

**AWARENESS OF TEENAGE SEXUAL AND REPRODUCTIVE HEALTH RIGHTS AMONG IN-SCHOOL FEMALE ADOLESCENTS IN OWERRI MUNICIPAL COUNCIL**

**BY**

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**Abstract**

*The study focused on the awareness of teenage sexual and reproductive health rights among in-school female adolescents in Owerri Municipal Council of Imo State. A self developed and validated questionnaire with 0.78 reliability index was used as research instrument. The data was analyzed using frequency, percentage and grand mean. Three hundred and twenty in-school female adolescents were drawn from three towns out of the five towns in Owerri Municipal Council drawn using stratified random sampling technique served as sample for the study. The result of the study showed that age and class of study were significant factors that affected the awareness of teenage sexual and reproductive health rights of in-school female adolescent in Owerri Municipal Council. It was recommended among others that the ministry of education in Nigeria has to incorporate reproductive and sexual health right into the school curriculum from the primary level to the institutions of higher learning.*

**Keyword:** Sexual Health, Reproductive Health, Sexuality, Sexual and Reproductive Health Rights and Awareness.

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### **Background of the Study**

Sexual and reproductive health are fundamental aspects of human being. It is as important to quality of life as other key aspects of health and wellbeing. Report had shown that sexual and reproductive health of adolescents is global health issues because the health problems emanating from them have been on the increase for the past decades. World Health Organization (WHO) (1995) and Department for International Development (DFID) (2004) report revealed that sexual and reproductive ill-health account for 20 percent of the global burden of ill-health for women and 14 percent for men. The bulk of the people mostly affected by these problems are the adolescents because of their active sexual life (Worku & Gebresilassie, 2008). They further explained that adolescents indulge in unprotected sexual activities and end up with sexual and reproductive health problems like unwanted pregnancy, unsafe abortion, sexually transmitted infections including HIV/AIDS; sexual violence, infertility among others. Globally, most people become sexually active during adolescence.

Sexual health according to WHO (2008) is defined as a state of physical, emotional, mental and social wellbeing related to sexuality, it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships as well as the possibility of having pleasurable and safe sexual experience free of coercion, discrimination and violence (Skinner & Hockey, 2003). Sexuality Information and Education Council of the United States (SIECUS, 2002) opined that sexual health encompasses sexual development and reproduction as well as such characteristics as the ability to develop and maintain meaningful interpersonal relationships; appreciate one's own body; interact with both genders in respectful and appropriate ways and affection, love and intimacy in ways consistent with one's own values. The fundamental principles of sexual health include: capacity to enjoy and control reproductive behaviour, freedom from shame, guilt, fear and other psychological factors that may impair sexual relationships and

freedom from organic disorders or diseases that interfere with sexual and reproductive function.

Sexuality is the central aspect of been human throughout life (African Regional Sexuality Resource Centre (ARSRC, 2003). Action Health Incorporated (AHI, 2003) defined sexuality as the totality of who you are, what you believe, what you feel and how you respond. Sexuality exists throughout a person's life and a component of the total expression of who we are as human being. It include all the feelings, thoughts and behaviours of being a girl, boy, man or woman. Sexuality is more than sex and sexual feelings. Sexuality however encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality simply put is the full attainment of sexual health and reproductive health.

Reproductive health according to WHO (2008) is defined as a state of complete physical, mental and social well being in all matters relating to the reproductive system and to its

functions and processes. This implies that people are able to have satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide when and how often to do so. Vaughan and Abouzar (2000) described reproductive health as that aspect of health concerned with parenting and treating reproductive health diseases, and also supporting normal functions such as pregnancy and childbirth. They emphasized further that reproductive health has to do with reducing the adverse outcome of pregnancy, including maternal deaths and disabilities, complications of abortion, miscarriage, still births and neonatal deaths.

Reproductive health is all about life enhancing processes and how to nurture them in the face of adversities such as gender discrimination, exploitation among others. It affects people's quality of life, population control, prevention of gynecological complications and makes for sustainable development. Reproductive health contributes enormously to physical and psychological comfort and closeness

between individuals. Reproductive health is right oriented as well as health oriented. Alcala (1994) attested that reproductive health involves improving the quality of life of the individual through the promotion of human right and provision of comprehensive range of reproductive health information and services. The components of reproductive health are family planning services; safe motherhood; prenatal and post-natal care; prevention and treatment of infertility; management of complications of unsafe abortion; safe abortion services, treatment of sexually transmitted infections including HIV/AIDS; active discouragement of harmful practices among others (Worku & Gebresilassie, 2008). Poor reproductive health is frequently associated with diseases, abuse, exploitation, unwanted pregnancy and death. WHO (2001) acknowledged that the group of people who suffer most of the reproductive health problems are the adolescents especially the females. Adolescent is a child between the childhood stage and adulthood. WHO (2003) defined

adolescent as individuals between the ages of 10-19 years. Onuzulike (2007) described adolescent as a young boy or girl in the process of developing from child into adult. She emphasized that adolescent age is roughly between the age of 13 and 18 years. He/she is a person transiting from childhood who is begetting an offspring because of his sexual maturity (Samuel, 2006). For the purpose of this present study, young boys or girls between 10-21 years would be studied. Adolescence period begins with physical changes during puberty, and ends when a person takes an adult roles and responsibilities. Morhason, Oladokun, Enapene, Fabawo, Obibesan and Ojengbede (2008) described adolescence period as a transition period from childhood to adulthood involving multi-dimensional changes that are characterized by experimenting the new ways of behaving and risk taking.

Adolescent are filled with new ideas, processes and expressions. They are very cunning, develop the feeling of self esteem and competence, can reason widely and apply deductive

reasoning. The characteristics of adolescents are: individual identity, bountiful energy, being adventurous, ambitious, vulnerability, gregarious and forming relations with plans based on desire and fantasies rather than factorial realities (Eloike, 1999). The in-school female adolescents have some basic rights that guides her sexual and reproductive health.

Sexual and reproductive health rights are fundamental human rights. They are individual and couple rights to have control over, and to make decisions freely and responsibly on matters concerning their sexuality and reproduction free of discrimination, coercion and violence. They are also referred to as men and women's ability and freedom to have satisfactory sex life and capacity to reproduce as well as freedom to decide when and how often to do so. It implies men and women's right to be informed and have access to safe, effective, affordable and acceptable methods of their choice for the regulation of fertility and access to health care for safe delivery and childbirth.

Yohannes, Abebaw and Zelalam (2003) pointed out that sexual and reproductive health rights are the rights of all people regardless of age, gender, and other characteristics. People have the right to make choice regarding their own sexuality and reproduction, provided they respect the right of others. Creating Resources for Empowerment in Action (CREA) (2005) explained that all person have the right to make their own decisions about their sexual and reproductive lives.

Sexual and reproductive health rights of in-school female adolescents according to (DFID, 2004) includes the following; right to the highest attainable standard of health; right to life and survival; right to privacy; right to liberty and security of persons; right to be free from torture, cruel, in-human or degrading treatment; right to participation, right to access to information, right to education, right to be free from practices that harm women and girls and right to services pertaining to reproductive health and family planning. Adolescents are entitled to information about

pregnancy and HIV prevention that is factual and unbiased and comprehensive. Adolescents in Owerri Municipal Council have some challenges to their sexual and reproductive health rights.

Ignorance is a major challenge to sexual and reproductive health rights of in-school female adolescents. Other challenges include lack of information and prior access to services (Alubo, 2000). In Nigeria, the culture frown upon open discussion of SRH. Words used to express SRH are often indirect to reflect the silence expected in such matters. Adolescents cannot openly discuss or ask questions about SRH. The belief is that such matters belong to the realm of marriage. It is important that adolescents be made aware of their reproductive rights so as to help them fight their sexual health problems.

Awareness is an attribute to action. Millian (2001) described awareness as knowledge of understanding of a subject, issue, or situation. It is an integrated aspect of practice and must be investigated as such. It is against the

background of healthy living and safe motherhood that the researchers are motivated to ascertain the awareness of teenage sexual and reproductive health rights among in-school female adolescents in Owerri Municipal Council.

### **Statement of the Problem**

Adolescents sexual and reproductive health is a global health issue that has attracted a lot of concern from many international health organizations. Report has shown that sexual and reproductive ill-health accounts for 20 percent of the global burden of ill-health for women and 14 percent for men (DFID, 2004). Adolescents because of their sexual active life indulge in unprotected sexual activities and end up with sexual and reproductive health problems such as unwanted pregnancy, unsafe abortion, sexually transmitted infections including HIV/AIDS, sexual violence, infertility among others. Worku and Gebesillassie (2008) added that worldwide, more than 15 million girls aged 15-19 years give birth every year and as many as 5 million have abortion.

This however results due to their ignorance and lack of information on their sexual and reproductive health rights. It is against the background of healthy living and safe motherhood that the researchers were motivated towards ascertaining the awareness of teenage sexual and reproductive health rights among in-school female adolescents in Owerri Municipal Council.

### **Research Questions**

1. What is the level of awareness of teenage sexual and reproductive health rights among in-school female adolescents in Owerri Municipal Council?
2. What is the difference in the level of awareness of teenage sexual and reproductive health rights among in-school female adolescents of different age groups?
3. What is the difference in the level of awareness of teenage sexual and reproductive health rights among in-school female adolescents of different class of study?

### **Hypotheses**

The following hypotheses were tested at .05 level of significance.

1. There is no significant difference in the level of awareness of teenage sexual and reproductive health rights among in-school female adolescents in Owerri Municipal Council based on their own age.
2. There is no significant difference in the level of awareness of teenage sexual and reproductive health rights among in-school female adolescents based on their class of study.

### **Method**

A descriptive survey research design was used for the study. The study is designed to find out the awareness of teenage sexual and reproductive health rights among in-school female adolescents in Owerri Municipal Council of Imo state. The population for the study comprised all the in-school female adolescents in Owerri Municipal Council which include Amawom, Umuororonjo,

Umuonyeche, Umuodu and Umuonyioma. Sample size of three hundred and twenty (320) female in-school adolescents were used for the study. Three towns were randomly selected out of the five towns that comprise Owerri Municipal Council, using simple random sampling techniques of balloting with replacement to give them equal chance of being selected. Stratified random sampling technique was used in the selection of the respondents in various towns. Each town was regarded as a stratum from which the respondents were selected.

The instrument for data collection was a ten-item structured questionnaire on a 4-point scale developed by the researchers. The instrument sought to elicit information on the awareness of teenage sexual and reproductive health rights among in-school female adolescents in Owerri Municipal Council. The instrument was validated by three lecturers from the Department of Physical and Health Education, AIFCE, Owerri. The comment and suggestions of these experts were incorporated in building up the final

copy of the instrument. Test retest method was used in establishing the reliability coefficient of the instrument. The instrument was administered to 20 in-school female adolescents from one of the towns that was not sampled. The same instrument was administered to the same group after an interval of one week. Reliability index of 0.78 using Pearson Moment Correlation Coefficient was established. The value was considered high enough, thus indicating that the instrument was adequate and reliable for the study. The instrument was administered to 320 respondents with the help of two trained research assistants. The copies of the questionnaire were retrieved on the spot thereby given a return rate of 100%. Data collected were tallied and analyzed using descriptive statistics of frequencies, percentage and grand mean for the research question. The null hypotheses were tested using Chi-square at  $p < .05$  level of significance.

### **Result**

The results are presented according to research question on table one, while the test of hypotheses are presented



on tables two and three.

### **Research Question I**

What is the level of awareness of teenage sexual and reproductive health rights among in-school female adolescents in Owerri Municipal Council?

**Table I:** Responses on the awareness of teenage sexual and reproductive health rights among in-school female adolescents in Owerri Municipal Council

S/N	Teenage Sexual and Reproductive Health Rights	Level of Awareness Responses			
		High	Moderate	Low	Total
1.	Right to highest attainable standard of health	62(19.4%)	98(30.6%)	160(50%)	320
2.	Rights to life and survival	80(25%)	125(39.1%)	115(35.9%)	320
3.	Right to privacy	75(23.4%)	95(29.7%)	150(46.9%)	320
4.	Right to liberty and security of persons	100(31.3%)	133(41.6%)	87(27.2%)	320
5.	Right to participation	72(22.5%)	102(31.9%)	146(45.6%)	320
6.	Right to be free from torture, cruel, in-human or degrading treatment	100(31.3%)	106(33.1%)	114(35.6%)	320
7.	Right to access to information	87(27.2%)	99(30.9%)	134(41.9%)	320
8.	Right to education	120(37.5%)	109(34.1%)	91(28.4%)	320
9.	Right to be free from practices that harm women and girls	100(31.3%)	135(42.2%)	85(26.6%)	320
10.	Right to services pertaining to reproductive health and family planning	60(18.8%)	100(31.3%)	160(50%)	320
<b>Grade</b>		<b>856</b>	<b>1102</b>	<b>1242</b>	<b>3200</b>
<b>Total Average</b>		<b>86(26.9%)</b>	<b>110(34.3%)</b>	<b>124(38.8%)</b>	

Table 1 revealed the responses on the awareness of teenage sexual and reproductive health rights among in-school female adolescents in Owerri Municipal Council, Imo State. From the table above 62(19.4%) respondents possessed high level of awareness that the right to highest attainable standard of health is a teenage sexual and reproductive health right, 98(30.6%) possessed moderate level of awareness while 160(50%) possessed low level of awareness

on the same issue. Eighty (25%) respondents possessed high level of awareness that teenage sexual and reproductive health rights include right to life and survival, 125(39.1%) respondents possessed moderate level of awareness while 115(35.9%) possessed low level of awareness on the same issue. Seventy-five (23.4%) respondents possessed high level of awareness that the right to privacy is a teenage sexual and reproductive health right, 95(29.7%) possessed moderate level of awareness while 150(46.9%) possess low level of awareness on the issue.

To say that the right to liberty and security persons is one of the teenage sexual and reproductive rights, 100(31.3%) respondents possessed high level of awareness, 133(41.6%) possessed moderate level of awareness while 87(27.2%) possessed low level of awareness on the same issue. Seventy-two (22.5%) respondents possessed high level of awareness that right to participation is one of the teenage sexual and reproductive health rights, 102(31.9%) possessed moderate level

of awareness while 146(45.6%) possessed low level of awareness on the same issue. One hundred (31.3%) respondents possessed high level of awareness that the right to be free from torture, cruel, in-human or degrading treatment is included as a teenage sexual and reproductive health rights, 106(33.1%) possessed moderate level of awareness while 114(35.6%) possessed low level of awareness on the same issue.

Eighty-seven (27.2%) respondents possessed high level of awareness that the right to access information is a teenage sexual and reproductive health rights, 99(30.9%) possessed moderate level of awareness, while 134(41.9%) possessed low awareness on the same issue. One hundred and twenty (37.5%) respondents possessed high level of awareness that the right to education is a teenage sexual and reproductive health right, 109(34.1%) possessed moderate level of awareness while 91(28.4%) possessed low level of awareness on the same issue. One hundred (31.3%) respondents possessed high level of awareness on the rights to be free from practice that harm women and girls is a

teenage sexual and reproductive health right, 135(42.2%) possessed moderate level of awareness while 85(26.6%) possessed low level of awareness on the same issue. Sixty (18.8%) respondents possessed high level of awareness that teenage sexual and reproductive health rights include the right to services pertaining to reproductive health and family planning, 100(31.3%) possessed moderate level of awareness while 160(50%) possessed low level of awareness on the same issue. From the responses breakdown, it is revealed that 856(26.8%) respondents with an average of 86 possessed high level of awareness, 1102(34.4%) with an average of 110 possessed moderate level of awareness, while 1242(38.8%) with an average of 124 possessed low level of awareness on teenager sexual and reproductive health rights.

**Hypothesis 1:** There is no significant difference in the level of awareness of teenage sexual and reproductive health right among in-school female adolescents in Owerri Municipal Council according to age.

**Table 2:** Chi-square Table for Responses on the Awareness of Teenage Sexual and Reproductive Health Rights among in-School Female Adolescents of Different Age Group in Owerri Municipal Council

S/N	Age	Level of Awareness Responses			
		High	Moderate	Low	Total
1.	10-12years	11 (15.3%)	18 (25%)	43 (59.7%)	72 (22.5%)
2.	13-15years	20 (23%)	32 (36.8%)	35 (40.2%)	87 (27.2%)
3.	16-18years	25 (27.8%)	35 (38.9%)	30 (33.3%)	90 (28.1%)
4.	19-21years	30 (42.3%)	25 (35.2%)	16 (22.5%)	71 (22.2%)
<b>Grand Total</b>		<b>86 (26.9%)</b>	<b>110 (34.3%)</b>	<b>124 (38.8%)</b>	<b>320</b>

$\chi^2_{cal} = 23.9; \chi^2_{tab} = 12.59; df = 6 \quad p < .05$

Table 2 above reveals the responses on the awareness of teenage sexual and reproductive health rights of in-school female adolescents of different age groups in Owerri Municipal Council. The table shows that out of 72(22.5%) respondents who are between 10-12years 11(15.3%) were highly aware;

18(25.%) were moderately aware while 43(59.7%) indicated low awareness. Out of 87(27.2%) respondents who are within 13-15years 20(23%) respondents were highly aware, 32(36.8%) were moderately aware while 35(40.2%) indicated low awareness. Out of 90(28.1%) in-school female adolescents between 16-18years, 25(27.8%) respondents were highly aware, 35(38.9%) moderately aware while 30(33.3%) indicated low awareness. Out of 71(22.2%) of the respondents within 19-21years, 30(42.3%) were highly aware, 25(35.2%) moderately aware while 16(22.5%) indicated low awareness. When the data was subjected to test the null hypothesis of no significant difference in the awareness of teenage sexual and reproductive health rights among in-school female adolescents of different age groups in Owerri Municipal Council. Result revealed that calculated  $\chi^2$  of 23.9 is  $>$  tabulated  $\chi^2$  of 12.59, with df of 6 and at  $p < .05$ . The null hypothesis was therefore rejected and this shows that there is a significant difference in the awareness of teenage sexual and reproductive

health rights among in-school female adolescents of different age groups in Owerri Municipal Council. A critical look on the result shows that in-school female adolescents within 19-21years were more aware while in-school female adolescents between 10-12years indicated low awareness.

### **Hypothesis 2:**

There is no significant difference in the awareness of teenage sexual and reproductive health rights among in-school female adolescents of different class of study in Owerri Municipal Council.

**Table 2:** Chi-square Table for Responses on the Awareness of Teenage Sexual and Reproductive Health Rights Among in-School Female Adolescents of Different Class of Study in Owerri Municipal Council.

S/N	Class of Study	Level of Awareness Responses			
		High	Moderate	Low	Total
1.	Junior Secondary	17 (17%)	26 (26%)	57 (57%)	100 (31.3%)
2.	Senior Secondary	29 (25.7%)	50 (44.2%)	34 (30.1%)	113 (35.3%)
3.	Tertiary institution	40 (37.4%)	34 (31.8%)	33 (30.8%)	107 (33.4%)
<b>Grand Total</b>		<b>86 (26.9%)</b>	<b>110(34.3%)</b>	<b>124(38.8%)</b>	<b>320</b>

$x^2$  Cal= 26;  $x^2$  tab =9.488; df=4 p<.05

Table 3 reveals the responses on the awareness of teenage and reproductive health rights among in-school female adolescents of different class of study in Owerri Municipal Council. The table shows that out of 100 (31.3%) respondents at junior secondary level, 17 (17%) were highly aware of teenage sexual and reproductive health rights; 26 (26%) were moderately aware while 57 (57%) indicated low awareness. Out of 113 (35.3%) respondents at senior secondary level, 29(25.7%) were highly aware, 50 (44.2%) were moderately aware while 34 (30.1%) indicated low awareness on the same issue. Out of 107 (33.4%) respondents at tertiary level, 40(37.4%) were highly aware. 34 (31.8%) were moderately aware while 33 (30.8%) indicated low awareness. When the data was subjected to the test of null hypothesis of no significant difference in the awareness of teenage sexual and reproductive health rights among in-school female adolescents in different class of study in Owerri Municipal Council, the result revealed that the calculated  $x^2= 26$  is greater than ( $>$ ) tabulated  $x^2= 9.488$  with df =4 and at p<.05. Thus the null hypothesis was rejected and this shows that there is significant difference in the awareness of teenage sexual and reproductive health rights among in-school female adolescents in different class of study. In-school female adolescents in tertiary institution indicated highest awareness while those in the junior secondary level had low awareness.

**Discussion**

Result of research question one indicated that appreciable number (38.8%) of the in-school female adolescents in Owerri Municipal Council possessed low level of awareness of teenage sexual and reproductive health rights while few

(26.8%) possessed high level of awareness. The findings is not surprising and therefore was expected because in Nigeria, the cultures frown upon open discussion of sexual and reproduction health. Words used to express sexual and reproduction health are often indirect to reflect the silence expected in such matters. This is in line with Ladipo and Adedentan (2012) report that parents may sometimes wish to discuss sexuality with their children but not well prepared to do it. Adolescents cannot openly discuss or ask questions about SRH. Yohannes, Abebaw and Zelalan (2013) added that majority of the young people have very little knowledge on what sexual rights they are entitled to. They emphasized that sometimes, the young people do not appreciate the extent of their violations and worse still they do not know where they could go, for legal or social advice. Sources of information, the adolescents traditionally access such as parents have a skewed conception on anything relating to sexuality and approach it from a cautionary perspective rather than from an informative one.

Result of hypothesis one revealed that there was a significant difference in the awareness of teenage sexual and reproductive health rights among in-school female adolescents of different age group was expected because age is a very strong factor that affect awareness. This is in line with Onuzulike (2005) which stated that age affects level of awareness. The difference in level of awareness may also be due to the experiences the older adolescents have had. It is expected that a normal female adolescence who is from 19years and above have started seeing their monthly period and as such might have being receiving training or counseling from people on how to go about it.

Result of hypothesis two showed a significant difference in the awareness of teenage sexual and reproductive health rights among in-school female adolescents of different class of study is not surprising and therefore was expected because adequate education is a principal factor affect awareness or knowledge of something on their sexual and reproductive health rights. This agrees with Ewuzie (2006) who

stated that people with low level of education are more likely to have lifestyles that could lead to chronic illnesses. Nesrin, Dilek, Raziye and Karabulutlu (2011) in their study revealed that girls with a longer period of education or training were shown to conduct less risky sexual behaviour than those with a shorter period of training.

### **Conclusion**

Based on the findings, it was concluded that an appreciable number (38.8%) of the respondents were not aware of teenage sexual and reproductive health rights while few (26.8%) were aware. It was also noted that there was significant difference in the awareness of teenage sexual and reproductive health rights among in-school female adolescents of different age groups. Respondents within 19-21 years were more aware. It was also indicated that there was significant difference in the awareness of teenage sexual and reproductive health rights among in-school female adolescents in different class of study. Respondents in tertiary institution were more aware.

### **Recommendations**

On the basis of the findings, the following recommendations are made:

1. The Ministry of Education in Nigeria has to incorporate reproductive and sexual health rights in the school curriculum from the primary level to the institution of higher learning.
2. Health talk, conferences and workshops be organized continuously in schools with much emphasis on the sexual and reproductive health rights of the adolescents.
3. Government should enact and enforce policies encouraging adolescents to know their rights.

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