of data collection. The instruments were originally prepared in English and translated into regional languages known as Afan Oromo. This had been done in order to obtain adequate information from all participants that would help to achieve the objectives of the study. An in-depth interview was conducted using interview guides. The interviews were conducted with one counseling and one health professionals. Focus group discussions were conducted among students and teachers using FGDs guides separately. In order to conduct the discussions among students' three main strata were formed (male, female and male and female mixed groups). Then six groups, two for each stratum were formed. F were conducted in six different groups each consisted of eight members. Besides, FGD was made among teachers.

Data Analysis Techniques

In this study, qualitative data analysis technique was used. The data collected through focus group discussions and in-depth interviews were coded and divided into categories, analyzed thematically using verbatim quotes. Based on analyzed data, summary of major findings and implications for future actions were made.

V. Results and Discussion

1. Young People Awareness about Health Needs during Different Developmental Stages

In order to assess the participants' awareness about SRH needs during different developmental stages they were made to discuss on the most important health changes that take place during different developmental stages mainly during puberty. In so doing, the participants were asked about wet dream, masturbation, and menarche so as to share their experience.

First and foremost, participants were made to comment on the importance of health in human life. Accordingly, many participants raised their hands to explain the importance of health in every group. One of the participants from male groups FGDs said *"Health is the basic necessity of human life and very essential to human existence."* Other participant boy from mixed sex group said *"Health is primary and the rest what we aspire in our life are all secondary."*

Another participant from female group FGDs said ***"****Health is the most precious wealth of human beings. A person who has health is rich, happy and successful in his or her life."*

In this connection, participants were also asked about the need of sexual and reproductive health.

All the participants in every group accepted sexual and reproductive health as one of the necessities of human life. These indicated that participants seem to be well aware of the importance of health, including SRHs. On the basis of the above argument participants were made to discuss on young people awareness about health needs during different developmental stages as follows. When asked about changes do they observe on both male and female in puberty, boys have mentioned the development of growth of hair on face, chest and armpit. They didn't mention any changes related to sex organs such as the growth and erection of penis, wet dreams and masturbation. Then, they were asked about wet dream and masturbation.

In male groups FGDs participants reacted immediately. Then, one of the participants from male group FGDs expressed his experiences of masturbation as follows.

> *When I feel sex, I used to masturbate. I use a soap to rub on my penis several times until the sperm released. Then, I would feel sexual satisfaction. After a moment, I comment myself for I did wrong. I had such practice from the age of fourteen.*

In female and mixed sex groups FGDs the room gets little silence. However, one participant boy from mixed sex group FGDs shared us his experience of wet dreams. He said:

> *In my neighbor there was one beautiful girl with very long hair. We were age mate and had been studying together. I loved her. But I had no words to tell her about. She didn't say any word about love. When I met her during the day I experience night emission. Finally, up on completion of grade 10 I came here this year. Whenever she comes to my mind, I still feel sexual intercourse in dream and experience wet dream. I personally feel shame to share this problem to my friend with whom I am living.*

The rest male participants accepted as true experience except three boys. Then, these three boys were asked to justify their reason(s). They gave similar answer. One from male and one from mixed sex groups FGDs said *"According to our religion it is forbidden to perform both masturbation and wet dream in pre-marital stage."*

When girls had heard about boys' masturbation and wet dreams in mixed sex groups FGDs they were surprised and laughed. In this regard, one female participant said *"I feel pleasure for hearing that boys experience wet dream and masturbation. This is because some boys consider menstruation as what females' do experience being inferior to boys."*

Regarding the changes that take place in females, girls had mentioned enlarged breasts, growth of pubic hair and hip enlargement. They didn't mention menarche. When asked, information they had about menarche prior to their first experiences, many participant girls responded that they had no. Very few girls had heard about menstruation earlier. To these girls, senior girl friends were the main informers. Only three girls had information about menstruation from their mothers. When asked, what they felt during the onset of menarche, one of the participants from female group FGDs said:

> *When I experienced menarche for the first time I thought that one of my internal*
> *organs was damaged. I told to my mother as something was wrong to me. She told me the truth. What to do and what not to do. Thus, I felt negative to being female. For the first two years, I never feel well during my monthly cycle (menstruation).*

Another participant girl from female group FGDs again said:

> *I cried when I experienced the first menstruation. My elder sister had heard it and asked me what happened. I had shown her and she asked me not to cry. She explained it to me for this was not a problem. Rather, it is natural and a part of female's regular health.*

Further, another participant from mixed sex group FGDs said *"When I experienced the first menstruation, I used to wash several times within a day going toilet room. I had the perception that menstruation occurs after marriage and it belongs to women only."*

Moreover, another participant from mixed sex group FGDs said *"To speak the truth most girls have been disturbed with their monthly period (menstruation). I usually experience such feeling."*

Those who had prior information were asked to explain what they felt during menarche. One of the participants' from female group FGDs expressed her idea as *"I felt nothing. I accepted as an indicator of the maturity of my reproductive organ."*

Interestingly, many participants from male group knew about menstruation. One of the participants said *"In every month female faces this physical affair. If the egg of a female fails to mix with a sperm, then it dies and comes out as menstruation."*

In sum, many participants had insignificant prior knowledge about what would happen at different stages of developments, mainly during puberty. As a result, they lack readiness and self

confidence to welcome it. Prior knowledge about what would happen to them at different stages of developments could enhance their readiness and self confidence to welcome any developmental changes.

2. Young People Experiences of Sexuality and Relationships Behaviors

Another vital issue addressed in the young people SRH needs assessment was knowledge of, attitudes to and their experience of sexuality and relationship behaviors. In this respect, questions related to things to look for and difficulties in relationships, friendships, factors in making decision about sex, facts of sexuality and infections were raised during focus group discussions.

Primarily, participants were asked to comment on the necessity of relationships in human life. Accordingly, all participants viewed relationship is an essential part of life. Then, they were asked things they look for in relationships. The participants reacted to this question in different ways. For instance one of the girls from female FGDs group said:

> *To me the situation in which I live in is basic in relationships. For example, in this college I seek for relationship with my classmate either boy or girl from academic view point. I prefer a person with whom I study and could help me in group work, doing assignment and even during exam. If I get a girl of this kind is so good. If the chance is with a boy, I must get ready for every question he may raise a positive response including sex*.

Another girl from mixed sex group FGDs said:

> *To me, economy factor is basic in relationship. Many girls including me are highly attracted by what we call it fashion. Hence, I look for economic support that I get from this boy*. *Nothing can be obtained from poor but handsome boy. It means loading additional burden. Making sure of my merit, I will look for relationship followed by sex. Sex is a promise to a true relationship.*

Here, poverty and the need for money could be a factor in relationship. Immediately, another girl raised her hand and said *"Here the problem is not income rather ignorance. Many girls are not well aware of boys make them ready for abuse."*

Further, one participant from male FGDs said:

> *Young people do not live in isolation. Much of what we do is determined by what others do. In the college we are meeting new friends, whom we do not know one another's personal history. On the basis of shared experience in the college we form relationships to work with others. Individuals are soon attracted by other individuals mainly with opposite sex. Then, friendships begin quickly. For our residence is outside campus, we prefer to rent accommodation together to share the cost of living. This had been the formula of our seniors. The new comers would do what they see from their seniors. To me, peer pressure plays greater role in relationships for both boys and girls are attracted to do what their peers are doing. Accordingly, many trainees had been married. There were also who departed.*

Teachers were also made to discuss on main health problems of young people in the college. Thus one of the participant teachers said:

> *Young people in the college lack clear awareness about SRHs and had misconceptions surrounding the use of contraceptives and condoms to prevent pregnancy and STIs including HIV/AIDS. Thus, many females were absent from classes. When they were asked the reason, they tell you health problem and bring sick leaf evidence from private health clinics with unmentioned health matter. This had also contributed to their low academic achievement.*

Another teacher also said:

> *When trainees had dormitories in the college, health problems associated to SRH were minimum. In recent years, trainees live outside the campus. This had created ideal condition for males and females to rent houses together or pass most of their time together. This had contributed to many females' pregnancy and abortion.*

Moreover, the participants expressed their view as multi-sexual partners had been more common than abstinent in both sexes. Many of the participants argued that abstinences were unimaginable in the college life. Many females had a minimum of one from the nearby University and another one from the college boyfriends. Sharing of experiences about sexual past had not been common among participants.

In general, participants had viewed relationship as an essential part of life. There were different factors they look for relationships. Some of them look for economy, others academic challenges, and still some others peer pressure. Multi- sexual partners had been more common than abstinent in both sexes. This increased the risks of SRHs challenges.

3. Knowledge of and attitudes to Sexually Transmitted Infections

At this stage participants' were asked about their knowledge of and attitudes to sexually transmitted infections. Accordingly, participants were asked to name those sexually transmitted infections that they know. Besides, they were required to explain the symptoms, problems and how common these sexually transmitted infections are. Further, participants were asked how they know if someone has infection, whether they bother the risk of catching an infection or not, what they feel if they have an infection like gonorrhea (not HIV) and how they can protect themselves from STIs, HIV/AIDS, and pregnancy.

Many of the participants have heard of diseases that can be transmitted through sexual intercourse, mainly HIV. The main symptom of HIV case they mentioned was getting thin and tuberculoses. When asked to mention some of the symptom of

STIs female group FGDs were unable to mention. Only, one participant boy from mixed group FGDs had mentioned little known symptoms of STIs as *"a genital itching, blood in urine, smelling discharges and burning pain during urination."*

When asked about the prevalence of STIs and treatment they had the room kept silence in many cases. One of the participants from male group FGDs said:

> *STIs were common challenges of many young people in the college. However, even if I sought treatment I had ashamed of telling the problem to my friends. Thus, many patients of STIs keep the secret alone. That is why the silence now.*

The response obtained from the interviewed college nurse would go along the above ideas. He said "*Of the total young people that visited us for treatment about 55% of the come up with gonorrhea. But, according to the rules and regulation of the college, our clinic could not provide treatment in this regard."*

One of the participant female from mixed sex group FGDs said:

> *To tell you frankly, many girls lack specific information about STIs. How to make use of existing sexual and reproductive health services. Most of us never worried about STDs rather about pregnancy. Thus, two of my peers had asked me what my brother mentioned before as genital itching, blood in urine, smelling discharges and burning pain during urination. I am not sure that these were the symptoms of STDs.*

As a whole, most participants had many sexual partners but lack real information on the symptoms, problems and treatment STIs. This had exposed trainees to the risks of STIs. Besides, most females had the fear of being pregnant than STIs. Hence, STIs were the most health challenges of young people.

4. Social influences on Sexual Behavior

At this point participants were asked about social influences on young people sexual behavior. Accordingly, they were asked how they use their free time, how they learned about sex, the sources of information, discussions about sex or relationships and the kind of sexual act they perform.

When asked how they use their free time, females had mentioned "*Beautification (making themselves more attractive), preparing coffee ceremony in group, plying with friends, sleeping, preparing food, fetching water, watching TV or films, in the church/mosques.).*

Boys have also shared many of the girls' view. But one of the participant boys from mixed sex group FGDs said: *"It is in this free time that we meet to know one another, discuss about friendship and practice different forms of sexual activities. I can say this is an ideal time for enjoying the taste of young people life."*

When participants were asked how they learned about sex mainly SRHR and family planning, many participants had learned in the primary school by talking to their peers. Participants with this view had been ever discussing in the primary school manly from grade (5_8) with the same sex about sexuality issues- how pregnancy occurs, contraception, and sex.

Only one participant from female group FGDs reported that having ever talked with her mother about sex. The rest participants had never talked with parents about sex or how pregnancy occurs and about contraceptives. When asked the reason, one of the participants from female group FGDs said*" We feel shame, fear and guilt to talk to our parents. The parents often feel uncomfortable discussing sexual topics with us. This is because they consider it as taboos."*

Thus, many of the participants had acquired information about sex predominantly from their peers, class mates, films and sexual partners. Information about SRH among female and male or free discussion and communication in personal relationships had been rare.

One of the participant female from mixed sex group FGDs expressed her view as follows. "*Girls are generally felt free discussing the details of SRH with girls only. Boys, might have discussed also some of their personal concerns about SRH with males only but not with girls."*

In this regard, one of the participants from female group FGDs said:

> *In most cases information about sex and family planning had been shared among girls in the schools at different levels (I mean at primary, secondary and college).*
> *Particularly, when there were lesson topics on reproduction, it had been a hot issue of discussion among peers. It is not just like silence kept here now. Thus, to me lesson contents and peer groups in the educational institutions were the main sources of information.*

Further, another participant female from mixed sex group FGDs said:

> *Boys have many sources of information. They can go out and mix with many people. They can even get information about girls. Unlike them, we have only friends as a source; sometimes what we get from them is distorted or incomplete. It is not often that we can talk with mothers and elders about these issues.*

Another participant girl immediately raised her hand to elaborate or justify what the former girl called it distorted or incomplete information and she said *"My boyfriend told me that withdrawal of ejaculation during sex was one of the safe methods of preventing pregnancy. We tried. But, I found that it never works. I knew what had happened to me."*

Further, participants were asked if they faced pressure from others to act in particular way. Many said never. However, one of the participant female from mixed sex group FGDs said:

> *When I was in secondary school, girls look down on boys who do not have multiple sex partners. Besides, many boys are likely to be motivated by peer pressure to have sex, while girls are fear of losing their boyfriends. In many*

cases, it is immoral to suggest using a condom. Many boys assume that it is the responsibility of girls to use contraception. Hence, only girls worry about pregnancy.

Again another participant female from mixed group FGDs said *"In this college married females carryout more frequent sexual activity and less able to refuse. Thus, they invite and encourage others to do so."*

Above all, the changes in the traditional systems of social control contribute to an increase in young people practices of sex. This can be supported by view of one of the participants from female group FGDs.

As many girls move away from home for educational reason, they escape from the controlling eye of their parents and the local community. This often leads to violating local taboos and provide wide opportunity to engage in sex as required. As a result, many girls had many boyfriends as compensation.

As to the type of sexual act they performed participants had mentioned some of the sexual behavior in which they have ever engaged. These include kissing, touching breast, sexual intercourse, masturbation, wet dream, etc. In this regard, one of the participant boys from mixed sex group FGDs suggested the following. However; females remained without reaction either as false or wrong to his ideas. He said:

In recent years, it is being fullness to engage in other forms of sex rather than
sexual intercourse. It could be rare to get a female who didn't engage in sexual intercourse. Hence, female themselves expect intercourse with whom they preferred to form friendship either for temporary or for marriage.

Further, participants were asked to explain the presence of factors that forced them to have sex by anyone. Most participants reported that they hadn't been worried of the risk of being forced to have sex by anyone. But one participant from female group FGDs said *"There are situations that enforce girls to have sex. These include fear of failure in examination, the need to be supported in doing assignments and peer pressure to do what others do, etc."*

Finally, participants were asked about how they would have liked to learn about SRH as young people. Then, the majority had preferred to learn SRH in formal learning institutions (schools, colleges and universities) integrated into school curriculum. This preference toward formal learning environments was due to the fact that this is the traditional way of learning. Thus, they suggested that SRH need to be taught as one of school subjects at different levels.

Besides, some girls preferred girls themselves, mothers and elder sisters as a source of sexual and reproductive health information. Accordingly, one of the participant females from mixed sex group FGDs said:

Girls would like to have girls as their informants. If some of the girls can be trained on SRH, then it will be easier for us to get correct information from them. We won't have any hesitation to ask them and they are easily accessible.

Again, another participant from female group FGDs said:

I think mothers and elder sisters are the most reliable source of information. They won't deceive us or give us false information. We can easily get the required answers to our concern from them. I believe mothers and elder sisters can be of great support in this area as they have passed through this stage of life themselves.

To the opposite of the above idea, another participant from female group FGDs expressed her ideas, by stating as *"Parents do not talk to their children about these issues because of traditional belief and it is shame to discuss about SRH with them even for youngsters."*

Teachers were also made to suggest about sexuality education for young people. Thus, one of the participants said:

Early SRH educations are important for teenagers because young people become sexually active while they reach around grade five or six. Providing information and services to young people that help them understand their sexuality and protect them from the risks of SRHs. Hence, SRH education needs to be given from primary schools.

Another participant teacher also said *"The exceedingly high level of abortion among the college young people threatens the academic life of many females. Thus, SRH related course need to be designed and offered as a common course for all trainees."*

In general, many participants had learned about sex in the primary school by talking to their peers manly from grade (5_8) with the same sex. Participants had rarely talked with their parents about sex or how pregnancy occurs, STIs and contraceptives. An exchange of information about SRH between female and male or free discussion and communication in personal relationships had been rare. Most participants reported that they hadn't been worried of the risk of being forced to have sex by anyone. The lack of entertainment and the changes in the traditional systems of social control had also contribution to females' engagement in sex affairs.

5. Views about SRH Services

At this point participants were made to express their views about SRH services. Accordingly, issues related to infections, the main sources and reasons for help, the availability, affordability and accessibility of contraceptives were raised.

When participants were asked what contraceptive methods they had used, their knowledge and awareness levels were not similar. When asked how often they had used condom, one male participant from mixed sex group FGDs said *"I know that condom can prevent STIs but it is unimaginable to get the real sexual satisfaction using condom."*

In similar manner another participant from male group FGDs said *"Using condom is the same as having sex with*

yourself or plastic. Thus, if my friend love or trust me we could do it without condom. The use of contraceptive is up to her."

In addition, another boy from mixed sex group FGDs said *"To be honest males have more sexual partners than females do in this college. But, males rarely use condoms. This is because females say condom has a tendency to be released in their organ."*

Further, female participants had viewed the use of condom as follows. One participant from female group FGDs said "*Once we tried condom with my boyfriend and then after we both hate it. It has bad smile."*

Another female participant from mixed sex group FGDs said *"For I trust my boyfriend very much, we do sex without a condom. I took always oral pills to prevent pregnancy. I never faced any problem till today."* In addition, another female participant from mixed sex group FGDs said *"To tell you the truth, boys use condom at least once. Then after they refuse. I had seen many of them*."

As to the availability of information on SRH the participants argued that it was inadequate with the exception of a lot of information provided on HIV/AIDS and the use of male condoms by Anti HIV/AIDS Club. One of the participants from male group FGDs said "*Information provided on family planning methods such as the use of female condoms, inject able and Norplant and STDs both in the high schools and in this college was inadequate."*

When asked about the availability, affordability and accessibility of SRH services in the college one participant from female group FGDs said:

> *In this college there is a shortage of SRH services. The college health clinic lack service provision to the students. There is a critical shortage of staff at health clinic. The college has only two health professionals who lack patience and tolerance to attend students' problems, particularly females.*

This fact was supported by another participant from male group FGDs idea as follows.

> *When students go to the health clinic in the college for help mainly for sexually related health problem, they are often scolded and refused information. In addition, many students refuse to go to clinic for fear of lack of guarantee in confidentiality of information. Some others didn't go to clinic because they fear that clinic personnel will report them to the college. As a result, students rarely seek any form of sexual and reproductive health related advice from them. Advice or services from the clinic mainly about pregnancy or sexually transmitted infections were regarded as immoral.*

Further, another participant female from mixed sex group FGDs expressed her ideas as follows.

> *Information about appropriate methods of contraception and for the prevention of sexually transmitted diseases was very scarce both in the secondary schools and in this college. Particularly, in this college I had the expectation of adequate guidance and counseling services including SRHs. I am third year now. But I couldn't find any guidance and counseling services provided to the young people in the college.*

Regarding guidance and counseling services to the young people in the college, the assigned person was interviewed. Then he said:

> *I am assigned to provide this service last year and many teachers from psychology department were assigned to offer such services before me. But, I am sure that students had no the relevant services in this regard. This is because the college itself hadn't given due attention to this service. There is no even office where to provide such services.*

The college nurse was also interviewed regarding the SRH challenges of young people, STIs unplanned pregnancy, unsafe abortion and HIV/AIDS in the college. Then, he said:

> *In this college, unplanned pregnancy, unsafe abortion and STIs were the most common problems of students. Particularly, female newcomers were more subjected to the problems. I think many of the students would only worry about pregnancy rather than STIs. Hence, they come up with question of STIs for help. But, the college health clinic never renders service in this affair. Besides, if you go to this nearby hospital you would find very high records of abortion among young people of this college. Further, private clinics could have engaged in abortion than the hospital. Private clinics were preferred for confidentiality of information. In general, repeated abortions were common.*

Teachers have also emphasized the lack of SRH services in the college. Accordingly one of the participants said:

> *Young people in the college have no professional counselor. There is also the lack of health services to provide adequate services and disseminate current information on SRHs. As a result, many of the trainees were subjected to different forms of SRHs problems mainly unwanted pregnancy, and abortions*.

In sum, the majority of participants had heard of the oral contraceptive pill, male condoms, monthly calendars and inject able. The oral contraceptive pill and monthly calendars had been found to be the most ever used contraceptive method. Besides, many girls were still ignorant about prevention of pregnancy and STIs .They thought that oral pills could also prevent STIs. Thus, they had strong emphasis on the use of oral pills to prevent both unwanted pregnancies and STIs etc. They had negative attitudes towards the use of condom. Further, information on SRH was scarce with the exception of a lot of information provided on HIV/AIDS. STIs were not so much addressed. The sexual and

reproductive health services in the college were perceived as inadequate by the participants.

Major Findings, Conclusions and Implications of the Study

Major Findings

Based on the data analysis and discussion made so far, the following were the major findings of the study.

1. Many participants had lack of awareness about health needs during different developmental stages. Particularly, many females had negative attitudes towards the normal developmental changes they experience. These had been observed during FGDs from the participants as follows.

- Participants were well aware of the importance of health in human existence, including SRHs. But, they lack knowledge and skills to take care of their SRHs.
- Many participants had insignificant prior knowledge about what would happen at different stages of developments, mainly at puberty. As a result, they lack readiness and self confidence to welcome any developmental changes.
- Some participants knew what had happened to them but they didn't know why it had happened. Besides, they feel what they experienced as wrong deeds. E.g. Masturbation, wet dreams and menarche.
- Females had limited experience about what would happen to males during different developmental stages and males had better knowledge about what happened to females.
- There had been a lack of openness in communication about what, why and how different developmental changes occur between parents and young people.
- Due to the lack of information to what happens during different developmental stages many participant females had negative attitudes to changes that they experience as a result of developmental stages and to being female. E.g. Menarche.
- Religious belief seems to have certain impact on some sexual behavior not to be practiced before certain maturity levels reached.

2. Many participants had inadequate information about sexuality and relationships behaviors before they taste it practically in their life. These were observed during FGDs from the participants in such a way that:

- Many of the participants had little communication with their parents about sexually related information before they experience sexual behavior.
- In order to form relationships, participants had rarely assessed their friends' background in both sexes.
- Some of the push factors that had contributed to participants' relationships were fear of academic challenges, risks of living alone (out of campus residence), economic or cost of living such as accommodation as well as peer pressures. In most cases, relationships with opposite sex had been followed by friendship and consequently invite females to hand over their sexual rights.
- Many participants didn't mark boundary between relationship and friendship. Thus, sexual intercourse had been considered as promise to handle boys on the part of females.
- Many of the participants did not want to be abstinent. Being abstinent was considered as being inferior and sexless. Thus, having multiple sexual partners was more advocated as famous than abstinence in both sexes. Consequently, many females were victims of STIs, unwanted pregnancy and repeated abortions.

3. There had been a lack of openness in communication among sexual partners about the knowledge of and attitudes to contraceptives and STI. This was observed during FGDs as follows:

- Most females were not well aware of the symptoms, problems and prevention methods of sexually transmitted infections/ STDs/.
- The participants had better awareness about HIV/ AIDS than STDs.
- There were a lack of confidence and openness to communicate about STIs among the sexual partners.
- Many participants lack knowledge of and skills to avoid STIs risky behavior. As a result, many of them had been vulnerable to the sexual transmitted diseases like gonorrhea.
- Many participants particularly females had emphasized on the prevention of unwanted pregnancy than STIs. Some others had thought oral pills would prevent both pregnancy and STIs.
- Many participants had negative attitudes towards the use of condom. They believed that the use of condoms could reduce sexual satisfaction, it had bad smile and might be released in the female organ. Thus, they had engaged in sexual intercourse most often without condom, which had increased their vulnerability to STIs, unwanted pregnancy and consequently repeated abortions.

4. Peers, class mates and sexual partners had been the major social influences on sexual and reproductive health behavior of the participants either with inadequate or misinformation. This had been revealed during FGDs as follows.
    - Limited entertainment in the local area had provided better opportunities for the participants to engage in different forms of sexual activities with their peers.
    - Many participants had acquired information about sexual and reproductive health behavior in the primary school (grade 5_8) from their peers, class mates, and predominantly from sexual partners who had either lack of information or misinformed.
    - Parents and guardians rarely talk to the young people about sexuality. Many parents often feel

uncomfortable discussing sexual topics with their young people for they feel shame or consider it as taboo. Hence, meaningful discussions between parents and young people about relationships, sexual information, facts, and risks of sexual activity had been rare.

- Many of the participants had begun sex at the age of 13 or 14 while they were in the second cycle of primary school (grade 5_8) at an early age, yet they lack fundamentally important knowledge and skills about SRHs. Particularly female participants had engaged in sexual acts with inadequate information.
- The majority of participants supported school-based sexual and reproductive health education. They had preferred to learn about SRH in formal learning institutions (schools, colleges and universities) integrated into school curriculum as one subject.

5. The sexual and reproductive health services in the college were perceived as inadequate by the participants. This was because participants had indicated during FGDs that:

- Young people in the college were scolded, refused information and had fear of confidentiality of personal information particularly about STDs and pregnancy to be benefited from the college health clinic.
- In the college counseling services had been hardly offered mainly due to the absence of trained/ professional counselors responsible to provide the service required.
- The lack of SRH services in the college reflected in prevalence of pregnancy among unmarried females, increasing incidence of abortion and STDs among young people in the college.

VI. Conclusions

Young people in the college had been vulnerable because of the lack of knowledge, skills and attitudinal challenges to avoid SRH risky behavior, mainly females. Besides, most of the participants mainly males lack awareness how to express love in appropriate ways, and promote the rights of their friends in accessing accurate information on sexuality . Thus, sexual intercourse had been seen as guarantee for relationship. This had exposed mainly many females to the risks of STIs and HIV/AIDS, unwanted pregnancy, unsafe and repeated abortion. Further, the prevalence of sexual activity at an early age, coupled with multi sexual partners and attitudinal challenges towards the use of contraceptives and condom need more attention. Above all, attempts made to minimize the risks of SRH in the college hardly exist. Therefore, urgent measures are required to save the lives of the most precious but vulnerable young people life from the risks of SRHs in the college.

Implications of the Study for Future Actions

The study would have the following implications for future actions.

1. Education is decisive to increase the knowledge of and change attitude of young people about reproductive health, improve communication among family members, enhancing sexual decision-making/negotiation skills. Hence, incorporation of SRH education in to school curriculum at all levels of educational structure would have benefits.
2. Continuous awareness rising on SRHs is vital not only to the young people but also to parents and families, service providers, schools, religious institutions, peer groups, etc.
3. In order to lead a healthy, responsible and fulfilling life and protect themselves from SRH problems young people need to take their own responsibilities. Thus, the use of SRH clubs, peer-education, drama, competitions, etc. in educational organizations would make information more meaningful and attractive. Along these young people suggested workshops, discussions, meetings, and seminars with all concerned stake-holders seem essential.
4. To improve young people SRH knowledge and attitudes; newsletters, pamphlets, reference materials, etc need to be prepared and made widely available to young people in educational institutions, public libraries, notice boards, etc.
5. Strengthening the partnership among educational institutions, governmental and non-governmental youth-serving organizations to provide the widest base to extend the SHR services to young people would have merits.
6. Finally, further detailed researches need to be conducted by interested professionals, educators, researchers, governmental and non-governmental organizations to obtain complete picture of young people needs in the area of SRHs.

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Authors

First Author – Temesgen Yadeta Dibaba (M.A), Jimma University, College of Education and Behavioral Sciences

Department of Teacher Education and Curriculum Studies, Ethiopia, Cell phone: +251917824022, temesgeny2@gmail.com.

Second Author - Zinab AbbaOli AbbaDiga is a lecturer in Jimma College of Teachers' Education, Ethiopia. Recently serving as Dean of Jimma College of Teachers' Education since 2007. Graduated from Addis Ababa University in M.SC Degree in Mathematics engaged in various research undertakings and participated in developing various teaching modules in the field of Mathematics. Cell phone: +251-917006174.