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Predictive Value of Psychosocial Variables on the Utilization of Reproductive Health Services by Unmarried Adolescents in Ekiti State, Nigeria

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Abstract
The study examined the predictive value of some selected psychosocial variables such as educational background, belief system, sex, age, socioeconomic status, religion and location on the utilization of utilization of reproductive health services by unmarried adolescents in Ekiti State. Descriptive research design of the survey type was used. All unmarried adolescents in Ekiti State constituted the population of the study from which 696 respondents were chosen using multistage sampling techniques. A self-designed questionnaire titled "Unmarried Adolescents' Reproductive Health Questionnaire (UARHQ) was used for data collection. The validity of the instrument was ensured through judgment of experts in Guidance and Counselling, Test, Measurement and Evaluation and Human Kinetics. The reliability of the instrument was ensured using test-retest method which yielded 0.82 correlation coefficient at 0.05 level of significance. The result of regression analysis showed that psychosocial variables (socioeconomic status ($t = 2.954$, $P<0.01$), belief ($t = 4.212$, $P<0.01$), educational background ($t = 6.254$, $P<0.01$); age ($t =2.136$, $P<0.05$), sex ($t = 8.417$, $P<0.01$) significantly influence unmarried adolescents' utilization of reproductive health services while religion ($t = 1.734$, $P>0.05$) did not. The most potent and single best predictor of adolescents' utilization of reproductive health services was sex with a beta weight of 0.333 (33.3%). Based on the findings, it was recommended that humanitarian organizations, prospective researchers, curriculum planners, various government and development agencies, should be emphatic on gender as a significant factor predicting the utilization of reproductive health services by unmarried adolescents in Ekiti State.

Keywords: Psychosocial Variables, Utilization Reproductive Health Services.

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I. INTRODUCTION

According to [1], about one third of Nigeria's total population is between ages 10 and 24. The sizable share of Nigerian adolescents' population makes them essential to the country's political, social and economic development. Inadequacy of sexual health information and services in Ekiti State appear to make these young people defenseless in the face of sexually transmitted infections (STIs), unwanted pregnancy and high rate of abortions. However, many organizations are working to improve adolescents' reproductive and sexual health through advocacy and prevention programmes. Sexual activity puts unmarried adolescents at risk of various reproductive health challenges.

Young people, according to [2] are perceived as generally healthy, and are not in need of special health services. Unmarried adolescents' health needs, behaviour and expectations are exceptional and therefore should be addressed with utmost care and concentration. But it is disheartening to know that routine health care services appear not well geared to provide these services. The Reproductive Health Services (RHS) in the family health program in the world and in Nigeria appear to be traditionally targeted at married couples. Integrated services delivered through the healthcare system are identified as one of the most effective ways of delivering reproductive health services. This is a huge challenge in a developing country like Nigeria and especially in one

of the least populated states like Ekiti State due to various cultural and social barriers. To provide acceptable services with adequate utilization, in-depth exploration of social and cultural barriers and understanding the expectations and needs of unmarried adolescents is a great necessity.

Unmarried adolescents in Ekiti State appear to be at risk of a broad range of health problems. They appear to be at particular risk for unwanted pregnancy, pregnancy related complications, abortion, STIs and HIV/AIDS which affect the wellbeing of these unmarried adolescents. Other significant problems include physical and psychological trauma resulting from sexual abuse, gender-based violence and other forms of physical violence and accidents. Adolescents seem to be vulnerable to these problems because of the rate at which they venture into unprepared sex with multiple partners; engage in alcohol and drug abuse; lack skills to negotiate safer sex; have limited awareness of reproductive health services in their areas and have poor health-seeking behaviour.

Reference [3] found that one-third of those who commit abortions among Nigerian women were adolescent girls. A hospital based study also indicated that up to 80% of patients with abortion-related complications were adolescent girls. Similarly, health reports indicated that more than a third of all people living with HIV/AIDS are under the age of 23. In Nigeria, one of the first cases of AIDS in 1984 was in a sexually active 13 year old girl [4]. All these may have occurred as a result of unmarried adolescent lack of necessary knowledge of reproductive health services which perpetually affect their effectiveness in every area of their live [5].

Early unprotected sexual activity and false impression about HIV/AIDS may be a common feature among rural unmarried adolescents in Ekiti State. The adolescents' educational background is a major area of worry in dealing with how adolescents utilize the available reproductive health services just as age, sex, location, belief system, religion and socioeconomic status appear to also add significant values to how frequent unmarried adolescents make use of reproductive health services. In Ekiti State, adolescents with little or no formal education appear to have initiated sex earlier than those with formal education without adequate knowledge of where to find reproductive health information and how to use available resources adequately.

In most parts of the world and in Nigeria in particular, more than 90 percent of young people know at least one contraceptive method, but usage rates seem to remain low, especially in rural areas [6]. This is probably due, in part, to the lack of youth-friendly services, myths about sexuality and reproductive health, lack of knowledge about sexual and reproductive rights, as well as gender inequality [6]. One of the largest obstacles that young people face today is the lack of health services that work with their priorities and needs[7]. Similarly, poor attitudes towards providers, lack of privacy and confidentiality, unavailability of the necessary equipment to offer the essential service package such as health information materials, essential drugs, and supplies, inadequate and untrained service providers appear to be some of the contributing factors of poor quality of services.

In Ekiti State, risky sexual practices seem to be a significant problem. The menace is well known to many resident of the State. Those who live outside the State also know the magnitude of unsafe sexual practices which may be due to the high number of higher institutions (eight) available in the state. Encouraging healthy practices and taking actions to better young people in Ekiti State from risky health practices is critical to the growth of the State. The plan of the Ekiti State Government is to address issues related to the human rights of young persons as enshrined in agenda of subsequent administrations. The fourth and eight pillars of the agenda are free education up to completion of high school and free medical services for children. Young persons in Ekiti State appear to experience health risk behaviours which jeopardize their current and future state of health and hinder their attainment of full potentials for living successful adult lives and for acquiring basic education. The unhealthy sexual and reproductive health issues of unmarried adolescents in Ekiti State are that a considerable number of unmarried adolescents appear to be multiparous.

II. RESEARCH RATIONAL

Unmarried adolescents appear to lack adequate awareness about existing preventive reproductive health services. Lack of adequate awareness compounded with lack of specific services seems to pose a big challenge to unmarried adolescents when accessing and utilising reproductive health services (RHS). This also implies that unmarried adolescents have no appropriate forum for sharing their sexual and reproductive health concerns. Although access to services and information is not a privilege but a right, unmarried adolescents appears nt to enjoy this right and are not accorded their right to access sexual and reproductive health information and services. They therefore appear to lack the necessary knowledge about service provision procedures and processes.

Perhaps the unmarried adolescents' inadequate access to reproductive health services could have promoted ignorance of basic reproductive health practices and may be responsible for the commonly reported reproductive health problems and high rate of abortions and school dropouts in Ekiti State. However, it appears that no existing study examined how profound do educational background, belief system, sex, age,

socioeconomic status, religion and location of unmarried adolescents influence the utilization of reproductive health services in Ekiti State. It is against this backdrop that this study set out to investigate the predictive value of psychosocial variables on the utilization of reproductive health services by unmarried adolescents in Ekiti State, Nigeria

III. METHOD

The study employed descriptive research design. The population for the study includes all the unmarried adolescents in the sixteen local government areas of Ekiti State. A total of 696 respondents were selected from the approximately seven hundred and eighty six thousand, seven hundred and eighty nine (786, 789) adolescents in the State using multistage sampling technique. The first phase was the use of random sampling to select six out of the 16 Local Government areas. In the second stage, four towns and villages were purposively selected from each of the six Local Government areas selected ensuring that an area with high population of unmarried adolescents was selected in each case. The last phase was the use of stratified sampling technique to select unmarried adolescents based on educational background, sex, age, socioeconomic status, religion and location. A self-design questionnaire which gives a measure of the psychosocial variables that possibly influence reproductive health services among unmarried adolescents was used for data collection. However the face, content and construct validities of the instrument were ensured while the reliability was ensured using test-retest method. A reliability coefficient of 0.82 was found which is significant at 0.05 level. The instrument was personally administered by the researchers and trained research assistants. A Likert type modified scale was adopted. Participants were asked to respond to each item in terms of their agreement. The responses were scored: Strongly agree 4, Agree 3, Disagreed 2, Strongly disagree 1. Respondents were also asked to respond to some other items by choosing Yes or No. Their responses thereafter were scored 1 and 2 respectively. The scores obtained by each respondent were totaled to measure the influence of psychosocial variables on unmarried adolescents' reproductive health service utilization.

IV. RESULTS

To determine the predictive strength of psychosocial variables on unmarried adolescents' utilization of reproductive health services, the scores were subjected to multiple regression analysis. The result is shown in Table 1.

Table 1: Multiple Regression Analysis of Psychosocial Variables on Adolescents' Utilization of Reproductive Health Services

Model	B	Std. Error	Beta	T	Sig. T	R	R^2	F
Constant	6.195	0.721		8.589	0.000			
Socio-economic Status	0.111	0.038	0.110	2.954	0.003			
Belief	0.078	0.019	0.150	4.212	0.000			
Educational Background	0.188	0.030	0.294	6.254	0.000			
Religion	0.122	0.070	0.062	1.734	0.083	0.447	0.200	24.560
Age	0.063	0.030	0.083	2.136	0.033			
Sex	0.238	0.028	0.333	8.417	0.000			
Location	0.132	0.043	0.140	3.086	0.002			

$P<0.05$

Table 1 shows that psychosocial variables significantly predict unmarried adolescents' utilization of reproductive health services ($F = 24.560$; $P<0.05$). The effect of psychosocial variables accounted for less than 20% ($r^2 = 0.200$) in the variance of unmarried adolescents' utilization of reproductive health services. The composite relationship between psychosocial variables and unmarried adolescents' utilization of reproductive health services is positive, moderate and significant at 0.05 level ($r = 0.447$, $P<0.05$). (The F-value (24.560) for the regression with 7 and 688 degrees of freedom is highly significant at $P<0.05$). Socio-economic status ($t = 2.954$, $P<0.01$), belief ($t = 4.212$, $P<0.01$), educational background ($t = 6.254$, $P<0.01$); age ($t = 2.136$, $P<0.05$); sex ($t = 8.417$, $P<0.01$); location ($t = 3.086$, $P<0.01$) significantly influence unmarried adolescents' utilization of reproductive health services while religion ($t = 1.734$, $P>0.05$) did not significantly influence unmarried adolescents' utilization of reproductive health services. The single best predictor of adolescents' utilization of reproductive health services was sex with a beta weight of 0.333 (33.3%). This is closely follow by educational background (beta weight = 0.294; 29.4%), belief (beta weight = 0.150; 15%), location (beta weight = 0.140; 14%), socio-economic status (beta weight = 0.110; 11%), age (beta weight = 0.083; 8.3%) while religion (beta weight = 0.062, 6.2%) is least predictor of adolescents' utilization of reproductive health services.

V. DISCUSSION

The result showed that the composite relationship between psychosocial variables and unmarried adolescents' reproductive health is significant. The effect of socio-economic status, educational background, age, sex and location influence how unmarried adolescents utilize reproductive health services in Ekiti State. It is only religion that appears not to significantly influence utilization of reproductive health services by unmarried adolescents in Ekiti State. The single best predictor of unmarried adolescents' utilization of reproductive health services was sex. Sex is a social construct consisting of gender roles and expectations attributed to men and women in a given society [8]. Gender imbalances refer to the discrimination and differential treatment of men or women in ways that are unfair, avoidable, unjust, and/or unnecessary [9]. Reference [8] also affirmed that in societies where women are of a lower status than men, gender inequities are often mirrored in terms of restrictions in education, health care, economic and employment opportunities, and choices regarding marriage and reproductive health matters. Sex is closely followed by educational background; unmarried adolescents with little or no formal education are more likely to have initiated and had sex earlier. One of the most important determinants of unmarried adolescents' sexual activities has been education [10]. Unmarried adolescents with at least secondary education appear to have better idea of where to get reproductive health services and specific contraceptive method supply sources. While talking to a community health worker in one of the Local Government areas used, it was revealed that unmarried adolescents with higher degrees, Senior Secondary School Certificate (SSCE) or in the process of attaining secondary school certificate visit the health center for reproductive health information like condom use and other types of contraceptive information on abortion, when to practice safe sex and so on. It was further revealed that those with only primary education or no education at all are either shy to do so or will not say anything when they arrive, some even change the topic during interaction.

The personal belief of unmarried adolescents also play significant role on how unmarried adolescents utilize reproductive health services. Many unmarried adolescents do not believe there is any disease called HID/AIDS, they see it as common means of depriving them from having sexual intercourse. Many who knew about it did not want to receive any information regarding it. When asked about the use of contraceptives, considerable numbers of the unmarried adolescents do not think that young people should use contraceptives. This shows they did not believe in the use of contraceptive which invariably will have a serious effect on their reproductive health status. Reference [11] disclosed that fear; shame and lack of resources inhibit adolescents from seeking safe and early abortions on one hand and from seeking care when complications occur on the other. He stressed that cultural and ethnic identity and folk beliefs play a decisive role in shaping people's perceptions, attitudes and practices regarding reproductive health.The location of unmarried adolescents is also an important factor determining the utilization of RHS in Ekiti State. It was observed that most of the reproductive health facilities in the urban areas are not functioning well not to talk of the little ones in rural areas. From the result, unmarried adolescents believed that most of the functioning RHC available are located in the urban areas. The socio-economic status of the unmarried adolescents is another important factor. Socioeconomic status, as measured by parent income, parent occupational status or parent educational attainment, is associated with many measures of utilization of reproductive health services by unmarried adolescents. Reference [12] found that as a result of poor socioeconomic status, many unmarried adolescents have shifted their attention to 'sugar-daddy' syndrome, whereby schoolgirls enter into sexual relationships with older, wealthy men in order to get assistance with school related expenses or the purchase of material goods. Reference [13] asserted that female adolescents had to contend with the allurement of financial gratification and sexual overtures by relatively richer peers and adults. Consequently, poverty or the need to survive became the driving force and motivation behind the sexual activity of adolescent girls. Reference [14] observed that poverty increases the vulnerability of women to HIV infection by resulting, among other things, in unsafe sexual practices, often due to a lack of knowledge, lack of access to means of protection, and inability to negotiate condom use with sexual partners as a result of entrenched gender roles and power relations.Finally, age affects the use of RHS by unmarried adolescents. Reference [15] found inadequate knowledge of contraceptive methods among adolescents aged less than 14 years. This revelation might be as a result of criticism faced by these unmarried adolescents when they visit available health facilities for reproductive health information.

VI. CONCLUSION

The findings of this study led to the conclusion that psychosocial variables have composite impact on the utilization of RHS by unmarried adolescents in Ekiti State. Socio-economic status, educational background, age, sex and location influence unmarried adolescents' utilization of reproductive health services in Ekiti State. Unmarried adolescents in Ekiti State are not well informed about many contraceptive methods available.

VII. RECOMMENDATIONS

Based on the findings, it was recommended that humanitarian organization, prospective researchers, curriculum planners, various government and development agencies, should be emphatic on gender as a significant factor predicting the utilization of reproductive health services by unmarried adolescents in Ekiti State. Similarly, health workers should be equipped adequately to focus on both unmarried male and female adolescents as a potent factor predetermining utilization of reproductive health services in Ekiti State. Community health workers should be adequately equipped to help disseminate basic sex education that will transmit necessary reproductive health information to unmarried adolescents and as well introduce them to the various reproductive health services available to reduce unwanted pregnancies, abortion death-related issues, STDs and HIV/AIDS.

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