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Promoting and Protecting the Sexual and Reproductive Health of Adolescents in Anambra State South East Nigeria: Implications for Counseling (*Pp. 198-205*)

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Abstract

Sexuality activity during adolescence puts adolescents at risk of sexual and reproductive health problems. Hence, this study was undertaken to determine the factors that contribute to adolescent reproductive health problem and what to be done to promote and protect the sexual and reproductive health of adolescents. Two research questions and one null hypothesis guided the study. Study sample consisted of all 144 practicing school counsellors in Anambra State. The instrument used for data collection was constructed by the researchers. The data collected were analyzed using means to answer research questions while the hypothesis was tested using t-test statistics at 0.05 level of significance. The results indicated no significant difference on the respondents' mean ratings of male and female counsellors on what to be done to promote and protect the sexual and reproductive health of adolescents. Recommendations include that counsellors should provide adolescents with age-appropriate sexual and reproductive health information, empowers them to make responsible decisions regarding sexuality.

Introduction

Adolescence is a period of transition from childhood to adulthood. WHO (2005) observes that during these years, following puberty, young people gradually mature to become adults but do not generally assume the privileges, roles and responsibilities commonly associated with adulthood. Nonetheless, this is the age when most people begin to explore their sexuality and have sexual relationships. Coleman and Hendry (1990) describe adolescence as a period of experimentation. According to them, one of those issues adolescent experiments on is sex. UNICEF (1994) notes that adolescents are the most sexually active age cohort all over the world.

Corolondo (2002) observes that various forms of sexual activities were widely practiced among adolescents. Ifulunni and Okorie (2003) note that adolescents engage in sexual experimentation,. Relatively little information is available about the specific nature of adolescent sexuality and related health implications. Sexual activity during adolescence puts adolescents at risk of sexual and reproductive health problems. WHO (2006) states that these include early pregnancy, unsafe abortion, sexually transmitted infections (STIs) including HIV, and sexual coercion and violence. In addition, in some cultures, girls face genital mutilation and its consequences. The World Health Organisation (WHO) estimates that, in many countries, over two-thirds of adolescents aged 15 – 19 years have had sexual intercourse, that adolescents and young people account for a disproportionate share of STIs, that about half of all HIV infections have occurred in young people under 25 years old are in their twenties (Fee and Youssuf, 1993 & WHO, 1992). WHO also observes that in developing countries as a whole, one woman in five gives birth before the age of 18; this rate rises to one in two in some countries.

In Nigeria pregnancy related problems constitute a leading cause of death for adolescents aged 15 – 19 years, with complications from unsafe abortion and childbirth representing the major contributing factors. Many lack information and support and are to obtain the health services that their babies need, which heighten their vulnerability (Peters, 2003). They manifest a lot of problems, and the period of adolescence becomes a critical one even for the society. The question is what factors contribute to these problems? What needs to be done to promote and protect the sexual and reproductive health of adolescents?

Two research questions guided the study:

1. What factors contribute to the sexual and reproductive health problems of adolescents?
2. What needs to be done to promote and protect the sexual and reproductive health of adolescents?

Hypothesis

There is no significant difference in the mean ratings of male and female counsellors on the ways to promote and protect the sexual and reproductive health of adolescents.

Methodology

The research adopted the opinion survey. The population of the study consisted of all the guidance counsellors in all the 261 government owned secondary schools in Anambra State of Nigeria. The instrument used for the study, was a questionnaire. The validity of the instrument was established by 2 experts in guidance and counselling and health science education. The reliability of the instrument was established using 25 counsellors from Enugu State. The test retest method and Pearson's Product Moment Correlations Coefficient was used and it yielded a value of 0.74. All the copies of the questionnaire distributed by the researchers and 4 well trained research assistants were returned and used for the study. Data analysis was done using weighted mean score for answering the research questions while t-test statistic was used for testing the hypothesis at 0.05 level of significance. The four point rating scale of Strongly Agree (4points), Agree (3points), Disagree (2points) and Strongly Disagree (1 point) was used to determine the views of the respondents concerning the items. Any item with a mean score of 2.50 and above was regarded as agreed while a mean score of below 2.50 indicated disagreement of the respondents with the item.

Analysis of Data and Results

The results of data analysis are shown in tables 1, 2 and 3 below according to Research Questions and Hypothesis.

Research Question 1:

What factors contribute to the sexual and Reproductive Health Problems of adolescents?

The result in table 1, shows that all the items have mean scores above 2.50 indicating the respondents agreement that all the items are factors that contribute to the sexual and reproductive health problems of adolescents.

Research Question 2:

What needs to be done to promote and protect sexual and Reproductive Health of adolescents?

In table II, shows that male and female counsellors agreed with all the items with mean scores above 2.50 as ways to promote and protect sexual and reproductive health problems of adolescents, they disagree with item 6 which they rated 2.20 and 2.12 respectively.

Hypothesis I:

There is no significant difference in the mean ratings of male and female counsellors on the ways to promote and protect the sexual and reproductive health of adolescents

Table 3 above presents the t-test analysis of difference between the mean scores of male and female counsellors in Anambra State. The above table reveals that at 0.05 level of significance and 142% of freedom the calculated t-values of 1.53 is less than the critical t-value of 1.96. Hence, the null hypothesis is accepted.

Discussion of Findings

From the respondents' mean ratings to the research question I for this study, one can see that they agreed that unable to refuse unwanted sex or resist coercion, compelled to undergo female genital mutilation, unprepared and unable to protect themselves, under pressure to marry and bear children early are factors that contribute to the sexual and reproductive health problems of adolescents. Also, they agreed that constrained by restrictive laws and policies, subjected to gender double standards, lack of information on sexuality and deprived appropriate health care services contribute to sexual and reproductive health problems of adolescents. Table revealed that these are factors that contribute to sexual and reproductive health problem. In some parts of the world, girls are still expected to marry and begin childbearing in their early or middle teenage years, they lack information and support. This is in line with Poleman (2004) who observes that many lack information and support and are unable to obtain the health services that their babies needed.

In table 2, the findings revealed that out of 6 items that would be done to promote and protect sexual and reproductive health of adolescents five out six are ways to promote and protect adolescents from having sexual and reproductive health problems. These measures are, breaking the silence about sexual coercion, preventing early pregnancy and making pregnancy as safe as possible, fighting against female genital mutilation, providing appropriate sexual reproductive health services and providing information, education and support. Winttis (2004), Dehne and Riedner (2005) and Adesioye (1996) advocate the use of these strategies in promoting sexuality education.

The study also reveals that significant difference does not exist in the means scores of male and female counsellors on the ways to promote and protect the sexual and reproductive health of adolescents as shown in table III.

Implications for Counselling

Adolescents need a lot of counselling to improve on their reproductive health problems. Counsellors need to work together with social welfare and teachers to address the needs and problems of adolescents. Counsellors should provide adolescents with age – appropriate sexual and reproductive health information empowers them to make responsible decisions regarding sexuality, thereby reducing the number of unintended pregnancies and STI incidence. Educating adolescents about sexual health and HIV/AIDS does not encourage them to increase sexual activity. Education and counselling for young people should cover ways to overcome adolescent reproductive health problems using reproductive health strategy. The counsellor needs therefore, to show a lot of empathetic understanding of the adolescents' situation and provide him with a lot of love and care.

Recommendations

The following recommendations are made in order to achieve adolescent reproductive health.

1. The utilization of services by adolescents can be greatly increased by training counsellors to be non-judgemental and empathetic.
2. Counsellors should provide adolescents with age-appropriate sexual and reproductive health information empowers them to make responsible decisions regarding sexuality.

3. The ministry of health should help to educate the public on the hazards of early pregnancy.
4. Nigerian Government should advocate for the formulation of laws to ban this harmful practice. Efforts should be made to mobilize community leaders against the practice.

Conclusion

Adolescents need a lot of care and support from counsellors, teachers and the community. One could therefore be optimistic and conclude that with the support of counsellors, teachers, parents and the community in providing adolescents with the information they need to protect themselves from sexual and reproductive ill – health. Once informed, adolescents too can play an important role in passing on the information to their peers. This will help in reducing the number of unintended pregnancies HIV/AIDS and STI incidence amongst adolescents in Anambra State of Nigeria.

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Table I: Mean Ratings of Counsellors views on factors that contribute to the sexual and Reproductive Health problems of adolescents

S/No	Items	\bar{x}	Remarks
1	Unable to refuse unwanted sex or resist coercion	2.84	Agreed
2	Compelled to undergo female genital mutilation	2.68	Agreed
3	Unprepared and unable to protect themselves	2.55	Agreed
4	Adolescents are under pressure to marry and bear children early.	2.64	Agreed
5	Constrained by restrictive laws and policies	2.89	Agreed
6	Deprived of appropriate health care services	3.00	Agreed
7	Subjected to gender double standards	2.81	Agreed
8	Lack of information on sexuality	3.20	Agreed

Table II: Means Rating of male and female counsellors on ways to promote and protect sexual and Reproductive Health of adolescents

S/No	Items	Male \bar{x}	Remarks	Female \bar{x}	Remarks
1	Providing information, education and support	3.54	Agreed	3.84	Agreed
2	Breaking the silence about sexual coercion and violence	3.15	Agreed	3.50	Agreed
3	Preventing early pregnancy and making pregnancy as safe as possible	3.32	Agreed	3.66	Agreed
4	Stepping up the fight against female genital mutilation	3.00	Agreed	3.35	Agreed
5	Providing appropriate sexual reproductive health services	3.60	Agreed	3.81	Agreed
6	Ensuring especially that adolescents have access to condoms and emergency contraception	2.20	Disagreed	2.12	Disagreed

Table III: t-test analysis of differences in the mean scores of male and female counsellors on the ways to promote and protect the sexual and reproductive health of adolescents.

Variable	n	\bar{x}	SD	t-cal	t-crit	df	Decision
Male	13	2.24	3.06	1.53	1.96	142	Not significant
Female	131	3.63	3.00				