KNOWLEDGE AND BEHAVIOURS OF ADOLESCENTS ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN SELECTED SECONDARY HIGH SCHOOLS IN IFE CENTRAL LOCAL GOVERNMENT AREA, NIGERIA

ABSTRACT

This study explored the knowledge and behaviours of adolescents on sexual and reproductive health and rights in selected secondary high schools in Ife Central Local Government Area, Osun State. It determined the association between the knowledge of adolescents and their behaviours towards sexual and reproductive health and rights**.** Descriptive research design was adopted to carry out this study. Three hundred and sixty respondents which were selected by multi stage sampling technique participated in this study. A structured questionnaire was used to collect data from respondents. Data collected were sorted and analyzed using statistical product for service solution version 23, descriptive and inferential statistics were used to present the data. Findings revealed that 55.6% of the respondents had good knowledge of sexual and reproductive health and rights. Also, 53.3% had good behaviours towards sexual and reproductive health and rights. Religious factors disproving adolescent sexual activity, culture and poor communication about sexual and reproductive health and rights were the challenges identified. A significant relationship was found between knowledge and behaviors of respondents towards sexual and reproductive health and rights. ($r = -0.163$, $p = <0.05$). The study concluded that the respondents had good knowledge and good behaviours towards sexual and reproductive health and rights in selected secondary high schools in Ife Central Local Government Area, Osun State. However, religious factors disproving adolescent sexual activity, culture and poor communication about sexual and reproductive health and rights were the challenges identified.

KEYWORDS: sexual and reproductive health, rights, knowledge, behaviour, adolescent

1. INTRODUCTION

Sexual and reproductive health is important, at all stages of our lives. But, many people especially the adolescents are denied of their rights to sexual and reproductive health (Cortez, Quinlan-Davidson& Seemeen, 2014). Adolescents encounter special challenges that have serious implications on their physical, social and mental well-being throughout their lifetime and it also can affect the health of their future offspring (Cortez *et al*., 2014)

The International Conference on Population and Development (ICPD), 1994 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. Sexual health can also be defined as a state of physical, emotional, mental and social well-being in relation to sexuality and not merely the absence of disease, dysfunction or infirmity (WHO, 2006). Sexual and reproductive health in adolescents' also known as adolescent sexual and reproductive health is a component of reproductive health created by ICPD. Special goals and targets were established to address adolescent sexual and reproductive health needs. Adolescents are often the most vulnerable to risks associated with sexual activity, including HIV, as a result of personal and social issues such as feelings of isolation, child marriage, and stigmatization (Chandra-Mouli, Svanemyr, Amin, Fogstad, Say, Girard & Temmerman 2015*)*.

Adolescence is the period of transition from childhood to adulthood; it begins with the onset of puberty and comprises the individuals between the ages of ten to nineteen years (WHO, 2012). Adolescence and young adulthood is a period of growth and potentials, it is also the period of unusual sensitivity to social, cultural, educational, economic, peer and media environment beyond an adolescent family of origin (Patton, Sawyer, Santelli, Ross, Afifi, Allen & Kakuma, 2016). It is the stage where an individual becomes physically and psychologically mature and obtain a personal identity. It's also a critical period where the individual should be ready to enter adulthood and take on its responsibilities (Audrey& Shirlee, 2012).

Millions of young people between the ages of 10 -24 years die of suicide, HIV, violence and pregnancy related causes yearly (Idele, Gillespie, Porth, Suzuki, Mahy, Kasedde & Luo, 2014), Most youths in the world are encountering some challenges that prevent them from having healthy lives. Majority of the studies conducted in the developing countries showed poor

knowledge of adolescents' sexual and reproductive health and rights. In Pakistan, adolescents made up 23% of their population, it was recorded that they have poor access to sexual and reproductive health knowledge and services, which is obviously true by observations from the trends of early marriage, unintended pregnancy, gender discrimination, violence, and low rates of contraception and literacy (Pakistan Demographic and Health Survey, 2013). In another study conducted in one of the developing countries, Nepal, it was stated that adolescents often face limited access to reproductive health services and education as a result of poverty and restricting cultural and sexual norms (Khanal, 2016). Also, in Nigeria, it was discovered that the level of knowledge on sexual and reproductive health was fair; due to the lack of adequate knowledge, there was low service utilization among in school rural adolescents. (Abiodun *et al*.,2016).

Most adolescents are poorly informed about their sexual and reproductive health and rights (SRHR) i.e their knowledge is inadequate and so their reproductive needs are neglected. Due to their poor access to sexual and reproductive health services, young people especially adolescents are exposed to risky sexual behaviours, such as early pregnancies and sexually transmitted diseases and if not well treated, can lead to long lasting problems like infertility (Ngilangwa, Rajesh, Kawala, Mbeba, Sambili, Mkuwa & Nyagero, 2016). The rate of sexual and reproductive problems (teenage pregnancy, unsafe abortions practice, poor use of contraceptives and sexually transmitted diseases) among adolescents are becoming alarming. Studies have shown that in many countries including Nigeria, there have not been significant progresses in the reduction of poor sexual and reproductive health outcomes. During the review of the International Conference on Population and Development Programme of Action and considerations for post-2015 development agenda for health and rights, it was discovered that adolescent ill health and death constitute a large portion of the global burden of disease and therefore, need spectacular attention (Chandra- Mouli *et al*., 2015*).*

The importance of investing in adolescents' health as a means of establishing future well-being for the society has been recognized by the Government (Chandra- Mouli et al., 2015).This has led to the development of a series of fundamental rights for adolescents by the Commission on Population and Development including the right to comprehensive sex education, the right to decide all matters related to their sexuality, and access to sexual and reproductive health services with no discrimination including safe abortions wherever legal (Chandra- Mouli *et al*., 2015*).* As adolescence falls in the central task of "identity" versus "role confusion", it is a time of sexual exploration and integration of sexuality into one's identity. Hence adequate information

should be given to them about their sexual and reproductive health and rights so that they can achieve a healthy, fulfilled life and avoid health risk behaviours. When they lack adequate information about their sexual and reproductive rights, they won't be able to exercise those rights as appropriate thus, depriving them of the benefits involved in sexual and reproductive health.

It is therefore important to create a supportive environment that will positively influence knowledge, skills and behavior of adolescents; which will help in increasing access and use of sexual and reproductive health services thereby catering for the neglected adolescents needs, attend to the challenges that hinder the achievement of optimal adolescent sexual and reproductive health together with the utilization of their rights (Omobuwa, Asekun-Olarinmoye & Olajide, 2012).

When adolescents are equipped with adequate information about their sexual and reproductive health and rights, it will influence their behaviours thereby contributing to their well-being to produce a healthy adolescent. A well-informed adolescent will give rise to an adult that is healthy and exercises his rights appropriately, which will reverse the negative impact, sustain the positive impacts of the health sector, and contribute to the fulfillment of the goals of reproductive health. This study explored the knowledge and behaviours of adolescents on sexual and reproductive health and rights in Ife Central Local Government, Ile Ife, Osun State

2. METHODOLOGY

2.1 STUDY DESIGN

A descriptive survey was used to assess the knowledge and behaviours of adolescents on sexual and reproductive health and rights, in selected secondary high schools in Ife Central Local Government Area, Osun state

2.2 STUDY AREA

This study was carried out in Ife Central Local Government Area, Osun state. Ife Central is a Local Government Area in Osun state, Nigeria, its headquarters and secretariat is located in Ajebamidele along Ife- Ibadan road. It has an area of 111km^2 and a population of 167,204 at the 2006 census. The Local Government shares boundaries with Ife north, Ife south, Ife central and Ife east Local Government areas with their headquarters in Ipetumodu, Ifetedo, Oke ogbo

respectively. There are ten public secondary schools in Ife Central Local Government, of which there are six middle schools, they include:

1. Oduduwa high school, Ile Ife
2. Moremi high school, Ile Ife
3. Seven day Adventist high school, Ile Ife
4. St. David high school, Ile Ife
5. Anglican central middle school, Ile Ife
6. Ife middle school, Eleyele , Ile Ife
7. Oluorogbo middle school, Road 7, Ile Ife
8. Oranmiyan middle school, Road 7, Ile Ife
9. St Murumba middle school, Lagere, Ile Ife
10. Urban day middle school, Ondo road, Ile Ife

2.3 TARGET POPULATION

The study populations were the students of selected public secondary high schools within Ife Central Local Government, who are in senior secondary class 1-3.

2.4 SAMPLING TECHNIQUE AND SAMPLE SIZE

Osun state has three senatorial districts, the sampling method used in selecting the participants is multistage sampling, explained as follows;

First stage: There are three senatorial districts in Osun State, Osun East was purposively selected.

Second stage: Out of the two zones in Osun East (Ile-Ife and Ilesha), Ile-Ife was chosen using purposive sampling method for convenience.

Third stage: There are four Local Government Areas in Ile-Ife, Ife- Central Local Government Area was selected using random sampling method.

Fourth stage: Out of 10 public secondary schools in Ife Central Local Government Area, the four (4) high schools were purposefully selected.

Last stage: Proportionate sampling was used to determine the sample size based on the number of students in each school.

The sample size was determined using Fischer's formula (2017)

Sample size (ss) = $\{Z^2 \times P \times (1-P)\} \div d^2$

Z = 1.96 which is 95% confidence level

P = population proportion of knowledge on sexual and reproductive health is 0.63 (Abiodun, Olu-Abiodun, Ani &Sotunsa, 2016)

d = margin of error at 5% (0.05)

$ss = \{1.96^2 \times 0.63 \times (1-0.63)\} \div 0.05^2$

ss = 358.19 ~ 360

Original sample size is 360

Attrition rate = 1/f ×ss

Attrition rate (10%) = 1/10 × 360 =36

Sample size = 360+ 36 =396 ~ 400

$$\text{Sample size for each school} = \frac{\text{Total no of students in each school} \times \text{Sample size}}{\text{Total no of students in all schools}}$$

2.5 List 1: Sampling technique and sample size

S/N	Name of Public Secondary High Schools	Total no. of Students (SS1 – SS3)	Sample size for each school
1	Moremi High School	217	63
2	Saint David High School	358	103
3	Oduduwa High School	384	111
4	Seventh Day Adventist High school	425	123
	Total	1384	400

2.6 METHOD OF DATA COLLECTION

Data collection took approximately four weeks; the selected schools for the study were visited three times by the researcher. Questionnaires were administered to the selected students in SS1 – SS3 classes and collected back on site within the time interval given at the break period for the students on week days, between hours of 11am and 12pm throughout the period of data collection

2.7 METHOD OF DATA ANALYSIS

Data collected from the study was subjected to computer analysis using statistical package for service solution, SPSS 23 version. Both the descriptive statistical techniques (percentages, frequency) and inferential techniques were used to report the results of the study. **Section A:** The socio-demographic characteristics were analysed with frequency and percentages. **Section B:**Each question on knowledge was coded with "Yes" or No", the correct option was scored 2 and incorrect option 1; score equal to or greater than the mean score was termed to be a good knowledge while scores below the mean score was termed as poor knowledge. **Section C:** The behaviours were coded with "Always, Mostly, Sometimes, Rarely and Never", "Always, mostly, sometimes were grouped together, "Rarely" and "Never" were grouped together, the correct behavior was scored 2 while the incorrect option was scored 1; Score equal to or greater than the mean score was termed to be a good behaviour while scores below the mean score was termed as poor behavior. **Section D:** The challenges on sexual and reproductive health and rights were coded with "Yes" and "No" and analysed with frequency and percentages.

RESULTS

Table 1: Socio Demographic Characteristics of the Respondents

VARIABLES	FREQUENCY	PERCENTAGE
Age (Grouped In Years)		
10 – 14	95	26.4
15 – 19	265	73.6
Gender		
Male	163	45.3
Female	197	54.7
Religion		
Christianity	275	76.4
Islam	71	19.7
Traditional	14	6.6
Ethnicity		
Yoruba	300	83.3
Hausa	15	4.2
Igbo	42	11.7
Others	3	8
Name of School		
Seventh days Adventist high school	110	30.6
St. David high school	93	25.8
Oduduwa high school	100	27.8
Moremi	57	15.8
Class		
SS1	146	40.6
SS2	168	46.7
SS3	46	12.8

Position in the Family		
First	95	26.4
Second	72	20.0
Third	89	24.7
Fourth	31	8.6
Fifth	8	2.2
Sixth	5	1.4
Last born	60	16.7
Parents Education		
No education	7	1.9
Primary	51	14.2
Secondary	185	51.4
Tertiary	117	32.5
Sexual Activity		
Active	142	39.4
Not active	218	60.6

Table 1 above showed the socio-demographic data of students in selected secondary high schools who participated in the study.

As detailed in the table above, 54.7% and 45.3% of the respondents were female and male respectively. More than two third of the respondents ages were 15 to 19 years about 76.4% of the respondents practiced Christianity while 19.7% were Islam, the ethnicity of the respondents was largely of Yoruba (83.3%) and Igbo (11.7 %), majority of the respondents were SS2 students and 60.6 % were not sexually active while 39.4 % were sexually active.

Table 2: Respondent's Knowledge on Sexual and Reproductive Health

Respondents' Understanding of SRH	**Yes F (%)**	**No F (%)**
Sexual and reproductive health is the state of physical, mental and social well-being in all matters relating to reproduction and sexuality	259 (71.9)	101 (28.1)
Sexual and reproductive health is about unsafe sex and diseases which are caused by unsafe sexual practices	213 (59.2)	147 (40.8)
Having more than one partner is good	161 (44.7)	198 (55.0)
Keeping menstrual hygiene practices is part of sexual and reproductive health	226 (62.8)	134 (37.2)
A girl is not likely to get pregnant during the menstrual period	190 (52.8)	170 (47.2)
It is possible to get pregnant during your safe period	186 (51.7)	174 (48.3)
Safe period is usually the first five days after the menstrual period stops	209 (58.1)	151 (41.9)
A girl can get pregnant before puberty	159 (44.2)	201(55.8)
Ovulation occurs at the end of the menstrual cycle	183 (50.8)	177(49.2)
It is difficult to get pregnant after having an abortion	196 (54.4)	164 (48.6)
Abortion has a positive impact on women mental and physical health	203 (56.4)	157 (43.6)
Abortion is the solution for unwanted pregnancies	167 (46.4)	193 (53.6)
Female genital mutilation prevent promiscuity	157 (43.6)	203 (56.4)

Sexual harassment is not form of sexual violence	144 (40.0)	216 (60.0)
Identify the modern methods of contraceptives		
Condoms	207 (57.5)	153(41.9)
Oral contraceptives pills	181 (50.3)	179(49.7)
Withdrawal method	160 (44.4)	200 (55.6)
Rhythm (safe period) method	155 (43.1)	205 (56.9)
Knowledge on sexually transmitted infections (STI)		
Syphilis and gonorrhea are examples of sexually transmitted diseases	207 (57.3)	153 (42.5)
The following are signs and symptoms of STI		
Itching and soreness in the genital part	184 (51.1)	176 (48.9)
Bleeding	185 (51.4)	175 (48.6)
Stomach/ back pain	193 (53.6)	167 (46.4)
Painful urination and painful sexual intercourse	203 (61.9)	137 (38.1)
Genital discharges	197 (54.7)	163 (45.3)
HIV/AIDS is a sexually transmitted disease that is curable	194 (53.9)	166 (46.1)
Using infected sharp objects can result in contracting HIV	257 (71.4)	103 (28.6)
Use of condoms cannot prevent transmission STIs including HIV/AIDS	179 (49.7)	181 (50.3)

Table 2 above revealed the knowledge of adolescents on sexual and reproductive health. A sizeable number of the respondents (71.9%) reported that sexual and reproductive health is the state of physical, mental and social well-being in all matters relating to reproduction and sexuality. Most of the respondents (61.9%) identified painful urination and painful sexual intercourse as one of the symptoms of sexually transmitted disease. Out of the 55.6% respondents with good knowledge on sexual and reproductive health, majority (31%) are females. More than two third (68.3%) of the respondents have good knowledge on the general questions about sexual and reproductive health, a larger percentage (71.4%) have good knowledge on contraceptives and sexually transmitted diseases

Knowledge Variables on Sexual and Reproductive Rights	Yes F (%)	No F (%)
I have right to equality and non-discrimination	222 (61.7)	138 (38.3)
I have right to life, liberty and safety of person	252 (70.0)	108 (30.0)
I have no right to information and sexuality education	148 (41.1)	212 (58.9)
I have no right to be free from all forms of violence and torture	146 (40.6)	214 (59.4)
I have right to freedom of thoughts and opinion	249 (69.2)	111 (30.8)
I have right to justice	249 (69.2)	111 (30.8)
I have no right to autonomy and bodily integrity	143 (39.7)	217 (60.3)
I have right to privacy	241 (66.9)	119 (33.1)
I have right to enjoy the benefits of scientific progress and application	254 (70.6)	106 (29.4)
I have no right to enter, form and dissolve marriage and similar relationships based on full free consent and equality	165 (45.8)	195 (54.2)
I have no right to decide whether to have children, the no. of child, spacing and the means to do so	141 (39.2)	219 (60.8)
I have right to participate in public and political life	235 (65.3)	125 (34.7)

Table 3: Respondent's Knowledge on Sexual and Reproductive Rights.

Table 3 above revealed the knowledge of adolescents on sexual and reproductive rights. Majority of the respondents (61.7%) identified right to equality and non-discrimination, majority (70.0%) of the respondents identified right to life, liberty and safety of person as some of the rights of sexual and reproductive health. Majority of the respondents (65%) have good knowledge on sexual and reproductive rights.

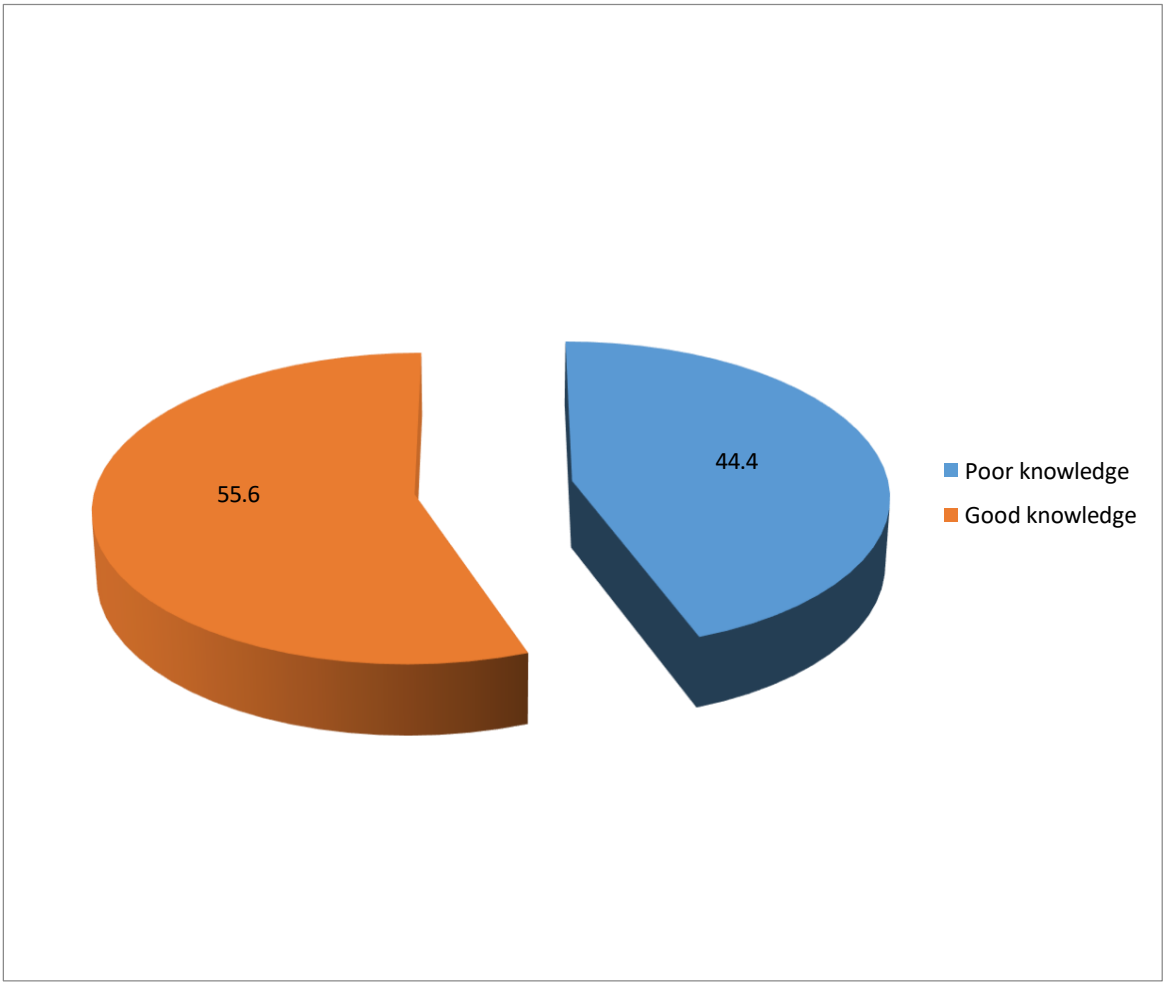

Figure 1:Respondent's knowledge on Sexual and Reproductive Health and Rights

Table 4: Respondent's Behaviour on Sexual and Reproductive Health and Rights

Items	Always	Mostly	Some times	Rarely	Never
	n(%)	n(%)	n(%)	n(%)	n(%)
I find it easy to relate with opposite sex	95(26.4)	20(5.6)	55 (15.3)	21 (5.8)	169 (46.9)
I discuss freely about sexual matters with friends	76 (21.1)	43(11.9)	72 (20.0)	46(12.8)	123 (34.2)
I engage in sexual intercourse on a first date	65 (18.1)	26 (7.2)	37 (10.3)	20 (5.6)	212 (58.9)
I keep multiple sexual partners	62 (17.2)	45(12.5)	35 (9.7)	23 (6.4)	195 (54.2)
I ask my sexual partners for his sexual histories	62 (17.2)	40(11.1)	43 (11.9)	24 (6.7)	191 (53.1)
If swept away in passion of the moment, I have sexual intercourse without using a condom	60 (16.7)	39(10.8)	33 (9.2)	20 (5.6)	208 (57.8)
If my partner insists on sexual intercourse without a condom, I refuse to have sexual intercourse.	71 (19.7)	48(13.3)	26 (7.2)	22 (6.1)	193 (53.6)
I use other contraceptives apart from condom	58 (16.1)	42(11.7)	31 (8.6)	17 (4.7)	212 (58.9)
I insist on condom use when I have sexual intercourse.	62 (17.2)	36(10.0)	41 (11.4)	23 (6.4)	198 (55.0)
I visit health centre/ hospital if I have any sexual and reproductive problems	79 (21.9)	40(11.1)	33 (9.2)	30 (8.3)	178 (49.4)
I discuss any sexual and reproductive health problems with my parent	73 (20.3)	39(10.8)	44 (12.2)	31 (8.6)	173 (48.1)
I seek help and advice from friends concerning sexual and reproductive problems	132(36.7)	37(10.3)	33 (9.2)	21 (5.8)	137 (38.1)
I check my HIV/AIDS status	76 (21.1)	60(16.7)	25 (6.9)	17 (4.7)	182 (50.6)
I ensure my partner constantly check his HIV status	94 (26.1)	47(13.1)	40 (11.1)	17 (4.7)	162(45.0)
I use emergency contraceptives to prevent pregnancy after unprotected sex	84 (23.3)	42(11.7)	30 (8.3)	20 (5.6)	184 (51.1)
I remove any unwanted pregnancy as soon as possible	59 (16.4)	44(12.2)	27 (7.5)	24 (6.7)	206 (57.2)
I report any form of sexual threat from anybody to my parents	89 (24.7)	41(11.4)	33 (9.2)	26 (7.2)	171 (47.5)

Table 4 above revealed the behaviours of adolescents on sexual and reproductive health and rights. Out of the 53.3% respondents with good behavior on sexual and reproductive health, about 30% are male while most of the female respondents have poor behaviour. A little below

average (47.3%) of the respondents find it easy to relate with opposite sex, 53% of the respondents discuss freely about sexual matters with friends, two thirds (64.5%) of the respondents did not engage in sexual intercourse on a first date, most (60.6%) of the respondents didn't keep multiple sexual partners. Forty seven percent of the respondents check their HIV/AIDS status regularly, while about half (50.3%) of the respondents ensure that their partners constantly check his HIV status.

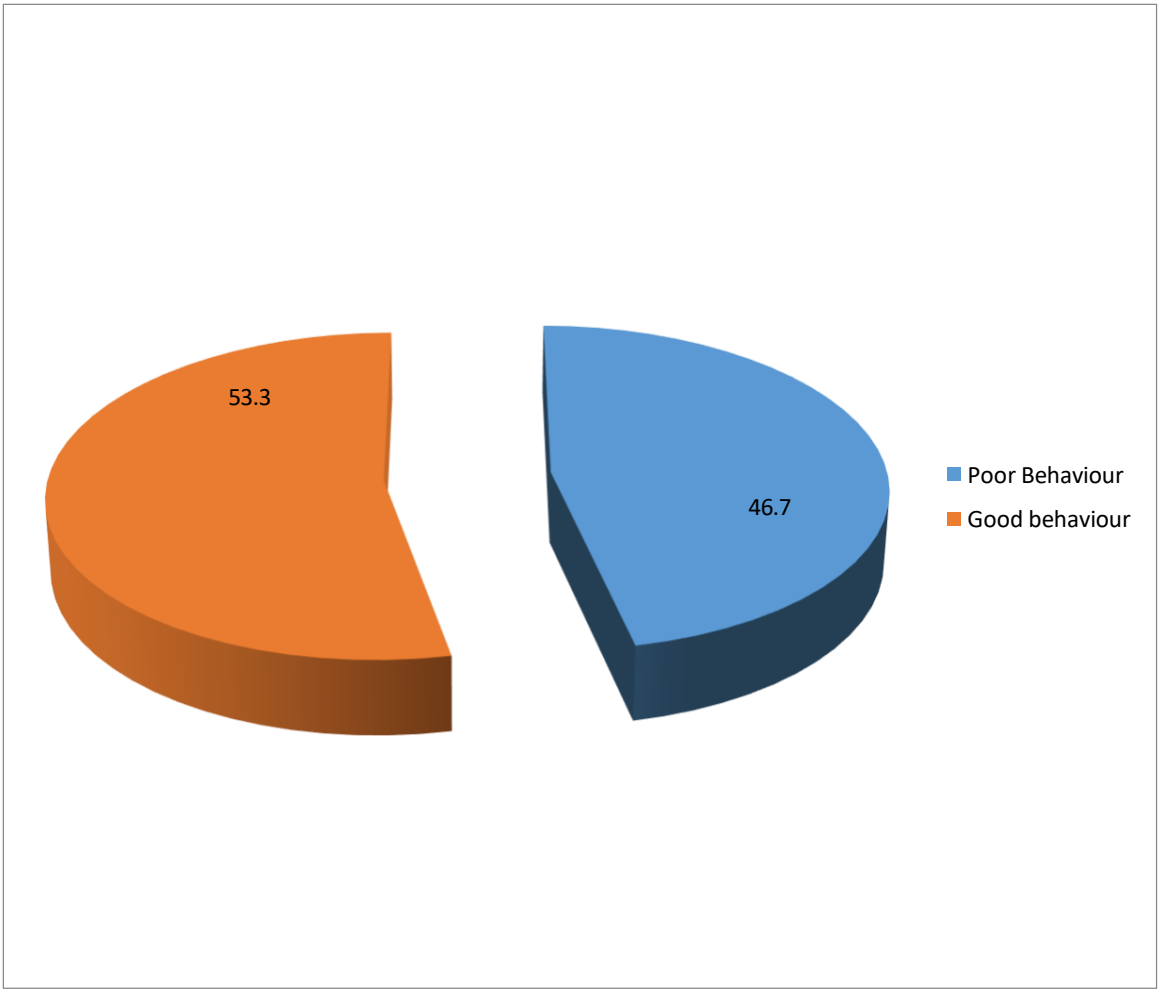

Figure 2 Respondent's Behaviour on Sexual and Reproductive Health and Rights

Table 5: Challenges on Sexual and Reproductive Health and Rights

Items	**Yes** **F (%)**	**No** **F (%)**
Poor sexuality education	167 (46.4)	193 (53.6)
Poor access to a youth friendly health centre	129 (35.8)	281 (64.2)
Poor health giver attitude	138 (38.3)	222 (61.7)
Poor funds from the government to finance ASRHR education and services	151 (41.9)	209 (58.1)
Culture (about early marriage practices)	199 (55.3)	161 (44.7)
Restrictive laws against abortion services	153 (42.5)	207 (57.5)
Religious factors about disproving adolescent sexual activity	190 (52.8)	170 (47.2)
Stigmatization from the society	150 (41.7)	210 (58.3)
Cost of seeking SRHR services	151 (41.9)	209 (58.1)
Non availability of adolescent sexual and reproductive services	133 (36.9)	227 (63.1)
Poor communication with parent about SRHR	202 (56.1)	158 (43.9)

Table 5 showed that majority (62.2 %) of the respondents maintained that poor sexuality education is not a challenge on sexual and reproductive health and rights, less than half (46.4%) of the respondents reported that poor access to a youth friendly health centre is not a challenge on sexual and reproductive health and rights, a little above average of the respondents (53.1 %) considered poor communication with parent as a challenge on sexual and reproductive health and rights, most of the respondents (57.5%) didn't consider that restrictive laws against abortion services is a challenge on sexual and reproductive health and rights.

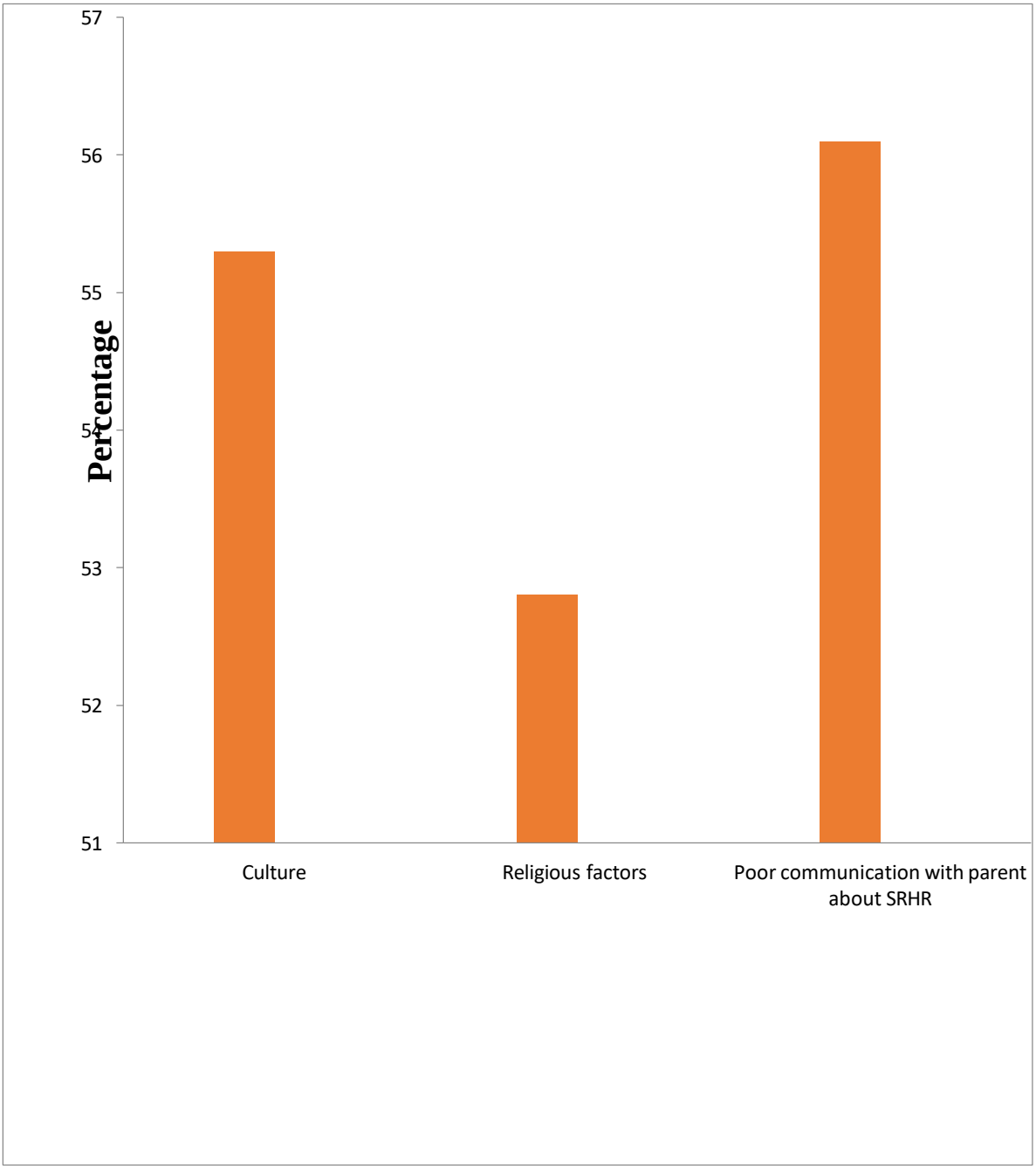

Figure 3 **Respondent's Challenges on Sexual and Reproductive Health and Rights**

Table 6: Spearman's Rho Correlation Analysis on the Association between the Knowledge of Adolescents and their Behaviour towards Sexual and Reproductive Health and Rights

Variable	N	Mean	SD	Df	r*-cal	Sig*-val	P*val
Knowledge of sexual and reproductive health and rights	360	61.28	4.13	264	-0.163	0.002	<0.05
Behaviours towards sexual and reproductive health and rights	360	25.21	2.63				

Table 6 above illustrates the Spearman's Rho correlation coefficient statistics used to test the association between the knowledge of adolescents and their behaviours towards sexual and reproductive health and rights. The Spearman's Rho correlation coefficient derived a value of -0.163, a degree of freedom of 264, and a significant value of 0.002. Thus, there is a significant relationship between the respondents' knowledge and behaviours towards sexual and reproductive health and rights. Since the Spearman's Rho correlation coefficient is below 0.5 (i.e.-0.163), then the strength between the two is weakly negative, the negative sign shows the direction of the relationship i.e in the reverse order.

3. DISSCUSSION

Majority of the respondents demonstrated good knowledge on Sexual and Reproductive Health and Rights, they were able to identify what Sexual and reproductive health is, they had fair knowledge about the concept and healthy practices contributing to sexual and reproductive health, though they lack knowledge regarding some topics like safe period, only few knew when ovulation occurs, this could be as a result of ineffective teachings on the menstrual cycle and ovarian cycle. Safe period calculations are often ignored because the teacher might think it will encourage them to be more involved in sexual activities.

However, most of the respondents have good knowledge on contraceptives, more than half of the respondents reported that condom is a modern method of contraception and that withdrawal method is not a modern method of contraception, this is supported by the findings of Abiodun *et al*.,(2016), where two thirds of their respondents identified condom and oral contraceptives pills as a method of contraception, over the years there have been good knowledge and use of modern contraceptives in the southwestern regions. Moreover, more than half of the respondents correctly identified three (itching and soreness in the genital part, painful urination and sexual intercourse and genital discharges) out of five symptoms of sexually transmitted diseases, a little above half incorrectly identified bleeding and stomach pain as symptoms of sexually transmitted diseases. This supports the findings conducted by Envuladu *et al*.,(2017) on sexual and reproductive health challenges of adolescent males and females in some communities of Plateau state Nigeria, most of their respondents identified vaginal and genital discharges, genital itching , pain while urinating and blood in urine as symptoms of sexually transmitted diseases. Furthermore, majority of the respondents correctly identified sexual and reproductive rights, showing that they have good knowledge about sexual and reproductive rights, this support the findings of Abiodun *et al.,* (2016) where a larger percentage of the respondents also have good knowledge on sexual and reproductive rights. In contrast to the findings above, a study carried out by Adinew *et al*.,(2013), on the knowledge of reproductive and sexual rights among undergraduates in Ethiopia; a little above half of the respondents were knowledgeable on sexual and reproductive rights, This showed that adolescents are becoming aware of their rights; gone are the days of ignorance, people now have knowledge of their sexual and reproductive rights.

From the study conducted, it is reported that more than half of the respondent's good behavior towards sexual and reproductive health and rights**.** A little below half of the respondents found it easy to relate with opposite sex, half of the respondents discuss freely about sexual matters with friends, majority of the respondents do not keep multiple sexual partners and few of the respondents discuss any sexual and reproductive problems with their parents, these findings are in contrast with the findings of Omobuwa *et al.,* (2012) where two third of the respondents finds it easy to relate with the opposite sex while few of the respondents can freely discuss about sexual matters but in the findings of Abiodun *et al.*,(2016), more than half of the respondents prefer to discuss sexual and reproductive and health issues with their friends and peers. The variation in the findings depends on the perception of the respondents on sexual and reproductive issues; some people perceive it to be a sensitive issue that needs not to be discussed with friends while some refrain from discussing sexual and reproductive issues with their parents because of fear.

However, more than half of the respondents never checked their HIV status, they use emergency contraceptives to prevent pregnancy after unprotected sex and they remove any unwanted pregnancy as soon as possible. This support the findings of Envuladu *et al*.,(2017) where most of their respondents reported the use of postinor; an emergency contraceptives to prevent pregnancy and also terminate any unwanted pregnancy. Moreover, more than half of the respondents reported that they never insist on sexual intercourse without a condom but a larger percentage of the respondents in a study conducted by Renzaho *et al.,* (2017) refused to have sex with someone that refuse to use condoms. The variations in the above studies could be as a result of their level of sexual activities evidenced in Renzaho *et al.*,(2017); a study where majority of their respondents were sexually active unlike in this study in which majority are sexually inactive, this can affect their response in depicting their true behavior. A significant relationship was also found between the respondents' knowledge and behavior towards sexual and reproductive health and rights.

Religious factors disproving adolescent sexual activity, culture and poor communication about sexual and reproductive health and rights were the challenges majorly identified by the respondents. Majority of the respondents were found to be Christians, according to the doctrines of the Christians, involvement in sexual activity outside marriage is seen as act that offends God (a sin), the religion doesn't encourage sexual activity outside marriage not to talk of adolescent sexual and reproductive health service like the use of contraceptives. Another important factor identified as challenges by the respondents are culture and poor communication with their

parents. This support the findings of a study by kids and teen resource centre (2013), on needs assessment on the sexual and reproductive health needs among young persons in Ondo State, where it was discovered that lack of parental care about sexual and reproductive health and poor parent-child communication were the identified challenges, most adolescents because of fear don't discuss sexual and reproductive issues with their parent.Gender inequality reinforced by culture has led to the denial of adolescent girls and women to have access to the use of sexual and reproductive health services coupled with the ignorance of sexual and reproductive health, African culture doesn't permit the discussion of issues related to sexuality because it is seen as a sacred concept.

4. Conclusion

The study concluded that more than half of the respondents had good knowledge and good behaviours towards sexual and reproductive health and rights in selected secondary high schools in Ife Central Local Government Area, Osun State. However, religious factors disproving adolescent sexual activity, culture and poor communication about sexual and reproductive health and rights were the challenges identified and there is a significant relationship between respondents' knowledge and behavior towards sexual and reproductive health.

5. Recommendations

1. In depth and effective sexuality education through health education and orientation programs for adolescents in their schools to enhance the knowledge on sexual and reproductive health and rights.
2. The use of health educative fliers, posters, handbills that contain easy to read and understandable information on sexual and reproductive health and rights.
3. There is a need to bridge the parent and children communication gap, review our cultural beliefs. In addition, sexual and reproductive services should be made affordable and available so as to enhance the accessibility to these services in order to achieve good sexual and reproductive outcomes tailored towards obtaining optimal health.

7. ETHICAL APPROVAL AND CONSENT

A mini proposal of the study was presented to Research and Ethical committee of Institute of Public Health, Obafemi Awolowo University, Ile-Ife for scrutiny and a formal permission was obtained to conduct the study. Explanations about the study, option to refuse to participate if not interested were given before informed consent was obtained from the study respondents. Participation was based on good will as there was no compensation given for participating in the study

Disclaimer (Artificial intelligence)

Option 1:

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

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Details of the AI usage are given below:

1.

2.

3.

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