



## The media as a critical determinant of the sexual and reproductive health of adolescents in Ibadan, Nigeria



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### ARTICLE INFO

#### Article history:

Received 1 August 2015

Revised 28 January 2016

Accepted 20 February 2016

#### Keywords:

Media

Sexual and reproductive health

Adolescents

### ABSTRACT

**Purpose:** Findings on the influences of the media on the sexual health of adolescents in vulnerable communities in Ibadan are presented.

**Methods:** Phase I of the WAVE study in Ibadan was conducted among participants purposively selected from disadvantaged communities in Ibadan North Local Government Area (LGA). Qualitative research methods (key informant interviews, in-depth interviews, community mapping and focus group discussions as well as photovoice sessions) were utilized.

**Results:** A total of 132 key informants and adolescents (aged 15–19 years) participated. The key informants were teachers, youth workers, and religious leaders working with adolescents within the LGA. Respondents mentioned a number of media technologies (such as television, cellphones, computers, the Internet as well as online and hard copy novels) that adolescents are exposed to in contemporary times. They said these had positive and negative influences on them. Adolescents often looked up information on the Internet although it was mostly used as a means of meeting and communicating with friends. Respondents stated that the media had a strong influence on adolescents' sexual and reproductive health especially regarding dating, relationships, and sexual practices. It also exposed them to pornography and Internet fraud.

**Conclusions:** The study highlighted the important role the media plays in the sexual health of adolescents in Ibadan. Intervention programmes need to make use of this medium to reach out to more adolescents and measures should be instituted to prevent adolescents from misusing the media.

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### Introduction

Adolescence is a period of life in which the individual matures from childhood to adulthood [1]. In Sub-Saharan Africa, adolescents aged 15–19 years comprise about 10–12% of the total population [2]. The 2013 National Demographic and Health Survey (NDHS) revealed that adolescents aged 10–19 years old comprise about 21% of the total population in Nigeria [3]. An important feature of the adolescent years is attainment of reproductive maturity, [1] thus, Sexual and Reproductive Health (SRH) issues are important aspects of adolescent development. Some SRH issues relating to adolescents include: age at sexual debut, sexual practices, age at commencement of dating relationships, age at marriage, age at commencement of child-bearing as well as harmful practices such as female genital cutting and early marriage [1,4–6].

Studies have shown that many people initiate sex during their adolescent years [1,7,8]. Early initiation of sex, defined by some authors as initiation of sex between age 13 to 14 years [9,10] although Fatusi and Blum used a cut-off of <16 years based on a national median age at sexual debut of 16 years in Nigeria [8], has been consistently associated with a number of problems among early initiators. These include an increase in the number of lifetime sexual partners, a propensity to engage in risky sexual behaviours (such as inconsistent or non-use of condoms and other contraceptives, multiple sexual partners), use of psychoactive substances before sex and violence [10–12]. These behaviours place the sexually active adolescent at risk of negative outcomes such as Sexually Transmitted Infections (STIs) including HIV and Human Papilloma Virus infection, and unplanned pregnancy and its consequences [8,12,13].

A number of factors have been found to influence the SRH of adolescents [8,14–16]. Researchers have described various models such as the youth resilience framework [17], the life course framework [18] and the ecological model [19], to explain the relationships between these factors and adolescent health behaviour, in order to highlight opportunities for appropriate interventions. According to the ecological or multi-level model, these factors are said to operate

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at different levels – within the individual (intrapersonal), between the individual and other family or community members (interpersonal) and at the community level (comprising institutional, community and public policy) [19,20]. The concept of “*reciprocal causation*” which is a key aspect of the ecological model further explains that, “an individual’s behavior influences and is influenced by factors within the social environment”. Hence, adolescents influence and are influenced by the people, institutions and legislations which are present in their environment.

One of the significant factors within the “environment” known to influence adolescent behaviour is the media [21,22]. The media encompasses ways through which large numbers of people receive information and entertainment [23] and include print media such as newspapers and magazines and electronic forms such as radio, television and more recently, the Internet [21]. One of the features of the media, which is the ability to disseminate material on a large scale, makes it an important source of information. The influence of the media is becoming increasingly recognized especially in view of the improving availability and use of traditional (television, radio) and newer (such as cellphones and Internet) electronic media technologies by adolescents and young people globally [24–27]. Existing literature have reported that the media plays a noteworthy role in the lives of adolescents [21,28,29]. Importantly, some studies have shown that the media influences the SRH of adolescents [13,29–31].

Over the years, various perspectives, hypothesis and theories have been described to explain possible ways by which the media influences users [13,21,32]. Some of these are the uses and gratifications theory [33], the social learning theory [34] and the script theory [35]. One of the early communication theories, the “uses and gratifications” theory, said to have been proposed in the 1940s is based on the premise that individuals select media and content to fulfil their felt needs or wants and based on these, they experience related gratifications [33]. Available research support this theory as findings confirm that adolescents use various types of media for different reasons and derive benefits from using these media [36]. Although the uses and gratifications theory has been contested by some researchers, Ruggiero argues that the theory is still relevant in contemporary times especially with the plethora of newer media technology available to users [37]. The social learning theory posits that children and adolescents learn by observing human behaviour being modelled in the media and they then imbibe these behaviours especially when the characters in the media are rewarded or when they appear not to suffer any consequences from these behaviours [34]. This theory is especially important in adolescent development because adolescents are at an impressionable stage when they are seeking role models and identifying behaviours as “right or wrong”. Hence they could easily be influenced when they assume that the sexual actions portrayed by the media are correct and worthy of emulation [32]. Another theory, the script theory, describes the media as presenting youth with common “scripts” for, “how to behave in unfamiliar situations, such as in romantic relationships” [35]. The displacement effect [38,39] and the third-party effect [40] are other ways by which the media is said to affect behaviour. Proponents of the displacement effect submit that the time adolescents spend on various media uses up the time that they would otherwise have spent on other activities including studying or interacting with family members [41]. The “third party effect” is described as a situation in which adolescents and adults think that the media influences others except themselves or their children” [40].

Researchers have demonstrated an association between exposure to various media and adolescent sexual practices [26,30,42]. Many of these studies however focused on the association between media use and adolescents’ sexual practices (engagement in sexual intercourse). In this paper, we explore perceptions of adolescents

and adults who work with them about the role of media on the sexual and reproductive health of adolescents, and describe ways by which adolescent-focused organizations are utilizing the media to reach out to adolescents. In addition, we focused on adolescents residing in vulnerable communities within major cities. These adolescents often lack access to available services within the urban areas where their communities are located because facilities are usually located within the better off neighbourhoods and the cost of accessing these facilities is often beyond their reach [43]. The media is a useful mechanism for overcoming this barrier because many types, especially the newer technologies, are able to reach people in remote localities. Information about the media habits of adolescents residing in these environments as well as perceptions of the benefits and detriments of exposure to media would be useful for developing cost-effective media-based interventions that can reach adolescents where they reside. These issues formed the basis of this paper, the aim of which is to describe the role of media on the sexual and reproductive health of adolescents residing in disadvantaged communities in Ibadan and also explore ways in which the media is being used and can be used to reach these adolescents.

## Materials and methods

Data for this paper are based on findings from the first phase of the multi-city research: the “Well-being of Adolescents in Vulnerable Environments (WAVE)” study. The WAVE study was a cross-sectional two-phased study conducted in disadvantaged communities in five global cities – Baltimore, USA; Ibadan, Nigeria; Johannesburg, South Africa; New Delhi, India and Shanghai, China. The first phase utilized a qualitative approach and the second phase was quantitative [44]. The qualitative research methods utilized for the study in all the sites have been described in previous publications [45,46]. Data for this paper are based on the findings from the qualitative phase (phase I), in Ibadan, Nigeria (the authors of this paper were investigators on the WAVE study and were responsible for the conduct of the study in Ibadan, Nigeria).

### Study area

One of the five Local Government Areas (LGAs) – Ibadan North, which comprise the Ibadan municipality, was selected by simple random sampling technique. Ibadan North LGA comprises ten wards. Following discussions with the Medical Officer of Health and other adolescent health practitioners within the LGA, we purposively selected five wards for the WAVE study. These wards were selected because they have densely populated, unplanned neighbourhoods / communities within the urban (well-planned) setting.

### Qualitative methods

The study utilized a variety of methods which included Key Informant Interviews (KIIs), In-depth Interviews (IDIs), Community Mapping (CM) and Focus Group Discussions (FGDs) and photovoice. A total of 132 participants – 20 adults and 112 adolescents (aged 15–19 years) participated in the study. Each adolescent participated in only one aspect of the study.

### Key informant interviews

Key informant interviews were held with 20 adults who work with adolescents within the LGA. The adults comprised school teachers, health workers and officers working in adolescent/youth-focused government and non-governmental organizations and faith-based organizations within Ibadan North Local Government Area. The key informants provided information regarding common sexual and reproductive health issues facing young people and what they believe are common communication channels for providing

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