

Health Risk Behaviors of Adolescents in Jimma Zone

This Policy Brief examines health risk behaviors of adolescents, and differences in these behaviors by place of residence, between boys and girls, and by age.

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

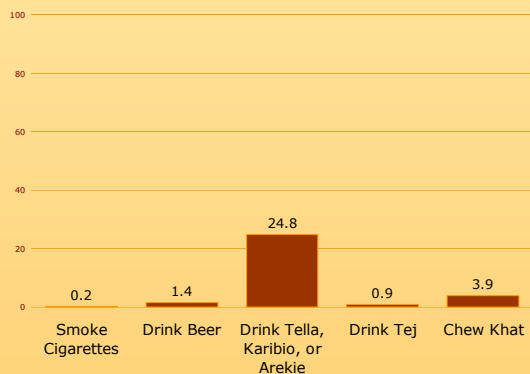
Adolescents sometimes engage in behaviors that are health risks. Studies have found that alcohol consumption and drug use are associated with increases in early sexual activities, the use of commercial sex workers, and unprotected sex. Consumption of alcohol and drug use is also linked to depression.

Occasional risky health behaviors of adolescents may be precursors to more frequent use of alcohol and drugs. In the longer term, these risky health behaviors may affect overall health, ability to work, and domestic violence. For example, tobacco use in adolescence is likely to lead to frequent tobacco use at older ages, which is a major threat to long-term health.

To what extent do adolescents in Jimma Zone use tobacco, alcohol and drugs? Does the prevalence of health risk behaviors vary by place of residence, by gender, and by age?

The Jimma Longitudinal Family Survey of Youth asked adolescent respondents the number of days in the past week they smoked cigarettes, consumed alcohol (beer, *tej*, *tella*, *karibio*, *arekie*), and chewed *khat* (a highly addictive, mild stimulant).

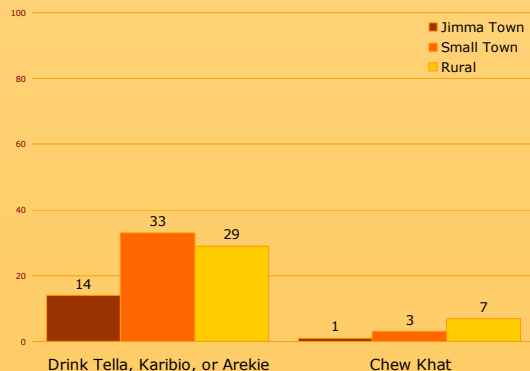
In this report we examine whether a risky behavior has occurred once or more during the past week.



High Risk Practices

Almost no adolescents engage in tobacco consumption, drink beer, or drink *tej*. About one-quarter of adolescents drink locally made alcoholic beverages (*tella*, *karibio*, or *arekie*). Four percent of adolescents chew *khat*.

We will ask these questions again in future rounds of the adolescent survey using a new response card method we have developed that will indicate whether positive responses to these risky behaviors are biased downward.

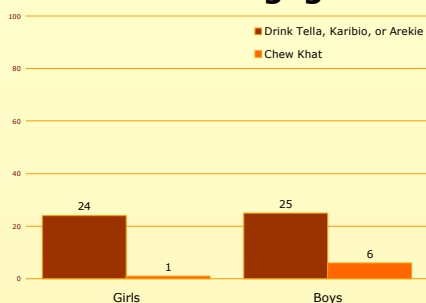


High Risk Behavior by Place

More than twice as many adolescents in small towns and rural areas drink *tella*, *karibio*, or *arekie* and chew *khat*. These risk behaviors are not yet a major issue in urban areas.

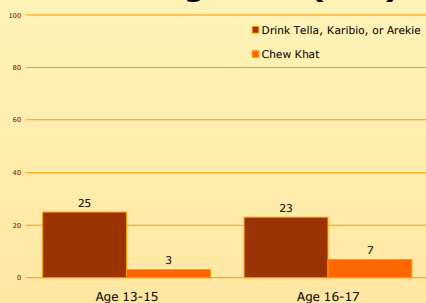
High Risk Behavior by Sex

Girls and boys are about equally likely to consume alcohol. *Khat* chewing is mainly a habit of boys, 6% of whom engage in this behavior.



High Risk Behavior by Age

Alcohol consumption is equally common among younger and older adolescents.* *Khat* use is twice as high among older adolescents, but is uncommon even among them (7%).



*Future research will track adolescents in each age group to see if they increase alcohol consumption as they grow older.

Policy Recommendations

While risky health behaviors are of considerable concern to organizations and programs that work with adolescents, these are not large problems among adolescents in Jimma Zone. These adolescents need to be made aware of the dangers of alcohol consumption and *khat* use given their association with unprotected sexual intercourse. But other interventions to improve adolescent health, especially knowledge of the risks of unprotected sex and the dangers of HIV/AIDS, are more critical (see Policy Brief 2).

It is likely that these health risk behaviors become more common as these adolescents become adults. Adolescents in rural areas finish school and begin to work at somewhat earlier ages, and it is this group that exhibits the highest rate of risky behaviors. Programmatic attention to these risky health behaviors needs to be targeted beyond adolescents to young adults.

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 3500 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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This research is being conducted by faculty and students affiliated with the **Partnership in Improving Reproductive Health**



Jimma University
DPFH · Department of Population and Family Health
Jimma · Ethiopia



Brown University
PSTC · Population Studies and Training Center
Box 1836 · Providence · RI · 02912 · United States · <http://www.pstc.brown.edu>