**SEXUALITY AND CONTRACEPTIVE USE AMONG ADOLESCENT**

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**ABSTRACT**

The purpose of this study is to investigate the sexuality and contraception use among adolescents. The study encompasses 200 students from certain secondary schools located in the Enugu South local government of the state of Enugu. In order to acquire the necessary information, the researcher relied on questionnaires as the instrument. Specifically, a descriptive survey research design was chosen for this particular investigation. There were a total of 133 respondents who took part in this survey. These respondents included students from the SS3 level, the SS2 level, the SS1 level, and the JS3 level. Tables were used to illustrate the data that was collected, and simple percentages and frequency distributions were used to analyse the data.

**CHAPTER ONE**

**INTRODUCTION**

* 1. **Background of the study**

Sexuality and contraceptives have become a prominent subject in the modern era, as the consequences of unsafe sexual behaviours, such as unintended pregnancies and sexually transmitted diseases, continue to be a concern for both young people and adults worldwide. Teaching adolescents about birth control may not align with promoting abstinence. Nevertheless, a significant number of adolescents choose to engage in sexual activities at an early age, despite being aware of the importance of abstinence. Based on data from the American Paediatric Association, it is observed that a significant number of adolescents engage in sexual activity before the age of twenty. Additionally, there is a concerning number of teenage pregnancies worldwide, with millions of girls between the ages of 15 and 19 giving birth or undergoing abortions annually. In Central America, approximately 18% of all births are to women in their teens, while in Africa, this percentage rises to around 23%, as reported by the World Health Organisation. Effective communication between parents and adolescents is crucial in shaping the attitudes and behaviours of young individuals when it comes to contraceptives (Paediatrics 1999). Our project is completed under MIMO (Moving in moving on), a 3-year research and development initiative supported by EU funding from the central Baltic programme. The project's objective is to enhance collaboration among professionals and implement artistic approaches in social and youth work through a series of workshops designed for individuals aged 13-17. The project focuses on engaging young individuals who may be at risk of becoming socially isolated (MIMO 2013). Nevertheless, the objective of this project is to provide insights into the experiences of adolescents regarding sexuality and contraceptives, taking into account cultural factors.

My objective is to utilise the digital storytelling method to convey the experiences of adolescents regarding sexuality and contraception, focusing on cultural perspectives. There are numerous factors that can impact sexual activities during adolescence. One important factor to consider is how teenagers handle the physical changes that occur in their bodies, particularly among young women. It is crucial to recognise the potential risks that teenagers face, such as contracting STDs, including HIV/AIDS, and the heightened vulnerability of teenage girls to early, unwanted, and unplanned pregnancies (WHO, 2013).

**1.2 Statement Of The Problem**

Pre-marital sexual activity is prevalent in various regions across the globe. Several studies conducted in Nigeria indicate that a notable number of adolescents engage in sexual activity during their teenage years. Despite engaging in frequent sexual activity, a significant number of young individuals are neglecting to take necessary precautions to safeguard themselves from the potential consequences of their actions. There are significant health risks for young girls involved in this, as they may be exposed to sexually transmitted diseases (STDs), unwanted pregnancy, unsafe abortion, economic hardships, and school dropouts (Njau and Redney 1995). Demographers have shown varying levels of interest in different aspects of adolescents' sexual activity. Researchers have primarily focused on premarital sex, driven by the belief that sexual activity is on the rise among unmarried adolescents. Therefore, there is a lack of available information regarding the sexual and reproductive knowledge of individuals who are about to get married, the process of transitioning into marriage, and the experiences of young married couples as they navigate the timing of sexual intercourse and the first birth. Given this context, the researcher aims to explore the topic of adolescent sexuality and contraceptive use.

**1.3 Objective Of The Study**

The objectives of the study are;

1. To ascertain the relationship between age at first sexual intercourse and contraceptive use among adolescents
2. To ascertain the association between the frequency of sexual intercourse and contraceptive use among female adolescents
3. To ascertain the relationship between the type of sexual partners and contraceptive use among female adolescents
4. To determine the frequency of sexual activity among adolescent in Nigeria.

**1.4 Research Hypotheses**

For the successful completion of the study, the following research hypotheses were formulated by the researcher;

H0: there is no relationship between age at first sexual intercourse and contraceptive use among adolescents.

H1: there is relationship between age at first sexual intercourse and contraceptive use among adolescents.

H02: there is no relationship between the type of sexual partners and contraceptive use among adolescents

H2: there is relationship between the type of sexual partners and contraceptive use among adolescents

**1.5 Significance Of The Study**

This study will provide a comprehensive understanding of sexuality and contraceptive usage among adolescents. The study will provide valuable insights for lecturers, students, youths, and the general public. It is evident that a more thorough examination of the choices made by adolescents is necessary in order to understand their engagement in certain behaviours and to identify factors that may contribute to early sexual activity and lack of contraception use. This study has the potential to provide valuable information on adolescent sexuality and contraceptive use, as it will focus on specific segments of adolescents. The study findings are expected to be valuable in developing suitable interventions for adolescents and to have practical applications for policy makers, educators, donor agencies, and the community as a whole. The study will also be a valuable resource for other researchers who are interested in exploring this topic.

**1.6 Scope And Limitation Of The Study**

The scope of the study covers sexuality and contraceptive use among adolescent. The researcher encounters some constrain which limited the scope of the study.

**a) availability of research material**: The research material available to the researcher is insufficient, thereby limiting the study

b) Time: The time frame allocated to the study does not enhance wider coverage as the researcher has to combine other academic activities and examinations with the study.

c) Organizational privacy: Limited Access to the selected auditing firm makes it difficult to get all the necessary and required information concerning the activities

**1.7 Definition Of Terms**

**Sexuality:** Human sexuality is the way people experience and express themselves sexually. This involves biological, erotic, physical, emotional, social, or spiritual feelings and behaviors.

**Contraceptive:** contraceptives are devices that attempt to prevent pregnancy by physically preventing sperm from entering the uterus. They include male condoms, female condoms, cervical caps, diaphragms, and contraceptive sponges with spermicide. Globally, condoms are the most common method of birth control.

**Adolescent:** Adolescence is a transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood

**1.8 Organization Of The Study**

This research work is divided into five chapters, carefully arranged to enhance clarity and understanding. Here is an outline of the chapters: Chapter one provides a comprehensive introduction to the study, covering various aspects such as the study's overview, historical background, problem statement, study objectives, research hypotheses, study significance, scope and limitation, and definition of terms. Chapter two highlights the theoretical framework that serves as the basis of the study, which then leads to the examination of relevant literature. Chapter three delves into the research design and methodology employed in the study. Chapter four delves into the process of gathering and analysing data, along with effectively presenting the discoveries. Chapter five offers a succinct summary of the study's findings, a reflective conclusion, and insightful recommendations.

**CHAPTER TWO**

**REVIEW OF RELATED LITERATURE**

**2.1 The Nature Of Adolescence**

To gain insight into the impact of adolescent sexuality on their sexual and reproductive behaviour, it is crucial to delve into the intricacies of adolescent behaviour and its underlying motivations. Adolescence is a fascinating stage of development that represents a significant shift from childhood to adulthood, encompassing not only biological changes but also social and psychological transformations. Yes On a biological level, the body undergoes changes when the hypothalamus communicates with the pituitary gland, prompting the release of hormones called gonadotrophine into the bloodstream. These hormones trigger a surge in the production of certain hormones in girls and boys, leading to various physical changes like the growth of facial hair in boys and the development of breasts in girls. The changes are often quite noticeable, leading adolescents to naturally compare themselves to others and feel concerned about their own abilities (Bloss, 1962). Adolescents often experience sudden shifts in mood due to hormonal changes. During puberty, teenagers start to be seen as individuals who are transitioning from childhood to adulthood, with a strong desire to become independent. Significant psychological changes take place during adolescence, with a notable shift towards developing an interest in the opposite sex and a strong desire for affection and acceptance. Numerous theories have been put forth to elucidate adolescent behaviour.

Sigmund Freud (1953) presented his perspective on adolescents, viewing them as a stage marked by a resurgence of sexual energies from earlier stages, such as the oral, anal, and phallic stages. During adolescence, there is a shift in behaviour due to hormonal changes. It becomes important for young individuals to acquire social skills that are crucial for establishing relationships with peers, which in turn play a significant role in the development of a healthy adult sexuality. According to Anna Freud (1969), the development process has a significant impact on all aspects of behaviour. For her, adolescence is an emotional challenge. Bloss (1962), another theorist of the same school suggests that during adolescence, individuals go through the process of developing their own sense of self by gradually detaching emotionally from their parents. The person acknowledges the importance of seeking emotional and sexual fulfilment beyond the confines of the family. Several theorists have considered the impact of the social and cultural environment on the development of adolescent sexuality.

Learner and Spanier’s (1980) research on sexual socialisation theory suggests that sexual roles are shaped by the socialisation process, which promotes certain behaviours and discourages others through rewards and punishments. Sex roles development involves acquiring the psychological traits associated with masculinity or femininity. Sexual behaviour is often seen as a significant step in the emotional development of adolescents, as it marks their transition towards independence and distancing themselves from their family. Achieving these goals enhances a sense of self-worth and belief in oneself. In Smith's (1989) biosocial model, the interplay between biological and psychosocial factors is used to elucidate the complexities of sexual behaviour. The power of these postulates is found in the acknowledgment of social processes that influence or deter sexual engagement, shape the way sexual behaviour is manifested, and establish acceptable sexual partners. Physical changes indicate the onset of sexual maturity and attractiveness, leading to increased social expectations for engaging in sexual behaviour, as it may result in admiration and popularity. However, parents may express concern about early sexual maturation. All the theories above provide valuable insights into the examination of adolescent's sexuality.

According to Horrock (1962), there are five significant points of reference to consider when examining adolescent growth and development. First, during adolescence, individuals often strive for social status and independence from parental control. They may also engage in a power struggle with adults, as they feel subordinate due to their younger age, lack of experience, and limited skills. Additionally, during adolescence, heterosexual relationships often hold significant importance. Thirdly, it is also a period of physical growth and development, and fourthly, it is a time of expanding one's mind and academic experience. And finally, it is a period of growth and assessment of principles. The pursuit of understanding and shaping the principles that guide one's life is accompanied by a growing recognition of one's own identity, the cultivation of personal aspirations, and the embrace of oneself in alignment with those ideals. It is also a period marked by the clash between youthful idealism and the harshness of reality. Ultimately, it is crucial to consider adolescents as reflections of their era, their society, and their historical and current psychological surroundings. Adolescence encompasses the various efforts made during puberty to adapt to the internal and external circumstances that one encounters (Bloss, 1962).

**2.2 DETERMINANTS OF ADOLESCENT SEXUAL AND CONTRACEPTIVE BEHAVIOUR**

Research conducted in various countries, regardless of their level of development, has consistently demonstrated that adolescents often struggle with contraceptive use or choose not to use contraception (Mensch et al., 1998; Moore and Rosenthal, 1993). According to a study conducted in Canada, a significant number of high school students do not consistently use contraception during sexual activity. The study revealed that 34 percent of students reported using contraception every time they had sex, while 27 percent admitted to never using contraception (cf. Moore and Rosenthal, 1993). Research findings indicate that adolescents in developing countries have significantly lower rates of contraception usage (Magnani, et al 2000, Nicholas D et al, 2000). It is worth noting that in Kenya, the usage of contraception among women aged 15-19 was only eight per cent in 1998 (NCPD, CBS and MI, 1998). Some researchers have suggested that in order for contraception to be effective, certain factors need to be present. These factors include knowledge, information, motivation, personal and interpersonal skills, and a positive self-concept (Gauge, 1998, Jorgensen, 1993, Omwanda, 1996). Adolescents often lack these qualities due to their social, emotional, and psychological immaturity. According to Uberg (cf. Moore and Rosenthal, 1993), there are five major steps involved in contraception adoption.

1 The individual must recognize that pregnancy (or divorce) is a likely outcome of unprotected sex.

2. He or she must be motivated to do something about it-this step involves the belief that one needs to do something effective as well as the belief that the possible outcome is undesireable.

3. The individual must generate solutions to the problem.

4. These solutions must be evaluated and chosen.

5. The chosen solution must be implemented. These steps occur in the socio-cultural and psychological environment of individual.

Research suggests that various factors can impact the effectiveness of contraception. These factors include the individual's desire for pregnancy, their level of cognitive development, educational and occupational aspirations, knowledge about human sexuality and contraception, and their ability to plan for sporadic and unexpected sexual encounters. Additionally, beliefs about the responsibility for contraception between male and female adolescents can also play a role (Jorgensen, 1993). Furthermore, it is worth noting that adolescents often have a biassed perception of risk due to cognitive distortions and lack of knowledge. This bias may contribute to their decision to not use contraceptives. Adolescents are influenced by a combination of biological, psychological, and socio-cultural factors. The individual's integration of powerful emotional conflicts is influenced by external forces, as mentioned earlier. Biological and psychological changes give rise to these conflicts, but how they are managed depends on factors beyond the individual's control.

Peter Bloss (1962) posited that reality is found within the mental representations of the environment, encompassing significant objects, values, and ideas that individuals become acquainted with. The foundation for judgement, motivation, and conflict lies in these well-crafted mental representations. Adolescents are influenced by biological forces that are likely universal. Therefore, differences in their sexual activity and contraceptive behaviour can be better understood by examining the social, cultural, and economic environments in which they live. Likewise, the variations within each group can be understood by considering the differences in individual traits, such as cognitive and affective factors. Parents, peers, schooling, and religion are among the significant proximate influences. The psychological literature emphasises the significant impact parents have on their children's lives. Parents play a crucial role in shaping their children's beliefs and behaviours, serving as their primary socializers.

In the realm of sexuality, we encounter a facet of human experience that has historically been shrouded in guilt, enigma, and contention. Although the influence of peers on young children is relatively minimal compared to that of parents, there is a noticeable shift during adolescence. At this stage, peers become increasingly influential in shaping teenagers' beliefs and behaviours. There is limited research on the extent and methods of peer influence and pressure on adolescent sexual decisions, but it is commonly acknowledged as a significant factor (Hofferth and Hayes, 1987). Studies have consistently shown a correlation between religion and lower rates of premarital sexual behaviour and contraceptive use. Studies have shown that individuals who are religious, regardless of their specific denomination, tend to have lower rates of sexual activity (Devaney and Hubley, 1981, Spanier, 1976). It's no surprise that sexual values often promote conservatism and restraint, as many religions advocate for these principles. The social, economic, and demographic benefits associated with education have resulted in increased parental demand for schooling and significant investments in education by governments worldwide. One important implication of these trends is that a significant portion of the adolescent years is dedicated to education, resulting in a later age for marriage and first pregnancy.

**2.3 Adolescent Childbearing**

Adolescent sexual behaviour is a topic that captures the attention of medical and social scientists due to its wide-ranging consequences. From a medical standpoint, it is important to consider the potential risks that can arise from adolescent reproduction. These risks can be categorised into two main perspectives: those that affect the mother and those that affect the child. The correlation between adolescent childbearing and negative health outcomes such as anaemia, toxoemia, childbirth complications, and maternal mortality has been well-documented in various studies (Jorgensen, 1993, Lowe, 1976, Mensch et al, 1998, NCPD, CBS and MI, 1998).

Ravenholt (1976) highlights the far-reaching impact of adolescent childbirth on three generations: the infants, their mothers, and their grandmothers. Childbearing rates have seen a decline in Sub-Saharan Africa over the past few decades. However, it is worth noting that a significant number of females still give birth during their teenage years (Mensch, 1998). A significant number of adolescent mothers in America, Canada, and Britain were unmarried when they gave birth during the late 1980s. Information from Sub-Saharan Africa indicates that in 10 out of 11 countries, a significant number of teenagers had either given birth or were currently expecting their first child (DHS IRD/Macro International, 1992). In addition, sexual experience is not limited to married women. In countries like Botswana, Ghana, Kenya, and Liberia, it is worth noting that a significant number of adolescents who have engaged in sexual activity are not married. There hasn't been much of a change in the situation.

In Kenya, for example, even though only 16 per cent of adolescents are married, a significant 43.6 per cent of them are sexually active (NCPD, CBS and MI, 1998). Adolescents, particularly in this era of HIV/AIDS, face significant implications due to this. Out of all the countries in Sub-Saharan Africa, only Burundi has a relatively low percentage of teenage births, accounting for less than 10% of total births (DHS IRD/Macro International, 1992). In Kenya, as in other developing countries, adolescent fertility plays a significant role in population growth. The growing number of adolescents ensures that the overall population will continue to increase, even though the rate of adolescent childbearing is decreasing. Research has shown that there is a higher likelihood of teenage mothers dropping out of school compared to teenagers who are not mothers. As a result, they may be more inclined to pursue occupations that require less skill and offer lower pay (Jorgensen, 1993). Adolescent mothers often experience psychological challenges due to family rejection, including from parents, siblings, and the child's father. They also struggle with balancing their roles as both a mother and a student (Gorgen et al, 1993). The identified 'consequences' have been a subject of debate, with some arguing that they are not solely caused by pregnancy and parenting. For example, higher infant and child mortality rates may be attributed to a lack of proper prenatal care. However, there is substantial evidence linking teenage childbearing to these consequences. Research has not yet determined the exact impact of pre-existing conditions. However, it is highly likely that adolescent childbearing and parenting impose additional limitations and burdens on the overall well-being and future prospects of young parents and their children, surpassing what they would have otherwise encountered.

**2.4 Adolescent Situation Globally**

The International Conference on Population and Development (ICPD), held in Cairo in 1994, saw governments from around the world come together to support the importance of promoting and safeguarding the rights of adolescents to reproductive health information and care. It was acknowledged that it is important to involve young people in the planning, implementation, and evaluation of adolescent reproductive health programmes. There are various ways to define adolescents and young people. WHO categorises individuals into different age groups, including adolescents (ages 10 to 19), youth (ages 15 to 24), and young people (ages 10 to 24). Nonetheless, the classification of an individual as an adolescent is contingent upon the socio-cultural-economic environment they inhabit. Gender and marital expectations can influence the determination of roles and responsibilities. Adolescence is marked by a remarkably fast pace of growth and development. The rates of growth and development during adolescence are exceptionally high, comparable only to those seen during foetal life and early infancy.

Furthermore, adolescence is a period marked by significant social transformation, where individuals transition from focusing on their family to prioritising their peer group. There is variation in the definition of "youth" in national law and policy. The age at which a person becomes an adult varies from country to country, as determined by the law. Until recently, many countries have applied, as a law or policy, that “minors” must have the consent of their parents or some other adult before they can obtain health care and. related advice. Various countries have taken different approaches to tackle this issue. Some have chosen to lower the age of majority for medical treatment, while others have enacted laws that allow minors to seek consent for healthcare in certain areas. Additionally, some countries have adopted the "emancipated minor" rule, which acknowledges that financially independent adolescents should be able to give their own consent. Access to reproductive health services for young people, particularly if they are unmarried, can be restricted by the law. The diagnosis, treatment, and control of sexually transmitted infections among adolescents face significant obstacles due to the need for parental consent and disclosure of sexual contacts.

Adolescents may be discouraged from utilising screening and treatment centres for STIs because they may feel uncomfortable answering personal questions about their sexual experiences. The reproductive health situation of adolescents differs based on their gender and age. By the age of 19, a significant majority of males and females have engaged in sexual activity, with a considerable portion of them having multiple partners. Adolescents frequently have limited understanding of sexuality and reproduction when they first engage in sexual activity. It is common for individuals engaging in their first sexual encounter to approach it without taking the necessary precautions, such as obtaining contraceptives or protection against STIs. The consequences of unwanted pregnancies can be severe, including the risk of unsafe abortions and the potential for lifelong disability, infertility, or even death (Rowley, 1987, Ngoka, and Mati, 1980).

**2.5 Importance Of Sexuality For Adolescents**

Sexuality plays a crucial role in the process of transitioning from childhood to adulthood, as emphasised in various theories of adolescent development. Teenagers must learn to navigate and integrate their emerging sexual desires with the other facets of their lives in a healthy and constructive manner. The integration of sexual feelings, needs, and desires into a coherent and positive sexual identity is crucial for adolescents, encompassing a sense of self that includes their sexuality. Our expression of sexuality, for the most part, involves a relationship with another individual, no matter how limited or fleeting it may be. The act of sexual expression involves a distinct vulnerability, as it involves opening oneself up to another person. This vulnerability can lead to various outcomes, both favourable and unfavourable. There is the potential to validate one's sense of self-worth and experience a fulfilling intimate relationship. However, making incorrect decisions can result in negative consequences, causing feelings of anxiety, guilt, and a lack of self-worth.

**2.6 Conceptual Framework**

The conceptual framework utilised in this study draws upon empirical research and is influenced by the health belief model (Becker, 1974, Janz and Becker, 1984) and the Ajzen-Fishbein model (Ajzen and Fishbein, 1980). The framework takes into account various factors that influence decisions regarding sexual activities and the use of contraception. These factors include weighing the pros and cons of engaging in specific behaviours, evaluating the risks of pregnancy or contracting sexually transmitted infections, considering the norms of peer groups, family members, and partners, and the willingness of adolescents to conform to the expectations of others. Additionally, the framework acknowledges the importance of factors such as engaging in sexual intercourse, purchasing and using condoms, obtaining contraceptives, and convincing a partner to use a condom. Adolescents are expected to carefully consider the advantages and disadvantages of participating in specific behaviours, according to the framework. The decision making process is a multifaceted and interconnected web of factors, encompassing various social, cultural, economic, community, family, dyadic, and individual influences. The framework highlights the significant impact of the socio-cultural context on the decision-making process, with social influences coming from family members, partners, and peers.

The way society views adolescent sexual activity can greatly influence the choices young people make regarding their sexual and reproductive health. It can shape their understanding of what is considered normal in terms of having children at a young age, determine the amount of support they receive from family and friends if they become teenage parents, and influence their perception of the potential economic and social consequences of having children outside of societal norms (Hakanson, 1994, Kilbride and Kilbride, 1990). The influence of family can be seen in various ways, such as the structure of the family and their control over finances. Additionally, elders often hold significant power when it comes to arranging marriages, which is a common practice (Goyal, 1994). Adolescents' decision-making process is greatly influenced by dyadic factors, as sexual activity, condom use, and, to a lesser extent, contraceptive use all depend on the commitment of both partners. The process of adolescent decision making is commonly understood to involve social interaction and negotiation between two individuals. Within this context, sexual activity is often framed in terms of men's desires, as evidenced by various studies (Balmer et al., 1995; Miles, 1993; Obba, 1993; Ssekiboobo, 1992; Strebel, 1996).

Decision making may not occur in a context of mutual choice and benefit for both partners. The presence of cultural gender roles that prioritise male control over sexual and reproductive choices can significantly impact young girls' ability to make informed decisions about condom and contraceptive use. This, in turn, increases their vulnerability to the risks of unintended pregnancy and sexually transmitted diseases, including AIDS. There are multiple dimensions of influence within the Dyad, beyond just gender. The presence of economic and social inequality, as well as age disparity between partners, can lead to an imbalance of power in relationships. This imbalance can have negative consequences for girls, limiting their ability to negotiate decisions regarding sexual intercourse and the use of condoms or contraceptives (Mensch and Lloyd, 1998; Schoepf, 1994; Youri, 1994).

It is important to acknowledge that in certain situations, the fear of male violence can influence decisions regarding contraceptive use, setting boundaries, and advocating for safe sex practices with male partners. The decision making process involves an intricate interplay of various factors, including individual, social, family, and peer influences. The sexual and reproductive decisions that young people make are influenced by a combination of elements, including sociocultural factors like living conditions and job opportunities for women. In contexts where young individuals, particularly women, have limited access to resources such as livestock, finances, or employment opportunities, their options may be limited to getting married and starting a family if they are unable to sustain themselves. Amidst economic hardship and limited social prospects, some individuals may view early marriage and childbearing as a way to acquire essential resources or as symbols of success in society or personal life (Geronimus, 1992; Zabin, 1994).

**2.7 Sexual Behaviors Of Youth**

Understanding the sexual behaviour of young women is crucial in reducing the risk of negative outcomes. Sexual activity among young unmarried women in Mali and Burkina Faso showed similar patterns, while the experiences reported by young Senegalese women differed significantly (see Figure 1). A significant number of young unmarried women in Mali and Burkina Faso have reported being sexually active, with rates ranging from 30 percent to 40 percent. By comparison, the percentage of unmarried young women in Senegal who reported having had sexual experiences is remarkably low, standing at just 4 percent. This places Senegal among the countries with the lowest levels of sexual activity in sub-Saharan Africa. Women in Mali had the lowest median age at first sexual intercourse, at 15.9 years. Burkina Faso followed closely with a median age of 17.5 years. On the other hand, Senegal had one of the highest median ages at first sexual intercourse among sub-Saharan countries, at 19.6 years.

It is commonly observed that sexual experience tends to increase as individuals grow older. In Burkina Faso and Mali, the percentage of women ages 20 to 24 who reported having had sex was higher compared to Senegal, where the levels of sexual activity among the same age group were significantly lower. Certain factors, such as education, place of residence, and wealth group, tend to be linked to increased levels of sexual activity. The percentage of women who reported sexual activity in Burkina Faso and Mali showed an upward trend with higher levels of education, urban residence, and family wealth. Nevertheless, in Senegal, as per the DHS, these three factors do not significantly impact sexual activity. As an illustration, it is worth noting that a mere 4 percent of unmarried Senegalese women aged 15 to 24, irrespective of their educational background, have reported engaging in any form of sexual activity. On the other hand, it is worth noting that young unmarried women with higher education levels in Burkina Faso had a significantly higher likelihood of ever having had sex compared to young unmarried women who never attended school (45 percent vs. 24 percent). In Burkina Faso, there was a noticeable disparity between the number of young women from the wealthiest group and the poorest group who reported ever having sex. The difference was significant, with twice as many young women from the wealthiest group reporting this experience (www.prb.org).

**2.8 Youth Contraceptive Use**

Contraceptive use is effective in reducing the number of unplanned pregnancies among sexually active youth. It is important for young people to have knowledge of different contraceptive methods before using them. The survey conducted in Senegal and Burkina Faso revealed that a significant number of young women, over 85 percent, were aware of at least one form of modern contraception. However, the knowledge of three or more modern methods was relatively lower, with 67 percent in Senegal and 66 percent in Burkina Faso. The level of knowledge in Senegal was comparatively lower, as only 76 percent of young women were aware of at least one method, and just 56 percent had knowledge of three or more methods. Despite the fact that young women have a good understanding of contraceptives, married women tend to use them less frequently compared to sexually active unmarried women. The usage of modern contraception among married young women in Burkina Faso is significantly lower, at only 8 percent.

In contrast, 56 percent of unmarried sexually active young women in the country utilise modern contraception. The prevalence among both groups of young women in Mali was comparatively different: 6 percent among married young women and 20 percent among unmarried young women. The usage of family planning methods among young married women in Senegal is relatively low, with only 6 percent reported. However, the survey did not estimate the prevalence rate for sexually active unmarried women due to their low numbers. The number of unmarried sexually active young women in all three countries was relatively low. As a result, even if their contraceptive use is higher, they still make up a small portion of young women. Contraceptive use among young married women is linked to living in urban areas across all three countries. There was a significant disparity observed in Burkina Faso, with 31 percent of young married women in urban areas using contraceptives, compared to only 4 percent in rural areas. Higher use of modern contraceptives among young married women was found to be associated with their level of education. Young married women with a secondary education in all three countries were significantly more inclined to use modern contraception compared to women with only a primary education. The difference in usage was quite substantial, with the former group being up to three times more likely to opt for modern contraception. Married young women in the highest wealth status quintile reported significantly higher levels of modern contraceptive use (14 percent to 28 percent) compared to the poorest group, where prevalence was only 1 percent to 2 percent(www.prb.org).

**2.9 Program Efforts To Serve Young Adults**

Efforts have been made in recent years in all three countries to assist young people with a better understanding of sexual and reproductive health and improve access to family planning services. Reaching out to young people can be quite challenging, given that a significant portion of the population resides in rural areas. Although, it is important to note that young people make up a significant portion of the population and may face adverse consequences if they lack access to information and services. In Burkina Faso, a National Adolescent Reproductive Health Programme was launched in 1995. Efforts have successfully raised awareness of HIV/AIDS, gender-based violence, and enhanced the quality of health care services. Additional initiatives have involved the establishment of youth centres that offer comprehensive family planning education, counselling, and peer education. Teachers have been trained on sex education and population issues by another programme. Many initiatives have been dedicated to increasing awareness among young people about the prevention of HIV/AIDS. Efforts in Mali have also been directed towards engaging young adults.

Training peer educators and young leaders in sexual and reproductive health has led to a rise in contraceptive usage among young adults in programme areas. The peer educator programme successfully trained 2,000 volunteers who were able to make a positive impact on the lives of over 630,000 young people between the ages of 10 and 24. Programmes in Senegal have been effective in addressing youth needs through a combination of policy initiatives and direct services. Advocates have successfully worked towards the integration of adolescent reproductive health into the Ministry of Health and the Ministries of Education, Sports, and Youth. The programmes have included curricula for peer educators, training for teachers, and the development of norms and guidelines in reproductive health for adolescents. Having a comprehensive understanding of youth sexual behaviours and contraceptive use is crucial for developing effective policies that aim to enhance reproductive health knowledge and behaviour among young women in countries like Burkina Faso, Mali, and Senegal. Enhancing knowledge can provide young women with the tools to take charge of their reproductive health and find the necessary resources for family planning in areas where they may be lacking. The enhancement of sexual health behaviour and knowledge among youth can result in a reduction in the transmission of STIs, including HIV infection, and a decrease in unplanned pregnancies. This will contribute to the well-being of future generations and their families (www.prb.org).

**CHAPTER THREE**

**RESEARCH METHODOLOGY**

**3.1. Research design**

This project work was built using a descriptive research survey design. The researcher chose this research design because of its advantages in identifying attributes of a large population from a group of individuals. The design was a good fit for the study, as it aimed to explore the relationship between sexuality and contraceptive use among adolescents.

Sources of data collection

Data were collected from two main sources namely:

(i)Primary source and

(ii)Secondary source

Primary source:

These are materials of statistical investigation which were collected by the research for a particular purpose. They can be obtained through a survey, observation questionnaire or as experiment; the researcher has adopted the questionnaire method for this study.

**Secondary source:**

These are data from textbook Journal handset etc. they arise as byproducts of the same other purposes. Example administration, various other unpublished works and write ups were also used.

**Population of the study**

Population of a study is a group of persons or aggregate items, things the researcher is interested in getting information sexuality and contraceptive use among adolescent. 200 students of selected secondary schools in Enugu south local government of Enugu state was selected randomly by the researcher as the population of the study.

**Sample and sampling procedure**

Sample is the set people or items which constitute part of a given population sampling. Due to large size of the target population, the researcher used the Taro Yamani formula to arrive at the sample population of the study.

n= N

1+N (e) 2

n= 200

1+200(0.05)2

= 200

1+200(0.0025)

= 200 200

1+0.5 = 1.5 = 133.

**3.5 Instrument for data collection**

The major research instrument used is the questionnaires. This was appropriately moderated. The secretaries were administered with the questionnaires to complete, with or without disclosing their identities. The questionnaire was designed to obtain sufficient and relevant information from the respondents. The primary data contained information extracted from the questionnaires in which the respondents were required to give specific answer to a question by ticking in front of an appropriate answer and administered the same on staff of the two organizations: The questionnaires contained structured questions which were divided into sections A and B.

**Validation of the research instrument**

The questionnaire used as the research instrument was subjected to face its validation. This research instrument (questionnaire) adopted was adequately checked and validated by the supervisor his contributions and corrections were included into the final draft of the research instrument used.

**Method of data analysis**

The data collected had a purpose beyond itself, serving as a valuable tool to achieve a desired outcome. The conclusion involves utilising the necessary data to comprehend different scenarios, in order to provide valuable suggestions and contributions. In order to achieve this goal, it is necessary to analyse the collected data in order to derive meaningful interpretations and obtain results. The research project adopted the following methods for the analysis of the collected data. The analysis of the collected data focused on the use of absolute numbers frequencies of responses and percentages to provide a comprehensive analysis.

The research questions were answered by comparing the percentage of workers' responses to each statement in the questionnaire that pertained to the specific question being examined. The study discusses the arrangement of responses in terms of frequency and percentage. The simple percentage method is considered to be a straightforward and easily understandable approach. The researcher opts for the simple percentage as the method to use.

The formula for percentage is shown as.

% = f/N x 100/1

Where f = frequency of respondents response

N = Total Number of response of the sample

100 = Consistency in the percentage of respondents for each item

Contained in questions

**CHAPTER FOUR**

**PRESENTATION ANALYSIS INTERPRETATION OF DATA**

**4.1 Introduction**

The data collected during the field survey will be presented, analysed, and interpreted in this stage. The focus of this presentation will be the responses gathered from the completed questionnaires. The outcome of this exercise will be presented in tabular formats for convenient reference and analysis. Additionally, it will provide answers to questions pertaining to the research questions of this study. The researcher used a straightforward percentage analysis.

**Data Analysis**

The data collected from the respondents were analyzed in tabular form with simple percentage for easy understanding. A total of 133(one hundred and thirty three) questionnaires were distributed and 133 questionnaires were returned.

**TABLE I**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender distribution of the respondents** | | | | | |
| Response | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Male | 77 | 57.9 | 57.9 | 57.9 |
| Female | 56 | 42.1 | 42.1 | 100.0 |
| Total | 133 | 100.0 | 100.0 |  |

From the above table it shows that 57.9% of the respondents were male while 42.1% of the respondents were female.

**TABLE II: The positions held by respondents**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **The positions held by respondents** | | | | | |
| Response | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Sss 3 students | 37 | 27.8 | 27.8 | 27.8 |
| Sss 2 students | 50 | 37.6 | 37.6 | 65.4 |
| Sss1 students | 23 | 17.3 | 17.3 | 82.7 |
| Jss 3 | 23 | 17.3 | 17.3 | 100.0 |
| Total | 133 | 100.0 | 100.0 |  |

The above tables shown that 37 respondents which represents27.8% of the respondents are Sss 3 students 50 respondents which represents 37.6 % are sss 2 students 23 respondents which represents 17.3% of the respondents are sss 1 students, while 23 respondents which represent 17.3% of the respondents are jss 3 students

**TEST OF HYPOTHESES**

There is no relationship between age at first sexual intercourse and contraceptive use among adolescents

Table III

|  |  |  |  |
| --- | --- | --- | --- |
| there is no relationship between age at first sexual intercourse and contraceptive use among adolescents. | | | |
| Response | Observed N | Expected N | Residual |
| Agreed | 40 | 33.3 | 6.8 |
| strongly agreed | 50 | 33.3 | 16.8 |
| Disagreed | 26 | 33.3 | -7.3 |
| strongly disagreed | 17 | 33.3 | -16.3 |
| Total | 133 |  |  |

|  |  |
| --- | --- |
| Test Statistics | |
|  | there is no relationship between age at first sexual intercourse and contraceptive use among adolescents |
| Chi-Square | 19.331a |
| Df | 3 |
| Asymp. Sig. | .000 |
| a. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 33.3. | |

**Decision rule:**

There researcher therefore reject the null hypothesis that there is no relationship between age at first sexual intercourse and contraceptive use among adolescents as the calculated value of 19.331 is greater than the critical value of 7.82 Therefore the alternate hypothesis is accepted that there is relationship between age at first sexual intercourse and contraceptive use among adolescents.

**Test Of Hypothesis Two**

There is no relationship between the type of sexual partners and contraceptive use among adolescents

|  |  |  |  |
| --- | --- | --- | --- |
| there is no relationship between the type of sexual partners and contraceptive use among adolescents | | | |
| Response | Observed N | Expected N | Residual |
| Yes | 73 | 44.3 | 28.7 |
| No | 33 | 44.3 | -11.3 |
| Undecided | 27 | 44.3 | -17.3 |
| Total | 133 |  |  |

|  |  |
| --- | --- |
| Test Statistics | |
|  | there is no relationship between the type of sexual partners and contraceptive use among adolescents |
| Chi-Square | 28.211a |
| Df | 2 |
| Asymp. Sig. | .000 |
| a. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 44.3. | |

**Decision rule:** There researcher therefore reject the null hypothesis that state there is no relationship between the type of sexual partners and contraceptive use among adolescents as the calculated value of 28.211 is greater than the critical value of 5.99. Therefore the alternate hypothesis is accepted that state there is relationship between the type of sexual partners and contraceptive use among adolescents

**CHAPTER FIVE**

**SUMMARY, CONCLUSION AND RECOMMENDATION**

**5.1 Introduction**

The main objective of this study was to investigate the relationship between sexuality and contraceptive use among adolescents. The preceding chapter presented the relevant data collected for this study, providing a critical analysis and appropriate interpretation. This chapter presents recommendations that the researcher believes will be beneficial in addressing the challenges of sexuality and contraceptive use among adolescents.

**Summary**

This study focused on the topic of sexuality and contraceptive use among adolescents. Four objectives were identified: To investigate the correlation between age at first sexual intercourse and contraceptive use among adolescents, to examine the link between the frequency of sexual intercourse and contraceptive use among female adolescents, to explore the relationship between the type of sexual partners and contraceptive use among female adolescents, and to determine the prevalence of sexual activity among adolescents in Nigeria. As part of our objectives, we formulated two research hypotheses and posited two null hypotheses. The study includes a total of 200 students from a selected secondary school in Enugu south local government of Enugu state. The researcher employed questionnaires as the tool for gathering data. A Descriptive Survey research design was chosen for this study. A total of 133 participants, including students from different grade levels, were used for the study. The data collected were organised into tables and analysed using basic percentages and frequencies.

**5.3 Conclusion**

In Nigeria, family planning services can be found in numerous hospitals, clinics, and dispensaries. However, these services are exclusively accessible to individuals who have reached adulthood and married women. Adolescents who are sexually active face challenges when it comes to accessing family planning services. The limited availability of resources contributes to their insufficient utilisation of family planning methods. While there has been significant criticism surrounding contraceptive use among adolescents, it is crucial for government officials, NGO's, community leaders, church leaders, and parents to come together and offer alternative solutions to address the concerning issues of high pregnancy rates and school drop-outs among adolescents. Health and family planning service providers should strive to better understand and meet the unique needs of adolescents. It is important to inform individuals about the importance of offering assistance to teenagers in their endeavours to mitigate the negative consequences of engaging in early and unprotected sexual activities.

**5.4 Recommendation**

Here are some policy recommendations that should be considered:   
• Establish a secure and nurturing environment for girls between the ages of 10 and 19, acknowledging that this phase of their lives is crucial for developing important skills and also comes with increased vulnerability, extending beyond marriage and childbearing.   
• Recognise the impact of harmful gender norms on the lives of adolescent girls, which are often influenced by males, parents, elders, and sometimes even by the girls themselves.   
• Promote the expansion of girls' social participation, schooling, and economic opportunities, recognising these as fundamental rights that shape their reproductive behaviour.

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**QUESTIONNAIRE**

**INSTRUCTION**

Please tick or fill in where necessary as the case may be.

Section A

Gender of respondent

A male { }

B female { }

Age distribution of respondents

15-20 { }

21-30 { }

31-40 { }

41-50 { }

51 and above { }

Marital status of respondents?

married [ ]

single [ ]

divorce [ ]

Educational qualification off respondents

SSCE/OND { }

HND/BSC { }

PGD/MSC { }

PHD { }

Others……………………………….

How long have you been in Secondary school?

0-2 years { }

3-5 years { }

6-11 years { }

11 years and above……….

Position held by the respondent in secondary school

SSS 3 student { }

SSS 2 student { }

SSS 1 student { }

JSS 3 student { }

How long have you been in secondary school

0-2 years { }

3-5 years { }

6-11 years { }

11 years and above……….

SECTION B

There is nothing like contraceptive?

Agrees { }

Strongly agreed { }

Disagreed { }

Strongly disagreed { }

There is no sexual and contraceptive use among adolescent?

(a) Agrees { }

(b) Strongly agreed { }

(c) Disagreed { }

(d) Strongly disagreed { }

Student do not use contraceptive

Agreed { }

Strongly agreed { }

Disagreed { }

Strongly disagreed { }

 Student only involve in sexual intercourse

Agreed { }

Strongly agreed { }

Disagreed { }

Strongly disagreed { }

There is nothing like unwanted pregnancy among youth

Agreed { }

Strongly agreed { }

Disagreed { }

Strongly disagreed { }

Adolescent do not protect themselves against STDs during sexual intercourse

Agreed { }

Strongly agreed { }

Disagreed { }

Strongly disagreed { }

There is nothing like STDs

Agreed { }

Strongly agreed { }

Disagreed { }

Strongly disagreed { }

Not only adolescent use contraceptive?

Agreed { }

Strongly agreed { }

Disagreed { }

Strongly disagreed { }

There is unwanted pregnancy among adolescent

Agreed { }

Strongly agreed { }

Disagreed { }

Strongly disagreed { }