

Original Research Article

Sexual and Reproductive Behavior and Reproductive Services Among Nigerian Adolescents

Akanle Florence Foluso (PhD)¹, Ola Tolulope Monisola(PhD)²

¹Institute of Education, Faculty of Education, Ekiti State University, Ado Ekiti, Nigeria.

²Department of Sociology, Faculty of the Social Sciences, Ekiti State University, Ado-Ekiti, Nigeria.

***Corresponding author**

Ola Tolulope Monisola

Email: tolulope.ola@eksu.edu.ng

Abstract: This study investigates the relationship between sexual and reproductive health services and sexual and reproductive behavior of adolescents. This is to find out how well the sexual and reproductive health, including the sexual development of adolescents is been catered for and handled in Nigeria. Using a survey research design, a total number of 500 adolescents were sampled using simple and stratified random sampling techniques. A self-constructed questionnaire was used to gather information. Data was analyzed using Pearson Correlation and T-test statistics. The result of the analysis shows that a relationship exists between the sexual health service and the sexual behavior of adolescents. Reproductive services such as methods and services which could enhance the personal, sexual growth, development and promote personal health of adolescents were lacking. Many of the sexual health services are not youth friendly, not adequate for the total health and development of adolescents. It is recommended that there is the need to focus on adolescents' sexual and reproductive health needs in Nigeria.

Keywords: Sexual health, sexual development, reproductive behavior, reproductive services, Adolescents.

INTRODUCTION

In most of the sub-Saharan African Countries and for example in Nigeria, one quarter of boys and girls become sexually active before their 15th birthday and this is often involuntary. For many girls early sexual interaction occurs within arranged marriages. Young sexually active girls are especially vulnerable to sexually transmitted infections and unwanted pregnancies at adolescence. Girls face a number of risks in their sexual and reproductive health which are highly gendered in nature, causes and consequences.

Some services that could address the health and social needs of adolescents exist in the country. These services, according to Federal Ministry of Health (FMOH) (2008) [2] are HIVAIDS prevention, condom distribution, mass media education and peer education.

These services seem not to be adequate and are not youth friendly. In 1988, the National Health Policy Strategy to achieve health for all Nigerians provided an open ended framework for all persons living in Nigeria

to have access to health care services. There were no specific provisions in the Policy on adolescents' health.

The Federal Ministry of Health in Nigeria (2005) [1] reported that until recently, the policy to back the provision of health and other services to young person did not exist in Nigeria. The health centers seem not to be adequate for the health development of adolescents. Hence, access of young people to appropriate youth-friendly services is hindered as a result of inadequate number of facilities and the quality of services provided.

In Nigeria, contraceptives are widely available and fairly cheap; however, the availability of information and contraceptive to adolescents under the age of 18 years is still restricted. Health services rarely recognize or meet the needs of young adolescents before or after, they become sexually active. Early and universal access to accurate and comprehensive sexuality education in the schools is rare but essential: adolescents do not usually have access to information and skills to protect themselves from harm and make

free informed, and responsible sexual and reproductive decisions. Adolescents' access to information and services seems to be restricted by discriminative legal regulations, social or religious barriers based on age or marital status or by negative attitude of health-care providers.

Adolescents need programmers and services which could save guard their right to privacy, confidentiality, respect and informed consent. International agreements affirm that all adolescents including the young have the right to receive age appropriate sexual and reproductive health information, education and services that will enable them deal in a positive and responsible way with their sexuality. The assumption that boys and girls under 15 are too young to need sexual and reproductive health information and services ignore these realities and deny them the practical knowledge and skill they need to protect themselves and their partners from STIs / HIV, unwanted pregnancies, unsafe abortion, sexual abuse or violence. Young adolescents have a right to receive comprehensive information, education, health services and other social and legal supports during this highly formative stage of their lives.

Over looking adolescents sexual and reproductive lives, the inability of youths to access sexuality education in schools, the opportunity to obtain information and skills to protect themselves from harm and to make free informed and responsible sexual and reproductive decisions has been the major concern to researchers. Furthermore, adolescents seem to be alienated from the traditional value and influence of the provisions of sexuality education and information by parents. Many parents have abdicated their roles of impacting sexuality education. Many religious priests equally preach only abstinence without proper sexuality education training.

Young people need intervention to protect their sexual and reproductive health and rights in a variety of settings, not only in schools but in their families and at State, community and grassroots level. The need for such efforts, including baseline research and systematic assessment situation process and outcome, will help to build the evidence base for the next generation. Hence there is need for this research.

Statement of the problem

In Nigeria, adolescents face sexual and reproductive risks. Services which should address the sexual health of adolescents exist but are not youth-friendly. Availability of contraceptives for adolescents

under the age of 13 years is still restricted. Sexual and reproductive health services rarely recognize or meet the need of young adolescents before or even when they become sexually active. Early and universal access to accurate comprehensive sexuality education in school is rare. Adolescent do not usually have information and skills to protect themselves from harm and make free, informed and responsible sexual and reproductive decisions. Adolescent access to information and service seems to be restricted by legal, regulatory, social or religious barriers.

Overlooking the uninformed aspects of young adolescent sexually and reproductive life, the inability of adolescent to access sexuality education in school lack of opportunity to obtain information and skills to protect themselves from harm and make free and informed sexual and reproductive decisions have been the concern of this researcher. Young people need intervention in their sexual developments. There is also the need to protect the sexual and reproductive rights of adolescents. Hence, there is need for this study to be able to understand the relationship between the sexual and reproductive behavior and awareness of health services. In order to carry out this research, the following general questions were raised:

- What is the sexual and reproductive behavior of adolescents?
- Are adolescents aware of sexual and reproductive health services?

Hypotheses

- (1) There is no significant relationship between the awareness of sexual and reproductive health services and the sexual and reproductive behaviour of adolescents.
- (2) Awareness of sexuality education will not be significantly related to the sexual and reproductive behavior of adolescents.

METHODOLOGY

Survey research design was used. A total number of 500 adolescents were sampled using stratified random sampling technique. The adolescent were sampled from three tertiary institutions in Ekiti-State namely College of Education Ikere, Ekiti State University, Ado-Ekiti and Federal University, Oye-Ekiti.

A research instrument was used. The research instrument consisted of 77 items which measured the sexual and reproductive behavior of adolescents. The instrument also measured the awareness of sexual and

reproductive health services which dealt with sexuality education, family planning and awareness of sexual and reproductive service from home. The methods used in validating the instrument were face content and construct validity procedure. The instrument had a correlation co-efficient of 0.84 and an internal consistency of 0.85.

The administration of the research instrument was done by the lecturers in each higher institution. Data was analyzed using frequency counts, percentages to give a summary of responses on sexual and reproductive behavior.

Using Pearson Correlation, the two generated hypotheses were analyzed.

RESULTS AND DISCUSSION

Descriptive Analyses:

Question 1: what is the sexual and reproductive behavior of adolescents?

In analyzing general question 1, scores of sexual and reproductive behavior of adolescents were used. The findings are as shown in table 1.

Table 1: Sexual and reproductive behavior of Adolescents

	Yes%	No %
Ever had sexual intercourse	79	21
Sexual relation with multiple partners	38	62
Sex in Exchange for money	13	87
Regular sex	56	44
Anal sex	89	11
Oral sex	13	87
Same sex partnership	37	63
Use of condom	37	63
Use of other contraceptive(s)	38	62
Use of family planning services	20	80
Visit to health center for health information	10	90
Regular sexual health information	15	85

Table 1 shows the sexual and reproductive behavior of adolescents. The table indicates that majority of adolescents are engaged in high risk sex such as regular sex, same sex and multiple sexual

partnership. There is a low level use of condom, few adolescents visit health care centre for information and the use of family planning service is low.

Table 2 : Are adolescents aware of sexual and reproductive health services

	Yes %	No %
Do your parents discuss sexual and reproductive issues with you?	52	48
Do you have access to sexual and reproductive health services?	62	38
Do your teachers discuss sexual and reproductive issues with you?	54	46
Do you have access to comprehensive sexual and reproductive health matters in school?	28	72

Table 2 shows that only 52% of adolescents discuss sexual and reproductive issues with their parents while 62% have access to sexual and reproductive health services. Only 28% have access to comprehensive sexual and reproductive health matters in school. Therefore it is clear that adolescents are not fully aware of sexual and reproductive services in Nigeria.

Hypothesis 1

There is no significant relationship between the awareness of sexual and reproductive health services and the sexual and reproductive behaviour of adolescents.

Table 3: Correlation of awareness of sexual and reproductive health services and the sexual and reproductive behaviour of adolescents.

Variable	N	Mean	SD	Rcal	R table
Awareness of sexual and reproductive health services	100	28.57	8.18	0.482	0.195
Sexual and reproductive behaviour of adolescents	100	70.86	21.42		

P<0.05

Table 3 shows that Rcal (0.482) is greater than R table (0.195) at 0.05 level of significance. Hence, the null hypothesis is rejected. This implies that there is significant relationship between the awareness of sexual and reproductive health services and sexual and reproductive behaviour of adolescents.

Hypothesis 2

Awareness of sexuality education will not be significantly related to the sexual and reproductive behavior of adolescents.

Table 4: Correlation of awareness of sexuality education and sexual and reproductive behavior of adolescents.

Variable	N	Mean	SD	Rcal	R table
Awareness of sexuality education	100	32.63	4.07	0.269	0.195
Sexual reproductive behavior	100	28.57	8.18		

P<0.05

The null hypothesis is rejected ($r = 0.269, 120.05$) it implies that there is significant relationship between awareness of sexuality education and sexual reproductive behavior.

DISCUSSION

The study examined the relationship between the awareness of sexual and reproductive health services and the sexual and reproductive behavior of adolescents in Nigeria. Findings show that adolescents engage in high risk sex and condom use is low. Few adolescents visit health centers for information and use family planning service. It was also clear that sexual and reproductive services are available but adolescents do not have the opportunity to use them. This finding is supported by Federal Ministry of Health, Nigeria (2005) [1] which observed that the policy and legal frame work to back the provision of health service for young person's did not exist in Nigeria and that the sexual and reproductive services are not youth-friendly. Also NARHS (2003) [3] reported that youth are more vulnerable to sexual infection in their sexual orientation

The findings of the study also show that a significant relationship exist between the sexual and reproductive behavior of adolescents and their awareness of sexual and reproductive health services. This finding is supported by Federal Ministry of Health, Nigeria (2008)[1] which observed that adolescents face a number of sexual and reproductive health risk and that in spite of the health risk, services seems not to be

adequate, contraceptives even when available are restricted to married adolescents. The finding is so because adolescent do not have access to youth-friendly sexual and reproductive health services and comprehensive sexuality education. Many parents abdicated their roles of impacting sexual norms, without proper sexuality education at the formation stage of the adolescent life. In all areas of sexual and reproductive health, the rights of adolescents are not protected instead legal, regulatory or religious barriers discriminate when it comes to the provision and the promotion of sexual and reproductive information and skills to adolescents.

CONCLUSION AND RECOMMENDATION

Young people need intervention to protect their sexual and reproductive health and rights in a variety of settings including schools, Health Service Centers and at home at the State or community levels. Adolescents need focused interventions. The Government in Nigeria needs to ensure the availability of youth-friendly information and health services that are accessible and socially acceptable and which will provide services that could reduce the vulnerability of youths to health risks.

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