UNIZIK Journal of Gender Research (UJGR) 2024, Vol 3, 1-23

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Knowledge and Prevalence Contraceptive Utilization amongst In-School Adolescents in Anambra State

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Abstract

Knowledge and prevalence of contraceptive utilization among in-school adolescents in Nigeria is a critical area of concern for public and reproductive health. While awareness of contraceptives is relatively high among adolescents, requisite knowledge is poor and actual utilization remains low. This paper therefore investigated knowledge and prevalence of contraceptive utilization amongst in-school adolescents in Anambra State. The Health Belief Model and the Social Cognitive Theory formed the theoretical frame for this paper. The paper adopted the mixed methods research design. The sample size for the quantitative component of the study was 613 respondents statistically derived and randomly selected using the multistage sampling procedure. The instrument for collection of quantitative data was structured questionnaire, whereas the In Depth Interview Guide (IDI) and Focus Group Discussion (FGD) were used for qualitative components of the study. The quantitative data were processed with the Statistical Package for the Social Sciences (SPSS) version 20 and analysed using descriptive statistics such as the frequency counts, simple percentages and charts. The qualitative data were analyzed using thematic content analysis method with illustrative quotes. The findings show that the utilization of contraceptives amongst in-school adolescents was low and irregular amongst the respondents. The factors for the low utilization of contraceptives included among others, lack of knowledge about contraceptives, afraid of being seen by parents, embarrassment of buying contraceptives and partner disapproval. Based on these findings, introduction of reproductive health education in school curriculum in Nigeria was recommended to help improve knowledge and enhance contraceptive utilization amongst in-school adolescents in Anambra State, Nigeria.

Keywords: contraceptives, adolescents, knowledge, utilization and prevalence

Introduction

Reproductive choices made during the period of adolescence eventually produces a great effect on individuals health, education and even their career prospect and finally influenced overall transition into adulthood even with the availability of a variety of contraceptive options, unplanned pregnancies among adolescents still occur quite frequently and the effectiveness of pregnancies prevention programs among adolescence

is still low (Blanc, Tsui, Croft & Trevitt 2009; Osamede 2020). Around 70,000 adolescents in developing countries die annually due to pregnancy and childbirth WHO (2013). When an adolescent becomes pregnant, her health, education, earning potential and her entire future may be in jeopardy, trapping her in a lifetime of poverty, exclusion from society and powerlessness Omedi (2014). This is often passed down to her child, who starts life at a disadvantage, perpetuating an intergenerational cycle of marginalization, exclusion and poverty. According to Omedi (2014) health impact comprises risks of maternal death, illness and disability including obstetric fistula, complications of unsafe abortion, sexually transmitted infections including HIV and health risks to infants (Wado, Sully, Mumah, 2019).

In Nigeria adolescents start sex earlier and have various sexual experiences with diverse reasons for their sexual behaviour reasons being a pleasure, love and peer pressure especially for those in school (Awazzi, 2016). Multiple and concurrent sexual partners were reported among in school females and the major outcomes of these behaviour are unintended pregnancy, unsafe abortion and STI/HIV (Awazzi, 2016, Wado *et al*; 2019). Knowledge and use of contraceptive among youth showed very wide variation among region of Sub-Saharan Africa than other regions of the world (Tchokossa & Adeyeni, 2018). Study among youth aged 15-19 in Ghana revealed that 85% knows at least one method of contraception while 17% of sexually active youth use contraceptives, the rate for any method was 27% (Kareem & Samba, 2016). Similar study in Nigeria has revealed that over 60% of urban youth have heard of at least one method but only 4.7% of sexually active youth practice contraceptive of which 3.5% of them practice modern method (Isonguyo, 2013). Studies highlight that it is lower contraceptives prevalence among adolescent which tend to put them at increased risk of unwanted pregnancies, STIs & HIV. Sexual behaviour and sexual activities done before marriage are usually unintended, infrequent and sporadic, this predisposes them to undesirable gestation and STI, unsafe abortion, it is more dangerous as they tend to seek abortion later in pregnancy; however abortions are not paid by the government health system also their contraceptive needs could prevent this problem (Ngerageze, et al., 2022).

Osotimehin (2011) stated that about 215 million women that live in developing countries cannot access any family planning programs and hence they cannot exercise some of their

reproductive right. Adolescents living in developing countries makes up an estimated 250million out of the 1.2 billion adolescents, globally also make up an estimated one in sixth of women of reproductive age, with about one in five of these adolescent girls being currently married or in a union while 3% are unmarried but sexually active (UNFPA, 2016). Earlier projections had estimated that about 15.3 million adolescent girls would give birth by 2015 and this number will rise to 19.2 million by the year 2035, if current practices do not change (UNFPA, 2016).

These projections contrast greatly with the ICPD, MDG and SDGs goals gave women access to exercise their reproductive right (Osotimehin, 2011). Adolescent fertility regulation and pregnancy prevention is a major health care issue in this present century (WHO, 2004). Accessibility to contraceptive information, methods and services determine the success of adolescence in avoiding unplanned pregnancies. The rights of adolescents are violated when there are preventing form or unable to access sexual and reproductive health services and information. Sadly, the socio-cultural environment of Anambra state is limited in literature on knowledge and prevalence of contraceptive utilization amongst in-school adolescents ". It is on these premises that this paper is designed to investigate the level of knowledge of contraceptives and prevalence of contraceptive utilization amongst in-school adolescents in Anambra State, Nigeria.

Literature Review

Contraception involves intentionally preventing conception with the use of modern or traditional contraceptive methods using various devices, sexual practices, chemicals, drugs or surgical procedure (Jain & Muralidhar, 2012). Also, Macmillan dictionary by Michael (2002), defines contraceptive as a drug, method or object used for preventing a woman from becoming pregnant. Contraceptive can be grouped into modern and traditional methods (Darko, 2016, Otueze, 2021). The modern methods includes; barrier method (female and male condoms as well as diaphragm), hormonal method (pill injectable and implants) intrauterine device (IUD), male and female sterilization (Department Health and Human services, 2011; Planned Parenthood federation of America, 2012). The traditional methods on the other hand include; periodic abstinence method and withdrawal method (Coitus interruptus) (Steward, McNamee & Harvey, 2013).

Knowledge of Contraception

A South Africa study (Muller, Rohrs, Hoffman - Wanderer & Moult, 2016) found that adolescents, especially adolescent girls requires accurate and complete information about reproduction and contraceptive use as teenage girls had low levels of knowledge of contraceptives but other studies have shown that their knowledge was high. However, their awareness about emergency contraception was high (Muller *et al.,* 2016). Furthermore, poor knowledge is cited as being the reason for inconsistent or ineffective contraceptive use; but most adolescents are well informed about modern contraceptives. The low level of contraceptive awareness and usage in Nigeria correlates with the low level of contraceptive information resulting from the poverty of sources of information on contraception and this is more marked among secondary school girls (Adinma, Agbai, Okeke & Okaro, 1999; Basebang & Aderibigbe, 2011). Several studies in the six geo political Zones in Nigeria indicates that contraceptive knowledge and awareness, especially among female students age 15 to 24 years, is very high. In one study done in llorin by Abiodun & Balogun (2009), it was reported that the method mostly known by respondents were the condom (69.0%), the oral contraceptive pill (OCP, 38.8%), IUCD (29%) and periodic abstinence (32.9%) with most respondents being able to name at least one method of contraception. Unfortunately, all of the studies that showed good knowledge and awareness did not show a strong prevalence of use of contraception (Oye-Adeniran, Adewole, Odeyemi, Ekanem and Umoh; 2005, Amazigo, Silva, Kaufman & Obikeze, 1997, Okpani, 2000; Monjok, Smesny, John & Essien, 2018). The consequences of high sexual activity and low contraceptive use is an increased frequency of unplanned pregnancy and subsequent induced abortions or unplanned deliveries. Studies revealed that a high percentage of adolescents and young adults have had at least one unwanted pregnancy leading to induced abortion (Abiodun & Balogun, 2009, Oye- Adeniran et al., 2004, Fawole & Aboyeji, 2002, Odimegwu, Ajabor, Daru & Johnson, 1999). This necessitated the relevance of this study, since it geared towards creating awareness on proper and effective use of contraceptive methods among Adolescent in Nigeria and Africa in general.

Contraceptive Prevalence, Usage and Accessibility

The use of contraceptive is essential in prevent unwanted pregnancies, unsafe abortion and abortion related complications that expose adolescents to health-related risks such as infertility and sometimes death. The study done by Kamal (2012) in Bangladesh on childbearing and the use of contraceptive methods among married adolescents "attempted to examine the association between socioeconomic factors, childbearing and use of contraceptive by married adolescent women. Using the 2007 data from Bangladesh Demography and Health survey, which was analyzed by both the bivariate and multivariate statistical analyses, findings showed that 69% of adolescents who were married had initiated childbearing while 25% of the most recent pregnancies were unplanned. Some important determinants for the use of contraception by married female adolescents were interspousal communication of family planning. Visitation by workers of family planning, programs, the number of living children and the employment status of the mother. It was concluded that early childbirth, low rate of contraceptive use and unintended pregnancies are common among Adolescents that are married in Bangladesh and the expanded schooling and reproductive health programs should encourage improved communication amongst couples so that efficient contraception and better reproductive outcomes can be achieved.

Theoretical Framework

For the purpose of this paper, the Health Belief Model (HBM) and Social Cognitive Theory (SCT) formed the theoretical base. The HBM is a psychological model that attempts to explain and predict health behaviours. This is done by focusing on the attitudes and beliefs of individuals. The HBM was first developed in the 1950's by social psychologist Hochbaum, Rosenstock and Kegels, who were working in the US public health service and holds that health behaviour is a function of individuals socio-demographic characteristics, knowledge and attitudes. According to this model, a person must hold the following beliefs in order to change behaviour: Perceived susceptibility to a particular health problem (am I at risk for HIV?). Perceived seriousness of the condition (how serious is AIDS; how hard would my life be if I am infected). Belief in effectiveness of the new behaviour (contraception are effective against HIV transmission). Cues to action

(witnessing the death or illness of a close friend or relative due to AIDS/STIs). Perceived benefits of preventive action (if I start using contraceptives, I can avoid HIV/AIDS infection or unwanted pregnancy). Barriers to taking action (I don't like using contraceptives). In this model, promoting action to change behaviour includes changing individual personal beliefs; individuals weigh the benefits against the perceived cost and barriers to change. For change to occur, benefits must outweigh costs. With respect to HIV, interventions often target perception of risk, beliefs in effectiveness of contraceptive use and benefits of contraceptive use or delaying onset of sexual relations. According to the Health Belief Model, individual perceptions, perceived seriousness of pregnancy, STIs, benefits and barriers are more likely to affect the preventive actions such as using contraception which can prevent a specified condition to unplanned pregnancy, STIs and perceived barriers to difficult access to sexual and reproductive health services.

Social cognitive theory is a theory that stemmed out of work in the area of social learning theory, proposed by N.E. Miller and J. Dollard in 1941. Their position posits that if one were motivated to learn a particular behaviour, then that particular behaviour would be learned through clear observation. The premise of the social cognitive (SCT) states that new behaviours are learned either by modelling the behaviour of others or by direct experience. Central tenets of social cognitive theory are: Self-efficacy**:** the belief in the ability to implement the necessary behaviour (I know I can insist on contraceptive use with my partner"). Output expectancies**:** Belief that using contraceptive correctly will prevent HIV infection, STIs and unwanted pregnancies. Social cognitive theory provides framework for understanding information and attitudinal change to enhance motivation and reinforcement of risk reduction skills and self-efficacy. The two central tenets for SCT which are self-efficacy and output expectancies is grounded on the fact for the belief of prevention of STDs and unwanted pregnancy with the knowledge of contraceptive utilization. The theories were chosen because they are best in explaining in-school adolescents' contraceptive utilization in Nigeria. The theories will contribute to the understanding of effective and ineffective use of contraceptive methods.

Method

The paper adopted the mixed methods research design. This involved the use of both the quantitative and qualitative methods of data collection and analysis. A sample size of 613 study participants was chosen for the administration of the quantitative instrument through the application of the Yamane's sample size determination formula. The multi stage sampling procedure was adopted in selecting the study participants in Anambra State for the administration of questionnaire. Eight In Depth Interview (IDI) participants and six Focus Group Discussion (FGD) sessions comprising of twelve persons each were purposively selected from the State. All the study participants were in-school adolescents purposively selected from selected secondary schools in the state. The questionnaire constituted the quantitative instrument for data collection whereas the in depth interviews were used for collection of qualitative data for the study. The quantitative data were analyzed using descriptive statistics such as the frequency counts, percentages and charts. The qualitative data were transcribed and analyzed thematically in accordance with the research questions.

Findings

The researcher distributed 613 questionnaires to the study participants, however, 531(86.62 %) of the questionnaires were correctly filled and returned. Consequently, the quantitative analysis for this paper was carried out with the 531 correctly filled and returned questionnaires.

Table 1: Respondents' views on whether or not they have heard of contraceptives

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	493	92.8	92.8	92.8
	No	26	4.9	4.9	97.7
	Don't know	12	2.3	2.3	100.0
	Total	531	100.0	100.0	

Field Survey, 2024

A majority of the respondents 493 (92.8%) said that they have heard of contraceptives while 26 (4.9%) of them said they have not heard of them. Almost all the IDI and FGD participants said they have heard of contraceptives.

Table 2: Respondents' views on the types of contraceptives they know

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Pill	22	4.1	4.5	4.5
	Condom	470	88.5	95.3	99.8
	Implants	1	.2	.2	100.0
	Total	493	92.8	100.0	
Missing	Not applicable	38	7.2		
Total		531	100.0		

Field Survey, 2024

A good majority of the respondent 470 (88.5%) said they know about condoms while only one of them had knowledge of implant. Most of the IDI and FGD participants agreed that they know more about condoms than other types of contraceptives.

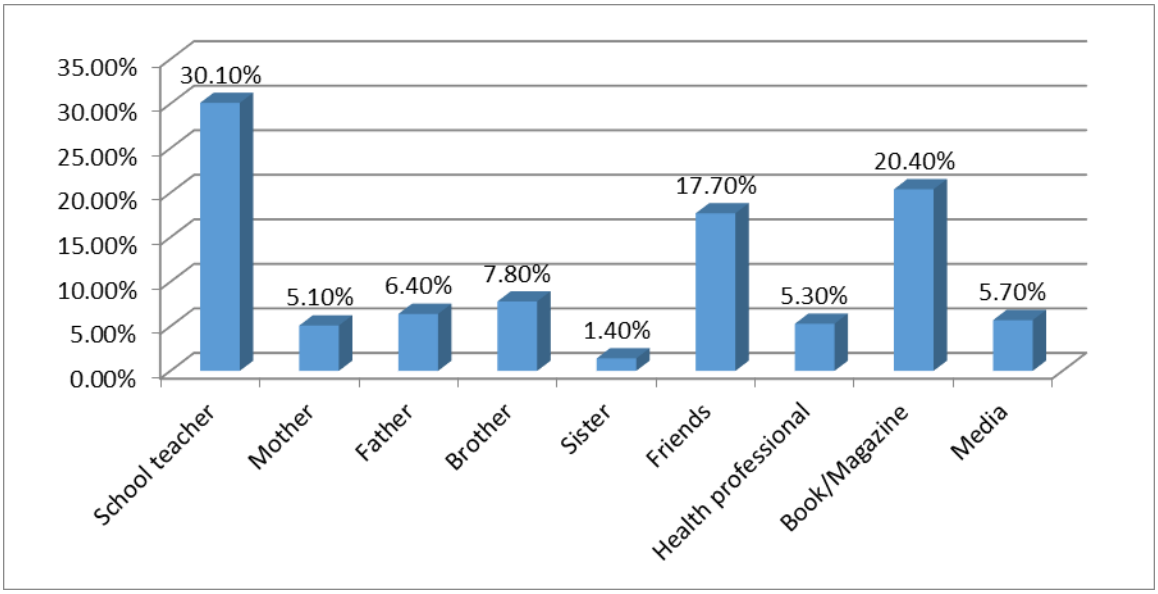
Table 3: Respondents' views on whether or not they know where to get contraceptives

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	407	76.6	85.0	85.0
	No	29	5.5	6.1	91.0
	Don't know	43	8.1	9.0	100.0
	Total	479	90.2	100.0	
Missing	No response	52	9.8		
Total		531	100.0		

Field Survey, 2024

It could be seen that 407 (76.6%) of the respondents knew where to get contraceptives while 29 (5.5%) of them said they did know. Most of the IDI and FGD participants stated that they know where to get contraceptives.

Figure 1: Respondents' views on how they got to know about contraceptives (Multiple Responses Category)



Field Survey, 2024

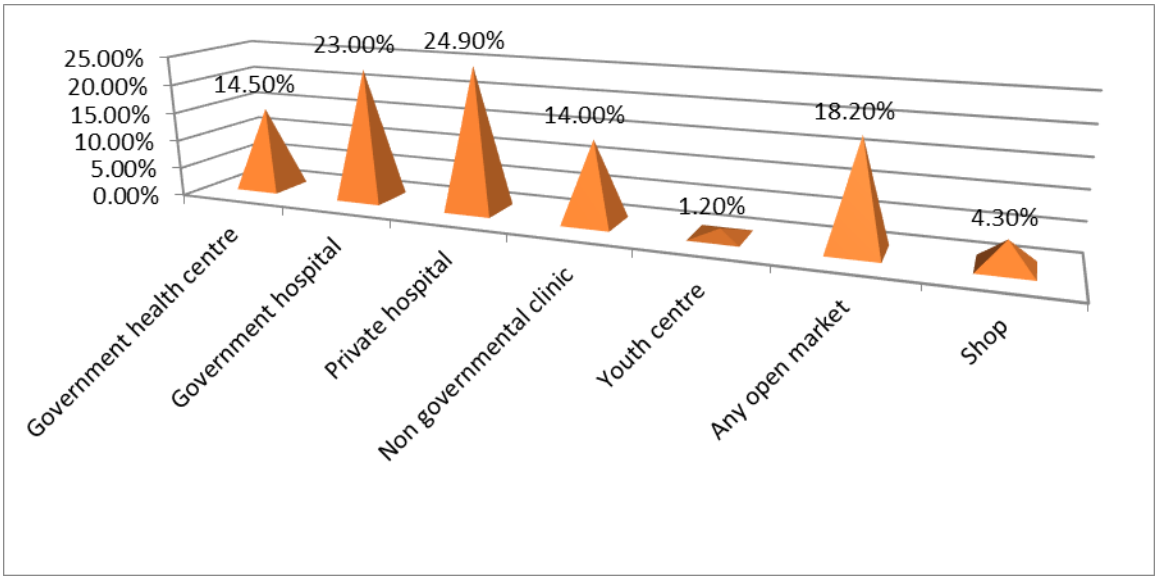
It could be seen from figure 1 that 30.10% of the respondents got knowledge of contraceptives from their school teachers while 1.40% of them got it from their sisters. A majority of the participants in the IDI and FGD sessions said that they got knowledge of contraceptives from their school teachers. Some of them also got it from the media both print and traditional social media. However, a participant in the IDI sessions stated;

> I learnt about contraceptives from my friends. They told me how to use it so that I cannot get sexually transmitted infections. I didn't know such a thing was in existence until they told me about it. It has been helping me to have sexual intercourse without having fear of pregnancy or infections (18 year old male student from Nnewi).

A participant in the FGD sessions stressed;

> I got information about contraceptives from elder sister. She used to send me to buy contraceptives for her. Then I did not know what they use it for. She always told me to hide it so that nobody will see it. It was later that I realized what the drug was meant for. I also started using it like my sister (17 year old female student from Onitsha).

Figure 2: Respondents' views on their sources of contraceptives (Multiple Response Category)



Field Survey, 2024

Figure 2 showed that 24.9% of the respondents got their contraceptives from private hospitals while 1.2% of them got contraceptives from youth centres. Most of the IDI and FGD said they got contraceptives from shops and medical facilities.

Table 4: Respondents' views on whether or not they have used any contraceptives

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	183	34.5	35.1	35.1
	No	314	59.1	60.2	95.2
	Don't know	25	4.7	4.8	100.0
	Total	522	98.3	100.0	
Missing	No response	9	1.7		
Total		531	100.0		

Field Survey, 2024

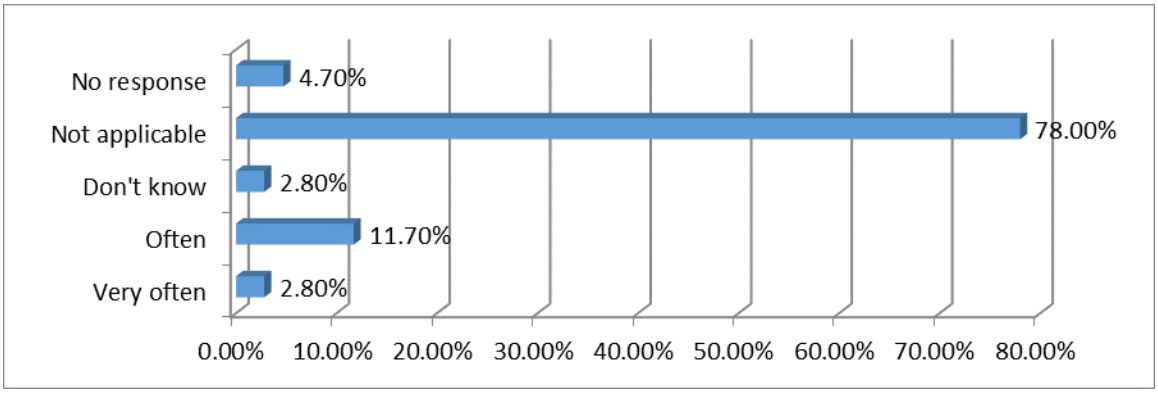
Table 4 showed that 314 (59.1%) of the respondents have not used contraceptives while 183 (34.5%) said they have used contraceptives. Some of the IDI and FGD participants confirmed that they have used contraceptives. One of the participants in the IDI said;

> I like using condom anytime I want to engage in sexual intercourse. It is easier and better way to getting infected and also impregnating someone. The good about condoms is that you can carry it around in your wallet without any risk of spoiling it. I don't think I will ever have sex without condom (16 year old male student from Awka).

Another IDI participant also stressed that;

> I enjoy using condom always. In the past when I was not using it, my girl friends used to complain of one thing or the other. Since I started using it regularly most of the complaint disappeared. I have train my mind to always have sex with condom (19 year old male student from Onitsha)

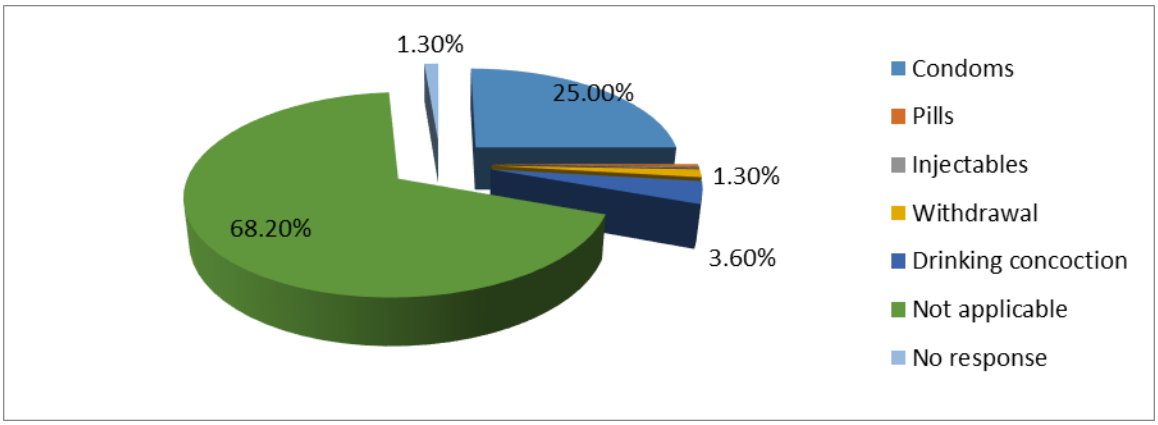
Figure 3: Respondents' views on the frequency of utilization of contraceptives by adolescents



Field Survey, 2024

In figure 3, 11.7% of the respondents believed it is very often whereas 2.8% of them believed it is very often. Most of the participants for the qualitative data believed that it is not very often.

Figure 4: Respondents' views on the contraceptive method they used

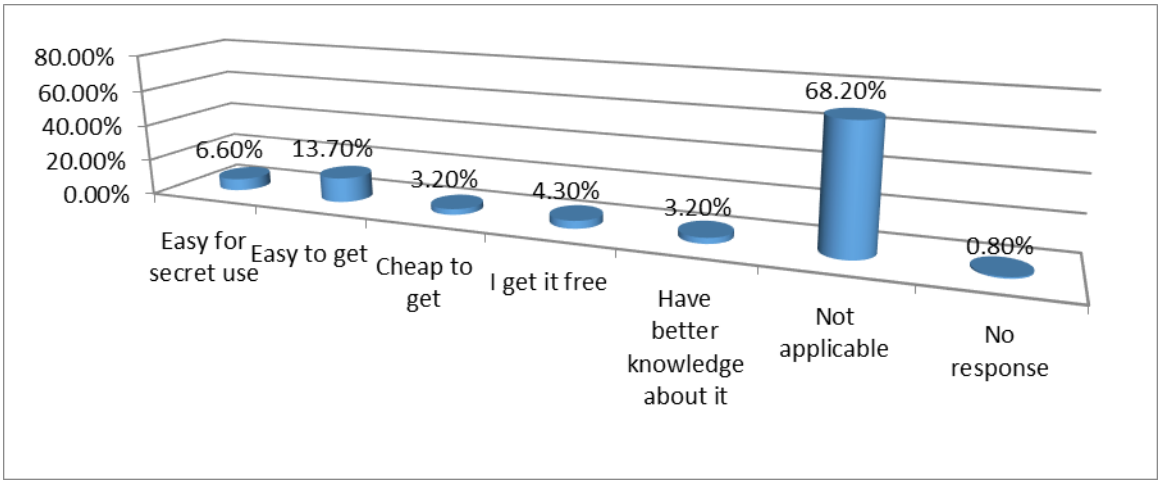


Field Survey, 2024

Figure 4 showed that 25% of the respondents used condoms whereas one of them used injectable. Some of the IDI and FGD participants adumbrated that they also used different methods of contraceptives. One of the IDI participants said;

> I have been using condoms for more than three years. I easily get them from retail outlets in my area. Most times I buy them at night time so that people will not see me when I am buying it. Even the cheapest condom in the market can serve the required function like the very expensive ones (18 year old male student from Onitsha).

Figure 5: Respondents' views on why they use the method during the last intercourse



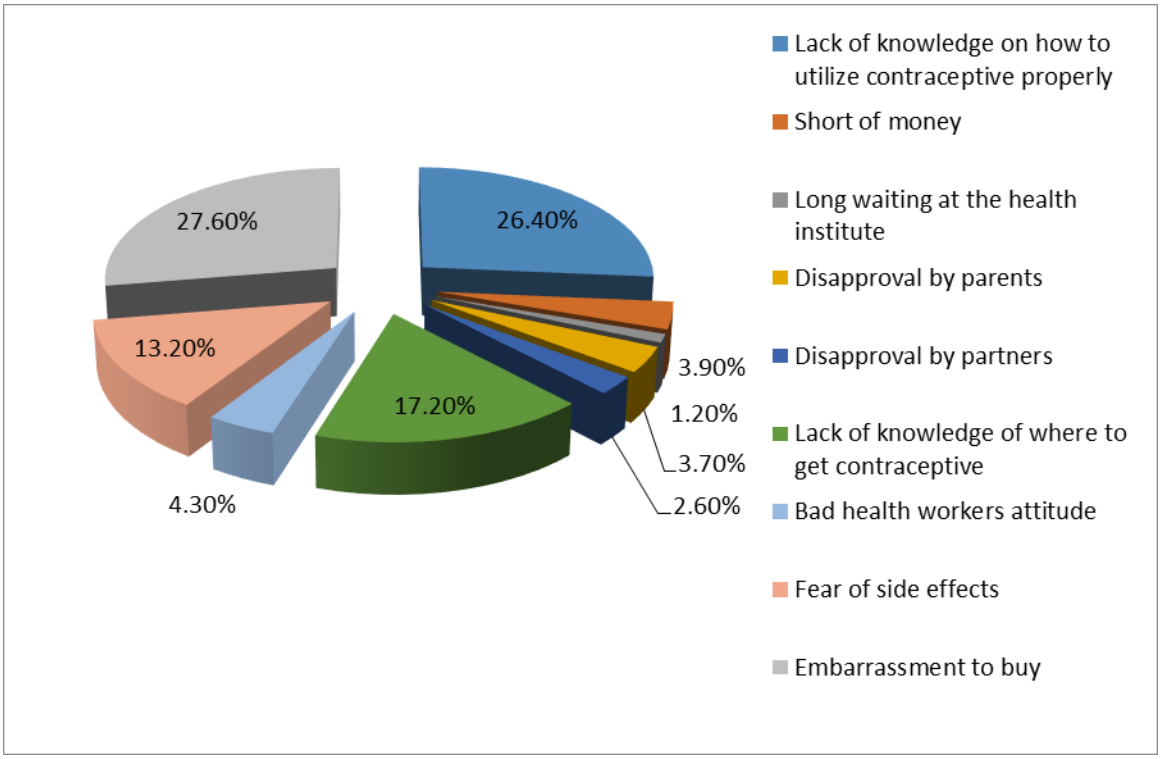
Field Survey, 2024

In figure 5, 13.7% of the respondents said they used the method because it was easy to get while 3.20% of them said they used it because they have better knowledge of it and it is

cheap to get. Participants in the IDI and FGD sessions stressed different reasons for using the contraceptives. One of the participants in the IDI said;

> I like taking pills because it is easy to use it. I will just swallow the tablet after having unprotected sex so that I will not become pregnant. I have become used to it, to the extent that I always like to have sex without protection especially with my best male partner. I want maximum enjoyment (17 year old female student from Onitsha).

Figure 6: Respondents' views on problems they encountered while using contraceptives



Field Survey, 2024

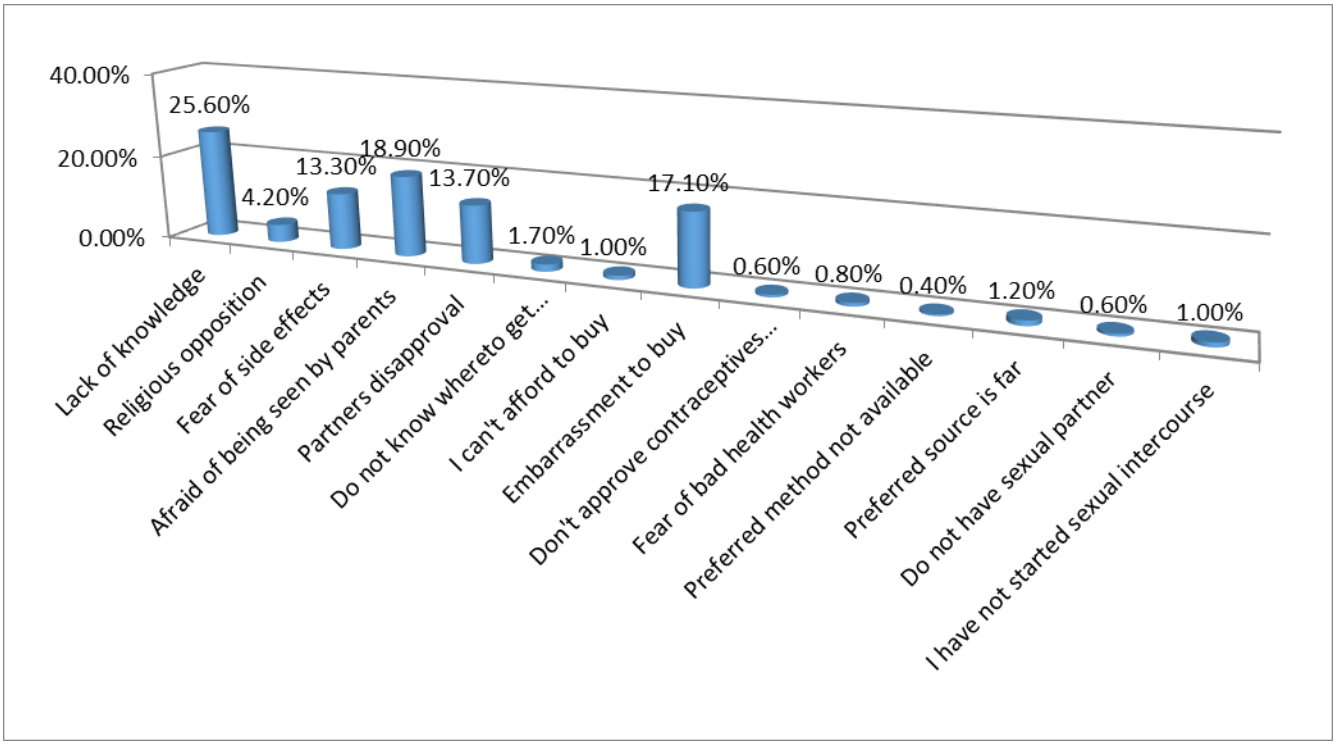
In figure 6, 136 (27.6%) of the respondents said the problem they encountered in using contraceptives was due to embarrassment they get when they want to buy contraceptives while 6 (1.2%) of the respondents argued that waiting for long time at the health institute was the problem they faced in getting and using contraceptives. Some of the IDI and FGD participants stressed that they encountered problems in using contraceptives. An IDI respondent said;

> I get embarrassed each time I have to ask a store owner to sell condoms to me. I feel as if I am the only sinner around. Sometimes, instead of requesting for condoms, I will just request for other things so that the people around will not see me as a spoilt person. I prefer to buy condoms mostly in a shop where the light is not bright especially at night time (19 year old male student from Onitsha).

Furthermore, one of the FGD participants said,

> I find it difficult to use contraceptives because my partner did not allow me to do so. This has caused us problems in the past. I stop using it each time I will have sexual intercourse with her. It is only when I am going to have intercourse with another girl that I use it (19 year old male student from Awka).

Figure 7: Respondents' views on the why they do not use contraceptives



Field Survey, 2024

Figure 7: shows that 25.6% of the respondents said lack knowledge was the problem they encountered in using contraceptives whereas 0.4% of them said their preferred method was not available. Participants in the IDI and FGD sessions cited several reasons for not using contraceptives. According to an IDI participant;

> I don't like using contraceptives because it makes me feel embarrassment each time I go to buy it. If somebody can get it for me, I will readily use it. I have difficulty in buying it from where they are selling them. I use to get it sometimes from my friend who is not bothered at all when buying contraceptives (18 year old male student from Nnewi).

Table 5: Respondents' views on how to improve knowledge and prevalence of contraceptive utilization

	Frequency	Percent	Valid Percent	Cumulative Percent
By including reproductive health education in school curriculum	417	78.5	79.0	79.0
By engaging in sensitization programs in the media	42	7.9	8.0	86.9
By organizing workshops and seminars for in-school adolescents	47	8.9	8.9	95.8
By involving the faith-based organizations in awareness creation	9	1.7	1.7	97.5
By making books, journals, leaflets available to in-school adolescents	13	2.4	2.5	100.0
Total	528	99.4	100.0	
No response	3	.6		
Total	531	100.0		

Field Survey, 2024

Discussion

The paper found that a majority of the in-school adolescents have heard of contraceptives but the knowledge about contraceptives is low. The study further found that condom was

the major contraceptives known to the students. These findings agreed with Abiodun & Balogun (2009) who reported that the method mostly known by respondents were the condom, the oral contraceptive pill, IUCD and periodic abstinence; with most respondents being able to name at least one method of contraception.

It was further found that a majority of the in-school adolescent knew where to get contraceptives. The study found that school teachers were the major source of knowledge of contraceptives amongst the in-school adolescent; friends, books and magazines also provide information to the on contraceptives. Furthermore, hospitals and open markets were found to be the sources of contraceptives to the students. These findings are consistent with Muller et al. (2016) who had earlier found that adolescents, especially adolescent girls requires accurate and complete information about reproduction and contraceptive use as teenage girls had low levels of knowledge of contraceptives. The findings are further corroborated by Adinma et al. (1999), Basebang and Aderibigbe (2011) who found that the low level of contraceptive awareness and usage in Nigeria correlates with the low level of contraceptive information resulting from the poverty of sources of information on contraception and this is more marked among secondary school girls. The findings of this paper were further supported by Abiodun & Balogun (2009) who found that contraceptive knowledge and awareness, especially among female students age 15 to 24 years, is very high. Furthermore, these findings found support in Idowu (2017) who found that almost all (92.3%) of the respondents were aware of family planning but only 58.1% and 55.3% of them had good knowledge on and positive attitudes towards family planning respectively.

The paper also found that use of contraceptive is low amongst the students. The frequency of utilization of contraceptives was found to be irregular. It was found that condom was the most commonly used type of contraceptive. Further finding in this paper revealed that the ease with which they get the contraceptives determined its usage. These findings agreed with Oye-Adeniran, Adewole, Odeyemi, Ekanem and Umoh; (2005), Amazigo, Silva, Kaufman & Obikeze, (1997), Okpani, (2000); Monjok, Smesny, John & Essien, (2018) whose studies showed good knowledge and awareness did not show a strong prevalence of use of contraception. Furthermore, this study found that dwelling place influences

contraceptive utilization.

Some of the problems encountered while using contraceptives were found to include lack of knowledge on how to utilize contraceptives properly, embarrassment to buy, fear of side effects and lack of knowledge of where to get contraceptives. The paper also found that the reasons why adolescents do not use contraceptives include lack of knowledge, afraid of been seen by parents, embarrassment to buy and partner disapproval. These findings are consistent with Ezenwaka et al. (2020), who found that individual level factors that limits access to contraceptive for adolescents includes; lack of awareness and poor knowledge, fear of side effects, low self-esteem and inability to afford cost services. It is further corroborated by Ezenwaka et al. (2020) who had found that at interpersonal barriers to access include poor parents-child communication of sexual and reproductive health matters and negative attitude of parents towards reproductive health education for adolescents. Health systems barrier to accessing Contraceptives for adolescents include lack of privacy and confidentiality, stock- out of Contraceptive commodities, judgmental attitude of health workers, insufficient staff that are skilled in adolescent sexual and reproductive health. Gendered cultural norms, societal shaming and religious intolerance also preclude adolescents from accessing and using contraceptive services. Wider societal factors such as negative peer and media influence, absence of representative's health education in school, lack of social networks in communities and macro level factors such as poor economic condition was also perceived to limit access to contraceptives for adolescents.

Finally, this paper found that including reproductive health education in school curriculum will improve knowledge and prevalence of contraceptive utilization amongst in-school adolescents in Anambra State. These findings agreed with Gottschalk & Ortayli (2014) who recommended the inclusion of reproductive health education and sex education in school curriculum.

Conclusion

Findings in the study reveal significant gaps between awareness and actual use. The implication is that knowledge and prevalence of contraceptive utilization among in-school

adolescents in the study area is low. Again, a majority of the adolescents studied are only familiar with only one contraceptive method- the condom. The low prevalence of contraceptive use underscores the need for comprehensive sexual and reproductive health education that not only informs but also empowers adolescents about their reproductive health, Addressing these barriers through improved education, accessible health services and community engagement is crucial for reducing unintended pregnancies and sexually transmitted infections, thereby promoting the overall health and well-being of Nigerian adolescents.

Recommendations

Based on the finding in this study, the following recommendations are put forward:

1. Enhance Comprehensive Sexuality Education: Integrating comprehensive age – appropriate sexual and reproductive health education into school curricula. The education should cover various contraceptive methods, their usage, and benefits, while addressing myths and misconceptions

2. Promote Adolescent Health Services: Ensure that health facilities provide confidential and accessible adolescent-friendly reproductive health services. Training healthcare providers to be non-judgmental and supportive can encourage adolescents to seek advice and services without fear of stigma.

3. Engage Parents and Communities: Foster open communication between parents, educators, and adolescents about reproductive health, community-based programs can be designed to reduce cultural and religious barriers by engaging influential community leaders to advocate for adolescent reproductive health

4. Leverage Peer Education Programs: Implement peer education initiatives where trained adolescent peer educators provide accurate information and support to their peers

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