

Reproductive Health Practices of Female Undergraduates in Private Universities in Osun State, Nigeria

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Abstract

Purpose: Good reproductive health is a life-long desire of every youths and adolescence. This study surveyed the reproductive health practices of female undergraduates in private universities in Osun State.

Design/Methodology/Approach: The descriptive survey design was employed in the study. A total of 120 female undergraduates were randomly selected from two private universities in Osun State by means of simple random sampling technique. A structured validated questionnaire was used for data collection. Data analysis involves the use of percentage distribution, mean and standard as well as relative importance index.

Findings: The study revealed a moderate level of sexual education practices among female undergraduates in private universities in Osun State (mean = 2.42) on the scale of 4-points. The findings further revealed a moderate level of family planning practices (mean =2.43) among female undergraduates in the selected universities and lastly, findings indicates a moderate level of maternal health practices among female undergraduates in the selected private universities in Osun State (mean =2.42).

Implication: The study underscored a need for creating a charter for sexual and reproductive health counseling division for the female undergraduates in the selected universities.

Originality/Value: it was recommended that the selected universities should increase their number of counsellors to address many of the sexual and reproductive problems faced by their students

Keywords: Reproductive health practices, Female, Undergraduates, Private universities
Paper type: Empirical research

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INTRODUCTION

Reproductive health is a crucial part of the general health of the people and it often reflects health during childhood, adolescence and adulthood. Good reproductive health is a life-long desire of every right-thinking individual. It generally begins before a woman attains sexual maturity and continues throughout a woman's childbearing age, that is, 15 – 49 years. The World Health Organization's Inter-Agency Working Group

on Reproductive Health (2010) described reproductive health as "the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice for regulation of fertility which is not against the law." Reproductive health involves the right to privacy and confidentiality when dealing with health workers and doctors, be treated with dignity, courtesy, attentiveness, and respect, to express views on the services being offered, the right to gender equality and equity, the right

to receive reproductive health services for as long as one needs such and the right to feel comfortable when receiving services.

Reproductive health practice addresses human sexuality and reproductive processes at all stages of life (Lancet, 2006). On the one hand, sexuality is about sexual feelings, thoughts, attractions, and behaviour towards other people. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviour, practices, roles, and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual factors (WHO, 2006a). It may quite often be expressed through close physical contact, caressing, and other touching. For humans, sexuality encompasses the expression of sexual sensation and related intimacy between human beings and the expression of sexual identity. It is the way in which one interacts with others, taking into account gender, relationships, and cultural norms. The idea that sexuality is either normal or abnormal is based on cultural beliefs within the society in which the individual lives that help determine "normal" or "abnormal." Sexuality also affects and is affected by cultural, political, legal, philosophical, moral, ethical, and religious aspects of life.

To have quality reproductive health care, an individual female undergraduate needs to have unrestricted access to information and services about family planning, counseling education, communication, and services, with access to safe and effective contraceptive methods, education and services for prenatal care, reliable delivery and post-natal care, especially breastfeeding and infant and women's health care; prevention and appropriate treatment of infertility; prevention of unsafe abortion and management of the consequences of abortion; prevention and treatment of reproductive tract infections, sexually transmitted diseases, and other reproductive health conditions; prevention of harmful practices, such as female genital mutilation; and information, education, and counseling, as appropriate, on human sexuality, reproductive health and responsible parenthood (Batool & Batool, 2018).

Statement of Problem

There is no denying the fact that reproductive health practices involve the full utilization of the reproductive information and services required by people of all ages, particularly those of reproductive age, without restriction or hindrances. There is also the likelihood of other variables contributing to poor reproductive health practices, notably low socio-economic background of

parents and low level of non-use of health information. There appears to be a link between poverty and promiscuity as well as between socio-economic background and promiscuity.

While many current sources are valued, adolescents still feel they are unreliable. It is, therefore, important to understand exactly what is valued in sources they claim are unreliable, in order to be able to provide that same valued type information through a more reliable source.

Objective of the Study

The major objective of this study is to determine reproductive health practices among female undergraduates in private universities in Osun State. This will be achieved through the following specific objectives which are to:

1. assess the socio-demographic characteristics among female undergraduates of Private universities in Osun State
2. determine students' sexual education practices among females' undergraduates of Private universities in Osun State
3. ascertain the students' family planning practices among females' undergraduates of Private universities in Osun State
4. determine the maternal health practices among female undergraduates of Private universities in Osun State

Research Questions

In specific terms, this study was designed to address and find answers to the following research questions.

1. What are the socio-demographic characteristics among female undergraduates of Private universities in Osun State?
2. What are the students' sexual education practices among female undergraduates of Private universities Osun State?
3. What are the students' family planning practices among female undergraduates of Private universities in Osun State?
4. What are the maternal health practices among female undergraduates of Private universities in Osun State?

Review of Related Literature

The concept of reproductive health was first introduced in the 1970s by the World Health Organization (WHO). That time, the global communities shifted attention to the

need for basic health services in clinics and health centers with more emphasis on child survival, family planning, maternal health and reduction of maternal mortality. Emphasis on quality of services, availability and accessibility of basic medical services and the need for social justice for all people was the news everywhere until the advent of Millennium Development Goals (MDGs) in Year 2000 which further highlighted the significance of reproductive health practices for all women of child bearing ages. The World Health Organization (WHO) identified three essential components of sexual and reproductive health practices namely family planning, sexual health and maternal health (WHO, 2000; 2009; Shalash, Alsalman, Hamed, Hello, Ghandour, Albarqouni & Rmeileh, 2019).

Reproductive health deals with the reproductive processes, functions and system at all stages of life. It also implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. It encompasses the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infants.

Reproductive health is affected by people's lives, including their economic status, education, employment, living conditions, family environment, social and gender relationships and the traditional and legal structures within which they live. Sexual and reproductive behaviour are governed by complex biological, cultural and psychosocial factors. Therefore, the attainment of reproductive health is not limited to interventions by the health sector alone. Nonetheless, most reproductive health problems cannot be significantly addressed in the absence of health services and medical knowledge and skills. A study in Nigeria indicated that about a quarter of adolescent experience sexual intercourse but only 10.7% of them had ever tested for HIV/AIDS. Furthermore, of 25.5% who admitted to having experienced sexual intercourse, only about two-thirds used condom in their last sexual intercourse. The same study showed that about a third of study population did not see anything wrong with pre-marital sex because they perceived it as normal, simply fun or that it does not matter (Omobuwa, Asekun-Olarinmoye, Olajide, 2012, AYA/Pathfinder, 2003).

The status of girls and women in society and how they are treated or mistreated also affect their reproductive health practices. Educational opportunities for girls and women powerfully affect their status and the control they

have over their own lives and their health and fertility. The empowerment of women is, therefore, an essential element for health. To answer the question who is most affected by reproductive health problems? Women are believed to bear by far, the greatest burden of reproductive health problems. Women are at risk of complications from pregnancy and childbirth; they also face risks in preventing unwanted pregnancy, suffer the complications of unsafe abortion, bear most of the burden of contraception, and are more exposed to contracting, and suffering the complications of reproductive tract infections, particularly sexually transmitted diseases (STIs). Among women of reproductive age, 36% of all healthy years of life lost their life's due to reproductive health problems such as unregulated fertility, maternal mortality and morbidity and sexually transmitted infections including HIV/AIDS. By contrast, the equivalent figure for men is 12%. Biological factors alone do not explain women's disparate burden. Their social, economic and political disadvantages have a detrimental impact on their reproductive health. Young people of both sexes are also particularly vulnerable to reproductive health problems because of lack of information and access to services.

The information is patchy, and at times conflicting, which results in poor understanding of sexual and reproductive health issues, and a great deal of confusion. Adolescents currently have no totally trusted authoritative sources of information with whom they can discuss their confusion and have issues explained to them in a way they can understand. The information adolescents feel they lack falls into three broad categories: sexual and reproductive health issues, the negotiation of sex and sexual relationships and making the transition to adulthood (Nobelius et al., 2012). Likewise, the assumption that doctors and other health service providers are valued as the primary sources of health information (Chandra-Mouli, Chatterjee & Mouli 2005) is not borne out by this study. Adolescents cited a number of reasons not to go to the local clinic, including uncertainty about provider's discretion and visibility to other patients who may gossip. However, these adolescents expressed the desire for technical information regarding sexual and reproductive health issues, including AIDS and sexually transmitted infection prevention and treatment, fertile period and contraception advice, condom use and reliability. They preferred this information to be delivered by a 'musawo' or 'medic'. A medical or nursing qualification was irrelevant to these participants; what was most important was, firstly, that a 'musawo' should be trained and knowledgeable in sexual and reproductive health issues, and, secondly, that they be available outside the clinic environment. Characteristics favoured in a 'musawo' were to be trustworthy, authoritative and preferably not known to

them or their families.

Several instruments have already been developed for situation analysis and needs assessment in different components of reproductive health, for example, family planning and safe motherhood. However, in the context of the new approach to reproductive health, it is necessary to ensure that assessment and prioritization reflect people's concerns as agreed at national and local levels and not the priorities of agencies or donors. It is important to avoid duplication and to develop tools that are appropriate for countries themselves. A number of such instruments already exist and are widely used. However, it is important to ensure compatibility and consistency among the various instruments currently available. Similar considerations apply to the selection of priorities for action in reproductive health. Criteria for identification of priority problems should include not only importance - prevalence, severity, public concern, government commitment, impact on family, community and development - but also the feasibility of addressing them - known interventions, cost-effectiveness, availability of financing, human resources and adequate equipment and supplies.

METHODOLOGY

The survey research design was utilized in this study. A survey research design provides a quantitative description of a population by studying a sample of that population. The sample result provides the researcher with data that was used to draw inferences to the population. The study was conducted by the researcher and seven (7) research assistants who were recruited from each university. The research assistants were individuals who had been thoroughly trained on the conduct of the survey. The research instrument was jointly administered by the researcher and the research assistants. Approval to administer the copies of the questionnaire was obtained from relevant authorities. At each study location, efforts were made to acquaint the target audience with the overall objectives of the study. The data generated were analyzed using descriptive statistics such as simple percentage and frequency distribution, mean and relative importance index (RII). At the second stage, the researcher used random sampling technique to select only female undergraduates from the participating schools covering 100 level to 400 level students for the study.

RESULTS

Table 1. Respondents Socio-Demographic Characteristics

Parameter	Classification	Frequency	Percentage
Age	16 - 18	50	41.7
	19 – 21	53	44.2
	22 – 24	11	9.2
	>24 years	6	5.0
	Total	120	100.0
Religion	Christianity	113	94.2
	Islam	7	5.8
	Total	120	100.0
Ethnic Background	Yoruba	55	45.8
	Hausa/Fulani	6	5.0
	Ibo	54	45.0
	Kalabari	4	3.3
	Ibibio	1	0.8
	Total	120	100.0
Department	Software Engineering	5	4.2
	Computer Science	3	2.5
	Public Health	5	4.2
	Microbiology	4	3.3
	Anatomy	18	15.0
	Nursing	9	7.5
	Business Administration & Marketing	4	3.3
	Political Science	13	10.8
	Public Administration	8	6.7

Table 1. Continuation

	Language and Library Studies	5	4.2
	Social Work	5	4.2
	Nutrition	5	4.2
	History	9	7.5
	Accounting	4	3.3
	Economics	5	4.2
	Mass Communication	13	10.8
	Music and Creative Art	3	2.5
	Agriculture & Industrial Technology	1	0.8
	Medical Lab Science	1	0.8
	Total	120	100.0
Level of Study	100	38	31.7
	200	28	23.3
	300	28	23.3
	400	26	21.7
	Total	120	100.0
Course of Study	Software Engineering	5	4.2
	Computer Science	4	3.3
	Public Health	4	3.3
	Microbiology	4	3.3
	Anatomy	18	15.0
	Nursing	9	7.5
	Marketing	2	1.7
	Political Science	13	10.8
	Public Administration	8	6.7
	English Studies	5	4.2
	Social Work	5	4.2
	Nutrition	5	4.2
	History	9	7.5
	Accounting	4	3.3
	Economics	5	4.2
	Mass Communication	13	10.8
	Business Administration	2	1.7
	Music and Creative Art	3	2.5
	Agriculture Economics	1	0.8
	Medical Lab Science	1	0.8
	Total	120	100.0
Nationality	Nigerian	120	100.0
	Total	120	100.0

Field survey, 2020

Table 1 revealed that the highest percentage of the respondents 44.2% were between the ages of 19 – 21 years, strictly followed by 41.7% who were between the ages of 16 – 18 years, 9.2% were between the ages of 22 – 24 years, while 5.0% of the total respondents have the lowest age percentage greater than 24 years of age. It was further gathered from the study that majority of the respondents involved in the study are Christians who accounted for 94.2% of the total respondents while 5.8% of the total respondents were Muslim students. As per their ethnicity, it was indicated that 45.8% of the respondents were Yoruba's, 45.0% were Igbo's, 5.0% were Hausa/Fulani, 3.3% were Kalabari whereas 0.8% were Ibibio.

Regarding the department each of the respondents have been studying with the institutions, it was indicated that Anatomy department has the highest percentage rate of students who accounted for 15.0%, strictly followed by 10.8% of the students who study Political Science and Mass Communication respectively. Others among the departments where the research was carried out include Nursing and History students who accounted for 7.5%, Public Administrations

students who accounted for 6.7%, Software Engineering, Public Health, Language and Library Study, Social Work, Nutrition and Economics students accounted for 4.2% respectively, Microbiology, Business Administration & Marketing, and Accounting students accounted for 3.3% respectively, Computer Science and Music and Creative Art students accounted for 2.5%, while 0.8% of the total respondents study both Agricultural & Industrial Technology as well as Medical Lab Science. The study further revealed that majority of the respondents who accounted for 31.7% are 100L candidates, closely followed by 23.3% of the respondents who were in 200L and 300L respectively, while 21.7% of them are 400L students.

Pertaining to their course of study, it was disclosed that majority of the students who accounted for 15.0% were studying Anatomy as their course of study, strictly followed by 10.8% of the students who study Political Science and Mass Communication respectively, 7.5% of the respondents study Nursing and History, 6.7% study Public Administrations, 4.2% study Software Engineering, English Study, Social Work, Nutrition and Economics respectively, 3.3% study Computer Science, Public Health, Microbiology and Accounting respectively, 2.5% study Music and Creative Art, 1.7% study Marketing and Business Administration respectively, while 0.8% of the total respondents study Agriculture Economics and Medical Lab Science as the course of study. The table finally showed that none of the respondents are from outside the country where the research exercise was carried out. This means that all the respondents/students used are all Nigerians.

Table 2. Sexual Education Practices among female undergraduates in private universities in Osun State

Sexual Education	Strongly Agree	Agree	Disagree	Strongly Disagree	\bar{X}	RII	Ranking
	F (%)	F (%)	F (%)	F (%)			
I cherish being a virgin, hence, I abstain from having sex	55(45.8)	42(35.0)	13(10.8)	10(8.3)	1.82	0.80	1st
I believe that, at my age, I should be in a relationship	43(35.8)	53(44.2)	17(14.2)	7(5.8)	1.90	0.78	2nd
I look for information on sexual issues	25(20.8)	63(52.5)	26(21.7)	6(5.0)	2.11	0.72	3rd
I avoid pornographic movies	28(23.3)	50(41.7)	30(25.0)	12(10.0)	2.22	0.70	4th
I regularly experience sexual urge/feelings	18(15.0)	56(46.7)	29(24.2)	17(14.2)	2.38	0.66	5th
I have had sex with my boyfriend before	7(5.8)	22(18.3)	47(39.2)	44(36.7)	3.07	0.48	6th
I play with my sex organ or with my friend's body when I have sexual urge/feelings	2(1.7)	9(7.5)	41(34.2)	68(56.7)	3.46	0.39	7th
Weighted Scores					2.42	0.65	

Field survey, 2020
(N = 120)

Key: Strongly Agree = (4), Agree = (3), Disagree = (2), Strongly Disagree = (1), \bar{X} = Mean, RII = Relative Importance Index

Table 2 revealed that the RII of majority of the items clearly surpass the threshold of 0.5. It was indicated that the highest rate on Sexual Education Practices among female undergraduates in private universities in Osun State was having cherish of being a virgin with (RII = 0.80) which was ranked 1st, this was closely followed by having believe of being in a relationship (RII = 0.78) ranked 2nd, ranked 3rd was looking for information on sexual issues (RII = 0.72), and ranked 4th was avoidance of pornographic movies (RII = 0.70). Others among the sexual education practices among female undergraduates include always having experience on sexual urge/feelings (RII = 0.66), having had sex with boyfriend before (RII = 0.48). It further shows that playing with sex organ or with friend's body when having sexual urge/feelings was ranked last among sexual education practices (RII = 0.39). Overall, the perception on the sexual education practices among female undergraduates was moderately low, indicating that few among the female undergraduates were rated below the RII of 0.39 on a 4 points scale.

Table 3. Family Planning Practices among female undergraduates in private universities in Osun State

Family Planning	Strongly Agree	Agree	Disagree	Strongly Disagree	\bar{X}	RII	Ranking
	F (%)	F (%)	F (%)	F (%)			
Do you believe HIV/AIDS is real?	83(69.2)	26(21.7)	8(6.7)	3(2.5)	1.42	0.89	1st
I abstain from sex in totality	41(34.2)	28(23.3)	33(27.5)	18(15.0)	2.23	0.69	2nd
I encourage the use of condom during sex	35(29.2)	40(33.3)	20(16.7)	25(20.8)	2.29	0.68	3rd
I only have sex during safe period	22(18.3)	29(24.2)	41(34.2)	28(23.3)	2.62	0.59	4th
I am aware that abortion remains a permanent family planning method	20(16.7)	27(22.5)	34(28.3)	39(32.5)	2.77	0.56	5th
I use contraceptive to prevent pregnancy	22(18.3)	16(13.3)	47(39.2)	35(29.2)	2.79	0.55	6th
I encourage my sex partner to use withdrawer method	7(5.8)	33(27.5)	50(41.7)	30(25.0)	2.86	0.54	7th
Weighted Scores					2.43	0.64	

Field survey, 2020
(N = 120)

Key: Strongly Agree = (4), Agree = (3), Disagree = (2), Strongly Disagree = (1), \bar{X} = Mean, RII = Relative Importance Index

Table 3 disclosed that the RII of all items is clearly greater than the threshold of 0.5. It revealed that ranked 1st amidst the Family Planning Practices among female undergraduates in private universities in Osun State was believing whether HIV/AIDS is real with (RII = 0.89), ranked 2nd was having abstain from sex in totality (RII = 0.69), ranked 3rd was encouraging on the use of condom during sex (RII = 0.68), ranked 4th was only having sex during safe period (RII = 0.59), 5th on the table was having aware that abortion remains a permanent family planning method (RII = 0.56), ranked 6th was use of contraceptive in preventing pregnancy (RII = 0.55). It further revealed that encouraging that sex partner in using withdrawer method was ranked last amidst the family planning practices (RII = 0.54). Overall, the perception on the Family Planning Practices among female undergraduates was high, revealing that none among the female undergraduates of private universities was rated below the RII of 0.54 on a 4 points scale.

Table 4. Maternal Health Practices among female undergraduates in private universities in Osun State

Maternal Health	Strongly Agree	Agree	Disagree	Strongly Disagree	\bar{X}	RII	Ranking
	F (%)	F (%)	F (%)	F (%)			
I believe regular attendance at Anti-natal clinic contribute to safe delivery	62(51.7)	37(30.8)	7(5.8)	14(11.7)	1.78	0.81	1st
I discuss maternal issues with my parents/guidance	57(47.5)	40(33.3)	13(10.8)	10(8.3)	1.80	0.80	2nd
I have enough information about pregnancy	44(36.7)	57(47.5)	14(11.7)	5(4.2)	1.83	0.79	3rd
I believe sudden cessation of monthly menstration can be a sign of pregnancy	28(23.3)	39(32.5)	41(34.2)	12(10.0)	2.31	0.67	4th
I have care for my darling child	34(28.3)	36(30.0)	16(13.3)	34(28.3)	2.42	0.65	5th

Table 4. Continuation

I have contacted sexually transmission infection before	8(6.7)	11(9.2)	36(30.0)	65(54.2)	3.32	0.42	6th
I have experienced pregnancy before	4(3.3)	11(9.2)	25(20.8)	80(66.7)	3.51	0.37	7th
Weighted Scores					2.42 0.64		

Source: Researcher’s field result (N = 120)

Key: Strongly Agree = (4), Agree = (3), Disagree = (2), Strongly Disagree = (1), \bar{X} = Mean, RII = Relative Importance Index

Table 4 explained that the RII of majority of the items clearly surpass the threshold of 0.5. It was demonstrated that having believe in regular attendance at anti-natal clinic contribute to safe delivery was ranked 1st among maternal health practices of female undergraduates in private universities in Osun State with (RII = 0.81), ranked 2nd was discussing maternal issues with parents/guidance (RII = 0.80), ranked 3rd was having enough information about pregnancy (RII = 0.79), ranked 4th was believing in sudden cessation of monthly mensuration which can be a sign of pregnancy (RII = 0.67), ranked 5th was having care for darling child (RII = 0.65), 6th on the table was having contacted sexually transmission infection before (RII = 0.42). The table further shows that having an experience with pregnancy before was ranked last among maternal health practices (RII = 0.37). Overall, the perception on the maternal health practices among female undergraduates in private universities was moderately low, indicating that few among the female undergraduates were rated below the RII of 0.37 on a 4 points scale.

Conclusion and Recommendations

The outcome of this study revealed a moderate level of sexual education practices among female undergraduates in private universities in Osun Stat with an overall (mean = 2.42) on the scale of 4-points. Besides, the findings further revealed a moderate level of family planning practices (mean =2.43) among female undergraduates in the selected universities and lastly, findings indicates a moderate level of maternal health practices among female undergraduates in the selected private universities in Osun State (mean =2.42). Therefore, this gap in knowledge implies that both family and the society in general need to ensure safe and health reproductive health practices for their female undergraduate students in Nigerian universities. Based on the findings, the following recommendations are thus suggested:

- 1.Parent should do all within their powers to health-educate their female youths on the dangers of poor reproductive health practices
- 2.University authorities should provide opportunities for students to address many of their reproductive health issues and problems for ease of management
- 3.Universities should increase its number of counsellors to address many of the sexual and reproductive problems faced by its students
- 4.There should also be a charter for sexual and reproductive health counseling division for the female students in the selected universities.

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