

## SEXUAL AND REPRODUCTIVE HEALTH RIGHTS AMONG IN-SCHOOL ADOLESCENTS IN OYO, OYO STATE

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### Abstract

*This study examined sexual and reproductive health rights among in-school adolescents in Oyo, Oyo State. The population for this study comprised all male and female secondary school students in Oyo, Oyo State. A multi-stage sampling technique of purposive, stratified and simple random sampling technique of balloting type was used to select six hundred (600) respondents. The instrument for data collection was a researchers structured questionnaire validated by three experts in the field of Health Education and Test and Measurement. The split-half method was used during the pilot study. The two sets of data obtained were correlated using Spearman-Brown rank-order correlation, yielding a coefficient of 0.77, which makes the instrument reliable for the study. The instrument was administered by six trained research assistants. Pearson Product-Moment Correlation was used to test the null hypotheses at 0.05 alpha level. The three null hypotheses were rejected. This implies that reproductive health knowledge had a significant relationship with the promotion of sexual health, reproductive rights and challenges facing in-school adolescents' access to sexual and reproductive rights. It was recommended that health teachers should give adequate reproductive health information that will enhance the promotion of sexual health among in-school adolescents. Reproductive health rights of in-school adolescents should be emphasised and made available to students so as to make use of the informed choice. Health teachers are encouraged to deal with barriers that prevent in-school adolescents from accessing sexual and reproductive health rights so as to make use of the available rights.*

**Keywords:** Reproductive Health; Reproductive Health Rights; Sexual Health; Adolescents; In-School

## Introduction

Adolescent covered ages 10 to 24 years. The ages 10-14 are among the most critical for adolescents' development and, one of the most poorly understood stage of life. The biological processes at this stage are universal, which vary considerably from adolescence to other stages of life. During early adolescence, young people are expected to assume their sexual and reproductive health status (World Health Organization (WHO), 2023).

Adolescents are the future of nations, and their needs should be addressed to ensure healthy, reproductive citizens (Adolescents and Youth Reproductive Health, 2024). Adolescents' sexual health is not merely the absence of disease, but the ability to have safe, respectful and pleasurable sexual relationships. United Nations Fund for Reproduction Activities (UNFPA) (2024) revealed that sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people can have a satisfying and safe sex life, the capability to reproduce and the freedom to decide if, when and how often to do so. It is the ability to maintain one's sexual and reproductive health.

America Sexual Health Association (2024) revealed that sexual health is inextricably bound to both physical and mental health problems and can contribute to sexual dysfunction and disease, while those dysfunctions and diseases can contribute to physical and mental health problems. Sexual health is not limited to the absence of disease or dysfunction, nor is its importance confined to just the reproductive years. It includes the ability to understand and weigh the risks, responsibilities, outcome and impact of sexual actions and to practice abstinence when appropriate. It includes freedom from sexual abuse and discrimination, and the ability of individuals to integrate their sexuality into their lives, derive pleasures from it and to reproduce if they so choose.

Understanding sexual health requires an understanding of sexual behaviour, which is fundamental to individual, family and social life in all cultures (National Library of Medicine, 2014). Adolescents' sexual and reproductive health refers to their physical and emotional well-being, which includes the ability to remain free from unwanted pregnancy, unsafe abortion, sexually transmitted infections (STIs), including HIV/AIDS and all forms of sexual violence and coercion. It includes having safer sex, which means anything that can be done to lower the risk of STIs/HIV and unwanted pregnancy without reducing pleasure. Pregnancy during adolescence is associated with a higher risk of health problems like anaemia, STIs, unsafe abortion, postpartum haemorrhage and mental disorders (WHO, 2025). Pregnant adolescents also bear negative consequences and often have to leave school, reducing their employability, leading to long-term economic implications. Unmet needs for family planning, especially for child spacing, are high among adolescents (WHO, 2024; Aderanti, 2006).

Attention needs to be given to the vulnerable, young adolescents and those at risk of irreversible harm to their reproductive health through forced sex, early marriage and abortion. Understanding of the vulnerable individual and insight into their difficulties will enhance learning about how to help them. WHO (2023) revealed that many adolescents need sexual and reproductive health services, such as appropriate information, contraception and treatment for STIs. Health services have to be sensitive to the needs and developmental attributes of adolescents to attract them. Adolescent sexual and reproductive health (ASRH) comprises a significant component of the global burden of sexual ill health. Although overlooked historically, international agencies are now focusing on improving ASRH and providing programmatic funding (Morris & Rushwan, 2015).

The high rate of unprotected sex among adolescents, especially those involved in risky sexual behaviour such as sex with multiple partners, has been associated with poor knowledge of the risk of

exposure to sexual and reproductive health problems, such as STIs, HIV, and unintended pregnancy; and the lack of access to contraceptives among adolescents. According to Envulada et. al. (2022), among the reasons for low condom and contraceptive use are the lack of adolescent-centred sexual and reproductive healthcare services and the unwillingness of adolescents to seek care in health facilities.

Adolescents are not equally affected by reproductive health problems. Orphans, young girls in rural areas, young people who are physically or mentally impaired, abused as children and those migrating to urban areas or being trafficked are more likely to have problems. (Adolescents and Youth Reproductive Health, 2024). The risk associated with neglected ASRH is significant. For girls, early pregnancy and motherhood can physically be risky and compromise educational achievement and economic potential (Morris et al., 2015).

Reproductive health rights of adolescents refer to those rights specific to personal decision-making, sexual behaviour, access to reproductive health information and health services provided by trained health professionals. Adolescents need access to accurate information, safe, effective, affordable and acceptable contraception methods of their choice. They ought to be informed and empowered to protect themselves from STIs (Woog & Kagesten, 2017).

Adolescents are likely to face a range of health and social challenges. A glaring example is the initiation of sexual activity in the absence of adequate knowledge and skills for protection. This places them at a higher risk of unwanted pregnancy, unsafe abortion and STIs, including HIV. Adolescents face a higher risk of complications and death as a result of pregnancy than other women. Pregnancy and delivery for girls who have not completed their body growth expose them to problems that are less common in adult women. Most women with obstetric fistula develop the condition as adolescents with traumatic lifelong consequences (WHO, 2014).

In the world today, approximately half of young people aged 15-24 who live in low- and middle-income economies experience poverty and unemployment (The World Bank Group, 2014). A series of barriers prohibit good sexual and reproductive health for adolescents, especially at the political level, ASRH has not been prioritised, and there are often restrictive laws and policies in place. Various factors, such as societal, cultural and religious, create an inhibitive environment for discussion of ASRH, while many societies hold a deeply embedded sense of disapproval of adolescents' sexual activity (Nmadu et. al., 2020; Alubo, 2000).

Poor ASRH can be further confounded by conflict, migration, urbanisation and lack of formal education. Economic and physical accessibility restrict adolescents' access to services where they do exist. On a personal level, young people's care-seeking behaviour may be restricted because of people finding out and other confidentiality issues that may result in violence, embarrassment, lack of knowledge, misinformation, myths, stigma and shame (Agu et. al., 2024; Nmadu et. al., 2020).

ASRH's right to fight the challenges are based on various legal instruments. In 2002 and 2003, the United Nations Assembly special session on children recognised the need to develop and implement health policies and programmes for adolescents that promote their physical and mental health. Also, they organised the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the right to health. United Nations (2014); Bearinger et. al. (2007) argued that adolescents must be provided with opportunities and potential solutions to face their challenges. These opportunities include ensuring their access to quality youth-friendly, integrated service provided by healthcare workers who have been trained to work with adolescents; right to well-scaled

sex education programmes to offer accurate and comprehensive Information; building skills for negotiating sexual behaviours; opportunity to have accurate and balanced sex education, including information about contraception and condoms (United Nations, 2014).

### **Statement of the Problem**

Reproductive health encompasses the physical, mental and social aspects in all matters related to reproduction and its functions. Any harm to the reproductive health of adolescents will have immediate and future effects, such as infertility, damage to reproductive organs, and miscarriage, among others. As reported by Liang et. al. (2019), adolescent sexual and reproductive health is defined as the physical and emotional well-being of adolescents. It includes their ability to remain free from unwanted pregnancy, unsafe abortion, STIs, including HIV/AIDS, and all forms of sexual violence and coercion. According to Santhya and Jejeebhoy (2015), among the reproductive health challenges facing adolescents are vulnerability to early and unintended pregnancy, unsafe abortion, child marriages, gender-based violence, malnutrition, and reproductive tract infections, including STIs.

It was observed by the researchers that in Oyo, Oyo state, there were cases of pre-marital sex, teenage pregnancy, unsafe abortion, and early marriage, which may be due to inadequate knowledge of adolescents on sexual and reproductive health rights. This is in tandem with the submission of WHO (2025) that many adolescents who need sexual and reproductive health services, such as appropriate information, contraception, and treatment for STIs, are either not available or are provided in a way that makes adolescents feel unwelcome and embarrassed. Despite community sensitization and awareness organized by health-related non-governmental organizations and free reproductive health services in all facilities in Oyo town, many in-school adolescents are still vulnerable to avoidable reproductive health harms. Therefore, the researchers investigated sexual and reproductive health rights among in-school adolescents in Oyo, Oyo State, with the intention of making viable recommendations for improvement.

### **Objectives of the Study**

The objectives of this study were to:

1. Find the relationship between reproductive health knowledge and promotion of sexual health among in-school adolescents in Oyo, Oyo State.
2. Determine the relationship between reproductive health knowledge and reproductive health rights of in-school adolescents in Oyo, Oyo State.
3. Assess the relationship between reproductive health knowledge and challenges facing in-school adolescents' access to health services in Oyo, Oyo State.

### **Research Hypotheses**

The following hypotheses were formulated and tested in this study:

H<sub>01</sub>: There is no significant relationship between reproductive health knowledge and promotion of sexual health among in-school adolescents in Oyo, Oyo State.

H<sub>02</sub>: There is no significant relationship between reproductive health knowledge and reproductive health rights of in-school adolescents in Oyo, Oyo State.

H<sub>03</sub>: There is no significant relationship between reproductive health knowledge and challenges facing in-school adolescents' access to sexual and reproductive rights in Oyo, Oyo State.

## Methodology

A descriptive research design of the survey types was adopted in this study. The population for this study comprised all secondary school students, both male and female, in Oyo, Oyo State. The target population comprised Senior Secondary School (SSS) students, one to three, in Oyo town, which consists of three local governments, namely: Atiba, Oyo West and Oyo East. A multi-stage sampling technique was used. In the first stage, a purposive sampling technique was used to select a school with the highest number of enrolment in each local government. At stage two, a stratified random sampling technique was used to put students into different classes, that is, SSS 1, 2 and 3. At the third stage, a random sampling technique of the balloting type was used to select two hundred (200) respondents across classes in each of the secondary schools, making six hundred (600) the sample size for the study. Researchers designed a structured questionnaire, validated by three experts: one from Test and Measurement and two from Health Education. Their corrections and comments were used to improve the quality of the research instrument. The split-half method was used, and the data obtained during the pilot study were correlated using Spearman-Brown rank-order correlation. A reliability coefficient of 0.77 was obtained, which was high enough to prove that the instrument was reliable for the study. Six trained research assistants administered questionnaires. The null hypotheses were tested using Pearson Product-Moment Correlation at 0.05 alpha level.

## Results:

$H_01$ : There is no significant relationship between reproductive health knowledge and promotion of sexual health among in-school adolescents in Oyo, Oyo State.

Table 1: Pearson's (r) showing the degree of relationship between reproductive health knowledge and promotion of sexual health.

Variables	N	Cal-r-v	Df	Sign(2tailed)	Crit-v	Alpha	Decision
Reproductive Health Knowledge & Promotion of Sexual Health	600	0.534	0.599	0.065	0.117	0.05	$H_0$ rejected

In the table, the calculated r-value of 0.534 and the significant probability value (p-value) of 0.117, computed at an alpha level of 0.05, were greater than the critical value of 0.117. This rejected the null hypothesis because the calculated value exceeds the critical value. This implies that reproductive health knowledge had a significant relationship with the promotion of sexual health among in-school adolescents in Oyo, Oyo State. By implication, in-school adolescents' knowledge about reproductive health helps them to live a healthy sexual life.

$H_02$ : There is no significant relationship between reproductive health knowledge and reproductive health rights of in-school adolescents in Oyo, Oyo State.

Table 2: Persons (r) showing the degree of knowledge of in-school adolescents on reproductive health rights.

Variables	N	Calr-v	Df	Sign (2tailed)	Crit-v	Alpha	Decision
Reproductive Health Knowledge & Reproductive Health Rights	600	0.754	0.599	0.067	0.117	0.05	Ho rejected

Table 2 showed a calculated r-value of 0.754 and a significant probability value (p-value) of 0.067, computed at an alpha level of 0.05, greater than the critical value of 0.117. Since the critical value was greater than the table value, the null-hypothesis was rejected. By implication, reproductive health knowledge had a significant relationship with reproductive health rights among in-school adolescents in Oyo, Oyo State. It implied that in-school adolescents' knowledge about reproductive health helps them to know how, when, and where to access information and get services, including treatment.

H<sub>03</sub>: There is no significant relationship between reproductive health knowledge and challenges facing in-school adolescents' access to sexual and reproductive rights in Oyo, Oyo State.

Table 3: Persons (r) showing the degree of knowledge of in-school adolescents on challenges facing their reproductive health rights.

Variables	N	Calr-v	Df	Sign (2tailed)	Crit-v	Alpha	Decision
Reproductive Health Knowledge & Challenges	600	0.621	0.599	0.061	0.117	0.05	Ho rejected

Table 3 showed a calculated r-value of 0.621 and a significant probability value (p-value) of 0.061, computed at an alpha level of 0.05, greater than the critical value of 0.117. Since the critical value was greater than the table value, the null-hypothesis was rejected. By implication, reproductive health knowledge had a significant relationship with challenges facing in-school adolescents' access to sexual and reproductive rights in Oyo, Oyo State. This implies that in-school adolescents' knowledge about reproductive health enables them to overcome barriers preventing them from getting good access to reproductive health rights.

## Discussion

The findings on hypothesis 1 showed that in-school adolescents' knowledge about reproductive health assists them in living a healthy sexual life. This is in line with Adolescents and Youth Reproductive Health (2024), which indicated that adolescents' sexual health is not merely the absence of disease, but the ability to have safe, respectful and pleasurable sexual relationships. Also, UNFPA (2024) revealed that sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people can have a satisfying and safe sex life, the capability to reproduce and the freedom to decide if, when and how often to do so.

The findings in Table 2 showed that there was a significant relationship between reproductive health knowledge and reproductive rights among in-school adolescents in Oyo, Oyo State. The implication is that adolescents' in-school knowledge about reproductive health aids them in knowing how, when, and where to access information and get services, including treatment. This finding corroborates

Woog and Kagesten (2017), who argued that reproductive health rights of adolescents are those rights specific to personal decision-making, reproductive health, and behaviour, including access to reproductive health information and services with guidance provided by trained health professionals. Also, adolescents need access to accurate information, safe, effective, affordable and acceptable contraception methods of their choice. They ought to be informed and empowered to protect themselves from STIs (Woog & Kagesten, 2017).

The findings in Table 3 showed that there was a significant relationship between reproductive health knowledge and challenges facing in-school adolescents' access to sexual and reproductive rights in Oyo, Oyo State. This implies that in-school adolescents' knowledge about reproductive health helps them to overcome barriers preventing them from getting good access to reproductive health rights. This finding corroborates the World Bank Group (2014), which revealed that many barriers prohibit good sexual and reproductive health for adolescents, especially at the political level. Nmadu et al. (2020) and Alubo (2000) said that ASRH has not been prioritised, and that there are often restrictive laws and policies in place. Various factors, such as societal, cultural, and religious, create an inhibitive environment for discussion of ASRH, while many societies hold a deeply embedded sense of disapproval of adolescents' sexual activity.

### **Conclusion**

Based on the findings of the study, it was concluded that reproductive health knowledge had a significant relationship with the promotion of sexual health, reproductive rights, and challenges facing in-school adolescents' access to sexual and reproductive rights.

### **Recommendations**

Based on the conclusion of the study, it is recommended that:

- i. Health teachers as stakeholders in the schools should give adequate reproductive health information that will enhance the promotion of sexual health among in-school adolescents.
- ii. Reproductive health rights of in-school adolescents should be emphasised and made available to students to make use of the informed choices.
- iii. Health teachers are encouraged to deal with barriers that prevent in-school adolescents from accessing sexual and reproductive health rights so as to make use of the available rights.

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