

# Adolescents' Knowledge of Sexuality and Perceptions Regarding Teenage Pregnancy: A Qualitative Study among Secondary School Students in Ibadan, Southwest Nigeria

Oreoluwa Temitope Scott-Ashley<sup>1</sup>, MPH; Samson Oluwayemi Akande<sup>2\*</sup>, MPH; Ayodeji Matthew Adebayo<sup>3</sup>, MBBS, FWACP, MPH; Oluwatomi Funbi Iken<sup>4</sup>, MBBS, MSc, FWACP

<sup>1</sup>Planned Parenthood Federation of Nigeria (PPFN), 74 Liberty Stadium Road, Oke Ado, Ibadan, Nigeria

<sup>2</sup>Department of Health Promotion and Education, Faculty of Public Health, University of Ibadan, Nigeria

<sup>3</sup>Department of Community Medicine, College of Medicine, University of Ibadan, and University College Hospital, Ibadan, Nigeria

<sup>4</sup>Department of Community Medicine, University College Hospital, Ibadan, Nigeria

\*Corresponding author: Samson Oluwayemi Akande, MPH; Department of Health Promotion and Education, Faculty of Public Health, University of Ibadan, Nigeria. Tel: +234-813-6888042; Email: akandesam6@gmail.com; akandesam2016@gmail.com

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## Abstract

**Background:** Adolescents are prone to myriads of developmental issues, including early sexual debut, risky sexual behaviours, sexually transmitted infections, teenage pregnancy and abortions. These challenges could be worse among adolescents who lack the understanding of sexuality. Mitigating these challenges among this age group, constituting two-thirds of the Nigerian population, may require exploring the knowledge and perceptions of sexuality and teenage pregnancy. Therefore, the present study aimed to investigate the knowledge of sexuality and perceptions about teenage pregnancy among in-school adolescents in Ibadan, Southwest Nigeria.

**Methods:** We conducted a descriptive cross-sectional study using a qualitative approach. The population comprised 10-17-year-old female and male students of public and private secondary schools. We held focus group discussion sessions among 82 participants and manually analysed the data using a generated code book.

**Results:** The mean age of participants was 13.5 years with a male to female ratio of 1.1:1; 51% of the subjects were from co-educational public schools. Participants' knowledge about the contextual meaning of sexuality was sub-optimal but better regarding the prevention of sexuality problems and the associated causes and problems. The participants perceived teenage pregnancy as being on the increase and replete with adverse consequences. The focus group discussants had divergent opinions as to what to do if involved in unwanted pregnancy.

**Conclusions:** A knowledge gap existed with regards to sexuality among the study participants. It is advocated that interventions be conducted to review the current status of sexuality education in secondary schools.

**Keywords:** In-school adolescent, Sexuality, Knowledge, Perception, Teenage pregnancy

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## 1. Introduction

According to the United Nations, adolescents are individuals between the ages of 10 and 19 years. This age group makes up 1.2 billion of the world's population, and nine out of 10 in this demographic live in developing countries (1-3), with millions denied their basic rights to quality education, health care, and security (1). Concurrently, millions of adolescents are undergoing various challenges with their sexuality (4). According to the World Health Organization, sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles, and relationships. It is further observed as a pivotal aspect of being human throughout life which encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction (4). Unfortunately, not all aspects of sexuality are reported

to have been correctly expressed during adolescence, but the capacity for sexual feelings is enshrined in the context of sexual health, which is a state of physical, mental, and social well-being in relation to sexuality (4, 5). This, as defined, is influenced by positive interactions among cultural, legal, biological, psychological, social, economic and respectful approach to sexuality and sexual relationships (5). Improved sexuality and sexual health knowledge, if developed from adolescence, is able to increase the possibility of having pleasurable and safe sexual experiences free of coercion, discrimination, and violence.

Unfortunately, the adolescent age group has the most alarming record of premature deaths, with over 1.1 million mortalities in 2016 (over 3000 every day) due to accidents, suicide, violence, pregnancy-related complications, and other illnesses that were either

preventable or treatable, with the majority arising from sexuality-related issues (6). Also, some adolescents were reported to suffer from chronic ill-health and disability stemming from poor knowledge on sexuality, which was identified as a precursor to many serious diseases in adulthood (6).

At this stage of sexuality development, new feelings emerge, friends assume greater importance, and interest in the opposite sex increases tremendously (7). This is coupled with the decisions on whether to have sex or not. In the end, adolescents may initiate early sexual activity with catastrophic consequences in certain cases.

As noted by United Nations Population Fund (UNFPA), adolescent pregnancy radically changes the present and future of the victims; their health is endangered, their education and job prospects abruptly end, and their vulnerability to poverty and exclusion multiplies (8). Hence, teenage pregnancy is a global problem occurring in high-, middle-, and low-income countries, with early marriage becoming one of the drivers of increasing prevalence (9). Sub-Saharan Africa has the world's highest level of adolescent childbearing — 143 births per 1000 girls aged 15-19 years (10), with Nigeria having the highest rate of adolescent fertility. Findings in Ekiti, a similar state in Southwestern Nigeria, documented a 67.8% prevalence of early sexual debut with a mean age of  $13.10 \pm 2.82$  years (11). Unfortunately, early sexual debut was also identified as the leading global cause of death among girls (12).

Using contraceptives was reported as one of the strategies for combating teenage pregnancies (13). A study conducted among 240 students in two secondary schools in an urban community of Oyo State, Southwestern Nigeria, revealed that 92.3% were aware of family planning, but only 58.1% and 55.3% had adequate knowledge of and positive attitudes towards family planning, respectively (14). The fear of making others aware of sexual activity, poor knowledge concerning contraceptives, not knowing where to purchase contraceptives, and fear of asking for contraceptives were among the major reasons for poor contraceptive use (15).

Studies have shown that delaying childbirth could significantly lower the population growth rates, potentially generating broad economic and social benefits in addition to improving the health of adolescents (3). Sadly, adolescents' poor understanding

of the concept of sexuality and reproductive process has become a public health challenge militating against sexual delay in Nigeria. The worst are gross misconceptions such as the belief that pregnancy cannot occur during the first sexual intercourse and that the use of contraceptives can cause infertility and many side effects (16). Therefore, it is necessary to explore the knowledge of sexuality and perceptions of in-school adolescents about teenage pregnancy for meaningful interventions and adolescent sexual health policies in Oyo State, Nigeria.

## 2. Methods

### 2.1. The Setting

We carried out this study in Ibadan, the ancient capital of Oyo State, Nigeria with a land mass of 27,249 square kilometers and a population of about 5.5 million according to the National Population Statistics in 2006. Oyo State has 33 local government areas (LGAs) with Ibadan being the capital and the administrative headquarters of the state. The state is located in Southwestern Nigeria. Ibadan is an industrial city and a center for trade and farming, producing cocoa, palm oil, yams, cassava, corn, and fruits. The inhabitants are mainly Yorubas. Ibadan city is divided into 11 LGAs: five in the urban and six in the peri-urban areas. The five urban LGAs in Ibadan metropolis are Ibadan North, Ibadan South-West, Ibadan North-West, Ibadan North-East, and Ibadan South-East. Oyo State has 969 public secondary schools, including seven schools of science and 57 fully registered private secondary/high schools. The study sites were Ibadan North, Ibadan South-West, and Ido LGAs, respectively.

### 2.2. Study Design, Study Population, Sampling and Procedures for Data Collection

We conducted this descriptive cross-sectional study using a qualitative approach. The study population consisted of 10-17-year-old female and male students of public and private secondary schools in Ibadan.

The qualitative approach utilized focus group discussions (FGDs) to allow participants to interact with one another and build on each other's comments, enabling facilitators to probe for details. The FGDs were held in English. As a strategy for enhancing participation, culturally-homogenous focus groups led by culturally-sensitive facilitators elicited designed variables with four sections of focus group discussion

(FGD) guide. We explained and provided participants with informed consent forms at each session of FGD. Moreover, a uniform interview guide developed in English was used for all the groups. Our participants were provided with detailed information on the objectives of the study prior to commencing each interview. Also, before each interview, permission to use audio recorders was obtained from the participants to complement the jottings of the note-taker. All FGDs were tape recorded with the permission of the school authorities and participants. The anonymity of participants in the FGDs were protected in this report as they were represented with the letter "R" which denotes a particular but unidentified participant. Instead of using names, the schools were introduced as 'Public/Private School-1, 2, 3, X, X'. The sessions were held in November and December (2018) in the private venues/free classrooms identified and preferred by the participants.

A total of 82 students (42 males and 40 females) participated in the FGD sessions. Each group comprised 8 to 12 participants, and each discussion ranged from 40 to 65 minutes. Interviews were stopped when saturation was reached.

### 2.3. Data Analysis and Data Management

All the written and recorded materials were transcribed in English. Thematic analysis was done manually by use of a code book. Each interview was read through, and the emerging themes were coded. As the interviews were arranged by themes, a list of sections and sub-sections were developed. At regular intervals, the list was checked; the related themes were grouped together in a hierarchy. Afterwards, the identified themes were pooled together and employed to develop a summary of the study findings.

### 2.4. Data Trustworthiness

We conducted this study using the laid down standards and academic procedures of the University of Ibadan, Nigeria. Both the University of Ibadan and the state research ethics review committee provided the procedures for data collection, computation, interpretation, and management. The data collection tool was reviewed and peer reviewed prior to double-testing on similar groups in one local government area. After due review for enhanced generalizability, qualitative research experts considered the degree of reliability to be high. Any deviation from the guidelines provided by the awarding institution makes this data invalid for use.

### 2.5 Ethical Considerations

The Oyo State Research Ethics Review Committee, Ibadan, Nigeria, approved the research. Informed consent was obtained from each participant after they were informed of the purpose, benefits, voluntariness, and non-maleficence of the study and the confidentiality of the information provided.

## 3. Results

### 3.1. Socio-Demographic Characteristics of Respondents

A total of 42 (51.2%) male and 40 (48.7%) female students participated in the study. Of these, 51% were from co-educational public schools, 25% represented participants from male-only private schools, and 24% belonged to female-only private schools. Furthermore, 53.7% and 46.7% were from junior and senior classes, respectively. The mean age of participants was 13.5 years.

### 3.2. Knowledge Regarding the Definition of Sexuality

After establishing rapport, focus group (FG) discussants were asked to talk about what they understood by the term 'sexuality'. Exhaustive discussions and narrations as collated from our code book, reflected the very poor understanding among our respondents. The preponderance of the discussants across groups described sexuality as '*sexual intercourse between a man and woman*'. For others, it was defined as '*emotional feeling*' and '*sexual contact between a man and a woman*'. Most participants defined sexuality in the context of sexual intercourse. Hence, the term 'sexuality' was abstract to them:

*'I have heard of it. It is the coming together of a man and a woman.'* (R2, Junior Class Male Student, Public School-1)

*'Yes Sir, I have heard about it. Sexuality is an intercourse between a man and a woman.'* (R1, Junior Class Female Student, Private School-2)

*'Something involving two opposite sex; male and female.'* (R3, Junior Class Female Student, Public School-1)

*'Sexuality is human behaviour towards sex.'* (R7, Senior Class Female Student, Private)

The FGD participants lacked the understanding of the concept of sexuality.

### 3.3. Knowledge of Sexuality Problems

Our discussants appeared to have enough knowledge concerning sexuality problems as they freely listed those they were familiar with. To summarize their statements, *'sexuality problems are self-generated and misguided error'*. In this connection, most participants identified drug abuse, rape, homosexuality/lesbianism, sexual abuse/harassment, prostitution and incest as major problems associated with sexuality; few identified pregnancy, abortion, early sexual debut, and STDS/HIV/AIDS as additional sexuality problems:

*'Sexual harassment is like maybe a girl being sexually harassed by cousin or uncle; 'Homosexuality, that is, sex acts between two males or more than two males.'* (R5 and R9, Senior Class Female Students, Private School-2)

*'Sir, some of us do engage in premarital sexual acts.'* (R7, Junior Class Female Student, Private School-2)

*'Sexual harassment', 'Unwanted pregnancies', 'Rape', 'Sexual abuse' (R4, R3, R5, and R9, Senior Class Female Students, Public School-1)*

*'HIV/AIDS', 'Syphilis', 'Gonorrhea' (R3, R2, and R6, Senior Class Male Students, Private School-3)*

For others, sexuality problems meant corruption, greediness, dropping out of school, and indecent dressing among others.

### 3.4. Knowledge about the Causes of Sexuality Problems

Respondents posited different causes for sexuality problems by bringing examples associated with their environment. Some of the highlighted causes were grouped into *personal factors* (lack of self-control, indecent dressing, exposure to pornography, cultism, use of hard drugs/substances) and *social-economic factors* (poverty, family status, and parenting style to name a few). As captured in one of the discussants words:

*'Lack of control causes this issues. This is when an adolescent does not have control over herself, and they don't know how to behave with some people. That is, lack of sexual, emotional, and physical control. Everything together.'* (R4, Senior Class Female Student, Private School-2)

Others further attributed this menace to parental and societal negligence and juvenile delinquencies. As

captured by one of the female respondents: *'I think some parents are not just responsible enough. That is what I feel about the issue of teenage pregnancy in our society.'* (R6, Senior Class Female Student, Private School-2).

Across the focus groups, junior male students, particularly public-school students, appeared to be more open and knowledgeable on the topic.

### 3.5. Implications of Sexuality Problems for Adolescents

The implications of sexuality problems, as outlined by the participants, included unintended pregnancies, emotional/psychological trauma, academic failure, family and societal rejection, and stigmatization. As they all noted, *'the end product of these unfortunate vices becomes a detrimental loss to all and sundry'*. Consistent with the concerns expressed by the female participants from both public and private schools, male participants also expressed significant concerns towards these challenges in regard to balancing the demands of sexuality with schoolwork and future expectations.

### 3.6. Approaches to Preventing Sexuality Problems in the Society

Focus group participants expressed the urgent need for effective interventions to curb the problems related to adolescent sexuality. This need seemed to permeate the minds of all the participants, thereby leading the direction of the discussions. The prominent suggestions for the interventions were adequate awareness, well-tailored sex education, counselling, moral instruction, and empowerment. As noted in the discussions:

*'Students should be educated on such topics like sexuality topics' 'Parents should advise their children on such things; 'We should make students aware of the dangers.'* (R1, R2, and R3, Senior Class Female Students, Public School-1)

*'Good parental counselling', 'Enlightening youths, teenagers on dangers of sex', 'Children, especially girls should be made to know about their body, so nobody can touch them anyhow;'* (R1, and R2, Senior Class Female Students, Public School-1)

Across the groups, our participants further discussed the factors enhancing their adoption of preventive behaviours. For many, the fear of experiencing similar issues, as observed in the victims of teenage pregnancy, motivated positive behaviour. Additional reasons



included the need to fulfil career goals in order to avoid shame, embarrassment, and sexually-transmitted diseases, and the need for spiritual fulfillment. As reported by some of the respondents:

*'If we are able to do that kind of thing (abstinence and not committing abortion), when we grow up, we can be able to say we had that kind of experience and tell people of the dangers of it, so as to help them prevent it.'* (R3, Junior Class Male Student, Public School-1)

*'Because I want to be academically focused.'* (R10, Junior Class Male Student, Private School-3)

*'It will be good because you won't be thinking about your baby or pregnancy: you will just be focused on your studies and be able to do your papers well.'* (R3, Senior Class Female Student, Public School-1)

### 3.7. Perceptions about Teenage Pregnancy

Our participants affirmed that teenage pregnancy is 'a culturally common societal challenge but with hardships of choices if one becomes a victim.' Generally, most of the FGD participants expressed negative feelings towards teenage pregnancy. Their perception might have been fueled by their ethno-religious orientations and education. As documented from the transcripts:

*'It is getting rampant nowadays and some adolescents, when they become pregnant, often terminate the pregnancy. They end up using drugs to terminate babies that are meant to be born into this generation.'* (R3, Junior Class Female Student, Private School-2)

*'It is bad because the person involved will go through a lot of stress, troubles, and will end up becoming nobody... That will be worthless.'* (R10, Senior Class Male Student, Public School-1)

*'It is bad. Any adolescent having pregnancies before they get married or before the age of adulthood might end up with abortion. This it might pose dangers and cause damage to such person. It might cause them to be barren.'* (R10, Junior Class Female Student, Public School-1)

Participants reported several possible outcomes of having unintended pregnancy. Prominent during discussions included school dropout, shame, disgrace, stigmatization, low self-esteem, and psychological dilemmas:

*'She will not continue her education again; 'You will*

*not have friends like you used to have before.'* (R3 and R5, Junior Class Male Students, Public School-1)

*'It can lead to infections and death.'* (R5, Senior Class Male Student Private School-3)

*'Leads to disappointment from one's parents; 'It will lead to dropping out from school.'* (R10 and R3, Junior Class Female Students, Public School-1)

### 3.8. Participants' Possible Solutions for Unintended Pregnancies

#### a) Abortion or 'absconding' as a choice?

Discussants had a difficult time providing possible solutions for unintended pregnancies occurring among students. Some could not propose possible solutions or measures to be taken because they appeared to be fastidious in their suggestions:

*'I don't know what to do.'* (displaying a confused body language) (R2, Senior Class Female Students, Private School-2)

*'I will accept it and I am going to...like I will stop schooling, or I will stay at home or I will travel to another state, then stay in that place until I find something doing...'* (she burst into laughter thereafter) (R2, Senior Class Female Students, Private School-2)

*'I will stop schooling in the meantime, after that I will come back to school. That is, I will partially be schooling and partially be taking care of the baby.'* (R10, Junior Class Female Student, Public School-1)

*'She will not see me again; I will run away.'* (R5, Junior Class Male Students, Public School-1).

Nevertheless, few respondents (two male junior and four male senior) bluntly stated that they would opt for abortion under such circumstances:

*'To be sincere, I think the use of abortion will be better. It is true too.'* (R4, Senior Class Male Students, Private School-3)

*'I will allow her to either use some pills or abortion...'* (R1, Senior Class Male Students, Public School-1).

Another male responded: *'I will tell her to go and abort it. Ahh!'* (R1, Junior Class Male Students, Public School-1).

These strange, clear-cut responses triggered murmuring among participants as they felt it sounded *'shocking, alien and unbelievable.'* These responses allude to the fact that individuals might be compelled to opt for a suitable alternative in the face of reality.

#### b) Using Contraceptives

The term *'contraceptives'* was not easily fathomed by the junior students since many asked questions and sought clarifications during the discussions. All the junior students knew little or nothing about contraceptives until it was explained. On the contrary, the majority of the male and female students in the senior categories were aware of contraceptives but felt they were limited to pills and male condoms. As defined by some respondents:

*'They are used when somebody is having sex to prevent failure or diseases or unwanted pregnancies. E.g. condom, pills.'* (R4, Senior Class Male Students, Public School-1)

*'Contraceptives are things that are used in order to prevent diseases like HIV or STD during sexual intercourse. e.g. Condom.'* (R5, Senior Class Female Students, Private School-2)

Subsequently, some participants identified strategies they felt were adequate for preventing pregnancy. Awareness/enlightenment creation, parent-child-centered relationship, counselling, sexual abstinence, and sex education by both parents and school teachers/authorities were among the proposed methods. A few, on the other hand, suggested the use of contraceptives and abortion if the occasion arose. This suggestion generated heated discussions among participants. In the *'pro-life'* group, contraceptives were deemed ungodly, medically wrong, and socially unacceptable, and they insisted on awareness creation, sex education, abstinence, proper parental guidance, decent dressing, and media control as appropriate methods. As put forth by some of the respondents:

*'By not wearing indecent dresses;'* *'By watching the type of friends you have, that is, being careful with the selection of friends, is better than the contraceptives you said.'* (R2 and R8, Junior Class Female Students, Public School-1)

Contrary to the opinions of the *'pro-life'* group, certain participants (two male and two female senior students from public schools) supported contraceptives

and abortion as the most optimal approaches to solving such problems. Discussions in this section seemed interesting because participants freely expressed their opinions. As documented below:

*'If I am the one, I will allow the girl to go for abortion, and I will allow her to either use some pills or abortion.'* (R1, Senior Class Male Students, Public School-1)

*'Using of contraceptives, for example, condom, can help prevent pregnancy.'* (R4, Senior Class Male Student, Public School-1)

*'Like, using condoms can help prevent pregnancies in some cases. Using of condoms is part of those ways in which people prevent pregnancies. This is advisable.'* (R4, Senior Class Female Student, Public School-1)

Therefore, personal choices/options for preventing unplanned pregnancy might not be new, neither could this study negate its uptakes among our discussants. Hence, the mismatched misconceptions regarding contraceptive uptake and abortion need further probing.

#### 4. Discussion

We conducted this study to explore the knowledge of sexuality and perceptions about teenage pregnancy among in-school adolescents in Ibadan, Southwest Nigeria. The discussants lacked the understanding of the contextual meaning of sexuality. As observed, all defined sexuality as *'intercourse between a man and a woman'* with the exception of one male respondent from the public school who referred to sexuality as *'how you see yourself whether a male or a female; your gender'*. Conceptualizing "sexuality" as "sex" is a common demonstration of ignorance in regard to this important concept. Sexuality is simply defined as *'how we feel and relate with each other or with the opposite sex on sex issues and issues on gender identity, self or body image'* (4). The sub-optimal knowledge on the definition of sexuality in the present study is in line with other reports from the National HIV/AIDS and Reproductive Health Survey (17) and Odo and colleagues (18). However, Bastien, Kajula and Muhwezi documented a high level of sexuality awareness among the adolescents in sub-Saharan Africa (19), yet, the high level of sexuality awareness did not translate to optimal knowledge of contextual meaning of sexuality in this study. Unlike the current research, Bastien, Kajula, and Muhwezi did not investigate the respondents' understanding of sexuality. Could the poor knowledge about sexuality

be attributed to the standards of sexuality education programmes in schools? Isiugo-Abanihe and colleagues (20) studied the sexuality and life skills education of adolescents in Nigeria and showed that the level of geographical coverage on sexuality education in each state varied considerably, particularly in Oyo, Akwa-Ibom, Ekiti, and Jigawa. Students' inability to define sexuality calls for the evaluation of the implementation of Family Life and HIV/AIDS Education (FLHE) in Oyo State (20) (21). Isiugo-Abanihe and colleagues reported that teachers in Gombe state were embarrassed to teach the students the meaning of sexuality, leaving them with incomplete information on sexuality and the related issues (20). This study highlights the need to assess the FLHE programme in Oyo State as the national study performed by Udegbe and colleagues (2015) did not present concrete findings for Oyo State although the implementation was said to be better in Southwestern Nigeria (21).

However, our findings showed that the respondents were able to outline various sexuality related issues: HIV/AIDS, sexually transmitted infections, drug abuse, rape, unwanted/teenage pregnancy and abortion. In a study conducted by Olugbade and Aderinoye (22) in Ibadan, Nigeria, the adolescents repeatedly made mention of HIV/AIDS, hence their high awareness concerning the issue. Discussants had optimal knowledge on the causes of sexuality problems. To a large extent, the participants of the present study considered parental negligence and poor parental upbringing as some of the main causes of sexuality problems, underscoring the need for more parental involvement in the growth and development of adolescents.

Moreover, a good number of the respondents were aware of the implications of sexuality problems such as teenage pregnancy, dropping out of school and abortion, which is consistent with Anochie and Ikpeme (23) who examined the prevalence of sexual activity and its outcomes among female secondary school students in Port Harcourt, Nigeria.

The majority of the methods outlined by the respondents for preventing sexuality problems tended to be in line with the needs to increase sex education. Taylor, Oberle, Durlak and Weissberg (24) and Krugu and colleagues (25) documented improvement in the value placed on education as a contributing factor in mitigating sexuality-related challenges. In a study conducted in Nigeria by Adanikin and colleagues, teenagers were involved in risky sexual activities such as early sexual debut, sex with many partners and

inconsistent condom use (26); entailing high rates of teenage pregnancy, STIs, abortion and death (6). Some of the reasons behind these problems were associated with the poor knowledge concerning sexuality and absence of sexuality education (26).

Furthermore, the degree to which the participants stressed the issue of abortion was in agreement with studies conducted by Arije and colleagues (27), and Munakampe and colleagues (28) which found out that adolescents in low- and middle-income Africa countries have negative notion towards procurement of abortion. Our participants perceived teenage pregnancy as "bad". In fact, some discussants tagged teenage pregnancy as 'ungodly and immoral'. The participants of the current study expressed diverse opinions on contraceptive use and abortion. While some believed adolescents should have access to certain contraceptives to prevent unwanted pregnancy, others emphasized abstinence and other morally-based strategies. Regarding abortion practices, the respondents were divided into pro-life and pro-choice groups, once again highlighting the importance of investigating the standards of the FLHE programme in the state. A previous study among female undergraduate students in two universities in Nigeria revealed the poor knowledge regarding the use of contraceptive methods (29). Another qualitative study by Krugu and colleagues in Ghana reported that adolescents had negative attitudes towards family planning (25). The same study reported that most of the sexually-active adolescents aged 15-19 years did not use any contraceptive methods. Effective implementation of FHLE programme can forestall adolescents' wrong notions about pregnancy prevention. Many other reasons may account for adolescents' negative perceptions about teenage pregnancy and prevention, some of which were highlighted in the report published by WHO on barriers to accessing contraception among adolescents. They include restrictive laws and policies regarding the provision of contraceptive based on age or marital status, health worker bias and/or lack of willingness to acknowledge adolescents' sexual health needs, and adolescents' inability to access contraceptives due to knowledge, transportation, and financial constraints (6). A functioning youth-friendly clinics where adolescents can have focused reproductive health information and services tailored to their needs could help mitigate some of the barriers to accessing contraceptives among this group.

## 5. Conclusion

The study participants had poor knowledge about



the definition of sexuality, but had sufficient knowledge regarding the types, problems and causes of sexuality. The students of both public and private schools were averse to teenage pregnancy. In-school adolescents should be provided with all opportunities to learn about sexuality either through schools or seminars held by adolescent-related governmental or non-governmental organisations such as UNICEF and faith-based organisations. Information on sexuality can be propagated through the social media. Professionals and parents should find time to educate their children on sexuality, prevention of pregnancy and life-building skills. Government should make available and accessible reproductive health information and services through functioning youth-friendly clinics. The Oyo State Government should assess the implementation of its Family Life and HIV education programmes for possible revision.

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### Ethical Approval

The Ethics Review Board of Oyo State Government, Ibadan, Nigeria, approved the present study with the following number: AD 13/479/132.

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**Conflicts of interest:** None to declare.

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