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Accessibility to Health-Information and Family Influence on Reproductive Health Literacy Amongst Adolescent Girls

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Abstract

Opportunities for young girls in sexual health education is being discriminated against because there are beliefs that girls that know too much can become wayward. Adolescent girls are faced with so many challenges ranging from cultural and parental pressures. This study sought to evaluate the access to health information and family influence on reproductive health literacy amongst adolescent girls. The sample size comprised two hundred and fifty females (n-250) students selected through purposive sampling method. The research instrument is a self-developed structured and validated questionnaire while descriptive statistics of frequency counts and percentages was used to analyze the responses. Two hypotheses were postulated. Findings showed that access to health information regarding reproductive health is limited and also family influence reproductive health literacy. The study therefore recommends that parents should educate their young daughters about family planning method and teachers should take out time from their allotted schedule to discuss sexual related issues with the adolescents in the school.

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INTRODUCTION

Adolescents, according to the World Health Organization (2002), are young people between the age of 10 and19 years, and they constitute about a fifth of the world's population. Adolescence is the transition from the world of childhood to the world of adulthood. It is a period of physical and emotional development almost as rapid as the first decade of life. At this time, the body matures and the mind becomes more questioning and independent. During this period of maturation, access to health information is not only strategic to the achievement of reproductive health; it is the foundation of public health. It is, therefore, imperative that reliable, relevant and timely health information is made available to everyone especially adolescent girls. Regardless of their geographic, racial, educational and social differences all adolescent girls need access to an array of reproductive health information.

Access to reproductive health information has been channelled through different means such as magazines, televisions, internet, peer groups and older adults. Adolescents needs information on reproductive health at one time or the other during this period. Communication and availability of information of reproductive health is a critical path to reducing unplanned pregnancies, abortions, sexually transmitted infections and diseases.

The United Nations (1989) Convention on the Rights of the Child (CRC) emphasised the need for young people to have access to information and services that will promote their total wellbeing. Articles 17 and 24 of the CRC recognise that young people have a right to information and highest attainable standard of health. In fact, Article 17 stressed that states parties shall ensure that the young people have access to information and materials from a diversity of national and international sources especially those aimed at the promotion of their well-being and health.

Research suggests that there are several potential impediments between the recognition of a need to be informed and the activation of a search for information (Odunjurin, 2014). Adegoju (2014) revealed that access and use of health information could influence adolescents' attitudes toward reproductive health practices.

According to International Conference on Population and Development (1994) Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to enjoy a satisfying and safe sex life, and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

All adolescents need access to quality youth-friendly services provided by health educators and clinicians trained to work with this population. Sex education programmes should offer accurate, comprehensive information while building skills for negotiating sexual behaviours (Bearinger, Sieving, Ferguson & Sharma, 2007). Adolescents, who as a group are generally healthy, are less apt to see the need for care and may not seek services even when worried about a health problem. They may also avoid seeking health care for fear of being chastised, stigmatised, or punished for sexual involvement. Most adolescents are not literate regarding their reproductive health. Being literate is an important attribute that every young adolescent be empowered with in order to help them survive in decision making.

Kickbusch, Wait and Maag (2005) defined health literacy as the ability to make sound health decision(s) in the context of everyday life – at home, in the community, at the workplace, the healthcare system, the market place and the political arena. It is a critical empowerment strategy to increase people's control over their health, their ability to seek out information and their ability to take responsibility. The need for the adolescent girl to have access to quality reproductive health information is therefore pertinent.

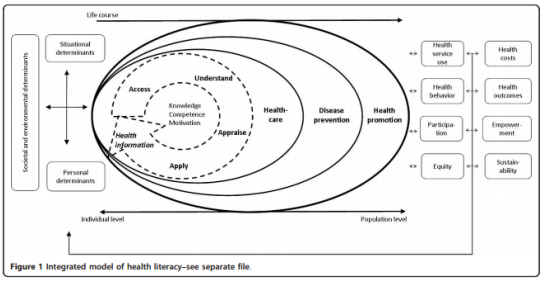

Figure 1 Integrated model of health literacy–see separate file.

Source: Kristine Sørensen, Stephan Van den Broucke, James Fullam, Gerardine Doyle, Jürgen Pelikan ,Zofia Slonska & Helmut Brand (2012).

The figure 1 shows the integrated model health literacy. The model combines the qualities of a conceptual model outlining the main dimensions of health literacy (represented in the concentric oval shape in the middle of Figure 1), and of a logical model showing the proximal and distal factors which impact on health literacy, as well as the pathways linking health literacy to health outcomes.

The core of the model shows the competencies related to the process of accessing, understanding, appraising and applying health-related information. This process requires four types of competencies: (1) Access refers to the ability to seek, find and obtain health information; (2) understand refers to the ability to comprehend the health information that is accessed; (3) appraise describes the ability to interpret, filter, judge and evaluate the health information that has been accessed; and (4) Apply refers to the ability to communicate and use the information to make a decision to maintain and improve health. Each of these competences represents a crucial dimension of health literacy, requires specific cognitive qualities and depends on the quality of the information provided (Magasi, Durkin, Wolf, & Deutsch 2009).

According to Health literacy is regarded an asset for improving people's empowerment within the domains of healthcare, disease prevention and health promotion obtaining and accessing health information depends on understanding, timing and trustworthiness; understanding the information depends on expectations, perceived utility, individualization of outcomes, and interpretation of causalities; processing and appraisal of the information depends on the complexity, jargon and partial understandings of the information; and effective communication (Nutbeam 2000).

Reproductive health services the accessibility is not encouraging as some adolescent are restricted for fear of stigmatization and discrimination. The level of literacy regarding reproductive health is poor amongst adolescents because of different channels of information, adolescents are deprived of quality and youth friendly services that will empower them make the right decisions regarding their sexual health. This study therefore sought to investigate barriers responsible for accessibility and acceptability to information on reproductive health amongst adolescent girls in secondary schools.

METHOD

This study is a descriptive survey research that sought to investigate the level of literacy amongst adolescent girls and support from family.

Participants: the population comprises female secondary students between the ages of 10-19 years. Two hundred and fifty respondents were purposively selected for this study however during the collation and analysis of data, it was discovered that six invalid (6) questionnaire were sorted which left the number of participants at two hundred and forty-three (n=243)

Data analysis: The descriptive statistics of simple percentage and frequency count was used to present data while the inferential statistics of Chi-square was used to test the hypotheses at 0.05 alpha level.

Instrument: a self-developed and validated questionnaire was utilized. The modified Likert scale format was used in the questionnaire. The face and content validity was used to determine the validity of the instrument while the Test retest method of reliability was used to measure the reliability of the instrument with an r value of 0.87

RESULTS

Table 1

Characteristics	Responses	Freq(%)
	Yoruba	*124(51.0*
	Igbo	*89(36.6)*
Ethnic group	Hausa	*28(11.5)*
	Others	*2(0.8)*
	Total	*243(100)*
	Christianity	*164(67.9)*
Religion	Islam	*75(30.9)*
	Traditional	*4(1.2)*
	Total	*243(100)*
Type of school	Private	101(41.6)
	Public	*141(58.4*
Parental marital status	Married	*108(44.4)*
	Single	*67(2.7)*
	Divorced	*68(28.0)*

Where do you reside	Parent	*193(79.4*
	Step parent	*36(14.8)*
	Friend	*2(0.8)*
	Relative	*12(4.9)*

DISCUSSION

The hypotheses postulated for the study were both rejected. This therefore implies that access to reproductive health information will improve the adolescent level of literacy thereby preventing them from untimely death, unplanned pregnancies, sexually transmitted diseases and infections. Glinski, Sexton and Petroni (2014) agreed that reproductive health services should be all inclusive and not neglected the adolescent population as it is a critical way to reduce poverty and maternal and child mortality rates

Hypotheses 2 states that family members will not influence of level of literacy amongst adolescent about reproductive health. The finding of the study revealed that family play a critical role is helping the adolescent girl make healthy sexual decisions which sometimes delay intercourse and their help increase exposure of the girl. Ezimomo (2015) states that parents have an important role to play in educating their daughters about issues related to sexuality by adopting positive attitude in motivating them to be informed about sexually related issues.

CONCLUSION

This study therefore recommends that teachers in secondary schools should be trained on reproductive health issues so as to be able to collaborate with efforts of the parents.

Health talks on sexually related issues should be discussed in schools and teachers should ensure participation on the parts of the students. This talk should be interactive and not judgmental so that girls will feel safe to discuss their questions at such occasion

The thought that sexual related issues as been over flogged is one of the reasons why there has not be so much progress made. Sexual health campaigns should be intensified by Government, NGOs, Schools and religious bodies throughout the nation.

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Table 2. Research Question 1: will access to information on reproductive health amongst girls improve their health literacy level?

Access to reproductive HC services	SD %	D %	A%	SA%
Family planning is only done for married people	10(4.1)	8(3.3)	55(22.6)	170(70)
Reproductive health information should be included in the school curriculum	53(21.9)	37(15.2)	83(34.2)	70(28.8)
Only grown women are attended to	42(17.3)	32(13.2)	72(29.6)	97(39.9)
I do not receive reproductive counsel regularly	16(7.0)	11(4.5)	51(21.0)	165(67.9)

Table 3. Research Question 2: will family members influence health literacy level of an adolescent girl on reproductive health?

Access to reproductive HC services	SD %	D %	A%	SA%
My mother speaks to me about sex	140(55.2)	72(29.6)	17(4.1)	14(5.8)
I am shunned when I ask questions	3(1.2)	10(4.1)	51(21.0)	179(73.6)
I am not allowed to visit a doctor on my own	18(7.4)	33(13.6)	100(41.1)	92(37.9)
I have been spanked before concerning family planning related questions	22(9.1)	19(7.8)	53(21.8)	149(61.3)

Table 4. Summary of Chi-square Analysis of hypotheses 1&2 at 0.05

Variable	df	Sig. level	X^2 cal Value	X2 tab
access to reproductive health care services	4	0. 05	102.41	48.6
family members influence	4	0.05	79.57	48.6

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