

FEMALE ADOLESCENT HEALTH AND REPRODUCTIVE NEEDS: CHALLENGES AND COUNSELLING IMPLICATIONS

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ABSTRACT: *The reproductive and sexual health needs of female adolescents differ from those of adults female. There is a growing concern about the female adolescent health and reproductive needs and challenges such as unwanted pregnancy, sexually transmitted infections (STIs) abortion, and post abortion care services and use of contraceptive. Though most of them usually do reluctantly seek reproductive services, it is necessary for them to gain insights earlier on current practices and information on health services concerning their health to enable them get the required interventions to tackle their reproductive health needs and challenges. This paper aims at identifying some of the secondary school female adolescents' health needs and challenges and suggest counselling interventions to handle them. The sample consisted of 160 female adolescents randomly selected from secondary schools in educational district v of Lagos state. A researcher constructed questionnaire was used to collect data to test two hypotheses formulated for the study. The data was analyzed using Pearson's product moment correlation statistics. The findings show that there is relationship between the use of contraceptives and prevention of unwanted pregnancies among female adolescents and also that there is no significant difference between access to reproductive health information and sexually transmitted infections among them. Based on the findings, the study listed some counselling implications which is that counsellors should provide sexuality information for female adolescents in schools to enable them handle and monitor their reproductive health needs and challenges.*

KEYWORDS: Reproductive Health, Female Adolescents, Reproductive needs.

INTRODUCTION

Adolescence is a decisive age for girls around the world and what transpires during a girls teenage years shapes the direction of her life and that of her family. For many girls in developing countries like Nigeria, the mere onset of puberty that occurs during adolescence marks a time of heightened vulnerability. Adolescence is a unique age (Connolly, 2001) whether in school or out of school. Reproductive health of adolescents, has to do with the state of complete social, physical and physiological well-being as it relates to reproductive system (Shane, 1992). Sexual health requires a positive and respectable approach to sexuality and sexual relationship. Godswill (2014), sees sexual health as a state of physical, emotional mental and social wellbeing in relation to sexuality and not merely the absence of diseases, dysfunction or infirmity. Generally young people are vulnerable to reproductive health risks and sexuality. This is as a result of their lack of understanding about the reproductive process, misconception about sexuality and certain cultural beliefs that pregnancy cannot occur during first sexual contact and that the use of contraceptives can cause infertility. (Amazigo, Silva, Kaufman, & Obikeze, 1998; Association of reproductive and family health, 2004; Federal Ministry of

Health, 2003). Adolescents have a right to health, including sexual reproductive health, and a right to receive accurate information and confidential services but they currently experience many barriers and utilization of essential services preventing them from getting adequate health care.

Reproductive health of adolescents is dependent on several complex and often independent factors including socio – cultural influences such as family, peers, communities and access to health service education and employment opportunities (Vijay- Grover 2003). Other factors that influences female adolescent health and reproductively are poverty and malnutrition, media influence, gender inequality and sexual exploitation. The reproductive and sexual health needs of adolescents differ from those of adults (World Health Organization, 2010). During adolescence, the body undergoes significant developmental changes, most notably puberty, the bodily changes of sexual maturation and the formation of sexual identity (National Institute of Health, 2007). Reproductive female adolescents challenges include: early marriage, defilement, unwanted pregnancies, birth control, sexually transmitted infections (STIs), rape, sexual advances from male adults and adolescent males, poverty or poor socio- economic background. Others are lack of basic and important information on reproductive health, lack of platform for a stable and strong relationship with counsellors, parents and significant others who adolescents can confide in about their reproductive health challenges. Lack of confidentiality among reproductive health services providers, lack of fund to pay for social and clinical services, unsafe abortion due to unwanted pregnancy.

According to Zabin & Kiragu (1998), pregnant adolescent students in many developing countries often seek abortions to avoid being expelled from school. In Nigeria, study has shown that 50-70 percent of women hospitalized for complications of induced abortion are younger than 20 years. Ndifon, Ogaji & Etuk (2002) found that female lack of use of contraceptives led to 30. 1 percent increase in unwanted pregnancy with 8 percent higher than the national average. Female adolescents have unique reproductive and sexual health needs. These among others are: contraceptives (condoms, pills, injections), sex education, post abortion care services and need for counselling. Due to lack of good counselling on how the female adolescents can protect and take care of pregnancies if it occurs they end up aborting the pregnancies with deadly consequences. Okonofua (2002) stated that the reasons for not wanting these pregnancies are wrong timing, desire to continue schooling, high cost of education and that the commonest method of resolving unwanted pregnancy is by abortion. These challenges and needs are a few of the clinical and social issues that affect young adolescents.

There is need therefore for adolescent counselling services and health education. Compared with older women, adolescents are more likely to seek abortion from untrained providers or have a self – induced abortion. They also tend to take longer to recognize their pregnancies and consequently have abortions at later gestations, and they know less about their rights concerning abortion and post abortion care. Many adolescents are sexually active and this usually result in early marriages. Unwanted pregnancies and abortions. Sexual activity puts adolescents at risk of various reproductive health challenges. Globally, 40 percent of all new HIV infections occur among 15 – 24 years old with about 7,000 infected (UNAIDS Report on the Global HIV/AIDs, 1997). Studies have shown throughout developing regions that many female adolescents struggle to get the sexual and reproductive health information and services they need. Although both male and female adolescents have many reproductive health

challenges, the female adolescents have additional burdens that are gender and sex specific. Pregnancy among adolescents is important because it is associated with higher morbidity and mortality not only for the mother but also the child. It also has the psychological consequences that affect their well-being (Isaranurug, Mo – Suwan, & Choprapawon, 2006; Soula, Carles, Largeaud, El Guindi & Montoya, 2006).

According to study reported by Ugandan Bureau of statistics and ICF international Inc (2012), 24 percent of adolescents 13-19 years were mothers or pregnant with their first child in Uganda and this is an indication that the female adolescents have additional burdens that are gender or sex specific compared to their adolescent male counterparts although both male and female adolescents do have many reproductive health needs and challenges. Adolescents develop more self – consciousness indicated in their self – assessment of how others see them (Breinbauer & Maddaleno, 2005). In many cases, adolescents consider themselves grown up and mature enough to have sex. Yet they have inadequate knowledge about the consequences of unprotected sex and this has adverse effect on their sexual health. These consequences include as indicated earlier unwanted pregnancy, complications of unsafe abortion and sexually transmitted infections (Lema, Mpanga & Makanani, 2002; Soderberg, Andersson, Janzon & Sjoberg, 1999).

Lamptey (2002), stated that more than 50% of all new sexually transmitted infections occur among people under age 25 with infection rates among girls being five times higher than among adolescents in some African countries including Nigeria. In many cases, they do not reveal their reproductive health problems and tend not to be using the health care services they actually need. This may be due to inadequate information, limited access to financial resources or negative attitudes of health workers (Okonofua, 1995). Tolman, Striepe & Harmon (2003), posited that achieving reproductive and sexual health of female adolescents, requires more than preventing unwanted pregnancy and sexually transmitted infections. It includes the ability to form and maintain meaningful relationships with others and with one's own body. Psychological, social educational, environmental, and economic factors, among others, all play a role. According to Senanayake, Nott, & Faulkner (2001), within almost all countries of the world, there is a growing concern about the sexual and reproductive health of adolescents. They further posited that this concern has resulted from either a real or a perceived increase in adolescents' need more information and services to help them tackle their sexual and reproductive health.

Adolescents usually do reluctantly seek sexual and reproductive health services. This is due to some barriers which prevents them from doing so. Among the many barriers that prevent female adolescents from seeing health services are, judgmental health workers, lack of supplies of equipment, materials, private workspace and a lack of training for and in understanding of adolescents' reproductive needs (Bearinger, Sieving, Ferguson, Sharma, 2007); Warenus, 2008; Tylee, Haller, Graham, Churchill & Sanci, 2007). It is necessary however for them to gain insights earlier on current practices and informations on health services concerning their health to enable them get the required interventions to tackle their reproductive health needs and challenges. (Atuyambe, Kibira, Bukenya, Muhu-Musa, Apolot & Mulogo, 2015) Among billions of adolescents age 10-19, 70% of these live in low income/ under developed countries (United Nations population Fund (2008). The health needs of these adolescents needs to be addressed.

Statement of Problem

Adolescent stage in human development is agreeably the most turbulent state of human development (Aneke & Anya, 2013). Female adolescents do often involve themselves in numerous delinquent behaviours as well as sexual escapades that lead them into being exposed to different health challenges such as sexual transmitted infections (STIs) including HIV, unwanted pregnancies, abortions or deaths. The prevalence of risky sexual activities or behaviours of these female adolescents among others has increased drastically in recent times. The health and psychological wellbeing of the entire society as well.

These adolescents will grow into future women and they need to contribute their quota to the development of the nation which they would not do effectively if their health reproductive needs are not handled properly at this stage of their development as adolescents. It is therefore imperative to carry out this research. The purpose of this study therefore is to identify the reproductive health needs and challenges of female adolescents in secondary school and suggest ways counsellors can help them overcome them.

Research Hypotheses

1. There is no significant relationship between the use of contraceptives and prevention of unwanted pregnancy among female adolescents in Lagos state.
2. There is no significant difference between access to reproductive health information and increase in sexually transmitted infections (STIs) among female adolescents in Lagos State.

Methodology

A descriptive survey research design was used for the study. The population comprises of all secondary school female adolescents in Lagos State between the ages 12 – 18.

A sample of 100 respondents were randomly selected among secondary school female adolescents in educational district V of Lagos state.

Research Instrument

A twenty item questionnaire on adolescent female health and reproductive needs was designed for the study and validated by the researchers. The questionnaire consist of two sections A and B. Section A is the bio-data of respondents while section B is a twenty item scale on four point likert – scale based on strongly agreed, agree, disagree and strongly disagree.

Data Analysis

The data which was directly collected by the researcher from the students was analyzed using Pearson Product Moment correlation method.

RESULTS

Hypothesis 1: There is no significant Relationship between use of contraceptive and prevention of unwanted pregnancy among female adolescents

Table 1: Summary of Pearson Product Moment Correlation of use of contraceptives and prevention of unwanted pregnancy

Variables	No	r^2_{cal}	r^2_{tab}	Sig(2 tailed)	Decision
Use of Contraceptives and prevention of unwanted pregnancy	160	0.873	0.139	0.000	Reject Null Hypothesis

The results in the table above suggest that the calculated PPM coefficient is 0.873 while the tabulated is 0.139. The Pearson coefficient of 0.873 shows about 87% correlation. This is very high. The significance level which shows the relevance of the variable on the tested variable is 0.000 with about 160 sampled populations. The result suggests that there is significant relationship between the use of contraceptives and prevention of unwanted pregnancies among female adolescents. Therefore the null hypothesis is rejected.

Hypothesis 2: There is no significant relationship between access to reproductive health information and sexually transmitted infections among female adolescents

Table 2: Summary of difference between access to health information and STIs

Variables	No	r^2_{cal}	r^2_{tab}	Sig(2 tailed)	Decision
Access to Reproductive Health Information and STIs	160	0.198	0.139	0.012	Reject Null Hypothesis

The results in the table above suggest that the calculated PPM coefficient is 0.198 while the tabulated is 0.139. The Pearson coefficient shows a very low correlation of about 19%. The significance level which shows the relevance of the variables on the depended variable is 0.000 with about 160 sampled population. The result suggests there is no significant difference between access to reproductive health information and sexually transmitted infections among female adolescents. Therefore the null hypothesis is rejected.

DISCUSSION OF FINDINGS

The study examined female adolescent health and reproductive needs: Challenges and counselling implications. From empirical literature reviewed, in the study, female adolescent health is very crucial. According to Lamptey (2002), more than 50% of all new sexually transmitted infections occur among people under age 25 with infection rates among girls being five times higher than among adolescents in some African countries including Nigeria. From the findings of the study, there is relationship between the use of contraceptives and unwanted pregnancy among female adolescents. The study also found that the use of contraceptives among female adolescents in Nigeria can reduce the rate of unwanted pregnancies and hence can help enhance their reproductive health while asserting that access to reproductive health information can affect the rate of sexually transmitted infections among female adolescents.

From hypothesis which states that there is no significant relationship between the use of contraceptives and unwanted pregnancy among female adolescents, the findings shows an established relationship, that, is the calculated Pearson coefficient calculated (r 0.873) was

found to be greater than the critical or tabulated value of 0.139); the alternative hypothesis was accepted and the null hypothesis was rejected. The study concluded that there is statistically significant relationship between the use of contraceptives and prevention of unwanted pregnancy. This suggests also that if adolescent female do not imbibe the use of contraceptives during sexual activities, they may likely be involved in unwanted pregnancies and the consequences that go with it.

According to Okonofua (2002), the commonest reasons for not wanting these pregnancies are long timing, desire to continue schooling and the high cost of education; and that the commonest method of resolving unwanted pregnancy is by abortion.

This findings corroborate the findings of Ndifon, et al (2002) in their study of sexuality, contraception and unintended pregnancy among female student nurses in Calabar, Nigeria found that female lack of use of contraceptives led to 30.1 per cent increase in unwanted pregnancy with about 8 percent higher than the national average.

Finding from hypothesis 2 shows a low correlation between access to reproductive health information and increase in STIs among female adolescents in schools.

The study corroborates the findings of Samkange-Zeeb, Spallek and Zeeb(2008) that female adolescents have low awareness of sexually transmitted infections. From their findings, the majority of the participants in the study heard about STIs from electronic and print media while parents were poor sources of information.

This suggests the need for better source of information about an articulate program that can enhance reproductive health knowledge of the female adolescents. These programs may include messages aimed at emphasize safer sex practices for female adolescents who are already sexually active.

CONCLUSION

This paper examines and summarizes the relationship between female reproductive health needs as it relates to the use of contraceptive and access to health information of adolescents. The drastic change in female adolescent period that culminate into growth and behavioural changes, poses risk to their reproductive health. It is also evident that there are challenges been faced by female adolescents. There is need therefore to address these challenges by providing adolescents friendly reproductive health services and counselling which are very paramount. Furthermore, because of the unique nature of adolescents, they need to be adequately informed about their sexual and reproductive health needs which should aim at preventing unwanted pregnancy, abortion, STIs/ HIV and unprotected sex.

RECOMMENDATION

Based on this study, the following recommendations are made;

1. Better source of information about an articulated programme that can enhance reproductive health knowledge of the female adolescents should be embarked.
2. These programmes may include messages aimed at emphasize safer sex practices for female adolescents who are already sexually active.

3. Health education in schools' curricula should be taken seriously to ensure that adolescents are adequately aware of STIs, their modes of transmission, prevention and treatment before embarking on any vocation out of school is advocated.
4. Health professionals like doctors, nurses and qualified counselling psychologists should be employed by schools to help female adolescents in cases of unwanted pregnancies and sexually transmitted infections.
5. The use of contraceptives or total abstinence from sexual activities should be canvassed among female adolescents as a way of preventing unwanted pregnancy.
6. Government should mandate health workers to regularly visit schools for the purpose of educating the female students.

IMPLICATION FOR COUNSELLING

It is important for female adolescents to be well informed about their reproductive health. There is need therefore for trained counsellors to be employed in schools and for them to organize and conduct seminars where they give educative information to adolescents concerning their health challenges in an interactive session. Counsellors should provide sexuality information for female adolescents in schools to enable them to effectively handle and monitor their health problems. Counsellors should be well accessible to students and respect female adolescents' sexual and reproductive health rights as well as being non-judgmental while rendering their counselling services.

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