HEALTH COMMUNICATION CAPACITY COLLABORATIVE

BEHAVIORAL DETERMINANTS OF URBAN YOUTH SEXUAL AND REPRODUCTIVE HEALTH

A Secondary Analysis of DHS Data for Benin and Madagascar

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USAID FROM THE AMERICAN PEOPLE

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INTRODUCTION

Youth aged 15-24 represent a growing and heterogeneous proportion of the world's population. Investing in young people's health and wellbeing is critical to promoting growth and development, not only for individuals but also for communities and nations.

The majority of today's youth are living in urban areas.[1] In an urban or city environment, opportunities for jobs, education, better housing and health care are often more widely available than in rural areas. But these benefits are usually unevenly distributed and urban poor have limited or no access to many urban amenities[2]. The lives of poor urban youth are therefore characterized by inadequate housing, high rates of unemployment, limited or no infrastructure, poor social services, violence and crime.[3] Youth living in urban areas may also be exposed to greater sexual freedoms, more liberal and diverse ideas about sexual relationships and more occasions for engaging in unhealthy sexual behaviors.[4] While harmful traditional practices like early marriage may dissipate in the urban environment, protective traditional values, such as social cohesion and accountability, can also give way.

For many urban youth, this shift in values and increased freedom collides with a trying developmental life-stage: adolescence. Adolescence, from 10-19 years of age, is characterized by physical, emotional, cognitive and social changes that are both positive and negative. As adolescents strive for independence, seek autonomy, experiment, challenge authority, explore their sexuality and experience feelings of invincibility, they are prone to take risks that may impact their health.

An analysis of DHS data from Benin and Madagascar was conducted to examine how socioeconomic status, education levels, marital status, media use, or other factors might influence urban youth SRH behaviors and outcomes within and between countries.

METHODOLOGY

Data was obtained from USAID-funded MEASURE Demographic Health Surveys (DHS). These surveys are based on nationally representative samples and use standard procedures for collecting and handling data. Two DHS surveys were chosen due to partner interest, data availability and programmatic relevance—Benin DHS 2006 and Madagascar DHS 2008. Both surveys were stratified, meaning geographical clusters are first selected before random households are chosen. Men and women, aged 15-49 years old are eligible to take the appropriately translated survey, which is administered by a trained, gender-matched interviewer.

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[1] UN-HABITAT. (2012) State of the Urban Youth 2012/2013. Youth in the Prosperity of Cities: Overview and Summary of Findings.
[2] UNFPA. (2007) Growing Up Urban. State of the World Population, Youth Supplement. New York, N.Y. USA
[3] *Ibid*
[4] Health Communication Capacity Collaborative (2014). Influencing Urban Youth's Sexual and Reproductive Health through Social and Behavior Change Communication: A Literature Review. Forthcoming.

Data disaggregated by residence and age was extracted from both the male and female data sets of both countries to examine variables specific to urban youth (defined as age 15-24). Different factors—educational attainment, sex, parity, socioeconomic status (SES) and marital status—were analyzed for significant differences and other relevant information regarding family planning, media use and use of health services. All data below is presented for *urban* youth, unless otherwise specified, and significance is determined by a p-value less than 0.05.

RESULTS

FIRST SEXUAL INTERCOURSE AND FIRST MARRIAGE

Urban youth are more likely to get married later than rural youth. Also, male youth are more likely to get married later than female youth. However, age at first sex was relatively similar across all groups. The difference between median age at first marriage and median age at first sex is much greater for urban youth as compared to rural youth. Urban male youth also marry much later than urban female youth, even though age at first sex is relatively similar for both groups (see Table 1). A large difference between ages at first sex and age at first marriage could indicate (multiple) partners before marriage. More sexual partners can increase an individual's risk for sexually transmitted infections or other health issues.

Table 1. Median age a first sex and first marriage among youth, by rural or urban residence

	Female Youth 15-24		Male Youth 15-24	
	Urban	***Rural***	***Urban***	***Rural***
Benin				
Median age at first sex	**16.97**	**16.98**	**17.96**	**17.47**
Median age at first marriage	21.55	18.22	24.71	22.87
Madagascar				
Median age at first sex	17.48	16.64	16.82	17.44
Median age at first marriage	19.18	17.45	22.87	20.46

CONTRACEPTIVE USE

Current contraceptive use varies by parity and SES. In both countries, a significantly higher proportion of sexually active urban female youth who have given birth (53.4% in Benin, 51.7% in Madagascar) reported using a contraceptive method than those who have not given birth (45.8% in Benin, 18.5% in Madagascar). In Benin, a significantly higher proportion of female urban youth who

were educated reported using a contraceptive method (47.2%) than those who had no education (15.6%). No such difference was found among men in Benin or either gender among urban youth in Madagascar. In both countries, current condom use was significantly lowest among the poorest SES (see Table 2). No such noteworthy difference was found among urban male youth.

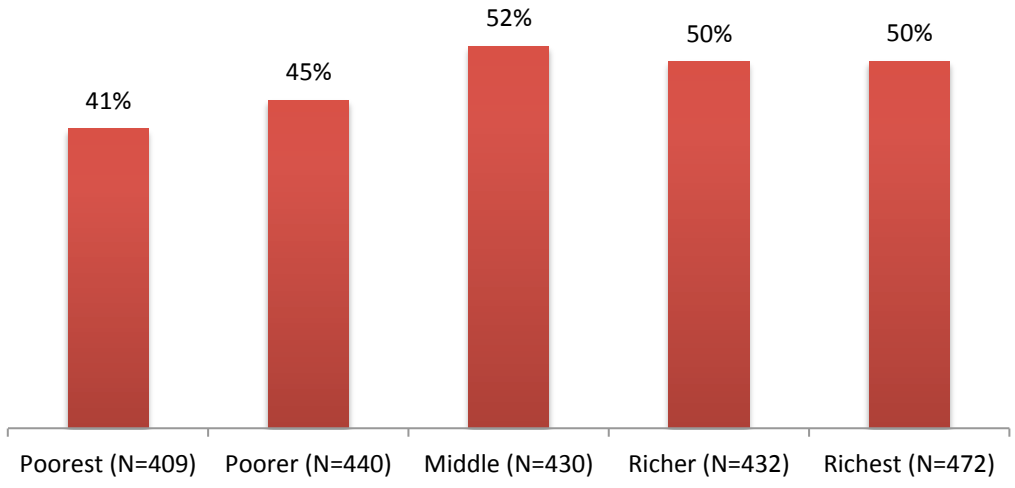
Table 2. Percent of sexually active, female urban youth who use contraceptives, by SES

	Benin women (N=1687)		Madagascar women (N=1160)	
SES	**%**	***N***	**%**	***N***
Poorest	12.3	279	42.8	274
Poorer	25.3	314	50.5	248
Middle	38.4	387	51.3	241
Richer	42.2	359	49.3	224
Richest	52.3	348	48.0	173

Source: Benin DHS 2006 and Madagascar DHS 2006
*P-value <0.05 for Benin and Madagascar

In Benin, a young, urban woman's intention to use contraceptive methods varies by SES. A significantly lower percentage of urban female youth in Benin's lowest wealth index (40.7%) intended to use contraceptives than those in other wealth indexes (44.6%-51.9%; see Figure 1).

Figure 1. Percentage of urban female youth in Benin who intend to use contraceptives, by SES



Source: Benin DHS 2006
*P<0.05

Also, a significantly higher percentage of those in the lowest wealth index (27.3%) were unsure about future use than those in other wealth indexes (14.6%-22.4%). Such differences were not found among men in Benin or among any urban youth in Madagascar.

CONDOM USE

Condom use at first intercourse among young, urban women varies by socioeconomic status. The lowest wealth index among urban, female youth was consistently and significantly least likely to have used a condom at first intercourse (see Table 3)**.** No significant difference was found among urban male youth when looking at condom use at first sexual intercourse by educational attainment, marital status, fatherhood, and age group. However, significant differences in condom use at first intercourse were discovered among urban female youth. In Benin, urban female youth who received education (23.1%) were significantly more likely to use a condom at first sexual intercourse than those who had no education (3.8%).

No significant difference in condom use at first intercourse by educational attainment was found among Madagascar urban female youth. A significantly higher proportion of female urban youth in Benin who have not given birth (24.1%) reported using a condom at first sexual intercourse than those who have given birth (7.3%). Again, no such significant difference was found among urban female youth in Madagascar.

Table 3. Percent of female urban youth who used a condom at first intercourse by SES

	Benin women (N=1926)		Madagascar women (N=1215)	
SES	**%**	***N***	**%**	***N***
Poorest	6.2	336	5.1	290
Poorer	7.8	362	11.8	260
Middle	13.5	426	10.6	253
Richer	20.4	396	12.2	230
Richest	28.8	406	13.7	182

Source: Benin DHS 2006 and Madagascar DHS 2006
*P-value <0.05 for Benin and Madagascar

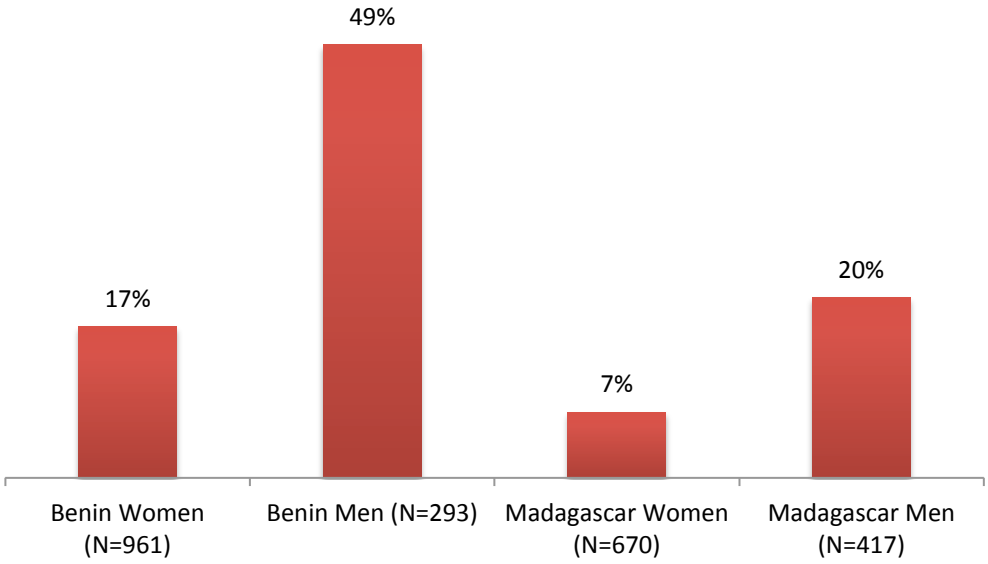
Urban youth with any education are more likely to have used a condom at last intercourse than those with no education. Also, single young men are more likely to report using a condom at last intercourse than single young women in urban areas. In both countries, a higher proportion of sexually active (defined as having sex in the past year), urban male youth (22.0% in Benin, 3.6% in Madagascar) used a condom at last sexual intercourse than sexually active, urban female youth (8.0% in Benin, 1.4% in Madagascar).

Overall, condom use at last intercourse seemed noticeably higher in Benin than in Madagascar. In Benin, there was an evident difference in current condom use by education—significantly more

sexually active urban youth who had any education (46.6% of men, 16.9% of women) reported using a condom at last sex than those who did not receive any education (3.1% of men, 1.1% of women).

This significant difference was not found in Madagascar. Between 0% and 1% of married urban youth in Benin and Madagascar reported using condoms at last sex. However, among those who were single, condom use varied by country and gender (see Figure 2).

Figure 2. Sexually active, single urban youth who used a condom at last intercourse



Source: Benin DHS 2006 and Madagascar DHS 2008
* Benin P<0.05; Madagascar P<0.05

A higher proportion of single, male urban youth reported using a condom at last intercourse than single, female urban youth. Single, urban youth in Benin also reported higher use of a condom at last intercourse than single, urban youth in Madagascar.

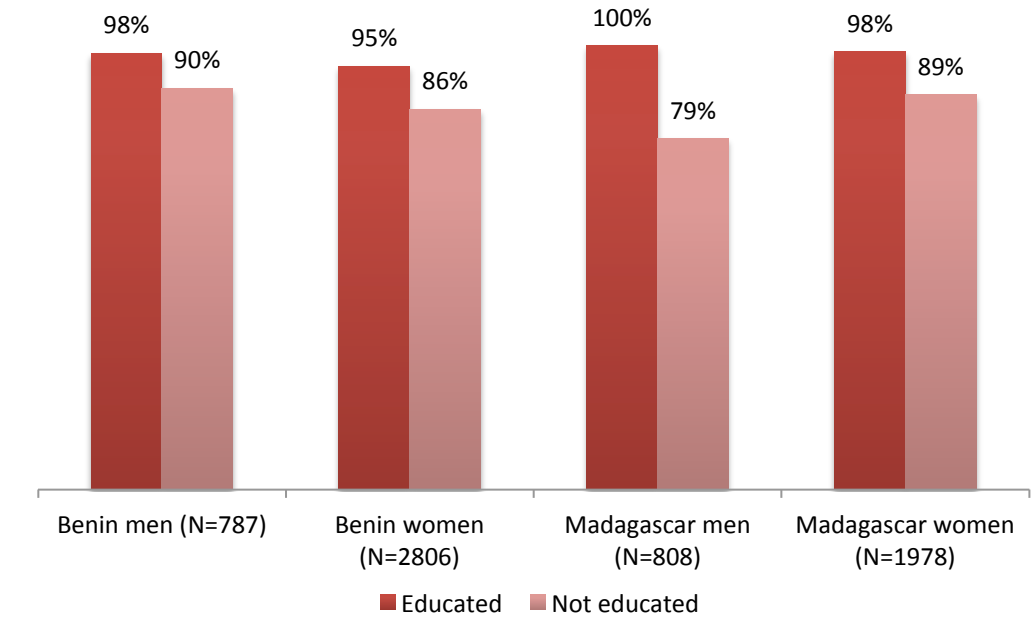
FAMILY PLANNING KNOWLEDGE

Urban youth with education had higher knowledge of family planning than those with no education. Also, urban youth belonging to the lowest SES group had the lowest knowledge of family planning methods. When looking across countries and across genders, knowledge of any family planning method was very high, ranging from 92.2-99.4%.

However, a significantly higher percentage of urban male youth who have had schooling knew a family planning method (98.1% in Benin, 99.7% in Madagascar) than those who did not have any education (90.2% in Benin, 78.9% in Madagascar).

Additionally, a significantly higher proportion of urban female youth who received education (95.2% in Benin, 98.4% in Madagascar) knew of at least one family planning method than those who did not have any education (85.5% in Benin, 88.7% in Madagascar; see Figure 3). Knowledge of family planning methods was also found to be significantly lowest among the poorest SES.

Figure 3. Percentage of urban youth who know of any FP method

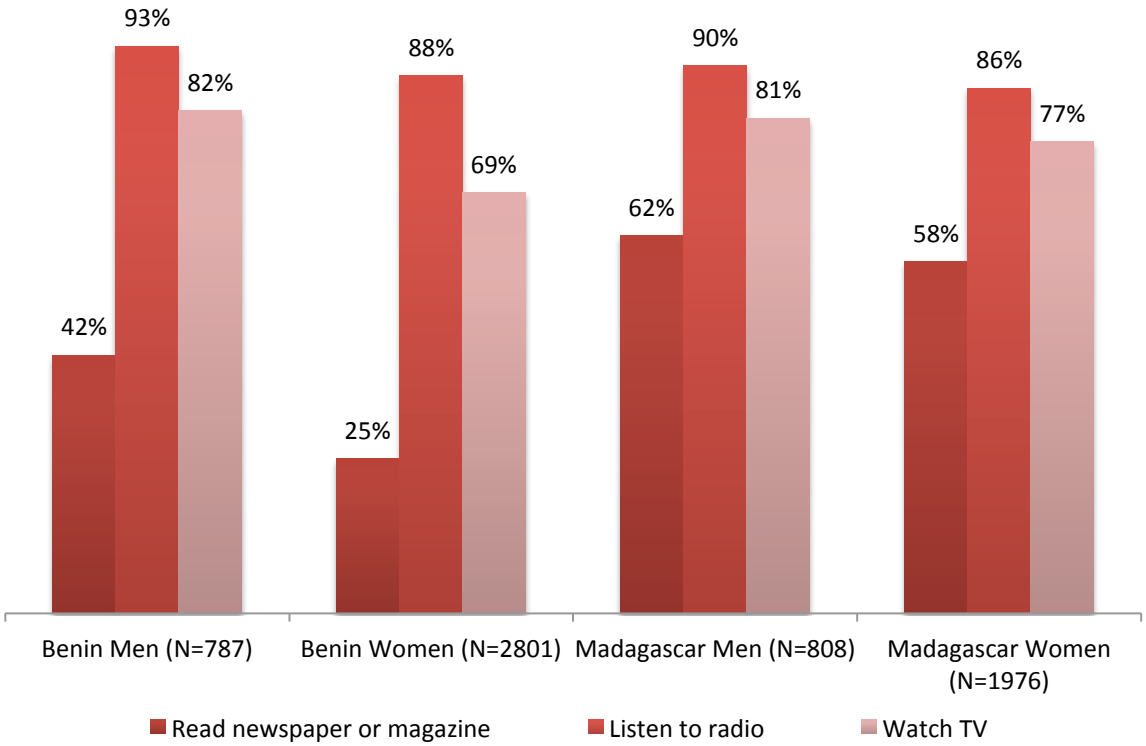


Source: Benin DHS 2006 and Madagascar DHS 2008
*P<0.05

MEDIA USE

Radio and television use is nearly universal among urban youth. Media use varied among regions and gender. However, the media channel most used among all groups—male urban youth in Benin (93%), female urban youth in Benin (88%), male urban youth in Madagascar (90%), and female urban youth in Madagascar (86%)—was the radio (see Figure 4).

Figure 4. Media use for urban youth



Source: Benin DHS 2006 and Madagascar DHS 2008

Exposure to television was also near universal, especially considering expected increase in TV use since these surveys were administered. In Benin, a higher proportion of urban male youth read the newspaper (42.2%), listened to the radio (92.8%), and watched television (82.2%) than urban female youth (25.3%, 88.0% and 68.8%, respectively). In Madagascar, a higher proportion of urban male youth also reported reading the newspaper (61.8%), listening to the radio (89.6%), and watching TV (81.0%) than urban female youth (57.5%, 85.9% and 77.2%, respectively).

Media use and exposure to family planning messages from media vary by socioeconomic status and education among urban youth. Data shows the lowest wealth index for urban youth in Benin and Madagascar consistently had the least exposure to media. Media exposure or use includes any utilization of radio, newspaper or television. Urban youth in Benin who had any level of education were significantly more exposed to the media (male 97.9%, female 96.2%) than urban youth who did not receive any education (male 91.2%, female 82.6%).

Urban youth in Madagascar who had any level of education were significantly more exposed to the media (male 96.1%, female 94.7%) than urban youth who did not receive any education (male 63.3%, female 71.1%).

Data also points to lowest family planning exposure from media among those in the lowest wealth index (see Table 4). Of the Benin female urban youth exposed to media, significantly more who had any education (70.2%) reported hearing of family planning in the past three months than those who did not receive any education (55.0%).

Table 4. Percent of urban youth who were exposed to family planning messages through media in the last three months, by SES.

	Benin women (N=2559)		Benin men (N=765)		Madagascar women (N=1824)		Madagascar men (N=764)	
SES	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*
Poorest	50.0	325	67.0	106	32.9	260	31.1	124
Poorer	51.6	448	72.7	161	49.8	364	31.2	153
Middle	60.5	555	74.1	163	56.2	416	39.7	171
Richer	72.9	581	77.6	160	62.0	390	49.2	164
Richest	78.0	650	77.9	175	59.4	394	53.1	152

Source: Benin DHS 2006 and Madagascar DHS 2006
*P-value <0.05 for Benin and Madagascar young men and women

The same is true for male urban youth in Benin (76.4%, 59.5%). In Madagascar, there was no significant difference in family planning exposure through media between male urban youth who received schooling (41.9%) and those who did not receive any education (35.2%). The same is true for female urban youth in Madagascar (54.5%, 35.0%).

Young, urban men are more likely to hear family planning messages through media in Benin and young, urban women are more likely to hear family planning messages through media in Madagascar. In Benin, a higher proportion of urban male youth were exposed to family planning messages through the newspaper (45.3%) and the radio in the past three months (72.9%) than women (36.7% and 58.1%, respectively). However, both genders reported the same exposure (63%) to family planning messages watching TV in the past three months.

Among the urban youth in Madagascar who used media, more women heard of family planning through the newspaper (female 13.5%, male 9.7%), the radio (female 48.8%, male 33.3%), and the television (female 44.8%, male 30.8%) in the past three months than men. This difference in exposure to media-based family planning messages in Madagascar is different than in Benin.

Young, urban women who have not given birth are more likely to use media than those who have given birth. However, results varied among young, urban men with children. Data also shows that a lower proportion of female urban youth who had given birth (88.2% for Benin, 87.9% for Madagascar) use media than those who had not given birth (93.7% for Benin, 96.3% for Madagascar). No significant difference in media use was found between urban male youth in Benin who had biological children (94.9%) and those who have never had biological children (97.4%). On the other

hand, a significant difference in media use was found among men in Madagascar who had biological children (88.9%) and those who did not (96.1%).

A significantly higher proportion of men in Benin who had biological children (91.5%) heard a family planning message in the past three months than those who had no biological children (73.9%). However, no significant difference in exposure to family planning messaging in the past three months was found between urban male youth in Madagascar who used media and had biological children (39.9%) and those who used media and never had biological children (42.0%)

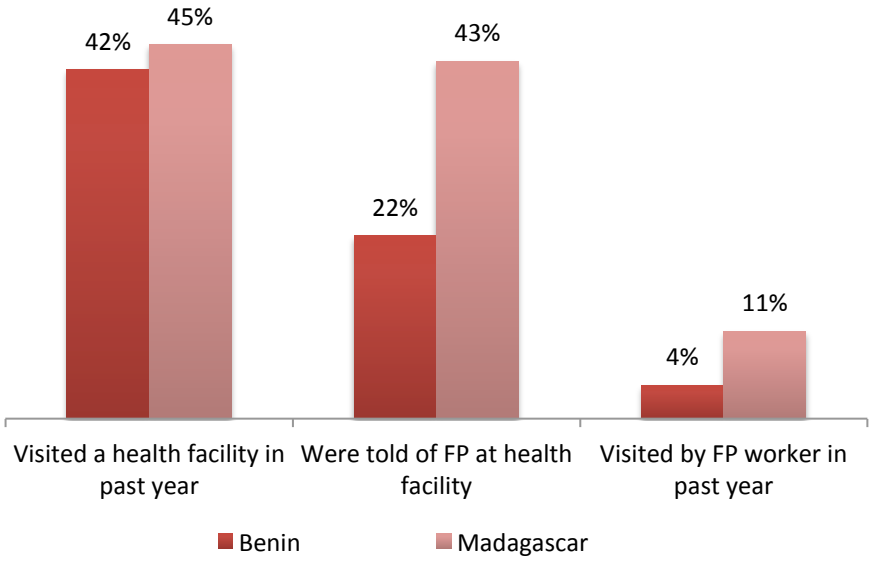
Young, married men in urban areas are more likely to hear of family planning through media than those who are single. About the same proportion of single male urban youth (97.4% in Benin; 97.6% in Madagascar) were exposed to media than married urban male (96.2% in Benin; 93.8% in Madagascar). However, a significantly higher percentage of urban male youth who used media and were married (90.5% in Benin, 58.0% in Madagascar) heard a family planning message in the past three months than those who were single (74.0% in Benin, 40.5% in Madagascar).

USE OF HEALTH SERVICES

A low percentage of young, urban men and women discussed family planning with a health worker. In both Benin (6.1%) and Madagascar (5.2%), a very small percentage of urban male youth reported discussing family planning with a health worker in the last few months. About 45% of sexually active, urban female youth in Madagascar and 42% of sexually active, urban female youth in Benin reported visiting a health facility in the past year.

Of those who had visited a health facility, about 43% in Madagascar and 22% in Benin were told of family planning (see Figure 5).

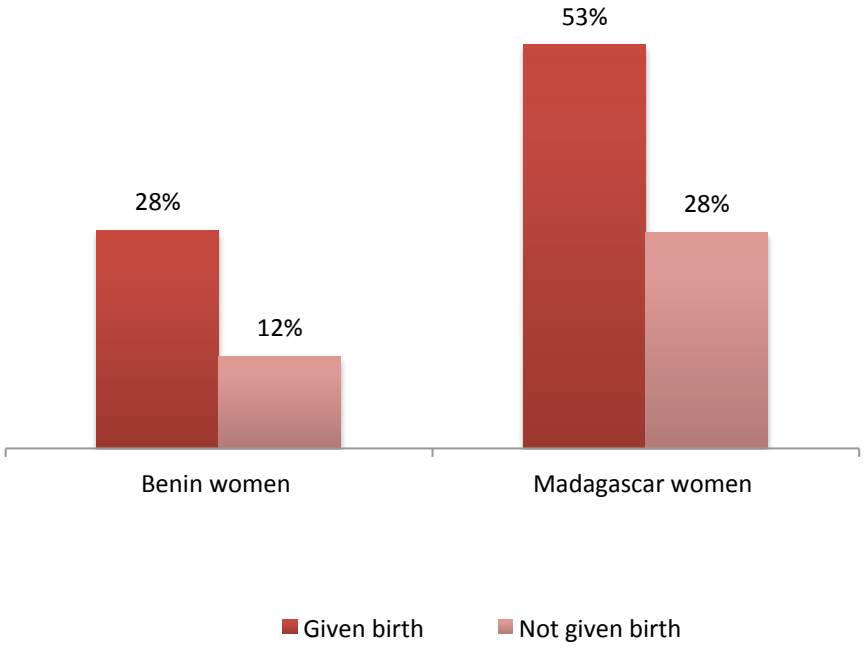
Figure 5. Health service utilization among urban female youth



Young, urban women who have given birth are more likely to be told of family planning at a health clinic than those who have not given birth. A significantly higher proportion of sexually active female urban youth who had given birth (61.1% in Benin, 58.5% in Madagascar) visited a health facility in the last year than those who had not given birth (27.6% in Benin, 33.3% in Madagascar).

Of those women who went to the health facility, a significantly higher percentage of those who had given birth (28.4% in Benin, 52.6% in Madagascar) were told of family planning at the facility than those who had not given birth (12.0% in Benin, 28.2% in Madagascar; see Figure 6).

Figure 6. Sexually active, urban female youth told of family planning at health facility



This graph looks at four groups of sexually active, urban female youth who visited a health facility—Benin women who have given birth (N=448), Benin women who have not given birth (N=251), Madagascar women who have given birth (N=303), and Madagascar women who have not given birth (N=193). Source: Benin DHS 2006 and Madagascar DHS 2008

CONCLUSIONS

Based on the results described above, five major findings emerged regarding the sexual and reproductive health of urban youth in Benin and Madagascar:

Urban youth are more likely than rural youth to initiate sexual intercourse prior to marriage: A person's potential exposure to sexual and reproductive health risks reflects the age when they initiate sexual intercourse and the context within which this intercourse occurs. In both Benin and Madagascar, there is little difference in the age when urban and rural youth become sexually active. However, the context of these initial sexual experiences appears to be quite different. Based on their average age at first marriage, rural youth are more likely to initiate sexual activity within a marital relationship, while urban youth are more likely to have their initial sexual experiences outside of marriage. These contextual differences may influence a range of factors associated with sexual and reproductive health behaviors, from motivations to begin childbearing to negotiation and decision-making asymmetries within the relationship to perceptions of the health risk associated with their partner.

Few urban youth report using a condom at first sex: While urban youth in Benin and Madagascar frequently initiate sexual activity prior to marriage, few report that a condom was used the first time they have sex. Although condom use at first sex was more common among higher wealth quintiles, it was still lower than a third of sexually active female youth in Benin and 14 percent of sexually active female youth in Madagascar. This suggests that a high proportion of urban youth in both countries are exposed to sexual and reproductive health risks at an early age.

Contraceptive use among sexually active urban youth is higher in Madagascar than Benin: In contrast to the low levels of condom use at first sex, nearly half of all sexually active urban youth in Madagascar report currently using a modern contraceptive method. In contrast, comparable levels of contraceptive use among urban youth in Benin are only observed among the highest wealth quintile and condoms appear to have a greater proportion of the method mix in Benin.

Health providers in Madagascar are more likely to provide urban youth with information about family planning: Health providers in Madagascar appear more likely than those in Benin to provide information about family planning to young women, which may be driving the greater use of contraceptive methods in Madagascar. However, in both countries, the majority of urban youth have not visited a health worker and health providers appear to be less willing to provide information about family planning to young women who have not yet given birth, which may be influencing the low levels of condom use at first sex observed in these data.

Media channels are not realizing their potential to communicate health messages to urban youth: In both countries, access to mass media channels is nearly universal among urban youth. However, a substantial proportion of urban youth report that they have not heard or seen any messages about family planning on the radio or television. These gaps are particularly high among urban youth in the lower wealth quintiles and among those living in Madagascar. Since many urban youth do not visit a health provider and health providers often censor the health information that they provide to youth, the mass media provides a strong alternative channel for reaching urban young people with health information.