

# Influence of Some Sociodemographic Factors on Provision of Family Planning Services to Adolescents in a Teaching Hospital in Southwest, Nigeria

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## Abstract

*This study assessed the possible influence of sociodemographic data such as age, religion and level of education of nurses at the Obstetrics and Gynecology unit of the Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State, Nigeria on their attitude towards providing family planning services to adolescents. Descriptive research design was employed for this study in which data from 148 respondents were obtained through a self-structured questionnaire, comprising two sections. Data was analyzed using Statistical Package for Social Sciences (SPSS). Findings revealed that age, religion and level of education may have an influence on the attitude of nurses towards providing family planning services to adolescents. This paper concluded that nurses may have a positive attitude towards providing family planning services to adolescents and that age, religion and qualification of nurses may influence access to family planning services by adolescents.*

**Keywords:** *Adolescents, attitude, family planning, nurses*

## INTRODUCTION

The term “adolescent” is used to denote individuals between 10 and 19 years (WHO, 2009). Adolescents account for a large proportion of the population, yet their sexual and reproductive health needs are mostly unmet and their rights unexercised. They often face significant discrimination and barriers to access sexual and reproductive information, goods and services (Adolescents, 2015). In some countries in Sub-Saharan Africa, up to 25% of girls and young women drop out of school because of unintended pregnancies. Nigerian society preaches abstinence, ignoring that masses of teenagers are sexually active nonetheless (Oyedele, 2017). However, the Nigerian Urban Health Initiative has recommended family planning methods for teenagers to restrict high rate of pregnancy among them and secure their future. Satisfying the family planning needs of adolescent girls would result in 6 million fewer unintended pregnancies, 3.2 million fewer abortions (including 2.4 million fewer unsafe abortions), 700,000 fewer miscarriages and 5,600 fewer maternal deaths (Iversen, 2017).

Early adolescence can be a challenging time for the children and parents alike. It is heralded by the onset of physical and sexual maturation (Curtis, 2015). Many young teens are very self-conscious, and because they are experiencing dramatic physical and emotional changes, they are often overly sensitive about themselves (*Helping your child through early adolescence*, 2005). In the professional literature too, adolescence is frequently portrayed as a negative stage of life - a period of storm and stress to be survived or endured (Arnett, 1999).

The health sector has a crucial role to play to improve adolescent health and development through a range of actors including government and non-governmental organizations, medical and nursing education institutions and civil society bodies (WHO, 2009). It is critical that professionals educate themselves about the different cultural and ethnic groups with whom they work to provide competent services and to relate effectively one-on-one with adolescents. Understanding normal adolescent development can help professionals be effective communicators with young people (American Psychological Association,

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2002). There is a need for providers of family planning services to deliver high-quality care to all clients, including adolescents (CDC, 2014).

Some studies suggest that nurses may have no reservations towards providing family planning services to nurses. A study conducted by Ahanonu in 2014 revealed that majority of the nurse-midwives (69.5%) who were interviewed had positive attitudes towards providing contraceptive services for adolescents. Similarly, Samson-Akpan and Ahanonu (2009) in their study on attitude of family planning providers towards the use of contraceptives by adolescents in Calabar, Cross River State, posited that majority of the respondents (75.8%) had positive attitudes. Omishakin (2015) posited a positive attitude of health workers (36% comprising nurses) towards providing family planning services, as majority of them opined that family planning is not expensive, not harmful, doesn't promote promiscuity and does not conflict with their cultural or moral or religious beliefs. Herold and Thomas (1977) further corroborated the opinion that nurses are favourable to the provision of contraceptive services to high-school students.

Findings from some other studies however indicate that nurses may be reluctant to provide family planning services to adolescents. Wood and Jewkes (2006) reported that the combined effects of nurses' attempts to stigmatize teenage sexuality, their scolding and harsh treatment of adolescent girls and their unwillingness to acknowledge adolescents' experiences as contraceptive users, undermined the effective use of contraception by the girls. However, Josephine (1997) opined that the attitudes of healthcare providers towards family planning practice may be negative and many are uncomfortable with their roles in family planning for various education and personal reasons.

The influence of some sociodemographic factors has also been investigated. For instance, Enuameh et al. (2014) reported in their study that healthcare providers suggested that religious leaders in the communities should be made to take on roles to create awareness and acceptance of family planning. The researchers also observed poor attitude of healthcare providers towards provision of family planning to adolescents and recommended education to combat this.

The aim of this study is to investigate the relationship

between three sociodemographic factors – age, religion and level of education of nurses and how they may influence the provision of family planning services to adolescents. “Family planning services” and “contraceptives” have the same meaning in this study and were used interchangeably.

### **MATERIALS AND METHODS**

One hundred and forty-eight nurses were selected to participate in this study from the total population of 236 nurses from the Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State, Nigeria. This value – 148, was gotten using Yamane's formula for calculating sample size at 5% level of precision. The respondents were selected randomly across the wards with majority of respondents emanating from Obstetrics and Gynecology unit.

Sociodemographic characteristics such as age, religion and level of education (or qualification) were identified as the independent variables while attitude of nurses is the dependent variable. Data collection technique involved the use of the researcher's self-designed questionnaire which consisted of 36 items in two sections. Section A comprised sociodemographic characteristics while Section B addressed attitude towards provision of family planning to adolescents. Ethical issues were considered, and the respondents were informed about the objectives of the study after which they were given the opportunity to decide whether they would like to participate in the study. Consent was then obtained from those who indicated willingness to participate in the study. All administered questionnaires were retrieved immediately on completion.

The data obtained were analyzed through frequency counting and the percentage of variables, and Statistical Package for Social Sciences (SPSS). The research questions were answered using chi-square test for independence.

### **RESULTS AND DISCUSSION**

#### **Attitude of Nurses to Provision of Family Planning Services to Adolescents**

Prior to the investigation of the influence of specific sociodemographic factors on attitude of nurses towards providing adolescents with family planning services, a study of the general attitudes of the respondents was undertaken. Table 1. presents a summary of the results.

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**Table 1.** Attitude of nurses towards providing family planning services to adolescents

Variables	Frequency	Percentage
Would you provide contraceptives to sexually active adolescents?		
Yes	99	66.9
No	43	29.1
No response	6	4.1
Total	148	100.0

Attitude of nurses is an important factor in any endeavour to increase access to family planning services. This is because in many Nigerian hospitals, nurses are the forefront of the implementation of family planning measures. From the results, we infer that nurses may have a positive attitude towards providing family planning services to adolescents. Similar inferences were reported by Ahanonu, 2014; Herold & Thomas, 1977; Omishakin, 2015; Samson-Akpan & Ahanonu, 2009; Tilahun, et al., 2009. However, some authors - Josephine, 1997; Sebikali, 2011; Wood & Jewkes, 2006 reported a negative attitude of nurses towards providing family planning services to adolescents.

From the detailed responses provided in the questionnaire, it was observed that some conditions that could make respondents offer family planning

services to adolescents were:

- If counselling was provided prior to provision of the service,
- If an adolescent was a victim of sexual assault and
- If an adolescent is married

Seeing that nurses' samples generally have a good attitude towards facilitating access to family planning services, we went on to investigate the influence of three sociodemographic factors on how they provide these services.

### Influence of Nurses' Age

The first sociodemographic factor studied was nurses' age. A summary of the results is shown in Table 2a.

**Table 2a.** Influence of age on attitude of nurses towards provision of family planning services to adolescents

		Would you provide contraceptives to a sexually active adolescent?			Total
		Yes	No	No response	
Age	20-24	4	4	0	8
	25-29	25	14	0	39
	30-34	22	12	1	35
	35-39	14	4	0	18
	40-44	6	6	0	12
	45-49	9	6	2	17
	50 and above	9	10	0	19
Total		89	56	3	148

**Table 2b.** Chi-Square Independence Test

	Value	Degree of freedom (Df)	Asymp. Sig. (2-sided)
Pearson Chi-Square	15.323 <sup>a</sup>	12	.224
Likelihood Ratio	13.028	12	.367
Linear-by-linear association	1.823	1	.177
N of valid cases	148		

<sup>a</sup> probability level ( $\alpha$ ) = 0.05

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H0: Age has no significant influence on the attitude of nurses towards providing family planning services to adolescents.

H1: Age has significant influence on the attitude of nurses towards providing family planning services to adolescents.

Degree of freedom (Df) = (r-1)(c-1)

Where r= number of rows and c= number of columns

Probability level ( $\alpha$ )= 0.05

### Decision Rule

If p-value is greater than the value of alpha at the relevant degree of freedom, null hypothesis is accepted, and alternative hypothesis rejected. However, if p-value is lesser than alpha at the relevant degree of freedom, null hypothesis is rejected and the alternative accepted.

From table 2b, p-value of 0.224, which is 15.323 is less than the value of  $\alpha = 0.05$  at 12 degree of freedom which 21.026, we reject the null hypothesis and conclude that there may be a relationship between nurses' age and their attitude towards providing family planning services to adolescents.

It is quite interesting to note that 89 out of the 148 sampled respondents representing 60% will provide contraceptives to sexually active adolescent. Also, it is worth mentioning that nurses in the age categories

25 – 29 and 30 – 34 provided the highest number of responses. These two age categories provided exactly half (74 out of 148) of the total number of responses. This result perhaps is a pointer to the fact they are age categories most interested in the topic. Also, it could be that they constitute most of the workforce in the hospital where this study was conducted. To the best of knowledge, similar studies with similar or contradicting findings are unavailable.

### Influence of Religion

The second sociodemographic factor investigated was religion of nurses. Religion as an independent variable was divided into 'Christianity', 'Islam (or muslim)' and 'others'. Christianity and Islam are the two major religions in Nigeria. All other religions outside the major ones are classed as 'others'. Table 3a displays a synopsis of the results.

**Table 3a.** Influence of religion on the attitude of nurses towards providing family planning services to adolescents

		Does your religion support providing family planning to adolescents?				Total
		Yes	No	Others	No response	
Religion	Christianity	44	72	1	1	118
	Islam	11	15	0	2	28
	Others	0	2	0	0	2
Total		55	89	1	3	148

**Table 3b.** Chi-Square Independence Tests

	Value	Degree of freedom (Df)	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.332 <sup>a</sup>	8	.501
Likelihood ratio	6.977	8	.539
Linear-by-linear association	2.499	1	.114
N of valid cases	148		

<sup>a</sup> probability level ( $\alpha$ ) = 0.05

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### Decision Rule

H0: Religion has no influence on the attitude of nurses towards providing family planning services to adolescents.

H1: Religion has influence on the attitude of nurses towards providing family planning services to adolescents.

From table 3b, p-value of 0.501, which is 7.332 is less than the value of  $\alpha = 0.05$  at 8 degree of freedom which is 15.507, hence, there may be a relationship between the level of education of nurses and their attitude towards providing family planning to adolescents. Similar observation was reported by Godia et al. (2013). They explained that health service providers reported being torn between personal feelings, cultural and religious values and beliefs and their

wish to respect young people's rights to accessing and obtaining sexual and reproductive health services. Also, Barrett et al. (2014) found that higher religious attendance was linked to less favourable opinions about contraception.

It is worth pointing out that for both Christian and muslim respondents, there were more 'no responses' than 'yes responses' to the question if they will give contraceptives to adolescents.

### Influence of Level of Education

Another important factor that could influence nurses' attitude towards providing family planning services to adolescent is level of education. Table 4a presents results showing how level of education influences nurses' attitude.

**Table 4a.** Influence of level of education on the attitude of nurses towards providing family planning services to adolescents

		My training allows giving family planning to adolescents			Total
		Yes	No	No response	
Level of Education	RN	16	12	3	31
	BSc	47	31	1	79
	MSc	19	11	0	30
	PhD	4	3	0	7
	no response	1	0	0	1
Total		87	57	4	148

**Table 4b.** Chi-Square Independence Test

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.343 <sup>a</sup>	8	.401
Likelihood Ratio	7.612	8	.472
Linear-by-Linear	2.213	1	.137
N of valid cases	148		

<sup>a</sup> probability level ( $\alpha$ ) = 0.05

### Decision Rule

H0: Level of education has no significant influence on the attitude of nurses towards providing family planning services to adolescents.

H1: Level of education has significant influence on the attitude of nurses towards providing family planning services to adolescents.

From table 4b, p-value of 0.401, which is 8.343 is less

than the value of  $\alpha = 0.05$  and 8 degree of freedom, which is 15.507 hence, there may be a relationship between the level of education of nurses and their attitude towards providing family planning to adolescents.

Previous studies by Fields, 1980; Tilahun et al., 2012; Tu et al., 2002 have also suggested a link between nurses' qualification and willingness to provide family planning service to adolescents.



## CONCLUSION

This study attempted to assess the attitude of nurses towards providing family planning services to adolescents. The research setting was Olabisi Onabanjo University Teaching Hospital, Sagamu Ogun State, Nigeria. One hundred and forty-eight nurses selected randomly from different wards were interviewed for this study and four research questions were formulated and answered. This study concluded that nurses have a positive attitude towards providing family planning services to adolescents and that age, religion and level of education may influence attitude of nurses towards providing family planning services to adolescents.

Since one research setting was used for this study, caution should be exercised in generalizing the findings reported here to all nurses in Ogun state or Nigeria as a whole. Also, conclusion was made based on the data provided by the respondents alone, not the actual interaction between the nurses and adolescents. Also, it is interesting to observe that 'no response' rate was quite low for all parameters tested. This perhaps means that respondents in the sample site are supportive of studies like this.

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**Citation:** Tumilara B. Amoo, Taiwo C. Oyegunle. *Influence of Some Sociodemographic Factors on Provision of Family Planning Services to Adolescents in a Teaching Hospital in Southwest, Nigeria. Archives of Community and Family Medicine*. 2018; 1(2): 1-7.

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