

# Care Seeking Behavior and Social Support for Sexual and Reproductive Health Needs of Adolescents in Ibadan, Nigeria.

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## ABSTRACT

**Background:** The importance of caring and meaningful relationships, as well as social connections with individuals and social institutions cannot be overlooked in addressing the sexual and reproductive health issues (SRH) of adolescents. This is a descriptive cross-sectional study to assess care seeking behaviour and social supports for adolescents' sexual and reproductive health issues. Their ability to be able to seek and find help from formal or informal sources of social support is a protective factor for adolescent health, development and overall satisfaction in life.

**Materials and Methods:** The study populations were in and out of schools adolescents between the ages of 10 and 19, from selected secondary schools and community in Ibadan North Local Government Area (IBNLGA) of Oyo State, Nigeria, who gave their consent voluntarily to participate in the study.

**Results:** Findings from this research work revealed that the sources of social support available for adolescent sexual and reproductive health in this study were supports from family, friends, school teachers and religious leaders. Majority of the respondents have high perception of support for SRH issues from family, friends, school teacher and religious leader.

In conclusion, adolescents in this study rely more on their family for supports than other sources because of their availability, accessibility it is necessary to offer relevant information on sexual and reproductive health of adolescents to family as social support as well as other social supports outside of professional care-giving settings, to best promote the prevention and treatment of SRH problems among Nigerian adolescents. Also, future interventions by Adolescent health care providers on sexual and reproductive health of adolescents, should integrate all of the sources of social support and media to deliver evidence based health interventions.

**Keywords:** Sexual and Reproductive health, Adolescents, Care seeking behavior, social supports.

## INTRODUCTION

Adolescents are individuals between the ages of 10-19 years undergoing transition from childhood to adulthood. Literature has shown that the normative tasks of adolescence are becoming more stressful for them due to urbanization and globalization, which has in turn led to reduced social support from families, increased independence and declining status of traditional cultural standards, these changes have been mentioned as the causes of increasing rates of risky behaviours and psychological problems (Pechmann et al., 2019).

Adolescents are tomorrow's parents and the reproductive and sexual health decisions they make today will affect their health, the well being of their communities and their countries for decades to come (WHO, 2017). Being able to seek and find help from formal or informal sources of social support is a protective factor for adolescent health, development and overall satisfaction in life. The presence and use of social supports is associated, amongst other things, with lower rates of suicide, safer sexual behaviour, lower rates of substance use, later sexual debut and lower rates of delinquency or execution of violence (Liang, 2019). This study therefore, examined common types of sexual and reproductive health issues amongst adolescents, it also assess their care seeking behaviour towards these issues. It documents their perceived social supports and determines the association between socio demographic factors and adolescents' care seeking behaviour for sexual and reproductive health issues.

The objective of this study is to assess care seeking behaviour and social supports for adolescents' sexual and reproductive health issues.

## LITERATURE REVIEW

Adolescent sexuality and reproductive health are important and of public health concerns especially for issues such as puberty, pregnancy and sexually transmitted disease, including HIV/AIDS. Often times, adolescents thought themselves to be adult and can make decisions on their own, they think they are grown up enough to have sex, not having adequate knowledge about the consequences of unprotected sex. Most times they do not reveal to anyone about their SRH problems and have a habit of not utilizing the healthcare services they actually need, although this may be as a result of inadequate information on healthcare services for SRH issues, attitude of healthcare providers or limited access to financial resources (Atuyambe et al., 2014).

Sexual and reproductive health covers a wide range of issues and challenges that are related to one another. They are: human rights related to sexual health such as sexual pleasure and satisfaction, sexual violence, sexual dysfunction, female genital mutilation, unwanted pregnancy, induced abortion, SRH diseases such as sexually transmitted infections and HIV/AIDS and some issues like puberty, age at sexual debut, early marriage, risky sexual behaviour, contraceptive knowledge and use, abortion, female genital cutting, early marriage, preference for the male child and nutritional taboos (WHO, 2015). One characteristic feature of adolescence according to the world health organization is the progression from the appearance of secondary sexual characteristics to sexual and reproductive maturity (Fernández-Bustos et al., 2019). Giving insight into the kind of sexual and reproductive health related information that adolescents would like to have, In Bangladesh, girls aged 10–12 stated a need for information on changes during adolescence, especially menstruation and suggested that this be provided by mothers, teachers or the media while older adolescents expressed a similar desire for information, adding other topics such as reproduction, fertility, marriage, family planning, STIs and reproductive tract infections (RTIs) and their Preferred sources of information

being sisters-in-laws, elder sisters, cousins, peers and community field workers (Zakaria et al., 2020). Ivanova et al. (2019) reported that among the list of sexual and reproductive health problems adolescents seek help for and ask questions about in urban India, menstruation tops the list followed by HIV/AIDS, sexual intercourse, white discharge from the private part and sexual abuse to mention few.

Koce (2019) demonstrates that an individual's decision to attend a particular health care facility is the composite result of personal need, social forces, the actions of health care providers, the location of services, the unofficial practices of doctors, and in some contexts has very little to do with physical facilities at a particular service point. Specific stresses associated with adolescence that are different from the stresses of childhood or adulthood are: adapting to rapid physical changes, clarifying sexual values and behaviours, amongst others. Our culture expects adolescents to organize and make sense of these forces. Yet, our nation is experiencing a time of diverse family ties, economic hardship, and decreased social cohesion.

## **MATERIAL AND METHODS**

Ibadan North Local Government Area (IBNLGA) of Oyo State, Nigeria, is located approximately on longitude 8°5' East of the Greenwich meridian and latitude 7°23' North of equators. The local government is located in the south-western region of Nigeria, it is one of the 11 LGA in Oyo State and one of the five local government area located inside the city of Ibadan, It is a highly populated area with its headquarters located in Agodi. It has an area of 27 km<sup>2</sup> and a population of 306,795 people. The male population is given as 153,039 and female population as 153,756 (source ERN (National Bureau of Statistics)). There are 12 geo-political wards and the majority of the inhabitants are Yoruba-speaking people with other ethnic groups as minority. There are 89 secondary schools in IBNLGA, 53 of which are private secondary schools and 36 public secondary schools.

This study was conducted among adolescents in and out of schools in Ibadan North local government area of Oyo state.

This study was a community based descriptive cross-sectional study that utilized quantitative method of data collection.

The study populations were in-school and out of school adolescents between the ages of 10 and 19 from IBNLGA, who gave their consent voluntarily to participate in the study.

The completed questionnaires were checked for completeness and a serial number was given to each completed questionnaire for easy identification and recall. All open-ended questions in each questionnaire were coded using a coding guide after a careful review of the responses. Data entering and analysis was done using the Statistical Package for Social Sciences (SPSS) version 20.0 (SPSS Inc. Chicago, ILL). Descriptive statistics such as frequency counts, percentages and mean were calculated and tables, graphs and charts were used to present them. Chi-square test was employed to test relationship and p values less than 0.05 were considered as statistically significant.

## **RESULTS**

A total of 405 respondents were studied, of which 46.2% were males and 53.8% females. The ages of respondents ranged from 10-19 with a mean age of 14.07 ±0.076 years. The age-group distributions of respondents were 10-13 years (38.0%), 14-16 years (56.8%) and 17-19 years (5.2%). Most (75.6%) of the respondents were Christians and 24.4% were Muslims. Majority (78.8%) were from Yoruba ethnic group, 10.6% from the Igbo ethnic group, 4.7% from the Hausa ethnic group and (5.9%) were from other ethnic groups. Most (77.5%) of the respondents said they live with both parents, 10.1% live with their mothers

alone, 4.2% with their father alone, and 8.2% lives with other relatives (Table 1). Most (56.4%) of the respondents were from private secondary schools and 35.3% from public secondary school and 8.3% were currently out of school. Slightly above half (54.8%) of the in school respondents were in the junior secondary classes (JSS1-3) while 45.2% were in senior secondary classes.

Respondents were asked their understanding of social support. Responses provided by respondents included: support an individual gets from a person or group of people in his/her environment (22%), the coming together of people to assist one another (53%), support giving by people in a community to develop the community (16%) and the relationships around an individual (9%).

Table 2 shows the frequency distribution of the different sources of supports. It is interesting to note that all of the respondents had received some form of social support from different sources. Sources of social support listed by respondents include: family (69.1%), school teachers (35.6%); religious leaders (31.4%) and friends (25.2%)

To determine the level of perception of the respondents for each sources of social supports, respondents were asked different questions under each sources (Family, School teacher, Religious leaders and Friends). Their level of perception was calculated using a 27-item 4-point Likert scale, the four sections (family, friends, school teacher and religious leaders as sources of support) gave a maximum score of 32, 24, 24 and 28 points respectively with a minimum score of 4 points.

Table 3 Shows that Majority (94.8%) of the respondents have a high level of perception of social support from their friend. (93.8%) had high perception of social support from their religious leaders, 57.3% had high perception of social support from their family and 53.8% had high perception of social support from their school teachers. This result shows that the respondents perceive all the sources of social support as able to give them social supports.

Results as seen in table 4.8 shows that adolescents get support such as advice and information on SRH issues (pubertal issues, pregnancy prevention and sexually transmitted infection including HIV/AIDs) from different sources of supports as illustrated in figure 1

Family including father, mother and siblings (76.3%) ranked first as source of support on pubertal issue, friends (8.8%) ranked second and school teacher (8.1%) ranked third; while the three last sources were counselors (4.5%), religious leaders (1.8%) and older adult (0.5%).

The result for sources of support for STIs show that majority of the adolescents had received supports on STIs including HIV/AIDs from family including father, mother and siblings (69.2%); while very few of the respondents receive support on STIs from counselors (14.2%), religious leaders (6.6%), school teacher (4%), friends (3.9%) and older adults in the community (2.1%).

The major sources of support on how to avoid unwanted pregnancy are family including father, mother and siblings (56%) and friends (23.1%). The other sources are counselors (7.5%), school teachers (7%), older adult in the community (5.1%) and religious leaders (1.3%).

These results shows that Adolescents receive social support on sexual and reproductive health issues such as Pubertal issues, STIs including HIV/AIDs and how to avoid unwanted pregnancy mainly from their family members, as family ranked first as source of social supports.

Hypothesis 2 predicted that there will be no significant association between the Adolescent's sources of support on SRH issues and their care seeking behaviour. The result of the chi-square analysis to test this

hypothesis is presented in Table 5, Table 6 and Table 7

Table 5, 6 and 7 Shows that the relationship between the different sources of support for SRH issues and the care seeking behaviour of Adolescents on SRH issues is statistically significant.

There is a statistically significant association between the sources of social support for adolescents on STIs and the care seeking behaviour of adolescents on STIs including HIV/AIDs ( $\chi^2 = 171.117$  and p-value = 0.000). Likewise the relationship between the sources of social support on pubertal issues and the care seeking behaviour of adolescents on pubertal issues is statistically significant ( $\chi^2 = 238.226$  and p-value = 0.000) and there is also a statistically significant association between the sources of social support on pregnancy preventions and the care seeking behaviour of adolescents on ways to prevent unwanted pregnancy with a ( $\chi^2$  of 153.341 and a p-value of 0.000).

## DISCUSSION

In examining the care seeking behavior of respondents on general health in this study, participants were asked if they had ever sought treatment for a health issue and majority said yes. A greater proportion of those that had sought care for general health issues consulted a trained medical practitioner (doctors and nurses), while few used the chemist and herb seller. The least proportion of respondent consulted a traditional healer. Majority said they had sought treatment for general health issues such as malaria, headaches, fever etc. While only few said they had sought care for sexual and reproductive health issues.

Families including father, mother and siblings were the most used source of information and advice on care of sexual and reproductive health issues such as pubertal issues, ways to prevent unwanted pregnancy and issues relating to sexually transmitted infections. This is consistent with the findings from Baheiraei et al. (2014) which reported that families especially mothers were the primary as well as the preferred source of health information for adolescents

The sources of social support available for adolescent's sexual and reproductive health in this study were supports from family, friends, school teachers and religious leaders. Majority of the respondents have high perception of support for SRH issues from family, friends, school teacher and religious leader. However, school teacher has the least percentage of those that had high perception of support, this may be because some schools hardly encourage in-depth teaching of sex education, they only allow their teachers to discuss only failure rate in response to student's questions on issues relating to SRH. Consistent with this report are findings from Zulu (2019) in his study conducted in Zambia that showed how instruction giving to school teachers and their attitude affected the social relationship with their students.

There was a statistically significant association between age of the respondents in this study and their care seeking behaviour on how to prevent pregnancy. Likewise there is a statistically significant association between age of the respondents and their care seeking behaviour on STIs including HIV, younger adolescents preferred to receive information and advice on care of SRH issues from parents, whereas older adolescents preferred friends. This is in line with findings from the study by Baheiraei et al. (2014) conducted in Iran on what sources adolescents turn to for information about their health concern, the study revealed that family were the primary source of health information for adolescents followed by same sex friends. The study also highlighted the significant association between age and schooling status of respondents and their care seeking behavior, in-school adolescents which are much younger depend on the family especially mothers for support in terms of information while out of school older adolescents reported friends as their source of support for most SRH issues.

## CONCLUSION

There are different sources of support available for adolescents SRH issues in the community and those adolescents make use of the available social supports. However, a large proportion of the adolescents sought support from family on care of SRH issues, most respondents reported family and friends as their most available, most beneficial and most reliable source of support for SRH issues. It is therefore necessary to offer relevant information on sexual and reproductive health of adolescents to family as social support as well as other social supports outside of professional care-giving settings, to best promote the prevention and treatment of SRH problems among Nigerian adolescents.

## RECOMMENDATIONS

1. The Ministry of Health should sensitize Adolescents sources of social supports, to encourage adolescents make greater use of professional health care.
2. Future interventions by Adolescent health care providers on sexual and reproductive health of adolescents, should integrate all of the sources of social support and media(book and internet) to deliver evidence based health interventions.

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Table 1: Socio-demographic characteristics of secondary school adolescents in Ibadan North local government area of Oyo state, Nigeria.

<b>Socio-Demographic</b>	<b>Frequency (n)</b>	<b>Percentage</b>
<b>Characteristics of Respondents</b>	<b>N=405</b>	<b>(%)</b>
<b>Age group (years)</b>		
10-13	154	38.0
14-16	230	56.8
17-19	21	5.2
<b>Gender</b>		
Male	187	46.2
Female	218	53.8
<b>Class in group</b>		
JSS1-3	203	54.8
SS1-3	168	45.2
<b>School status</b>		
Private secondary schools	228	56.4
Public secondary schools	143	35.3
Out of school	34	8.3
<b>Religion</b>		
Christianity	306	75.6
Islam	99	24.4
<b>Ethnic Group</b>		
Yoruba	319	78.8
Igbo	43	10.6
Hausa	19	4.7
Others	24	5.9
<b>Living with</b>		
Both parents	314	77.5
Father alone	17	4.2
Mother alone	41	10.1
Other relatives	33	8.2

Table 2: The frequency distribution of the respondents that know the different types of social support

<b>Sources of social support</b>	<b>Frequency (n)</b>	<b>(%)</b>
	<b>N= 405</b>	
<b>Family</b>		
Yes	280	69.1

No	125	30.9
School Teacher		
Yes	144	35.6
No	261	64.4
Religious leaders		
Yes	127	31.4
No	278	68.6
Friends		
Yes	102	25.2
No	303	74.8

Table 3: Frequency distribution of Adolescents that are perceived to have high and low source of support from each sources of support

Variable	Frequency (n) N= 405	(%)
Perception of Family as source of social support		
High	232	57.3
Low	173	42.7
Perception of Friends as source of social support		
High	384	94.8
Low	21	5.2
Perception of School teacher as source of social support		
High	218	53.8
Low	187	46.2
Perception of Religious leaders as source of social support		
High	380	93.8
Low	25	6.2



Table 4: The frequency distribution of the different sources of social supports for sexual and reproductive health issue

Sources of social support	Frequency (n) N= 405	(%)
<b>Puberty</b>	<b>n=396</b>	
Family	302	76.3
Friends	35	8.8
Older adult in the community	2	0.5
Religious leaders	7	1.8
School teacher	32	8.1
Counsellors	18	4.5
<b>STIs including HIV/AIDs</b>	<b>n=377</b>	
Family	261	69.2
Friends	15	3.9
Older adult in the community	8	2.1
Religious leaders	25	6.6
School teacher	15	4.0
Counsellors	53	14.2
<b>Pregnancy prevention</b>	<b>n=373</b>	
Family	209	56.0
Friends	86	23.1
Older adult in the community	19	5.1
Religious leaders	5	1.3
School teacher	26	7.0
Counsellors	28	7.5

Table 5: Associations between Adolescent’s sources of social support for STIs and their care seeking behaviour for sexually transmitted infections.

Variable		Sources of social support for STIs							x <sup>2</sup>	p-value
Care-seeking for STIs	N=	Family	Friends	Older adult	Religious leaders	School teacher	Counsellors			
	251	n=167(%)	n=12(%)	n=6(%)	n=21(%)	n=11(%)	n=34(%)			
Family	64	61(36.1)	0(0.0)	0(0.0)	2(9.5)	0(0.0)	2(5.7)	171.117		
Friends	7	4(2.4)	0(0.0)	0(0.0)	2(9.5)	0(0.0)	1(2.9)			
Teacher	28	18(10.7)	1(8.3)	0(0.0)	1(4.8)	4(36.4)	4(11.4)			
Counsellors	31	20(11.8)	0(0.0)	1(16.7)	6(38.6)	0(0.0)	4(11.4)			
Chemist	4	0(0.0)	2(16.7)	2(33.3)	0(0.0)	0(0.0)	0(0.0)			
Internet	15	6(3.6)	0(0.0)	0(0.0)	0(0.0)	2(18.2)	7(20.0)			
Medical practitioner	100	58(34.3)	7(58.3)	3(50.0)	10(47.6)	5(45.5)	17(48.6)			
Traditional healer	2	0(0.0)	2(16.7)	0(0.0)	0(0.0)	0(0.0)	0(0.0)			

\* Statistically significant as p value < 0.05

Table 6: Associations between Adolescent’s sources of social support for puberty related issues and their care seeking behaviour for puberty related issues

Variable		Sources of social support on puberty related issues							x <sup>2</sup>	p-value
Care-seeking on puberty related issues	N=	Family	Friends	Older adults	Religious leaders	School teacher	Counsellors			
	375	n=287(%)	n=31(%)	n=2(%)	n=5(%)	n=32(%)	n=18(%)			
Family	213	190(65.7)	7(22.6)	0(0.0)	0(0.0)	12(37.5)	4(22.2)	238.226	0.000	
Friends	18	8(2.8)	10(32.3)	0(0.0)	0(0.0)	0(0.0)	0(0.0)			
Teacher	35	28(9.7)	0(0.0)	0(0.0)	0(0.0)	5(15.6)	2(11.1)			
Counsellors	18	12(4.2)	2(6.5)	0(0.0)	0(0.0)	0(0.0)	4(22.2)			
Chemist	4	4(1.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)			
Internet	14	4(1.4)	6(19.4)	0(0.0)	2(33.3)	1(3.1)	1(5.6)			
Medical practitioner	73	41(14.2)	6(19.4)	2(100.0)	3(50.0)	14(43.8)	7(38.9)			

\* Statistically significant as p value < 0.05

Table 7: Associations between Adolescent’s sources of social support for pregnancy preventions and their care seeking behaviour for ways to prevent pregnancy

Variable		Sources of social support for pregnancy preventions							x <sup>2</sup>	p-value
Care-seeking on pregnancy prevention	N = 277	Family n=195(%)	Friends n=11(%)	Older adults n=7(%)	Religious leaders n=19(%)	School teacher n=12(%)	Counsellors n=33(%)			
Family	124	98(44.7)	5(41.7)	1(14.3)	5(22.7)	4(28.6)	11(27.5)	153.341	0.000	
Friends	28	21(9.6)	2(16.7)	0(0.0)	0(0.0)	0(0.0)	5(12.5)			
Teacher	46	26(11.9)	1(8.3)	2(28.6)	5(22.7)	6(42.0)	6(15.0)			
Counselors	11	3(1.4)	3(16.7)	0(0.0)	0(0.0)	0(0.0)	5(12.5)			
Chemist	3	2(0.9)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	1(2.5)			
Internet	16	12(5.5)	0(0.0)	0(0.0)	3(13.6)	0(0.0)	1(2.5)			
Medical practitioner	47	33(15.1)	0(0.0)	2(28.6)	6(27.3)	2(14.3)	4(10.0)			
Traditional healer	2	0(0.0)	0(0.0)	2(28.6)	0(0.0)	0(0.0)	0(0.0)			

\* Statistically significant as p value < 0.05

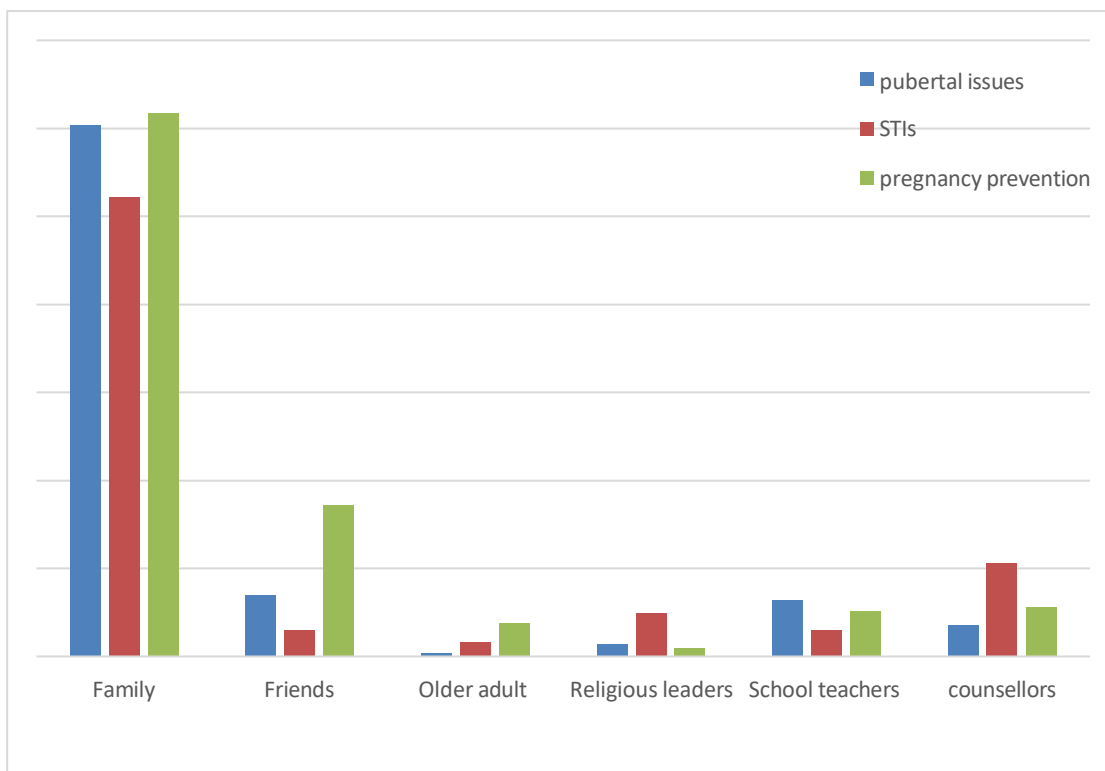


Figure 1: Proportion of the sources of social supports for Adolescents SRH issues