

Sources & Uses of Reproductive Health Information among Out-of-School Adolescent Girls in Akinyele Local Government Area, Ibadan, Oyo State, Nigeria

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Abstract

Adolescents in sub-Saharan Africa including Nigeria lack comprehensive sexual and reproductive health knowledge, leading to misinformation, misconception and myths that exposes adolescents to reproductive health risks. This study assessed the source of reproductive health information among out-of-school adolescent girls in Akinyele LGA, Oyo State.

A community-based descriptive cross-sectional study was conducted among out-of-school adolescent girls aged 15 to 19 years residing in Akinyele LGA, Ibadan. Responses to the interviewer-administered semi-structured questionnaire were analyzed using descriptive statistics.

Mean age was 17.5 ± 1.3 years. More than half 253 (59.8%) had ever sought reproductive health information. The most-preferred reproductive health information source was family members 163 (38.5%), especially mothers 157 (37.1%), however, the most used source was peers and friends 156 (61.7%). Reproductive information about abstinence 156 (33.2%), contraceptives 40 (34.8%), and abortion 15 (32.6%) were most sought from peers and friends. While those on sexual abuse prevention 42 (50.6%) and STDs testing 8 (36.4%) were most sought from family members and health workers, respectively.

Sources chosen for reproductive health information seem to relate to the type of information. Reproductive health information should be delivered through the preferred source in order to increase usage. Efforts should be made to bridge the gaps between the most-used and most-preferred source.

Keywords: *Out-of-school adolescent girls, sources of reproductive health information, reproductive health education*

Abstrait

Les adolescents d'Afrique subsaharienne, y compris le Nigéria, manquent de connaissances complètes sur la santé sexuelle et reproductive, ce qui conduit à la désinformation, aux idées fausses et aux mythes qui exposent les adolescents à des risques pour la santé reproductive. Cette étude a évalué la source d'information sur la santé reproductive chez les adolescentes non scolarisées dans la LGA d'Akinyele, dans l'État d'Oyo.

Une étude transversale descriptive basée sur la communauté a été menée auprès d'adolescentes non scolarisées âgées de 15 à 19 ans résidant à Akinyele LGA, Ibadan. Les réponses au questionnaire semi-structuré administré par l'intervieweur ont été analysées à l'aide de statistiques descriptives.

L'âge moyen était de $17,5 \pm 1,3$ ans. Plus de la moitié 253 (59,8%) avaient déjà recherché des informations sur la santé reproductive. La source d'information sur la santé reproductive la plus préférée était les membres de la famille 163 (38,5 %), en particulier les mères 157 (37,1 %), cependant, la source la plus utilisée était les pairs et les amis 156 (61,7 %). Les informations sur la reproduction concernant l'abstinence 156 (33,2 %), les contraceptifs 40 (34,8 %) et l'avortement 15 (32,6 %) étaient les plus demandées par les pairs et les amis. Alors que ceux sur la prévention des abus sexuels 42 (50,6%) et le dépistage des MST 8 (36,4%) étaient les plus recherchés par les membres de la famille et les agents de santé, respectivement.

Les sources choisies pour l'information sur la santé génésique semblent être liées au type d'information. Les informations sur la santé reproductive doivent être fournies par la source préférée afin d'augmenter l'utilisation. Des efforts doivent être faits pour combler les écarts entre la source la plus utilisée et la plus préférée.

Introduction

Reproductive health information is quality information that promote responsible and healthy reproductive behavior, and covers several aspects of reproductive health including contraceptive use, family planning, antenatal care, reproductive tract infection and STIs prevention and treatment (WHO, 2011). Adolescents, who are individuals aged 10 to 19 years, are at the stage of human development in which they are transitioning into adulthood, and girls begin to experience biological and reproductive changes such as menstruation, and develop interest in sexual matters (WHO, 2021). At this stage, adolescents need access to reproductive health information to enable them make informed reproductive health choices. Choices such as when and who to have sex with, and how to prevent unwanted pregnancy and STI.

In Nigeria, sex and reproductive health issues are not discussed openly among and with adolescents (Godswill, 2014). Nevertheless, studies in and outside Nigeria have found that adolescents seek reproductive health information from different sources. However, despite the several reproductive health information sources, adolescents' knowledge of basic sexual and reproductive health is still reported to be incomplete (Glinski et al., 2014). For example, 55.9% of adolescents in developing countries are reported to lack knowledge of STIs other than HIV (Finlay et al., 2020). This lack of comprehensive knowledge may be because the reproductive health information adolescents gather from parents, peers and media are often inconsistent and inaccurate (Nobelius et al., 2010).

Also, adolescents access to sexual and reproductive health information and services in Nigeria is reported to be low (Francis & Chizoba Gabriel, 2019). Over 50% of adolescent girls in a study in Lagos, Nigeria were not using adequate reproductive health-related information regularly (Anasi & Nwalo, 2012). This lack of access to accurate reproductive health information can lead to misinformation, misconception and myths that exposes adolescents to reproductive health risks such as early sexual debut and unprotected sexual activities, which can lead to unwanted pregnancies, HIV and other STIs.

Consequently, adolescent girls may be forced to drop out of school due to unplanned pregnancies, and their economic and social status being affected by limited learning, which impacts their quality of life (Lukale, 2015). Moreover, out-of-school adolescents are reported to be at higher risk of adverse health effect than in-school adolescents (De Neve et al., 2020), and are therefore more exposed to the danger of a lack of adequate reproductive health information.

Adolescents can understand their sexuality and start taking informed reproductive health decision

only when they have comprehensive reproductive health knowledge. Thus, they need access to reproductive health information sources that they are comfortable seeking information from. Therefore, this study aims to identify the sources and uses of reproductive health information among out-of-school adolescent girls.

Methods

The study was a descriptive cross-sectional study by design and conducted in Akinyele LGA, Ibadan Metropolis, Oyo State. The population studied were out-of-school adolescent girls aged 15 to 19 years, who are residents of Akinyele Local Government. Out-of-school adolescent girls in this study is defined as adolescent girl who are not currently attending school. This included those who have dropped out of primary or secondary schools, and those who have completed secondary school, but are not yet/willing to go further in school education. Ethical approval for the study was obtained from the Oyo State Ministry of Health Ethical Review Committee.

A three stage multi-stage sampling technique was used to select eligible respondents. At the first stage 3 wards out of the 12 political wards in Akinyele local government area were selected using simple random sampling. At the second stage, 5 communities each were selected from the list of the communities in the selected wards using balloting. At the last stage, a total of 423 respondents were recruited from the selected communities using snowball sampling.

Adolescent girls who were likely to be out-of-school were sought in apprentices/vocations. After confirming that they meet the inclusion criteria, informed consent was obtained from them. Then, the questionnaire was administered by the interviewer and responses recorded. Afterward, respondents were asked to refer the investigator to other out-of-school adolescent girls among their acquaintances who may be recruited for the study.

The interviewer-administered questionnaire used to collect information was adapted from the WHO Illustrative Questionnaire for Interview-Surveys with Young People by Cleland (2001). The questionnaire asked questions about the socio-demographic characteristics of respondents, their most-used and most-preferred source of reproductive health information, and the type of information they sought from sources.

Results

A total of 423 out-of-school adolescent girls were interviewed for this study. The age of the respondents, ranged from 15-19 years, with a mean \pm SD age of 17.5 ± 1.3 . The majority was not married (410, 96.9%), had no boyfriend (261, 64.8), and practiced Islam (264, 62.4%). Furthermore, about one-third

(157, 37.2%) of the respondents dropped out of school and about half (207, 49.0%) were reported to be learning a handiwork. Also, about one-third did not live with any of their parents (128, 30.3%) and two-third did not have access to the internet (286, 67.6%).

Table 2 and 3 show the proportion of out-of-school adolescent girls who had ever sought

reproductive health information and the source they sought it from. A high proportion of the out-of-school adolescent girls studied (253, 59.8%) had ever sought information on reproductive health, and peers and friends were the most used (156, 61.7%) source of reproductive health information.

Table 1: Socio-demographic characteristics of out-of-school adolescent girls

	Variables	Freq (%)
Age (years) (N=423)	15 years	39(9.2)
	16 years	73(17.3)
	17 years	77(18.2)
	18 years	120(28.4)
Mean (17.5 ± 1.3) SD	19 years	114(26.9)
Religion (N = 423)	Christianity	159(37.6)
	Islam	264(62.4)
Marital Status (N = 423)	Yes	13(3.1)
	No	410(96.9)
Relationship Status (N = 410)	Yes	149(35.2)
	No	261(64.8)
Highest class completed (N = 423)	None/Primary 1 - 6	31(7.3)
	JSS1 - JSS3	113(26.7)
	SS1 - SS3	279(66.0)
Age when stopped schooling (N=419)	11 – 15 years	132(31.5)
	16 – 20 years	287(68.5)
Reason for being out-of-school (N=422)	Drop out	157(37.2)
	Awaiting university admission	144(34.1)
	Don't want to go further	121(28.7)
Current engagement (N = 423)	Apprenticeship	207(49.0)
	Preparing to write jamb	86(20.3)
	Trading/self-employed	13(3.1)
	Working/employed	61(14.4)
	Unemployed/unengaged	56(13.2)
Parents alive (N = 423)	Both alive	288(68.1)
	Mother alive	78(18.4)
	Father alive	36(8.5)
	Both deceased	21(5.0)
Living with parents (N = 423)	Live with both parents	178(42.1)
	Live with mother	96(22.7)
	Live with father	21(4.9)
	Does not live with parents	128(30.3)
Living with others (N=128)	Sibling	32(25.0)
	Extended Family	69(53.9)
	Family friend	21(16.4)
	Boyfriend	4(3.1)
	Husband	2(1.6)
Have older siblings (N = 423)	Yes	338(79.9)
	No	85(20.1)
Ownership of electronic device (N=423)	Yes	310(73.3)
	No	113(26.7)
Access to internet (N = 423)	Yes	137(32.4)
	No	286(67.6)

The type of reproductive health information that the out-of-school adolescent girls had ever sought from different sources and used are shown in Table 4. The result reveals that information on abstinence (156, 33.2%), sexual desire (26, 42.6%), contraceptives (40, 34.8%), and abortion (15, 32.6%) were mostly sought from peers and friends. On the other hand, the type of information most-sought from family members included those on sexual abuse prevention (42, 50.6%), menstrual pain (35, 48.6%) and sexual organ hygiene (17, 56.7%). Also, health workers were sought for information on STDs testing (8, 36.4%) and reproductive tract infection (8, 29.6%).

Table 5 show that the most-preferred source category of reproductive health information was family members (163, 38.5%), and religious leaders and institutions were the least-preferred source (147, 34.8%). While table 6 show the preferred sources in each category, with mothers (157, 37.1%) being preferred among family members. Physical friends (202, 47.8%) were the most-preferred among peers and friends, while radio (333, 78.7%) and social media (258, 61.0%) were the most-preferred among traditional and digital media sources, respectively.

Table 2: Proportion of out-of-school adolescents that have ever sought reproductive health information

Ever sought reproductive health information	Frequencies	Percentage (%)
Yes	253	59.8
No	170	40.2

Table 3: Sources of reproductive health information ever sought by out-of-school adolescent girls

Sources of reproductive health information	N = 253	
	Yes Freq	%
Family – parents, siblings, extended family, husband	103	40.7
Peers – friends, boyfriend, girlfriend, acquaintance	156	61.7
Traditional media – TV, radio, newspapers, magazines, posters	26	10.3
Digital media – social media, google search, websites, blogs	91	35.9
Health workers – doctors, nurses, chemists	73	28.9
Religious leaders/institutions – pastor, imam etc.	21	8.3

Table 4: Type of reproductive health information ever deliberately sought from sources

Reproductive health information	Family Members Freq (%)	Peers/ Friends Freq (%)	Traditional Media Freq (%)	Digital Media Freq (%)	Health Workers Freq (%)	Religious Leaders Freq (%)
How to abstain from premarital sexual intercourse	103 (21.9)	156 (33.2)	26 (5.5)	91 (19.4)	73 (15.5)	21 (4.5)
How to control sexual desire or urge to have sex	15 (24.6)	26 (42.6)	1 (1.6)	14 (23.0)	2 (3.3)	3 (4.9)
How to avoid getting sexually transmitted diseases	14 (24.1)	14 (24.1)	9 (15.5)	13 (22.4)	7 (12.1)	1 (1.7)
How to identify signs of sexually transmitted infections	6 (7.5)	30 (37.5)	7 (8.8)	22 (27.5)	13 (16.2)	2 (2.5)
Where to go to test for STDs like HIV/AIDS	5 (22.7)	4 (18.2)	3 (13.6)	2 (9.1)	8 (36.4)	0 (0.0)
Different methods of pregnancy prevention	11 (9.6)	40 (34.8)	1 (0.9)	38 (33.0)	24 (20.9)	1 (0.9)
How or where to abort pregnancy safely	7 (15.2)	15 (32.6)	1 (2.2)	6 (13.0)	15 (32.6)	2 (4.3)
How to prevent sexual abuse or avoid rape	42 (50.6)	27 (32.5)	3 (3.6)	5 (6.0)	3 (3.6)	3 (3.6)
How to maintain sexual organ hygiene	17 (56.7)	4 (13.3)	1 (3.3)	6 (20.0)	1 (3.3)	1 (3.3)
How to relieve menstrual and ovulation pain	35 (48.6)	13 (18.1)	0 (0.0)	5 (6.9)	18 (25.0)	1 (1.4)
How to screen for reproductive tract infection	8 (29.6)	5 (18.5)	1 (3.7)	4 (14.8)	8 (29.6)	1 (3.7)

Table 5: Preferred Source of Reproductive Health Information

Sources	Most-Preferred Freq (%)	Least-Preferred Freq (%)
Family Members	163 (38.5)	138 (32.6)
Peers and Friends	141 (33.3)	109 (25.8)
Digital Media	57 (13.5)	16 (3.8)
Traditional Media	10 (2.4)	16 (3.8)
Health facility	40 (9.5)	3 (0.7)
Religious Institutions	12 (2.8)	147 (34.8)

Table 6: Preferred source of reproductive health information from each source category

Source Categories	Sources	Preferred Source Freq (%)
Family Members	None	8 (1.9)
	Mother	157 (37.1)
	Father	32 (7.6)
	Husband	1 (0.2)
	Older Siblings	121 (28.6)
	Extended Family	104 (24.6)
Peers and Friends	None	2 (0.5)
	Physical friend	202 (47.8)
	Online friend	52 (12.3)
	Boyfriend	47 (11.1)
	Girlfriend	4 (0.9)
	Acquaintance	116 (27.4)
Traditional Media	None	6 (1.4)
	Radio	333 (78.7)
	Television	23 (5.4)
	Newspaper	9 (2.1)
	Magazine	46 (10.9)
	Posters/Fliers	6 (1.4)
Digital Media	None	11 (2.6)
	Social media	258 (61.0)
	Google search	122 (28.8)
	Health website	31 (7.3)
	Social forum	0 (0.0)
	Blogs	1 (0.2)
Health workers	None	4 (0.9)
	Doctors	114 (27.0)
	Nurses	154 (36.4)
	Chemists	151 (35.7)
Religious leaders	None	104 (24.6)
	Pastor/Sunday school teacher	136 (32.1)
	Imam/Arabic school teacher	183 (43.3)

Discussion

The most-used source respondents in this study reported to have ever sought reproductive health information from was peers and friends (61.7%). This agrees with Nobelius et al. (2010) study report that adolescents feel most comfortable accessing reproductive health information from their peers. It is also consistent with the findings of Kyilleh et al. (2018) that peers and friends are the common sources of reproductive health information for adolescents. This may be because adolescents feel that their friends are more trustworthy and there's no consequence discussing reproductive health matters with them (Kennedy et al., 2014). Furthermore, 35.9% of the out-of-school adolescent girls had ever sought reproductive health information from digital media sources. This is higher than the proportion of adolescent girls (12.3%) who reported accessing reproductive health information from the internet in a study by (Nwalo & Anasi, 2010). The difference may be due to increasing affordability of smartphones in recent years and advancement in internet services in Nigeria (Aginam, 2015).

Also, the out-of-school adolescent girls in this study sought information from different sources depending on the type of reproductive health information needed, which is consistent with the findings of Nobelius et al. (2010). The high proportion of the respondents seeking information on how to abstain from premarital sex from peers and friends (33.2%) is contrary to the finding of Ibegbulam et al. (2018), which found that over half (68%) of the adolescent studied sought the information from the internet. This difference may be due to the majority of adolescent in this study not owning an internet-connected device (67.6%). However, the high proportion of those who sought information from health workers on where to go to test for STDs (36.4%) is almost similar to that of Oluwole et al. (2020), which reported that 52.5% of unmarried young women aged 15 to 24 years sought the information from hospitals or health workers. Also, the result that about half (48.6%) of the out-of-school adolescent sought information on menstrual pain from family members was consistent with a previous study by Ajah et al. (2015) in which about half (48%) of adolescent were reported to seek menstrual health information from mothers and other female relatives.

Contrary to the study by Chepkoech et al. (2019) in which majority of adolescent (33.9%) ranked peers as the number one preferred source of reproductive health information, the source most-preferred by out-of-school adolescent girls in this study was family members (38.5%). It also disagrees with the findings of Kennedy et al. (2014) that parents

were the least preferred source of reproductive health information from adolescent. This difference may be because adolescents think parents are the best individuals to provide reproductive health information (Asekun-Olarinmoye et al., 2011) or because parents are the most accessible source of information (Nwalo & Anasi, 2010). On the other hand, religious institutions/leaders were the least-preferred source with only 8.3% reporting they have ever sought reproductive health information from them. This proportion is quite low compared to Nwalo & Anasi (2010) study in which 20.8% of in-school adolescent girl reported accessing reproductive health information from religious leaders and institutions. This difference may be due to adolescents feeling they cannot get useful information from religious institutions (Nobelius et al., 2010).

Although digital media sources were the third preferred source of information, similar to the study by Ladipo & Adeduntan (2012), the out-of-school adolescent girls in this study preferred digital media (13.5%) than traditional media (2.4%) sources. Furthermore, among family members, out-of-school adolescent girls in this study preferred seeking reproductive health information from mothers (37.1%). This is consistent with the study conducted by Asekun-Olarinmoye et al. (2011) that reported that majority of adolescents received sex education from mothers. Also, the out-of-school adolescent girls' preference for radio (78.7%) among traditional media sources may be because they find it easy to access reproductive health information by listening to sex education programme on radios, especially in the absence of their parents (Chepkoech et al., 2019).

Conclusion

More than half of the out-of-school adolescent girls in Akinyele LGA sought reproductive health information. While peers and friends were the source out-of-school adolescent girls had ever sought reproductive health information from, family members were the most-preferred source. Also, out-of-school adolescent girls sought information from different sources depending on the type of reproductive health information needed. Reproductive health information related to sexual intercourse, such as abstinence, contraceptives and sexual desires were mostly sought from peers and friends, while other types of information such as menstrual health and sex organ hygiene testing were mostly sought from family members. Additionally, out-of-school adolescent girls had a preferred source among each source group, such as the preference for mothers among family members and radio among traditional media sources.

Recommendation

Based on the findings of this study, it is recommended that the gap between the most-used source (peers and friends) and the most-preferred source (family members) identified in this study is bridged. This can be done by identifying the factors that make it easy for out-of-school adolescent girls to seek information from peers and friends the most, and applying them to more quality sources. Also, identifying and removing the barriers preventing out-of-school adolescent girls from seeking information from their most-preferred source (family members) will help encourage adolescents to seek information from them.

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Received = 24/11/2021

Accepted = 15/05/2023