

Full Length Research

Adolescents' use of information and its influence on sexual reproductive health

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The concept of sexual health is relatively new and had been subsumed under reproductive health. With developments (Dixon Mueller 1993) attempted to divide the elements of reproductive health care into two categories – sexual health comprising of protection from STDs, protection from harmful practices and violence, control over sexual access and information on sexuality. The component of reproductive health on the other hand include factors like safe protection from unwanted pregnancies, contraceptive choice and satisfaction with method, protection from harmful reproductive practices, treatment of infertility, contraceptive and reproductive information. From these two categories it is clear that sexual health and reproductive health are related, therefore, for the purpose of this paper the two concepts will be used together or interchangeably. The paper opines that access to sexual health information provides important options for the sexually active adolescents to develop their full human potential.

Keywords: sexual health information, Adolescents, sexual and reproductive health, sexual education

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INTRODUCTION

Reproductive health is a core aspect of being human, an essential part of human life that addresses the reproductive processes, functions and systems through human development. Reproductive health means the absence of disease relating to reproductive system and also the ability to understand the transition, weigh the risks, rights, mental and social adaptability. Reproductive health implies the maintenance of a safer sex life and deal with consequences both positive and negative of sexual actions or inactions, to be knowledgeable about what is appropriate to maintain reproductive health and be comfortable with one's body, be free from exploitation, discrimination, coercion and violence.

Good health is desired but critical in adolescents who remain particularly susceptible to sexual reproductive ill health as they often indulge in risky behaviours and find

access to quality information and services difficult or denied. They have a right to know about their bodies and to be educated and informed about their sexual health yet face many social, political and community barriers to receiving and gaining access to the right information to protect themselves (see UNPF 1998, UNPF 2014, UNICEF 2002, Hindin & Adesegun 2009). At the 2012 Economic and Council meeting of the OAU, Romdhane (2012) reiterated 'It is a fool's paradise to believe that by controlling the lives of adolescents and denying them health promoting and perhaps life saving information and services, we are preserving our old way of life or protecting the young from the dangers of modern world.' She underscored the importance of information dissemination in addressing sexual and reproductive health issues like preventive addiction and respect for

human dignity. Experts agree that access to comprehensive sexual health information vary based on socioeconomic status, educational level, environmental resources, ethnicity and religion. Developing countries have shown the poorest indicators for obtaining sexual reproductive health information leaving their adolescents with unmet needs that obviously affect their choices and invariably their future. Little wonder therefore that they cannot contend with health challenges that adolescents' risky behaviors portend.

Adolescence signifies the onset of physical/cognitive/sexual maturation and reproductive capacity. As they mature, young people are increasingly exposed to new vulnerabilities: reproductive health risks such as sexually transmitted infections STIs including HIV/AIDS, substance abuse, violence, unintended or early pregnancies, unsafe abortions, complications from pregnancies and childbirth (the major consequence from early marriage and delivery is VVF Vesico-Vaginal Fistula, a condition of developing a hole between the vagina and the bladder after delivery due to underdevelopment), biased sexual education, early marriages, unwanted sexual contacts, coercion, rape, incest, commercial sex work and even child trafficking and human rights abuses etc. Improving adolescents' reproductive health is key to improving the world's force of positive change but their reproductive health needs are often overlooked or viewed through the lens of cultural precincts. They are being checked by the very system around them that limits their access to information and clinical services thereby making it impossible for them to avoid forced, coerced and commercial sex (see Gage 1998, srh-guide, Envuladu 2017). Health facilities frequently fail to provide young adults with specialized reproductive health information, counseling and services. Lack of experience in negotiating behavior on the basis of accurate information Selman & Heather (2015), Glasier (2006), ignorance about their bodies and where to seek care; social stigma, negative societal norms and poor treatment by providers often limit young people access to the services they need

During the past decade, young people and their health needs have been the subject of greater attention worldwide. 1/3 of Nigeria's total population is between the ages of 10 and 24 (Nigeria-AHD Standards 2013). About 1.8 billion people between the ages of 10 and 24 make up the global population Population Facts (2015) with the vast majority living in developing countries, in case of Nigeria they concentrate in rural areas) where poverty contributes to widespread ill health including poor sexual and reproductive health. A lot of adolescents live in developing countries where there is an urgent need for reproductive health information [Woog 2015]. Various international instruments have advocated the promotion and endorsement of the right of adolescents to achieve the highest level of health care – example, the 1994

International Conference on Population and Development ICPD. Beyond this, The African Charter on the Rights and Welfare of the Child [African Children's Charter 1999), The African Charter on Human and Peoples' Rights, African Charter and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa [African Women's Protocol] adopted July 11 2003, 1989 Convention on the Rights of the Child have provisions invoked to advance access to sexual health information and services for adolescents.

The role of information in curbing adolescents' risky behavior

Information is a critical resource for individual for collective emancipation and advancement. Anasi (2010) in quoting Sokari (2006) agrees that information is necessary for people to be liberated from shackles of ignorance, misconceptions, stagnation, social unrest, political instability. Social cohesion cannot be achieved without timely, accurate and relevant information. Information can empower an individual to take a decision that would have otherwise not been. Many social risk factors have been shown to increase adolescents' indulgence in risky behaviour when starved of information. It is responsible therefore to have youths have access to information to enter into informed dialogue about decisions which affects their lives, guide their actions and inactions as they cope with body changes, tradition, religion, changing culture brought about by globalised economies and technology driven environment. Clearly, most teens that participate in risky behaviours are uninformed.

Adolescence is a critical time to lay the foundation for positive and reproductive health outcomes. Intervening at this relatively early life stage when attitudes and behaviours are being formed presents a unique opportunity not only to safeguard health in the short term but also to prepare them in ways that will ultimately improve their well being throughout their lives (Woog and Anna 2017, Woog et al 2015). Many health related problems start when the right information, that is, age appropriate information is not given at the right place and at the right time to redress harmful gender attitudes before they become entrenched. A well informed adolescent has been shown to be associated with better sexual and reproductive health outcomes including delays in marriage, sexual initiation, childbearing and likely increase in the use of contraceptives

Evidently information is power. Information plays a very important role in social acceptability. Youths must be empowered through access to age – appropriate reproductive health information to break the norms and practices of generation of old. Access to sexual health information and services provides important options for

sexually active adolescent to gain early diagnosis and treatment of reproductive health illnesses, avoid unwanted pregnancies and sexually transmitted diseases including HIV (Centre for Reproductive Right 2002). Lack of access to sexual health information will not only reduce their risk of exposure to serious sexual harm but could also positively affect their educational, occupation and social opportunities [Durojaye 2009]. Admittedly attempts have been made by successive governments to spread information on usefulness of contraceptives but how far this has gone to stem risky attitudes of our adolescents remains some statistics in government registers

Adolescents as leaders of tomorrow need a wide variety of information. Such information according to Onyekpe (2007) should be geared towards

- creating awareness that the future belongs to them and must not be destroyed
- sensitizing them to the fact that the future depends on their decisions and choices they make
- creating in them a sense of history especially about those who never indulged in risky teenage behavior
- encouraging them to raise issues relating to unresolved changes to their physique
- mobilizing them against sexual abuse and other harmful activities like genital mutilation for girls
- sensitizing them to seek better clarification about negative societal attitude towards adolescent reproductive health, pressure from cultural and social contexts in which they develop
- sensitizing them to seek greater employment and educational opportunities as a means of redirecting their energies and ideas from anti-social activities to creative efforts
- sensitizing them on the influence of family, peers, media, technology on adolescent behavior and risk taking
- creating awareness about nurturing positive values regarding their sexual and reproductive health
- sensitizing them to lively discussions on family life, relationships, culture, gender roles, sexual abuse and even religion
- creating awareness about human rights, gender equality

Health information sources for adolescents

It is established that young people often seek information about adolescent sexual and reproductive health ASRH from:

- A) **Peers.** As regards sexuality, young people most likely seek sexual information from their peers as discussion between adolescents and their parents is almost zero. An adolescent girl in particular who seeks information about sexuality from older people is branded promiscuous, a bad girl that is unfit to marry. Other girls are warned from fraternizing with her. The adolescent is driven to find intimacy with friends/mates outside home. They become sexually active because every friend in their circle is also active. This could lead to harmful devices that young people indulge like alcoholism and depression.
- B) **Informal Sources-** They are also more likely to obtain ASRH from informal sources such as pharmacies, shops, home remedies, traditional methods of contraception, contraceptives provided by friends [Ahmed 2005] and contraception and medication purchased without doctor's prescriptions since they crave for confidentiality in consultation especially in problems like STDs, HIV/AIDS that are often stigmatized
- C) **Media** – Adolescents access information about reproductive health from the media rather than from teachers, parents, health professionals. The internet is one of the ranges of information sources available to adolescents. It is recognized that the internet offers them confidential and convenient access to unprecedented level of information, these days more television shows have sexual contents exposing watchers to sometime unwanted pornography. A click of the mouse opens a whole vista of pornography even on a portable device like phone. Survey of adolescents internet use for health information reported that 75% out of 90% of its 15-24 year old participants had sought health information with sexual health, drug and alcohol use/misuse, weight loss/gain rated high (Rideout 2001 and Menlo). Coming down with an ailment one could look up the internet for support group in a chat room to help for emotional support that you are not alone. A number of them reported changing their life styles because of internet information (Nicola 2005).
- D) **Parents** – In civilizing countries and particularly in Nigeria parents fail flat in their responsibilities to arm their adolescent wards with timely, correct and unmasked information on sexual and reproductive health issues for a healthy growth. Time and again parents use religion, culture and precedents not to discuss nor want to break the age long tradition of hearing their adolescents talk about sex. It is regarded a sin or taboo but parents fail to recognize that they are the primary sexual educators of their adolescent wards. A child who cannot discuss issues on sexuality with his/her parents will likely not discuss other serious issues with them however life threatening. Trust is broken at this point and the

adolescent will confide more in their peers. This negative societal norm of poor parent child communication is bound to affect the full growth/potential of the adolescent.

Barrier to Information seeking of adolescents

Every young person will one day have a life-changing decision to make about their sexual and reproductive health yet research shows that they lack the knowledge and resources required to make those decisions leaving them vulnerable to coercion, depression and unintended pregnancies. Sexual reproductive health information seeks to empower adolescents to identify and make their choices on their own behalf and to influence the direction of change through the ability to gain control over situations that affect their lives. Studies have shown that adolescents with adequate information about, example, sex, can delay the onset of sexual activity leading to effective birth control.

Some of the barriers to seeking information are:-

Various factors that affect the accessibility of adolescents to sexual reproductive health information include among other things the characteristics of the end user to the information access. These characteristics include negative attitude of adolescents to sexual and reproductive health ASRH information, for example, Young people do not often seek information and care because they believe that they are at little or no risk of health problems since they do not properly understand what is happening to their bodies (WHO 2003). This makes for prevalence of non early dictation and treatment of sexual reproductive health diseases.

Furthermore young people are always deterred by concerns that staff will not take them seriously or will not respect patient-provider confidentiality since they are young. They would want to have elaborate discussions with people that are friendly, show understanding and not tell their parents. They want the guarantee that no one will know about their visits to the health care facility

Health providers are sometimes checked by cultural and religious precincts making them naively judgmental and reluctant to give reproductive health information and contraception to young people especially the unmarried girls believing they will encourage them along the wrong path. 'Children must only do the things of children' goes an African adage and any attempt to overshoot their run way as regards issues of sexuality leaves the interaction in bad taste. A study about induced abortion in Nigeria showed that adolescents tend to wait longer to get help because they cannot afford or access a provider. Complications from induced abortion were responsible for

72% of maternal deaths in one university hospital in Benin City (Unuigbo et al., 1988). Case Studies in Africa have shown that adolescents who approach clinics are often berated, denied information or given misinformation or turned away because staff object to addressing young people reproductive health concerns [srh-guide n.d.]. This community dynamics sets back d cause of adolescents' rights that is further exacerbated by lack of interest and motivation to adolescent integration issues

Again some providers have little specialized training or experiences and ill equipped to deal with adolescents' health issues. In case of Nigeria severe lack of funding with no clear budgetary provisions made for poor information integrated programming on adolescents sexual reproductive health (Esiet n.d). Impoverished communities with less educational opportunities limit access to providers and the overall social disintegration are associated with higher risky behavior [Alubo 2000) predisposing them to sexual ill-health. Schools have unique opportunities to provide education and information as well as structures that discourage unhealthy risk taking. Greater involvement in school therefore decreases this risk taking.

CONCLUSION

Adolescents make up a great percentage of the world of humans and must be better positioned for greater value to the society. The world today in which they live and make decisions about their sexual and reproductive health is rapidly evolving. They must therefore be well integrated through well structured information intervention by providing, comprehensive sexuality education that responds appropriately to the changing global context. This intervention will invariably be school based and community based inclusive of streets kids to influence behavior change and prevent negative reproductive health outcomes. Admittedly some countries have made progress in advancing youth friendly policies to redress adolescent's state of relative health information poverty prevalence. In Nigeria it is important that we move beyond merely health sector policy and try to initiate meaningful program interventions which are currently poorly funded and lack information to drive them.

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