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# Fact Sheet – Sexual and Reproductive Health Rights of Children and Adolescents in OPT November 2010

In 2010 Save the Children Sweden in cooperation with Juzoor for health and Social development conducted a baseline survey in Lebanon, Yemen and OPT regarding Knowledge, Attitudes and Practices of children, parents and service providers related to Sexual and Reproductive Health Rights (SRHR). The study focuses on:

- SRHR – Sexual and Reproductive Health Rights knowledge
- Risks and preventive behavior
- Utilization of protective mechanisms

This Fact Sheet is intended to present a summary of the results of the OPT survey[1] with regard to the main areas investigated through the study.

## PERSONAL HYGIENE

The prevalence of good hygienic behavior is very low. It is recommended to provide extensive education about appropriate amount of bathing and washing genitals, as well as infections of the genitals and menstrual hygiene, to boys and girls separately, since there were found to be differences among their practices. It is also recommended to provide education for mothers on personal hygiene of their children and skills to educate them, since they are the main source of information mentioned by children regardless of gender

**REPRODUCTIVE HEALTH** is a state of complete physical, mental and social well-being in all matters relating to the reproductive system and to its functions and processes. Reproductive health care also includes sexual health, the purpose of which is the enhancement of life and personal relations.

International agreements affirm that adolescents have a right to age-appropriate sexual and reproductive health information, education, and services that enable them to deal positively and responsibly with their sexuality.

## CHANGES DURING PUBERTY

**Knowledge about physical changes which occur in puberty is fair among children**. More girls (49.4%) identified 3 or more physical changes (occurring in girls) than boys (41%) (occurring in boys). Knowledge about worries and problems faced during puberty was very low for both genders. Only 20% identified 3 or more worries/problems. Few parents (8.6%), 28.1% of the health workers, and 35.3% of the other service providers identified 3 or more SRH risks faced by children during puberty.

## SEXUALLY TRANSMITTED INFECTIONS (STIS), HIV AND AIDS

**The knowledge level of children and parents about STIs is very low**. Only 3.3% could identify 3 or more STIs. Only 2.5% could identify 3 or more symptoms of STIs. About 88.6% of health workers, 72.2% of other service providers, and only 18.3% of the parents could identify 3 or more STIs. Around 77.1% of health workers, and 72.2% of other service providers, and only 10.6% of parents could identify 3 or more STI symptoms.

**Around 72% of children have heard of HIV and AIDS**. Only 32.1% of those could identify 3 or more modes of transmission of HIV, and only 25.6% could identify 3 or more ways to avoid getting HIV.
43.1% of parents, 78.8% of health workers, and 88.9% of other service providers could identify 3 or more modes of transmission of HIV. 34.5% of parents, 87.9% of health workers, and 100% of other service providers identified 3 or more ways to avoid getting HIV. Interestingly, 42.3% of the children, 20.7% of parents, 42.4% of health workers, and 38.9% of other service providers thought that "casual contact with an infected person" is a mode of transmission.

1 The survey was conducted with 120 children aged 10-17, 142 parents, and 53 staff (service providers) in five impact areas in OPT (Aqabet Jaber, Arrub, Ayda & Azzah, Ein El Sultan, and Dura). The participants were beneficiaries of the 5 UNRWA health centres in the abovementioned locations.

## SRH: SEEKING BEHAVIOUR AND UTILIZATION OF SERVICES

**Most children (76.7%) identified their "mother" as the primary source of information or help.** This was followed by "father", "sister", and "gynecologist or doctor". More girls sought their mother, while more boys sought their father. "Teachers", "social workers", "counselors", "midwives/nurses", "friends" and "media" were not mentioned by many children. **About 28.3% of children do not use the SRH services at the health centres for the main reason of "not knowing what services are available".**

More children (65.2%) have asked their parents about SRH topics than those who have asked their teachers (50.4%). Out of those who asked, most got an answer to their question, and have not been scolded, refused, or referred. The majority of children (84.2%) support the discussion of SRH topics in classrooms, but only 22.7% felt that it should take place before puberty.

## ENGAGEMENT, MARRIAGE, AND CHILDBIRTH

**The attitude of children, parents and service providers towards ideal ages for engagement and marriage for boys and girls was relatively favourable, since most of them believed that these should be above 18 years**. However, ideal engagement and marriage ages were always perceived to be lower for girls than for boys (only 79.6% believed women should be above 18 to marry as compared to 91.2% for boys).

**Most children, parents, and service providers were in favour of continuation of education even after engagement or marriage. However, very few children and parents could identify the complications of childbirth during adolescence.** About 60% of children think that pregnancy and child birth should be avoided during adolescence. Out of these, only 14.9% of the children and 21.9% of the parents identified 3 or more complications of delivery during adolescence, while most of the children (44.8%) did not identify any complications.

## VIOLENCE AND SEXUAL ABUSE

**The majority of children had disapproving attitudes towards violence, with some differences between boys and girls, and within age groups. A large majority of children (76.1%) recognise that there is violence against children aged 10-17 in their community.**

The large majority of children and parents had relatively high levels of knowledge regarding forms of physical, emotional, and sexual abuse, with **less knowledge about sexual abuse**, perhaps due to lack of communication about this "taboo" subject. Most of the children thought the perpetrators of sexual abuse were a "male stranger" (30%), while parents indicated "father" as the most identified perpetrator (34.5%), followed by "male stranger" "brother", and "uncle", suggesting that parents mostly think that sexual abuse is committed by family members.

**Health workers seemed to be less aware of violence than other service providers. On the other hand, not all the service providers' workplaces (health centres, schools, NGOs, etc) have established systems for violence response.**

For instance, 43.4% have treatment and follow up, while 37.7% have referral systems. These centres however seem to lack the most in investigation and appropriate judicial involvement. **Furthermore, 66.6% of the service providers' workplaces do not have any programs addressing the prevention of sexual abuse.**

**Save the Children Sweden (SCS)** is at the forefront of the fight for children's rights through the delivery of immediate and lasting improvements to children's lives worldwide.

The baseline study, summarized here, is an essential tool for the SCS intervention in the SRHR field. In January 2010 an EC funded project **"Protecting adolescents from Gender Based Violence through the promotion of their SRHR in Yemen, Lebanon and oPt"** was started by Save the Children Sweden and its local partners.

In the OPT SCS works with Juzoor Foundation for Health and Social Development with the aim of improving the quality of and access to information and services for children and adolescents (aged 10 to 17) at risk or victims of sexual and reproductive health rights. The overall objective will be achieved also by improving olicy makers' support for children and adolescent friendly services and information on SRHR.

Around 21,500 children aged 10-17, their parents and service providers in five impact areas in oPt (Aqabet Jaber, Arrub, Ayda & Azzah, Ein El Sultan, and Dura) are expected to benefit from this action.

The objective will be achieved through the creation of appropriate educational material and child friendly environments, training of service providers and the creation of an easy accessible referral mechanism. Best practices will be shared among the partners involved and advocacy activities will target the relevant local and national authorities.