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Sources of Sexuality and Reproductive Health Information among Kaduna State Secondary School Adolescents

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Abstract
The study was conducted to assess adolescents' sources of Sexuality and Reproductive Health (SRH) information. 380 adolescents, 400 teachers and 399 parents of adolescents were randomly selected from nine secondary schools in Kaduna State to serve as sample of the study. Three research questions guided the study. One structured questionnaire titled "Adolescents' Sources of Sexuality and Reproductive Health Information Questionnaire (ASSRHIQ)," which was validated and had a reliability coefficient of 0.87, served as the research instrument. Survey design was used for the study and data collected were computed using descriptive statistics. The following results were obtained from the analyzed data: Adolescents' actual source of SRH information was the media (39%); preferred source was the school (36%); Parents' and Teachers' perceived adolescents' sources of SRH information were the media (29%) and (40%) respectively; preferred source for parents was the school (39%); teachers preferred parents and school (45% each). Based on the findings, it was recommended that school management should ensure that all adolescents get SRH information from teachers who are well trained and also ensure continuous clarification as to what SRH education is and why it is necessary to teach it through parenting education.
Keywords: Adolescents, Sexuality, Reproductive, Health, Information, Source

Introduction
Youth aged 10–24 years comprise about 33% of the population in sub-Saharan Africa with Nigeria having the highest population in the region. Studies show that 43 percent of the Nigerian population consists of young persons aged 10 to 19 years (PRB, 2013; UNICEF, 2013). This period of development from the end of childhood to, but before the attainment of adulthood (10 to 19 years) called 'adolescence period' is also a period of critical development involving physical, physiological, cognitive, and psychosocial changes. These changes expose adolescents to unhealthy sexual behaviour such as early sex experimentation, unsafe sex and multiple sexual partners which put them at high risk of sexual and reproductive health (SRH) problems. Adolescence is a critical life phase in which individuals must have the

opportunity to develop the capabilities required for realizing their full potentials and achieving a healthy and fulfilling life which is necessary for the development of any nation including Nigeria (UNICEF, 2011; WHO, 2015; PRB, 2006; Otuadah, 2006). The sexual and reproductive health needs of adolescents are frequently not paid attention to in many societies, yet adolescents constitute large proportion of the population. For example, changes in sexual and social norms continuously take place without corresponding access to comprehensive, age-appropriate Sexuality and Reproductive Health information. At present, sexuality education, to some extent, is still either totally ignored or superficially clothed in different school subjects and offered by teachers who in most cases are not well prepared. In a situation like this, adolescents with any questions on the subject may find it difficult to approach a teacher or even a parent because most Nigerian cultures do not give space for the discussion of sexuality issues. Bleakley, Hennessy, Fishbein and Jordan (2009) observe that good knowledge and awareness on SRH is based on information and facts acquired through experiences, socialization and education; which are needed to foster healthy lifestyle and skills in shaping healthy individual adolescents and their behaviours in the context of SRH.

Adolescents therefore need to be equipped with adequate personal information for charting their transition to adulthood; information in the form of sexuality education which:

a) Addresses the biological, socio-cultural, psychological, and spiritual dimensions of sexuality from the cognitive domain (including problem-solving, understanding consequences, decision-making, critical thinking, and self-evaluation); the affective domain (emotional coping skills, including the management of feelings, stress, impulses, values, and attitudes); and the behavioural domain (interpersonal skills, including communication, negotiation/refusal skills, assertiveness, cooperation, and empathy).

b) Helps adolescents make choices, have confidence, develop self-esteem and to engage in safe and healthy behaviours.

The ICPD (1994) explained sexual and reproductive health as a state of physical, mental and social well-being rather than the absence of disease. As such, it called for the educational and service needs of adolescents to be met in order for young people to deal positively and responsibly with sexuality, and for reproductive health services to be made available through the primary health care system to people of all ages, including young people. This implies that adolescents' rights to health and development which includes sexual and reproductive health must be met through ensuring the availability of schools, youth programmes, recreational and sports activities, and vocational and work prospects; opportunities for youth participation in community organizations; social and legal protections from abuse, violence and rape; and the availability and quality of sexual and reproductive health information and confidential services (WHO, 2011). Accumulated evidence shows that when people can exercise their sexual and reproductive rights, they experience far-reaching benefits throughout their lives, as do their families, communities and countries (ICPD, 1994). Even though Nigeria had made adoptive policy statement with regards

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to SRH, the people including adolescents, are not granted their rights to accurate information and services on SRH as the policy is not yet domesticated in the country and not contained in the Nigerian legal system (Langer, 2006).

Theoretical approaches regarding information-seeking behaviour as suggested by Dervin (1992) in his Sensory Theory proposed that if a person intends to search for information, he will do so when he feels that there is a need between the existing information and the situation he encounters and when he feels he needs that information, thus will trigger him to seek that particular information. This implies that different sources of information will disseminate different types of information regarding SRH and the varieties in the sources may influence adolescent's views and sexual behaviours.

Ignoring SRH needs of adolescents such as lack of accurate information has wider social and health consequences that make adolescents vulnerable to negative outcomes. For example, Nigeria accounts for roughly 14 percent of the global burden of maternal mortality with 576 maternal deaths per 100,000 live births. The average age at sexual debut is reported to be roughly 15 years of age among adolescent mothers in Nigeria. Other negative outcomes of ignoring SRH needs of adolescents include unwanted teenage pregnancies, illegal abortion, child abandonment, infant and maternal mortality and morbidity, multiple sexual partnership, transactional sex, cybersex, sexually transmitted infections (STIs) including HIV/AIDS, sexual violence, and drug abuse leading to high secondary school drop-out rate which culminate into physical and psychological problems (UNICEF, 2016; DHS, 2013; WHO, 2015; Townsend, 2013; WHO, 2010; Zabin & Herisch, 2008). The available SRH data on Nigerian adolescents highlights the importance of focusing on providing accurate information to adolescents and investing in their health, to boost Nigeria's long-term prosperity.

Various sources of sexuality information for pre-adolescents and adolescents are reported by various researchers. A research carried out by Sanni, Atofojomo and Olaluwoye (2018) to investigate the perception of secondary school students on influence and effectiveness of sex education on sexuality behaviour in Lagos State, Nigeria, revealed the sources of SRH information for the students as follows: mother (21.3%), School teacher (16.3%), father (12.8%), media (12.6%), peers (11.1%) and the school guidance counsellor (2.0%). Another research carried out by Guttmacher Institute (2017) reported American adolescents' sources of Sexuality Health information to include: Parents with more female talking to parents than male adolescents (70% of males and 78% of females); Health care providers 45%; and Digital 73%. Similarly, in their study on the Impact of Sex Education in Kogi State, Nigeria, Sule, Akor, Toluhi, Suleiman, Akpihi and Ali (2015) found that 35.26% and 34.03% of adolescents obtained information about sexuality and reproductive health from peer group and the media respectively. Only 5.66% obtained information about SRH from their teachers while 10.31% obtained the information from their parents. They also found that 6.17%, 6.28%, 6.79%, 10.31% and 1.43% of the students prefer to discuss issues of SRH with a health worker, class teacher, peer

educator, parent and religious leader respectively. A total of 69.08% prefer not to discuss SRH issues with anyone.

Bleakley, et al. (2009) found friends 74.9%, teachers 62.2%, mothers 60.9%, the media 57.0%, doctors 41.5%, Grandparents 13.5% and religious leaders 12.0% to be sources of adolescents' information on sexuality issues. A cross-sectional study by Coleman and Testa (2007) conducted in London to identify who is the best person in delivering information about SRH involving a sample of 3,007 students aged 15-18 years revealed that among Hindu respondents, higher preference towards someone of similar age and least preference towards someone of same religion as compared to Muslim respondents which have higher preference towards someone with same religion and cultural beliefs.

A study carried out by Nwagwu (2007) on Internet as a Source of Reproductive Health Information among Adolescent Girls in an urban city in Nigeria, found that out-of-school adolescents reported relying on friends (63.18%) followed by the Internet and boyfriend/girlfriend each of which was reportedly used by over 50% of the respondents. Books, television and magazines were used by over 40%, while public health campaigns and health classes constituted sources of information to more than 30% of the respondents. Grandparents, parents, health provider/clinic, teachers and clergy/religious leaders were only reportedly used by more than 20% of the girls while sibling/cousin were the least consulted sources.

In Sub-Saharan Africa, Amuyunzu-Nyamongo, Biddlecom, Ouedraogo and Woog (2005) in their study of four countries (Burkina Faso, Ghana, Uganda, and Malawi,) reported that young people got SRH information mainly from the mass media (i.e. radio, newspapers and television), healthcare providers, schools or teachers and dramatic performances. Parents, aunts, grandparents, older persons in the community and friends were also mentioned as sources. No single source of information was dominant either among preferred or among actual sources. In Uganda, adolescents are reported to increasingly turn to peer groups, schools, churches, the media and non-governmental organizations (NGOs) for information.

Statement of the Problem

In Nigeria, adolescents are reported to constitute about 22 percent of the national population and with their position as the next generation of adults, they are said to occupy an important place in health and development initiatives (World Bank, 2015). Human beings as they grow-up become more aware of their sexuality especially during the period of adolescence. It is also during this period that individuals become aware of how they feel, think and behave as female or male and what they want in terms of close relationships and physical affection and attraction. This is when people begin to feel strongly attracted to other people and start noticing and seeking to understand their own sexual feelings, desires, dreams and fantasies. This is also when they develop a strong urge for independence and depend more on their peers and the media for information about sexuality issues.

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Researchers and programmers have identified and proffered Sexuality Reproductive Health Education as a useful tool for equipping adolescents with accurate, crucial information and skills related to sexuality. In this regard, the introduction and institutionalization of Sexuality and Reproductive Health education became one of the immediate efforts made to address this problem to create awareness about these sexually-based problems. The rationale was to acquaint the youth with factual and accurate sexual information about the dimensions of sexual knowledge that will enable them to understand and clarify their personal values, improve their sexual knowledge and sexual decision–making and promote their knowledge about how all these interact with socio-cultural and religious factors to affect personal well-being. This set of values is incorporated in Sexuality and Reproductive Health Education called Family Life and HIV Education (FLHE) introduced into the Nigerian educational system as the government's efforts to improve Adolescent Sexual Reproductive Health (ASRH) outcomes in Nigeria. The programme which targets in-school adolescents was initiated in 2003 and implemented nation-wide. However, available data suggests that it has reached only 13 percent of in-school adolescents (NACA, 2014). The program has been kicked against vehemently by many, including religious bodies, parents, PTAs and even State Houses of Assembly arguing that teaching SRH issues to adolescents in school will make adolescents promiscuous. Researches and Observations have shown that lack of Sexuality Reproductive Health (SRH) information, problems of peer influence, decline in age of menarche, gaps in accurate knowledge, poor parent-child communication on sexual and reproductive matters, resistance to increasing access of young people to appropriate information and services, negative effect of social media among others have increased the risk of sexually related problems in many societies within Nigeria and beyond (Tukur, 2010).

The problem of this study therefore, centres on assessing adolescents' actual and preferred sources of SRH information and parents' and teachers' perceived and preferred sources of adolescents' sources of SRH information.

Objectives of the study

The objectives of this study include assessing:

1. Adolescents' actual and preferred sources of Sexuality and Reproductive Health information.
2. Parents' perceived and preferred adolescents' Sources of Sexuality and Reproductive Health information.
3. Teachers' perceived and preferred adolescents' Sources of Sexuality and Reproductive Health information.

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Research questions

The following questions were raised to guide the research:

1. What are adolescents' actual and preferred sources of Sexuality and Reproductive Health Information?
2. What are parents' perceived and preferred adolescents' sources of Sexuality and Reproductive Health information?

3. What are teachers' perceived and preferred adolescents' sources of Sexuality and Reproductive Health Information?

Methodology

The research employed a descriptive survey research design. The population of this study was all Junior Secondary School II (JSS II) and Senior Secondary School II (SSS II) public secondary school adolescents, all parents and teachers of the adolescents in the twelve (12) educational inspectorate divisions of the twenty three (23) Local Governments Areas of Kaduna State. The population consisted of about 276,800, JSS II and SSS II adolescents in 217 schools that only house both JSS and SSS students in the same premises. Parents' population of same adolescents was 276,800 and the population of teachers who teach the adolescents in the schools was 8,675.

Stratified and simple random sampling techniques were used to select 380 adolescents (211 males and 169 females), 399 parents (267 males and 132 females), and 400 teachers (239 males and 161 females) from nine (9) schools in nine (9) selected inspectorate divisions of Kaduna state. The choice of stratified random sampling was to ensure proper representation of inspectorate divisions and respondents by gender.

One structured questionnaire for the three respondent groups titled- "Adolescents' Sources of Sexuality and Reproductive Health Information Questionnaire (ASSRHIQ)" was developed by the researcher from the Nigerian Curriculum for Sexuality Education. In order to ensure validity of the instruments, the instrument was referred to four expects in the field of Educational Psychology and Counselling, for vetting so as to ensure its appropriateness, relevance and clarity. A test-retest of the instruments after two weeks of the initial administration to some selected adolescents in an inspectorate division that was not part of the study yielded a reliability coefficient of 0.87.

The instrument was divided into two sections - A and B. Section A asked about the personal data of respondents which include age, sex, religion and educational level. The section B had 35 items where items 1-33 were statements from sexuality education curriculum on adolescents SRH which adolescents are expected to have knowledge of. Respondents were asked to go through the items carefully to understand the SRH information needed by adolescents being referred to. Items 34 and 35 asked respondents to indicate perceived (or actual, in the case of the adolescents) and preferred sources of the stated adolescents' SRH information in items 1-33. The sources given were: (a) the media (b) friends (c) formal school (d) parents (e) islamiyya school (f) the church.

Data generated was subjected to descriptive statistics of frequency counts and percentage analysis.

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Presentation of results

Research question 1: What are adolescents' actual and preferred sources of Sexuality and Reproductive Health Information?

Table 1: Distribution of Adolescent respondents' actual sources of information on sexuality issues

Sources of information	Frequency	Percent
Media: TV, films, social media, websites	147	38.7
Friends	103	27.1
School	72	18.9
Religious institutions	44	11.6
Parents	14	3.7
Total	380	100.0

Table 1 indicates adolescents' actual sources of SRH information as the media 39%, followed by friends 27%, the formal school 19%, religious institution 11.6%, parents 3.7 %.

Table 2: Distribution of Adolescent respondents' preferred sources of information on sexuality issues

Sources of information	Frequency	Percent
School	137	36.1
Media: TV, films, social media, websites	108	28.4
Parents	67	17.6
Religious institutions	40	10.5
Friends	28	7.4
Total	380	100.0

Table 2 indicates that adolescents' preferred sources of SRH information is the formal school 36%, followed by the media 28%, parents 18%, religious institution 11%, and friends 7 %.

Research question 2: What are parents' perceived and preferred adolescents' sources of Sexuality and Reproductive Health information??

Table 3: Distribution of Parent respondents on perceived sources of adolescents' information on sexuality issues

Sources of information	Frequency	Percent
Media: TV, films, social media, websites	114	28.6
Friends	102	25.6
Religious institutions	74	18.6
Parents	58	14.5
School	51	12.7
Total	399	100.0

Table 3 indicates that parents' perceived sources of SRH information is the media 29%, followed by friends 27%, religious institutions 19%, then parents 14%, and formal school 13%.

Table 4: Distribution of Parent respondents on preferred sources of adolescents' information on sexuality issues

Sources of information	Frequency	Percent
School	155	38.8
Religious institutions	106	26.4
Parents	99	24.8
Media: TV, films, social media, websites	32	8.0
Friends	7	1.8
Total	399	100.0

Table 4 indicates that parents' preferred sources of SRH information is the formal school 39%, followed by religious institutions 26%, parents 25%, the media 8%, and friends only 2%.

Research question 3: What are teachers' perceived and preferred adolescents' sources of Sexuality and Reproductive Health Information?

Table 5: Distribution of teacher respondents on perceived Adolescents' source of information on sexuality issues

Sources of information	Frequency	Percent
Media: TV, films, social media, websites	160	40.0
Friends	94	23.5
School	82	20.5
Parents	40	10.0
Religious institutions	24	6.0
Total	400	100.0

Table 5 indicates teachers' perceived sources of SRH information as the media 40%, followed by friends 24%, the formal school 20%, parents 10%, and Religious institutions 6%.

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Table 6: Distribution of teacher respondents on preferred Adolescents' source of information on sexuality issues

Sources of information	**Frequency**	**Percent**
School	180	45.0
Parents	181	45.2
Religious institutions	27	6.8
Media: TV, films, social media, websites	6	1.5
Friends	6	1.5
Total	400	100.0

Table 6 indicates that teachers' preferred sources of SRH information are mainly the school 45%, and parents 45%, followed by Religious institutions 7%, the media 1%, and friends 1%.

Discussion of the findings

The finding of this study revealed that adolescents' actual source, parents' and teachers' perceived sources of Adolescents' SRH information are largely the media followed by friends. This agrees with other studies that show friends and media as leading sources of ASRH information (Guttmacher Institute, 2017; Sule, et al., 2015; Bleakley, et. al, 2009; Coleman & Testa, 2007). The findings also indicate that adolescents, parents and teachers prefer the school and parents to be the main source of adolescents SRH information. While parents prefer the school to be the major source, teachers on the other hand prefer both parents and the school to take the responsibility. This is in agreement with reviewed studies that show teachers and parents as sources of SRH information (Sanni, et al., 2018; Guttmacher Institute, 2017; Bleakley, et al., 2009; Coleman & Testa, 2007; Nwagwu, 2007).

It is also noteworthy that while adolescents indicate preference for parents to be their source of SRH, the parents prefer the school and religious institutions to take up the responsibility. This agrees with studies like that of Amuyanzu-Nyamogo et al. (2005) which indicate that parents in Africa shy away from discussing sexuality issues with their children as it is culturally considered a taboo or disrespectful to do so. In some cases, parents may shout, punish, beat, or consider such children as being promiscuous when they ask questions regarding SRH (Amuyanzu-Nyamogo *et al.* (2005). This finding however, does not agree with that of Bleakley, et al. (2009), Guttmacher Institute (2017), Coleman and Testa (2007) which show parents as actual source of adolescents' SRH information.

Even though religious institutions were the least indicated actual and preferred sources by adolescents, parents perceived and preferred such institutions to be a source of SRH information for adolescents. This finding does not agree with that of Coleman and Testa (2007), where adolescents in London prefer to get SRH information from religious institutions. This probably is because in London, unlike Africa, religious leaders are abreast with current needs of today's youths. Similarly, the findings of this study indicate that none of the respondent groups prefer friends as

a source of SRH information; this may be because friends as source will be like the blind leading the blind. The findings of this study therefore, clearly indicate that all concerned groups (adolescents, parents and teachers) prefer the school and parents to take up the responsibility of being the sources of SRH information for adolescents.

Conclusion

The literature supports the findings of this study that adolescents need information regarding sexuality issues, and they get it from different sources even when they have their preferences. The findings of this study concludes that adolescents' actual source, parents' and teachers' perceived sources of adolescents SRH information are largely the media followed by friends. The findings also led to the conclusion that adolescents, parents and teachers prefer the school and parents to be the main sources of adolescents' SRH information. While parents prefer the school to be the major source, teachers on the other hand prefer both parents and the school to take the responsibility.

Recommendations

In view of the findings of this study, it is recommended that:

1. Education policymakers and school management should ensure the teaching of SRH education that aims at helping young people to understand the factors, which influence the development of sexual maturity as well as appreciate responsible living and decision making that influence human relationships and family role.
2. School management should ensure that teachers who handle SRH education are skilled in this area by being well trained and being more mature.
3. The school management should ensure that there is continuous clarification as to what sexuality and reproductive health education is and why it is necessary to teach it to young adolescents through parenting education especially at PTAs and via mails.
4. Policymakers and school management should also engage the clergy and traditional rulers on the importance and religious perspective of SRH for adolescents so as to ensure holistic approach.

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