

COMMUNICATION AND ADVOCACY STRATEGIES ON ADOLESCENTS' REPRODUCTIVE HEALTH: CASE STUDY OF EKITI STATE UNIVERSITY, ADO EKITI, NIGERIA

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ABSTRACT: *This study examined the relationship between communication and advocacy strategies on adolescents' reproductive health in Ekiti State University, Ado-Ekiti, Nigeria. The study was a descriptive survey research. The sample for the study was 200 respondents which were randomly selected among regular undergraduate students from all faculties using cluster random sampling technique. The instrument used was questionnaire which was constructed by the researcher and corrected and approved by research expert. The instrument was tagged "Communication and Advocacy Strategies on Adolescents Reproductive Health" (CASARH). The data collected was analysed using Pearson Product Moment Correlation. All the hypotheses generated were tested at 0.05 level of significant. It revealed that communication and advocacy strategies affect adolescent's reproductive health, that is, there is perfect relationship between the two hypotheses tested at 0.05 level of significance. This study further recommended that proper and adequate enlightenment programmes and campaigns should be made available by the government, non-governmental organizations and private individuals to empower the adolescents with required skills, knowledge and capabilities to function efficiently and effectively in all sectors of the society, and this is by organizing seminars, workshops, conferences and other public talks.*

KEYWORDS: Communication, Advocacy, Strategies, Reproductive Health, Sexual Health

INTRODUCTION

Adolescents as defined by the World Health Organization (WHO, 1994) refer to people between ages of 10 and 19 years. Adolescents form a significant population group in terms of demographic parameter as they constituted about a fifth of the human population globally and are rapidly increasing in terms of absolute number. Adolescents are also a unique population in terms of characteristics and needs, they face unique challenges as a result of their level of development and the societal situation.

Adolescents are particularly vulnerable to the adverse consequence of early sexual behaviour and as such are widely recognized to be one of the most important groups for reproductive/sexual health interventions. This increased vulnerability is caused by a number of biological, behavioural and psychological factors including hormonal changes at puberty, cervical anatomy, immunological naivety, inability to recognize symptoms of infection, sexual experimentation including experimentation with some sex partners, non-consensual sex imperceptions of risk, immaturity of communication skills, contraception choice, poor health seeking behaviour and alcohol or illicit substance use.

Moreover, the consequence of sexually transmitted infection (STI) and unplanned pregnancy can be devastating, female adolescents are at the start of their reproductive life and risk compromising their fertility through tubal occlusion or ectopic pregnancy (Graham A, Moore L, Sharp D and Diamond I 2002). In many areas female adolescents who get pregnant are withdrawn from school, further disadvantaging them, in a developing country like Nigeria where access to abortion can be dire. While male adolescents suffer fewer direct health consequences of early sex infection or pregnancy can still have adverse consequences on them, for example, with respect to further education and training opportunities.

Sexuality and reproductive health education is an area that generates misconceptions, confusion, fear and unwanted attentions. The adolescents often get their information from their peers who may be ignorant of the topic or the mass media which may provide sensational and inaccurate information. In many programmes, curriculum and textbooks continue to limit their focus on biological, demographic population and development and family life education issues. Sometimes, in a well-designed curriculum, an ill-prepared or uncomfortable teacher can render a programme ineffective. Teaching methods used are often not suited to the sensitive nature of sexual and reproductive health education issues.

Furthermore, improving young women's future generations, young women often lack basic reproductive health information. They need information on the consequences of unprotected sexual intercourse and they also need to be well informed about developmental body changes (Osakinle, 2013). In addition to the above mentioned information, young women need skills in negotiating sexual relationships and knowledge about affordable, appropriate and confidential reproductive health services. In Nigeria among the Yoruba's, it is often taboo to discuss sex openly. Many do not feel comfortable discussing sexual issues with parents or other key adults with whom they can talk about their reproductive health concerns (Meekers & Ahmed, 1997; Witaker et al, 1999). Likewise, parents, health care workers and educators frequently are unwilling and unable to provide complete, accurate, age – appropriate reproductive health information to the adolescents. This is often due to their discomfort in discussing the subject or the false belief that providing the information will encourage increased sexual activity (Karim, 2003 & Osakinle 2003), most adolescents enter into sexual relationships with very little knowledge of consequences, either, shared by their peers or from the media, and also contributed to a low prevalence of using protective measures i.e. contraceptive. Substantial evidence is also found in the existing literature that broadening the choice of contraceptive methods increased the overall contraceptive prevalence (Magadi & Curtis, 2003; Chen & Guikay, 2003). The provision of a wide range of contraceptive methods increases the opportunity for individuals to obtain a method that suits their needs. (Ross, 2001) confirm that the prevalence of contraceptive use is highly in countries where access to a wide range of methods are uniformly high.

Moreover, probing into the reproductive health needs of adolescents required identification of some challenges confronting them. In most parts of the world and in Nigeria in particular, more than 90% of young people know at least one contraceptive method, but usage rate remain low, especially in rural areas. This is probably due, in part to a lack of youth-friendly services, myths about sexuality and reproductive rights and gender inequality (Osakinle, 2007).

One of the largest obstacles that adolescents face today is lack of or insufficient health services that work with their priorities and needs for information and services to effectively reach young people, youth friendly services are needed to encourage youth to be agents of their own social and health welfare (Gonzola, 2012). In Africa, studies (Muhwava, 1998; Burgard, 2004) have demonstrated that a large proportion of young women are exposed to the risk of contraception, receive poor or no sex and contraceptive education and experience a high incidence of adolescent child birth.

Unfortunately, in many cases the affected adolescents are left to suffer alone and the responsible male goes scot free. The over powering elderly and in most cases wealthier men exploit young girls sexually. Worse still, these young people lack knowledge of their sexual rights and cannot assert themselves, even when they wish they could and/or should.

However, the developments in this field have not been held back by a few conservatives. Many organizations especially the non-governmental and voluntary organizations as well as bold government agencies have taken steps to undertake innovative strategies to introduce reproductive and sexual health message into their programmes to reach the adolescents and influence them into taking responsible decisions regarding their sexual and health behaviours, being aware of their sexual rights and making use of some available health services.

These strategies and approaches range from energizing in school education through co-curricular or community support from out of school sector, setting up counselling services inside a school campus, counselling through telephone hot lines, peer group counselling and discussions, development of information education communication materials and interactive, internet discussion forum, youth camps and debates among competition and competitions and campaigns in recreational places. Some of these strategies have worked and some failed.

Increasingly, research and programme experience has shown that it neither feasible nor productive to focus on an isolated behaviour without addressing a broader set of adolescent sexual and reproductive health concerns. Given the likely growth in diversity, communication interventions to affect sexual health behaviour are an increasingly important strategy for improving the general health of the adolescents. Constructing such interventions to effectively adolescents' individuals in diverse populations to engage in healthy behaviour, however, relies on an understanding of the social and cultural contexts that shape the behaviour of individuals, families, and communities. Belief systems, religious and cultural values, and group identity are all powerful filters through which information is received and processed, although many communication programs address diversity in theirs.

Research Hypotheses

1. There is no significant relationship between communication and adolescents' reproductive health.
2. There is no significant relationship between advocacy and adolescents' reproductive health

METHOD

A descriptive research was used for this investigation and collection of data for this study was through the use of questionnaire. The population of the study comprised the regular students from all faculties in Ekiti State University. The sample consisted of 200 students from all faculties of Ekiti State University (EKSU). The selection of the participants was by cluster random sampling. The main instrument used for the data collection of this study was a questionnaire for students. The instrument was tagged, "Communication and Advocacy Strategies on Adolescents Reproductive Health" (CASARH).

The most reliable way of administering questionnaire is by direct contact. The researcher gave the questionnaire directly to the respondents. He monitored the filling of the questionnaires, gave instruction and guidance. The questionnaires were given to students using sample frames of large hostel and lecture-theatre(s) (LT) (Cluster Sampling), questionnaires were gathered, scored and subjected to statistical analysis through an appropriate statistical method with respect to each hypothesis.

Hypotheses Testing

Hypothesis 1: There is no significant relationship between communication strategies and adolescents' reproductive health.

Table 1:

Variables	N	\bar{X}	SD	R x y	t-cal	t-tab
Communication strategies	200	113.7	22.1			
Adolescent reproductive health	200	32.9	14.8	0.84	2.24	2.021

Since our computed t-cal (2.24) is greater than the t-tab (2.021) using Pearson Product Correlation Moment at 0.05 level of significance. Hence there is significance relationship in the communication strategies and adolescents' reproductive health. Therefore the hypothesis is rejected.

Hypothesis 2: There is no significant relationship between advocacy influence and adolescent reproductive health.

Table 2:

Variables	N	\bar{X}	SD	R x y	t-cal	t-tab
Advocacy strategies	200	113.4	26.4	0.91	2.01	1.96
Adolescent reproductive health	200	2.55	19.5			

Table 2 shows that the hypothesis was tested using Person Moment Correlation at 0.05 level of significance. The table shows that the calculated t-cal (2.01) is greater than the table value (1.96). The hypothesis is therefore rejected. Hence, there is significance relationship between advocacy strategy and adolescents' reproductive health.

DISCUSSION

Based on the outcome of this study, it is so clear that the two variables. "Communication and advocacy strategies influence RH, It has a very strong relationship with respect to adolescent reproductive health.

This implies that if communication and advocacy practices are appropriately put in place the adolescent reproductive health will be achieved. The statistical analysis of this study found that most of the students in Ekiti State University are aware of STDs but the awareness of health care services is relatively low and needed urgent action through effective and efficient programme. This finding is in support of Awolowo, Ilesanmi et al (2002), Anochie and Ikpeme (2001) that says youths are sexually active at earlier ages and some had first intercourse as early as below 11 years of age. At this age they are more prone to unsafe sex practice and have poor access to contraceptive. The studies of Overturfand Down, (2003) also corroborated with the fact that parents relationship with their wards can reduce their rate of involvement in risky behaviours. Since the relationship between adolescents and their parents is associated with their use of reproductive service, it then means that there can be an increase in the use of reproductive health services among female adolescents, if this happens, then there is hope towards achievement of possibilities of increasing access to the use of reproductive services by adolescents. It also means that the rate of unwanted pregnancy and other high risk sexual behaviours can be reduced. This will also help in achieving the global health initiative of reducing unwanted pregnancy of adolescents in their teen years. Although Parents child relationship and use of reproductive health services was not viewed alongside parental socio economic status, the researcher predicts that positive association of Parent child relationship and use of reproductive services could increase access to quality clinical based services by adolescents.

In the case of influence of advocacy on ARH, results showed that it significantly influenced the use of service and this finding is not out of context as a study carried out by Jones, et al in (2005) to examine the extent to which teenagers younger than 18 years notify their parents about their use of services, using 1526 minor adolescent females obtaining services at 79 family planning clinics. At the same time, having knowledge and positive attitudes about using condoms and contraception is also important for increasing the likelihood that sexually-active adolescents will use them. Therefore, partner support and approval for using condoms and contraception appears to be critical. Sexual education programmes that aim at improving both knowledge and attitudes about condoms and contraception as well as improving communication and negotiation skills may have promise based on the findings related to the influence that these factors appeared to have.

CONCLUSION

The result of the study revealed the influence of communication and advocacy strategies on adolescents reproductive as relatively high and the study portrayed that the low levels of contraceptive use reflect the spontaneity of adolescent sexual activity and lack of adequate programme which may equipped the subject/adolescents with knowledge about contraceptive use and awareness of health care services or programme available to promote their quality reproductive health. The issue of discovering young people from obtaining professional birth control education and services place them at an increased risk of pregnancy and STDs including AIDS.

However, some sexually active adolescents practice contraception. Appreciable proportions lack knowledge about contraception and even common knowledge about reproductive health. Proper programmes or adequate strategies are to be mapped out to raise the awareness of available health care services in school (Ekiti State University) as it would automatically promote qualities of adolescents' health and well-being in general.

RECOMMENDATIONS

The researcher suggests the following recommendations to address the problem of reducing or eliminating all forms of adolescents' reproductive health ignorance in their sexual health practices (reproduction) and knowledge about available health services in Higher Institutions in Nigeria.

- Enlightenment campaigns must be intensified serious campaigns should be made through seminars, workshops, conferences and other public tasks to enlightened the youth on the influence of sexual activities and reproductive health on their general well-being.
- The researcher implores the government (Local, State and Federal) school administrators non-exclusive to take positive and show serious commitment as preventive measures against STDs and the use of contraceptive as this will not only make the adolescents to be living a healthy life but for the Nigeria society to be a better place for each and everyone living in Nigeria in terms of preventions of over population.
- Parents and preachers should teach adolescents to understand that sex is for married adults and not for young people. It should therefore, not to be used as a source of income or fun.
- The society should come out with dressing code that would prevent body exposure in the public. This will go a long way in checking the adolescents that are sexually active.

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