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Parental influence on reproductive health behaviour of youths in Ibadan, Nigeria

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Summary

The study was carried out to document parental influence on the reproductive health behaviour of youths in Ibadan, Nigeria. A cross-sectional survey of 274 youths from Idikan community was carried out. Information on the socio-demographic characteristics, parental communication, parental monitoring and sexual practices of respondents were collected using a structured interviewer-administered questionnaire. A total of 274 youths were interviewed, 111 (40.5%) were sexually active. The overall mean age at first sexual exposure was 15.2 ± 3.0 yrs (males = 15.4 ± 3.5yrs, females 14.90 ± 2.6yrs). Fifty-two (19.0%) respondents used condom regularly. More out of school youths (42.2%) were more sexually active than those in school (38.7%) (X^2 = 0.32 p=0.573). Youths (50.8%) with secondary school education used condom regularly than those with primary education 40.4% (p>0.05). Mothers were more involved in family life education than fathers (40.9% vs. 16.8% p<0.05) and family life education was found to promote condom use (p<0.001). Predictors of regular condom use among the youths were comprehensive family life education by mothers (OR=6.24, C.I= 2.47-15.75, p=0.001), respondents' level of education (OR=0.415, C.I= 0.211-0.814 p=0.011) and occupation (OR=0.48, C.I= 0.24-0.95 p= 0.034). While comprehensive family life education by mothers (OR= 2.11, C.I= 1.04-4.28, p=0.038)), female sex (OR=2.2, C.I= 1.28-3.83 p=0.005) and liberal monitoring pattern by mother (OR=2.16, C.I= 1.03-4.53 p=0.04) were predictors of increased sexual activity. Parents particularly mothers can promote safe sexual practices by giving information and education on reproductive health matters.

Keywords: *Parental influence, youths, reproductive health behaviour, Ibadan, Nigeria*

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Résumé

L'étude était faite pour documenter l'influence parentale sur le comportement sexuel reproductif des jeunes à Ibadan, Nigeria. Au total 274 jeunes de la communauté d'Idikan étaient interviveés, 111 (40.5%) étaient sexuellement active. Les informations sur les caractéristiques socio-demographiques, la communication parentale, la surveillance parentale et les pratiques sexuelles des participants étaient enregistrées utilisant un questionnaire structuré sur interview. La moyenne d'age à la première exposition au rapport sexuelle était de 15.2 ± 3.0 ans (males = 15.4 ± 3.5ans, femelles 14.90 ± 2.6 ans). Cinquante-deux (19.0%) des participants utilisaient les condoms régulièrement. Plus des jeunes non scolarisés (42.2%) étaient plus sexuellement active que ceux à l'école (38.7%) (X^2 = 0.32 p=0.573). Les jeunes (50.8%) avec une éducation secondaire utilisaient les condoms régulièrement que ceux ayant une éducation primaire 40.4% (p>0.05).Les mères étaient plus dévouées dans l'éducation familiale que les pères (40.9% vs. 16.8% p<0.05) et l'éducation de la famille promettait l'usage du condom (p<0.001). Prédicateurs régulier de l'usage du condom parmi les jeunes étaient l'éducation compréhensive de la famille par les mères (OR=6.24, C.I= 2,47-15.75, p=0.001), le niveau d'éducation des participants (OR=0,415, C.I= 0.211-0,814 p=0.011) et l'occupation (OR=0.48, C.I= 0.24-0,95 p= 0.034). Cependant la compréhensive de l éducation familiale chez les mères (OR= 2.11, C.I= 1.04-4,28, p=0.038)), sexe femelle (OR=2.2, C.I= 1.28-3,83 p=0.005) et le contrôle libre de la fréquence ou cycle chez les mères (OR=2.16, C.I= 1.03-4.53 p=0.04) étaient des prédicateurs de l'augmentation de l'activité sexuelle, Les parents, particulièrement les mères peuvent promouvoir les pratiques sexuelles saines en donnant des informations et d'éducation en santé reproductive.

Introduction

The reproductive health of youths is influenced by their sexual practices or behaviour. Sexual behavior such as sexual intercourse, condom use, abortion and

having multiple sexual partners are important factors in the transmission of reproductive tract infections including HIV/AIDS. Parents serve as role model to their children especially during the adolescent stage when adult character is being formed. They tend to copy what their parents do [1]. Parents should be able to influence the sexual practices of their children and thereby reduce the incidence of sexually transmitted diseases and other reproductive complications in the youths. Several studies have emphasized the importance of parental influence on adolescents' sexual behaviour [2,3].

The increasing sexual activity among adolescents with the consequent risk of sexually transmitted infections, unintended or unwanted pregnancy and abortion has been a cause of concern globally [4]. In Nigeria the situation is not different with about 43 percent of females between 14-19 years being sexually active and the mean age of sexual exposure is 13.7 years [5,6]. The period of youth is recognized as a time for sexual experimentation and exploration. Values and judgment start being attached to sexuality from this period. Adolescent's sexual activity notably age of sexual initiation, number of sexual partners and the likelihood of consistent condom use have been identified as behaviours which may be influenced by parental monitoring and control [7,8]. Often sexual activity among youths is usually unplanned, sometimes with multiple partners and without the use of condom [9-10]. Lack of communication between parents and youths was identified as one of the major causes of unwanted pregnancy in youths. While some parents do not believe in talking about sexuality others don't know what to do or say on reproductive health. Some parents unrealistically restrict their children's movement to avoid unwanted pregnancy or early sexual involvement [11-12].

In Nigeria the highest prevalence of HIV/AIDS infection rate is among the 10 to 19 years age group [13-14]. Unprotected sexual acts increase the risk of HIV/AIDS infection and unwanted pregnancy. It is also a major deterrent to optimal utilization of educational opportunities, and limits self-actualization. Unfortunately, even with the early age of initiation of sexual activity and high prevalence of unwanted pregnancy among the youths, the use of contraceptive method in this group is still very low in most developing countries [15-16].

This study examines the sexual behaviour of youths and their reproductive health needs in order to ensure safe sex and prevent unwanted pregnancy. It is also crucial to determine the role parents can play in the decisions of the youths on reproductive health issues. This information will be essential for the control of reproductive tract infections and prevention of morbidity and mortality due to abortion and obstetric complications.

Materials and methods

The study area was Idikan, an indigenous community located in north- western part of Ibadan metropolis. It has a population of about 12,000 inhabitants [17]. The majority of the inhabitants are petty traders and artisans. It is in the inner core of the city and is populated by the indigenes that are Yorubas. The settlement is a slum, characterized by high population density. The houses are poorly laid out. The drainage is poor and refuse litter the place. They have limited access to pipe borne water and irregular supply of electricity. They however have adequate access to health facilities one of which is run by the Department of Community Medicine, University College Hospital Ibadan. There is no formal traditional ruling structure that encompass all of Idikan, however the extended family structure is well established with "Mogaji's" as the traditional head. A great majority of the inhabitants have no formal education and belong to the low socio-economic class.

The survey was carried out in April 2003. All the houses in Idikan were visited. All consenting youths aged between 10-24 years who have resided in the area for at least 6 months before the survey was recruited into the study. A total of two hundred and seventy-four subjects were interviewed.

Data collection

Pre-test

The questionnaires were pretested in Yemetu community in Ibadan North local government area of Oyo state. This community was chosen because of its similarity to the study area. The ambiguous questions were rephrased to ensure proper understanding. This experience gathered in the pre-testing was used in organizing for the data collection.

The questionnaire

The study was conducted using an interviewer administered structured questionnaire which was divided into three parts and comprised forty-four questions. Section one consisted of information on the socio demographic characteristics of the respondents. While section two sought information on the sexual activity of the adolescents, condom use

and obstetric history of the study participants. The final section explored information on the relationship between the youths and their parents. Family life education was assessed using a set of five questions. Each correct question was scored as 1 and the mean score was used as the cut-off to classify the youths into those who had been given comprehensive family life education by their parents and those who had not. Parental monitoring pattern was assessed based on respondent opinion or assessment of his parent remarks and authorization. The youths were then classified into those whose parents allow them to go out at will on social outings or with parents consent (liberal) and those whose movement were restricted and go out only when the parents are not at home or had to lie to go out on social outings were regarded as strict.

Before the commencement of the study the "Mogajis" and the community representatives were visited and informed on the purpose of the research. Informed consent was also obtained from the participants before they were enrolled in the study. Research assistants with a minimum qualification of ordinary diploma certificate were recruited from the communities and were trained to administer the questionnaires. They were also guided through a good number of questionnaires until a reasonable level of competence had been attained before being left to do it themselves.

Data entry and analysis

Data generated were cleaned for errors and then entered into the computer using SPSS 10 statistical software. Chi square test were used to determine association. Odds ratios and its confidence interval were used to estimate risk. Data were further analyzed by logistic regression analysis to determine factors associated with reproductive health in the youths. The binary logistic regression was carried out using backward stepwise (conditional) method. All the variables which were significant ($p<0.05$) in the bivariable analysis were fed into the model. Odd ratios were adjusted using quasi-maximum livelihood adjustment.

Results

Socio-demographic characteristics

The mean age of the respondents was 17.6 ± 12.5 years. Majority 66.4% were aged 15-19 years. One hundred and sixty-six (60.6%) were females and 108 (39.4%) were males. Most (168 or 61.3%) of the respondents were Muslims with the traditional worshippers as a minority (2.9%), others were Christians (35.8%). Six respondents (2.2%) had no formal education, 149 (54.4%) had primary education, 113 (41.2%) had secondary education and 6 (2.2%) with tertiary education. A large proportion of the respondents (61.7%) were students, some were traders (65 or 23.8%) while others were apprentices (14.6%). Majority (88.7%) were of Yoruba ethnic group. Igbos, constituted (8.8%), and Hausas were (2.6%). Most 82.0% of the youths lived with their parents. While 18% of the youths live with the relatives, about half (140 or 51.1%) were from

Table 1: The prevalence of reproductive health behaviour of respondents.

Child occupation	Reproductive Health Behaviour				
	Sexually active	Sexually active with multiple sexaul partners	Condom use	Unwanted pregnancy	Abortion
Students					
Male	37 (51.4)	12 (16.7)	16 (22.2)	5 (6.9)	4 (1.4)
Female	29 (29.0)	13 (13.0)	11 (15.3)	10 (10.0)	5 (5.0)
Total	66 (38.4)	25 (14.55)	27 (15.7)	15 (8.7)	9 (5.2)
Traders					
Male	7 (35.0)	4 (20.0)	3 (15.0)	1 (5.0)	0 (0)
Female	14 (33.3)	7 (16.6)	9 (21.4)	7 (16.7)	2 (5.2)
Total	21 (33.9)	11 (17.8)	12 (19.4)	8 (12.9)	2 (3.2)
Apprentices					
Male	9 (56.3)	4 (25.0)	4 (25.2)	2 (12.5)	1 (6.3)
Female	15 (62.5)	4 (16.7)	9 (37.5)	7 (29.2)	4 (16.7)
Total	24 (60.0)	8 (20.0)	13 (32.5)	9 (22.5)	5 (12.5)
Grand total	111 (40.5)	44 (16.1)	52 (19.0)	32 (11.6)	16 (5.2)

monogamous families while (12.4%) of the respondents have lost one or both parents.

Reproductive health behaviour

One hundred and eleven (40.5%) respondents were sexually active while 162 (59.5%) had not initiated sexual intercourse. The mean age at first sexual exposure was 15.2 years and lower among the females (14.75 yrs) compared with the males (15.4 yrs). Forty-four (39.7%) of the sexually active youths had multiple sexual partners. Among those that were sexually active (52 or 19.0%) of them used condom regularly. The prevalence of unwanted pregnancy among the youths was (15 or 8.7%) with over half

Table 2 : The effect of parental influence on sexual activity

Measure of Parental influence	No Sexually active N=111	% Sexually active	Odds ratio	95% confidence interval	p-value
Family life education by fathers					
Comprehensive	21	18.9	1		
Non-comprehensive	90	81.1	0.67	0.30-1.46	0.309
Family life education by Mothers					
Comprehensive	63	56.8	1		
Non-comprehensive	48	43.2	2.11	1.04-4.28	0.038
Perceived extent of monitoring by fathers					
Stringent	32	28.8	1		
Liberal	79	71.2	1.01	0.49-2.11	0.97
Perceived extent of monitoring by Mothers					
Stringent	58	52.3	1.00		
Liberal	53	47.7	2.16	1.03-4.53	0.04
Sex					
Male	53	60.4	1.00	1.28-3.83	0.005
Female	58	40.9	2.2		

Table 3 : The effect of parental influence on Condom use (practice of safe sex)

Measure of Parental influence/Youths' Characteristics	No using Condom N=52	% using Condom	Odds ratio	95% confidence interval	p-value
Family life education by fathers					
Comprehensive	15	28.8	1		
Non-comprehensive	37	71.2	0.78	0.32-1.91	0.591
Family life education by Mothers					
Comprehensive	33	63.5	1		
Non-comprehensive	19	36.5	6.24	2.47-15.75	0.001
Perceived extent of monitoring by fathers					
Stringent	18	34.6	1		
Liberal	34	65.4	0.82	0.35-1.91	0.65
Perceived extent of monitoring by Mothers					
Stringent	33	52.3	1.00		
Liberal	53	47.7	1.30	0.54-3.15	0.562
Respondents Occupation					
Students	27	15.7	1.00	0.24-0.95	0.034
Non-students	25	19.2	0.48		
Level of Education					
Primary	30	25.3	1.00	0.21-0.81	0.011
Post-primary	39	43.6	0.42		

(9 or 5.2%) of these unwanted pregnancies terminated.

The commonest source (88 or 32.1%) of information on sexual matters was from peers, 83 (30.2%) from parents and 46 (16.8%) from teachers. Others respondents (57 or 20.8%) obtained information from other sources such as religious leaders, relatives, books, and the mass media. Forty six (16.8%) respondents reported that they had had comprehensive family life education by their fathers; and 112 (40.9%) had from their mothers. Sixty-one (22.3%) of the youths reported strict monitoring by fathers and 101 (36.9%) by mothers.

Perceived parental monitoring pattern

Majority 213 (77.7%) of the youths perceived their fathers has having a "liberal attitude" towards them on sexual matters. There was no statistically significant difference in initiation of sexual activities between those who perceive their fathers to be "strict" and those who felt their fathers were "liberal". (OR=1.01, *P*= 0.97) (table 2). Those who perceived their fathers as strict use condom more regularly than those who felt their fathers were liberal. (OR=1.22 p= 0.65) (table 3).

A lower proportion 173 (63.1%) of the youths perceived their mothers to be liberal on sexual matters. Those who felt their mothers were "liberal" were more sexually active than to those who perceived their mothers as "strict" (OR=2.16, p= 0.04) (table 2). Furthermore these youths with "liberal mothers" used condom more often than those whose mothers were "strict" (OR=1.30, p= 0.56)(table 3).

Family life education

Forty-six (16.8%) of the respondents reported that they had received comprehensive family life education from their father in the last one year. There was no statistically significant difference in sexual activity and condom use between those who received comprehensive family life education from fathers and those who did not receive (p=0.309, p=0.591 respectively). More respondents reported that they received comprehensive family life education from the mothers than the fathers (40.9% vs 16.8%). The respondents who felt that they have received comprehensive family life education from their mother were more sexually active than those who did not receive education. (OR=2.11, p=0.038). They however practiced safer sex by using condom regularly (OR=6.24, p=0.0001).

Other factors affecting sexual behaviour

Logistic regression showed that in addition to comprehensive family life education by mothers (p=0.038) and liberal monitoring by mother (*P*=0.04), female sex (*P*=0.005) was a major predictor of involvement in sexual activities. While predictors of condom use among the youths apart from comprehensive family life education by mothers (*P*=0.038) were level of education (*P*=0.011) and occupation of respondent (*P*=0.034).

Discussions

The mean age at first sexual exposure among the sexually active respondents was lower in the female compared to male youths indicating that females are more vulnerable to sexual coercion. The high proportion of sexual activities and pregnancy rates can be attributed to erosion of traditional values and increased westernization [6,9]. The females appeared to be more cautious and less involved in risky sexual behaviour than their male counterpart. This may be because they bear the consequences of unwanted pregnancies and abortion. In similar studies perceived benefit of avoidance of pregnancy was the major predictor of consistent condom use [11].

Youths who were apprentices or traders were associated with increased level of sexual activity and pregnancy than the students. They however use condom more regularly. These groups of youths are expected to maintain themselves with their trade and may be tempted to engage in sexual activities in exchange for money to alleviate their poverty. Also restriction on sexual involvement may be limited because of the informal environment in which they work, compared with youths in school. This highlights the need to create awareness by organizing workshops and seminars regularly to improve their reproductive health knowledge and practices. Peer group counseling should be introduced into both formal and informal institutions to improve sexual practices among Nigerian youths especially the out of school youths. The fact that students are more involved in unsafe sexual practices justifies the need for family life education in the curriculum of school children especially at the secondary school level before fixed behaviour are established. This has been found to promote the practice of safer sex among the youths and encourage planned sexual activities among students [12].

Mothers had a greater influence on the youths on reproductive health than their fathers. Generally mothers spend more time with the children when compared with the fathers. Other factors that

influence the outcome of sex education by parents include the content of discussion and the timing of the discussion. The influence of parent-teenager discussions depends on what parents say and how they say it. There is however need for further studies in this aspect. As the community undergoes a gradual change from the old and stringent pattern of morality to a more liberal society inherited from western acculturization, there is the need to change the pattern and content of sex education in this environment to conform to the growing need of modern youths. [13-15].

Youths who thought that their parents were strict were more involved in unplanned sexual activities often without the use of condom. This may be due to the urge to return home very early before the advent of the parents and the fear of their parents' reaction to their late home coming. Furthermore liberal mothers may disclose personal dating and sexuality experiences. This has been reported to be related to the adolescents' reporting a better functioning relationship with their mothers and having more conservative attitudes toward premarital sex [7]. Verbal and non-verbal programs that foster parent-teenager communication about sexuality and sexual risk must be encouraged, since positive and negative sexual messages are communicated by parents to their children. This may help these youths to protect themselves against sexually transmitted diseases including HIV/AIDS and the consequences of unwanted pregnancy.

A larger proportion of those who are more sexually active used condom for protection. This shows that those who are sexually active tend to seek information on reproductive health matters. This may indicate that cultures that discourage and restrict search for knowledge should be discouraged. Youths require information and education on reproductive health matters, and parents particularly mothers can promote safe sexual practices. Fathers should be encouraged to participate in reproductive health education and monitoring of youths. Public awareness campaign and advertisement should be intensified among the youths, this will help to put information at the door step of those in need of such information thus limiting the spread of sexually transmitted diseases among this vulnerable group.

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