

# Summary

## Risk and Protective Factors Affecting Adolescent Reproductive Health in Developing Countries



An analysis of adolescent sexual and reproductive health  
literature from around the world.



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Family and Community Health  
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## Introduction

Over the past decade, adolescent sexual and reproductive health concerns have increasingly been on national agendas. For many countries, this concern has been driven by the high prevalence of HIV/AIDS among young people. In other countries, a central concern has been early childbearing; and still others have focused predominantly on sexual behaviours among adolescents. Increasingly research and programme experience has shown that it is neither feasible nor productive to focus on one isolated behaviour without addressing a broader set of adolescent sexual and reproductive health concerns. In addition, there is mounting evidence that the most effective interventions enhance protective factors of young people and do not simply attempt to reduce risk.

Concurrent with this increased focus on young people has been a vast proliferation of research exploring factors associated with a number of health outcomes. So too, there has been a rising interest in identifying those factors that not only predispose to harm but also diminish risk.

By definition, factors are called “protective” if they discourage one or more behaviours that might lead to negative health outcomes (e.g., having sex with many partners) or encourage behaviours that might prevent a negative health outcome (e.g., using condoms and contraception). Similarly, factors are labelled “risk” if they either encourage or are associated with one or more behaviours that might lead to a negative health outcome or discourage behaviours that might prevent them (Kirby, 2002).

In order to determine which risk and protective factors are important for adolescent sexual and reproductive health behaviours, the Department of Child and Adolescent Health and Development (CAH) commissioned a comprehensive review of the literature. Knowing what these factors are, and how they operate, will not only help to target those youth who are at greatest risk for negative health outcomes, but will also help to design more effective programmes.

## How was the review done?

There were a total of 11,102 articles, reports, books and proceedings that were identified from a wide variety of published and unpublished databases dealing with adolescent sexual and reproductive health issues. Subsequently, all citations were entered into an Endnotes® file (available upon request from WHO: e-mail: [cah@who.int](mailto:cah@who.int)), coded to indicate whether it was from a developing or industrialized country, and as to the type of study (e.g., intervention, descriptive, etc.). Additionally, the Endnotes® software allows searching by keywords such as by country, health problem, or type of study.

Additionally, all abstracts, titles, and key words were reviewed to identify which articles were likely to meet the criteria for inclusion in the analysis:

- sample size over 100
- publication 1990 or later
- over half of sample was 10-24 years of age
- a focus on one or more developing countries
- analytic methods used multivariate statistics

Over 1900 studies were retrieved, read, and sorted. Of those, 158 studies were included in the report (a copy of the comprehensive report is available on-line: [www.who.int/child-adolescent-health](http://www.who.int/child-adolescent-health)).

Thus, approximately 1.5% of the developing world’s literature over the past 14 years met relatively modest criteria for sample size and analytic sophistication on studies related to risk and protective factors for adolescents.



## Research limitations

Despite the vast quantity of published material on adolescent sexual and reproductive health (ASRH), many gaps remain:

- Most publications are from sub-Saharan Africa, Latin America, South-east and South Asia — and even then, most research is clustered in a few countries (e.g., India, Kenya, Thailand and Uganda).
- There is a paucity of data on ASRH from North Africa, Eastern Europe, Central Asia or the Caribbean.
- While sexual coercion and other forms of sexual abuse are major factors in HIV and STD transmission, there is very little research exploring these issues.
- Polygyny and other multiple partner family structures are relatively common in many communities, but little has been written exploring the impact on children or adolescents.
- With very few longitudinal samples of adolescents anywhere in the world, policymakers are frequently left to deduce causality from associations seen in cross-sectional samples.



- Most of the studies are cross-sectional. Even when sophisticated statistics are used causality cannot be determined.
- There are nearly no studies examining risk and protective factors among adolescents for clandestine abortion, those who use abortion, and its sequelae for ASRH.
- Very few studies explore the contextual factors associated with ASRH — whether it is government policy, the economic climate, family functioning, school climate and relationships, peer or community; rather, most research focuses on adolescent knowledge, attitudes, and beliefs with little attention as to how these are derived.
- While there is an extensive body of research on gay, lesbian, bisexual and transgender (GLBT) young people in the industrialized world, one is hard pressed to find any studies from developing countries.



### Important factors warranting further research

In *Broadening the Horizon\**, CAH commissioned analyses from developing country datasets exploring risk and protective factors for youth health. These findings together with research from industrialized countries suggest a set of critical factors yet to be well researched and published in the developing country literature:

#### School

- connection to school
- teacher expectations and support
- being treated fairly

#### Peers

- social isolation
- perceived vs. actual peer behaviour
- prejudice
- positive peer models

#### Family

- connection to parents
- family size/child spacing
- parenting styles
- domestic violence
- family mental illness
- single parent

#### Community

- community/cultural norms, values expectations
- media exposure
- migration
- role models

While these have been shown to be important factors in industrialized countries, current research in developing countries is too scanty to say.

\*Broadening the Horizon: Balancing Protection and Risk for Adolescents. Department of Child and Adolescent Health and Development, World Health Organization, Geneva, 2002.

# Risk and Protective Factors Affecting Adolescent Reproductive Health in Developing Countries

## Research findings

The tables below list the risk (R) and protective (P) factors that were found to be statistically significant (p<.05) in at least two studies. Using p<.05 means that there is less than a 5% likelihood that the association occurred by chance alone. This is a measure of statistical significance. The numbers in parenthesis indicate the

number of studies in which the factor was found to be significant (out of the total number of studies). For example, in Table 1 below, being male was found to be a significant risk factor in 8 out of 10 studies that examined this factor. Except where otherwise noted, the findings apply both to males and females.

Table 1: Factors Related to Sexual Debut		
Individual-level Factors		
Early onset of puberty (4/4)	R	
Male gender (8/10)	R	
Older age (24/28)	R	
In-school - females (6/6)		P
Permissive attitudes towards sex (8/8)	R	
Cigarette smoking - males (3/5)	R	
Drug use (4/7)	R	
Alcohol use (8/9)	R	
Views pornography - males (3/4)	R	
Peer-level Factors		
Friends who are sexually active (10/10)	R	
Discussed SRH* issues with friends (2/3)	R	
Family-level Factors		
Polygamous family structure (2/2)	R	
Lives with both parents (9/16)		P
Family stability/connection (3/3)		P
Urban residence (3/4)	R	

\*Sexual and Reproductive Health

Table 2: Factors Related to Pregnancy Occurrence		
Individual-level Factors		
Employed (2/2)	R	
Higher education level (2/2)		P
Knowledge about contraception (2/3)		P
Low future aspiration (2/2)	R	
Peer-level Factors		
Has a pregnant friend (2/2)	R	
Family-level Factors		
Lives with both parents - females (4/4)		P

Table 3: Factors Related to HIV Infection		
Individual-level Factors		
Older age (7/12)	R	
Commercial sex worker (2/2)	R	
Early age at becoming commercial sex worker (2/3)	R	
Commercial sex worker who works in brothel (2/2)	R	
High numbers of sexual partners (11/14)	R	
Current/history of genital ulcer (4/4)	R	
Unprotected anal sex (2/3)	R	
Current/history of STI (11/13)	R	
Regular use of condoms (3/7)		P
Peer-level Factors		
Usual partner circumcised (2/2)		P

Table 4: Factors Related to Contraceptive Use		
Individual-level Factors		
Older age (5/10)		P
Early age at first sex - for "ever use" (2/3)		P
Higher education level (12/16)		P
Knowledge about contraception (4/5)		P
Permissive attitudes about contraceptive use (8/8)		P
No children (4/4)	R	
Partner-level Factors		
Partner has lower education level (2/2)	R	
Discussed sex/contraception with partner (5/5)		P
Partner approves of contraception (2/3)		P
Family-level Factors		
Urban residence (6/8)		P
High SES* (5/6)		P

\*Socioeconomic Status

## Research findings

### Reference Codes

- R** Risk factor
- P** Protective factor

**Table 5: Factors Related to Condom Use**

Individual-level Factors		
Higher education level (9/14)		<b>P</b>
Perceived risk of contracting HIV (7/13)		<b>P</b>
Positive attitudes about using condoms (6/9)		<b>P</b>
Self-efficacy in condom use (8/9)		<b>P</b>
Perceives many barriers to condom use (4/5)	<b>R</b>	
Knows where to buy condoms (2/2)		<b>P</b>
History of STI (2/3)		<b>P</b>
Partner-level Factors		
Has steady partner (3/3)		<b>P</b>
Discussed SRH* issues with partner (3/4)		<b>P</b>
Partner has negative attitudes about condoms (2/3)	<b>R</b>	
Family-level Factors		
Lives with both parents (2/3)		<b>P</b>
School-level Factors		
Discussed SRH with teacher (2/2)		<b>P</b>

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**Table 6: Factors Related to Early Childbearing**

Individual-level Factors		
Older age (2/3)	<b>R</b>	
Early onset of puberty (2/2)	<b>R</b>	
Older age at first marriage (2/2)	<b>R</b>	
Higher education level* (2/4)		<b>P</b>
Cigarette smoking (2/3)	<b>R</b>	
Alcohol use (2/3)	<b>R</b>	
Family-level Factors		
Lives with both parents (2/2)		<b>P</b>

\*As education level increases, the risk of early child bearing decline.



**Table 7: Factors Related to Multiple Sexual Partners**

Individual-level Factors		
Male (4/7)	<b>R</b>	
Older age (5/10)	<b>R</b>	
Married (3/3)		<b>P</b>
Employed - males (2/2)	<b>R</b>	
Perceived risk of contracting HIV (2/2)	<b>R</b>	
Alcohol use (3/4)	<b>R</b>	
Early age of first sex (2/3)	<b>R</b>	
Peer-level Factors		
Friends who are sexually active (3/3)	<b>R</b>	
Drinks alcohol with friends (2/2)	<b>R</b>	
Discussed SRH* issues with friends - females	<b>R</b>	

\*Sexual and Reproductive Health

**Table 8: Factors Related to STI Infection**

Exchange of money for sex - males (2/2)	<b>R</b>	
Higher numbers of sexual partners (5/10)	<b>R</b>	
Unprotected anal sex (2/2)	<b>R</b>	
Current/history of another STD (4/7)	<b>R</b>	
Regular use of condoms (3/3)		<b>P</b>

# Risk and Protective Factors Affecting Adolescent Reproductive Health in Developing Countries

## Research findings: Cross-cutting factors

When examining the various sexual and reproductive health behaviours of adolescents, there are many risk and protective factors that are common to multiple adolescent sexual and reproductive health outcomes. Having the knowledge of what these factors are will allow policy makers and programme managers to develop effective interventions that target those factors known to influence behaviours, and hence, outcomes.

The table below lists the factors which cross-cut the adolescent sexual and reproductive health outcomes studied. Factors noted to be significant in the table were identified for at least two different outcomes.

Reference Codes	
R	Risk factor
P	Protective factor

	Sexual Debut	# Sexual Partners	Condom Use	Contraception	Pregnancy	Childbearing	HIV/AIDS	STDs/STIs
<b>Individual</b>								
Early onset of puberty	R				R			
Older age	R	R		P		R	R	
Male	R	R						
Perceived high risk of HIV/AIDS		R	P				R	
History of STD/STI		P					R	R
Substance use	R	R				R		
Commercial sex work							R	R
Anal intercourse							R	R
Condom/contraceptive knowledge and/or self-efficacy			P	P	P			
<b>Family</b>								
Two-parent family	P		P		P	P		
Urban residence	R			P				
<b>Peers</b>								
Friends have had sex	R	R			R			
Married/permanent sexual partner		P	P					
Partner opposed to condom or contraception			R	R				
<b>School</b>								
Higher educational level/school enrollment	P		P	P	P	P		



## Conclusion

A number of important themes emerge from this review:

- Of the more than 11,000 published and non-published papers that focused on adolescent sexual and reproductive health, only 158 met the criteria for inclusion in this review – approximately 1%.
- Even though international evidence suggests that the context in which adolescents live influence their sexual risk taking behaviours, relatively few studies have explored any contextual factors. Rather, the preponderance of research focuses on individual-level factors.
- Factors unique to non-westernized regions of the world have not been substantially explored. The only exception, polygamous family structure, was found to be associated with earlier sexual initiation.
- While there is evidence that adolescents are primary targets of coercive sexual practices, there are less than five published papers from the developing world's literature that examine the risk and protective factors associated with either being a victim or perpetrating coercive sexual practices.
- Finally, sociodemographic factors, such as age, sex, socioeconomic status, and geographic location – many of which are not amenable to programmatic interventions – were the most commonly analyzed factors.

Despite these challenges, the review highlights a number of important risk and protective factors that should be addressed through programmes and policies. This review shows that the following factors matter most:

- education and schooling
- knowledge and attitudes related to condoms and contraception
- perceived sexual behaviour of friends
- partner approval/support for using condoms and contraception.

Education and schooling were shown to be key factors for not only reducing the risk of early sexual initiation, pregnancy, and early childbearing, but also for increasing the likelihood that adolescents will use condoms and contraception when they have sexual intercourse. Programmes and policies that focus on improving school enrollment, retention, and performance among adolescents should, therefore, be given high priority and evaluated for improving adolescent sexual and reproductive health outcomes.

At the same time, having knowledge and positive attitudes about using condoms and contraception is also important for increasing the likelihood that sexually-active adolescents will use them. Therefore, partner support and approval for using condoms and contraception appears to be critical. Sexual education programmes that aim at improving both knowledge and attitudes about condoms and contraception, as well as improving communication and negotiation skills may have promise based on the findings related to the influence that these factors appear to have.

Finally, the review demonstrates that adolescents who perceive their friends or peers to be sexually active are significantly more likely to engage in sex themselves, as well as have multiple sexual partners. In fact, the perception that one's peers are sexually active was one of the strongest identified risk factors. Programmes that target peer norms and influences about sex, therefore, hold promise for changing behaviours related to sexual initiation or having multiple partners.

That having been said, one comes away from this review with a sense that there is not one factor that explains most adolescent sexual or reproductive health behaviour. Thus, there is not one simple or magic solution. The factors that put young people at risk for health compromising sexual health behaviours are multifaceted. So, too, the factors that protect young people from harm are equally complex. The complexity should not and cannot stop us from acting. Rather, this report should give programme planners and policy makers some clues of where the evidence lies as to what influences sexual and reproductive health outcomes.

## Risk and Protective Factors Affecting Adolescent Reproductive Health in Developing Countries



It is clear that there is a need for a broader research base on the risk and protective factors related to adolescent sexual and reproductive health in developing countries. In particular, there is a need for both longitudinal research to determine causality and for research that more clearly defines the contextual factors that influence behaviour. Moreover, the use of common indicators of risk and protective factors as well as outcomes would assist in comparing findings across studies. However, it is equally clear that we cannot wait until all the data are in. We must act, and build our programmes on what the evidence suggests today are best practices and best bets.

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