

## **Parent-Child Relationships and the Use of Reproductive Health Services by School attending Female Adolescents in Imo State, Nigeria**

*This study explored how the relationship between parents and their adolescent girls in secondary school influenced their use of sexual health services. This study was carried out with adolescent girls in secondary school in Imo State using a cross sectional survey involving a sample of 1855 female secondary school students in senior secondary schools between ages 14-19, data was collected using a structured questionnaire. Results revealed that parent child relationship-measured by the degree of parental closeness, support and communication has a great influence on the utilization reproductive services by female adolescents.*

Positive parent-child relationships have been described as relationships that are mutually respectful and supportive (Pendergast & Bahr, 2006). Even though parent-child relationship varies based on different types of parents and on established social background; it has been observed that although most parents can discuss difficult matters with their wards (Burgess and Wurtele, 1998) majority of them have a challenge discussing sexual matters with their wards (Olakunbi and Akinjide, 2010).

Adolescents make up a large and growing segment of many societies (Bankole and Malarcher, 2010). At this developmental stage, they like to experiment and explore their sexuality (Biddlecom, et al. 2007). As a result most of these adolescents are lured into early sexual activities and other risky health behaviours. Early sexual activity and risky health behaviours predispose the adolescent to a lot of negative health, social, psychological and other consequences. The risk is more for the adolescent who engages in these activities without proper sexuality information or has access to quality health care.

Sexual reproductive health services range from collection of contraceptives, family planning, voluntary HIV counselling and testing, antenatal and post natal care, treatment of sexually transmitted infection, pregnancy termination, pre- and post-abortion counselling/ care. These services are also meant to furnish the adolescent with the necessary information about their sexuality and how to manage it. However it has been observed that use of these services by adolescents is very low (Sedgh et al, 2009; Belmonte, Gutierrez, Magnani & Lipovsek, 2000 and Kanthiti, 2007). Others prefer to receive information about reproductive matters from friends, printed materials or other informal sources, (Jejeebhoy et al, 1999). This predisposes them to disease conditions most of which would have been prevented if they had utilized reproductive health services.

Some reasons that have been advanced for the poor use of services by adolescents range from demographic factors like age, where some adolescents attribute that reproductive services are meant for the adults or married people (WHO,2001), lack of privacy (WHO, 2001 and Kamau, 2006), convenience to service centres (Poonkhum, 2003) and high cost of service (Kamau,2006). Other reasons proffered are factual misinformation (Belmonte, et al, 2000) were adolescents see those that use reproductive health services either as promiscuous people or those that “don’t know how far”.

Parent-child relationship has been identified as a protective factor in sexual behaviour (Juarez & LeGrand, 2006) alcohol use and abuse (Overturf & Down, 2003); truancy, academic achievement but few studies have investigated its link with the use of sexual and reproductive health services by female adolescents. Moreover, a WHO report in 2010 has it the births to 15-24

year olds account for 30 to 50 percent of all births in countries with high fertility rates. Also, global health initiative goal of reducing first births due to girls under 18 and reducing 54 million unintended pregnancies has faced challenges in most developing countries. Most of these developing countries also have high fertility rates. In Nigeria, there is repressive culture of against the use of reproductive health services by unmarried people or adolescents. There is also need for more evidence on the dynamics of use of reproductive health services by female adolescents. Thus the need to provide evidence base for the development of policies for scaling up use of reproductive health services by adolescents especially female adolescents. Therefore this study intends to examine the extent to which parent child relationship influences the utilization of sexual health services by female adolescent students.

Andersen and Newman Framework of Health Services Utilization was developed in the 1960s in order to discover conditions that either facilitate or impede utilization. The framework presumes that a sequence of factors determines the utilisation of health services: the predisposition to use services, the ability to use services and the need to use services. Factors like age and other demographic variables can predispose one to the use of services. Availability of resources like money, access to free services, availability, and access to the service can enable the use of services. Need factors are things within an individual or experiences such as illness that prompts them to use services. Although this model have its shortfalls but one of the strengths of the model is its flexibility in allowing one to choose variables related to their specific hypotheses, (Willis et al, 2007). This framework provides a good analytical framework for discussion. In the context of this study, Parent Child Relationship is explored as an enabling factor to the use of Reproductive Health Services. The uniqueness of this study is not only that

it examined the link between parental relationships and but also looked at the various features (like parental closeness, support and communication) as it influences the use of Sexual Reproductive Health Services. This underlies the importance of parental relationship on the health behaviour of their children.

The following hypothesis were tested under 0.05 significance

- There will be no significant joint and relative effect of parental closeness, support/approval and communication on the female adolescent's use of reproductive health services.
- There will be no significant relationship between parental closeness, support/approval and communication on the female adolescent's use of reproductive health services.

## **Methods**

The study was conducted in Imo State, Southeast Nigeria. The area is mostly populated by the Igbo's, the major ethnic group in South-eastern Nigeria. Participants were between 16 to 20 years old. A descriptive cross-sectional survey was conducted with a representative sample. Multistage sampling technique was used to select the sample. The first stage involved the state and its division in to three senatorial zones, from which all public secondary schools were randomly selected. The second stage involved the division of the selected schools into local all

girls and mixed schools, 16 secondary schools were randomly selected for the study. A total of 103 students were selected from the senior secondary classes in each school making a total of 1855 respondents.

The sample size for the study was determined using standardized statistical table for sample size requirements for testing the value of a single proportion at the 5% significant level and 95% power (Woodward, 2005: p 743). The table value was 1686. We added 10% to this number to take care of attrition and non-response, bringing the total sample size to 1855

Informed consent was obtained from all respondents and their parents or guardian for their participation in the study. Ethical approval for the study was obtained from the University of Ibadan (UI/UCH Ethical Committee) and from the heads of the sampled schools as well as parents/ guardians of participating students.

## **Instruments**

Parent child relationship scale was adapted from Adolescent Family Process Measure by Vazsonyi, Hibbert and Snider (2003). The instrument has 50 items and six subscales measuring Closeness, Support, Monitoring, Communication, Conflict and Parental approval. Subscales measuring Closeness, Support, Communication and Approval were taken for the current study and the reliability coefficient of these subscales ranged from 0.83 to 0.90 Cronbach alpha respectively. The sexual health utilization scale is a structured tool that draws information on

demographic information, awareness and information on the prevalence of use of sexual and reproductive health services. Bivariate analysis (that is analysis of relationship between two variables) was employed using Pearson product moment correlation and multiple regression analysis.

## **Results**

### **Description of Respondents**

254 of the respondents are less than 15 years, 1440 are between 15 and 18 years while 66 are from 19 years and above. As at the time of the study, 68.1% of the respondents were staying with both parents, 13.1% were staying with only their mothers, 8.6% with were staying with their fathers, 10% with their stepfathers, 0.5% with their stepmothers, and 8.7% with either guardians or caretakers.

### **Hypothesis 1**

There will be no significant joint and relative effect of parental closeness, support/approval and communication on the female adolescent's use of reproductive health services

### **Table 1:**

Table showing the effects of parental closeness, support/approval and communication on the female adolescent's use of reproductive health services

Variables	F-ratio	Sig. of P	R	R <sup>2</sup>	Adj.R <sup>2</sup>	β	T	P
Parental closeness	64.254	.000	.307	.094	.093	.042	1.335	.182
Parental communication						.175	5.125	.000
Parental support/approval						.139	5.195	.000

The table above showed that parental closeness, support/approval and communication significantly influenced the use of reproductive health services {F (3.1851)} =64.254; R=307, R<sup>2</sup> =.094, adj R<sup>2</sup> = .093; P<.05). The predictor variables accounted jointly for a variation of 9%.

The table also showed the relative contribution of each variable, while Parental support/approval (β=.175, P<.05) and Parental communication (β=.139, P<.05) were significant. However, Parental closeness was not significant (β=.042, P>.05).

## Hypothesis 2

There will be no relationship between parental closeness, support/approval and communication on the female adolescent's use of reproductive health services.

## Table 2

Correlation matrix showing relationship between parental closeness, support/approval and communication on the female adolescent's use of Reproductive Health Services

	<b>RHS</b>	<b>Parental closeness</b>	<b>Parental communication</b>	<b>Parent support/approval</b>
RHS	1			
P. Closeness	.233**	1		
P. Communication	.281**	.712**	1	
P. Support	.255**	.475**	.548**	1
Mean	13.0203	17.5989	11.8426	7.0690
S.D	7.3497	6.5323	4.7082	3.2123

\*\*sig at .01, \*sig at .05

The table above shows that there was a positive significant relationship between R.H.S and Parental closeness, Parental communication and parental support respectively.

## **Discussion**

It was hypothesised that there will be a joint effect of and relative effect of parental communication, closeness and support on the female adolescent's use of reproductive health services. This will be discussed in two parts. The first part will deal with the combined effect of the parental communication, closeness and support on the use of services and the second will look at the relative or individual contributions of each predictor. For the first part, results showed that there was a joint contribution of parental communication, closeness and support,

the various features of parent child relationship on use of sexual reproductive health services. The correlation matrix also showed a relationship between parental closeness, support/approval and communication on the female adolescent's use of Reproductive Health Services. In other words Parent child relationship significantly influenced the use of reproductive health services. This finding is not in isolation as it fitted into some other studies in the area of parent child relationships. A study Juarez & LeGrand, (2005) to examine the factors influencing boys' age at first intercourse and condom use in the shantytowns of Recife, Brazil also showed that family involvement was associated with delayed sexual debut and increase condom use. Although this study did not look at other aspects of reproductive health service, it helped to further elucidate the importance of parent child relationship. The studies of Overturf and Down, (2003) also corroborates with the fact that parents relationship with their wards can reduce their rate of involvement in risky behaviours. Since the relationship between adolescents and their parents is associated with their use of reproductive service, it then means that there can be an increase in the use of reproductive health services among female adolescents. If this happens, then there is hope towards achievement of MDG5b of increasing access to use of reproductive services by adolescents. It also means that the rate of unwanted pregnancy and other high risk sexual behaviours can be reduced. This will also help in achieving the global health initiative of reducing unwanted pregnancy of adolescents in their teen years.

Although Parent child relationship and use of reproductive health services was not viewed alongside parental socio economic status, the researcher predicts that positive association of Parent child relationship and use of reproductive services could increase access to quality clinical based services by adolescents. This deduction was made because adolescents, who are

clandestine about their reproductive health activities, may not have the finances to access quality services but if parents are involved will be able to do so. This deduction was supported by a report of the Adolescent Health Services in May (2010), that when parents are involved in their adolescents life, they help them find quality health care and treatment. Finally, program planners and psychologists can use this window of opportunity to package trainings for adolescents and their wards to foster positive relationships. This is due to the fact that involvement of families is an essential element of most successful disease prevention programs.

The second part of the hypothesis explored the relative contributions of the various features of Parent child relationship, (i.e. Parental Communication, Parental Closeness and Parental Support. The result showed that Parental Communication and Parental Support; independently, influenced use of services by adolescent while Parental closeness did not. This result will be discussed one variable after another.

Firstly, the in the case of Parental communication, results showed that it significantly influenced the use of service and this finding is not out of context as a study carried out by Jones, et al in (2005) to examine the extent to which teenagers younger than 18 years notify their parents about their use of service, using 1526 minor adolescent females obtaining services at 79 family planning clinics. the study showed that parental notification before the use of reproductive health service, which is viewed as a form of parent child communication encouraged younger adolescents to use reproductive services although this deterred some other adolescents from use of services, most of them were not.

Secondly, Parental support, another feature of parent child relationship measured in this study was a significant predictor of reproductive health service use by female adolescents. This result is corroborated with finding from a study carried out by Kamau, (2006). His finding revealed that adolescents used the services because their parents supported or approved of them to do so although some were prompted by peer. Also, studies by Khan et al, 2003 and WHO, 2001 agrees with the fact that parental support has a major influence on adolescent behaviour. Furthermore, a study by Meekers & Klein, (2000) to examine the predictors of condom use among young people in urban Cameroon using a sample of 1,285 young people aged 15-21 drawn from the 2000 Cameroon Adolescent Reproductive Health Survey rated parental support as a predictor of condom use. When parents support their children, it gives them boldness to face any challenge. In the context of this study, parental support will help to eliminate the embarrassment and fears faced by adolescents at the reproductive health centres and increase the uptake of services.

Thirdly, the results also showed that parental closeness did not significantly influence the use of reproductive health service by female adolescents. Evidence from studies on parental closeness and adolescent's behaviour are mixed. Although some of them showed little or no correlation, most of them revealed that there was a correlation between parental closeness and adolescent behaviour. For example a study conducted by Weinstein and Thornton (1989) to assess the influence of closeness to parents on adolescents attitudes and behaviour consistent with their parents' values using a sample of mother-child pairs drawn from a probability sample of white women in the Detroit metropolitan area from 1961-1980. The study showed adolescents who were close to their parents adopted their parent's attitude and behaviour towards sex.

Although this study showed positive correlation between parental closeness and adolescent attitude towards sex, the context is a bit different in that this study looked at how closeness can influence adolescence behaviour towards the use of reproductive services. However, a study by Kapinus and Gorman (2004) to test the assumption that close parent-child relationships influence adolescents' perceptions about the consequences of teen pregnancy using the 1994-1995 National Longitudinal Survey of Adolescent Health discovered that closeness with mother has no effect on beliefs about the consequences of pregnancy, similarly for teens living with single parents but was significant for teens living with both parents. Similarly, a study by Bogenschneider, et al, 1998, to examine how experiences in the family domain may magnify or mitigate experiences in the peer domain, and influence adolescent substance use, using a sample of 1,227 students in eighth to twelfth grade from 3 schools and their parents. The study showed that paternal close monitoring influenced adolescents use of alcohol. In conclusion, it's good to know that although an adolescent maybe close to their parents but the closeness is not enough to make the adolescent use reproductive health services especially if they don't want to.

## **Conclusion**

This study tried to examine the relationship between parent child relationship and adolescent's use of reproductive services and this study has shown a high correlation between these two variables of interest. In the context of the Andersen and Newman Framework of Health Services Utilization, Parent-child relationship was a good enabling factor in the use of services by school attending female adolescents. Parents can use this window of opportunity i.e. their relationship

with their adolescents; to model healthy sexual behaviours by communicating with them about it, being close to them to achieve it and supporting them all the way because of their vulnerability to sexual and other risks.

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