

Risky Sexual Behaviour Among Males in the Western and North-East Health Regions

NFPB

Introduction

In the last fact sheet dated August 2010, it was established that a relationship exists between the church and Male Sexual and Reproductive Health Behaviour. While a picture of Jamaica's situation on a whole with regard to Male Sexual and Reproductive Health Behaviour was painted, it is necessary for information to be provided on a regional level so that changes that occur are localised to the specific makeup of each region and in this case, the Western and North-East Health Regions. Please note that all data were taken from the 2008 Reproductive Health Survey (RHS). The breakdown of regions and parishes are as follows:

Health Region 1 - Kingston and St. Andrew, St. Thomas and St. Catherine

Health Region 2 - Portland, St. Mary and St. Ann

Health Region 3 - Trelawny, St. James, Hanover and Westmoreland.

Health Region 4 - St. Elizabeth, Manchester and Clarendon

Risky sexual behaviour can include early initiation of sexual intercourse, multiple sexual partners, unprotected intercourse and intercourse under the influence of drugs or alcohol. It is hoped that this factsheet will bring to light some of the risky sexual behaviours that exist in the North-East and Western Regions of the island and that church leaders will use the information to inform their programmes and initiatives targeting males in the age group 15-24 years to improve their Sexual and Reproductive Health.

Sexual Experience

Within the 15-19 age group, the picture was different at the time of data collection comparing health regions. Health Regions 1 and 2 had the highest percentage of sexual experience with 68.7 per cent and 65.1 per cent respectively. Health Region 4 followed with 61 per cent of males having sexual experience in the 15-19 age group while Health Region 3 however had the lowest percentage with only 49.4 per cent of males having sexual experience within the 15-19 age group.

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Multiple Partnerships

With a focus within the church community on faithfulness to one (1) partner, multiple partnerships are and should be discouraged as they pose risks to one's Sexual and Reproductive Health. It is important for church leaders and community members to stress that having more than one (1) sexual partner increases the risk of transmitting Sexually Transmitted Infections (STIs) which in some cases cannot be cured. For the purposes of the 2008 RHS, multiple partnerships were examined as having more than one sexual partner within a

three (3) month or twelve month period.

Health Region 2

Health Region 2 was the region which reported the second highest percentage of multiple partners in the last three (3) months among males aged 15-24 years (36.9%), with 51.7 per cent of males stating they had multiple partners in the last twelve months (ranking the third highest out of all four (4) regions).

Health Region 3

Health Region 3 reported the lowest percentage with 33.4 per cent of males

saying they had multiple partners in the last three (3) months and 47.6 per cent of males stating they had multiple partners in the last twelve months (ranking fourth out of all four (4) regions).

Course of Action

While neither region 1 or 2 had a particular high incidence of multiple partnerships for males compared with other regions, it is still important for the percentages to be reduced even further as this will reduce risks to Male Sexual and Reproductive Health.

Diagnosis and Awareness of Sexually Transmitted Infections (STIs)

From increasing STI awareness, it is hoped that cases of diagnosed STIs will decrease as with knowledge, individuals are able to make informed decisions regarding their Sexual and Reproductive Health. While the church community does not promote sex outside of a marital union, it can still focus on increasing awareness of the consequences of risky sexual behaviour with which methods of abstinence and/or faithfulness can be intertwined.

Health Region 2

In 2008, Health Region 2 was the region which reported the highest percentage (6.8%) of Gonorrhoea

Diagnosis among males aged 15-24 years. Diagnosis of other STIs was less than one (1) per cent for the region. With regard to awareness, Region 2 had the lowest awareness of Gonorrhoea (27.8%) and Genital Warts (19%) compared with other Health Regions. For other STIs such as Chlamydia and Chancroid, the region, while not the lowest in awareness was not among the top two (2) regions. The percentage of Gonorrhoea cases, while not especially high compared with other regions, is possibly attributable to the region having the lowest awareness of the STI (27.8%) compared with all other regions which were over 90 per cent for this age group.

It is therefore crucial that public education campaigns focused on STI prevention and treatment, with special emphasis on Gonorrhoea be developed and launched within the region.

Health Region 3

In Health Region 3, there was a 3.8 per cent diagnosis of Gonorrhoea for the region with diagnosis of other STIs being under one (1) per cent. However, with regard to awareness, the region has a completely different picture that Health Region 2, with the highest awareness of Genital Warts (42.6%), Trichomoniasis (36.5%), Chlamydia (38.5%) and Chancroid (30.6%). Awareness was also high for other STIs as well.

Sources of Information for Young Adult Males

In order to know how to present this type of information to 15-24 year old males, it is important for church leaders to know the sources young adults go to for information on Health and Family Life Education (HFLE) and also which sources were most helpful. With this information, the channels which were most helpful would be used and there would be an effort to ensure that in future, their preferred source of this

information was also the one deemed as most helpful. It is also important that in order for the messages to have optimal impact that they are presented differently to teenagers than they would to males in the 20 to 24 age group.

Among males aged 15-17 years, teachers were selected as their preferred source of HFLE information at 48.6 per cent with those in the 18-19 age group se-

lecting the television as their preferred source at 28.6 per cent. For males in the 20-22 age group, their top source was the Internet at 51 per cent with those in the 23-24 age group selecting the radio as their top source. Interestingly, among both the 15-19 and the 20-24 age groups, the source with the highest percentage deemed as 'very helpful' were teachers.

How can this Fact Sheet Benefit the Wider Church Community?

The messages within this document can also be used to inform youth abstinence messages and any other behaviour change interventions for young adult males in the church community. Within youth groups they can be used for starter points for group discussions, the result of which can inform various outreach/educational programmes in the region. In addition, existing outreach activities organised by the church community can be revamped with this new information through which concerts, special services, dramatic youth group presentations and other activities can be used to raise awareness of the various consequences of risky sexual behaviours in each health region.

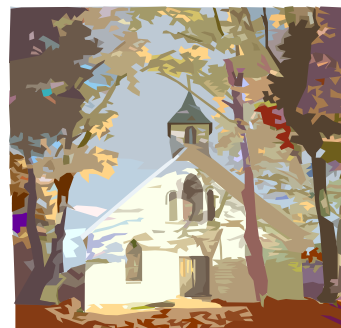
Only 5.8 per cent of males in the 15-19 age group and 5.3 per cent of males in the 15-24 age group have been involved in church activities which could

help prevent early sexual activity. It is therefore important for church leaders to create awareness initiatives using aforementioned activities and other suitable ones that can help youth view the church as a viable outlet for information and guidance with regard to their Sexual and Reproductive Health. As teachers were selected by males as the top source voted as 'very helpful', teachers could be used to conduct youth group sessions, organise educational retreats and other activities focused on the mental and spiritual growth of the young adult male population within the church.

With the selection of media as another preferred source young adults turn to for information, teachers within the church community can have focus group discussions where the messages of the media can be analyzed and discussions had on their potential impact

and relevancy and how they could be integrated into Christian life.

During church retreats, role play sessions could also be organised where youth act out various situations that may be risky to their Sexual and Reproductive Health demonstrating how one should respond. Various topics could also be discussed in youth group sessions where youth can voice their concerns in an environment that is youth-friendly and focused on their needs.



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The NFPB empowered by the 1970 National Family Planning Act, is the Agency of Government responsible for preparing, carrying out and promoting sustainable Family Planning services in Jamaica. The Board also supports the achievement of the Vision 2030 National Development Plan, one of the desired outcomes of the plan being a healthy and stable population.

The mission statement of the NFPB is to enable individuals to achieve good Reproductive Health (Family Planning and Reproductive Health outcomes) through the provision of high quality, voluntary Family Planning and health and Family Life Education services implemented efficiently and effectively.

