Research Paper

PERCEPTION OF ADOLESCENT GIRLS IN ANAMBRA STATE ON THE TEACHING OF REPRODUCTIVE HEALTH EDUCATION IN SECONDARY SCHOOLS

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ABSTRACT   This study examined perception of mid-aged adolescent girls in Anambra state on the teaching of reproductive health education in secondary schools. The study is guided by three ree research questions and three hypotheses. This study adopted descriptive research design. The population of this study comprised all public secondary school female students in Anambra State. The State has a total of 261 public secondary schools in all the 21 Local Government Areas. Simple random sampling technique was used to select 420 students. A 25-item questionnaire was used as instrument for data collection. The analysis of the research instrument yielded a reliability coefficient value of 0.77. Data collected were analyzed using mean score for clear presentation and comparison of various variables in each research question. T-test was used to test the hypotheses formulated for the study at 0.05 significant level. The results of the study revealed that there is a variation in the perceptions of the adolescent girls where the perceptions of the mid-aged adolescents differ from the late-aged adolescents and the senior adolescent girls' perception of senior academic level differs significantly with junior academic level students. On the other hand, there is no significant difference in the perception of those in the rural areas from the urban areas. Some mid-aged adolescents believed more that reproductive health education reduces one or more sexual behaviours that lead to unintended pregnancy, and teaching of reproductive health education is the use of condom only, and how to prevent unwanted abortion. The study recommended that government should ensure that reproductive health education should be separated from biology curriculum and ensure it is a subject of its own to help all the students in secondary schools both in junior and senior academic level to have better understanding of the subject.

KEYWORDS :Education;Anambra;schools;teaching

INTRODUCTION

Education is one of the most valuable assets that adolescents require for personal growth and development. This is extremely important for educating adolescent girls in their mid-aged about reproductive health. It minimizes misinformation of adolescent reproductive health by providing accurate and salient reproductive health information that promotes values, reinforces good attitudes, and strengthens decision-making. However, the approach of adolescent girls in their mid-aged toward the teaching of reproductive health education in Nigerian secondary schools, particularly in Anambra State, seems to be new, wild, and odd. This could be because of how it is packaged in the biology curriculum, as well as how society sees the inclusion of reproductive health education in secondary schools curriculum.

Secondary schools are the key institutions best positioned to reach the most of adolescent girls while also having an impact on the society. According to the World Health Organization (WHO, 2015), four out of every five children in the world aged 10 to 15 are enrolled in secondary school. Most developing countries now make it compulsory to attend secondary school. In this regard, the introduction and teaching of reproductive health education is critical to securing these adolescents' future as future mothers and contributors of the nation's workforce. Moreover, the education emphasizes the importance of adolescents, particularly those in their mid-aged, becoming aware of important information on reproductive health.

The word reproductive health is frequently linked to a single aspect of women's lives: motherhood. Uzohuo (2018) defined reproductive health as a condition of whole physical, mental, and social well-being, rather than simply the absence of disease or infirmity in all areas relevant to the reproductive system and its functions and processes. Reproductive health, then, denotes the ability to have a pleasant and safe sex life, as well as the ability to reproduce safely and the freedom to choose if, when, and how frequently to do so. This demonstrates the significance of reproductive health education for adolescents in secondary schools for their general well-being and development.

According to Egbochukwu and Ekanem (2011), reproductive health education is a process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. Onyeka, MieHola, Ilika, & Vaskilampi (2011) defined reproductive

health education as an age-appropriate, culturally relevant approach to teaching about sex and relationships, by providing scientifically accurate, realistic, nonjudgmental information.

WHO (2013) stated that the five core components of reproductive health education are: improvement of antenatal, prenatal, postpartum, and newborn care;

provision of high quality services for family planning, including infertility services; elimination of unsafe abortions; prevention and treatment of sexually transmitted infections, including HIV, reproductive tract infections, cervical cancer, and other gynecological morbidities; and promotion of healthy sexuality. In addition, the goal of reproductive health education is to help young people develop the knowledge, autonomy, and skills—such as communication, decision-making, and negotiation—to make the transition to adulthood safe.

Reproductive health education includes information about anatomy and physiology, puberty, pregnancy and Sexually Transmission Infections (STIs), including Human Immunodeficiency Virus, Acquired Immunodeficiency Syndrome (HIV and AIDS) (WHO, 2010). However, it also addresses the relationships and emotions involved in sexual experience. It approaches sexuality as a natural, integral, and positive part of life, and covers all aspects of becoming a sexually healthy individual. It promotes gender equality, self-esteem, and respect for the rights of others, especially the adolescent girls.

According to the categorization of the World Health Organization, adolescents are the persons aged between 10 to 19 years (WHO 2011). This period of adolescence is further categorized into three stages namely early adolescence, mid-adolescence, and late adolescence. Early adolescence is the persons between the ages 10 to 13 years, which is characterized by rapid growth and sexual maturation. Similarly, mid-adolescence is the period between the ages 14 to 16 years which is characterized by the development of a stronger sense of identity while late adolescence is the period between ages 17 to 19 years and is characterized by full transformation to adult form (WHO 2010). According to United Nations Population Fund (UNFPA, 2014), out of 7.3 billion of world population, adolescents has not less than 1.8 billion. Nigeria alone has an estimated population of 191,835,936 with 22.3% adolescents (Population Reference Bureau,

2013). However, among these adolescents, mid-aged adolescents

are fast increasing in lips and bounds.

Adolescent is a phase marked by emotional, cognitive, and mental maturity which develops early in girls than in the boys. At this stage, efforts are geared towards educating the girl-child about their reproductive health with emphasized on their emotional wellbeing and their ability to remain free from unwanted pregnancy, unsafe abortion, STIs (including HIV and AIDS), and all forms of sexual violence and coercion. At this age, irrespective of location, whether urban or rural, reproductive health education helps in the comprehensive realization of the goals of national policy on education, which includes primary and secondary education, vocational training, ensuring secured income-generating opportunities for the girl-child. It aims to equip these adolescents whether in higher level of education or lower level girls with knowledge, skills, attitudes, and values that will empower them to realize good health, well-being, and dignity; protect and preserve their rights on sexual relationships. This empowers them to make right choices on sexuality issues in life. However, despite the importance of reproductive health education, some adolescents in developing countries like Nigeria seem to have different perceptions of reproductive health education. In Nigeria, the perceptions of reproductive health education at this mid-aged appear to have affected the adolescent education and their reproductive lifestyles. According to Uzohuo (2018), some do not see any need to acquire reproductive health education, because they believe that they are still young. However, this perception might be as a result of ignorant of the health risks they may face due to inadequate knowledge of reproductive health education. Similarly, some perceive discussing reproductive health issues to be a societal taboo, and their parents' cultural ideology considers it to be a taboo as well. Consequently, the perceived moral values of cultural ideology appear to have restricted them from discussing it or make it an open discussion. Unfortunately, to the best of the researcher's knowledge, there appears to be a scarcity of literature or studies on the perceptions of adolescents, to address this issue of reproductive health education as a taboo to some adolescents in secondary schools in Anambra State. This has resulted in a gap in knowledge in this area of study. In order to fill in this gap, this study sought to investigate the perception of adolescent girls on the teaching of reproductive health education in secondary schools in Anambra State.

Purpose of the Study

The purpose of this study is to investigate the perception of adolescent girls on the teaching of reproductive health education in secondary schools in Anambra State. Specifically, this study sought to determine:

1. The mean perception scores of adolescent girls in secondary schools in Anambra State on the teaching of reproductive health education in secondary schools based on their age
2. The mean perception scores of adolescent girls in secondary schools in Anambra State on the teaching of reproductive health education in secondary schools based on the location of their schools
3. The mean perception scores of adolescent girls in secondary schools in Anambra State on the teaching of reproductive health education in secondary schools based on their level of education

Research Questions

This study is guided by the following research questions:

1. What is the mean perception scores of adolescent girls in secondary schools in Anambra State on the teaching of

reproductive health education in secondary schools based on their age?
2. What is the mean perception scores of adolescent girls in secondary schools in Anambra State on the teaching of reproductive health education in secondary schools based on the location of their school?
3. What is the mean perception scores of adolescent girls in secondary schools in Anambra State on the teaching of reproductive health education in secondary schools based on their level of education?

Research Hypotheses

The following null hypotheses will be formulated and tested at 0.05 level of significance.

1. There is no significance difference between the mean perception scores of mid-aged and late-aged adolescent girls in secondary schools in Anambra State on the teaching of reproductive health education in secondary schools
2. There is no significance difference between the mean perception scores of adolescent girls in secondary schools in rural and urban in Anambra State on the teaching of reproductive health education
3. There is no significance difference between the mean perception scores of adolescent girls in higher and lower level of education in secondary schools in Anambra State on the teaching of reproductive health education.

METHOD

This study adopted descriptive research design. According to Shields and Rangarajan (2013), descriptive survey is a scientific method, which involves observing and describing the behavior of a subject without influence it in anyway. It involved uncovering of data, interpretation, synthesis, integration of data and points to implications and interrelationship among variables without interfering with variables. This study will be carried out in secondary schools in Anambra State. Anambra is a state in South Eastern Nigeria. The population of this study comprised all public secondary school female students in Anambra State. The State has a total of 261 public secondary schools in all the 21 Local Government Areas (see appendix III). The total number of students in all the Local Government Areas of Anambra State was 129289. This population comprised 60009 male students and 69280 female students (see appendix III)(Post Primary School Commission (PPSC), Awka, 2021). The sample size for the study is 420 students. Simple random sampling technique was used to select two secondary schools from each of the 21 local government areas, thereby selecting a total of 42 secondary schools. A25-item questionnaire was used as instrument for data collection. The researcher constructed a structured questionnaire titled, "Perception of Adolescent Girls on the Teaching of Reproductive Health Education Questionnaire" (PAGTRHEQ). The instrument was subjected to test-retest method using Cronbach Alpha method to obtain the internal consistency of the instrument. Twenty (20) female secondary school students in Enugu State were used to determine the reliability of the instrument. The analysis yielded a reliability coefficient value of 0.77and was considered reliable for the study. Data collected were analyzed using mean score for clear presentation and comparison of various variables in each research question. On the other hand, t-test was used to test the hypotheses formulated for the study. The tests were conducted and tested at 0.05 significant level.

DATA PRESENTATION AND ANALYSIS Presentation of Demographic Data of the Respondents

Table 1: Distribution of the Age Bracket of the Respondents

S/N	Age Bracket	Frequency	Percentage (%)
1	11 – 13yrs	49	23.33
2	14 – 16yrs	63	30.00
3	17 – 19yrs	98	46.67
	Total	210	100

Table 1 shows the distributions of the age bracket of the respondents and the results revealed that students between the ages of 11 – 13 years old were 49(23.33%), and those between the ages of 14 – 16 years old were 63(30%) while those between the ages of 17 – 19yerars old were 98(46.67%). These results indicate that students with late-aged adolescent students (17 – 19 years old) were more in number in the study.

Table 2: Distribution of the Locations of the Respondents

S/N	Location	Frequency	Percentage (%)
1	Urban	105	50
2	Rural	105	50
	Total	210	100

Table 2 presents the distributions of the locations of the respondents. The results revealed that the mid-aged adolescent students based in urban were 105(50%) and those based in rural areas were 105(50%). This implies that there is equal distribution of the view of the respondents both in the rural and urban areas.

Table 3: Distribution of the Education Level of the Respondents

S/N	Education Level	Frequency	Percentage (%)
1	Junior	105	50
2	Senior	105	50
	Total	210	100

Table 3 presents the distribution of the education level of the respondents. The results revealed that the mid-aged adolescent students based in junior level were

105(50%) and those based in senior level were 105(50%). This implies that the views of the junior and senior students were evenly distributed.

Analyses of Questionnaire
This section presented the analyses of the respondents as shown below.

Strata B: Research Question One: What is the mean perception scores of mid- aged adolescent girls in secondary schools in Anambra State on the teaching of reproductive health education in secondary schools based on their age?

Table 4: Mean Perception Scores of Mid-Aged Adolescent Girls Based on Age

S/N	Items of Reproductive Health Education (RHE)	Mean (X) for Mid-Aged	Mean (X) for Late-Aged	Decisions
1	RHE reduces one or more sexual behaviours that lead to unintended pregnancy	3.45	3.36	Agree
2	RHE reduces sexual behaviours that lead to contracting of STI/HIV AIDS	3.44	3.43	Agree
3	Teaching of RHE exposes students to early sex engagement	3.38	3.42	Agree
4	Teaching of RHE is the teaching of the use of condom only	3.48	3.36	Agree
5	Teaching of RHE is on how to prevent unwanted abortion	3.52	3.38	Agree
6	Teaching of RHE will help in the successful transition to adulthood	3.49	3.47	Agree
7	Teaching of RHE is on how to get pregnant and give birth to the child	3.39	3.48	Agree
8	Teaching of RHE will help students to manage menstruation related problems	3.46	3.36	Agree
9	Teaching of RHE is for married people	3.42	3.33	Agree
10	Teaching of RHE will help in students' personal health promotion	3.38	3.43	Agree
11	Teaching of RHE is all about relationship between a boy and a girl	3.44	3.27	Agree
12	Teaching of RHE will corrupt students' minds on sexual related issues	3.38	3.36	Agree
13	Teaching of RHE will help in addressing puberty related problems in girls	3.48	3.42	Agree
14	Teaching of RHE is not important to me at secondary school level	3.48	3.48	Agree
15	Teaching of RHE will help me develop a good relationship with the opposite sex	3.43	3.43	Agree
16	Teaching of RHE will help reduce peer pressure on sexual activities	3.12	3.28	Agree
17	Everybody needs RHE for one reason or the other in sexual activities	3.48	3.43	Agree
18	Teaching of RHE will help me to know my right as a woman sexually	3.38	3.48	Agree
19	Teaching of RHE helps delay early indulgence in sexual activities	3.32	3.37	Agree
20	Teaching of RHE will help me take care of myself sexually when elders are not around	3.38	3.42	Agree
21	Teaching of RHE will help improve my academic performance	3.48	3.39	Agree
22	RHE should be included and taught fully in secondary schools	3.38	3.33	Agree
23	RHE should only be taught at home by mothers	3.44	3.41	Agree
24	RHE will help adolescents girls to avert sexual risks and improve their reproductive health	3.45	3.36	Agree
25	RHE is the same thing as biology that is taught in school	3.42	3.43	Agree
	Average Mean Score	3.41	3.40	Agree

The results in table 4 indicated that all the items from 1 to 25 both in the mid-aged and late aged were above 2.50. More so, the average mean score of mid-aged is 3.41 and the average mean score of the late-aged is 3.40. These indicate that both average scores were above 2.50 and fell within the rage of agree. Thus, all the respondents agreed that there is slight difference in the perceptions of mid-aged students and late-aged students on reproductive health education.

Table 5: Mean Perception Scores of Students in Urban and Rural-Based Schools

S/N	Items of Reproductive Health Education (RHE)	Mean (X) for Urban Area	Mean (X) for Rural Area	Decisions
1	RHE reduces one or more sexual behaviours that lead to unintended pregnancy	3.36	3.48	Agree
2	RHE reduces sexual behaviours that lead to contracting of STI/HIV AIDS	3.42	3.48	Agree
3	Teaching of RHE exposes students to early sex engagement	3.48	3.38	Agree
4	Teaching of RHE is the teaching of the use of condom only	3.45	3.47	Agree
5	Teaching of RHE is on how to prevent unwanted abortion	3.28	3.49	Agree
6	Teaching of RHE will help in the successful transition to adulthood	3.41	3.45	Agree
7	Teaching of RHE is on how to get pregnant and give birth to the child	3.49	3.28	Agree
8	Teaching of RHE will help students to manage menstruation related problems	3.37	3.28	Agree
9	Teaching of RHE is for married people	3.42	3.41	Agree
10	Teaching of RHE will help in students' personal health promotion	3.3	3.49	Agree
11	Teaching of RHE is all about relationship between a boy and a girl	3.38	3.37	Agree
12	Teaching of RHE will corrupt students' minds on sexual related issues	3.47	3.42	Agree
13	Teaching of RHE will help in addressing puberty related problems in girls	3.49	3.39	Agree
14	Teaching of RHE is not important to me at secondary school level	3.39	3.33	Agree
15	Teaching of RHE will help me develop a good relationship with the opposite sex	3.36	3.41	Agree
16	Teaching of RHE will help reduce peer pressure on sexual activities	3.45	3.48	Agree
17	Everybody needs RHE for one reason or the other in sexual activities	3.41	3.38	Agree
18	Teaching of RHE will help me to know my right as a woman sexually	3.36	3.47	Agree
19	Teaching of RHE helps delay early indulgence in sexual activities	3.48	3.49	Agree
20	Teaching of RHE will help me take care of myself sexually when elders are not around	3.48	3.45	Agree
21	Teaching of RHE will help improve my academic performance	3.38	3.28	Agree
22	RHE should be included and taught fully in secondary schools	3.47	3.45	Agree
23	RHE should only be taught at home by mothers	3.49	3.28	Agree
24	RHE will help adolescents girls to avert sexual risks and improve their reproductive health	3.45	3.41	Agree
25	RHE is the same thing as biology that is taught in school	3.28	3.48	Agree
	Average Mean Score	3.41	3.41	Agree

The results in table 5 indicated that all the items from 1 to 25 both in the urban and rural-based schools were above 2.50. More so, the average mean score of urban schools is 3.41 and the average mean score of the rural schools is 3.41. These indicate that both average scores were above 2.50 and fell within the range of agree. Thus, all the respondents agreed that the perceptions on reproductive health education of the students in urban and rural-based schools are the same.

Table 6: Mean Perception Scores of Students in Junior and Senior Academic Level Schools

S/N	Items of Reproductive Health Education (RHE)	Mean (X) for Junior Level	Mean (X) for Senior Level	Decisions
1	RHE reduces one or more sexual behaviours that lead to unintended pregnancy	3.56	3.48	Agree
2	RHE reduces sexual behaviours that lead to contracting of STI/HIV AIDS	3.45	3.48	Agree
3	Teaching of RHE exposes students to early sex engagement	3.42	3.38	Agree
4	Teaching of RHE is the teaching of the use of condom only	3.50	3.47	Agree
5	Teaching of RHE is on how to prevent unwanted abortion	3.58	3.49	Agree
6	Teaching of RHE will help in the successful transition to adulthood	3.67	3.45	Agree
7	Teaching of RHE is on how to get pregnant and give birth to the child	3.69	3.28	Agree
8	Teaching of RHE will help students to manage menstruation related problems	3.59	3.28	Agree
9	Teaching of RHE is for married people	3.56	3.41	Agree
10	Teaching of RHE will help in students' personal health promotion	3.48	3.49	Agree
11	Teaching of RHE is all about relationship between a boy and a girl	3.48	3.37	Agree
12	Teaching of RHE will corrupt students' minds on sexual related issues	3.38	3.42	Agree
13	Teaching of RHE will help in addressing puberty related problems in girls	3.47	3.39	Agree
14	Teaching of RHE is not important to me at secondary school level	3.49	3.35	Agree
15	Teaching of RHE will help me develop a good relationship with the opposite sex	3.45	3.41	Agree
16	Teaching of RHE will help reduce peer pressure on sexual activities	3.28	3.48	Agree
17	Everybody needs RHE for one reason or the other in sexual activities	3.48	3.38	Agree
18	Teaching of RHE will help me to know my right as a woman sexually	3.48	3.47	Agree
19	Teaching of RHE helps delay early indulgence in sexual activities	3.58	3.49	Agree
20	Teaching of RHE will help me take care of myself sexually when elders are not around	3.67	3.45	Agree
21	Teaching of RHE will help improve my academic performance	3.69	3.28	Agree
22	RHE should be included and taught fully in secondary schools	3.45	3.45	Agree
23	RHE should only be taught at home by mothers	3.28	3.28	Agree
24	RHE will help adolescents girls to avert sexual risks and improve their reproductive health	3.58	3.41	Agree
25	RHE is the same thing as history that is taught in school	3.41	3.41	Agree
	Average Mean Score			

The results in table 6 indicated that all the items from 1 to 25 both in the junior and senior academic level were above 2.50. More so, the average mean score of junior is 3.42 and the average mean score of the senior academic level is 3.41. These indicate that both average scores were above 2.50 and fell within the range of agree. Thus, all the respondents agreed that the perceptions on reproductive health education of the students in junior and senior academic level are slightly different.

Test of Research Hypotheses
The study tested the following hypotheses at 0.05 level of significance:

Test of Research Hypothesis One
H0: There is no significance difference between the mean perception scores of mid- aged and late-aged adolescent girls in secondary schools in Anambra State on the teaching of reproductive health education in secondary schools

Table 7: Summary of t-test Analyses for Hypothesis One

Variables	No.	MR	SD	df	Probability	t-Calculated	Table Value	Sig. (2-tailed)	Decision
Mid-aged	210	3.413	.187	313	0.05	51.979	1.96	.006	Significant
Late-Aged	105	3.396	.125						

Note: MR = Mean Ratings; SD Standard Deviation; df = Degree of Freedom

The results in table 7 revealed that p(.006) < 0.05. The null hypothesis is rejected therefore, the alternative hypothesis is accepted. Thus, there is significance difference between the mean perception scores of mid-aged and late-aged adolescent girls in secondary schools in Anambra State on the teaching of reproductive health education in secondary schools. This implies that the perceptions of the mid-aged adolescent students are different from the perception of the late-aged adolescent students. It also means that mid-aged adolescent students see reproductive health education differently from the late-aged adolescents.

The results in table 7 revealed that p(.006) < 0.05. The null hypothesis is rejected therefore, the alternative hypothesis is accepted. Thus, there is significance difference between the mean perception scores of mid-aged and late-aged adolescent girls in secondary schools in Anambra State on the teaching of reproductive health education in secondary schools. This implies that the perceptions of the mid-aged adolescent students are different from the perception of the late-aged adolescent students. It also means that mid-aged adolescent students see reproductive health education differently from the late-aged adolescents.

Test of Research Hypothesis Two
H0: There is no significance difference between the mean perception scores of adolescent girls in secondary schools in rural and urban in Anambra State on the teaching of reproductive health education

Table 8: Summary of t-test Analyses for Hypothesis Two

Variables	No.	MR	SD	df	Probability	t-Calculated	TableValue	Sig. (2-tailed)	Decision
Urban	105	3.412	.173	208	0.05	0.715	1.96	.011	Significant
Rural	105	3.412	.158						

Note: MR = Mean Ratings; SD Standard Deviation; df = Degree of Freedom

The results of test of hypothesis two revealed that p(0.011) > 0.05. The null hypothesis is retained therefore, the alternative hypothesis is rejected. Thus, there is no significance difference between the mean perception scores of adolescent girls in secondary schools in rural and urban in Anambra State on the teaching of reproductive health education. This implies that the views of those in rural areas are the same with those in urban area-based secondary schools on reproductive health education.

Test of Research Hypothesis Three
H0: There is no significance difference between the mean perception scores of adolescent girls in higher and lower level of education in secondary schools in Anambra State on the teaching of reproductive health education

Table 9: Summary of t-test Analyses for Hypothesis Three

Variables	No.	MR	SD	df	Probability	t-Calculated	tableValue	Sig. (2-tailed)	Decision
Senior Level	105	3.421	3.070	208	0.05	57.008	1.96	.009	Significant
Junior Level	105	3.412	3.140						

Note: MR = Mean Ratings; SD Standard Deviation; df = Degree of Freedom

The results of test of hypothesis three revealed that p(0.009) < 0.05. The null hypothesis is rejected therefore, the alternative hypothesis is accepted. Thus, there is significance difference between the mean perception scores of adolescent girls in senior and junior level of education in secondary schools in Anambra State on the teaching of reproductive health education. These imply that the views of the junior academic level are different from the views of the senior academic level of the respondent.

Discussions of Findings
All the respondents agreed that there is slight difference in the perceptions of mid-aged students and late-aged students on reproductive health education. This finding was affirmed in the test of hypothesis one that there is significance difference between the mean perception scores of mid-aged and late-aged adolescent girls in secondary schools in Anambra State on the teaching of reproductive health education in secondary schools. This implies that the perceptions of the mid-aged adolescent students are different from the perception of the late-aged adolescent students. It also means that mid-aged adolescent students see reproductive health education differently from the late-aged adolescents.

The mean rating of those of the mid-aged (3.413) is higher than those of the late adolescents (3.396). This which shows that the adolescents believed more that reproductive health education reduces one or more sexual behaviours that lead to unintended pregnancy and teaching of reproductive health education is the use of condom only, how to prevent unwanted abortion, help in the successful transition to adulthood, and how to get pregnant and give birth to the child. In line with these findings, Daniel Wight, Plummer, and Ross (2012) found that some adolescents are of the views that the designs of reproductive health education outlets did not provide enough privacy. This was therefore a barrier to uptake of such education in the community. Karim et al (2009) also found that many adolescents perceive condoms use as emasculate or powerless which leads them to engage in unsafe sexual practices, which is the opposite believe of those of late adolescent age.

Also, all the respondents agreed that the perceptions on reproductive health education of the students in urban and rural-based schools are the same. The findings of test of hypothesis two attested that there is no significance difference between the mean perception scores of adolescent girls in secondary schools in rural and urban in Anambra State on the teaching of reproductive health education. This implies that the views of those in rural areas are the same with those in urban area-based secondary schools on reproductive health education.

The mean score of those in urban area (3.412) and rural area (3.412) are these same. They all believed that teaching of reproductive health education will help students to manage menstruation related problems, reproductive health education is for married people, the teaching will help in students' personal health promotion, it is all about relationship between a boy and a girl, corrupts students' minds on sexual related issues, and the teaching will help in addressing puberty related problems in girls. In agreement with these findings, Nair, Grover, and Kannan (2017) found that those in rural areas and urban areas received reproductive health education mostly from their mothers, some from their elder sisters, friends, television and from books. Deo and Ghattargi (2015) findings also affirmed that urban and rural adolescent girls received reproductive health education from their mothers as the main source of information and some girls from their teachers and these give reasons for similar belief in the study area.

More so, all the respondents agreed that the perceptions on reproductive health education of the students in junior and senior academic level are slightly different. The findings of test of hypothesis three confirmed that there is significance difference between the mean perception scores of mid-aged adolescent girls in senior and junior level of education in secondary schools in Anambra State on the teaching of reproductive health education. These imply that the views of the junior academic level are different from the views of the senior academic level of the respondent.

The mean score of those in senior academic level (3.421) is different and higher than those in junior academic level (3.412). This implies that those in higher academic level believed that the teaching of reproductive health education will help them develop a good relationship with the opposite sex, everybody needs reproductive health education for one reason or the other in sexual activities, will help me to know their right as a woman sexually, and will help them take care of themselves sexually when elders are not around. In agreement with these findings, Magnan (2012) found that most senior adolescent girls had been exposed to at least some information and support for skills development to help them reduce their risk, which gives them different views from those in junior academic level. Rangi and Mwageni (2012) also found that since some of the senior academic level students are exposed to some teachings of reproductive health education, they believed that good health, Immunity and concept of diseases, sexual transmitted diseases including HIV/AIDS, lifestyle choices and consequences, risk behaviours and situations, responsible decision making, assertive behaviour, delayed sex, and protected sex.

CONCLUSION

Based on the findings of the study, it is concluded that some adolescents believed more that reproductive health education reduces one or more sexual behaviours that lead to unintended pregnancy, and teaching of reproductive health education is

the use of condom only, how to prevent unwanted abortion, help in the successful transition to adulthood, and how to get pregnant and give birth to the child. More so, the teaching of reproductive health education helps them develop a good relationship with the opposite sex; everybody needs reproductive health education for one reason or the other in sexual activities, and helps them know their rights as a woman sexually.

Plan

ABSTRACT

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REFERENCES

ref_str

Daniel, L., Wight, P., Plummer, E., & Ross, A. (2012). Preventing teen pregnancy and academic failure: Experimental evaluation of a developmentally based approach. *Child Development*, 64(4), 729-742.

Egbochukwu, J. & Ekanem, L. (2017). Cultural bases of risk behavior. *Child Development*, 64, 1842-1855.

Karim, A., Boyd, M., & Yin, Z. (2009) Reproductive health risk and protective factors among unmarried youth in Ghana. *International Family Planning Perspectives*, 29(1):14–24.

Population Reference Bureau (2013) Sexuality education: a ten-country review of school curricula in East and Southern Africa. (D.-Z. Pedra, Ed.). New York: UNESCO and UNFPA.

Uzohuo, A. U. (2018). *Cyberworld and adolescent sexual health education*. Awka: Nnamdi Azikiwe University. Unpublished thesis.

WHO(2010).*Young person friendly health services.* Geneva.

World Health Organization (WHO) (2011). *HIV/AIDS: Fact sheet.* Retrieved September 15, 2016, from http://www.who.int/mediacentre/factsheets/fs360/en/

Speizer, I. S., Magnani, R. J., & Colvin, M. A. (2012). The effectiveness of adolescent reproductive health interventions in developing countries: a review of the evidence. *Journal of Adolescent Health*, 33(5), 324-348.

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