
ADOLESCENTS' AWARENESS OF CONTRACEPTIVES AND THEIR ADMINISTRATIONS IN
GARAKU TOWN, NASARAWA STATE, NIGERIA

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Abstract

Total demand and contraceptive use are fundamental measures of access to Sexual and Reproductive Health and Rights (SRHR). The paper analyzed the Adolescents' Awareness of Contraceptives and their Administrations in Garaku Town, Nasarawa State, Nigeria. The social survey research design was adopted for this paper. Data were collected using qualitative and quantitative methods. 361 questionnaires were distributed among adolescents in Garaku Town, Kokona Local Government Area of Nasarawa State, Nigeria through simple random sampling techniques and Focus Group Discussion were also carried out, and their responses were used to strengthen the responses gathered. Data collected showed that the majority of the respondents have the knowledge and practice of the use of contraceptives. The paper recommends the need for adequate and early sex education among adolescents to ensure that sexual practice is safe. Sexual education programmes will go a long way in ensuring that adolescents who engage in sexual intercourse protect themselves from risky sexual practices such as abortion, multiple partnering, early sexual debut and unplanned pregnancy. Also, the Provision of information about contraceptives should include the possible sources of contraceptives, especially where they could be accessed without embarrassment by the providers.

Keywords: Contraceptive, Knowledge, Practice, Awareness, Administration

Introduction

Sexual and reproductive health is gaining more attention from public health practitioners, sociologists, demographers and health service providers because of its contribution towards overall health and well-being in both adults and adolescents. The Nigerian National Demographic Health Survey, 2018 revealed that 16% of young women and 6% of young men aged 15–24 years, initiated sexual activity before ages 6-15. About half of young women (43%) and more than a quarter of young men (8%) aged 18–24 years had first sexual intercourse before the age of 18. Despite risky sexual behaviours and increased sexual activities among adolescents; adequate health education is lacking, and contraceptive use remains low in both their first and last sexual encounters. In tandem with this are the high prevalence of reported experience of sexually transmitted diseases,

reliance on unsafe abortion and many abortion-related complications. (National Demographic Health Survey, 2018).

Total demand and contraceptive use are fundamental measures of access to Sexual and Reproductive Health and Rights (SRHR). Universal access to Sexual and Reproductive Health (SRH) by 2030 corresponds to targets 3.7 and 5.6 of the United Nations Sustainable Development Goals (SDGs), and it is also recognized in target 5.B of the Millennium Development Goals (United Nations, 2015). Indicator 3.7.2 of the SDGs explicitly refers to Adolescent Birth Rate. Expansion of contraceptive use in most impoverished countries is also the goal of the Family Planning 2020 global partnership (Family Planning 2020, 2015). Not leaving adolescents behind is explicit in the Global Strategy for Women's, Children's and Adolescents' Health of the Every Woman Every Child global movement (Every Woman Every Child, 2015). Following international practice, the key measure of adolescent fertility is the age-specific fertility rate for women aged 15 to 19 (UN, 2019).

At present, about sixteen million young women between ages from 15 to 19 give birth every year, and three million undergo unsafe abortions, making pregnancy and childbirth the leading cause of death for teenage girls (Advocates for Youth, 2013). Approximately 11% of global births occur to adolescent women, 95% of them in developing countries. The health of young people all over the world, including Nigeria, represents a common future. Yet adolescent sexuality studies in Nigeria still report health and social outcomes such as unwanted pregnancies and attendant consequences such as maternal mortality and increasing the number of school dropouts. Complications from pregnancy and childbirth have also been reported as the leading cause of death in girls aged 15–19 years in low and middle-income countries (LMIC). These outcomes could be stemmed by ensuring good knowledge of contraceptives and their use among these age groups (WHO 2019).

Knowledge and practice of contraceptives among adolescents showed a very wide variation among the region of sub-Saharan Africa than other regions of the world (United Nations, 2019). In confirmation with this study among adolescent aged 15--19 in Ghana, revealed that 85% knows at least one method of contraception while only 17% of sexually active adolescent use contraceptives, the rate for any method was 27% (Eze, Obiebi, & Akpofure, 2018) Similar study in Nigeria has revealed that over 60% off urban adolescence have heard of at least one method but only 4.7% of active adolescent practice contraceptives of which 3.5% of them practice modern methods (Ajayi & Somefun, 2019). Another study in Kenya indicates that 90% of Kenyan high school students knew at least one method, 49% of male and 43% of the female student ever used contraceptives (UN, 2019). The same study also revealed an increase in contraceptive use from 25% versus 28% during the first to 31% versus 29% during the last intercourse among male and female students respectively. However, only 11% of ever users considered themselves as frequent users (WHO, 2019)

Knowledge and practice of contraceptives among adolescents in most countries of Latin America, the Caribbean, Asia, the near east and North Africa exceed 90%. Knowledge and practice of contraceptive methods is the first step toward accepting a method (Dung, 2019). In all regions, knowledge and practice of any modern

method of contraception are nearly universal among both young women and men. However, a considerable proportion of adolescents in Sub-Saharan Africa do not know of a modern method; Chad is the most notable examples-only 49% of this country's young women and 72% of its young men know of a modern method. Suleiman, Abdullahi, Oguntayo, & Suleiman (2018) further observed that other countries with low levels of knowledge of any contraceptive method include Madagascar, Mali and Nigeria. Overall, knowledge of any method is somewhat higher among young men than young women and knowledge levels are generally higher in countries outside Sub-Saharan Africa.

Reports from several studies in the six geopolitical zones in Nigeria conducted by Eze, Obiebi and Akpofure; (2018) Envuladu, Kwaak Zwanikken, and Zoakah, (2016), Abdullahi, Adekeye, Mahmoud and Akor (2013) and James (2010) indicate that contraceptive knowledge and awareness, especially among female students aged 15 to 24 years, is very high. In another study conducted by Abiodun and Balogun (2019) in Ilorin, it was ascertained that the methods mostly known by respondents were the condom (69.0 percent), the oral contraceptive pill (OCP, 38.8 percent), IUCD (29 percent), and periodic abstinence (32.9 percent), with most respondents being able to name at least one method of contraception. Unfortunately, all of the studies that showed good knowledge and awareness did not show a strong prevalence of the use of contraception. Instead, these studies showed a high level of sexual activity corresponding with a low contraceptive prevalence. The average age of sexual debut in many of the studies ranged between 12 and 20 years, with a mean age of 16 ± 1.2 years.

The consequence of high sexual activity and low contraceptive use is an increased frequency of unplanned pregnancies and subsequently induced abortions or unplanned deliveries. Studies reveal that a high percentage of adolescents and young adults have had at least one unwanted pregnancy leading to induced abortion (Suleiman, Abdullahi, Oguntayo, & Suleiman, 2018; Fawole & Aboyeji, 2002; Ajayi & Somefun, 2019). The reasons given in these studies for not using contraceptives were fear of side effects, objections from their partner, conflicts with their religious beliefs, objections from family members, not thinking about using contraceptives, not having sexual intercourse to have a baby, and unplanned sexual debut.

The knowledge of contraceptives is often determined by the source of information available among adolescents. There are various sources of information about contraception among adolescents. This is revealed from studies conducted by Okpani and Okpani (2000), Oye-Adeniran et al (2005) among the six geopolitical zones of Nigeria to include; friends/ siblings, radio/television/newspapers/magazines, school lectures/workshops/seminars, and health workers. Their findings further revealed that health workers contribute little to the dissemination of information on contraceptives to adolescents. This poor contribution of health workers to the dissemination of contraceptive information is worrisome. This is because more reliable information should emanate from health workers at the family planning clinics but, in Nigeria, the family planning clinics according to Abiodun and

Balogun (2019) are not young women- or adolescent-friendly. The reason for this unfriendliness towards adolescents is rooted in the cultural fabric of Nigerian society where many still regard family planning services as preserved for married people. Besides, Odo, Samuel and Atama (2018) pointed out that discussions on sex and contraception with young people are still considered inappropriate in Nigeria, even among health workers.

But recently, it has been observed that in some centers and communities' staff in health centers is becoming an important source of information, especially in southern Nigeria (Abasiattai, Bassey & Udoma, 2018). This is probably because of the increased level of education among women and mothers in southern parts of Nigeria. The availability of contraceptives has a great influence on the practice of contraception. Various studies in the six geopolitical zones of Nigeria have indicated that the main sources of contraceptives, in decreasing order of frequency, are patent medicine stores, pharmacy shops, friends/siblings/partners, and health facilities. Among the health facility sources, the availability of contraceptives is higher at private clinics than at government family planning and maternal health clinics or hospitals. Also, more married than single women receive contraceptives from government-run health facilities, including hospitals.

Monjok, Smensy, Ekabua, and Essen (2010) said the trend of the patent medicine shop is the most important source of contraceptive commodities in Nigeria is worrisome. The type of information obtained on contraception from a patent medicine shop according to them is likely to be incorrect because these shops are managed by traders who themselves may have little or no knowledge of contraceptives. Unfortunately, the pharmacy shops which are managed by qualified pharmacists are few and are limited to the urban areas. The patent medicine dealers, however, are more numerous and found in the vast number of rural and peripheral villages, where 60%–70% of the population resides. It is also in these rural areas that there are no practicing pharmacists or doctors to advice on contraceptive choices. In most communities in Nigeria, single women are therefore more likely to obtain contraceptive information and commodities from patent medicine dealers, because single women are not culturally accepted at conventional family planning clinics, especially those run by the government.

Religion and especially some Christian denominations have also been shown to influence contraceptive usage. Research conducted by Oye-Adeniran et al (2005) showed that while the Roman Catholics get their contraceptives mostly from patent medicine shops, the majority of Christians get theirs from general hospitals. Catholic patronage of patent medicine shops and marketplaces may be connected with a religious objection to the use of modern contraceptive methods. Muslims in the same study also patronized the patent medicine shops more often because of the reported high disapproval by Muslims of contraceptive use.

In the same survey, the age of the respondent was also important in the source of the contraceptive commodity. Most adolescents used patent medicine shops, but from the age of 25 years, there is a greater tendency to obtain contraceptives from private/general hospitals. This finding is a result of societal disapproval of sex before marriage, the group to which most adolescents belong. Adolescents are also most likely to obtain condoms and oral contraceptive pills over the counter at patent medicine shops where these cultural inhibitions are less

evident. Unwanted pregnancy and unsafe abortions are more common among young persons (15–24 years), yet it is this same age group that Nigerian cultural forces have prevented from benefiting from adequate information regarding contraception even supplies.

In Nasarawa state and Garaku in particular with about 22 percent adolescent population, the issue of Knowledge and practice of contraceptive among adolescents is a major issue of concern. This can be attributed to the lack of sexual and reproductive health centres that should be providing sexual education as well as providing the reproductive health need of the population. Thus, considering the enormous health effect of risky sexual and reproductive health behaviour among adolescents, therefore, it is pertinent to x-ray the Adolescents' awareness of Contraceptives and their administrations in Garaku Town, Kokona Local Government Area of Nasarawa State, Nigeria

Research Questions

This paper has the following research questions.

- i. How effective is contraceptives among adolescents in Garaku Town, Kokona Local Government Area of Nasarawa State, Nigeria?
- ii. What is the frequency of utilizing contraceptives among Adolescents in Garaku Town, Kokona Local Government Area of Nasarawa State, Nigeria?
- iii. What are the related problems encountered by adolescents while administering contraceptives in Garaku Town, Kokona Local Government Area of Nasarawa State, Nigeria?

Conceptual Clarification

Adolescent

Adolescent as a concept is defined differently from perspectives. Adolescence (age 10-19) is defined as a transitional stage of life during which an individual reaches sexual maturity (United Nations, 2019). According to Adegoke (2003), the adolescent can be defined as a stage in the life cycle between 13 and 18 years of age characterized by increasing independence from adult controls, rapidly occurring physical and psychological changes, exploration of social issues and concerns increased focus on activities with a peer group and establishment of a basic self-identity. According to the National Policy on Adolescent health (2019), an adolescent is seen as an individual between the ages of 10 and 24 years, thereby covering the category defined by World Health Organization as young people. The World Health Organization defined an adolescent to be persons between the ages of 10 and 19 years. World Health Organization (2018) defines adolescents as individuals between the 10-19-year age group and “youth” as the 15-24- year age group. These two overlapping age groups are combined in the group “young people”, covering the age range 10-24 years. World Health Organization (WHO) recognizes that “adolescence” is a phase rather than a fixed period in an individual’s life. As indicated above, it is a phase of development on many fronts: from the appearance of secondary sex

characteristics (puberty) to sexual and reproductive maturity; the development of mental processes and adult identity; and the transition from total socio-economic and emotional dependence to relative independence. It is important to note that adolescents are not a homogeneous group. Their needs vary with their sex and stage of development.

Adolescence has been described as the period in life when an individual is no longer a child, but not yet an adult. It is a period in which an individual undergoes enormous physical and psychological changes. Also, the adolescent experiences changes in social expectations and perceptions. Certain physical growth and development are accompanied by sexual maturation, often leading to intimate relationships. The individual's capacity for abstract and critical thought also develops, along with a sense of self-awareness when social expectations require emotional maturity. For this study, an adolescent is defined as individuals between the ages of 10-19 years.

This paper agreed with the definition provided by Adegoke (2003) that adolescent can be defined as a stage in the life cycle between 13 and 18 years of age characterized by increasing independence from adult controls, rapidly occurring physical and psychological changes, exploration of social issues and concerns increased focus on activities with a peer group and establishment of a basic self-identity.

Theoretical Framework

The theoretical framework of this paper is hinged on the Theory of Reasoned Action. The theory was developed by Martin Fishbein and Icek Ajzen in 1975. The theory is based on the assumption that human beings are usually quite rational and make systematic use of the information available to them. People consider the implications of their actions in a given context at a given time before they decide to engage or not engage in a given behaviour, and that most actions of social relevance are under volitional control (Ajzen & Fishbein, 1980). The theory of Reasoned Action specifically focuses on the role of personal intention in determining whether behaviour will occur. The theory indicates that a person's intention is a function of two basic determinants.

- i. Attitude toward the behaviour, and
- ii. Subjective norms. i.e. social influence.

'Normative' beliefs play a central role in the theory and generally focus on what an individual believes other people, specifically influential people would expect him//he to do. For example, for a person to start using contraceptives, his//her attitude might be "having sex with contraceptive is just as good as having sex without contraceptives, and subjective norms or the normative belief could be that "most of my peers are using contraceptives; they would expect me to do so as well. Interventions using theory to guide activities focus on attitudes about risk-reduction, response to social norms, and intentions to change risky behaviours.

Methodology

Garaku is headquartered of Kokona Local Government Area of Nasarawa State about 103 kilometres from the capital city Abuja. The choice of Garaku is because of the prevalent changing pattern of adolescent sexual

and reproductive behaviour in the study area which has emerged as a result of social change and the influx of people from different parts of the country into the area. A social survey design was adopted. It provides the researcher the opportunity to conduct a descriptive analysis of data. This method is employed because it allows the collection of large data from different respondents while allowing extensive comparison of results and so the researcher draws conclusions that can be used to generalize the population. For purposes of the paper, the population is defined as all adolescents between ages 10-19 residing in Garaku Town, Kokona Local Government Area of Nasarawa State, Nigeria. The study population comprises both male and female adolescents, married or single, in school and out of school adolescents living in the study area. According to the National Population Census of 2006, the population of adolescents in Garaku between ages 10-19 is 21,108. When projected to 2019 on the 3.04% annual growth rate for the state, the population of adolescents between ages 10-19 will be about 30,341 approximately.

The paper employed the sample size of 361 respondents using Krejcie Morgan's formula (1970) which is given as;

$$S = \frac{x^2 NP(1-P)}{d^2(N-1) + x^2(1-P)}$$

Where;

S= Squared sample size

X² = the table value of chi-square for degree of freedom derived confidence level (3.81410)

N= the population size (13995)

P= the population assumed to be 0.5 since this will provide the maximum sample size

d= the degree of accuracy expressed as a portion (0.05)

$$s = \frac{3.814 \times 13995 \times 0.5(1-0.5)}{0.05^2(13995-1) + 3.814(1-0.5)}$$

$$= \frac{13344.23}{36.89}$$

$$= 361$$

(Source; Krejcie & Morgan, 1970)

For this paper, a simple random sampling technique was employed to select the respondents using the lottery method. In each Area (Angwan), numbers were assigned to all the adolescents. It was folded, put in a basket and shaken vigorously. The researcher picked a piece of the folded paper after which it will be shaken until all that were considered were picked. For the Focus Group Discussion (FGD), the purposive sampling technique was employed in the selection of participants for the study. Two FGDs were carried out in the area of study. The groups were formed based on the sex of the participants to know the gender difference in the matter under consideration and to ensure that participants are comfortable in discussing the issue. Each FGD is comprised of four discussants. A total of four FGD were conducted in the study area. The primary data were collected through questionnaires and Focus Group Discussion. Quantitative data were collected through the use of the

questionnaire. While the qualitative data were collected through the use of the Focus Group Discussion guide. Quantitative data were analyzed using the univariate analysis. The univariate analysis involves the use of descriptive statistics, such as frequency distribution, mean and percentage. The qualitative data were analyzed using content analysis and transcribed verbatim into English, together with observational notes.

Table 1 Respondents view on whether they are Aware of Contraceptives

Responses	Frequency	Percentage (%)
Yes	326	94.8
No	18	5.2
Total	344	100.0

Source: Field Survey, 2020

Table 1 revealed that most of the respondents are aware of some of the contraceptives used. An overwhelming population of the adolescents representing 94.8 percent of the respondents in the study area including those who have not had sex said they are aware of different contraceptives while 5.2 of the respondents were of the contrary view. With the early onset of sexual intercourse among adolescents, most of them try as much as possible to ensure they do not get pregnant and so ensure that they educate themselves on safe sex. Considering the level of education, the more educated you are, the better the knowledge on sexual and reproductive issues.

Table 2 Respondents view on the effectiveness of contraceptives

Responses	Frequency	Percentage (%)
Effective	233	67.7
Not effective	18	32.3
Total	344	100.0

Source: Field Survey, 2020

Table 2 shows that two hundred and thirty-three (233) respondents reported that contraceptives are effective representing 67.7 percent of the respondents while one hundred and eleven (111) reports that contraceptives are not effective. Among the 233 adolescents who attest to the effectiveness of contraceptives testified ever using some forms of contraceptive. This implies that the majority of the respondents acknowledged that contraceptives are very effective.

This was further reiterated by the discussant in the Focus Group Discussion who agreed that contraceptives are very effective and utilized some of the methods to delay pregnancy. Captioned as thus:

Contraceptives dey work very well. Me and my boyfriend have been using it and it is good. Since I dey used am I never carry belle. I always advise

my friends to use it ooooooh. Some of the commonly used contraceptives are condoms, withdrawal methods, contraceptive pills and implants.

Table 3 Respondents' view on the level of Adolescent contraceptive use and Practice

Responses	Frequency	Percentage (%)
High	192	55.8
Moderate	135	39.2
Low	17	4.9
Total	344	100.0

Source: Field Survey, 2020

Table 3 indicates respondents' views on the level of Adolescent contraceptive use and practice. Data from the study revealed that most of the adolescents approve of the use of contraceptives with an affirmation of 55.8 percent of the total respondents in the study area for high, 39.2 percent of the respondents for moderate and 4.9 percent of the respondents for low. The higher proportion is attributed to the fact that most adolescents do not want to get pregnant as society frowns at unplanned pregnancy and having babies outside wedlock. So to delay pregnancy, adolescents approve the use of contraceptives. Most adolescents encourage the use of different methods to prevent or delay pregnancy as they are unwilling to marry at a teenage age as well as it is the safest way to prevent pregnancy. Also, putting into cognizance the prevalence of sexual intercourse among adolescents, it is the choice to ensure safe sex among adolescents.

Similarly, participants of the Focus Group Discussion agreed with the respondents from the questionnaires as a lot of them approve of the use of different methods of delaying pregnancy considering the high rate of sexual practice among adolescents and the need to reduce the incidence of unwanted or unplanned pregnancies which could lead to abortion.

According to one of the female participant:

I know many girls nowadays always take the drug before they have a date with their boyfriends especially to protect themselves from unwanted pregnancy. I also do the same to avoid stories.

Another male participant said that:

I use a condom whenever I want to have sex with my girlfriends to avoid having sexually transmitted diseases and unwelcome pregnancy. Guys today are aware of at least the importance of using contraceptives to prevent pregnancy and so they often have it in their possession, carrying it about in their wallets in case of emergency

Table 4 Respondents view on the problems encountered in accessing contraceptives

Responses	Frequency	Percentage (%)
Bad attitude of Health workers	62	18.0
Religious and cultural beliefs	102	29.6
Lack of knowledge of contraceptives	23	6.6
Fear of the side effect	19	5.5
Embarrassment to buy	107	31.1
Parents and partners disapproval	15	4.5
Others	16	4.6
Total	344	100.0

Source: Field Survey, 2020

Table 4 illustrates respondents' views on the problems encountered in accessing contraceptives in the study area. Data from the study unraveled that embarrassment to buy with 31.1 percent of the total respondents, religious and cultural beliefs with 29.6 percent of the total respondents, bad attitude of health workers with 18.0 percent of the total respondents, lack of knowledge of contraceptives with 6.6 percent of the total respondents, fear of the side effect with 5.5 percent of the total respondents, other problems with 4.6 percent of the total respondents and parent and partners disapproval with 4.5 percent of the total respondents respectively. This denotes that a larger percentage of the respondent is faced with the problem of embarrassment to buy. Similarly, respondents of the Focus Group Discussion agreed with the respondents from the questionnaires as a lot of them accepted that embarrassment to buy is a critical problem they come across in accessing contraceptives as explained by a discussant,

Adolescents faced a lot of problems while accessing contraceptives, their problems are fear and shame to buy, humiliating by the sellers and refusal by partners and again were to keep the remaining after use.

Discussion of Findings

Finding on how effective is contraceptives among adolescents in the study area revealed that contraceptive is very effectively prevented or delay pregnancy and the commonly used contraceptive method among adolescents in the study and acknowledged by the majority of the respondents that contraceptives are very effective. This agrees with the findings of Oye-Adenirin et- al (2005) who said that contraceptive use in adolescents is high and active. It was discovered that about 67.7% of the adolescents who have had sex have used one of the methods to the area is condom as it is the most effective, available, and cheapest of the method.

Regarding the frequency of utilizing contraceptives among adolescents, the study findings unraveled that a higher proportion of the respondents frequently used contraceptives at a high level. This was corroborated with the findings of Abasiattai, Bassey and Udoma, (2018) that probably because of the increased level of education

among women and mothers in southern parts of Nigeria. The frequency and availability of contraceptives have a great influence on the practice of contraception. Among the health facility sources, the frequency and availability of contraceptives are higher at private clinics than at government family planning and maternal health clinics or hospitals. Also, more married than single women receive contraceptives from government-run health facilities, including hospitals.

Concerning the related problems encountered by adolescents while administering contraceptives, findings of the study show that embarrassment to buy contraceptive is the major problem encountered by adolescent while administering contraceptive. This was supported by Eze, Obiebi, & Akpofure, (2018) that embarrassment to buy contraceptives has to be a serious problem affecting the majority of the adolescents. Most adolescents used patent medicine shops, but from the age of 25 years, there is a greater tendency to obtain contraceptives from private/general hospitals. This finding is a result of societal disapproval of sex before marriage, the group to which most adolescents belong. Adolescents are also most likely to obtain condoms and oral contraceptive pills over the counter at patent medicine shops where these cultural inhibitions are less evident. Unwanted pregnancy and unsafe abortions are more common among young persons (15–24 years), yet it is this same age group that Nigerian cultural forces have prevented from benefiting from adequate information regarding contraception even supplies.

Conclusion

Adolescents engage in several risky sexual and reproductive behaviour like the early sexual debut, having multiple sexual partners, unwanted pregnancy and unsafe abortion. The pattern of knowledge and practice of contraceptives methods was quite high among the adolescents, but the majority of the respondents who ever used any method was quite low. This implies that the majority of sexually active youth are highly exposed to consequences of unprotected sex and sexually transmitted diseases. The greater majority of the adolescence had positive views towards contraceptives and were interested to know more about them especially before the age they are likely to start sexual activity. Some of them identified they were not properly thought and guided on how to lead their sexual life neither from their parents nor from their teachers. Moreover, society disapproves of the use of contraceptives among adolescents especially those who are not married as it is also against the religious beliefs of the people.

Recommendations

Based on the findings, the paper recommends the following;

- i. There is a need for adequate and early sex education among adolescents to ensure that sexual practice is safe. Sexual education programmes will go a long way in ensuring that adolescents who engage in sexual intercourse protect themselves from risky sexual practices such as abortion, multiple partnering, early sexual debut and unplanned pregnancy. Government and major educational stakeholders should

include sex education into school curriculums both in the late years of primary education and in secondary school.

- ii. There is a great need to promote youth-friendly reproductive services to encourage sexually active adolescents to increase their contraceptive use and the use of some form of protection during sex. This can be achieved through the integration of the adolescents into family planning programmes in the various local governments as that will make them feel comfortable accessing such services from government-owned health centres.
- iii. Provision of information about contraceptives should also include the possible sources of contraceptives, especially where they could be accessed without embarrassment by the providers.

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