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Access to Media Resources as Predictor of Adolescents' Attitude to Sexual and Reproductive Health Practices in Selected Non-Governmental Organisations in Nigeria

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Abstract

This study investigated the influence of adolescents' access to media resources on attitude to sexual and reproductive health. The survey research design was adopted while the questionnaire was used as the major instrument of data collection. Sixty copies of questionnaire were administered on the adolescents that were purposively selected from the three organisations chosen for the study while only 52 copies were returned with useful responses. The findings of the study revealed that the adolescents make use of electronic media resources more than other categories of media resources such as print and oral media resources. The study established a significant relationship between adolescents' access to media resources and their attitude to sexual reproductive health practices.

Keywords: *Sexual and reproductive health, Sexual and reproductive health practices, Media resources, Adolescents, Attitude.*

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Abstract

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Introduction

Sexual and Reproductive Health (SRH) practices of young persons most especially adolescents and youths have been at the top of discussions nowadays due to its impacts on the persons involved and the society at large. Of recent there has been a high rate of negative sexual and reproductive health practices being recorded among the adolescents/youths (Ikpe, 2004). Adepoju (2005) corroborated this assertion by emphasising that adolescents account for the majority of unwanted pregnancy, unsafe abortion complications, and sexually transmitted infections including HIV/AIDS. Young persons are among the segments of the population whose sexuality and reproductive health practices are of particular interest

Adolescence is a period of sexual maturity that transforms a child into a biologically mature adult capable of sexual reproductions and the potential consequences of that sexual activity (Durojaye, 2009). The World Health Organisation (WHO) meeting

on Pregnancy and Abortion in Adolescence in 1974 described adolescence as the period of sexual development from the initial appearance of secondary sex characteristics to sexual maturity, psychological development from child to adult identification, and socio-economic development from dependence to relative independence (WHO, 1975). Furthermore, WHO defines adolescents as persons between 10-19 years of age and many studies throughout the world have adopted this age range as the standard. The size of adolescent population in the world commands attention just as one out of every five persons in the world is an adolescents, and 85 out of every 100 adolescents live in developing countries (Irvin, 2000). The foregoing is one of the many reasons that the adolescents need to be well informed and educated through adequate provision of information.

Background to the Study

The importance of the adolescents to national development is without doubt because the various programmes directed at them by government at various times gives credence to this (Seme and Worlu, 2005). Adolescents generally need proper harnessing so that they can maintain reliable status quo in their locality. Therefore, there is need for adequate information education communication which can be done via several media and resources.

The background characteristics of young people, including their religion, cultural upbringing, place of origin (rural or urban), and level of education do, to some extent define their needs and the way they react to sexual and reproductive health practices though they often are generally reluctant to seek information about sexuality and reproduction from their parents, fearing their parents will assume they are engaged in forbidden activities. On the other hand, parents may wish to discuss sexuality with their children but are not well prepared to do it. However, without accurate information on reproductive health, young people who become sexually active—regardless of their marital status—risk having unintended pregnancies and unsafe abortions, and risk acquiring STIs, including HIV/AIDS.

Moreover, Seme and Worlu (2005) reiterated that adolescents' sexuality and reproductive health are important contemporary concerns especially for reproductive

health problems such as unintended pregnancy maternal mortality and sexually transmitted disease, including AIDS just as Alubo (2000) reiterated that young people have a higher prevalence of most reproductive health diseases because of lack of information and poor access to service.

There is evidence in the literature that as a category, youths are known to be adventurous and to engage in intense sexual activities (Teitler, 2002; Irvin, 2000) Part of the increasing interest also derives from the concern with reproductive health problems such as unintended pregnancy, maternal mortality, and sexually transmitted diseases, including HIV/AIDS (Akerle and Egbochukwo, 2010; Adepoju, 2005). With reference to HIV/AIDS for example, recent data from UNAIDS, indicate that the incidence is much higher in youths than other segments of the population (UNAIDS, 2009). Data from the Nigerian AIDS control program show similar trends with the incidence in youths twice than of the older population (FGN, 2007).

For the purpose of this study the campaign for responsible sexual and reproductive health practices can be anchored on Information Education and Communication (IEC) which involves the use of various categories of information and media resources. Reproductive health, according to Ezeh (2001) can refer to the whole array of counsel, information and services required and necessary for safe and healthy sexual expression. Along similar lines, the UN Conference on Population and Development (UNCPD) recently defined reproductive health as: “a state of complete physical, mental and social well being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and Processes”. [It] implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so (ICPD, 2004).

Moreover, the International Conference on Population and Development (ICDP) emphasized the needed paradigm shift for the promotion of sexual and reproductive health of young people through Information, Education and Communication by the use of Media resources. Media resources can be powerful and cost-effective communications channels for imparting knowledge to young people and socializing them to particular aspirations, values and attitudes. The Action Health Incorporated (2000) described media

resources as information carriers such as books, films, recorded sound, periodicals, realia, social media, and other digital media resources used in transferring or communicating information to the people. The adolescents need to know all that is required as far as sexual and reproductive health is concerned else they continue to exhibit negative sexual and reproductive health practices. Therefore, access to these media resources is very important in ensuring positive sexual and reproductive health practices among the youths (Ezeh, 2001).

Though wide disparities in access to media resources for information communication, exists between rich and poor, males and females and urban and rural youth, a smart and strategic use of different media can overcome barriers to reaching most marginalized populations. As a result of this, the public health professionals are increasingly cultivating the power of the media resources to promote health messages, invite people to think about consequences of various behaviours, make decisions, and link them with service providers.

Researchers (Abu and Akerele, 2006; Fawole, 2003) have developed a strong body of evidence linking strategic use of media resources for facilitating education in developing countries with increased knowledge, changed attitudes and altered behaviours, including delay of sexual onset, increased use of condoms and healthcare, services and a reduction in domestic violence. It is widely recognised that media resources are key channels for affecting change on a large scale, and it has worked to help shape messages that reach millions of young people.

A few studies have assessed the associations between the degree and nature of adolescents' exposure to sexual content and their sexual attitudes and behaviours. A recent study of African girls aged 14 to 18 years found that teens with either multiple sexual partners or a history of sexually transmitted infections reported a higher rate of using books and other information resources that depicted women as sexual objects or prizes (Eruesegbefe, 2005).

Many theories have been advanced to explain the effects of media resources on behaviour. They are all based on the fundamental notion that greater exposure to the media resources leads to the adoption of the values, beliefs, and behaviours that are portrayed, particularly when they are shown to be reinforced or are unaccompanied by

adverse consequences (Zillman 2000). In another study the findings revealed that simple exposure to sexual content in the media resources will not make teens deny or ignore values and information they have absorbed from families, school, religious teachings, and other respected adults (Kosicki, 2003). However, Ikpe (2004) in his longitudinal study of young people in Nigeria concluded that provided a better understanding of how sexual portrayals in the media are integrated into youths' beliefs about the risks and rewards of engaging in sex and their intention to act on these beliefs.

Media resources have been found to be able to exhibit great influence on the sexual and reproductive health practices among the young people. It is on this basis that this study intends to provide answers to the questions on influence of access to media resources on SRH of the attitude of adolescents using three selected youth focused Non Governmental Organisations viz; Association for Reproductive and Family Health (ARFH), Society for Youth Development and Orphaned Children (SYDOC), and Youth Support Foundation (YSF).

The Association for Reproductive and Family Health (ARFH), located in Ibadan, is a non-governmental organization committed to improving the quality of the life of the people in Nigeria and elsewhere in sub-sahara Africa. The Organisation has consistently responded to the challenges posed by HIV/AIDS, adolescent social, sexual, and reproductive health problems, maternal and infant morbidity and mortality rate in Nigeria. The ARFH thematically focuses on training in reproductive health programme management and service delivery, managing community based reproductive health, family planning and HIV mitigation, care and support programmes, building the capacity of other non-governmental organizations (NGOs) and community-based organisations (CBOs) through training, technical assistance, mentoring and monitoring activities as well as youth development activities and operations research

The Society for Youth Development and Orphaned Children (SYDOC) located in Ilorin, Kwara State was established in 2006 with a vision to ensure hope for the future of orphaned children, young people, and women by supporting them to achieve their dreams. The SYDOC target groups include children, women, youths and people living with HIV/AIDS. The organization is also committed to investing in children, young people and women through partnership with other organizations by initiating, promoting

and implementing programs in Nigeria and beyond. The overall goal of SYDOC is to promote a healthy society and help attain the rights of their target group through various activities.

The thematic areas of SYDOC include; adolescent reproductive health, care and support, capacity building/trainings, consultancy, gender, HIV prevention, HIV counseling and testing, malaria prevention and control, volunteerism and youth development. The strategies for implementing the programs include advocacy, behavior change communication, community mobilization, counseling, peer education, networking, provision of information and sensitisation.

The Youth Support Foundation (YSF) is a non-governmental organization based in Lagos. The primary target group of the organization is youths between the ages of 15-24 years, The organisation's emphasis is primarily on the promotion of adolescent sexual and reproductive health, HIV/AIDS prevention, care and support, and youth development. In addition to reproductive and sexual health problems, YSF recognizes that youths are also faced with socio-economic problems such as unemployment, lack of skills and poverty. For more than a decade now, YSF has responded to these challenges in order to empower the youths and channel their potentials for sustainable development. Emphasis is placed on capacity building, reproductive health promotion, abstinence, development of leadership and entrepreneurial competencies to prepare young people for the future challenges and self-reliance.

Peer education through the use of media resources has become one of the most common approaches in addressing adolescents and young persons' sexual and reproductive health practices in recent years. It is based on the premise that young people are more inclined to discuss sexual behaviour and other sensitive subjects with their peers than with parents or other adults. Formalizing and focusing these conversations on reducing risks can empower adolescents to protect themselves. Targeted peer education with ample use of media resources can also be used to raise awareness and disseminate information among hard-to-reach or marginalized populations. It has been used effectively, for instance, to reach out to young sex workers, ethnic minorities, street youth, and other groups of young people who are not in the classroom.

However, there is growing concern about young people's exposure to sexual content through books, magazines, journals, slides, television and other electronic media and about its potential effects on their sexual attitudes, beliefs, and behaviours. Researchers have documented the growing prevalence of sexual talk and portrayals of sexual behaviour in televised media, as well as associations between youths' reading and viewing patterns and their sexual activities.

Although sexual content in the media has been found to be able to affect any age group, the adolescents may be particularly vulnerable. Adolescents can be exposed to sexual content in the media resources during a developmental period when gender roles, sexual attitudes, and sexual behaviours are being shaped. This group may be particularly at risk because the cognitive skills that allow them to critically analyze messages from the media and to make decisions based on possible future outcomes are not fully developed. It is on the basis of the foregoing that this study intends to examine the adolescents' access to media resources and the influence that such access has on their attitude to sexual and reproductive health issues and practices.

The following research questions were answered by the study:

1. What categories of media resources do the adolescents have access to while seeking for sexual and reproductive health information?
2. What is the perception of the adolescents about sexual and reproductive health practices?
3. What is the prevailing attitude of the adolescents toward sexual and reproductive health knowledge and practices?
4. Do access to media resources and perception of the adolescents influence their attitude to Sexual and Reproductive Health practices?

Objectives of the Study

The broad objective of this study was to examine the influence that the access to media resources has on sexual and reproductive health practices among the adolescents in Nigeria. The specific objectives include:

1. determining the type of media resources being accessed and used by the adolescents in seeking for information on sexual and reproductive health.

2. determine the perception of the adolescents about sexual and reproductive health practices
3. determine the prevailing attitude of the adolescents towards sexual and reproductive health practices
4. finding the correlation between access to media resources and the attitude or behaviour of the adolescents.

Literature Review

Media resources are increasingly accessible ways for young people especially to learn about and see sexual behaviour. The media resources may be especially important for young people as they are developing their own sexual beliefs and patterns of behaviour and as parents and schools remain reluctant to discuss sexuality related topics.

The role of media resources in sexual education as well responsible sexual behaviour cannot be overemphasised. Researchers observed the need for the provision of accurate and adequate sexual and reproductive health information for the adolescents' and youths to guide against the negative sexual behaviour among these young persons (Adamachak, 2000; Irvin, 2000).

According to Teitler (2002) the provision media resources containing sexual and reproductive health education is necessary taking into consideration the failure of many parents in putting their youths and adolescents through on this very important issues. It is opined that the provision of relevant information resources on SRH by media centres and other libraries in organisations focusing on sexual and reproductive/family life health would go a long way in promoting responsible sexual behaviour among the adolescents.

Access to sexual health information and services provides important options for sexually active adolescents to avoid unwanted pregnancy and sexually transmitted infections (STIs) including HIV. Ensuring access to information and services on sexually health to adolescents would not only reduce their risk of exposure to serious sexual harms, but could also positively affect their educational, occupational and social opportunities.

Lack of access to comprehensive sexual health information and services will deprive adolescents especially adolescent girls the ability to develop their full human

potential and their health will likely suffer. A study conducted in Lagos, Nigeria showed that adolescents' education levels are crucial to their knowledge of preventive factors that can predispose them to sexual and reproductive ill-health (Ogunlayi, 2005).

In Nigeria, young people spend 6 to 7 hours each day on average with some form of media to get information (Bankole 2001). The national survey in 2009 on use of media resources by people found that one third of young children (12 to 17 years old) and two thirds of older children and adolescents (18 to 28 years old) have a television in their own bedroom. Many of those televisions also are hooked up to cable and a Videocassette Recorder (VCR) (Roberts, 2000).

Also, sexual talk and displays are increasingly frequent and explicit in this mediated world. A study revealed that sexual content that ranged from flirting to sexual intercourse had increased from slightly more than half of content of television programmes in 2007-2008 to more than two-thirds of the programmes in the 2009-2010 season; half of Internet resources content on SRH, as well as one third of books on SRH (Kunkel, Cope-Farrar, Biely, Farinola, & Donnerstein, 2010).

The Internet has increased dramatically the availability of sexually explicit content. Computer and Internet use is diffusing more rapidly than any previous technology; as of the end of 2009, more than half (56%) of all adults in the United States were online. It is expected that by 2012 most homes with children will have access to the Internet (Taylor, 1999).

The word sex has been one of the most popular search term used on the Internet today (CyberAtlas, 2001). The Internet may have both positive and negative effects on sexual health. According to a national survey conducted by Keller, Labelle, Karimi, and Gupta (2002) of young people (10-17 years old who regularly used the Internet, one out of four affirmed that he or she had encountered unwanted pornography in the past year, and one out of five had been exposed to unwanted sexual solicitations or approaches. At the same time, a number of sites, promote healthy sexual behaviour and provide young people with advice on communication in relationships as well as methods for protecting against sexually transmitted diseases.

According to Facente (2001), patterns of media use differ dramatically by age, gender, race/ethnicity, and socioeconomic level. Girls and women typically choose softer

music, and more relationship-oriented television programmes, movies, and magazines, books, etc while boys and men prefer more action and activity-oriented media and sports programming, heavier rock and rap music, action and adventure movies, music, and sports magazines. African Americans typically view more television than Whites, prefer television programming and movies that feature Black characters, and listen to different genres of music (Akerele and Egbochukwu, 2010; Grube and Grube, 2000). Thus, it is important to consider the influence of media resources use on sexuality within subgroups: All people will not be seeing the same set of sexual messages--some will see much more than others, some will be seeking out the sexual content, some will try not to be exposed to it.

People do not see or interpret the same messages in the same way (Zillmann, 2000). According to Seme and Worlu, (2005) young males and females interpret media resources content differently. They further emphasised that young women are more likely than young men to think the sexual scenes they see are realistic, and the women are more approving than the men of behaviours that are relationship-maintaining (e.g., jealous husband protecting wife) and less approving of relationship threats (e.g., man contemplating cheating). Furthermore, as people attend to and interpret sexual media content, they also evaluate and may or may not incorporate what they are seeing in their own developing sense of sexuality. This is the step that is traditionally thought of as media effects.

The relatively few correlational and still fewer experimental studies of the relationship between exposure to media resources content on SRH and effects suggest that the media resources do have an impact in at least three ways: (a) by keeping sexual behaviour on public and personal agendas, (b) by reinforcing a relatively consistent set of sexual and relationship norms, and (c) by rarely including sexually responsible models (Allen, 2005).

Methodology

This study adopted the survey research design method while the questionnaire was used as the major instrument of data collection. The major instrument of data collection for this study is the questionnaire and observation. The questionnaire was

designed to gather information on adolescents' access to media resources, perception and their attitude to sexual and reproductive health issues. The copies of the questionnaire were administered to the respondents by the researcher with the help of three research assistants selected from the three institutions. The internal constituency of the scales gave a Cronbach Alpha coefficient of 0.632.

The population of the study comprises of all the adolescents that are registered with each of the 3 selected media centres in the three institutions selected for the study. The institution were chosen because of their relevance to the focus of the study and the fact that they are at the forefront of mounting programmes on sexual and reproductive health/family life and health education. The institution/development partners/NGOs selected have thematic focus on adolescents' sexuality and reproductive health. The selected NGOs/development partners/institutions selected are Association for Reproductive and Family Health (ARFH), Society for Youth Development and Orphan Children (SYDOC), and Youth Support Foundation (YSF). Table 1 below presents the distribution of registered adolescents across the selected institutions.

Table 1: Distribution of respondents across the selected Institutions/NGOs

Institution/Development partners	Number of registered adolescents
Association for Reproductive and Family Health (ARFH)	200
Society for Youth Development and Orphan Children (SYDOC)	120
Youth Support Foundation (YSF)	100

The purposive sampling technique was used to select 30% of the registered youths from each of the selected institutions. The selected sample size was purposively selected to take care of the youths that come to make use of the library within the period of data collection. Table 2 presents the distribution of respondents selected for the study from the chosen institution.

Table 2: Response rate from the NGOs/Institutions/Development Partners

Institution/NGOs	Number of copies questionnaire administered	Number returned with useful response
Association for Reproductive and Family Health (ARFH)	60	52
Society for Youth Development	36	25

and Orphan Children (SYDOC)		
Youth Support Foundation (YSF)	30	25

Findings

This chapter presented the analysis of data collected, interpretation of the analysed data as well as the discussion of findings. A total of 60 copies of questionnaire were administered on respondents from Association for Reproductive and Family Health (ARFH) out of which only 52 were returned with useful responses making a response rate of 86.7%. Also a total of 30 copies of questionnaire were administered on respondents from Youth Support Foundation out of which only 25 copies were returned with useful responses making a response rate of 83.3% while 36 copies of questionnaire were administered on respondents from Society for Youth Development and Orphan Children (SYDOC) and only 25 were returned with useful responses making a response rate of 69.4%. The response rates from the selected institutions were considered adequate for the study.

Table 3: Demographic information of respondents

Demographic information		Institution of respondents		
		ARFH	YSF	SYDOC
Sex of respondents	Male	16 (64.0%)	17 (68.0%)	25 (48.1%)
	Female	9 (36.0%)	8 (32.0%)	27 (51.9%)
	Total	25 (100.0%)	25 (100.0%)	52 (100.0%)
Age of respondents	13 -15 years	6 (24.0%)	4 (16.0%)	14 (26.9%)
	16 – 19 years	17 (68.0%)	16 (64.0%)	28 (53.8%)
	20 – 24 years	2 (8.0%)	5 (20.0%)	10 (19.3%)
	24 years and above	-	-	-
	Total	25 (100.0%)	25 (100.0%)	52 (100.0%)
School completed	Secondary	16 (64.0%)	13 (52.0%)	30 (57.7%)
	Tertiary	9 (36.0%)	12 (48.0%)	22 (42.3%)
	Total	25 (100.0%)	25 (100.0%)	52 (100.0%)
Religion of respondents	Christianity	-	3 (12.0%)	2 (3.8%)
	Islam	25 (100.0%)	22 (88.0%)	50 (96.2%)
	Total	25 (100.0%)	25 (100.0%)	52 (100.0%)

Table 3 presented the demographic information of respondents from the three institutions selected for the study. It revealed that there are more male respondents in ARFH (16 or 64.0%) and YSF (17 or 68.0%) while there are more female respondents in SYDOC (27 or 51.9%). This may mean that more male adolescents are registered with

ARFH and YSF than female. On the other hand the data revealed that more female adolescents are registered with SYDOC than male adolescents.

Information gathered on the age of the respondents showed that majority of the respondents from the selected institutions is within the age range of 13 -19 years with response rates of 23 or 92.0%, 20 or 80.0% and 42 or 80.7% for ARFH, YSF and SYDOC respectively. This implies that the adolescents that are registered with the selected institutions are within the age range of 13 – 19 years. It further confirms that the respondents are adolescents who are the target subjects for the study.

On the highest level of schools completed, the data analysis revealed that majority of the respondents have completed only secondary school education with response rates of 16 or 64.0%, 13 or 52.0%, and 30 or 57.7% response rates from ARFH, YSF and SYDOC respectively. This implies that the adolescents have only completed the secondary schools education. The study further revealed that majority of the adolescents that responded to the questionnaire are Christians. This may mean that more Christian’s adolescents make use of media centres in seeking for information than Muslim adolescents.

Research question 1: What category of media resources do the adolescents have access to in seeking for information on SRH/FLHE issues?

Table 4: Category of media resources which the adolescents have access to

Category of Media resources	Frequency/Percentage		
	ARFH	YSF	SYDOC
Electronic resource	15 (60.0%)	12 (56.0%)	17 (32.7%)
Print resource	1 (4.0%)	2 (8.0%)	2 (3.8%)
Oral resource	6 (24.0%)	8 (32.0%)	31 (59.6%)
Other resource	-	1 (4.0%)	1 (1.9%)

Table 4 presented information on the category of media resources being used by the adolescents in seeking for information on sexual and reproductive health issues and it revealed that majority of the respondents from ARFH (15 or 60.0%) and YSF (12 or 56.0%) make use of electronic resources while majority of the respondents from SYDOC (31 or 59.6%) make use of oral resources than every other resources. This may mean that electronic resource and oral resource are the most commonly accessed and used media

resources by the adolescents in seeking for information on sexual and reproductive health issues.

Research question 2: What is the extent of use of media centres by the youths?

Table 5: Frequency of Media resource centre’s use by respondents

Response	Frequency/Percentage		
	ARFH	YSF	SYDOC
Regularly	4 (16.0%)	4 (16.0%)	6 (11.5%)
Occasionally	11 (44.0%)	12 (48.0%)	30 (57.7%)
Not at all	10 (40.0%)	9 (36.0%)	16 (30.8%)
Total	25 (100.0%)	25 (100.0%)	52 (100.0%)

Table 5 presented information on the extent of use the media resource centres by the respondents and it showed that majority of the respondents from the three institutions affirmed that they make use of the media centres on occasional basis with response rates of 11 or 44.0%, 12 or 48.0% and 30 or 57.7% from ARFH, YSF and SYDOC respectively. This implies that the youths do not make regular use of the media centres in seeking for information on sexual and reproductive health issues. This may not be unconnected with the fact that majority of the youths in most of the selected institutions make use of electronic resources outside the media centres in the institutions selected for the study.

Research question 3: What is the perception of the youths about sexual and reproductive health knowledge?

Table 6: Respondents’ perception on SRH/FLHE knowledge

Statement	Frequency/Percentage					
	ARFH		YSF		SYDOC	
	Agree	Disagree	Agree	Disagree	Agree	Disagree
A girl can pregnant on the very first time she has sexual intercourse	22 (88.0%)	3 (12.0%)	22 (88.0%)	3 (12.0%)	47 (90.4%)	5 (9.6%)
A girl stops growing after she had sexual intercourse for the first time	4 (16.0%)	21 (84.0%)	6 (24.0%)	19 (76.0%)	8 (15.4%)	44 (84.6%)
Masturbation causes serious damage to health	18 (72.0%)	7 (28.0%)	15 (60.0%)	10 (40.0%)	38 (73.1%)	14 (26.9%)
A girl is most likely to get pregnant if she has sexual intercourse half way between her periods	17 (68.0%)	8 (32.0%)	18 (72.0%)	7 (28.0%)	40 (76.9%)	12 (23.1%)
A person with HIV always looks emaciated or unhealthy in some ways	21 (84.0%)	4 (16.0%)	17 (68.0%)	8 (32.0%)	32 (61.5%)	20 (38.5%)
People can take a simple test to	24	1 (4.0%)	22	3 (12.0%)	41 (78.9%)	11

find out whether they have HIV	(96.0%)		(88.0%0			(21.2%)
Apart from HIV, other infection could be contracted through sexual intercourse	25 (100.0%)	-	25 (100.0%)	-	50 (96.1%)	2 (3.8%)
Presence of other sexually transmitted infections (STIs) facilitates HIV transmission	22 (88.0%)	3 (12.0%)	22 (88.0%)	3 (12.0%)	41 (78.9%)	11 (21.2%)
The needs of youths are adequately met in the resource centre	24 (96.0%)	1 (4.0%)	23 (92.0%)	2 (8.0%)	50 (96.2%)	2 (3.8%)
Adolescents should have access to reproductive health information and service regardless of sex etc	25 (100.0%)	-	25 (100.0%)	-	46 (88.4%)	6 (11.6%)

Table 6 presented information on the perception of the adolescents about issues relating to sexual and reproductive health. It revealed that majority of the respondents from the three institutions ARFH, YSF and SYDOC affirmed the fact that a girl can get pregnant on the very first time she had sexual intercourse with response rates of 22 or 88.0%, 22 or 88.0% and 47 or 90.4% respectively. This implies that the youths believe that a girl can get pregnant irrespective of whether it is the first time or not. On the issue relating to a girl not growing again after she has sexual intercourse, majority of the respondents from the three institutions disagree with this fact as revealed in the Table 6. This implies that the youths believe that sexual intercourse cannot hinder the growth of a girl. Also, majority of the respondents from ARFH (18 or 72.0%), YSF (15 or 60.0%) and SYDOC (38 or 73.1%) agreed with the fact masturbation causes serious damage to health. This implies that the youths believe in the fact that masturbation can cause serious health damage.

Furthermore, Table 6 revealed that majority of the respondents from the three institutions selected i.e ARFH (21 or 84.0%), YSF (17 or 68.0%) and SYDOC (32 or 61.5%) affirmed that a person with HIV always looks emaciated or unhealthy in some ways. This implies that the adolescents believe in the fact that HIV patient always look unhealthy and emaciated. On the type of test to be taken to determine the HIV status of a person the study revealed that majority of the respondents believe and are aware that testing for the HIV virus does not take too much time with the response rates of 24 or 96.0%, 22 or 88.0% and 41 or 78.9% for ARFH, YSF and SYDOC respectively.

Table 6 further revealed that the respondents affirmed the statement that other infection could be contracted through sexual intercourse apart from HIV with response rates of 25 or 100.0%, 25 or 100.0% and 50 or 96.1% for ARFH, YSF and SYDOC respectively.

This implies that the youths are aware of other sexually transmitted diseases that could be contracted through sexual intercourse. Also, majority of the respondents agreed with the fact; that the presence of other sexually transmitted infections can facilitate HIV transmission; that the needs of youths are adequately met in the resource centre, and that adolescents should have access to reproductive health information and service regardless of sex. It could therefore be summarized from the above information that the adolescents have a good knowledge about issues relating to sexual and reproductive health practices and issues.

Research question 4: What is the attitude of the youths toward sexual and reproductive health knowledge?

Table 7: Respondents' opinion on their attitude to SRH/FLHE knowledge

Statement	Frequency/Percentage					
	ARFH		YSF		SYDOC	
	Agree	Disagree	Agree	Disagree	Agree	Disagree
Sexual content of media resources influence how teenagers behave sexually	23 (82.0%)	2 (8.0%)	18 (92.0%)	7 (28.0%)	45 (86.5%)	7 (13.5%)
I believe it is all right for unmarried boys and girls to have dates	13 (52.0%)	12 (48.0%)	15 (60.0%)	10 (40.0%)	25 (48.1%)	27 (52.0%)
I believe it is all right for boys and girls to kiss hug and touch each other	6 (24.0%)	19 (76.0%)	10 (40.0%)	15 (60.0%)	15 (28.8%)	37 (71.2%)
I believe there is nothing wrong with unmarried boys and girls having sexual intercourse if they love each other	4 (16.0%)	21 (84.0%)	6 (24.0%)	19 (76.0%)	5 (9.6%)	47 (90.4%)
I think that sometimes a boy has to force a girl to have sex if he loves her	5 (20.0%)	20 (80.0%)	6 (24.0%)	19 (76.0%)	10 (19.2%)	42 (80.7%)
A boy will not respect a girl who agrees to have sex with him	15 (60.0%)	10 (40.0%)	14 (56.0%)	11 (44.0%)	33 (63.4%)	19 (36.6%)
Most teenagers who have sex before marriage regret it	22 (88.0%)	3 (12.0%)	20 (80.0%)	5 (20.0%)	46 (88.4%)	6 (10.6%)

afterwards						
I believe that girls should remain virgin until they marry	25 (100.0%)	-	25 (100.0%)	-	52 (100.0%)	-
It is all right for boys and girls to have sex with each other provided that they use methods to stop pregnancy	9 (36.0%)	16 (64.0%)	10 (40.0%)	15 (60.0%)	16 (30.8%)	36 (69.2%)
I think that sex before marriage is wrong	24 (96.0%)	1 (4.0%)	20 (80.0%)	4 (16.0%)	43 (82.7%)	9 (17.3%)

Table 7 presented information on the attitude of the respondents to sexual and reproductive health/family life and health education and it revealed that the youths have affirmed that the sexual content of media resources greatly influence the behaviour of the youths with response rates of 23 or 82.0% from ARFH, 18 or 92.0% from YSF and 45 or 86.5% from SYDOC. Also, the Table further revealed that majority of the respondents from the three institutions does not support every negative attitude associated with sexual and reproductive health issues such as kissing and hugging for unmarried boys and girls, sexual intercourse between unmarried girls and boys, and forcing a girl to have sex.

Research question 5: Do access to media resources and perception of adolescents' influence their attitude to SRH issues?

Table 8: Parameter estimate Table showing the contribution of access to SRH and perception about SRH on adolescents attitude to SRH/FLHE issues

Model	Unstandardised Coefficients		Standardised Coefficients	t	Sig
	B	Std Error	Beta		
Constant	3.872	.373		10.378	.000
Access to SRH media resources	-.735	.178	-.388	-4.128	.000
Perception about SRH knowledge	.109	.114	.090	.958	.341

Table 8 above presented the contribution of access to media resources by the respondents and perception of the respondents about sexual and reproductive health issues to the attitude of the respondents to sexual and reproductive knowledge and issues and it revealed that perception of the respondents contribute more (B = .958) to their attitude to sexual and reproductive health issues than their access to media resources.

This implies that adolescents' perception about sexual and reproductive health issues influence their attitude to sexual and reproductive health more than their access to media resources.

Research hypothesis 1: There is no significant relationship between access to media resources and adolescents' attitude to sexual and reproductive health issues.

Table 8: Regression Table showing relationship between access to media resources and attitude to SRH/FLHE issues

Model	Sum of squares	df	Mean Square	F	B	R	Sig	Remark
Regression	12.248	1	12.248	16.429	-.379	.379	.000	Significant
Residual	73.062	101	.746					
Total	85.310	102						

Table 8 presented the regression analysis of the relationship between access to media resources (independent variable) and adolescents' attitude to sexual and reproductive health issues (dependent variable). The result revealed that the regression model for the respondents' access to media resources on attitude to sexual and reproductive health issues is significantly related. The result revealed B = -0.379, R = 0.379, F value = 16.429, Prob = .000<0.05). The null hypothesis is rejected. This implies that there is a significant relationship between adolescents' access to media resources and their attitude to sexual and reproductive health issues and knowledge.

Discussion

The findings of the study revealed that there are more male adolescents making use of media centres the selected NGOs in seeking for information on sexual and reproductive health than female. On the category of media resources available in the media resource centres of the NGOs for use by the adolescents, the study revealed electronic resources as the most commonly available media resources for use of the adolescents in the 3 media resource centres selected for the study. This corroborated CyberAtlas (2001) view that emphasised Internet resources as the most commonly used resources for information seeking among the young people. This may be due to the recent revolution brought about by Information and Communication Technology (ICT) which has brought electronic resources to the forefront of information resources being used by people.

The study further affirmed that the adolescents do not make regular use of the media centres as they only make use of the media centres only on Occasional basis. This may be due to inadequate location of the media centres, inadequate opening hours and the fact that they only come to make use of the media centres only when they are in need of specific information. However, the study revealed that the adolescents are well knowledgeable in issues of sexual and reproductive health.

Information on the attitude of the adolescents to sexuality, gender and reproductive health issues, the study revealed that the adolescents expresses a negative attitude toward every negative attitude associated with sexuality reproductive health while they support every attitude aimed at promoting abstinence and premarital sex. On the relative contribution of access to media resources and perception of individual to adolescents' attitude toward sexuality and reproductive health issues, the study revealed that the perception of the respondents contributes more to the attitude that the adolescents have toward sexuality and reproductive health issues than access to media resources.

In conclusion, the study revealed that there is a significant relationship between access to media resources by the adolescents and the kind of attitude they exhibit toward issues relating to sexual and reproductive health.

Research limitations

This study is only limited to three NGOs in Nigeria as well as locations with the same cultural background. Future research can make use of locations with different cultural background and also focus on different NGOs.

Concluding remarks

This study has brought to fore results that indicated that the adolescents expresses a negative attitude toward every negative attitude associated with sexuality reproductive health while they support every attitude aimed at promoting abstinence and premarital sex which is against the general belief and perception that the adolescents' have positive attitude to negative attitude relating to sexual and reproductive family health campaign.. The study also brought to limelight the fact that the perception of the

adolescents as against access to media resources contributes more to adolescents' attitude toward SRH issues.

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