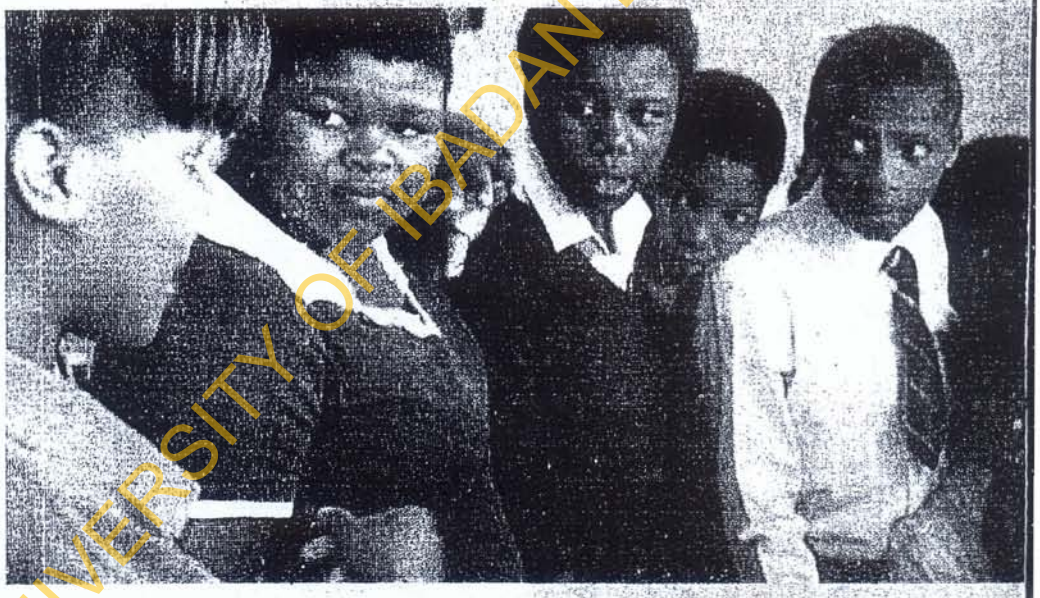
Identifying Priorities for Research and Documentation on Adolescent Sexual Reproductive Health in Nigeria



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Adolescents' Socio-Economic and Cultural Vulnerability to HIV/AIDS and other STIs - Research Needs and Priorities

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Abstract

Research on adolescents' vulnerability to HIV/AIDS is replete with issues related to their socialization, socio-cultural and behavioural factors, sex education and contraceptive services, sexual abuse, ignorance, peer pressure and attendant exposure to risky-behaviour. Most studies lumped adolescents into one indivisible cluster of investigation-subjects, while some at best disaggregated them only on the basis of gender and educational status. While these efforts have led to relative understanding of adolescence, emerging social complexities reveal their incompleteness. This paper argues quite forcefully that within the broad classifications of adolescents lie neglected sub-groups. For instance, little is known about the health and socioeconomic challenges faced by Floating Adolescents (FAs) and Orphans and Vulnerable Adolescents (OVAs). This paper notes that priority should be given to strategies that will empower this largely dependent group to speak up against abusive acts that could bolster their vulnerability to HIV/AIDS and other negative outcomes; conscientizing adolescents on how best to educate older persons on relevant safe-behaviour practices (bottom-top approach) and through that means reinforce their own learned attitude; and the most effective way of debriefing victimized adolescents for full reintegration into society.

Keywords: *Risky-behaviour, gender, emerging social complexities, floating adolescents and reintegration*

Emerging social complexities reveal the need to extend adolescent research beyond the traditional approach that de-categorized them as, though, a cohort of socially indistinct group. Generally, data on adolescence are robust, yet important information is lost due to lack of emphasis on specific characterizations that ordinarily engender micro-level analysis. For instance, research on adolescents' vulnerability to HIV/AIDS is replete with issues related to their socialization, socio-cultural and behavioural factors, sex education and contraceptive services, sexual abuse, ignorance, peer pressure and attendant exposure to risky-behaviour (Hindin and Falusi 2009; Biddlecom, Asare and Bankole 2009; Harrison, Cleland and Frohlich 2008). With HIV/AIDS presently ranking among the most crucial issues in demographic and health research, coupled with other factors, Munthali and Zulu (2007:151) found justification for increasing academic focus on adolescence by statingthat "The growing interest in understanding the formulation of adolescents' sexuality has been brought about by the mounting evidence that they are uniquely vulnerable to sexually transmitted infections including HIV/AIDS. Adolescents' exposure to out-of-wedlock sex has been increasing over time because they are maturing earlier and marrying later than previous generations did. Globally, the ages of first menstruation for girls and the experience of first pubertal body changes/wet dreams are dropping mostly as a result of better nutrition and socio-economic status".

Clearly, most of these adolescents succumb to underlying socio-economic and cultural currents and forces within their societal contexts that eventually influence the degree to which they are able to adopt or avoid risk-taking behaviour (Smith-Estelle and Gruskin 2003). Izugbara and Ezeh (2010) reviewing studies on marriage and family in contemporary Islamic Northern Nigeria noted that never-married adults are extremely rare in the region, as the family managed marriage for both sexes. The consideration by fathers that choice of husbands for their adolescent daughters is a cultural right relates directly to girls' marriage at a mean age of 13. As Izugbara and Ezeh further found, few options are available to girls that resist such arranged marriage; they either commit suicide or run away from their husbands' house soon after marriage. For adolescents that accept their fate, gender relations produce a situation in which females are dependent on men in social and economic activities which, consequently, increases their vulnerability to sexual violence and exploitation (Isiugo-Abanihe 2005).

As UNICEF (2005) estimates suggest, one in seven girls marries before age 15 in less developed societies and 42 percent of girls in Africa marry before the age of 18. Some of these marriages are initiated by adolescent girls themselves as a means of improving their quality of life and getting protected against having multiple sex partners and thereby against HIV (Palermo and Peterman 2009). Whatever strategy it may seem to portend, early marriage is a precursor to illiteracy, economic dependence, lack of assertiveness, low motivation, sexuality related ignorance and vulnerability to HIV/AIDS and other STDs.

While research efforts have led to relative understanding of adolescence, rapid social change and emerging social complexities reveal apparent lacuna in knowledge. This paper argues quite unequivocally that within the broad classifications of adolescents lie neglected sub-groups and accounts for a quantum of untapped knowledge. For instance, little is known about the health and socioeconomic challenges faced by floating adolescents and orphans and vulnerable adolescents. The present analysis notes that priority should be given to three neglected but important areas of adolescent research which include strategies of empowering adolescents to speak up against abusive acts towards them; how to conscientize adolescents on how best to educate older persons on relevant safe-behaviour practices (bottom-top approach); and developing a mechanism for full reintegration of victimized adolescents into society.

More than anywhere else adolescents in sub-Saharan Africa represent a larger share of the population and also face greater challenges; although they are more likely to literate than in the past, delay marriage and childbearing, they face higher risk of acquiring HIV infection (Juarez, LeGrand, Lloyd and Singh 2008). Adolescents' vulnerability to HIV/AIDS is linked with issues related to their socialization, socio-cultural and behavioural factors, sex education and contraceptive services, sexual abuse, ignorance, peer pressure and attendant exposure to risky-behaviour.

Most studies examined gender disparity and their connection with HIV/AIDS vulnerability as an important index for a better understanding of the pandemic in relevant situations (Frasca 2003; Manzini 2001; Harrison, Xaba and Kunene 2001; Bankole, Singh, Woog and Wulf 2004). As Isiugo-Abanihe (2005) had observed, in virtually all Nigerian cultures men are at the apex of family hierarchy and exercise authority over domestic issues including sexual and reproductive affairs; a situation that explains more HIV/AIDS prevalence among females. Discriminatory attitudes and traditions often subject girls to harmful practices such as female genital cutting which has serious effects on the health and well-being of girls and women. Gender disparities are learned early and adolescence is usually a period when boys gain autonomy, mobility and other sundry opportunities including issues related to sexuality, while girls are denied same attributes (Harrison et al. 2001).

Yang and Xia (2006) have noted that women's increased vulnerability to HIV/AIDS is a function of inequalities that are rooted in sexual division of labour. Such gendered structure of social norms places males at an advantage over females who are rendered vulnerable to sexual or physical abuse including exposure to HIV and other sexually transmitted diseases (STDs). The situation has also been explained by the fact that females including adolescents are culturally socialized to accept abuse and therefore less able to refuse sex due to their almost total dependence on males who often maintain other sexual contacts (Frasca 2003). Incidentally, adolescent girls are more vulnerable to physiological risks related to unsafe sex than boys as a result of vaginal and anal mucus, high concentration of HIV in sperm among other factors (Manzini 2001; Frasca 2003).

It has been pointed out that while sexual relationships with several and much older persons are linked to increased risk of HIV infection, economic hardship propel young women to employ their sexual resources to meet some needs including paying school fees (Hattori and DeRose 2008; Bankole et al. 2004). Research indicates that adolescents who perform poorly in school may likely engage in risky sexual behaviours which, in the long run, may lead to general poor academic performance (Juarez et al. 2008) unless in

unconventional situations where these adolescents are able to pay their way through. Notwithstanding the justification for engagement in transactional sex, Nwokocha (2007a) clearly noted that its consequences, especially among students, are devastating, multidimensional, as well as an extension of the decay in Nigeria's gasping educational system. Generally, the consequences of AIDS pandemic are growing in size and complexity that reflect socio-cultural, economic, psychological and biological aspects (Yeatman 2009).

Absence of government policy and efforts to control HIV/AIDS through reduction of socio-economic vulnerability, especially in circumstances of poverty, are implicated in commercialization and commodification of sex among young people (Madise, Zulu and Gera 2007; Berer 2003; Frasca 2003). Studies have reported the phenomenon of de-stigmatization of commercial sex in settings where such was hitherto condemned. For instance, Nwokocha (2007) and Machel 2001 noted that sex for money and/or gifts, from older men in particular, is seen in some quarters as a coping strategy for dealing with economic handicap rather than commercial sex. Interestingly, some parents, especially in urban centres, approve of these sexual relationships even when they increase their daughters' vulnerability to HIV (Bankole et al. 2004). The practice whereby young women partner with older men is a common pattern of sexual networking in sub-Saharan and has been shown to increase substantially adolescent girls' risk of acquiring HIV (Harrison et al 2008).

In many African countries, including Nigeria, HIV was for a long time thought to be heterosexually driven with female sex workers as the engine of transmission (Frasca 2003) but Bankole et al. (2004) have also found that young men at the pressure of proving their manhood by having sex, not only engage prostitutes in sexual intercourse but also many partners, at times, without condoms thereby increasing their vulnerability to HIV and other STDs. As Manzini (2001) pointed out, adolescents who begin sexual encounters early are less likely to practice contraception. Hindin and Falusi (2009) have pointed out other reasons why young people engage in unprotected sex to include fear of possible side effects of contraception and misinformation about the actual risk posed by unprotected sex. Although Bracher, Santow and Watkins (2004) have noted the role of condoms in preventing HIV and others STDs, it is argued in some quarters that adolescents need not be exposed to contraception; in reality, however, a large number of young people are involved in premarital sex. As Benefo (2010) reiterated, condom use is one of the safest methods of preventing infection from STDs; yet condom use in sub-Saharan Africa is very limited.

While literature is rich and consistent on the relationship between risky behaviours and HIV infections, rigid adherence to cultural beliefs and practices and socioeconomic challenges seem largely to blur the sense and perception of susceptibility among some social actors in relevant Nigerian communities. The use of unsterilized instruments repeatedly on several people, for scarification, genital cutting among others, may be a source of HIV infection (Isiugo-Abanihe 2005) which passionate custodians of culture may not readily admit. The fact remains that heterosexual sex is the main source of HIV transmission.

Evidently, sex education is a contentious issue in most Nigerian groups even when the burden of HIV/AIDS and other STDs is alarming and requires greater openness and commitment by stakeholders (Madunagu 2007). As in most other less developed countries, Nigerian parents feel shy; this is reinforced by cultural attitudes and the notion that it is inappropriate for parents to discuss sex related matters with their children (Buckley, Barrett and Arminkin 2004). Given that most parents of the current generation did not receive sex education from their own parents, they lack experience and therefore are largely incapable of providing such information to their children (Utomo and McDonald 2009). Although there is no statistically significant relationship between HIV/AIDS knowledge and safe sexual behaviour, adolescent girls' risky sexual behaviour may result from lack of knowledge about the mode of STD transmission (Machel 2001).

Many parents hardly admit that adolescents engage in voluntary sexual intercourse although they may become

victims of sexual violence and forced sex (Bankole and Malarcher 2010). Many young people access sexually explicit materials through internet, peers and entertainment and print media (Utomo and McDonald 2009) notwithstanding cultural or religious injunctions against young people's exposure to damaging information. Although religiosity and adolescent sexual attitudes and behaviour are strongly related, Odimegwu (2005) argued that religious commitment is more important than religious affiliation in influencing sexual attitudes and activities. Smith-Estelle and Gruskin (2003) noted that respecting, protecting and fulfilling the rights of adolescents can reduce their vulnerability to HIV and STDs. In addition Madise et al. (2007) noted that HIV prevention programmes must identify strategies that will make the poor less vulnerable to risky sexual behaviour.

Theoretical/Conceptual framework

Three theoretical perspectives are employed in examining adolescents' socioeconomic and cultural vulnerability to HIV/AIDS in Nigeria. This triangulation was necessitated by the inherent complexity related to the thematic issue; different aspects are therefore explained by each of these theories/perspectives – social disorganization, ethno-methodology and Health Belief Model (HBM).

Social disorganization theory

Propounded by the Chicago school in the 1920s, this criminological perspective views society as a collection of people bound together by a set of interrelated norms and values. It associates massive deviance in society with disorganization at the macro-level of society. The theory locates anti-social behaviour in normlessness arising from weakness of values and rules guiding behaviour. As a consequence, laws lose their potency in constraining individuals within prescribed limits of interaction (Pfohl 1994).

Clearly, adolescents' vulnerability to HIV/AIDS can be explained by social disorganization exemplified in pervasive poverty and the quest to overcome economic hardship rather than necessary socialization of young people. As a result, adolescents are hardly sufficiently equipped to ward-off overtures that may eventually heighten their vulnerability to risky behaviours. Inability to systematically orientate adolescents to be assertive and also take rational decisions at critical moments explains the ease with which most of these adolescents succumb to avoidable peer pressure. Presently the level of disorganization in Nigeria explains de-stigmatization, in most quarters, of conscious loss of virginity at very young age, premarital sex, multiple coital partners, induced abortion and other hitherto stigmatized behaviours.

The Chicago school views antisocial behaviour as a natural bye-product of rapid social change which in too short a time disrupts the normative order of society (Pfohl 1994). Indeed, all societies are experiencing changes, and many are experiencing rapid and extreme transformations as a consequence of new possibilities driven by socioeconomic changes and modernity (Juarez et al. 2008). Nigeria over time has witnessed massive changes in different aspects of the social, economic and political institutions. Most of the changes had negative effects on society for which slavery, modernization, dependency, colonization and, presently, neo-colonization has been blamed (Ekeh 1983; Olutayo and Bankole 2002; Gboyega 2003).

Although Nwokocha (2007b) had dismissed the above view as embedded in shifting blames and for their inability to highlight internal contradictions within African societies, the fact still remains that the latter societies have debilitating socio-cultural and economic challenges. Indeed, adolescents are highly vulnerable to fast changing social, political and economic conditions occurring in society; these have negative and profound consequences on their health (Madunagu 2007). The social forces that situate sex in different fields of action and limit young people's ability to take precautionary measures such as sexual adventures, rapid urbanization in less developed countries among others and their transforming effects on partnering and family life in relation to HIV vulnerability have been highlighted (Bingenheimer 2010; Frasca 2003). Changes in young people's sexual behaviour are traceable to invasive forces such as money, media and western values which parents and older people link with breakdown in

behavioural norms (Mensch, Bagah, Clark and Binka 1999).

Ethno-methodology

This perspective conceives humans as rational beings capable of seeking maximization of benefits on one hand and minimization of costs on the other. It focuses on the common-sense strategies adopted by individuals in everyday life in order to cope with a catalogue of activities that actors would have to confront (Ritzer 2008). In a relatively organized society with well defined codes of conduct, the pathways to these strategies are clearly prescribed and followed. Thus, despite the extent of hardship or challenges that individuals are confronted with, they must act within the context of societal expectations.

Very much like Parsons voluntary social action theory, which asserts the primacy of society over the individual person (Giddens, 2000), ethno-methodology argues that societies exert social constraint over the actions of individuals. This perspective focuses on the course of action as determined by the conditions of the physical and social environment; society influences the end, which the actor seeks and the means s/he will use in attaining them. Parsons' theory states that action of individuals can be explained in the context of the subjective meaning given to it by the actor. As a corollary, actors exhibit individual idiosyncrasies in confronting diverse social situations. Thus, even when socioeconomic conditions are harsh and actors are generally affected, the patterns of response are usually different.

While some people adopt legitimate strategies such as undertaking extra tasks, designing novel activities, forging new collaborations among other approaches to overcome poverty, others innovate or buy-into illegitimate means such as prostitution, armed robbery, fraud and so on, with concomitant consequences including HIV/AIDS, rape and death . In the latter sense, adoption of unapproved techniques amounts to reverse ethno-methodology which individually and collectively undermines growth and development of individuals and groups in relevant contexts.

Health Belief Model

The Health Belief Model (HBM) which is a psychological model attempts to explain and predict health behaviour arising from attitudes and beliefs of individuals. We adopt this model in the present analysis on the strength of its relationship with issues that boister adolescents' vulnerability to HIV/AIDS such as child labour, commercial sex activities, rape, female genital cutting (FGC) among others. The model is premised on four important constructs which include: perceived susceptibility, severity, benefits and barriers (Rosenstock 1974; Becker, Radius and Rosenstock 1978). In this paper, the application of HBM is expanded beyond the individual or actor to include significant others such as parents that may influence adolescents' exposure to risky conditions. For instance, NDHS (2008) indicates that FGC occurs mostly during infancy usually before the first birthday.

Parents and guardians, for instance, that perceive child abuse and neglect, FGC and body scarification as pathways to susceptibility to HIV/AIDS as well as the inherent consequences will likely strive to avoid abusive and harmful practices. In reality, a large number of adolescents and parents in Nigeria de-emphasize or neglect the HBM in their health related decisions. In a way, this lack of emphasis on the model contributes disproportionately to mortality statistics. Population Reference Bureau (2010). indicates that life expectancy at birth for Nigeria is 47 years.

Figure 1 is a conceptual framework that synthesizes the three theoretical perspectives adopted in explaining adolescents' exposure to STDs including HIV/AIDS.

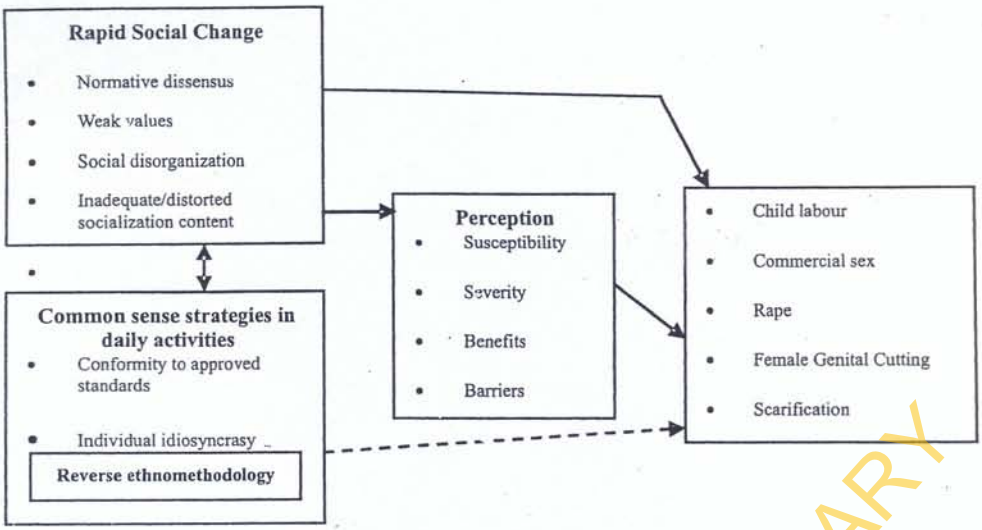

Figure 1: Conceptual framework
Source: Nwokocha 2010

The diagram shows that rapid social change which gives impetus to normative dispenses, weak values and inadequate or disjointed socialization content directly affects and is affected by strategies employed by actors in everyday life. Ordinarily, actions are expected to conform to approved standards of behaviour notwithstanding individual idiosyncrasies. In reality however, common sense strategies are substituted by an anything-goes approach or reverse ethno-methodology which has a direct link to adolescent-vulnerability to STDs including HIV/AIDS.

Figure 1 also reveals clearly that rapid social change impinges directly on adolescents' vulnerability to STDs on one hand and their perception of susceptibility and severity of prospective health condition on the other. A study by Harrison et al. (2001) found a correlation between gender and risk perception among adolescents; although both males and females are aware of HIV/AIDS and STD risk, their strategies for assessing these health conditions differed. Thus, while male adolescents assessed their personal risk as low due to both use of condoms and careful selection of girl friends, female adolescents perceive young people to be generally at lower risk related to sex seen as the domain of older people. Ordinarily, such STDs risk perception appears seemingly correct however, sexual coercion, ignorance, peer pressure and the quest to defray the cost of schooling in poor settings make young people as vulnerable to STDs and HIV/AIDS as older persons (Harrison et al. 2008; Juarez et al. 2008; Madunagu 2007).

Research needs and priorities

Most studies on adolescents lumped them into one indivisible cluster of investigation-subjects; others at best disaggregated them only on the basis of gender and educational status. While these efforts yielded relative understanding of adolescence for the most part of preceding decades (Harrison et al. 2008; Juarez et al. 2008; Madunagu 2007; Yang and Xia 2006; Odimegwu 2005), emerging social complexities reveal their incompleteness. For instance, we know little about Floating Adolescents (FAs) who for different reasons such as being house-helps are involved in constant change of households and by implication orientation. An understanding of how such adolescents resolve or fail to deal with this crisis of uncertainty and its implication for concrete sexuality knowledge and vulnerability to HIV/AIDS should be conceived as research priority.

While a growing scholarly interest is evident in research on Orphans and Vulnerable Children (OVC) mainly due to their tenderness (NDHS 2008; Ibe 2004), the same cannot be said of Orphans and Vulnerable Adolescents (OVAs) in Nigeria. Although OVC face precarious situations as a result of their almost absolute dependent

and care from relatives and family friends. As data from NDHS (2008:292) show "non-OVCs were more likely than OVC children to have initiated sexual activity before age 15". This is likely a function of support from OVCs' significant others. Orphans and Vulnerable Adolescents, conceived in some quarters as capable of dealing with the situation, may not attract as much attention from support groups as do OVCs. Consequently, OVAs constitute the most vulnerable cohort of adolescents in the context of cultural and socio-economic vulnerability to HIV/AIDS in Nigeria. Focusing research on OVAs will contribute to streamlining recommendations and possible interventions among this important but relatively less studied group. Indeed, disaggregating orphan-hood will yield specific information than in situations where all categories are collapsed into an entity.

Priority should also be given to research that focuses on exploring feasible empowering strategies that will equip adolescents, especially females, mentally and psychologically to speak-up against abusive behaviours toward them. In the same vein, there is need to research into how sex education can be undertaken on the basis of bottom-top approach since the reverse has not yielded appreciable dividend in Nigeria. Perhaps, this approach may demystify the culture of silence that pervades household sexuality education corridor which finds expression in low comfort level among parents and care-givers. Studies have shown that adolescents are prevented from receiving information on sexuality for fear of embarrassment among young people and also in the belief that ignorance will encourage chastity (Madunagu 2007; Nwokocha 2007). Added to parents' preoccupation with economic activities, a wide communication gap is created between parents and adolescents; the latter usually left to find out for themselves what they ought to have learnt in their families (Isiugo-Abanihe 2005).

Several studies have dealt with different dimensions of adolescent sexual victimization in society. For instance, Hindin and Falusi (2009); Madunagu (2007); Machel (2001) noted that adolescents engage in unprotected sex for a catalogue of reasons including ignorance, poverty and partnering with older men or sugar-daddies (Harrison et al 2008; Machel 2001); rape in war, sexual adventures among others (Frasca 2003). Although most of these attempts speak strongly to the inherent consequences such STDs, unwanted pregnancies, stigma and discrimination against victims, psychological wreckage and ultimately death, little is known about the process of social healing and full reintegration of adolescent victims into society. At best psychological studies focus on individual debriefing of victimized adolescents without necessarily focusing on the socio-cultural and spatial contexts in which such reorientation takes place.

Conclusion

Adolescents' socio-economic and cultural vulnerability to STDs including HIV/AIDS in Nigeria is one of the major consequences of poverty among parents and guardians. With a large number of Nigerians living on less than 2 dollars per day and going to bed on daily basis almost on empty stomach, there are limited options than engaging in decisions and behaviours that, ordinarily, would be classified as anti-normative. The enormity of the challenge serves as an incentive for disregarding obvious health, psychological and social implications among both older persons and adolescents themselves.

Clearly, adolescents for developmental, economic and educational reasons rank among the most affected by cultural, socioeconomic and familial crises in any given milieu. Consequently, commendable academic energies have been directed at adolescent research especially in sub-Saharan African where different scenarios such as poverty, hunger, diseases including HIV/AIDS among others have been more pronounced than in other regions of the world. Yet, these efforts have not accounted for a holistic understanding of adolescence, particularly, in a diverse and complex society like Nigeria. By lumping adolescents into a seemingly indivisible unit of analysis, most of the studies failed to engage issues that pertain to neglected but important sub-cohorts of adolescents such as floating adolescents and OVAs.

While we have demonstrated in this study that

categorising adolescents only by gender and academic status as most studies have explains apparent lacuna in literature, it is suggested that emerging sub-categories should be recognised and investigated as and when necessary. As the Nigerian society continues to experience rapid social change, efforts should be made at undertaking insightful and exploratory adolescent research in relevant areas for two important reasons. First, to reveal the most effective ways of empowering adolescents to enable them take sexuality knowledge to parents and community elders who themselves have failed in educating the youth. This will most likely demystify sexuality discourse and attendant culture of silence that pervade Nigerian families. Second, to indicate context-specific mechanisms for reintegrating sexually victimized adolescents into mainstream society and that way empower them to realize their potentials.

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