ORIGINAL ARTICLE

Adults Perspective of Adolescent Reproductive Health Behaviour in a Sub-Urban Town in Nigeria.

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ABSTRACT

Background: *Parent /Adult Child communication has been shown to influence adolescent reproductive health behaviour. Adults need to pass correct information across to youths to help them make proper decisions that will promote their health. The objective of this study was to assess the attitude of parents to adolescent reproductive health behaviour in a suburban Nigerian town.*

Methods: *This cross-sectional descriptive study was carried out in Ikenne, Ogun State. A Semi-structured questionnaire was used to gather information from 370 adults who were chosen by multi-staged sampling method.*

Result: *About two-thirds of the adults surveyed (62.2%) were against premarital sex among adolescents. Although 46.8% said it was permissible for adolescents to use contraceptives, 87.1% will react negatively if they found contraceptives with their children. The condom was the most commonly approved contraceptive method for adolescents by 60.7% of those who approved of adolescents use of contraception, consisting of 14.6% of all the parents in the study. The major reasons against contraceptive use by adolescent were the promotion of promiscuity (41.5%) and infertility in the future (24.9%). Although gender difference was not statistically significant, the females expressed a more conservative attitude to adolescent sexuality and contraception than males; they were less likely to approve of sexual activity among young people (17.8% versus 23.6%) or contraceptive use by them (44.6% versus 49.2%).*

Eighty seven percent (87%) of those that had children/ward above 12years had discussed sexuality issues with them. The major form of advice was sexual abstinence and the possibility of unplanned pregnancy. Only 8.5% had advised them about contraception. While 74.1% had approved of sex education in schools, only 31.9% approved of teaching about condom in schools.

Conclusion: *Adults are interested in the reproductive health of their children. Programmes that seek to involve parents in promoting the sexual health of youths will make significant progress if they specifically target parents (especially women) with information about the context of adolescent sexuality and address their misgivings.*

KEYWORDS*:* Attitude; Parents; Adolescents; Reproductive health behaviour.

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INTRODUCTION

Adolescents of today are attaining menarche earlier than before, they are exposed to a longer period of schooling and are getting married at a later age[1]. These results in a long period of time in which young people are sexually but not economically mature. By the age of 19years, most adolescents are sexually exposed whether they are married or not[2]. Unfortunately, many of the sexually exposed youths are involved in unsafe sex [3]. This exposes them to unfortunate consequences of teenage pregnancies and sexually transmitted infections (STIs) including HIV/AIDS [1].

In Ikenne LGA of Ogun State, a study showed that 24% of all pregnant women that registered at the health clinics between June and December 1999 were teenagers [4]. The rate may be higher in the community because most teenage pregnancies end in abortion [5] and pregnant adolescents are less likely to attend antenatal care. In Nigeria, pregnancy out of wedlock is associated with a lot of shame and the risk of truncating the education of the girl child, while abortion is illegal. Hence young people who seek abortion tend to go to medically unqualified persons [6], which result in significant morbidity and mortality among them [7].

Young people need to be empowered with adequate knowledge and an enabling environment to help them make the right reproductive decisions. Much effort is being made to introduce family life education into the school curriculum [8], however, not all children will have the benefit of going to school but most children come from families. One of the social institutions that influence youths' reproductive health behaviour is the family [9, 10]. However, findings suggest that most parents or guardians do not discuss reproductive health issues with their children or ward [9] because of shyness, ignorance or culture that inhibit parent-child communication about sexual issues.

Sexuality education is primarily the responsibility of the parents and adequate effort should be made to assist parents to do this. Therefore there is a need to understand parents' views about adolescent sexuality

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and contraception so as to be able to design culturally relevant programmes to involve parents in promoting the reproductive health of their young ones. This study examined the attitude of adults to contraception generally and more specifically to adolescent sexuality, contraception and sexuality education.

MATERIALS AND METHODS

This cross sectional study was carried out in Ikenne town, a suburban town and the headquarters of Ikenne LGA of Ogun State between the months of January and March 2004. Using the figure from the 1991 census, the estimated population of Ikenne in 2004 was 39,890. Social services such as piped water and electric power supply were available in the town. The major occupations of the people were farming and trading in farm products [11].

The target population were adults in the community. This study was not only limited to parents because in most developing countries, the task of bringing up a child is for all adults in the community. Eligibility criterion was an adult aged 30years or older. It was assumed that people married early (in their teens) in previous years hence by the age of 30years an individual is likely to have a teenage child or ward. The sample size for the study was determined using the formula, $n= z^2pq/d^2$, where z is 1.96 at 95% confidence interval, p is 20.9% (percentage of parents who approved of contraceptive use by sexually active adolescents in Port Harcourt [12] and d is the tolerable standard error. The calculated minimum sample size was 254.

Ten medical students (5 males, 5 females) who had completed their community diagnosis posting were trained as interviewers. The students were of the Yoruba tribe, living in Ikenne and quite familiar with the people. They were informed about the objectives of the survey, the sampling process and trained on how to use the survey tool. The questionnaire was constructed in English. It was expected that many of the adults may not be educated and would have to be interviewed in Yoruba. To allow for standardization of the research instrument and avoid the bias that may arise from individual translation of the questions, the questions were verbally translated into Yoruba during the training. The questionnaire was pre-tested on 20 adults in Sagamu, a neighbouring town of Ikenne.

Multi-staged sampling technique was used to choose the study participants. The town of Ikenne is made up of two wards. Using the map obtained from the local government, the list of streets in each ward was compiled. Six streets were selected from each ward using the random sampling technique (the ballot method). On each selected street, the index house was chosen and moving sequentially, trained interviewers administered structured questionnaire to the eligible adults who were present at the time of the interview. Where there were many households in the house, eligible adults from a maximum of two households were involved in the study.

Semi-structured questionnaire was used to collect information from the respondents using mainly the interviewer method. However, some respondents insisted on completing the questionnaire personally. On each street, 30-36 eligible adults were interviewed. Although same-sex interview was encouraged, some males interviewed females because they came across more females in the community. Out of the three hundred and seventy two (372) questionnaires administered, only two were incompletely filled and they were excluded from the analysis. The questionnaires were used to gather information about the socio-demographic characteristics of the respondents, their awareness, attitude and practice of contraception, their perception of adolescent sexuality behaviour, school based sex education and their involvement in adolescent sexual education.

The data was analysed using SPSS version 10. Chi-square was used to determine differences in gender perspectives. p value less than 0.05 was accepted as being statistically significant.

RESULTS

Table I summarizes the socio-demographic characteristics of the adults in the study. A greater proportion of the women was younger than the men, 51.7% were between 30-40years of age compared to 31.2% of the males. Majority were married (90.3%). About three-fifths were in monogamous union (60.9%). Three-quarters of the sample were Christians. The women in the study were less educated than the men. Fifteen percent (15%) of the females had no formal education compared to 4.5% of the males. Ninety-two percent were Yorubas, 6.5% Ibos, 1.1% Ibibios and 0.8% Hausas. Three hundred and twenty two (87%) had children or ward aged 12yrs or older.

Ninety-three percent (93%) had heard of contraceptive methods before. Seventy-seven percent (77%) of the sample supported contraceptive use while 44.3% were currently using it. Table II summarizes the attitude of the respondents to adolescent reproductive health behaviour. One-fifth (20.3%) approved of sexual activity among youths. A higher proportion of the males approved of sexual activity among the youths (23.6% versus 17.8%) and they also supported contraceptive use by youths more than the females. These differences were not statistically significant (p>0.05).

The major reasons cited by those who were against contraceptive use by adolescents were that it could promote promiscuity (45.6%), could prevent subsequent fertility (34.9%) and that it could kill (2.6%). Other reasons included the opinion that sex is for marriage, fear of side effects, it was against their culture or religion or that adolescents are too young. Among those who supported contraceptive use, condom was the most commonly approved method for young people (60.7%), others were injectables (15.7%), pills (10.1%), natural methods (6.7%), any safe method recommended by doctor (14.6%) and herbs (0.3%). In response to the question on the appropriate age that adolescents could start using contraceptives, most of them supported contraceptive use by the older youth, the mean age recommended by the males was 17.88years S.D 3.70 and the females 19.07years S.D 3.36.

In terms of what their reaction would be if they saw contraceptives with their children, majority (73.8%) would be shocked and would scold the child (67.8%). More males indicated that they were likely to educate the child about how to use it (14.1% versus 9.9% females) while 6.3% males would ignore it compared to 1.4% of the females. In reaction to their children getting pregnant when in school, half of the sample population would accept the pregnancy (50.8%), 15.9% would send the child away or enforce marriage, 14.1% would stop the schooling of the child while 4.9% would abort the pregnancy (4.9%).

Table III summarizes the perception and practice of adolescent sexuality education by respondents. Almost all the respondents (98.6%) believed that sexuality issues should be discussed with adolescents. Mothers were the most common expected source of sexuality information for youths (88.1%). Only 35.4% indicated that the father should give sexuality education. Males were significantly more likely to mention fathers as a source of sexuality information for adolescents ($p<0.001$). Some were of the opinion that parental advice about sexuality will not be well appreciated by children and that it is better if teachers (9.2%), health workers (5.9%) and pastors (5.1%) give such education.

The reasons given by those who had not discussed sexuality with their teenage children included the fact that the children were too young (41.8%), they didn't want their children to know about sex (14.5%), belief that it could mislead the children (14.5%), such children were not living with them (5.4%), the child was of opposite sex (5.4%). Others included difficulty with talking about sexual issues (3.6%), belief that it is better to show example (3.6%).

Among those who have children/ward older than 12years, 87.3% had discussed about sexuality with their children. Thirteen percent (13%) started before the child was 11years of age, 12-15years (51.5%), 16-20 years (23.2%) and after 20years (12.1%). Sexuality education usually start when the girls begin menstruation and the commonly given advice was to keep away from men (68%) and the likelihood of getting pregnant if they are sexually exposed (14.2%). Only 8.5% advised them on contraceptive use. Sex education in schools was widely supported by the respondents (74.1%), however many considered it more appropriate for older youths in higher secondary school and tertiary institutions. Thirty two percent (31.9%) supported youths being taught about condom use in schools.

Table I. Socio-demographic Characteristics of Respondents

	Male		Female		Total	
VARIABLE	**N-157**		**N-213**		**N-370**	
	Freq	**%**	**Fre q**	**%**	**Freq**	**%**
AGE						
30 - 40	49	31.2	110	51.7	159	43.0
41 - 50	48	30.6	56	26.2	104	28.1
51 - 60	46	29.3	18	8.5	64	17.3
>61	14	8.9	29	13.6	43	11.6
MARITAL STATUS						
Single	6	3.8	4	1.9	10	2.7
Married	149	94.9	185	86.8	334	90.3
Divorce/separated	2	1.3	24	11.3	26	7.1
Widowed						
RELIGION						
Christianity	109	69.4	165	77.5	274	74.1
Islam	32	20.4	40	18.7	72	19.5
Traditional	16	10.2	8	3.8	24	6.5
EDUCATION						
None	87	4.5	32	15.0	39	10.5
Primary	54	36.4	67	31.4	121	32.7
Secondary	67	43.3	85	39.9	152	41.1
Post secondary	29	18.5	29	13.6	58	15.7

Table II. Respondents Attitude to Adolescent Reproductive Health Behaviour

	Male		Female		Total		p value
VARIABLE	**N-157**		**N-213**		**N-370**		
	Freq	**%**	**Freq**	**%**	**Freq**	**%**	
Approval of sexual activity by youth							
Approve	37	23.6	38	17.8	75	20.3	0.34
Somewhat approve	28	17.8	36	17.4	65	17.6	
Disapprove	92	58.6	139	63.8	230	62.2	
	X^2 - 2.15, df 2						
Approval of contraceptive use by adolescents							
Yes	78	49.7	93	44.6	173	46.8	0.14
No	79	50.3	116	53.5	193	52.2	
I dont know			4	1.9	4	1.1	
	X^2 - 3.95, df 2						
Major reasons for not supporting contraceptive use by adolescents							
It kills	2	2.5	3	2.6	5	2.6	
Promotes promiscuity	45	57.0	44	37.9	89	45 .6	
Prevents fertility	29	36.7	39	33.6	68	34.9	
Dislike it	2	2.5	19	16.4	22	11.3	
Others	1	1.3	11	9.5	12	6.2	

P value < 0.05 is accepted as being significant

Table III. Attitude of Respondents towards Sexuality Education

	Male		Female		Total		p value
VARIABLE	N-157		N-213		N-370		
	Freq	%	Freq	%	Freq	%	
Persons Responsible for Adolescent Sexuality Education							
MOTHER	142	90.4	184	86.4	326	88.1	
FATHER	80	51.0	51	23.9	131	35.4	
TEACHER	9	5.7	25	11.7	34	9.2	
PASTOR	9	5.7	10	4.7	19	5.1	
HEALTH WORKER	3	1.9	13	6.1	22	5.9	
ELDERS			1	0.5	1	0.3	
NOBODY	1	0.6	4	1.9	5	1.4	
Approval of Sex Education in Schools							
Approve	112	71.3	162	76.1	274	74.1	0.53
Disapprove	44	28.1	49	23.0	93	25.1	
I dont know	1	0.6	2	0.9	3	0.8	
	X^2 - 1.28, df 2						
Attitude to Teaching about Condom Use in Schools							
Approve	51	32.5	67	31.5	118	31.9	0.93
Disapprove	105	66.9	144	67.6	249	67.3	
I dont know	1	0.6	2	0.9	3	0.8	
	X^2 - 0.14, df 2						
Discussed Sexual issues with Child/Ward Aged 12yrs or Above							
	N-131		N-191		N-322		
YES	124	94.7	157	82.2	281	87.3	0.001
NO	7	5.3	34	17.8	41	12.7	
	X^2 - 11.30, df 1						

DISCUSSION

In the past, premarital sexual activity was frowned at and virginity at marriage was a thing of pride [14] hence it was surprising that more than one-third of the respondents showed varying degrees of approval for sexual activity among youths. This departure from the strict conservative attitude of the past may be the result of urbanization and education. Although the difference was not significant, the females consistently expressed a more conservative attitude to adolescent sexuality than males. This is similar to the finding in Lome, Togo where 25.1% of the males and 20.7% of the females approved of sexual activity among youths while 26.9% males and 21.9% females also somewhat approved of it [13].

Some adults who do not approve of sexual activity by young people approve of contraception (especially condom use) by youths [13]. This suggests that even though some people may not approve of premarital sex among adolescents, they would want young people to protect themselves when sexually active. Contrary to the report of findings among parents of pregnant girls in Port Harcourt in 1998, where only one-fifth of the parents approved of contraceptive use by youths [12], almost half (46.8%) of the adults in this survey expressed support for contraceptive use by young people. The difference in the findings from Port Harcourt and Ikenne may be due to difference in the characteristics of the study samples, cultural and temporal differences.

Though almost half (46.8%) approved of contraceptive use by adolescent, most of them would not like their own children to use it. This suggests that contraceptive use by adolescents is still associated with a lot of negative feelings. Misconceptions about use of contraceptives should be adequately addressed when giving family planning messages. Similar to the finding among adults in Lome [9], the females consistently expressed a more conservative attitude to adolescent sexuality behaviour than the males though the difference was not statistically significant. This may be due to gender differences or the higher educational status of the males.

Half of the study population would support their teenage child if the child gets pregnant or makes a girl pregnant when in school it is therefore not too surprising that there was a relatively high rate of teenage pregnancy in Ikenne health district [4]. This supports the finding of a qualitative study in Guinea and Cote d Ivoire that girls are less likely to abort if they feel that their parents will accept the pregnancy [6]. Negative reactions such as sending the child away or stopping their schooling should be discouraged. Young people who suspect such attitude in their parents may opt for clandestine abortion and end up with complications.

Parents especially mothers are expected to be the major source of sexuality education for young people [14]. Contrary to some findings that most parents do not discuss sexuality issues with their children [12], in this study majority of those who have wards/children older than 12years old had discussed sexual issues with them. The major form of advice was sexual abstinence. Unfortunately, many young people are not abstaining (3-5) and when they do not have the information about how to protect themselves they end up with unfortunate consequences of unwanted pregnancy and sexually transmitted infections.

Many of the respondents suggested same sex parent-child communication about sexual issues. It was indicated that men should discuss with the male children while the women should discuss with the females. This suggestion is supported by the findings of the National HIV/AIDS and reproductive health survey, which showed that individuals felt more comfortable discussing sexual issues with parents of the same sex [15]. However, this should not preclude advice from the parent of opposite sex to show the child that both parents are interested in his/her reproductive health. Furthermore, in single parent families where the

children are of the opposite sex, same sex parent-child communication may not be practicable.

Even though most of the respondents approved of sex education in schools, the age at which it should be introduced to students was controversial. Many expressed that it is more appropriate for the older youth hence any plan to introduce family life education to young children especially at primary school level should be accompanied with sensitisation of parents about the appropriateness of the information at this stage or else it may be opposed by parents/guardians. In light of the HIV pandemic especially among youths and the importance of regular and correct condom use to control the trend, the school has been identified as an avenue to teach young people about condom use [16]. Contrary to the findings of Raffarty and Radosh in New York where majority of the parents supported school based AIDS education and condom availability [17], majority of the adults in this study disapproved of it.

CONCLUSION

Parents (especially females) in this study have a conservative attitude to adolescent sexuality and contraception. Most parents are interested in giving appropriate sexuality information to their children but misconceptions about contraception, religion and morality limit the type of information they give them. Parents must understand why, when and how to pass correct sexuality information across to their children. It is therefore important that programmes should specifically reach out to adults/parents in the community. For some parents, advising their children about contraception will continue to be a difficult task for moral, cultural and religious reasons. Therefore information through peer educators, family life educators and health workers is also very important.

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