
Utilization of Sexual Health Information among In-School Girls in South East Nigeria

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Abstract

Adolescents in developing countries appear to have inadequate access to sexual health information. This leads to some consequences like the prevalence of STIs, HIV and teen pregnancy, among this group. This study investigated the relationship between access and utilization of sexual health information among in-school girls in southeast, Nigeria. We conducted a survey. Our survey questions were in regard to the respondents' utilization of sexual health information. We attempted to understand their access to informational materials germane to sexual health; their ability to make effective use of the information and thus establishing the impact of the information to their sexual health. Our results show lack of access and utilization of sexual health information among the girls that formed our catchment in-school adolescents in Nigeria's South East. This picture suggests the probable reason for the prevalence of sexual health problems among this group and the need to take action, as recommended in the study, to mitigate the situation.

Key words: *Adolescents, sexual health information, informational materials, teen pregnancy*

1. Introduction

Adolescents' sexuality and reproductive health information needs and services have been a major concern and challenge to the international community for over a decade. This is as a result of the growing awareness of young peoples' relatively high risk of exposure to inaccurate or incomplete information about reproductive health issues such as sex, HIV and other sexually transmitted infections (STIs); pregnancy, abortion, maternal complications, female genital mutilation and so on (World Health Organization, 2002).

This is in spite of the generally acknowledged fact that adolescents are a central resource for their countries health and development in the present as well as in the future. Even more importantly, the United Nations Convention on the Rights of the Child (CRC) (1989) emphasized the need for young people to have access to information and services that will promote their total well being. Articles 17 and 24 of the CRC recognize that young people have a right to information and highest attainable standard of health. In fact, Article 17 stressed that states shall ensure that the young people have access to information and materials from a diversity of national and international sources especially those aimed at the

promotion of their well being and health. This includes the right to receive information and services necessary to protect themselves from reproductive health related infections, unintended pregnancies and their associated outcomes.

Adolescents, according to the World Health Organization (2002), are young people between the age of 10 and 19 years, and they constitute about a fifth of the world's population. Of these, about sixteen per cent live in Africa. In fact, in many countries in Africa, adolescents constitute approximately thirty-three per cent of the population (International Clinical Epidemiology Network, 2006; Olukoya and Ferguson, 2005). In Nigeria, thirty-four per cent of the population is adolescents (Population Reference Bureau, 2006).

Adolescence is the transition from the world of childhood to the world of adulthood. It is a period of physical and emotional development almost as rapid as the first decade of life. At this time, the body matures and the mind becomes more questioning and independent (World Health Organization, 2002).

The physiological changes which take place during this period of transition from childhood to adulthood result in the formation of sexuality and present the first challenge to healthy adolescent growth. During this period adolescents engage in sexual exploration and experimentation without adequate knowledge of reproductive health issues, information sources and services that are available (International Clinical Epidemiology Network, 2006).

According to Olukoya and Ferguson (2005), evidence from World Health Organisation case studies on sexual relations among adolescence in developing countries indicate that sexual activity seems to start during adolescence; and among a significant number of these adolescents much of the activity is often risky, and contraception and condom use is erratic.

According to Marie Stopes International Worldwide (2002), the health risks which these adolescents are exposed to include sexually transmitted infections, unplanned pregnancies, unsafe abortions, and untimely death. Adolescent mothers are more likely than older women to suffer from serious complications during delivery, resulting in higher morbidity and mortality for both mother and infants (National Population Commission, 2000). Similarly, health statistics show that more than 13% of all maternal deaths occur among adolescents (ages 10 – 19), representing approximately 69,000 maternal deaths annually. In Africa, maternal mortality among adolescents account for up to 40% in some countries (Olukoya, 2004).

A community based study of abortion prevalence among Nigerian women found that one-third of those who obtained abortions were adolescent girls (Otoide, Oronsaye and Okonofua 2001). A hospital based studies also indicated that up to 80% of patients with abortion-related complications were adolescent girls (Otoide, et al, 2001).

Health reports indicate that more than a third of all people living with HIV/AIDS are under the age of 23, and almost two-thirds of them are female. In Sub-Saharan Africa, among young people aged 15 to 24, two girls are infected for every boy and for adolescents ages 15 to 19, five or six girls are infected for every boy in worst affected areas (UNICEF, 2006). In Nigeria, one of the first cases of AIDS in 1984 was in a sexually active 13 year old girl (Fawole, Asuzu, Odunta & Brieger, 1999). Otive-Igbuzor, (2003) stressed that girls within the age-group 12 – 24 are mostly infected with HIV/AIDS. In fact, HIV/AIDS increasingly is becoming a disease of the young girls in Africa. These startling revelations indicate that

adolescent girls are more vulnerable to reproductive and sexual health risks than adolescent boys.

Reproductive health was defined at the 1994 International Conference on Population and Development (ICPD) as:

“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to enjoy a satisfying and safe sex life, and that they have the capability to reproduce and the freedom to decide if, when and how often to do so” (Akumadu, 1998:p.35).

Important issues affecting adolescent reproductive health are forced and early marriage, premarital sex, early and unwanted pregnancy, unsafe abortion, sexually transmitted diseases/AIDS, female genital mutilation etc (Olukoya and Ferguson, 2002, Bodiang, 2000). A number of studies indicate that adolescent girls are involved in harmful reproductive health practices such as teenage marriage, premarital sex, abortion, female genital mutilation etc. (Oloko and Omoboye, 1993; Otoide, et al, 2001).

At the International Conference on Population and Development (ICPD, 1994), the Programme of Action specifically backed the right of adolescents to reproductive health care. The conference called for the provision of information and services to adolescents that can help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility. Governmental and non-governmental organisations also were charged with the responsibility of meeting the special needs of adolescents by establishing appropriate programmes to respond to those needs (WHO, 2002; Marie Stopes International Worldwide, 2002).

Following the international commitment, the Nigerian Government during the 48th session of the National Council on Education on August 17th, 2001 approved the National Comprehensive Sexuality Education Curriculum for upper primary, secondary schools and tertiary institutions. A non-governmental organisation based in the Southeast–Action Health Incorporated, the Nigerian Education Research and Development Council (NERDC) and the Federal Ministry of Education jointly designed this curriculum. It is aimed at providing in-school adolescents appropriate factual information on human sexuality and family life from childhood to adulthood. This appears to be a major step towards breaking the silence associated with sexuality discourse which hitherto promoted ignorance and vulnerability to diseases among this age group (Otive-Igbuzor, 2003).

Undoubtedly, access to health information is not only strategic to the achievement of reproductive health; it is the foundation of public health. It is, therefore, imperative that reliable, relevant and timely health information is made available to everyone especially adolescent girls. Godlee, Pakenham-Walsh, Ncayiyana, Cohen and Packer (2004) proposed that World Health Organisation (WHO) should take the essential lead in championing the goal of “universal access to health care information by 2015” or “Health information for All’ as a prerequisite for meeting the Millennium Development Goals (MDGs) and achieving Health for All. They suggested that strategies for attaining global access to health information should include funding for research into information needs and barrier to use of information; evaluation and replication of successful initiatives; support for local information cycles and

practice; and the formulation and establishment of national public policies on health information.

Regardless of their geographic, racial, educational and social differences all adolescent girls need access to an array of reproductive health information. Research suggests that there are a number of potential impediments between the recognition of a need to be informed and the activation of a search for information. These are called intervening variables. These include personal barriers, economic barriers, social/interpersonal barriers, and environmental/situational barriers. According to Wilson (1997), the personal variables which can intervene may be either demographic or psychological. These particularly at the level of the person, may act to prevent the initial emergence of a coping strategy, or may intervene between the acquisition of information and its use. MacInnis, Moorman and Jaworski (1991) proposed that the more knowledgeable the individual, the easier he would find it to encode information thereby making information acquisition and use easier. Among the adolescent girls the most prevalent personal variable that will affect their access and use of reproductive health information are their knowledge base or their level of education. Generally, most of them do not have adequate knowledge of reproductive health and this will make the utilisation of reproductive health information difficult.

Information use is defined by Wilson (2000) as the physical and mental acts humans employ to incorporate found information into their knowledge base or knowledge structure. But Dervin (1992) submits that information use is a process condition where the user tries to make sense of discontinuous reality in a series of information use behaviors. Uhegbu (2000) noted that information use varies among individuals and organizations depending on their information needs and socio-economic dictates. Nevertheless, the use of information is dependent upon the context of use just as information need is dependent upon the situation under which it arises.

A study of factors affecting users of clinical hospital information systems by Lee and Pow (1996) found that the desire and tendency to use or not to use a particular information channel is affected by the channel's information access behaviour. They affirmed that if a channel type does not include the access characteristics that the user requires, the user might not use that particular channel type and so might turn to alternative sources of information. The study concluded that information accessibility and delivery affects usage. Therefore, the characteristics of reproductive health information sources will determine their use as well as their effect on the attitude of the information user (adolescent girl).

Attitudes are predisposition towards action and can be about or towards people and things. It is evaluative of people, objects and ideas. The Oxford Advanced Learner's Dictionary (2000) defined attitude as the way an individual thinks and feels about somebody or something; the way one behaves towards somebody or something that shows how one thinks and feels. However, an individual's attitude towards an object or issue can be deduced from his behaviour in situations involving that object. If a person has negative attitude towards an issue, the expected outcome is unpleasant feeling. It may also be inferred from his disagreement or agreement with statement expressing beliefs and or feelings about that object.

A number of studies revealed that access and use of health information could influence adolescents' attitudes toward reproductive health practices. Odujinrin and Akinkuade (1991) examined adolescents' knowledge of AIDS, their attitudes, beliefs and preventive measures

adopted by them. The study affirmed that accurate information could lead to attitude change and behaviour modification. Out of the 398 in-school adolescents 40.7% changed their life style and behaviours once they heard about AIDS. Most of the adolescents indicated that they refrained from having sexual intercourse with prostitutes. Similarly, Okwilagwe (1993) in his study of bibliotherapeutic influence on sexual attitude of Nigerian female students found that out of the 303 female students 203 (67%) of them indicated that the use to which they have put the knowledge gained from reading books on sex and other related issues have helped them to avoid unwanted pregnancies.

Studies indicated that adolescents, especially girls enrolled in schools, engage in risky sexual practices. Oloko and Omoboye (1993) in their study of sexual networking among students found that more girls than boys in secondary schools had experienced sex at the age of ten years. About 75% of sexually active in-school adolescent girls and boys had more than two partners. Moreover, ten (4%) of them indicated that they were being treated of sexually transmitted infections. The study conducted on premarital sex among adolescents by Adegbola and Babatola (1999) affirmed early sexual initiation among adolescent girls. This portends great danger for the spread of sexually transmitted diseases since their sexual encounter is largely unplanned and unprotected.

Reports say that HIV prevalence rate in South East in 1999 was 6.7 per cent, with increase in 2001 at 7.4% (Federal Ministry of Health, 2001; Ayankogbe, Omotola, Inem, Ahmed, and Manafa, 2003). The South East in 2003 had the highest prevalence rate of 4.7% against South West zone; however, in 2005 the HIV prevalence rate in the region dropped from 4.7% to 3.3%.

These studies on adolescents' knowledge, attitude and reproductive practices at secondary school level did not reflect the critical impact of reproductive health information access and utilisation on their attitude to reproductive health practices. Yet, information is the purveyor of knowledge. It is access to relevant information and the application of the learned information, voluntarily or habitually, by the receiver that bring about a change in behaviour. Access to information aids meaningful feedback, which helps in the discovery of the actual and potential barriers to the expected positive health behaviours.

2 Statement of the Problem

Access to appropriate reproductive health information by adolescent is crucial to the achievement of Sustainable Development Goal of Good health and well-being by 2030. Literature has shown that adolescent have inadequate access to reproductive health information due to socio-cultural values, religious beliefs, economic factors, inadequate information resources and facilities.

Perhaps the adolescent girls' inadequate access to sexual health information could have promoted ignorance of basic sexual health practices and may be responsible for the commonly reported sexual health problems. It is against this backdrop that this study investigated in-school girls' attitude towards reproductive health practices, in the light of their access and utilization of health information.

3 Objectives of the Study

Against the backdrop of the research problem, the study sought to answer the following questions:

- **Research Question 1:** What number of in-school girls in South east, Nigeria, has access to sexual health information?
- **Research Question 2:** What are the sources of sexual health information available to these in-school girls?
- **Research Question 3:** What is the attitude of these in-school girls to sexual health information?
- **Research Question 4:** To what extent do these in-school girls utilize sexual health information available to them?

4 Theoretical Framework

There is no single theory that can adequately capture the relationship between the variables under study. However, one theory, Expectancy-value Theory, which is relevant to the study, was employed to anchor the study and to guide the analysis and understanding of the linkages between adolescent girls' attitude to reproductive health practices and their access to and use of sexual health information.

In his Expectancy-value Theory, Raynor (1982) explained that a person adopts a particular attitude based on the merits and demerits, or perceived value of the goal to be achieved. As rational beings, adolescent girls know what will benefit them and they are able to evaluate and choose between alternatives based on their perceived benefits. Musoke (2009) highlighted the fact that the meaning information made to people after being accessed, used and interpreted and its significance and role as perceived and experienced by the user were the value people attributed to information. The expectancy-value theory therefore explains the fact that access to and use of reproductive health information and benefits derived from its use will result in change in knowledge, values, beliefs, behaviours and attitudes towards reproductive health practices.

5 Method

This study was designed as a survey. The survey questions were in regard to the respondents' utilization of sexual health information. Attempt was made to understand their access to informational materials on sexual health; their ability to make effective use of such information and thus establishing the impact of the information to their sexual health or well being.

The population of this study comprises 75,124 in-school girls from selected secondary schools in the five states that make up the southeast geopolitical zone. The secondary schools selected per state are: **Anambra State:** (Nnewi High School, Nnewi., Dennis memorial Grammar School Onitsha .,Girls' Secondary School Onitsha, St. Peter's Special Science School, Achina., Zixton Secondary School Onitsha; **Enugu State:**(Girls' Secondary School Udi., Command Secondary School Eungu, Federal Government College Enugu, Urban Girls Secondary School Nsukka, Queen School Enugu; **Imo State:** Girls Secondary School Owerri, Logos International Secondary School Awo-Omamma, City College Okigwe, Mikyway International Secondary School, Owerri Jacob Secondary School Mgbidi; **Ebonyi State:** Command Secondary School Abakiliki, Community Secondary School Okp, Girl Secondary School Abakaliki., Dawn Comprehensive School. Onic Efium High School; **Abia State:** Aba High School Aba, Uturu Boys Uturu, Federal Girls College Ohafia, Enuda High School Abiriba.

A sample of 397 was drawn from the study population of 75124 Yamane's formula ($n = \frac{N}{1 + N [e]^2}$). The multi stage sampling procedure was used to select 397 respondents from the

study population of 75124.

The first stage involved the selection of secondary school from among Federal Government School, State government school and privately owned school. At this stage, one school from each group of schools was selected.

The second stage involves selection of secondary schools in the five states of the southeast geo-political zone. The third stage involved the selection of class level of the selected student between JSS1 and SS3. The fourth stage involved the selection of girls in the classes selected; these had a pre-coded 14-point questionnaire administered to them.

6 Results

A total of 397 copies of the questionnaire were distributed. These copies were shared, proportionally, bearing in mind the numerical strength of the five different schools that were selected.

In-school Girls Access to sexual health information in South East

The purpose of this section in the questionnaire was to determine whether in-school girls had access to sexual health information.

Table 1: Respondent who have heard of the concept of Sexual health information

Variables	Frequency	Percent	Valid Percent
No	212	53.4	53.4
Yes	185	46.6	46.6
Total	397	100.0	100.0

The analysis in Table 1 shows that about 53.4 percent of the respondents have not heard about the concept, sexual health information while 46.6 percent of the respondents have heard about sexual health information. The picture here suggests there is a low level of awareness about sexual health information among these girls that were studied.

Table 2: Respondent who have come across information on sexual health

Variables	Frequency	Percent	Valid Percent
No	246	62.0	62.0
Yes	151	38.0	38.0
Total	397	100.0	100.0

Table 2 indicates that about 62 percent of respondent never come across sexual health information. They have never really understood what sexuality was all about. While 38 percent of the other population have come across and also understand sexuality. It would appear from our data that sexual health information is not widespread since more of these girls claimed not to have come across information on sexual health.

Sources of Sexual Health Information to In-School Adolescent

This section of the questionnaire examined the sources of sexual health information available the in-school girls that were studied.

Table 3: Respondents' sources of sexual health information

Variables	Frequency	Percent	Valid Percent
Books	2	.6	.6
School	132	33.2	33.2
Television	157	39.5	39.5
Internet	106	26.7	26.7
Total	397	100.0	100.0

Result in Table 3 indicate that .6 percent of the respondents consulted books for sexual health information, 33.2 percent learnt for schools; 39.5 percent of the respondent got sexual health information on the television while 26.8 percent of the respondent read about sexual information form the internet. The higher trend of television and internet could be for the reason that these appear to bring sexual information closer to in-school girls since they are readily available.

Table 4: Frequency at which Respondents consulted materials on sexual health information

Variables	Frequency	Percent	Valid Percent
very often	58	14.6	14.6
occasionally	130	32.7	32.7
when needed	209	52.6	52.6
Total	397	100.0	100.0

Table 4 indicates that the in-school girls only consulted materials on sexual information when they were mostly needed (52.6%); 14.6 did so very often while 32.7 did so occasionally.

Attitude of In-school adolescent to sexual health information sources

This section of the questionnaire examined the in-school girl's attitude with regards to the feelings, beliefs and discussions of sexual health.

Table 5: Respondents feeling toward sexual health information

Variable	Frequency	Percent	Valid Percent
Interested	130	32.7	32.7
not interested	179	45.1	45.1
interested but lack access	59	14.9	14.9
interested but don't understand	29	7.3	7.3
Total	397	100.0	100.0

Table 5 shows that a greater number among the respondents (45%) were not interested about sourcing information on sexual health; 32.7 percent were interested; 14.9 percent were interested but lacked access; while 7.3 percent were interested but did not understand the information.

Table 6: Respondent who have knowledge of sexual health information

Variables	Frequency	Percent	Valid Percent
No	179	45.1	45.1
partly	191	48.1	48.1
yes	27	6.8	6.8
Total	397	100.0	100.0

Table 6 indicates that over 45 percent claimed not to have knowledge of sexual health information; while over 48 percent partly have knowledge of sexual health information due to little access to sexual health information. Only 6.8 percent claimed to have knowledge of sexual health information.

Table 7: Whom Respondents discuss their sexual health needs with

Variables	Frequency	Percent	Valid Percent
Teacher	51	12.8	12.8
Parent	79	19.9	19.9
Friends	170	42.8	42.8
Sibling	95	23.9	23.9
Total	397	100.0	100.0

Table 7 shows that more of the respondents, over 42 percent, discuss their sexual health needs with friends; 23.9 percent discuss with siblings, 12.8 percent discuss with their parents while 12.8 discuss with teachers. This shows that adolescent feel inferior, complacent and afraid to discuss with their superiors.

Extent of Utilization of Health Information by in-school Girls

This section made effort to find out the extent to which adolescent utilized health information available to them, how this information have helped them to solve sexual health need and experiences of constraint.

Table 8: Respondent who visit health centers for sexual health information advice

Variables	Frequency	Percent	Valid Percent
No	385	97.0	97.0
yes	12	3.0	3.0
Total	397	100.0	100.0

Table 8, shows that 97 percent of the respondents do not visit health centres for health advice because of fear of identity exposure, while only 3.0 percent visited health centres for health information needs.

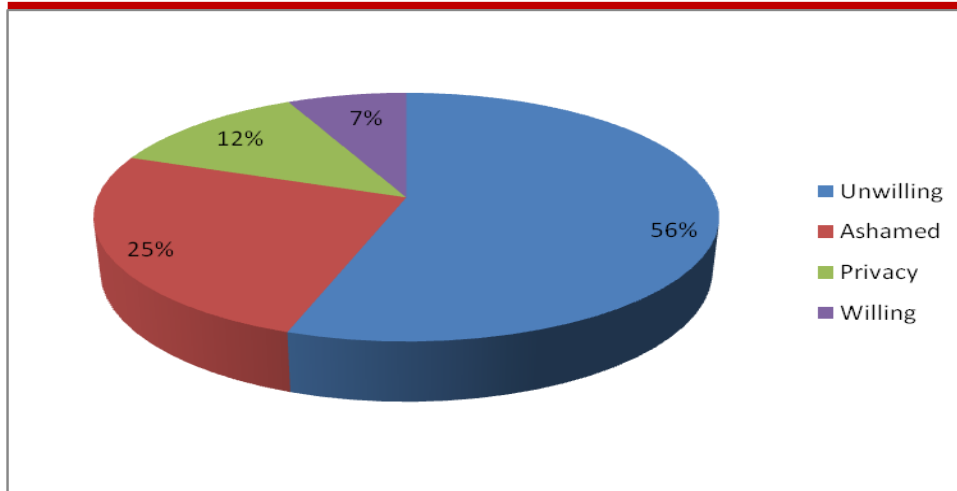


Figure 1: Respondents' Attitude towards sharing their sexuality problems

Figure 1, show that only 7 percent of the respondents were willing to share their sexuality problems in public, while 56 did not want to; over 25 percent were ashamed to do so, while 12 say it is subject to privacy.

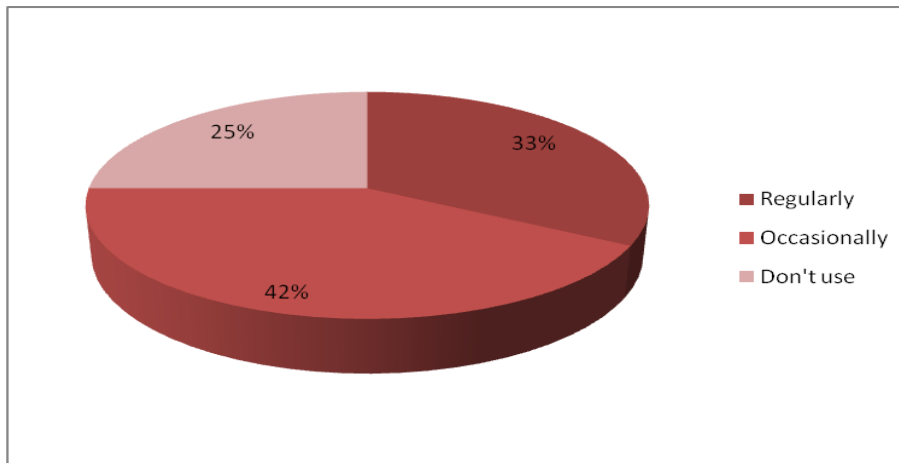


Figure 2: Extent of utilization of sexual health information

Figure 2 shows that a greater percentage of the respondents (42%) occasionally utilized sexual health information; 33 percent did so regularly, while 25 percent use sexual health information.

Table 9: Sexual problems avoided as a result of respondents' exposure to sexual health information

Variables	Frequency	Percent	Valid Percent
HIV	51	12.8	12.8
STI	79	19.9	19.9
Unwanted pregnancy	170	42.8	42.8
Contraceptives	95	23.9	23.9
Total	397	100.0	100.0

Table 9 shows that more of the respondents, over 42 percent, avoided unwanted pregnancy through due to exposure to sexual information; 23.9 percent got to know how to use contraceptives correctly as a result of exposure to sexual health information; 12.8 escaped HIV transmission while 19.9 avoided sexually transmitted diseases (STI). This shows that sexual information holds some value for in-school girls.

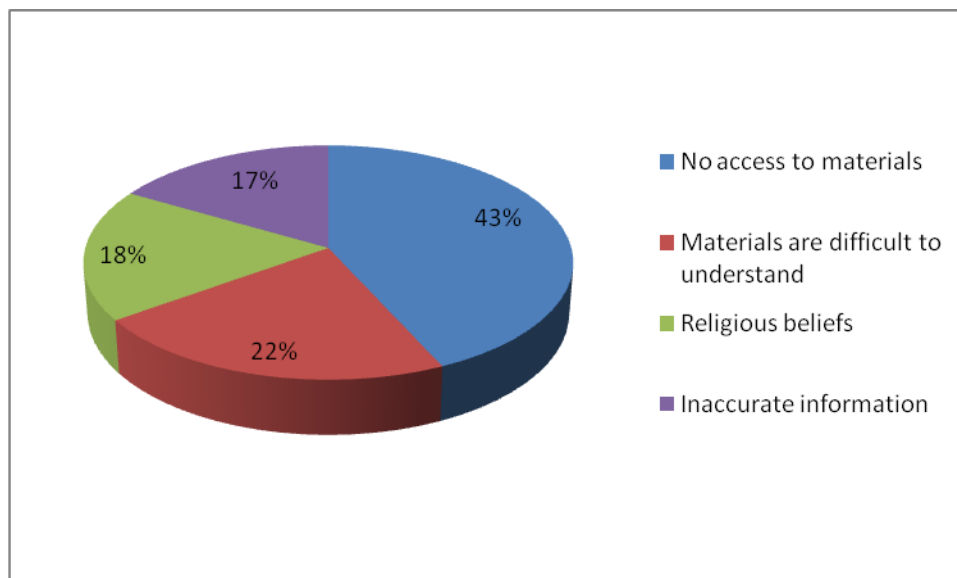


Figure 3: Respondents' constraints to the utilization of sexual health information

Figure 3 show that over 43 percent have no access to sexual health information materials; 18 percent did not seek out health information because of religious beliefs; 22 received inaccurate data while 17 found it difficult to understand sexual health information they were exposed to.

Summary of findings

The major findings of the study as revealed by the analysis are as follows:

- 1) In school Adolescent have little or no access to sexual health material due to the non-availability of such information resource in their different schools.
- 2) The most easily accessible sources of sexual health information were in this order: television, school, internet and parents.
- 3) The in-school adolescent appear to have limited access to sexual health information. Sexual health information readily accessible to them were: information on how to maintain healthy friendship with men; how to avoid HIV/AIDS and other sexually transmitted infection and how to control sexual desire.
- 4) The major factors which hindered the respondents from accessing sexual health information were: lack of time to seek relevant information; unwillingness of parents to discuss sexual health issues with them and lack of awareness about sources of reproductive health information.
- 5) The use of sexual health information was hindered due to inability to obtain reliable and accurate information; fear of embarrassment in the event of using the information, religious belief and retrogressive culture beliefs.
- 6) The level of access to and use of sexual health information when taken together would significantly predict in-school adolescent attitude toward sexual health information.

7 Conclusion

This study has established that access to and use of sexual health information is significantly related to the feeling or attitude of in-school girls towards sexual health information. The utilization of sexual health information is low; this cannot be divorced from the inability of In-school girls to get reliable and accurate information and fear of embarrassment. However the days in which reproductive health discussions were regarded as taboo are gone. Results from this study suggests that it was high time parents, teachers, health practitioners, government and nongovernmental organizations rose to the challenge and made useful and appropriate information on reproduction available to the girl child as a matter of principle and policy.

8 Recommendations

Based on the findings of this study, the following recommendations were suggested to improve access and utilization of sexual health information among in-school girls.

1. Regular workshop, seminar, symposia and talks should be given to in-school girls, their parents, teachers and health care workers
2. The national comprehensive sexuality education curriculum should be implemented in all public schools.
3. Multi-media approach should be adopted for dissemination of sexual health information in secondary schools in Nigeria.

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