

Self-Reported Health Status among Adolescents in Jimma Zone

This Policy Brief examines adolescent self-reports of health status and the relationship of health status to place of residence, gender, and food insecurity.

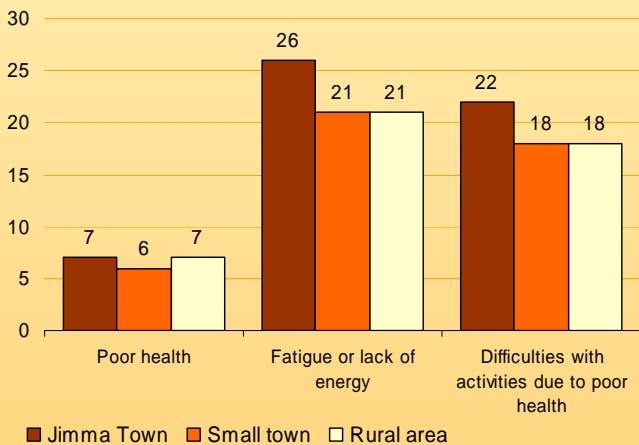
Based on data from Round 1 (September 2005-March 2006) of the Jimma Longitudinal Family Survey of Youth

The health status of adolescents is a major public health issue. Poor health negatively affects school attendance and academic achievement, job performance and productivity, and contribution to home production and domestic work. Poor health is also associated with higher levels of depression among adolescents, and lower educational and employment aspirations.

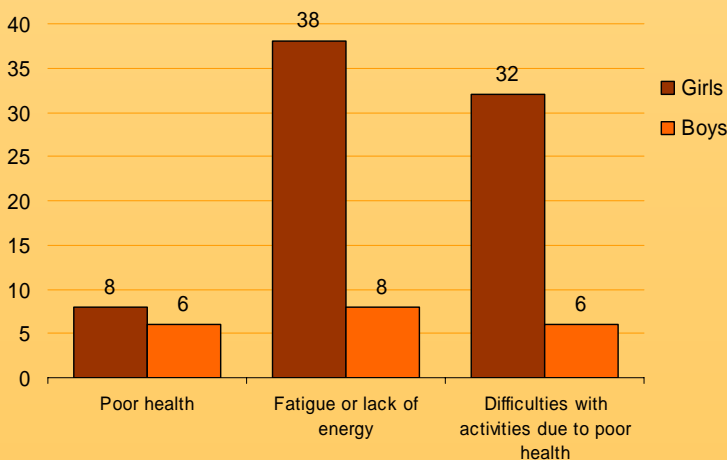
The Jimma Longitudinal Family Survey of Youth (JLFSY) asked adolescents three questions about their current health status: (1) In general, how would you rate your health today? (2) In the last 30 days, how often has feeling tired or not having enough energy been a problem for you? and (3) In the past 30 days, how often have you had difficulties with school, work, or household activities because of poor health?

In this policy brief we ask: How does self-reported health status vary by urban and rural place of residence, and by gender? Does food insecurity contribute to poor health, and more frequent experiences of fatigue and health-related problems among adolescents?

Self-Reported Health Status by Place of Residence and Gender



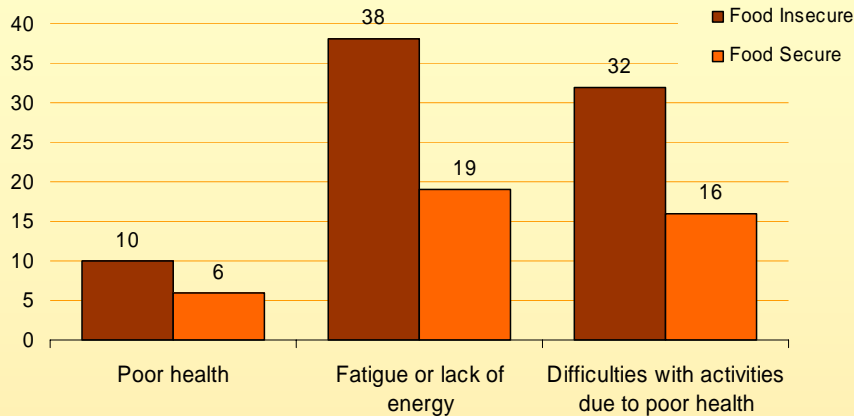
The large majority of adolescents in the JLFSY study area report their current health status as very good or good. Only 6-7% of adolescents describe their health as poor. However, adolescent reports of feeling tired or not having enough energy are much more common, as are reports of having had difficulties with school, work or household activities because of poor health. Approximately one in four youth in Jimma Town and one in five youth in small towns and rural areas report that feeling tired or not having enough energy was very often or sometimes a problem for them in the past 30 days. Similar proportions of youth report having difficulties with school, work, or household activities in the past 30 days because of poor health.



Girls are substantially more likely than boys to report that feeling tired or not having enough energy was a problem for them in the past 30 days. Girls were also more likely than boys to report that poor health led to difficulties with school or other activities in the past 30 days. These differences are very large, with one-third of girls but fewer than one in ten boys reporting lack of energy or difficulties in activities due to poor health.

Self-Reported Health Status by Food Insecurity

Food insecurity is an endemic problem in Jimma Zone. Approximately 22% of adolescents in the JLFSY study area are food insecure (see Policy Brief 8). Food insecurity is defined as having experienced at least one of the following four conditions in the last three months: (1) worried about having enough food, (2) had to reduce food intake, (3) had to go one or more days without eating, and (4) had to ask for food outside the home.



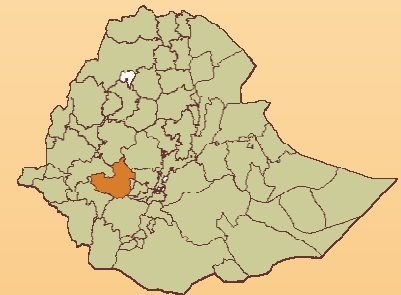
Health status varies substantially by food insecurity. Adolescents who report being food insecure are almost twice as likely to report their health as poor compared to food secure adolescents, and are twice as likely to report problems with feeling tired or not having enough energy, and having difficulties with school or other activities because of poor health.

Policy Recommendations

Although a small percentage of adolescents in the JLFSY study area report their current health as being poor, many report experiencing problems with feeling tired, not having enough energy, and experiencing difficulties with school and work because of poor health. Problems of health-related fatigue in youth can result in underperformance in school and work, which will lower current and future levels of productivity. Poor health and fatigue have a strong relationship with food insecurity. This relationship is particularly troubling because food insecurity is so prevalent in the Zone: one out of every five adolescents reports being food insecure. Program interventions that reduce food insecurity among youth will have a host of beneficial consequences, including improved academic and work performance and improved mental health. The higher levels of fatigue and health-related problems reported by girls compared to boys may reflect differential access to food or heavier domestic work loads, as well as temporary drops in energy related to their menstrual cycles. These gender differences deserve greater attention and will be investigated further in subsequent Policy Briefs.

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.

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