FUOYE Journal of Public Administration and Management
ISSN: 2992 – 4863 Vol.2 No.2, 2024

Knowledge and Practices of Reproductive Health among Adolescence Students in Secondary School, Nasarawa State, Nigeria

IORKOSU Tyover Samuel, PhD;
Federal University of Lafia, Nasarawa State, Nigeria
E-mail: iorkosusamuel@gmail.com; Phone: 07037752668

SADIQ Abubakar Mohammed, PhD;
Maryiam Abacha American University, Niger

ONYEGBULEM Emeka Valentine, PhD;
Federal University of Lafia, Nasarawa State, Nigeria

&

YAAKUGH, Vincent:
PhD Student, Benue State University, Makurdi

Abstract
The study was conducted to understand the awareness and practice of adolescent reproductive health care among secondary school students in Nasarawa state, Nigeria. The objectives of the study were to assess awareness of adolescent reproductive health care, and assess knowledge of communicable diseases and sexually transmitted (IST). Then, relevant literatures were reviewed and social ecological modelling (SEM) was used. Methodologically, the study uses a cross-sectional survey research design. Furthermore, multi-stage sampling technique including fish tank sampling technique, convenience and purposeful sampling technique was used for this study. A sample size of 346 was calculated using the appropriate sample size determination method. A structured questionnaire was used as the data collection tool, of which only 244 questionnaires were returned and used for analysis. Key informant interviews to supplement the use of quantitative data were also used. Then, SPSS was used to analyze the data. Descriptive and inferential statistics of frequency distribution and chi-square were used to test hypotheses one and two, while linear regression was used to test hypothesis three. The study found, among other things, that high school adolescents' awareness and awareness of reproductive health, contraceptive use, and knowledge of sexually transmitted diseases were relatively low.. Based on these findings, the study recommended that curriculum planners include sex education in required subjects in high school; Traditional and religious leaders should allow sex education to be introduced in schools. They should also act as change agents by providing adequate knowledge to school-aged children who are more vulnerable to sexual activities.
Key words: Knowledge, Practices, Reproductive Health, Adolescence, Students

Introduction

Adolescence is the most important potential age for the development of any country. There are about 1.2 billion young people in the world, accounting for about 18% of the world's population (UNFPA (2017). Among most young people in the world, 88% live in developing countries and nearly one in six young people live in least developed countries. Nigeria is home to more than 243 million young people, accounting for a quarter of the country's population (Chandra-Mouli & Patel, 2017).

Citation:

IORKOSU Tyover Samuel, PhD; SADIQ Abubakar Mohammed, PhD; ONYEGBULEM Emeka Valentine, PhD & YAAKUGH, Vincent: Odedokun Ezekiel, PhD, (2024) **Knowledge and Practices of Reproductive Health among Adolescence Students in Secondary School, Nasarawa State, Nigeria**. FUOYE Journal of Public Administration and Management Vol. 2 (2), pg. 23-35. WWW.FJPAM.COM

FUOYE Journal of Public Administration and Management
ISSN: 2992 – 4863 Vol.2 No.2, 2024

The adolescent girls are those between the ages of ten and nineteen (UN, 2000). Adolescence is the transitional period between childhood and adulthood in life. The beginning of this important period of development is the onset of puberty, which is marked by dramatic physical, intellectual, hormonal, and emotional changes that affect a person's health (Adinma, & Adinma, 2018). During this period of life, the brain experiences emotional independence, psychological social responsibility, and develops critical thinking skills (Abiodun et al., 2016). As their bodies mature for sexual reproduction, they begin to form new relationships of an intimate nature. Some teenagers have sex for the first time. Some girls experience unwanted pregnancies, premature births, and unsafe abortions during adolescence, and some marry early (Abiodun et al., 2016). A 2013 report on teenage pregnancy published by the World Health Organization (WHO, 2017) stated that about 16 million adolescent girls worldwide give birth each year, mainly in low- and middle-income countries and about 3 million girls aged 15 to 19 years undergoing unsafe abortions (Abubakar, 2017).

Reproductive health is defined as a state of physical, mental and social well-being in all aspects of the reproductive system at all stages of life (WHO, 2017). Therefore, reproductive health services (RHS) are designed to provide accessible, safe, affordable and suitable reproductive health services for men and women (Iorkosu, & Sadiq, 2023). Puberty begins when the pituitary gland secretes hormones that signal the body to release the hormones estrogen and progesterone in girls between 8 and 13 years old and testosterone in boys between 9 and 14 years old. These are internal changes in the body that occur during puberty. In addition to the above changes, adolescents' external development also includes a more muscular, larger, and healthier body (Ogundipe, & Ojo, 2015). Your baby's genitals have developed and his testicles are now capable of producing sperm. Hair begins to grow in the pubic area and areas where hair has not yet grown, such as the armpits, pubic area, and chest. His voice was hoarse and low. Additionally, she has a beard and moustache on her face, making her look like a man. Most of them experience wet dreams or wet dreams while sleeping. For girls, these external changes include breast development and the beginning of the menstrual cycle called menstruation (Sinai, et al, (2017). Likewise, boys and girls will grow taller than their mothers and their hips and pubic hair will begin to swell. Senses of independence and identity as well as attraction to the opposite sex manifest as psychological and emotional changes. They move away from their parents and expand their social circle of friends (Schmidt, 2015). At this stage, adolescents feel pleasure or discomfort from physical changes but are not aware of the psychological effects or causes of those changes.

People between the ages of 15 and 24 are the most likely to contract sexually transmitted diseases (STDs) worldwide (CDC, 2014). An estimated 22 million unsafe abortions are carried out annually, with young women between the ages of 15 and 19 accounting for 15% of these cases (WHO, 2017). This is because adolescence indulges in sexual experimentation without knowing the consequences of having sex. It has been observed that adolescents at this stage are at the highest risk of exposure to sexually transmitted diseases (STDs) and AIDS (Morris, & Rushwan, 2015). According to a nationally representative survey carried out in four African nations by Ogundipe, & Ojo, (2015), adolescents between the ages of 12 and 19 underutilize services like HIV testing and the prevention and treatment of STDs (Awawu, 2017). Due to societal norms that forbid adolescents from accessing sexual and reproductive health care, a lack of services, and adolescents' ignorance of those services, adolescents have low access to and use of HRH (Ogundipe, & Ojo, 2015). Moreover, it was reported that sub-Saharan Africa (SSA) is the continent with the highest prevalence of sexually transmitted infections (STDs), with 110 million new cases reported each year (WHO, 2017). Many young people under 20 still participate in reproductive activities and encounter obstacles when trying to access medical care, on top of being sexually active. Moreover, young people frequently lack the knowledge needed to safeguard themselves against pregnancy and STDs (WHO, 2003).

Citation:

IORKOSU Tyover Samuel, PhD; SADIQ Abubakar Mohammed, PhD; ONYEGBULEM Emeka Valentine, PhD & YAAKUGH, Vincent: Odedokun Ezekiel, PhD, (2024) **Knowledge and Practices of Reproductive Health among Adolescence Students in Secondary School, Nasarawa State, Nigeria**. FUOYE Journal of Public Administration and Management Vol. 2 (2), pg. 23-35. WWW.FJPAM.COM

FUOYE Journal of Public Administration and Management
ISSN: 2992 – 4863 Vol.2 No.2, 2024

Globally, young people are not as likely as one might think to seek medical attention. Although there are still regional differences, young people in developing countries face more challenges when trying to access HRH than young people in developed countries (Awawu, 2017). Research indicates that young people in many sub-Saharan African countries face significant barriers when trying to access SRH services, which leads to a low uptake of these services (Burke et al., 2015).

In Nigeria, teenage girls are often married off at a young age, particularly in the north where the country has one of the highest rates of youth marriage worldwide. In Nigeria, 43% of girls marry before they turn eighteen. 17% of people get married before they turn fifteen. In Nigeria, the rate of child marriage is 10% in the southeast and 76% in the northwest (UNFPA, 2017). In some nations, like Nigeria, the adolescent's marital status affects the local obstacles to the use of contraceptives. The stigma associated with having sex before marriage influences the public's perceptions of contraceptives among young singles (Awawu, 2017). Young individuals are therefore less likely to use reproductive health services. The Maternal and Child Health Program is the main vehicle through which the Nigerian government offers reproductive health services. The problem of health personnel's inadequate knowledge of adolescent sexual and reproductive health (ASRH) services is compounded by the fact that these services frequently fail to meet the needs of young people. The nation hardly has any youth-friendly HRH, particularly in rural areas (WHO, 2017). Statistics from different regions of Nigeria show that there are high rates of teenage pregnancy, low rates of RHS, high rates of new HIV infections, and low rates of contraceptive use (UNFPA, 2017). However, these dates in Nasarawa State are unknown. In this context, this study is suitable to explore current perceptions and practices of adolescent reproductive health care among secondary and secondary school students in Nasarawa State, Nigeria.

Literature Review

The World Health Organization (2017) defines adolescents as young people between the ages of 10 and 19 years, and they constitute about a sixth of the world's population. Adolescence has been described as a time when young people engage in increased risk-taking behaviour that exposes them to many health risks Morris (2015). According to Hale (2016), adolescent sexual and reproductive health (ASRH) is a global public health concern. It has been observed that sexual activity of adolescents has been on the increase in many countries around the globe. However, globally, adolescents access health services less frequently than expected because of the various challenges in accessing reproductive health services (RHS).

Concept of Adolescent Reproductive Health

Reproductive health (RH) includes an individual's overall physical, emotional, and psychological well-being (Morris, 2015). This includes problems that affect a person's overall health. This definition means that individuals can have satisfying and safe sex lives and have access to safe, effective, affordable and acceptable family planning methods that ensure ensuring prevention and treatment of sexually transmitted diseases, prevention and treatment of HIV/AIDS based on informed choices and dignity (Animasahun et al., 2016). This definition also includes the elimination of harmful practices such as female genital mutilation, domestic violence and sex trafficking. To fully achieve reproductive health, reproductive rights must be guaranteed. It is about recognizing the fundamental right of individuals to make free and responsible decisions and to have the information and means necessary to do so. Therefore, to achieve inclusive HR and RR in society, there is a need to provide appropriate information to all (Robson, 2016). It does not lack elements of sexuality, sexual health (SH) and sexual rights (SR). Sexuality is defined as "a central aspect of being human throughout life, including gender, gender identity and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction (Robson, 2016).

Theoretical framework

Citation:

IORKOSU Tyover Samuel, PhD; SADIQ Abubakar Mohammed, PhD; ONYEGBULEM Emeka Valentine, PhD & YAAKUGH, Vincent: Odedokun Ezekiel, PhD, (2024) **Knowledge and Practices of Reproductive Health among Adolescence Students in Secondary School, Nasarawa State, Nigeria**. FUOYE Journal of Public Administration and Management Vol. 2 (2), pg. 23-35. WWW.FJPAM.COM

FUOYE Journal of Public Administration and Management
ISSN: 2992 – 4863 Vol.2 No.2, 2024

Social-ecological model (SEM) The social-ecological model (SEM) has been used in many studies to understand the structural determinants of individuals, communities, and health (Lizzie, & Sara, 2022). The social-ecological model also provides a conceptual framework for identifying and understanding the determinants of adolescent behaviour and outcomes. Recent studies have used SEM as a framework to better understand the various sociocultural factors that influence adolescent reproductive health (Lizzie, & Sara, 2022). SEM methods are also used in evidence-based youth health programs to increase effectiveness and achieve better youth health outcomes (Lizzie, & Sara, 2022). SEM is a comprehensive, multifaceted model that examines how an individual's internal and external factors interact to influence behaviour (Lizzie, & Sara, 2022). This model takes into account the fact that individual behaviour is influenced by many factors at different levels. The physical and psychosocial environment as well as human relationships at the individual, interpersonal, organizational, and community levels are considered. Many SEM concepts use slightly different classifications of three to five levels (Lizzie, & Sara, 2022). The individual level refers to personal characteristics that can influence an individual's behavioural change. They include factors such as personal attitudes, knowledge and actual behaviour. The social level refers to social factors that can influence the behaviour of the individuals in the society. Issues related to social norms, economic constraints, and biases associated with the use of ARHS. At the health system level, we examine health systems and attempt to identify characteristics of the healthcare environment that may influence individual behaviour. These include the behaviour of healthcare workers and the availability of resources to deliver ARHS.

Knowledge and Perception of Adolescents on Reproductive Health Care

Puberty is an important period during which women prepare and adapt to managing their menstrual flow cleanly and safely. This is also an ideal time for girls to enter a variety of environments, including high school, and plan for their adult lives (Burke et al, 2015). However, most adolescent girls (10-19 years old) enter adolescence (adulthood) without prior preparation due to lack of adequate information (Lee, 2018). Most women do not want to talk about their periods because it is a social taboo and adolescent girls do not have access to appropriate information (Upashe et al., 2015). Even the small amounts of information we often receive from religious groups, colleagues, and family members are often selective and poorly received (Upashe et al., 2015). For example, people in developing countries like Ethiopia often consider menstruation to be a curse, a symptom of illness, a divine punishment, a lifelong process, or the result of other events (Schmidt, 2015). Therefore, adolescent girls view menstruation as an inconvenience that needs to be kept secret.

Tegegne, & Sisay (2014) explains this can increase the vulnerability of adolescent girls to mental, emotional, and physical problems. These disorders further harm adolescent girls' daily activities, academic performance, school attendance, and social relationships (Iorkosu, & Sadiq, 2023). Girls' attitudes toward menstruation also influence menstrual hygiene (Robson, 2016). Women who understand better about menstruation often have safer and cleaner ways to control menstruation and vice versa (Schmidt, 2015). Poor menstrual hygiene has been shown to cause genital and urinary infections, cervical cancer, school absenteeism or dropout, poor academic performance, low self-esteem and poor quality of life (Tegegne & Sisay, 2014). In addition, girls often experience feelings of fear, embarrassment, and shame during menstruation due to bad odours, leakage, stains on clothes, and dropped sanitary napkins during school (Schmidt, 2015). It can also hurt your ability to concentrate, participate in class, and have academic confidence.

Adolescent girls have poor knowledge about menstruation and poor hygiene practices, especially in low socio-economic contexts (Sommer et al., 2015). This may have clinical implications for integrating the promotion of menstrual hygiene practices into the health care system and requires comprehensive efforts,

FUOYE Journal of Public Administration and Management
ISSN: 2992 – 4863 Vol.2 No.2, 2024

including policy implications, to improve knowledge and practices of menstrual hygiene among girls from adolescence (Sommer et al., 2015). Although safe menstrual hygiene practices may be of critical importance in helping millions of women suffering from such complex and complex problems, Robson, (2016) said, this is a missed opportunity to address the level of menstrual hygiene knowledge and practice among adolescent girls. In many developing countries, including Ethiopia girls' knowledge and awareness about reproductive health care. Adolescence is an important period when women prepare and adapt to control menstrual bleeding safely and cleanly (Burke et al, 2015). This is also an ideal time for girls to enter a variety of environments, including high school, and is often trying to plan their next adult lives (Burke et al, 2015). However, most adolescent girls (10-19 years old) enter adolescence (adulthood) without prior preparation due to lack of adequate information (Denno et al., 2015). Girls' attitudes toward menstruation also influence menstrual hygiene (Schmidt, 2015). Women who understand menstruation better often have safer, cleaner ways to control menstrual bleeding and vice versa. Poor menstrual hygiene has been shown to cause genital and urinary infections, cervical cancer, school absenteeism or dropout, poor academic performance, low self-esteem and poor quality of life (Chandra-Mouli, & Patel, 2017).

Research Objectives

The general purpose of this research is to explore adolescent reproductive health care perceptions and current practices among secondary school students in Nasarawa State, Nigeria. The specific objectives include: to assess the perceptions of Adolescent on Reproductive Health care among Secondary School Students in Nasarawa State, and to assess the knowledge of sexually transmitted infections (STIs) among secondary school students in Nasarawa State.

Hypotheses

1. There is no significant relationship between religious affiliation and the attitude towards contraceptive usage among secondary school students in Nasarawa State.
2. There is no significant impact of resources on students' knowledge and awareness of reproductive health in Nasarawa State**.**

Materials and Methods

This section dwells on the materials and methods used in eliciting information from the respondents on the topic under investigation. These include population of the study, sample size determination and methods of data collection.

Target Population

The population of the study includes all adolescents aged 10 – 19 years attending public secondary schools in Nasarawa state. This population was targeted due to the classification made by WHO (2014) of individuals regarded as adolescents.

Sample Size Determination

The sampled population of students was selected using a simple random sampling technique. The sample size for the study was determined;

n= Z2 p (1-p) d2

Where;

n- Sample size

Z- Statistic for a level of confidence (95% level of confidence, Z value is 1.962)

p- Expected proportion in the target population. (Assuming 50%, p =0.05)

d- Precision level of statistical significance (7%, d=0.07)

n= (1.962)2 x0.5 (1-0.5) (0.07)2

n = 346.

Citation:

IORKOSU Tyover Samuel, PhD; SADIQ Abubakar Mohammed, PhD; ONYEGBULEM Emeka Valentine, PhD & YAAKUGH, Vincent: Odedokun Ezekiel, PhD, (2024) **Knowledge and Practices of Reproductive Health among Adolescence Students in Secondary School, Nasarawa State, Nigeria**. FUOYE Journal of Public Administration and Management Vol. 2 (2), pg. 23-35. WWW.FJPAM.COM

FUOYE Journal of Public Administration and Management
ISSN: 2992 – 4863 Vol.2 No.2, 2024

Therefore, a total of three hundred and forty-six (346) students were selected as respondents for this study. A simple random sampling of students in various secondary schools was done. The researcher was then assisted by two (2) Research Assistants in the conduct of the research work.

Method of Data Collection

The quantitative method of data collection was used for the study. The instrument used for data collection was a structured questionnaire. The multi-stage sampling technique involving the fishbowl technique, and random sample technique was used for this study. The multi-stage sampling requires the researcher to choose samples in stages until the required sample is obtained (Nnamdi, 2010). A fishbowl is a process by which each unit of the population is represented by a slip of paper containing a number, the slips of paper are put in a box or bowl and shuffled, and the slips are then pulled out one by one without looking at them until the number of slips selected equals the sample size (Nnamdi, 2010).

Firstly, the researcher used the fishbowl method to select four LGA in the state. The researcher, therefore, wrote and folded the name of all the local governments namely Akwanga, Awe, Doma, Karu, Keana, Keffi, Kokona, Lafia, Nasarawa, Nasarawa Eggon, Obi, Toto and Wamba. The researcher shuffled them in the bowl and picked one and noted it down and dropped back and reshuffled and picked the second one and noted down. The same process was done severally until the ten LGAs were picked namely, Akwanga, Keffi, Nasarawa and Lafia.

Second, the researcher randomly selected one secondary school in each of the LGA selected and located respondents (adolescent students) in their schools using a list of secondary schools obtained from the Area Education Authority of the selected local government. Simple random sampling was employed to select respondents from the sampled schools. This is a statistical method in which everyone in a population has an equal chance of being selected into a sample. The sample represents a smaller and more manageable portion of the people that can be studied and analyzed. It's a fundamental technique to gather data and make inferences about a population. Since this study involves a large sample frame, it becomes pertinent to pick a smaller sample size from the existing larger population.

Result

4.2 Demographic Characteristics of Respondents

This section presents the demographic features of the respondents, including gender, age, religion, and parents' educational background.

Table 1: Distribution on Socio-Demographic Characteristics of the Respondents

Variable		Frequency	Valid Percent
Sex			
	Male	89	36.5
	Female	155	63.5
	Total	244	100.0
Age			
	10-12	33	13.5
	13-15	107	43.9
	16-19	104	42.6
	Total	244	100.0
marital status			
	Single	171	70.1
	Married	69	28.3
	Separated	4	1.6

FUOYE Journal of Public Administration and Management
ISSN: 2992 – 4863 Vol.2 No.2, 2024

Total	244	100.0
family structure		
Monogamous	83	34.0
Polygamous	161	66.0
Total	244	100.0
Religion		
Islam	227	93.4
Christianity	13	5.3
Traditional	3	1.2
Total	243	98.0
		100.0

Source: field work, 2023

The table shows the sex distribution of the respondents. As indicated, the majority of the respondents 63.5% (155) were female while 36.5% (89) were male counterparts. This shows that both sexes were represented in the study. The age distribution of the respondents indicates that the majority 43.9% (107) belong to the age range of 13-15 years, 42.6% (104) are aged between 16-19 years, and 13.5% (33) were within the age range of 10-12. This means that adolescence of different age range was reached. The row data on the marital status of the respondents shows that 70.1% (171) were single, 28.3% (69) were married and 1.6% (4) was separated. This provides more information on the status of adolescence in the area. The data on the family structure indicates that 66.0% (161) were in a polygamous family structure while 34% (83) were in a monogamous family structure. The adolescence from the different family structure was well presented in the study. Data on the religious affiliation of the respondents shows that the majority 93.4% (227) were Islam, 5.3% (13) were Christian and 1.2% (3) indicate African traditionalists. This shows the dominance of the Islamic religion in the area, and that all three religions were represented in the study.

Table 2: Responses on the Perception of Adolescents on Reproductive Health among Secondary School Students in Nasarawa State, Nigeria

Items	**F(N=244)**	**%(100)**
I know of reproductive healthcare	47	19.3
SD		
D	93	38.1
UD		
A	58	23.8
SA	46	18.9
I always take bath at least thrice a day		
SD	69	28.3
D	106	43.4
UD	0	0
A	53	21.7
SA	16	6.6
I know that washing and changing the inner wears frequently can prevent infection		
SD	76	31.1
D	98	40.2
UD	0	0
A	44	18.0

Citation:

IORKOSU Tyover Samuel, PhD; SADIQ Abubakar Mohammed, PhD; ONYEGBULEM Emeka Valentine, PhD & YAAKUGH, Vincent: Odedokun Ezekiel, PhD, (2024) **Knowledge and Practices of Reproductive Health among Adolescence Students in Secondary School, Nasarawa State, Nigeria**. FUOYE Journal of Public Administration and Management Vol. 2 (2), pg. 23-35. WWW.FJPAM.COM

FUOYE Journal of Public Administration and Management
ISSN: 2992 – 4863 Vol.2 No.2, 2024

SA	26	10.7
There exist reproductive facilities in my community		
SD	73	29.9
D	96	39.3
UD	0	0
A	60	24.6
SA	15	6.1
I am aware of the availability of any family planning services, voluntary counselling and testing, treatment of STD, or referral service in my community		
SD	86	35.2
D	109	44.7
UD	0	0
A	34	13.9
SA	15	6.1

***SD- strongly Disagree, D=disagree, UD=Undecided, A=Agree, SA=Strongly Agree**
Source: Fieldwork, 2023

The raw data pertaining the respondents' perception and awareness of the reproductive health services in the area. The section contains items number 5-9 on the questionnaire. The data indicate that 38.1% (98) disagreed, 19.3(47) strongly disagreed, 23.8 %(58) agreed and 18.9 % (46) strongly agreed that they know of reproductive health. Also, 43.4.1% (106) disagreed, 28.3 %(69) strongly disagreed, 21.7.8 %(53) agreed and 6.6 % (16) strongly agreed that they always take bath at least thrice a day. The data indicate that 40.2% (98) disagreed, 31.1(76) strongly disagreed, 18.0% (44) agreed and 10.7 %(26) strongly agreed they know of washing and changing the inner wears frequently to prevent infection. Furthermore, the data indicate that 39.3% (96) disagreed, 29.9% (73) strongly disagreed, 24.6% (60) agreed and 6.91% (15) strongly agreed that there existed reproductive facilities in their respective community. Additionally, the that revealed that 44.7% (109) disagreed, 35.2% (86) Strongly disagreed, 13.9.6%(34) agreed and 6.1% (15) strongly agreed that they are aware of the availability of any family planning services, voluntary counselling and testing, treatment of STD, referral service in their community.

Table 3: Distribution of Adolescent Knowledge on Sexual Transmitted Diseases/Infection

Item	**F(N=244)**	**%=100**
I am aware of the sexually transmitted infections/diseases		
SD	49	20.1
D	82	33.6
UD	0	0
A	89	36.5
SA	24	9.8
I have had genital tract infections/diseases like gonorrhoea and syphilis, vagina infection		
SD	43	17.6
D	73	29.9
UD	0	0
A	87	35.7
SA	41	16.8

FUOYE Journal of Public Administration and Management
ISSN: 2992 – 4863 Vol.2 No.2, 2024

There is an availability of reproductive facilities that treat all kinds of STD		
SD	82	33.6
D	104	42.6
UD	0	0
A	38	15.6
SA	20	8.2
I am aware of the symptoms of an STD		
SD	66	27.0
D	88	36.1
UD	0	0
A	63	25.8
SA	27	11.1
I know of HIV/AIDS as STD		
SD	18	7.4
D	37	15.2
UD	0	0
A	126	51.6
SA	63	25.8
There is the religious restriction on the practice of health facilities for the treatment of STD		
SD	110	45.1
D	103	42.2
UD	0	0
A	28	11.5
SA	3	1.2

***SD- strongly Disagree, D=disagree, UD=Undecided, A=Agree, SA=Strongly Agree**
Source: fieldwork, 2023

The table sought to find out the adolescents knowledge on sexually transmitted diseases/infections which contains an item from 16-21. The data revealed that 33.6 % (82) disagreed, 20.1% (49) strongly disagreed, 36.5% (89) agreed and 9.8% (24) strongly agreed that they are aware of sexual transmitted infection/disease. Again, as backup information, 29.9 % (73) disagreed, 17.6% (49) strongly disagreed, the majority 35.7% (87) agreed and 16.8% (41) strongly agreed that they have had genital tract infection/ disease like gonorrhoea and syphilis, vagina infection among others. The table shows that the majority of the respondents 42.6% (104) disagreed, 33.6% (82) strongly disagreed, 15.6% (38) agreed and 8.2% (72) strongly agreed that there was the availability of reproductive facilities that treat all kinds of STDs. The questions on whether the respondents were aware of the symptoms of STD show that 36.1% (88) disagreed 27.0 % (66) strongly disagreed, the majority 25.8% (63) agreed and 11.1% (27) strongly agreed. Also, the table revealed that 15.2% (37) disagreed, 7.4% (18) strongly disagreed, the majority 51.6% (126) agreed and 25.8% (63) strongly agreed that they are aware of HIV/AIDS. In addition, the table revealed that 42.2% (103) disagreed, 45.1% (110) strongly disagreed, 11.5% (28) agreed and 1.2% (3) strongly agreed that there was religious restriction concerning the use of health facilities for the treatment of STD.

H1: There is no significant relationship between religious affiliation and the attitude towards contraceptive usage among secondary school students in Nasarawa state.

Citation:

IORKOSU Tyover Samuel, PhD; SADIQ Abubakar Mohammed, PhD; ONYEGBULEM Emeka Valentine, PhD & YAAKUGH, Vincent: Odedokun Ezekiel, PhD, (2024) **Knowledge and Practices of Reproductive Health among Adolescence Students in Secondary School, Nasarawa State, Nigeria**. FUOYE Journal of Public Administration and Management Vol. 2 (2), pg. 23-35. WWW.FJPAM.COM

FUOYE Journal of Public Administration and Management
ISSN: 2992 – 4863 Vol.2 No.2, 2024

Table 4: Relationship between religious affiliation and the attitude towards contraceptive

	Value	Df	Asymp. Sig (2 sided)	Exact sig(2 sided	Exact Sig (1 sided)
Pearson Chi-Square	11.213	4	.024		
Continuity correction	12.211	4	.026		
Likelihood Ratio	15.014	4	.005		
Fisher's Exact test	12.341	3	.623	.000	.000
Linear-by-Linear Association	.588	1	.443		
N of Valid Cases	244				

a. 4 cells (44.4%) have expected count less than 5. The minimum expected count is .15

This table shows hypothesis testing using Pearson's statistical chi-square test. As shown in the table, the null hypothesis of no significant association between religious affiliation and attitudes toward contraceptive use among Nasarawa high school students was rejected and the alternative hypothesis was confirmed. This means that religious affiliation has a statistically significant impact on adolescents' access to reproductive health in secondary schools in Nasarawa State. This is because X2 = 11.213. P = 0.000 < 0.05; df = 2. This suggests that religious affiliation of adolescent students influences contraceptive use in this region.

H2: There is no significant impact of resources on student knowledge and awareness of reproductive health in Nasarawa State.

Table 5: Linear Regression Analysis shows the influence of means of information on the awareness and knowledge of the reproductive health

Model		R	R Square	Adjusted R	Std Error of the Estimate	
1		.701	.492	.483	1.98291	
2 Sources of variance		Sum of Squares	Df	Mean Square	F	Sig.
Regression		1474.298	7	210.614	53.565	.000[a]
Residual		1521.661	387	3.932		
Total		2995.959	394			
Independent Variables	R	R^2	F	β	T	P
Constant	.701	.492	53.565		5.322	.000<.05
Parents/Guard				.218	5.554	.000<.05
Teachers				-.080	2.260	.030<.05
Peers				.143	3.888	.000<.05
Mass media				.343	8.666	.000<.05

Source: Field work, 2023

The table indicates that the independent variables (parents/Guardians, teachers, peers and mass media, contributed R2 = .492 (49.2%) to the variance of the awareness and knowledge of reproductive health using mass media in the area. Given this result, we reject the null hypothesis. The results presented showed the means of information have significantly and jointly influenced the awareness and knowledge of reproductive health (R = .701 = R2 = .492 (F (7, 387) = 53.565, t = 5.322, p< .05).

Discussion of findings

The purpose of this study was to clarify the awareness of reproductive health care among high school students in Nasarawa state. Research shows that high school students have negative perceptions about the

FUOYE Journal of Public Administration and Management
ISSN: 2992 – 4863 Vol.2 No.2, 2024

presence of reproductive health care facilities in their schools and communities. Research also shows that students have relatively little awareness about reproductive health care. This result is clearly seen through the data in the above tables. The results of this study are consistent with the results of Aji et al., (2013) and USAID (2010) have raised concerns about low coverage of reproductive health care facilities in recent years. They believe that although available statistics show low coverage of reproductive health services, there are few services and do not meet the needs of adolescents. The study also agrees with the assertion of Omo-Aghoja (2013) that the high incidence of infectious diseases such as HIV and AIDS is due to this supply shortage. These studies show low accessibility due to low supply. Although survey respondents confirmed that they recognize the potential benefits of including sex education in school curricula, the biggest barriers to including sex education in the curriculum are: teaching at school is pressure from community leaders. Similarly, this study is consistent with research by UNESCO (2013), which found that religious groups and conservative political interest groups successfully opposed the introduction of sex education in schools. UNESCO's findings also show that these groups believe that sex education should encourage young people to try out sexual acts.

Concerning the knowledge of STIs among secondary school adolescents in Nasarawa State, the score on the questionnaire answering this question is from 18 to 23. This table shows the lack of knowledge about sexually transmitted diseases among high school students in Nasarawa state. This is because the majority of respondents (53.7%) did not know about sexually transmitted diseases other than HIV/AIDS. This is evident from the table in which the majority of respondents suffer from reproductive tract diseases/infections. There are many reasons why young people lack knowledge about sexually transmitted diseases, including a lack of general sex education in schools and parents not educating their children about the issues. Related to STDs. Lack of access to sexual and reproductive health (SRH) education and services is also an issue leading to a lack of knowledge about sexuality, adolescence and reproductive rights, which can lead to serious sexual and reproductive health problems in adolescents. Several empirical studies support the findings of this study. This finding is consistent with Omo-Agjoja's (2013) finding that limited knowledge about STIs among adolescents, low reproductive health knowledge, and limited access among youth to Youth-friendly health services have been identified as underlying factors contributing to the uplift in the trend of HIV/AIDS in Nigeria. Low awareness of STIs among adolescents has led to an increase in sexually transmitted diseases. Similarly, this study is consistent with Aji et al., (2013) study which found that most adolescent girls visiting STD clinics had a history of vaginal intercourse in Cross River state, 13.1% of sexually active adolescent girls have a genital tract infection in Abia state.

Conclusion

Adolescent reproductive health care is a global public health concern. This is because sexual activity among adolescents is increasing in many countries around the world. Unfortunately, sexual health is not widely discussed in schools as policymakers; teachers and stakeholders constantly debate emotional issues such as what sex education should be. How clear it is, how often it should be discussed, who should deliver the message and at what age. The conversation should begin. Issues such as teenage pregnancy, unsafe abortion, maternal complications and sexually transmitted diseases are common and increasing. These questions require research into reproductive health care and practice. This study found that adolescence students have negative perceptions about the existence of reproductive healthcare facilities in their schools and communities. However, they recognize the potential benefits of including sex education in school curricula and discussing reproductive health with parents. Respondents were asked to rate their perceptions of the impact of reproductive health care on adolescents. All respondents emphasized that lack of knowledge is one of the factors affecting the attitudes and habits of young people. Finally, they realized that a lack of knowledge about reproductive health care would lead to many health problems. The study also found that

Citation:

IORKOSU Tyover Samuel, PhD; SADIQ Abubakar Mohammed, PhD; ONYEGBULEM Emeka Valentine, PhD & YAAKUGH, Vincent: Odedokun Ezekiel, PhD, (2024) **Knowledge and Practices of Reproductive Health among Adolescence Students in Secondary School, Nasarawa State, Nigeria**. FUOYE Journal of Public Administration and Management Vol. 2 (2), pg. 23-35. WWW.FJPAM.COM

FUOYE Journal of Public Administration and Management
ISSN: 2992 – 4863 Vol.2 No.2, 2024

participants expressed positive attitudes toward the benefits of increased contraceptive knowledge. Additionally, the study found that participants lacked knowledge about sexually transmitted diseases. Social and health system barriers prevent access to existing systems.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. The government should provide reproductive health services in all schools. These services must be coordinated with the provision of health services to students, such as counseling, testing, and medications.
2. Curriculum planners and educational stakeholders should make sex education a mandatory subject in high school. The purpose of this topic is to provide information about the dangers of unsafe sex and emphasize the importance of contraception to prevent teenage pregnancy and sexually transmitted diseases.
3. Religious and Traditional leaders should allow sex education in schools. It must also act as an agent of change by providing appropriate knowledge to school-age children who are more vulnerable to sexual activity.

References

Abiodun, O; Olu-Abiodun, O; Ani, F; & Sotunsa, O. (2016). Sexual and Reproductive Health Knowledge and Service Utilization among In-school Rural Adolescents in Nigeria. *Journal of AIDS & Clinical Research 7:576. doi:10.4172/2155-6113.1000576*

Abubakar, I. (2017). The relationship between knowledge of reproductive health and contraceptive use among tertiary institutions students in Niger state. a thesis submitted to the postgraduate school, *Ahmadu Bello University in partial fulfilment of the requirements for the award of master in health education department of physical and health education faculty of education, Ahmadu Bello University, Zaria.*

Adinma, E.D; & Adinma, J. (2018). Perceptions and practices on menstruation amongst Nigerian secondary school girls. *Afr J Reprod Health.;12(1):74–83.*

Amoo, E.O; Igbinoba, A; Imhonopi, D; Banjo, O.O; Ajaero, C.K, Akinyemi, J.O; Igbokwe, D; & Solanke, L.B (2018). Trends, Determinants and Health Risks of Adolescent Fatherhood in sub- *Saharan Africa. Ethiop J Health Sci. ;28(4):433.*

Animasahun, V; Sholeye, O; & Oduwole, A. (2016). Promoting the sexual and reproductive health of adolescent females in Ijebu-Ode, southwest, Nigeria: A study of sexual risk-taking. *Int J Adolesc Med Health.;29(6):20160021 10.1515/ijamh.*

Awawu, G.N. (2017). Access and utilization of reproductive health services among Adolescents in kaduna north local government, kaduna state,North-west, Nigeria, *Published mini-thesis submitted in partial fulfillment of the requirement for the Degree of Masters in Public Health (MPH) in the School of Public Health, University of the Western Cape, https://core.ac.uk/download/pdf/159409175.pdf*

Burke, L., Gabhainn, S. N; & Young, H. (2015) Student sex: more or less risky than other young adults?,*Sex Education: Sexuality, Society and Learning, 15:1, 31- 47, DOI: 10.1080/14681811.947362*

Chandra-Mouli, V; & Patel, S.V. (2017). Mapping the knowledge and understanding of menarche, menstrual hygiene and menstrual health among adolescent girls in low-and middle-income countries. *Reprod Health. ;14(1):30.*

Citation:

IORKOSU Tyover Samuel, PhD; SADIQ Abubakar Mohammed, PhD; ONYEGBULEM Emeka Valentine, PhD & YAAKUGH, Vincent: Odedokun Ezekiel, PhD, (2024) **Knowledge and Practices of Reproductive Health among Adolescence Students in Secondary School, Nasarawa State, Nigeria**. FUOYE Journal of Public Administration and Management Vol. 2 (2), pg. 23-35. WWW.FJPAM.COM

FUOYE Journal of Public Administration and Management
ISSN: 2992 – 4863 Vol.2 No.2, 2024

Chandra-Mouli, V; Svanemyr, J; Amin, A, et al. (2015). Twenty years after International Conference on Population and Development: Where are we with adolescent sexual and reproductive health and rights? *J Adolesc Health. ;56(1): S1–S6. 10.1016/j.jadohealth.09.015*

Denno, M; Hoopes, A.J; & Chandra-Mouli, V. (2015). Effective strategies to provide adolescent sexual and reproductive health services and to increase demand and community support. *J Adolesc Health. ;56(1), S22–S41. 10.1016/j.jadohealth.2014.09.012*

Department for International Development (2004). Sexual And Reproductive Health And Rights. *A position paper: DFID.*

Iorkosu, S.T; & Sadiq, A.M. (2023). The prevalence of infectious vaginitis and risk associated among women of reproductive age in Nigeria. *International Journal of Progressive Research in Engineering management and Science Vol.03 issue 03 pp14-20*

Lee, S. (2018). Health and sickness: the meaning of menstruation and premenstrual syndrome in women's lives. *Sex Roles. 2002;46(1):25–3*5.

Lizzie, C., & Sara A., (2022). Developing a socio-ecological model for community engagement in a health programme in an underserved urban area*; PLoS One. 2022; 17(9): e0275092. Published online 2022 Sep 26. doi: 10.1371/journal.pone.0275092*

Morris, J. L., & Rushwan, H. (2015). Adolescent sexual and reproductive health: The global challenges. *International Journal of Gynecology & Obstetrics*, 131: S40–S42.

National Population Commission (NPC) (2006). *Population Census of the Federal Republic of Nigeria 2006.* Abuja, Nigeria: National Population Commission.

National Population Commission (NPC), ICF Macro Nigeria Demographic and Health Survey (NDHS) 2018 homepage on the Internet. Abuja:*NPC and ICF International; 2018. https://www.dhsprogram.com/pubs/pdf/FR359/FR359.pdf*

Nigeria (2016). In: Demographic Dividend: investing in human capital; website. *Demographic Dividend; (http://www.demographicdividend.org/country_highlights/nigeria/*, accessed .

Nnamdi, A. (2010). *Research Methodology in the Behavioural Sciences*, Longman, Nigeria Plc.

Ogundipe, S. O. & Ojo, F. Y. (2015). Adolescent sexuality education in contemporary Nigeria and its implication for pastoral counseling. *International Journal of Scientific and Research Publications*, 5(8): 1 -8.

Robson, C. (2016). *Real World Research* (3rd ed.). Chichester: Wiley Publications.

Schmidt, S.C. (2015). *School-Based Sexuality Education, Gender, and Relationship Self-Efficac*y: A Moderated-Mediation Analysis of Sexual Behavior in First Year College Students

Sinai, et al, (2017). Demand for Women's Health Services in Northern Nigeria: A Review of Literature. *African Journal of Reproductive Health. 21 (2): 96*

Sommer, M; Ackatia-Armah, N; Connolly, S; & Smiles, D. (2015). A comparison of the menstruation and education experiences of girls in Tanzania, Ghana, Cambodia and Ethiopia. *Compare.;45(4):589–609.*

Tegegne, T.K; & Sisay, M.M. (2014). Menstrual hygiene management and school absenteeism among female adolescent students in Northeast Ethiopia. *BMC Public Health.;14(1):1118.*

UNFPA (2017). Adolescent pregnancy: A review of the evidence (homepage on the Internet). cited 2017 May 1. *Available from https://www.unfpa.org/sites/default/files/pub-pdf/ADOLESCENT%20PREGNANCY_UNFPA.pdf*

Citation:

IORKOSU Tyover Samuel, PhD; SADIQ Abubakar Mohammed, PhD; ONYEGBULEM Emeka Valentine, PhD & YAAKUGH, Vincent: Odedokun Ezekiel, PhD, (2024) **Knowledge and Practices of Reproductive Health among Adolescence Students in Secondary School, Nasarawa State, Nigeria**. FUOYE Journal of Public Administration and Management Vol. 2 (2), pg. 23-35. WWW.FJPAM.COM

FUOYE Journal of Public Administration and Management
ISSN: 2992 – 4863 Vol.2 No.2, 2024

United Nations Population Fund (2003a). *Making 1 Billion Count: Investing In Adolescents' Health And Rights*. State of World Population, 2003: UNFPA.

Upashe, S.P; Tekelab, T; &Mekonnen, J. (2015). Assessment of knowledge and practice of menstrual hygiene among high school girls in Western Ethiopia. *BMC Womens Health. ;15(1):84.*

World Health Organization (2017). Adolescents: Health risks and solutions *[homepage on the Internet. Available from: http://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions*

Citation:

IORKOSU Tyover Samuel, PhD; SADIQ Abubakar Mohammed, PhD; ONYEGBULEM Emeka Valentine, PhD & YAAKUGH, Vincent: Odedokun Ezekiel, PhD, (2024) **Knowledge and Practices of Reproductive Health among Adolescence Students in Secondary School, Nasarawa State, Nigeria**. FUOYE Journal of Public Administration and Management Vol. 2 (2), pg. 23-35. WWW.FJPAM.COM