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PERCEIVED SOCIO-CULTURAL FACTORS INFLUENCING THE UTILIZATION OF REPRODUCTIVE HEALTH SERVICES AMONG RURAL ADOLESCENTS IN THE SOUTH-EAST, NIGERIA

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ABSTRACT

This study assessed sociocultural factors influencing the utilization of reproductive health services among rural adolescents in south-eastern Nigeria. A multistage sampling technique was used to select 282 adolescents between 15-19years who are in senior secondary school. A structured questionnaire and Focus Group Discussion (FGD) were used to collect data from the respondents. The data collected were analyzed using descriptive (frequencies and percentages) and inferential statistics (mean scores). The findings revealed that the level of utilization was low, with a grand mean score of ($\bar{x}$ = 2.49) and the regression result showed some socio-cultural influences such as sex of service provider(z=2.52<0.05), affiliation with religion/denomination(z=2.11<0.05), parental communication(z= 2.86<0.05), fear of stigmatization(z=2.05<0.05), and age of service provider(z= 1.96<0.05) were positive and significantly related to the utilization of reproductive health services among rural adolescents. Furthermore, the findings revealed a negative perception of the attitude of service providers among respondents with a grand mean of ($\bar{x}$ =3. 42), the perceived need was high with a grand mean of ($\bar{x}$ = 2.53), the level of satisfaction was low with a grand mean of ($\bar{x}$ = 2.38). In conclusion, utilization of the services was influenced by socio-cultural factors related to rural adolescents. It is therefore recommended that Government should collaborate with some other non-governmental agencies to establish adolescent-friendly health clinics, Southeast stakeholders to engage media and mobile approach services in promoting available reproductive health services, there is the need to train more health service providers who are youths, Federal Ministry of Health should collaborate with the Federal Ministry of Education to make reproductive health services an integral contents of Health Education and Biology subjects in school.

Keywords: *Utilization, rural adolescent and youth-friendly reproductive health services.*

INTRODUCTION

The current realities among rural adolescents indicate that the enormous national investments aimed at ameliorating reproductive health challenges among adolescents have not produced desired results due to poor utilization. Youth-friendly reproductive health information and services have been made available by the Nigerian government through National Primary Health Care Development Agency (NPHCDA,2013); Such as Treatment and counseling for sexual concerns of males and females adolescents; Management of sexual abuse among girls/boys, counseling and provision of emergency contraceptive; Information and counseling on menstrual disorders, services, and management of post-abortion complication; Focused care during an antenatal period except "the provision of safe abortion services" which is against the law of Nigeria (National Primary Health Care Development Agency (NPHCDA, 2013). Yet, adolescents are known to account for a higher predominant rate for most Sexual and Reproductive Health issues. (WHO,2017).

Adolescence is narrowly equated with puberty and the cycle of physical changes culminating in reproductive maturity. W H O (2014) defined adolescents as those people between 10-19 years of age. Furthermore, as a unique phase of human development. According to United Nations Education Scientific and Cultural Organization (UNESCO,2018) as they transit from childhood to adulthood, adolescents undergo a number of physical, emotional, and social changes. Studies demonstrate that they are often unprepared for these changes.

According to Ogundipe and Ojo (2015) in Nigerian culture especially in South-eastern Nigeria; both culture and religion frown at an open discussion of sex, believing that it encourages young people to experiment with sexual intercourse. Sexuality matters are seen as taboo for adolescents because is regarded as sacred and as a topic for the married only. Socio cultural factors of the community and individual perceptions are important in ensuring that reproductive health information and services are utilized by rural adolescents. utilization of reproductive health services directly means making use of the services as at when needed, if rural adolescents cannot make use of the provided Reproductive Health Services, then the reduction of adolescents' reproductive health challenges will be limited. The utilization of Reproductive Health Services is to be taken as an important factor in an individual's fulfillment of the right to health at all levels. In order words. Proper access and utilization to health care for young people have been documented to reduce risky behaviours and improve the health status of young people (FMOH, 2014).

Research had shown low availability, low access, and utilization of youth-friendly reproductive health services in Enugu State (Odo, Effion. Nwagu, Nnamali and Atama (2016) and Kaduna State by Nmadu (2017). In this regard, the study analyzed factors influencing the utilization of reproductive health services among rural adolescents in South –East, Nigeria. The following specific objectives were to; ascertain adolescents' level of utilization of Reproductive Health services in the study area; determine socio-cultural factors influencing the utilization of Reproductive Health services provided to them.

It was hypothesized that there was no significant difference in the level of utilization of different reproductive health services provided; There was no significant relationship between selected socio-cultural factors and adolescents' utilization of reproductive health services in the study area;

METHODOLOGY

The study was carried out in three states, Anambra, Ebonyi, and Imo, in south-eastern Nigeria. Three–stage sampling procedures were adopted to select respondents for the study. **In the first stage**, two Local Government Areas were purposively selected from each of the States giving a total of six (6) Local Government Areas in southeast, Nigeria. From each of the States, these were the Local governments selected: Anambra State: - Otuocha and Ihiala Local Government Areas; Imo State: -Oru-east and Ihitte-uboma Local Government Areas; Ebonyi State: - Ohaukwu and Ishelu Local Government Area. **In the second stage**, two secondary schools were purposively selected from each of the States giving a total of six (6) secondary schools from the three states under study. Anambra State: -Madonna Secondary School Umueri in Otuocha and St Jude Secondary School in Ihiala Local Government Area; Imo State: - Comprehensive secondary school Ishieke, Awo-omamma in Oru East Local Government Area, and Abueke community secondary school in Ihitte-uboma Local Government Area; Ebonyi State: -Community secondary school, Okposhi Eheku Ohaukwu and Community Secondary Ntezi, Agege Ishelu Local Government Area. **In the third stage**, 16 adolescents were randomly selected from S.S. 1, S.S. 2, and S.S. 3, giving rise to 48 adolescents per secondary school. This gave a total sample size of 288 adolescents from six (6) secondary schools in southeast, Nigeria. The Grand sample size used for the analysis is based on 282 questionnaire that was properly responded to. Twenty (20) adolescents (male and female) were purposively selected for Focus Group Discussion; a structured interview schedule was employed in recording responses collected from each of the respondents. Data generated were analyzed using descriptive and inferential statistics.

MEASUREMENT OF VARIABLE

Socio-cultural factors influencing the level of utilization were measured with Logit regression; respondents who had utilized reproductive health services in the study area or not (agreed 1; otherwise 2). e= error term. Socio-cultural factors were rated on a 5Likert scale of Strongly agreed =5, Agreed =4, Undecided = 3, Disagreed=2, Strongly Disagreed =1; the decision rule was obtained thus; 5+4+3+2+1=15 divided by 5 to give 3.0 (less than 3.00- negative influence; 3.00 and above – positive influence); respondents perception of the attitude of service providers were measured with a mean score.

MODEL SPECIFICATION

There is no significant relationship between socio-cultural factors and adolescents' accessibility to reproductive health services in the study area. This hypothesis was tested at (0.05%) confidence level of significance using Multiple regression analysis. **Probit regression model in implicit form is stated as follows:** $y_i = \alpha_0 + \alpha_1X_1 + \alpha_2X_2 + \alpha_3X_3 + \alpha_4X_4 + \alpha_5X_5 + \alpha_6X_6 + \alpha_7X_7 + \alpha_8X_8 +$

Where Y = Utilization (proxied by 1 or more than once =1; less than visits =0)

$X_1 - X_8$ = independent variables

e = error terms

Hence the parameters;

Y = Utilization of RHs (yes = 1, no =0)

X_1 = cost of utilization of service (yes =1, no =0)

X_2 = religious affiliation, (yes =1, no =0)

X_3 = parent/guardian communication (yes=1, no =0)

X_4 = Age of service provider (yes =1, no =0)

X_5 = fear of stigmatization (yes=1, no =0)

X_6 = Attitude of service provider (yes =1, no =0)

X_7 = community values or tradition (yes =1, no =0)

X_8 = sex of health provider (yes =1, no =0)

RESULTS AND DISCUSSION

Table 1, is an analysis of respondents' level of utilization of provided reproductive health services in south-eastern Nigeria. It showed a generally low utilization with a grand mean of 2.49 But individual services on the table showed that some services were utilized more, such as Screening of Sexually Transmitted Infections Including HIV and AIDS, Gonorrhea, syphilis, Chlamydia ($\bar{x}$ =2.87), Counselling for sexual issues($\bar{x}$ =2.74), The table showed that the utilization of condom & pills ($\bar{x}$ =2.59) respectively. According to table 1, some of the services such as Management of post-abortion problems (2.43(, Information on menstrual disorders (2.38(and testing, counseling services for pregnancy (2.21), and Management of rape victims (2.17(recorded a very low utilization among adolescents. This finding is in agreement with Ezeokoli, Obasoham, Ayodele, and Okoye (2015).

During the focus group discussion, respondents were asked if they had visited any health facility for reproductive service/education for the past two years. Eight out of the ten male adolescents said they had never done that. Six out of the ten female adolescents had visited. For what purpose?

. .... *"one of the days I experienced severe stomach pain and it happened that my parents travelled, my elder brother took me to the health center near my house and they tested me for pregnancy before giving me drugs" (female, 14 years)*

……" I went to a health center to screen for HIV /AID" (17 years male).

……" *I so much believed that reproductive health services are for married women, so I don't see the need going there" (male18 years).*

…..... I have been to the reproductive health facility more than three times because of menstrual pain" (female, 16 years).

This finding agreed with the observation of Schriver, Meagley, Norris, Geary, and Stein (2014), that the use of reproductive health services by the youths is reported to be low and that young males and females are confronted with sexual health issues stemming from preventable problems of unintended pregnancy, unsafe abortion, and sexually transmitted infections (STIs) like HIV/AID.

Table 1. Mean distribution of respondents based on the level of utilization of selected reproductive health services in the study area.

Variables	Anambra	Ebonyi	Imo	Southeast
	$\bar{x}$	$\bar{x}$	$\bar{x}$	Pooled $\bar{x}$
Counseling for sexual issues/matters	2.67	2.88	2.66	2.74
Management of rape issues/problems	1.97	2.13	2.43	2.17
Provision of condoms and pills	2.49	2.65	2.64	2.59
Information on menstrual disorder	2.26	2.22	2.65	2.38
Management of post-abortion problems	2.26	2.44	2.61	2.43
Testing and counseling services for pregnancy	2.38	2. 49	2.58	2. 49
Treatment of sexually transmitted disease	2.58	2.54	2.46	2.55
Screening of Sexually Transmitted Infections including HIV and AIDS, gonorrhea, syphilis, chlamydia, etc	2.66	2.78	2.88	2.87
Grand Mean	2.38	2.49	2.58	2. **9**

Source: Field data, 2020

Keys: *high utilization= (4), moderate utilization= (3) low utilization= (2), No utilization= (1)*

Decision: $\bar{x} > 2.5$ *high utilization* $\bar{x} \leq 2.5$ *low utilization*

Perceived socio-cultural factors influencing the utilization of reproductive health services

Results in table2. showed that selected socio-cultural factors had a great influence in determining the respondents' utilization of reproductive health services with a grand mean of 3.28. With a mean score of 3.33, the respondents agreed that affiliation with religion has a strong influence on their utilization of reproductive health services. This result is in agreement with Morris &Rushwan (2015) cultural and religious factors create an unfavorable environment or discussion of adolescent reproductive health due to the strongly rooted sense of condemnation of adolescents' sexual activities. A study in Nigeria on the perception and practices of private medical providers on adolescents' Sexual and Reproductive Health

highlighted that the religious affiliation of the providers influences their practices (Chilinda, Hourahance, Pindani, 2014; Onukwgha, Mark, & Monica, 2019)

According to table 2, a mean score of 3.29 showed that they agreed that the attitude of health providers influences respondents' decision to utilize reproductive health services.

In the Focus Group Discussion. The male students reported that nurses in the health facilities do not provide them with condoms,

…."I *have been hearing about condoms, so one day I wanted to know what it looks like, I went to a nurse in the health center and asked her for a condom. She frowned her face and shouted at me angrily telling me that condom is for married people*" (19 years male). From the report of the students, it showed that even the reproductive service providers are biased in the provision of reproductive health services. It also means that young people's reluctance on the issue of utilization of reproductive health services is rooted in the social and cultural beliefs and family norms surrounding adolescents' sexual behavior which suggests to service providers making a moral judgment about adolescents who involve themselves in premarital affairs. This attitude of service providers can also affect the promotion of the service to adolescents and unmarried people. This is in agreement with Ajike and Mbegbu (2016) that health providers' attitudes and behaviour, including being unfriendly, and lack of privacy have an impact on how adolescents access and perceive the RHS, and some of the reasons adolescents give for not utilizing the services. Furthermore, Jonas *et al* (2017) stated that reproductive health service needs to be provided in youth –friendly environment with health workers that are welcoming and supportive towards adolescents seeking help.

Also, with a mean score of 3.28, the respondents agreed that fear of stigmatization influences their decision to utilize reproductive health services in their locality. In the focus group discussion; 15 out of the 20 adolescents reported that seeking help from the reproductive section of the health facility will label them as immoral rather they prefer going to the nearest pharmacy. This is in agreement with a study by Rafael *et al* (2015) revealed that embarrassment and fear of stigmatization are the main concerns adolescents express as a reason for not using public services.

According to the table, with a mean score of 3.27, the respondents agreed that the Age of the service provider, Sex of the health providers, Parents' communication on reproductive health, lack of privacy and confidentiality, and Biased preference in service also influence their decision to utilize reproductive health services among adolescents in south-eastern Nigeria.

Also, with a grand mean of 3.28, the table shows there is minimal utilization of reproductive health services in south-eastern Nigeria. Considering Nmadu (2020), the sex of the service provider is significant and positively related to the utilization of reproductive health services. When the respondents were asked to narrate their experiences during their last visit to a public health facility in their LGA during the FGD

……..” *next time if I should visit the health facility again I will prefer meeting a young man instead of an old woman who will be judging me as being corrupt*”(16 years male).

…… “*I waited for almost 2 hours before the service provider attended to me, they first attended to the married and pregnant women*” (17 years female).

…… “*as I was talking to the nurse on the table my mother's friend tapped me on the shoulder, and I greeted her with shame*” (15 years female).

The results have the same view as UNICEF (2011), personal factors embedded in traditional practices play a strong significant role in shaping young people's sexual behaviours and form a strong control upon the expression of the utilization of Reproductive Health Services. According to Ayodele, Olanipekun, and Akinlana (2015), Nigerian adolescents have experienced the same treatment which discourages them to access and utilize Sexual and Reproductive Health services at the health facility. This entails that socio-cultural factors have an integral role to play and should be addressed in order to encourage adolescents to utilize available reproductive health services in their locality. By so doing they will develop a positive attitude toward reproductive health that can avert reproductive health dangers that might come up in the near future. But if these issues are not addressed society may end up raising young men and women who are reproductively unhealthy.

Table 2: Mean distribution of respondents based on perceived socio-cultural factors influencing utilization of reproductive health services

Variables	Anambra	Ebonyi	Imo	Southeast
	$\bar{x}$	$\bar{x}$	$\bar{x}$	Pooled $\bar{x}$
Sex of service provider	2.89	3.38	3.52	**3.27**
Affiliation with a religious group or denomination	3.32	3.23	3.44	**3.33**
Parent's communication on reproductive health	3.18	3.17	3.44	**3.27**
community values and traditions adhered to	3.23	3.18	3.38	**3.27**
Fear of stigmatization	3.12	3.43	3.31	**3.28**
The attitude of health providers	3.03	3.33	3.50	**3.29**
Age of service providers	2.95	3.42	3.44	**3.27**
Cost of the utilization of service	3.06	3.11	3.63	**3.27**
Grand Mean	**3.10**	**3.28**	**3.46**	**3.28**

Source: Field data, 2020

Keys: SA=Strongly Agree (5), A=Agree (4), D= Undecided (3), SD= Strongly (2) Disagree (1).

Decision: $\bar{x} > 3.0$, *negative influence* $\bar{x} \leq 3.0$ *positive influence*

CONCLUSION

The study assessed socio-cultural factors influencing the utilization of reproductive health services among rural adolescents in southeastern Nigeria. The result revealed that utilization of the services was influenced by socio-cultural factors related to rural adolescents.

RECOMMENDATION

Government should collaborate with some other non-governmental agencies to establish adolescent-friendly health clinics, Southeast stakeholders to engage media and mobile approach services in the promotion of available reproductive health services, there is a need to train more health service providers who are youths, the federal ministry of health to collaborate with the federal ministry of education to make reproductive health services an integral content of Health Education and Biology subjects in school.

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