

# Perceptions of Health Risks among Adolescents in Jimma Zone

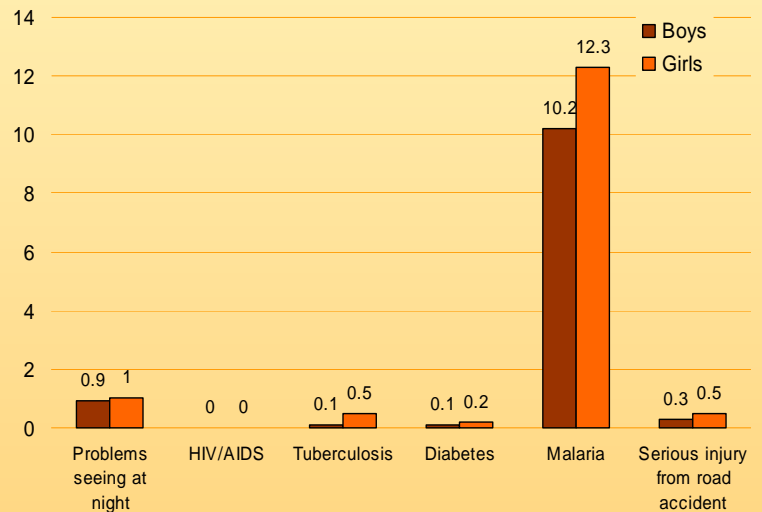
This Policy Brief examines adolescent boys' and girls' perceptions of health risks in Jimma Zone.

*Based on data from Round 1 (September 2005-March 2006) of the Jimma Longitudinal Family Survey of Youth*

Adolescents' perceptions of their own risk of eventually experiencing a serious illness or a debilitating health condition are influenced by their level of awareness of the prevalence of these conditions in their community, as well as by their perceptions of the relative influence of preventative and risk factors. Being aware of health risks is an important first step in convincing youth to adopt healthy life-styles and protective behaviors. However, acute perceptions of risk may also signal a profound sense of vulnerability or powerlessness that can lead to psychological stress and anxiety. The Jimma Longitudinal Family Survey of Youth (JLFSY) asked adolescent boys and girls about their knowledge of people with different serious health conditions and how likely they thought it was that they themselves would experience the condition in the future.

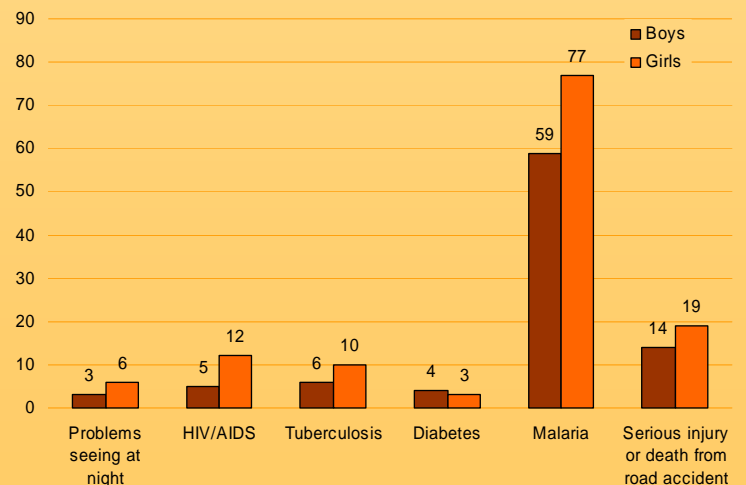
## Prevalence of Serious Health Conditions among Adolescent Boys and Girls

Night blindness, HIV/AIDS, tuberculosis, diabetes, and severe injuries are relatively rare among adolescents age 13-17 in JLFSY study area. One percent or less of youth report suffering from any of these conditions. Malaria, on the other hand, is much more common among youth, with roughly one in ten youth reporting the condition. The prevalence of these different conditions appears to be slightly higher among girls than boys.



## Knowledge of Peers with Serious Health Conditions

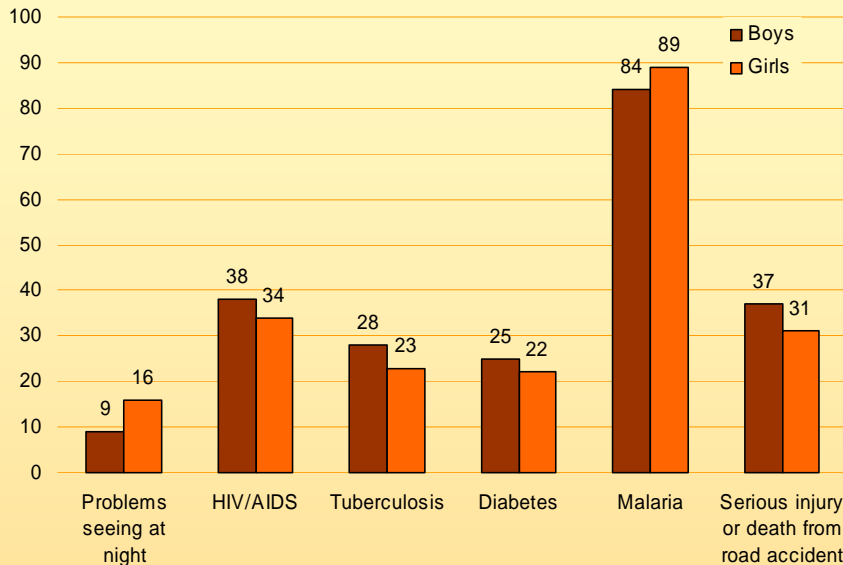
In contrast to the individual risk of having a serious illness or severe injury, knowledge of at least one similarly aged peer with a serious health condition is more common, especially with respect to malaria. Seventy-seven percent of girls and 59 percent of boys know at least one person their age with malaria. The second most commonly known condition among peers of similar age is severe injury. For all conditions with the exception of diabetes, girls are more likely than boys to report knowing a peer with a serious health condition.



## Knowledge of People with Serious Health Conditions

When considering people of all ages, adolescent knowledge of at least one person with a serious illness or injury is relatively common. Almost every youth knows of at least one person with malaria, and one-in-three youth (both boys and girls) know at least one person with HIV/AIDS. After malaria and HIV/AIDS, the most commonly known conditions are: serious injury or death from road accidents, tuberculosis, and diabetes. In general boys are slightly more likely than girls to know of someone with these conditions (in contrast to knowledge of age peers with health problems).

Percent of Adolescents who know someone with a serious health condition

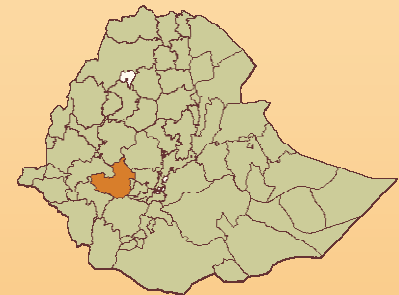


## Policy Recommendations

**With the exception of malaria, the reported prevalence of disease and injuries among adolescent girls and boys is quite low. A majority of youth know someone with malaria, but adolescents in Jimma Zone have little experience with peers suffering from other medical conditions. In contrast, knowledge of people in general (mostly adults) with serious illness or injury is widespread among youth. Public health programs can play a vital role in providing youth with information about preventative measures and protective behaviors that will reduce the risk of contracting disease and experiencing serious injury. These messages are particularly important during the adolescent years when young people often have a sense of invulnerability and fail to fully appreciate the risks to health and well-being associated with risky behaviors.**

## The Jimma Longitudinal Family Survey of Youth

The Jimma Longitudinal Family Survey of Youth (JLFSY) began in 2005. It is representative of Jimma Town, the small towns of Yebu, Serbo, and Sheki, and nearby rural areas. The stratified sample includes 3700 households and 2100 boys and girls ages 13 to 17, yielding about 700 adolescents each for Jimma Town, the small towns, and the rural areas. Household data were collected from the household head or the spouse of the head. Adolescents were directly interviewed. Questionnaire data were collected by trained interviewers in the Amharic and Oromifa languages.



Jimma Zone in Ethiopia

The JLFSY is an interdisciplinary effort by specialists in epidemiology, community health, biostatistics, demography, sociology, and economics. The study examines critical challenges that youth face such as health, education and training, employment and earnings, forming families, and becoming productive citizens. A special focus of the study is on key sources of support for youth as they meet these challenges including parent and kin investments, household resources, parent and kin guidance, local community infrastructure, and informal support networks.

Funding for this research is generously provided by grants from the David and Lucile Packard Foundation, the Compton Foundation, and the Andrew W. Mellon Foundation.

This research is being conducted by faculty and students affiliated with the **Partnership in Improving Reproductive Health**.



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