

# **Adolescents' expectations of stakeholders role in their sexuality and reproductive health in Nigeria**

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## **Abstract**

The myriad of adolescent sexual and reproductive health problems in Nigeria -sexually transmitted infections, including HIV; unwanted pregnancy, illegal (and unsafe) abortion stem largely from early entry into sexual activity. These issues, especially the role of parents, communities and governments, and measures to improve adolescents' life and well-being were investigated in a study in three states (Abia, Ogun and Rivers) in the country in 2003. The research instruments used consisted of questionnaire for in- and out-of school adolescents, focus group discussion, rapid participatory assessment, and in-depth interviews with stakeholders. The adolescents suggested that parents should be their first source of sexuality information; that communities should continue to educate adolescents and adopt culturally-acceptable approaches for reaching them in order to curtail unacceptable adolescent social and reproductive behaviour; and that government improve educational, employment and recreational opportunities to prevent them from diverting their attention to drugs, and premature sexual relationships.

## **Introduction**

This paper is based on the findings of a survey of adolescent's sexuality and reproductive health in Nigeria: behavioural patterns and needs. The study was designed to investigate the reproductive and sexual health needs of adolescents and to inform policy makers on appropriate, youth-friendly programmes that will help to improve their sexual and reproductive health.

Promoting sexual and reproductive health of adolescents requires, in particular, the involvement of parents, community and governments at all levels. Many parents shy away from talking to their children and wards about sex and sexuality, which they still regard as taboo topics. Yet, in practice parents, faith-based organizations and communities have great influence on many important adolescent sexual issues. In many Nigerian societies, parents and even communities play useful roles regarding decisions on when young people marry, when to have children as well as sexual lives of adolescents. It is for these reasons that the study solicited opinions on expectations of adolescents from their parents, community and governments

**Methodology:** Three states namely Abia, Ogun and Rivers representing three geopolitical zones in the Nigeria were selected for the survey. The instruments used included structured questionnaire, focus group discussions (FGDs) and in-depth interviews with stakeholders.

The study covered both in- and out-of-school adolescents in the selected three states. The in-school and out-of-school surveys covered 700 and 354 adolescents, respectively: a total of 1,054 per State. This gave a total of 3162 for the three States. Eight focus group discussions were conducted among the adolescents per State - four in the capital city, two in medium towns and one each in the selected villages. Each session lasted between one and two hours, depending on the retention span of the 8 and 10 adolescents that participated in each FGD.

Sixteen in-depth interviews of stakeholders per State were conducted - 8 in the capital city, 6 in medium town and 2 in the villages. The interviewees include, per State, 6 parents, 2 service providers (Midwives/Nurses), 3 community leaders (Yoruba/Hausa/Igbo), 2 religious leaders (Christian/Muslim), 2 from NGO, and one policy official (Supervisory Councillor for Health). All the in-depth interviews with stakeholders, focus group discussions and the rapid participatory assessment with adolescents were taped.

The survey was carried out by the Human Resources Development Centre, Lagos, Nigeria in 2003. The information contained in this paper has been extracted from the larger data sets. Detailed presentation of the research instruments is available in Adepoju, Ogunjuyigbe and Adepoju, (2005)

**Characteristics of respondents:** As indicated in Table 1, the majority (72 per cent) of the adolescents interviewed in the three states are aged 15 and above. With the exception of Abia where majority of the adolescents interviewed were of rural origin, most of the other adolescents from Ogun resided in the urban – a reflection also of the geographical distribution and rural-urban composition of the population of the respective states. With the exception of Ogun state, the majority of the adolescents, both males and females, in the two other states – Abia and Rivers – were predominantly Christians. Generally the number of adolescents who are traditional worshippers across the three states is small, at less than 2 percent. Nearly all the adolescents across all the three states (97 per cent) were single at the time of the survey. This tend to suggest that maybe that the Nigerian minimum age for marriage for girls (18) and boys (25) is adhered to in the three states under study.

**Table 1: Socio-demographic characteristics of adolescents in Abia, Ogun and Rivers States classified by gender.**

Characteristics	All	Ogun		Abia		Rivers	
		Male	Female	Male	Female	Male	Female
<b>Age</b>							
Under 15	27.9	24.8	26.1	29.6	33.6	26.0	28.2
15 and over	72.1	75.2	73.9	70.4	66.4	74.0	71.8
<b>Place of residence</b>							
Urban	53.2(1689)	78.3	77.8	-	19.2	72.1	73.1
Rural	46.8(1483)	21.2	22.2	100	80.8	27.9	26.9
<b>Educational level</b>							
None	3.1(67)	0.7	0.2	4.7	1.4	1.3	1.5
Primary	15.7(499)	24.8	17.1	13.2	8.7	18.7	10.8
Secondary	82.2(2606)	74.5	82.7	82.1	88.9	79.0	87.7
<b>Religion</b>							
Christianity	83.3(2641)	55.2	58.0	95.6	97.4	96.5	97.6

Islam	15.0(477)	44.1	41.5	2.2	0.4	0.4	0.7
Traditional	1.7(54)	0.7	0.4	2.2	2.2	3.1	1.7
<b>Marital status</b>							
Single	96.8(3070)	98.3	97.6	97.8	96.5	94.0	96.3
Married	3.2(102)	1.7	2.4	2.2	3.5	6.0	3.7
<b>Age</b>							
Under 15	27.9(886)	32.5	11.4	43.2	7.4	34.9	11.8
15 and over	72.1(2286)	67.5	88.6	56.8	92.6	65.1	88.2
<b>Gender</b>							
Male	53.1(1683)	50.0	61.3	53.4	62.3	48.1	51.0
Female	46.9(1489)	50.0	38.7	46.6	37.7	51.9	49.0
<b>Place of residence</b>							
Urban	53.2(1689)	75.0	85.0	12.6	-	75.5	66.8
Rural	46.8(1483)	25.0	15.0	87.4	100	24.5	33.2
<b>Educational level</b>							
Primary or less	17.8(566)	-	64.3	0.4	34.0	1.6	47.0
Secondary	82.2(2606)	100	35.7	99.6	56.0	98.4	53.0
<b>Religion</b>							
Christianity	83.3(2641)	64.0	41.8	97.8	93.5	98.9	93.5
Islam	15.0(477)	35.1	58.2	0.6	3.1	-	1.7
Traditional	1.7(54)	0.9	-	1.6	3.4	1.1	4.8

With respect to the in- and out-of-school distribution of the adolescents, a similar characteristics emerge, in general, with respect to age, sex and place of residence.

To sum up, adolescents interviewed in Abia, Ogun and Rivers States are young, single, with more males than females. Out of school adolescents are slightly older than in-school adolescents, with more males than females; much fewer has secondary school education.

### **Discussion**

The suggestions made by the adolescents from Abia, Ogun and Rivers states on the specific things their parents should do to improve their reproductive health are similar and relate to the need to educate/counsel/advise them, not to force them to marry, impart sexuality knowledge, moral training on for instance how girls can dress decently, live exemplary life and encourage the girls to preserve their virginity until they are married. The first contact children have is with their parents especially the mother, hence most of the knowledge the child gets especially those that concerns her sexuality and reproductive health should come from parents. Unfortunately, this is not so as discussing sexuality in the open or with the children is regarded as a taboo. Our culture does not permit that. Sometimes too, it is not discussed due to ignorance or shyness on the part of the parents

Parents believe that the children are still too young to be taught sexuality education and consequently children turn to their friends/peers for the information which unfortunately are incorrect. The adolescents interviewed expressed confidence that if their parents educate and advice them early enough that it will help to improve their reproductive health.

It is important to add here that some of the stakeholders interviewed also shared the same opinion with the adolescents with regard to parents' nature of job not allowing them to

give enough care to their children and the poor economic situation of the country.. This is worrisome and therefore calls for an urgent solution by both the parents and the society.

Suggestions made by the adolescents in all the three states studied with respect to the expectations of adolescents from the communities are also the same. They include communities to advice them to abstain from sex, organise seminar for them, make contraceptives available, train more health workers and carrying out enlightenment campaign for them.

In the past communities have laws, values and cultures that help them to guard their members against bad behaviours. Parents who were interviewed also believed strongly that there are still rich cultures which their communities use to checkmate young people which if they (adolescents) adhered to will not get involved in some of the reproductive health problems they get into today. Communities should therefore go back to those norms and values that impact positively on sexuality and reproductive health of young people. Although provision of contraceptives was among the specific things adolescents would want their communities to do for them to improve heir reproductive health, it was only very few of them suggested that, as the majority of them did not accept that because of their faith both the Christians and the Muslims who were interviewed. They also did not support the call for the legislation of abortion in the country. Adolescents in all the three states maintained that contraceptives should be for married couple and that legislation of abortion encourage adolescents to engage in premarital sex. Adolescents felt that it is dangerous as it could result to the damage to their womb or death of the adolescents. In addition their religion forbids such act. They also suggested organising seminar during holidays and enlightenment campaign for them.

Suggestions made by the adolescents on what the government should do to improve their reproductive health include public enlightenment, educate people through mass media, teach sex education in schools, enhance health facilities, involve adolescents in the planning of their programmes and build youth centres for them. Adolescents felt that if the government carry out public enlightenment campaign in both rural and urban schools that it will help to improve their sexuality and reproductive health. One of the adolescents from Ogun during FGD said *“Government should promote sexuality education through media, seminars and workshops for adolescents at different locality.”*

Teaching of sex education in the school was also suggested by few of the adolescents and the stakeholders. Family Life Education has recently been included in the secondary school curriculum. It has been implemented in secondary schools in some states in the country. Government should therefore ensure that FLE is implemented in all the secondary schools in the country. This should be properly monitored. Furthermore adolescents should be involved starting from the planning to the implementation of their program. For the out of school adolescents government should think of how to involve parents in the FLE so that those who are not in the formal institution will not be totally left out.

Overwhelming number of adolescents (85.8%) across the three states selected in the country felt that if their parents give them sexuality and reproductive health education early enough, that will help to improve their sexuality and reproductive health. Furthermore, very few of the adolescents (9.3%) suggested introduction of sex education in schools. Recently, the government has included family life education in the secondary

school curriculum. This has been implemented in some of the states in the country. This has implication for public health policy. Many of the adolescents do not welcome the idea that the government should continue to implement FLE in school. On the question on whether the government should work out another effective way that will involve parents in the teaching of sex education at home, majority of the adolescents (85.8%) felt strongly that if their parents educate them early before they get to puberty it will help to improve their reproductive health.

**Role of Parents:** The majority of adolescents, irrespective of their socio-economic and demographic status, stated that parents should regularly educate or advise their wards (Table 2). There is the general consensus among the adolescents that constant education and advice which are provided by parents are vital to their sexuality and reproductive health. The concern was expressed more emphatically by adolescents with primary or lower levels of education. Those out-of-school as well as those residing in the rural areas believe that provision of adequate care by parents can help boost their sexuality and reproductive health status.

Parents must be involved in the education of adolescents on RH issues because the home is the first school and parents are the first contact with their children. Adolescents should know about what they can or should not do, and especially the consequences of their sexual behaviour. In general, adolescents believe that parents, especially their mothers must ensure that they do not get into trouble until they are mature and get married.

This critical role of parents is compromised by cultural taboos which make it difficult to discuss sexual matters. Parents are in the best position to influence the lives of their children right from infancy. Adolescents want parents to be there for them, to give them quality time to discuss the challenges of their sexual and reproductive health as they grow.

In reality, however, these parents are themselves not knowledgeable enough about these issues and may not themselves appreciate the value of educating their adolescent children on sexual and reproductive health issues. Parents are also very shy to discuss sexual matters with children because they have been taught that culture forbids children from being prematurely exposed to sexual matters. Society is not static and parents must overcome the cultural barriers hindering effective discussion of sexuality matters with adolescents.

The main barrier is the culture because sexual issues are taboo but young people need advice and information. Programmes to enlighten the communities, parents and adolescents should be continuous to ensure that all of them understand the current needs of young people and can deal with them. Adults need to interact more intimately with adolescents and spend quality time to listen to their views and concerns and answer their questions convincingly. They need reassurance and to communicate with each other in an interactive two-way process.

A major barrier to communication between parents and children is illiteracy. Parents are often not well equipped to be involved in the activities of their adolescent children. Most parents have not changed their traditional ways of viewing life and cannot understand that adolescents of today are very different from those of their own generation.

***The formal educational institutions:*** The school has an important role to play since it is there that adolescents pick up most information on sexual matters, eventually form habits and struggle with the influence of peer groups. Reproductive health counselling in schools can do a lot to improve the lives of adolescents. The role of sexuality and family life education was reinforced during FGDs. Many schools are already offering components of the curricula. The main constraints remain limited resources – trained teachers, text books, finance and continuity in policy implementation. Many adolescents that benefited from such lessons would want it to continue and be made compulsory to all pupils in secondary schools. The re-introduction of moral education was also welcome by a large spectrum of adolescents who are, as their parents, mainly adherents of Christian and Islamic religion

**Role of the Community:** Adolescents expressed the regret that they are not deriving enough care and concern from the community because of the rigid traditional norms on sexuality issues, especially for adolescents. During FGDs, adolescents suggest that communities should embark on enlightenment campaign as well as organize seminars on reproductive health for them and their parents. Irrespective of in-school/out-of-school status of adolescents, place of residence and age groups, they expressed the view that such campaigns could help in changing their perceptions about their sexuality and reproductive health.

Communities should continue to educate, highlight and reinforce those aspects of the culture that would ensure that adolescents live responsible and healthy sexual life. Communities may introduce sanctions against adolescent deviant behaviour by imposing fines on erring adolescents.

**Role of the Government:** Adolescents indicated that government should embark on concerted public enlightenment programmes to improve their sexual and reproductive health status, and provide adolescent friendly health facilities and centres focussing on adolescents.

They want governments at all levels to improve educational, employment and recreational opportunities for adolescents to prevent them from diverting their attention to drugs, alcohol and premature sexual relationships. They want to be productively occupied to ensure that their energies are not diverted to anti-social behaviour. Adolescents want governments to establish special youth centres, easily accessible in urban and rural areas and well equipped with competent staff and literature where they can be informed, educated and counselled on sexual and reproductive health

Generally, majority of both in and out of school adolescents irrespective of their gender suggested that giving them education/advice will help to improve their reproductive health. Majority of both male and female adolescents, irrespective of their place of residence, felt that parents should educate and advise them as this will help to improve their reproductive health. This was followed by adequate care for adolescents felt that giving them adequate care by their parents will help to improve their sexuality and reproductive health. Few of the adolescents both those residing in the urban and rural suggested that parents should not force them to marry as they believe that this will help to improve their reproductive health. Moral training and imparting sexuality knowledge early enough on the adolescents were also suggested as things that will help to improve their reproductive health. Generally, there are no significant differences between the suggestions made by males and females and by place of residence.

**Are there gender differences in the responses to the role of parents, communities and the government?** Majority of both male and female adolescents, irrespective of their ages suggested that parents should educate /advise them as this will help to improve their reproductive health. There is no significant difference on the suggestions between the under 15 and 15 and over among both male and female adolescents. This indicates that adolescents under 15 years who are normally in the junior class understand the importance of education and advice from parents on sexuality and reproductive health education. Other suggestions made include no forced marriage, adequate care for them, moral training and impartation of sexuality knowledge.

Majority of both in and out of school adolescents suggested that organising seminars by their communities will help to improve their reproductive health. Although there is no significant difference, it is interesting to note that more out of school of both the males and the females suggested that communities should organise seminars for them as they believe that this will help to improve their reproductive health. This was followed by enlightenment campaign. Other suggestions made included advice to abstain from sex and train more health workers. Generally, very few suggested making contraceptives available to them. This could be due to the fact that many religions especially the roman Catholics disapproves of using any contraceptives by all their members including the adolescents.

With respect to specific things communities should do to improve their reproductive health by place of residence, many suggested that the communities should organise seminars for them as they believed that it will help to improve their reproductive health. This was followed by the provision of enlightenment campaign, abstinence from sex, training more health workers and other things. The least suggested specific things by the adolescents irrespective of their place of residences were making contraceptives available for them.

Majority of the out of school adolescents, male and female alike suggested that government should mount public enlightenment campaign as this will help to improve their reproductive health. This was followed by the building of youth centres, enhancing health facilities and educating them through mass media. Few of them suggested introduction of sex education in school. This again has implication for public health policy with respect to the introduction of FLE in schools. Should the government work out effective ways to involve parents in the teaching of sex education at home since majority of the adolescents expressed strongly that if their parents educate them early before they get to puberty it will help to improve their reproductive health.

**Table 2: Adolescents' suggestions on specific things parents, communities and government should do to improve their reproductive health classified by education, gender, urban and rural residence**

	Education				In-school/out-of-school				Place of residence			
	Male		Female		Male		Female		Male		Female	
<b>Suggestions</b>	Primary or below	Secondary	Primary or below	Secondary	In-school	Out-of-school	In-school	Out-of-school	Urban	Rural	Urban	Rural
<b>Parents</b>												
Educate/advise adolescents	81.0	87.3	85.7	85.2	85.2	86.7	84.6	86.6	88.3	83.7	87.8	82.2
No forced marriage	2.1	2.0	2.3	2.3	2.3	1.7	1.8	3.3	1.7	2.3	2.0	2.8
Adequate care of adolescents	15.3	6.7	11.3	8.0	7.7	10.0	8.5	8.5	8.7	8.8	7.7	9.5
Moral training	1.2	2.3	-	1.4	3.0	0.9	1.7	0.3	1.3	2.7	0.8	1.8
Impart sexuality knowledge	0.4	0.3	-	1.0	0.2	0.4	1.2	0.3	-	0.5	1.4	0.3
Other things	-	1.4	0.8	1.9	1.7	0.2	2.2	1.0	-	2.0	0.4	3.5

**Community**

Advise adolescents to abstain from sex	10.1	9.9	8.0	10.3	11.3	8.1	11.4	7.0	6.9	12.4	9.0	11.1
Organize seminars	36.2	44.9	31.3	44.2	41.8	44.4	40.4	45.9	45.1	41.2	39.8	45.4
Make contraceptives available	1.6	1.9	2.7	1.1	1.9	1.7	0.8	2.5	1.9	1.8	1.7	1.0
Train more health workers	3.7	5.9	3.6	3.8	5.5	5.2	4.1	2.9	4.1	6.4	3.4	4.1
Enlightenment campaign	39.9	27.9	47.3	31.2	31.3	29.7	34.2	32.6	40.7	22.6	41.0	24.1
Other things	8.5	9.6	7.1	9.5	8.1	11.0	9.1	9.1	1.4	15.7	5.1	14.3
<b>Government</b>												
Public enlightenment	42.5	49.1	40.2	45.7	45.7	50.6	42.6	50.2	56.5	41.2	48.1	41.1
Educate people through mass media	13.3	7.8	22.5	10.9	8.5	9.7	11.8	14.1	10.2	8.0	16.9	7.3
Sex education in school	1.7	10.2	6.9	10.8	10.9	4.8	10.5	9.7	13.9	4.3	14.6	4.8
Enhance health facilities	9.9	14.6	14.7	13.6	14.1	12.8	14.6	11.9	10.0	16.3	11.4	16.6
Involve adolescents	-	0.8	1.0	0.2	0.8	0.3	0.2	0.4	0.3	0.8	0.5	-
Youth centres	23.8	11.1	11.8	11.6	13.5	14.2	13.6	7.0	7.2	18.7	5.7	18.7
Other things	8.8	6.5	2.9	7.3	6.5	7.7	6.7	6.6	1.9	10.7	2.7	11.5

**An integrative discussion of findings**

The study has demonstrated that so much is expected of the parents, communities and government by the adolescents with respect to their sexuality and reproductive health needs.

**Expectations from parents.** The suggestions made by the adolescents from Abia, Ogun and Rivers states on the specific things their parents should do to improve their reproductive health are to educate/counsel/advise them, provide adequate care for them, not to force them to marry, moral training, impart sexuality knowledge, and others which include (offer regular prayers for them, teach them particularly the girls how to dress decently, live exemplary life and encourage the girls to preserve their virginity until they are married).

The first contact children have is with their parents especially the mother. It is expected that most of the knowledge the child gets especially those that concerns her sexuality and reproductive health should come from parents. Unfortunately, this is not so. Discussing sexuality in the open or with the children is regarded as a cultural taboo. Sometimes too, it is not discussed due to ignorance or shyness on the part of the parents as expressed by one of the adolescents and some stakeholders. Parents believe that the children are still too young to be taught sexuality education and consequently children turn to their friends/peers for the information which unfortunately are incorrect. Adolescents reported also that they do not derive enough care from their parents partly because of the nature of their job or bad attitude of the parents towards their children.

It is important to add here that some of the stakeholders interviewed also shared the same opinion with the adolescents with regard to parents' nature of job not allowing them to give enough care to their children due to the poor economic situation of the country. This is worrisome and therefore calls for an urgent and serious action by both the parents and the society.

**Expectations from communities:** Suggestions made by the adolescents in all the three states studied with respect to the expectations of adolescents from the communities include advice for them to abstain from sex, organise seminar for them, make contraceptives available, training more health workers and carrying out enlightenment campaign for them.

In the past communities have laws, values and cultures that help them to guard their members against bad behaviours. These should be revamped to help improve the sexuality and reproductive health of young people. Adolescents in all the three states maintained that contraceptives should be for married couple and that legalisation of abortion will sort of be like giving the adolescents license to continue to engage in premarital sex. Adolescents felt that it is dangerous as it could result to the damage of womb or death of female adolescents. In addition some of the adolescents expressed strongly that religious institutions should lay more emphasis on chastity and seriously the act of abortion.

***Expectations from the government:*** Suggestions made by the adolescents on what the government should do to improve their reproductive health include public enlightenment, educate people through mass media, teach sex education in schools, enhance health facilities, involve adolescents in the planning of their programmes and build youth centres for them.

Adolescents felt that if the government carry out public enlightenment campaign in both rural and urban schools, it will help to improve their sexuality and reproductive health. Teaching of sex education in the school was also suggested by some adolescents and the stakeholders. Government should make sure that the recently introduced Family Life Education is well implemented and extended to all the secondary schools in the country, and be properly monitored. Furthermore adolescents should be involved in the planning and implementation of programmes that are meant for them. For the out of school adolescents government should empower specialists in sexuality and reproductive health to design programmes that could be used to deliver FLE messages to the out-of-school adolescents.

***Implications for public health policy with respect to the reproductive health of adolescents***

A range of suggestions made by the adolescents on the specific roles their parents, communities and the government towards them in order to improve their reproductive health have been discussed. The varied responses from the adolescents have serious implications for the public health policy. For example, overwhelming proportion of the adolescents (86%) across the three states selected in the country felt that if their parents give them sexuality and reproductive health education early enough that it will help to improve their sexuality and reproductive health. With the introduction of family life education in the school, how can government effectively involve parents in the teaching of sex education at home since majority of the adolescents felt strongly that if their parents educate them early before they get to puberty it will help to improve their reproductive health.

With respect to community involvement in enlightenment programmes, and organising seminar for students especially during holidays, very few adolescents (2 per cent) suggested the introduction of contraceptives as a means of improving their reproductive health. None supported the call for the legalisation of abortion in the country. Adolescent's health policies in terms of sexuality and reproductive health should, therefore, focus on programmes that will create awareness and increase their reproductive health knowledge. This also has implication for the adolescents programmes being implemented by some donor agencies in the country. For instance, the programme of the Society for Family Health for the Nigerian adolescents which gives the adolescents the

diluted message of play "Safe sex or safer sex". In some cases they distribute condoms free of charge to young people in secondary schools, often conflicting with the "Zip Up" programme. Government should therefore reconcile the interest of adolescents with those of such donor agencies.

Some adolescents felt that they were not being adequately cared for by their parents, blaming this situation on the nature of their parent's jobs which do not offer them time to take care of their children. The government should therefore explore policy that will offer flexible working hours for parents (women in particular) to improve the qualitative time they spend with their adolescents.

The survey shows that there was an insignificant difference between the responses from the adolescents in the three states selected for the study. This suggests that adolescents irrespective of their cultural, religious, parental upbringing and educational background have the same sexuality and reproductive health needs.

### **Conclusion**

Majority of both in- and out of school adolescents irrespective of their gender suggested that parents should be the main source of information on their sexuality and reproductive health, that their parents should be their confidants and spend quality time with them as they go through the experiences of adolescence. They insisted that their parents should not force them to marry; rather they want parents to inculcate moral training and impart unbiased knowledge about their sexuality as a means of helping to improve their reproductive health. Generally, there are no significant differences between the suggestions made by males and females and by place of residence.

Most adolescents want communities to organise seminars on reproductive health issues believing that it will help to improve their reproductive health practices. They also suggested enlightenment campaign and advice on how to abstain from sex, and the training of health workers targeted to adolescents' needs. Generally, very few of both the male and female in-school and out-of school suggested making contraceptives available to them. This could be due to shyness or religious inclinations that disapprove of the use of contraceptives by all their members including the adolescents.

Many out-of-school adolescents, both male and female suggested that government should build youth centres, enhance health facilities and educate them through mass media. They advocated further that, the government should work out effective ways to inform parents about emerging reproductive health issues, especially those that concern the youth and educate them early on how to discuss such issues with their children at home.

Finally, this paper shows that adolescents expect a lot of support from parents, community and the government with respect to their sexuality and reproductive health needs. The solution to the sexuality and reproductive health of the adolescent's problems ultimately lies in a synthesis of the religious, cultural and familial dispositions of our people to engineer behaviour changes as suggested by the adolescents. There was marginal difference between the responses from the adolescents in the three states surveyed suggesting that adolescents have peculiar needs and these needs must be addressed to improve their sexuality and reproductive health. Public health policy with respect to the adolescent's sexuality and reproductive health should therefore be designed based on these needs of the adolescents or they should be congruent with what

adolescents want. For any policy to be effective it must be based on the “bottom up” approach and not “top bottom” as obtained in most of the adolescents’ programmes being implemented in the country.