

**THE EFFECTS OF REPRODUCTIVE HEALTH
AWARENESS ON MENSTRUAL HEALTH HYGIENE
AMONG ADOLESCENTS IN BENUE STATE,
NIGERIA**

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Abstract

Many adolescent girls lack appropriate and sufficient information regarding menstrual hygiene. This may result in incorrect and unhealthy behaviour during their menstrual period. This study examined reproductive health awareness and menstrual hygiene among adolescents in Benue State, Nigeria. The theory of planned behaviour (TPB) was used for this study. Multi-stage cluster sampling method was used to select 400 respondents for the study. Questionnaires and key informant interview were used as instruments of data collection. The study revealed that, a majority of the respondents were aware of reproductive health and menstrual hygiene. It was also found that reproductive health awareness can affect the practice of menstrual hygiene among adolescent girls in Benue state. The study suggested that teenage girls should be educated about reproductive health, sanitary pads should be provided free to teenage girl by the government especially at primary and junior secondary schools, parents should feel free discussing reproductive health issues with adolescent girls and teaching of reproductive health should be intensified at all levels of education.

Keywords: Reproductive, Health, Menstrual, Hygiene and Adolescents

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Introduction

Adolescents' reproductive health is one of the most important human issues globally. It is a condition of male and female reproductive systems, and their ability to have a responsible, satisfying and safe sex life (WHO 2012). Reproductive health extends into the years before and beyond the years of reproduction, not just the time of reproduction (Ajah, Onubogu, Okechukwu, Lawani, Chukwuemeka, Emeka & Ajah, 2015). Awareness of reproductive health is fundamental for their transitional period as decision made during this stage is longlasting. However, in developing countries, about half of the adolescent girls lack adequate drinking water, sanitation, and hygiene crucial for girls to manage their period. In different countries of South Asia, 64, 43.1, and 41% of adolescent girls are absent from school due to menstruation and nearly 70% of schoolgirls reported a lack of supplies for managing menstruation at school (Daniel, Kejela, Fantahun, Desalegn & Guteta, 2023). In sub-Saharan African countries including Ethiopia also showed that majority of adolescent girls reported a lack of safe, private, and clean toilets with washing facilities at schools which is important for menstrual health management practices (Gena, 2020).

In Ethiopia, menstruation is been perceived as being cursed, a sign of disease and punishment from God (Keto, Tilahun and Mamo, 2020; Abraham, Yitbarek and Morankar, 2019). In Gambia, adolescents constitute 23.2% of the population, approximately 415 000, whilst young people aged 10–24 years account for 29.0% of the population. Like their peers in other developing countries, they are faced with early physical maturation (Tilahun & Kasulkar, 2015). The effect of sexual reproductive health on adolescent girls is that those associated with sexual maturation are the most distinctive as well as the most problematic. It profoundly affects adolescent girls on their life through substantially lower education prospects, health complications, a higher likelihood of acquiring HIV/AIDS, sexual transmitted diseases, sexual transmitted infections, as well as strains on the economy of the nation (Okeibunor, 2017).

In Kenya, adolescent girls face several reproductive health challenges due to lack of awareness on their reproductive health. Adolescents lack easy access to quality and friendly healthcare, prevention and treatment of sexually

transmitted infections, safe abortion services, as well as menstrual health management (Omweno, 2013). Adolescents need to be engaged in all matters relating to sexual and reproductive health to help them gain information that will help them make informed decisions.

In Nigeria, adolescent girls aged 10-24 years constitute one-third of the over 140 million Nigerian population. This number of adolescent girls was projected to exceed 57 million in 2025 (Okeibunor, 2017). This shows that lack of reproductive health information are exposing these young people to the risks of menstrual tract infections. In Benue State, there are several teenage girls who may lack proper knowledge about reproductive health. This is an important sanitation issue which has long been in the closet and still there is a long standing need to openly discuss it. The onset of menstruation represents a landmark event in pubertal development of the adolescent girl. Menstruation, and the menstrual cycle are characterized by variability in volume, pattern and regularity, which at the earlier stages of the development of the adolescent can create emotional discomfort particularly to the poorly informed girl. It is against this background that the study examined the reproductive health awareness among adolescents in Benue State, Nigeria.

Literature Review and Theoretical Framework

Parents and family members are significant sources of information, beliefs available to adolescent girls. They shape the adolescents perceptions and also influence their choices about their sexual behavior (Khan, Maqbool, Mohammad, Adesina. and Fekadu, 2019). Chepkoech, Khayesi and Ogola (2019) also add that adolescent girls need guidance from transition of childhood to adulthood and therefore parents need to be close to them to help them make the right decisions in their lives. Parents have significant potential to reduce sexual risks behaviour and promote healthy adolescent sexual evolution. Parents can realize this potential through communicating with their adolescent girls about hygienic menstruation, sexual behaviour and decision-making, (Ayalew, Mengistie & Semahegn, 2014).

A study by Krishna (2019) on Awareness regarding menstrual hygiene among girl Students of a school in Chitwan revealed that 156 (84.8%) of adolescent girls were aware of menstrual hygiene and 176 (95.7%) knew about the criteria of ideal absorbent to be used during menstruation. But it was found that they were aware of at least 2 (1.1%) about how often the absorbent can be changed. The respondents had the better awareness regarding other factors like washing the genital organs, changing of sanitary pad, disposing of sanitary pads and washing of genital organs during menstruation.

A study conducted by Funmito (2017) on assessment of knowledge, attitude and practice about menstruation and menstrual hygiene among secondary high school girls in Ogbomoso, Oyo state, Nigeria reported that (96.4%) of adolescents have heard about menstruation before menarche while 55.9% had good knowledge of menstruation and menstrual hygiene. Despite the high level of knowledge, about 64% of the respondents describe their response to their first menses as scary, discomforting or emotionally disturbing. Also, only 25% of the respondents had good menstrual hygiene practice.

Lack of knowledge and awareness on menstruation preparedness and management due to shyness and embarrassment, becomes worse for girls. Menstruation is a natural process but it is still a taboo to other societies. Menstrual hygiene management often remains as a low-priority component in any emergency/humanitarian crisis situation as it is not considered life-threatening and girls face formidable challenges to manage their menstruation safely and comfortably with dignity. There is a strong need for international consensus and improve guidance across all relevant sectors for improving menstrual hygiene management response in emergency context. Good menstrual hygiene triggers health, confidence, and self-esteem of adolescent girls and is link to gender equality and basic human rights.

Theoretical Framework

The study adopts the theory of planned behaviour (TPB) by Ajzen (1991) for analysis. This theory links beliefs to behaviour. To accommodate such

behaviours, Ajzen added a variable called perceived behavioural control. This refers to the perceived ease or difficulty of performing the behaviour, and is assumed to reflect past experiences as well as anticipated obstacles. According to Ajzen (1991), perceived behavioural control is a function of control beliefs, just the same way as subjective norm is a function of normative beliefs. It is assumed to have a direct influence on intention. For desirable behaviours, greater perceived behavioural control should lead to stronger intentions.

Perceived behavioural control may also have a direct predictive effect on behaviour, through two different mechanisms. First, holding intention constant, an individual with higher perceived behavioural control is likely to try harder and to persevere for long than an individual who has lower perceived control. Secondly, people may have accurate perceptions of the amount of actual control they have over the behaviour.

This theory is relevant to this study because it talks about attitude, behavior and intentions of adolescent girls in management of their menstrual periods. Adolescent girls rely on wide range of information from their parents, peers, and religious groups. What they hear or informed about has a tendency of shaping their behaviours. Adolescent girls easily sway in to early sexual activities without taking in to consideration the consequences on their health. Also, most of the behaviours put up by adolescent girls are not intentional or at will but are learnt through their peers.

Methods

This study adopted a survey research design to examine the reproductive health awareness and menstrual hygiene among adolescent girls in Benue State. The setting for this study is Benue state. The population of this study comprised of adolescent females from 12 years to 19 years who reside in the rural and urban areas of the State. The population also comprised of mothers who are more close to the female children and usually give them education about reproductive health and healthcare workers who are vast in reproductive health practices and management.

Since the population of adolescent girls in Benue State is currently unknown, proportionate sample size for this study was determined using the formula for unknown population. Therefore, the sample size of this study was determined using Cochran's (1977) formula for unknown population.

This study adopted a multistage cluster sampling techniques in drawing the sample for the study which has to do with the division of the total population into relatively small heterogeneous groups know as clusters). First Benue State was clustered into three senatorial Zones, A, B and C.

Zone A which has seven Local Governments Areas namely; Katsina-Ala, Konshisha, Kwande, Logo, Ukum, Ushongo, Vandeikya. Zone B has seven Local Government Areas, Buruku, Gboko, Guma, Gwer East, Gwer West, Makurdi, Tarka and Zone C has nine Local Government Areas (Ado, Agatu, Apa, Obi, Ogbadibo, Ohimini, Oju, Okpokwu and Otukpo,

Secondly, the stratified sampling technique was adopted to select one local government in every geo-political zone, thus in Zone A, Vandeikya Local Government Area was selected, Zone B, Makurdi; while in Zone C Otukpo Local Government Area was selected.

Thirdly, the Simple random sampling technique was used to select three council wards in Vandeikya and Otukpo and four council wards in Makurdi because Makurdi is the State capital and has the highest population making a total number of ten councils. The selected council wards were (Vandeikya LGA) Mbayongu, Mbakyaha and Township; (Makurdi LGA) Agan, Bar, Fiidi and Walomayo; (in Otukpo) Adoka-Icho, Okete and Otukpo Town Central.

In the fourth stage, 40 households were selected from all the council wards. In each of the household, only one adolescent girls, was selected for the study. Households that had more than one adolescents, all of the adolescents were brought together, and a shuffle containing "yes" or "no" was conducted, the one who picked "yes" participated in the study. Also, any household without adolescent girl was not selected for the study. Similarly, 7 key informants were selected from Vandeikya and Otukpo and 9 key informants were selected in Makurdi using purposive sampling technique.

The instruments for data collection for this study were questionnaire and key informant interview. The study employed both quantitative and qualitative method in analyzing the data. The quantitative data in this study was analyzed using descriptive statistical measures while the qualitative analysis was done using manual content analysis.

Results

Socio-Demographic Characteristics of Respondents

This section examines the socio demographic characteristics of respondents

Table 1: Socio demographic Characteristics of Respondents

Variable	N=377	Percentage (%)
Age		
12-13	70	18.6
14-15	152	40.3
16-17	80	21.2
18-19	75	19.9
Educational attainment		
Non-formal	27	7.2
Primary	122	32.4
Secondary	190	50.4
Tertiary	38	10.1
Marital Status		
Married	14	3.7
Single	349	92.6
Divorced/Separated	3	0.8
Others specify	11	2.9
Ethnicity		
Tiv	115	30.5
Idoma	103	27.3
Igede	57	15.1
Nyifon	31	8.2
Abakwa	23	6.1
Etulo	29	7.7
Others specify	19	5.0
Religion		
Christianity	254	67.2
Traditional	60	15.9
Islam	22	5.8
Others specify	41	10.9

Age at first menarche		
12-13	11	2.9
14-15	289	76.7
16-17	55	14.6
18-19	22	5.8
Family status		
Total orphan	72	19.1
Partial orphan	60	15.9
Single parenting (alive)	125	33.2
Both parents (alive)	120	31.8
Place of residence		
Urban	196	52.0
Rural	181	48.0

Source: Field Survey 2023

Table 1 indicates that, the respondents between the ages of 12-13 were 70 (18.6%), 290 (76.9%) of the respondents were between the ages of 14-15, 55 (14.6%) were between the age range of 16-17, while 22 (5.8%) were between the ages of 18-19. 24 (6.4) had no formal education, 122 (32.4%) had first school leaving certificate 90 (50.4%) of the respondents had senior secondary school certificate, while 38 (10.1%) had tertiary education. 339 (89.9%) of the respondents were single, 14 (3.7%) of the respondents were married, 3 (0.8%) were divorced, while 21 (5.6%) of the respondents were widowed. Tiv were 115 (30.5%), Idoma were 103 (27.3%), Iggede were 88 (23.3%) while other tribes such as Nyifon, Etulo, Abakwa among the respondents others were 71 (18.8%). 74 (19.6%) of the respondents were total orphans, 97 (25.7%) were partial orphans, while 206 (54.6%) of the respondents had both parents alive.

Similarly, the table indicates that, 196 representing 52% of the respondents were from the rural setting of the state, while 181 representing 48% of the respondents were from the urban setting of the state. 254 (67.4%) of the respondents were Christians, 65 (17.2%) of the respondents were Muslims while 58 (15.4%) were of the traditional African religion. 10 (2.7%) of the respondents had menarche at the age 12-13, 290 (76.9%) of the respondents' menarche at the age between 14-15, 55 (14.6%) had menarche at ages between 16-17 while 22 (5.8%) first menarche at age range between 18-19.

Level of Awareness of Reproductive Health among Adolescent Girls in Benue State

This section of the study examined the level of awareness of reproductive health information to the respondents. In this study, the mean scores of 2.50 and above indicated acceptance while the mean scores of <2.50 indicated rejection.

Table 2 Level of awareness of reproductive health among adolescent girls in Benue State

S/ N	Statements	SA	A	U	D	SD	X	Stdv
1.	Am aware of reproductive health and Menstrual Hygiene	90 (25.8)	120(34.4)	99(28.4)	30(8.60)	10 (2.9)	3.72	1.032
2	My friend taught me	100(28.7)	203(58.2)	16 (4.60)	10 (2.9)	15 (5.7)	4.01	.983
3	My mother taught	105 (30.1)	209 (59.9)	20 (5.7)	15 (4.3)	-	4.16	.712
4	I learnt in school	90 (25.8)	249 (71.3)	10 (2.9)	-	-	4.23	.484
5	I learnt about it on social media	80 (22.9)	111(31.8)	19 (5.4)	99 (28.4)	40 (11.5)	3.26	1.38
6	I am aware of the changes in my period	90 (25.8)	120(34.4)	99(28.4)	30(8.60)	10 (2.9)	3.72	1.03
7	I am not always free to discuss about it with other members of my family	100(28.7)	203(58.2)	16 (4.60)	10 (2.9)	15 (5.7)	4.01	.983
8	I feel shy to discuss about reproductive health in the public	105 (30.1)	209 (59.9)	20 (5.7)	15 (4.3)	-	4.16	.712
9	I learnt about it during church programmes/meeting	90 (25.8)	249 (71.3)	10 (2.9)	-	-	4.23	.484
10	Teachings about reproductive health are done everywhere these days	80 (22.9)	111(31.8)	19 (5.4)	99 (28.4)	40 (11.5)	3.26	1.38

Source: Field Survey, 2023

It was found that majority of the respondents were aware of high level of awareness about reproductive health and menstrual hygiene as revealed by the mean score of 3.72 the mean score of 4.01 indicated that adolescents in Benue State discussed about their menstrual hygiene with their peers, the mean score of 4.16 indicated that mothers taught their female children about menstrual reproductive health; it was also found that schools taught adolescents about their reproductive health, and that a majority of the respondents knew about the changes in their menstrual period with mean

score of 3.72. Most of the adolescents were not free to discuss about reproductive health with other members of their families, the mean scores was 4.16; some church programmes taught about reproductive health to the adolescents, with the mean scores of 4.23 while to many other respondents, teachings about reproductive health are done everywhere these days with the mean scores of 3.26. The standard deviation for the study ranged between .484-1.38 indicating the clones of the values to the means.

Collaborating the views from the result in the questionnaire instrument, a key informant (health professional) in Anhura, Vandeikya (Zone A) interviewed on the 5th August, 2023, has this to say about the level of awareness on reproductive health in Benue State:

Reproductive health awareness and health issues generally are not known by people of this state, people are ignorant of their health and even menstrual cycle, these girls have suffered diseases and unwanted pregnancies because no one talked to them about it and it look as if no one has time to talk about it, which is a very bad thing. Adolescent girls deserve to know their reproductive health and menstrual hygiene issues but majority of them don't know about it

A mother in Makurdi LGA, cluster on the 5th August, 2023, had this to say:

Most mothers do not have time for their daughters not to talk of educating them on menstrual hygiene or any issue concerning women, a woman that has not seen food the whole day to eat how can she seat her daughter down to talk to her; after all, they may say to their child that my mother did not teach me anything about that, so you too learn it yourself.

A healthcare personnel in Vandeikya cluster 12th August, 2023 stated that:

I think mothers do not teach their daughters or discus issues concerning menstrual hygiene because they are illiterate, a woman that has not been to school all her life what do you expect of her. As for me I try my possible best to inform my daughters on reproductive health and it challenges.

Another mother in Otukpo on the 12th August, 2023 reported that:

As a mother, I make sure I provide my daughters with the necessary information on sexual and reproductive health, how to take good care of their body when menstruating and also how to prevent sexually transmitted infections.

An interview with a community women leader on the 12th August, 2023 in Otukpo cluster revealed thus;

Parent and guidance should be the first to give their daughters information on their reproductive health issues, reason been that, they are more reliable to pass such information to their daughters. But information concerning menstruation is very scares due to the fact that, it is been considered as something dirty and unclean and should be kept secretly.

In Makurdi, another interview with a pastor's wife at Agan, Makurdi cluster on 5th July, 2023 revealed thus:

Toh..... to me oooo, adolescent girls should first have their sexual and reproductive health information from mothers, schools and also the church, but it is unfortunate that most of these girls do not get such information from their parents because some of these parents are illiterate who cannot pass such information to their daughters. If as a parent you cannot fulfill your duty as a parent when your daughter needs you most and you cannot, then what is the need of giving birth to her. The church which is supposed to help this girls get information about their reproductive health and menstrual hygiene sees it as something unclean like the woman in the bible.

Another respondent disclosed during the interview on 15 July, 2023 thus:

No matter how busy I am, I make sure I educate my two beautiful daughters on reproductive health issues including how to take good care of themselves during their menstrual

period, how to avoid unwanted pregnancy, sexually transmitted infections and the materials to be used during menstruation.

Based on the data obtained from the field through questionnaires and interview with key informant, there is a contradiction as majority of the respondents from the questionnaire opined that adolescent girls get information on menstrual hygiene through their parents, followed by friends. Data from key informant interview clearly demonstrated that adolescent girls obtained information on menstrual hygiene and reproductive health from their mothers and schools, some of the respondents lamented that information on reproductive health and menstruation is scarce to adolescent girls because most of them are not enrolled in school or never discuss with their parents. Some of the parents revealed that most parents felt bad in discussing such matters with their ward/children, they feel it is a taboo or against the culture. It can be deduced from the above analysis that information on reproductive health and menstrual hygiene is still scarce among adolescent girls in the study area which more effort is needed by appropriate authority to transmit the right information on reproduction health and menstrual hygiene to adolescent girls.

Table 3 :The effects of reproductive health awareness on menstrual health hygiene among adolescents in Benue State

S/N	Statements	SA	A	U	SD	D	X	stdv
1.	Reproductive health awareness helps me to manage my menstrual period properly	123 (32.6)	115 (30.5)	26 (6.9)	86(22.8)	27 (7.2)	3.26	1.38
2.	Awareness on reproductive health and menstrual hygiene management help adolescent girls to mitigate stigma and shame	187 (49.6)	73 (19.4)	17 (4.5)	55 (14.6)	45 (11.9)	3.72	1.032
3.	By knowing about their reproductive health and menstrual hygiene adolescent girls are enabled to take better and more informed decision on their sexuality/sexual life	226 (59.9)	92 (24.4)	11 (2.9)	38 (10.1)	10 (2.7)	4.01	.983
4.	Reproductive health awareness enables adolescent girls to access different menstrual products	192 (50.9)	68 (18.0)	15 (4.0)	92 (24.4)	10 (2.7)	4.16	.712
5	It helps me to precautionary measures within my reach easily	(84) 24.1	(241)69.1	(24) 6.9	-	3.2	3.2	1.38
6	It helped me handle issues of infectious diseases	(44)12.6	(103)29.5	(34) 9.7	(146)48.1	2.2	2.2	.924
7	It helped me to manage myself whenever I see my menstrual period	(12)3.4	(84)24.1	(108)3 0.9	(145)41.5	4.1	4.1	.712
8	It helped me to know the kinds of sanitary pads to use when I see my period	123 (32.6)	115 (30.5)	26 (6.9)	86(22.8)	27 (7.2)	3.26	1.38
9	It helps to know that menstruation in early adolescence is normal	187 (49.6)	73 (19.4)	17 (4.5)	55 (14.6)	45 (11.9)	3.72	1.032
10	It helps me to Know sanitary products exits for menstrual protection	226 (59.9)	92 (24.4)	11 (2.9)	38 (10.1)	10 (2.7)	4.01	.983

Source: Field Survey, 2023

From the findings on the effects of reproductive health awareness on menstrual health hygiene among adolescents in Benue State showed that, all the statements had the mean score of >2.50, this showed that reproductive health awareness helped to manage menstrual period properly, awareness on reproductive health and menstrual hygiene management help adolescent girls to mitigate stigma and shame, by knowing about their reproductive health and menstrual hygiene adolescent girls are enabled to take better and more informed decision on their sexuality/sexual life, reproductive health awareness enables adolescent girls to access different menstrual products, it helped to precautionary measures within their reach easily. The statement that it helped them to handle issues of infectious diseases was rejected with the mean scores of <2.50 which indicated rejection. It was also accepted that it helped them to manage themselves whenever they see their menstrual period, it helped also to know the kinds of sanitary pads to use when and to know that menstruation in early adolescence is normal and the sanitary products exits for menstrual protection. These findings had the standard deviations which ranged from .712 to 1.38. The result obtained from the questionnaire corresponds with that in the interview, that creating

awareness on reproductive health and menstrual hygiene among adolescent girls will go a long way in helping them mitigate stigmatization and shame in the society.

A key informant interviewed said that:

Learning about menstrual cycle is important for adolescents for the purpose of knowing about fertile periods and of contraception. Collective knowledge of age at menarche, menstrual cycle and duration of menstrual flow in adolescents is also useful for allaying fears and psychological trauma that may arise from an unexpected appearance of blood per vagina at menarche.

In addition, another key informant in Makurdi had this to say:

Sufficient knowledge of menstruation is expected to empower the adolescents to delineate between physiologic and abnormal uterine bleeding. Furthermore, it is a well known fact that adolescence is a period of increased risk-taking and therefore susceptibility to behavioural problems at the time of puberty.

This assertion is corroborated by another qualitative findings that

Menstruation illustrated the different cognitive development of the girls by the type of questions they asked during the session. While the late adolescents focused on coping with relationships and demands for sex, the early and middle adolescents focused on their feelings, relationships, menstruation and breast size.

Those in childhood (7-11 years) appeared totally ignorant about parts of their body; and myths and misconceptions were identified in all age groups. This is a clear indication for the need of sexuality education amongst the adolescents. While learning about menstruation and what surrounds it, the girls should also be exposed to consequences of intimate relationships with their male counterparts and of contraceptive knowledge to prevent unwanted abortions and STIs including HIV and AIDS. Promotion of healthy

sexual maturation and prevention of diseases are among the key reasons for menstrual hygiene.

Discussion of Findings

Findings of the study showed that, majority of the respondents were aware of reproductive health and menstrual hygiene. The sources of information about reproductive health among adolescents included mass media, social media, parents/families, peers/friends, schools.

However, the views of the respondents in KII are that, adolescent girls' access to information on reproductive health and menstrual hygiene are limited and poor within the study area and little that have such access gets it through sources such as radio, newspapers, medical personnel, peers etc. This finding correlated with the finding of Keto, Tilahun and Mamo (2020) who posited that Teenage girls spend quality time of their lives at home with their parents and relatives but surprisingly issues bordering on sex and menstruation are considered as taboos. However, when the teen girl becomes pregnant or gets infected with a disease, she will be treated with disdained and almost banished from the family by the members who would have guided her. Information about sexuality and reproductive health should be introduced in schools, as early as the senior secondary schools and also in the general studies lectures in tertiary institutions. In a study by Dixit (2022) majority of the girls (86%) knew about menstruation before menarche occurred. In contrast study done by Ester (2019) in Rundu, Namibia all (100%) the girls had knowledge on menstruation before menarche. The difference may be due to attributed socio –demographic and cultural difference of the participants.

It was also found that awareness of reproductive health helped adolescents in menstruation management which help them avert stigma and shame in the society. This finding also correlated with Cultural Belayneh and Mekuriaw (2019) who found that poor knowledge and understanding of menstruation may lead to unsafe hygienic practice that intern increases the risk of reproductive and genito-urinary tract infections, cervical cancer, school drop-out, poor academic performance and overall poor quality of life.

This was an institutional based cross-sectional study conducted at Gedeo zone high schools among 791 randomly selected adolescent girls using multi stage sampling technique.

Conclusion/Recommendations

Sexual and reproductive health of adolescent girls is an important aspect of health, however, some girls have rights to information to allow them to make informed decisions, and the rights to access the services required to turn those decisions into reality without fear of reprisal or shame. It is important to note that a majority of girls have heard of reproductive health challenges information with the sources being the peer, health facilities, community leaders, media, parents, relatives and religious leaders, though some of the sources were unreliable especially the peers.

Therefore, there is need to establish teenage-friendly clinics and include sexuality education in the curriculum of schools in this environment. This will not only help the teenage girls have the right menstrual health information but also increase their acceptability of reproductive health services.

There is need for the society to devote time and resources to ensure that the teenage girls acquires the desired information from trained personnel to assist make informed decision on reproductive health services information.

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