Research Article

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Journal of Health Care Communications
ISSN 2472-1654

2021
Vol.6 No.6:6393

"They are too Young for that…they may Go Haywire": Stakeholders' Expression of Boomerang on Contraceptives Communication Campaign Targeting Adolescents in Ibadan, South-western Nigeria

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Received date: October 13, 2020; **Accepted date:** August 16, 2021**; Published date:** August 26, 2021

Citation: Kamoru Aremu Salaudeen (2020) They Are too Young for that they may Go Haywire Stakeholders Expression of Boomerang on Contraceptives Communication Campaign Targeting Adolescents in Ibadan, South western Nigeria. J Health Commun Vol.6 No.6:6393.

Abstract

Stakeholder's objections and resistance to adolescent sexual and reproductive health (ASRH) communication campaign and interventions has been for decades. Generally, the point of divergent among stakeholders and intervention partners varies from community to community depending on their socio-cultural and religious systems. Messages to adolescents about abortion, contraceptives, age of sexual intercourse debut have continued to create controversies. All these are documented in extant literature globally. underpinned by the boomerang effect theory, this study adopted in-depth interview to investigate the attitude and perception of teachers and parents as well as factors that the effectiveness of contraceptives messages targeted at in-school adolescents in a local government in Ibadan, Nigeria. It was discovered that parents and teachers believed that ASRH messages to in-school adolescents were beneficial and helpful and they were ready to serve as behaviour change agents in that regard. They, however, wanted abstinence-only messages as they perceived the use of contraceptives by adolescents to be unacceptable to their customs, values and strongly-held beliefs. The study, therefore, categorised this as a form of unintended outcome [28], [8] and [9] of the interventions involving adolescent use of contraceptives. It was then suggested that interventions on contraceptives, especially in communities related to that of this study should bridge orientation between intervention partners and community stakeholder. Community customs and values should also be considered to avoid and generalize the campaign approach.

Keywords: Adolescents; Contraceptives; Community values; Communication campaign; Stakeholder

Introduction

Communicating adolescent reproductive health has been a subject of controversy for about two decades and a half now. The rate of sexually risky behavior and poor sexual health among adolescents is alarming. Indices marking this include the increasing rate of sexually transmitted diseases (STDs), preponderance of teenage pregnancy and motherhood and their attendant social and health problems. This preponderance of unhealthy sexual habit of adolescent children could be linked to amorous media exposure through home video amidst busy and unavailable parents. To therefore reduce the effects which include abject poverty, illiteracy, out-of-school children, single parenting, among others, the felt need of communicating healthy sexual behaviors to adolescent becomes inevitable. The most common strategy in the communication campaign of adolescent sexual and reproductive health (ASRH), regarded as evidence-based, is the school-based comprehensive sexual and reproductive health education strategy. This ASRH campaign strategy which partly encourages abstinence, stresses safe sex and pregnancy prevention via the use of condom and other modern contraceptive methods as against abstinence-only campaign strategy. Hence, the promotion of contraceptives, which is the nucleus of comprehensive sexual and reproductive health (SRH) communication campaign has generated heated debates and vehement resistance from certain communities globally. The debate takes different dynamics depending on the status of the target audience of the campaign on one hand, and the socio-cultural norms as well as customs cum values of the target community on the other hand.

As a result of established resistances, ASRH service providers including school teachers, volunteer staff and even some health workers seem to be reluctant in delivering ASRH campaign messages and services to adolescents who are core beneficiaries of the campaign. While cultural norms and religious beliefs are suggested to be responsible for this stance, scholars have also called for aligning campaign messages and processes with the strongly held community norms and beliefs of the target community. How community values and customs affect the dissemination of ASRH messages especially as related to delivering contraceptives messages to adolescents is therefore at the crux of this study.

Objectives of the Study

The main objective of this study is to examine the attitude and perception of parents and teachers in the study population on communication contraceptives messages as part of SRH information to adolescents under their care, be it children or students.

Hence, the study specifically aims at:

- Examining the factors that affect the attitude of parents and teachers in Ibadan North West Local Government on the dissemination of contraceptives messages to in-school adolescents;
- Understanding parents' and teachers' perception of communicating contraceptives contents to secondary school adolescents.

Research Questions

The following research questions, therefore, drive the study:

- Factors affect the attitude of parents and teachers in Ibadan North West Local Government on the dissemination of contraceptives messages to in-school adolescents?
- What how do parents and teachers in Ibadan North West Local Government perceive communication of contraceptive contents to adolescents in secondary schools?

Theoretical Framework

This study was underpinned by the boomerang effect theory propounded by [8]. The theory which has seven propositions summarized into two main paths hypothesized that a strategic or campaign message could be interpreted and applied in the direct opposite way to the intended objective of the campaign. the two main paths according to the theorists are one, message receivers may process and encode the message as intended but proceed to resist it (especially when they think accepting it may deprive them of freedom). Two, instead of processing the message as intended, receivers of the message may essentially "miss the point" and be persuaded and affected by elements of the message that induce a boomerang effect. This means that a behavior change agent that does not consider those who will deliberately resist the message and act otherwise (psychological reactance) among the target audience might have unknowingly prepared ground for unintended interpretation and application of the message. Again, to prevent boomerang (a type of unintended effect) the message must be packed and presented in consideration of the cognitive capacity of the target audience [9], [8].

The seven propositions of the boomerang effects theory as propounded by the theorists are as follows:

- If a receiver processes intended elements, then cognitions related to these elements become more accessible in the mind of the receiver than those related to unintended elements
- If a receiver processes unintended elements, then related unintended cognitions become more accessible in the mind of the receiver than those related to the intended elements
- For the strategic message to result in the intended effect, constructs related to the intended elements should be more accessible in the mind of the receiver than those related to unintended elements
- Receivers low in ability will process the easiest elements of a message such that:

If unintended elements of a message are easier to process than the intended elements, then constructs related to the unintended elements will be activated in the mind of the receiver

If the intended elements of a message are easier to process than the intended (sic) elements, then constructs related to the intended elements will be activated

- Receivers high in ability will process the most salient elements of a message such that:

If the unintended elements of a message are more personally salient than the intended elements then constructs related to unintended elements will be activated in the mind of the receiver

If the intended elements of a message are more personally salient than the intended (sic) elements then constructs related to intended elements will be activated

- If the intended constructs produce resistance and/or negative effects toward the intended outcome, the receiver will exhibit an unintended effect
- If unintended constructs have been activated in the mind of the receiver, then an unintended effect will result. In an open system, this effect may be suppressed by factors external to the message[8]

These seven propositions were applied to the data collected from the parents and teachers interviewed in the study. This was geared towards synthesizing the data with the theories and extant literature.

Methodology

This study adopted in-depth interview among twenty respondents, ten teachers and ten parents in Ibadan North West Local Government Area of Oyo State to measure attitude, perceptions and factors affecting the communication of contraceptives messages to adolescents in the study population. The ten teachers were selected through systematic random sampling, one from each selected school within the study population. While the schools were selected through systematic random sampling, the interviewed teachers were either selected using purposive or snowball sampling technique. Where the school counselor was selected, the purposive sampling was involved. In cases where the school did not have a counselor, the principal identified a teacher to be interviewed, a sort of snowballing sampling technique. This is consistent with [34] on the selection of parents into the study, they were selected using both purposive and convenience sampling techniques. Firstly, the parent must have an adolescent child in a secondary school in the study setting. The parent must also be resident in the same locality with a selected school. Then, an interview was conducted with such parents who volunteered to be part of the study. In fact, some parents were approached for interviewed but declined participation in the study.

Literature

Contraceptives Use among Adolescents

The justification for encouraging adolescents to adopt contraceptives was based on the fact that the majority of them are sexually active. Studies have reported worrying data on the increasing effect of penile/vagina casual sex among adolescents including pregnancy, STDs/STIs and soio-economic factors. For instance, having found that "…eight in 10 young women" in both Sub-Saharan Africa and developed countries have had their first sex before age [20], [37] categorized the consequences of early and unwanted pregnancies among adolescents as into four, viz: "Medical consequences of early pregnancy, sexually transmitted infections (STIs), Unsafe abortion, Social and personal consequences of early pregnancy". The ICPD 1994, linking early sexual debut to population explosion and poverty, recommended in its programme of action, among others, long education and school-based contraceptives education for adolescents to forestall the various challenges of early sexual debut as categorized above by the World Health Organization.

However, since the commencement of implementation of the ICPD Programme of action, different evaluative studies on the adoption of contraceptives among adolescents have continued to report a low level of contraceptives among adolescents [37] with various levels of use from different countries and regions. In Swaziland where female adolescents are more sexually active than their male counterpart, for example, 37% of girls and 21% of boy commence sexual intercourse by age 16 years while childbearing begins at an average of 17 years old. Whereas 79% of these unmarried sexually active adolescents intended to start childbearing at least by age 18 years, 50.7% are not using a method of contraception. The case is not different in Nigeria as reported by [10]. The main reasons for non-use of contraceptives among adolescents include "fear of side-effects or health concerns, not married and lack of access or too far". There is, therefore, the need to understand the reasons for the non-use among adolescents and to develop policies and programs to adequately address the reasons [38]. One of the probably ignored reasons, especially in the African contexts could be consideration of community customs and values as recommended by [19]. In African settings, for instance, the community own the right to determine how appropriate to use one's body (sexually) [14], while the sexual and reproductive health right [33] gives an individual the right to determine their sexual habit irrespective of the customs of the community. Even though there had been objections and resistances from immediate community leaders in the U.S in the past (Dorovan,), newer studies from the U.S and U.K have reported less resistance with more positive outcomes of intervention about the adoption of contraceptives among in-school adolescents [38]. In a study of Malawian adolescents' attitude to using contraceptives [15] reported adolescents to have said that non-use of contraceptives was as a result of personal beliefs and values and the opinion that it could lead to promiscuity. They cited the case of an adolescent who preferred pills because condom reduces pleasure but later became sexually promiscuous with multiple partners. This will definitely prevent pregnancy but may expose her to STDs [15] further stated that the adolescents in the study strongly believed that contraceptives are not for unmarried adolescents, hence married people should be the sole target of contraceptives interventions (and campaigns). They perceived contraceptives as promoting premarital sex among adolescents. This, according to the Malawian study, was a negative outcome. This is despite the appreciable increase in SRH knowledge among adolescents as identified in previous studies [1]. In fact, recent studies [11] as well as UNICEF and UNAID (2017), for instance also called attention to how the increased knowledge of SRH issues among adolescents was yet to transform to the practice of safe sex among adolescents in African regions. One of the indices identified was an increase in the spread of HIV/AIDS despite the high degree of knowledge of different preventive measures including contraceptives use among adolescents.

Adolescents in the Web of Perceptions

Basically, a teenager (for short teen) and adolescent refer to the same concept [37]. Adolescence which is the state of being an adolescent has been defined and explained from two basic perspectives. One, it is a stage of social, mental, psychological and biological transformation which serves as the bridge between childhood and adulthood in human life and developmental stage which is marked by age at menarche averagely put at 12.45 years. Two, it has also been delineated in term of age such that human beings that have attained certain age range are regarded as adolescents [37]. This perspective favours the word teen or teenager more than adolescent. This is because the word teenager seems to be a blending of two different words- "age" and all numbers ending in "-teen" (ranging from thirteen to 19). Notwithstanding other dynamics of adolescence, the two schools of thought still arrive at the same position, viewed from the globally accepted age at menarche and the first number that marks the "teen-age" (12.45 years and 13 years respectively). However, there are still controversies surrounding the definition of the term. Because development is largely determined by nutrition and genetics, the World Health Organization (WHO) says "an adolescent is someone aged between 10-19 years" [3]. This may be based on the understanding that sometimes, the age at menarche may drop below 12 years or children may start exhibiting adolescent traits (biological or behavioral) earlier than age twelve. Perhaps due to the nature of complexity surrounding their identification, adolescents have been grouped into three sub-categories: early (10-14 years), middle (15-17 years) and late (18-20) adolescents [3].

This is why teenage or adolescent pregnancy is said to be any pregnancy that does not end before the 20th birthday of the mother. As defined by WHO, “adolescent pregnancy” means pregnancy in a woman aged 10–19 years [37]. Many scholars have lamented the high rate of adolescent pregnancy in Nigeria being the highest in Africa. In a study in [3] found that 5.7% of teenagers had at least once had a pregnancy. This means 57 adolescents per every 1,000 in Nigeria. About two-fifth of such pregnancies end up in induced abortions, handled mainly by quacks (National Reproductive Health Policy and Strategy,2001). This situation can be linked to the fact that girls grow faster and

become sexually active and "experience romantic interest" earlier than boys [3]. The seeming complexity surrounding adolescence and even the adolescents may account for the gross inability to understand the felt needs of this important section of the population properly plan and implement an effective program for their SRH.

Another area of controversy is perception. The average adolescent perceives themselves as adults (or at least mini/pseudo-adults) while most parents and the society at large conceive them as children [40]. These opposing perceptions build different expectations from the two ends. They have grown beyond childish "role-play" to the level of "real-play" [29], [40] and as a result of western education, perceive their sexual life as both secrete and private. Especially because adolescents are conceived as children- “human becoming rather than human beings”- in traditional African societies [24] they need a lot of guidance from all agents of socialization in order not to endanger their lives and that of the society.

Parents and their Attitude to Sexual and Reproductive Health Communication

A parent is the mother or father of a person or animal. In the context of this study, the meaning of parent extends to all adults who take total responsibility for the nurturing and training of a child whether or not they are the biological parents. The general roles of parents on their children are training, nurturing and general provision of needs. Specific roles of each of the two parents (father and mother) are, however, society specific [14]. In Africa for instance, the father is responsible for providing the economic and basic needs of the family while the mother, apart from childbearing responsibility, maintains the resource of the family and takes good care of the homestead. Although in mainly agrarian communities or societies women combine some form of agricultural activities with childbearing and training, their primary responsibility remains the latter [7], [25].

In traditional Yoruba community, for example, home training which is the crux and foundation of all forms of training seems to be the mother's duty. Hence, mothers are formidable trainers and role models for their children even on sexual and reproductive health. Concerning this [5] posits that among other things, parents who spend appreciable time with their children have a tremendous influence on their sex decisions. Other scholars also argue that in traditional African society (especially in Kenya and Nigeria) SRH education is considered a communal responsibility starting from the family. They in fact note that the society teaches and control how individuals use their "body" (sexual organ) [14]. In support of the family, the community is responsible for initiating children at puberty to adult roles in life, especially the SRH aspect [14]. But how well parents perform these duties has become a source of serious concerns in contemporary African societies. There seems to be a departure from the traditional family role structure in contemporary society. A study by [35] illustrates this. The authors gather among northern teenagers that parents were either reluctant or unavailable to provide sexual and reproductive health information and skills to children in the family. The possible cause of this neglect of duty arising from cultural erosion has been identified about three decades ago, about the same time HIV/AIDS became dreaded disease:

Among the specific subjects taught in the traditional system by the parents, were sex education and the process of giving birth and rearing children. But it should be noted that the introduction of western education and religions forced family education to become private and individual matters.

The privacy perception of sexual and reproductive health issues by the adolescents themselves reduces the number of information parents have about them and makes it difficult for parents, family and the immediate community as important stakeholders to educate them appropriately. It is therefore commendable to note that the Global Fund Phase 1 FLHE/ARH campaign conducted nationwide in 2011 enlisted the commitment and support of parents and religious leaders for the program implementation. In each state, membership of the Project Advisory and Advocacy Committee (PAAC) was extended to representatives of the Parent Teachers Association (PTA) across the state [6]. It, therefore, remains a puzzle, the reason for agitations against school-based ASRH campaigns from certain sections (including parents) of the society. This kind of program rebuff influenced by the fear that those campaigns would further erode existing cultural values and norms.is not limited to Nigeria nor Africa and other developing countries, it was also experienced in the U.S. According to Donovan (1998) after “more than 500 local disputes over sexuality education occurred in all 50 states between 1992 and 1997” involving parents, churches and some NGOs, the issue was resolved by redefining the contents of school-based-sexuality education to reflect what the contending stakeholders wanted.

Teachers as “Polysemous” Opinion Leaders and Behavior Change Communication Agents

Teachers are, perhaps, the most influential category of opinion leaders in the life of teenagers. Both theory and literature consider teachers as key opinion leaders to their students. It may then be argued that teachers as "polymorphic opinion leaders" [21] may assume the role of behavior change agents to their adolescent students. This is so because as a class or subject teachers, they can inject or weave the behavior change message into the class content [36]. The ICPD-PoA, in fact, recommends that reproductive health messages should be integrated into the school curriculum to diffuse it among the school pupils [30], [12]. But despite this realization, the recommendation in the ICPD-PoA, has since been facing serious oppositions from certain sectors over the last two decades. In a study of assessment of sexuality education in the U.S

The debates over program content and the proliferation of local controversies have heightened teachers' long-standing concern that parents and school officials do not support their efforts to provide sexuality education. As a result, they fear that discussion of controversial topics—masturbation, sexual orientation, abortion and, increasingly, contraception—could jeopardize their careers, according to many sex education proponents. "Teachers are scared; even the best are very discouraged," reports Peggy Brick, director of education at

Planned Parenthood of Greater Northern New Jersey and a long-time sexuality educator and trainer.

This case manifested around four years after the ICPD Cairo 1994 where all countries in attendance signed a strategic agreement on diffusing reproductive health and population control issues globally. There are also instances from Africa. For example, it took religious leaders in Malawi to hold conferences to, among other issues, make "Suggestions for faith-based messages on population and family planning issues" which had hitherto been opposed despite their huge unmet needs and effects of the tripling population on facilities and environment. At one of the conferences in 2012, it was identified that "Almost half (45%) of pregnancies in Malawi are unintended…" with the rate of adolescent pregnancy as high as 35%. Hence the need for religious leaders to hold a series of "Advocacy Weekends" for intervention [22]. This somehow stresses the limitations of the teachers, especially where it is assumed there could be counter opinions from the society as identified in the case of Nigeria. It was reported that teachers in Ibarapa zone of Oyo State feared parents may allege them of teaching the children immoral or illicit lessons [3], even though the fear remains mere assumption and yet unproven. How then can teachers perform their globally assigned role as behavior change agents in ARH campaign? Lessons from Lagos State integration of sexual and reproductive health messages in its school programs and curricula where parents partook in the planning indicate the need to consider peoples' values

83% of girls said they could refuse sexual relations with a boy, even if he threatened to no longer be their friend. Students also increasingly say they want to delay having sex. As their knowledge grows they have fewer reasons to have sex and more reasons not to. Students and teachers largely attribute this (attitude) change to strong abstinence message given in classrooms. Both male and female students display positive attitude changes. A majority of students now understand the desirability of delaying sexual relations (Lagos State Ministry of Education, 2005).

In a related study in the southern geopolitical zone in the Niger Delta Region of Nigeria [13], however, reported that majority of Nigerian secondary adolescents do not believe that abstinence-only sexual education is advantageous compared to the comprehensive approach which allows the use of contraceptive. The researchers who recommend well-planned sexual education to be implemented through "well-prepared teachers" write that

A greater number … did not agree with … advantages of abstinence-only sexual education. However, taking into consideration the number of respondents from each age group that agreed with … the advantages of abstinence-only sexual education, it was found that the youngest age group (11–13 years) of adolescents ranked first. This implies that this group had the highest number of positive respondents … when compared with the young (17–19 years) and younger (14–16 years) groups. Age group 11–13 years, therefore, demonstrated the likelihood of accepting abstinence-only sexual education. (p. 6).

It can then be inferred from the foregoing that if children are exposed to abstinence-only sexual education earlier before age eleven (11) and such is sustained all through the adolescent age, they are more likely to adopt abstinence than contraceptive use. But up till a year after the implementation of a train-the-trainer Global Fund Phase 1 FLHE program in Oyo State, there were still feelings among teachers that parents and some other stakeholders object to teaching SRH education already integrated into school programs and curricula. ARFH- the main partner with the Federal Ministry of Education- in the program implementation reported that the 560 trained teachers in Lagos State were able to reach 196,283 students (the highest nationwide) while Oyo State reached 74,794 students through 548 trained teachers. Except Kebbi State reaching 106,132 with 440 trained teachers and Enugu State that reached 99,192 with more number of trained teachers (640), no other State with equal or better capacity achieved up to 50% (98,142) of what obtained in Lagos [6]. Hence, there seems to be an unknown factor impeding teachers- the principal change agent in this case- in the actualization of the program's intended objectives in some states, Oyo State inclusive.

Data Analysis Discussion of Finding

The results of in-depth interviews (IDIs) conduct among teachers and parents in selected schools yielded the results discussed in this aspect of the study. When asked about their approach to ASRH communication with the students, the teachers identified subject-based and co-curricular approaches. However, teachers had no knowledge of a specific subject called Family Life and HIV Education (FLHE) for ASRH education in secondary schools curriculum as mentioned by [6] in the report of intervention in Nigeria. Only Interviewee D said it existed till 2004/2006 Session, the rest respondents said: "There is no subject called FLHE in this school and the curriculum". This is an indication that the subject was not taught in most schools perhaps because it was not in the curriculum or due to teachers' attitude to teaching it. The interviewed teachers, however, informed that ASRH related topics were being addressed occasionally on the co-curricular day the frequency of which varies from school to school. Every other teacher interviewed submitted that apart from being taken as co-curricular activities, ASRH related topics had also been integrated into curricular subjects like Physical and Health Education, Social Studies, Home Economics, Basic Science, Civic Education and Biology. This partly contradicts [6] that reported the FLHE as an independent curricular subject on ASRH but confirms its report on integration to other subjects and co-curricular approaches.

Digging into parents' and teachers' attitude to communicating sexual health messages to adolescents, Interviewees A and G noted that there used to be clubs like FLHE Club as well as Sex and Drug Free Club in their schools but the activities of the clubs subsided under the assumption by teachers that parents may not be comfortable with it. This affirms [3] findings that teachers in Ibarapa Zone of Oyo State declined passing instructions on SRH issues to their students during classes due to the fear of being accused of teaching students ikokuko (the Yoruba word for promiscuity). But when taken up specifically on the incidents of parents' objection to disseminating ASRH messages to

adolescents in secondary schools, majority of the teachers could not point to a specific incident saying "…there is nothing like parent objection to sex education in this school". This shows that parents are not actually against sex education in its entirety but are not comfortable with some of its contents. For instance, when asked of what ASRH instructions to secondary school students should cover, the teachers mentioned:

Safe inter-sexual Relationship, dangers in sexual relations, prevention of premarital sex, puberty, distraction at the sight of the opposite sex, sexual education, signs of adolescence, care of the body, handling adolescence, drug abuse, prevention of unwanted pregnancy, STDs, career interest, proper dressing, abstinence, use of condom, menses, prevention of peer group influence, communication skills, prevention of sexual immorality, abortion, contraceptives, discouragement of abortion, avoidance of free mixing, values of virginity, self-assertiveness, dangers of view pornography, self-discipline and personal carriage (Author's fieldwork).

An examination of the excerpt above shows that the majority of the teachers in the study population preferred abstinence as a method of preventing pregnancy and STDs in adolescents rather than introducing contraceptives to the students.

In measuring the teachers' perception of the students' sexual behavior, many of the teachers believed that "the students are as sexually active as what is obvious in the larger society". Interviewee E was more explicit when he said: "They know enough about sex. They're exposed to sex through the environment, internet and mobile phones". Interviewee G who described the sexual behavior of teenagers in her school as "very irrational" narrated an incident of a male student who was caught behind a classroom block displaying his sex organ and inviting a female student for sex with the incentive of ₦500 in his hand. One of the few responses different from this was that of Interviewee I, a teacher in a faith-based school, who described the sexual behavior of her students as being "…well-regulated based on Islamic teachings given to them in the school". Attitudes like these could be part of the influence of home video identified by [18], [27]. The findings of [26] that secondary school students that were religious were less promiscuous compared to their less religious counterpart confirms this finding.

In a bid to further find out how sexually active are the teenagers, their teachers were asked about incidents of pregnancy and abortion cases in their schools. Many of the teachers reported, "…at least, two or three cases of abortion in the last two years". Some even reported about two or three every session. They, however, said while "…there was a few childbirth", cases of abortion could not be established as parents usually deny and in some cases, they present it as mere loss of pregnancy. In fact, teachers also reported the case of teenage marriage as a result of pregnancy. The teachers said there were "several cases of pregnancy… at least two or three in each session. There could be those aborted unknown to us. There were three births known and a few marriages as a result of pregnancy". All these indicate that the sexual behavior of secondary school adolescents in the study population is terribly unsafe and it is already impacting on the career attainment of especially the female students. Hence, strategic steps have to be taken to address this challenge to protect the future of teenagers.

Teachers as stakeholders and opinion leaders were then asked about the appropriate strategy to curb this situation. The option of abstinence-only was popular among the teachers while comprehensive approach (abstinence and contraceptives) was also suggested by a few teachers. In the opinion of some of the teachers, the students were already exposed to sexual activities and stopping them may be practically impossible. Teachers who held this opinion than recommended condom and other contraceptives education to those who could not abstain due to early and long-time indulgence in sexual intercourse. This same category of teachers also agreed that "Abstinence is the best and should be emphasized". The view held by the teachers who favour comprehensive (abstinence and contraceptive) method was that "If the girl is already (sexually) active…she needs a lot of discipline to cope with abstinence…" However, majority of the teachers insisted that school-based SRH communication intervention should focus on and emphasize abstinence-only while the students should be educated on the adverse side effects of adopting condom and other contraceptives than encouraging them to use a condom. This category of teachers believed that "they (students) are too young for that" and "they may go haywire" in sexual promiscuity if encouraged to use a condom at teenage. Buttressing the majority opinion among the teachers, Interviewee A said: "Frankly speaking, abstinence is the best. Contraceptives (for teenagers) won't help us because the students will misuse the opportunity of contraceptives to indulge in premarital sex". Obviously, all the teachers on both sides of the opinion table stress something at different degrees. That is abstinence. This shows that all of their opinions reflect a cultural background prioritizing abstinence as the solution to the problems of unhealthy ASRH behavior.

Again, since teachers are also members of the existing cultural reality in the study population, their opinions will definitely be similar to those of others in society. Hence, it seems the community within which the study population is located is more comfortable with abstinence than introducing contraceptives to their teenagers. It can then be deduced that if anything different from their cultural orientation is presented as a solution to their problems, for instance, contraceptives in the case of teenage pregnancy and STDs prevention, it is not likely to enjoy acceptability and eventual adoption among the opinion leaders who will pass it on to the opinion followers [4], [23]. In such situations, the process of the boomerang as described by [8] may be the outcome of such intervention. There is therefore the need to consider the community customs of the target of the campaign on contraceptives as recommended by [9]. For instance, a study of contraceptives use in the US and the UK reported a positively progressive outcome (Lopez et al, 2016) while a Malawian study of the same issue among the adolescents reported poor adoption of contraceptive as a result of strongly held beliefs and side effects [15]. So, a single size does not fit all communities.

On teachers' readiness to train adolescents on SRH issues, all the teachers in the study agreed that teachers are key

influencers and opinion leaders to the students. They claimed to know better than parents about the SRH experiences of adolescent students while noting that parents should also be trained and sensitized to play complementary roles with the teachers on SRH affairs of their children. A clause, however, permeates through all the views of almost all the teacher. This is properly captured by Interviewee I who said "But it should be gender classified (male teachers to handle SRH issues of male students and vise-versa). Even there should be male and female counselors in a school. The teachers reported, "there was the case of a male counselor who raped a schoolgirl". This stresses that the issue of discipline earlier mentioned is not peculiar to the students alone. Teachers involved in school-based SRH campaign or intervention also need a lot of discipline for the program to succeed. The interviewed teachers also emphasized that apart from the parents playing complementary roles with teachers, the "church, the mosque and the media should consistently hammer "No premarital sex" until it enters the sub-consciousness of the adolescents. This is supported by the outcome of abstinence emphasizing ASRH campaign in Lagos [20]. Again, the construct of boomerang effects theory also stresses saliency in the interpretation of intervention messages where the target would interpret a campaign message based on what is more salient to them [8].

All the parents interviewed perceived majority of the secondary school age teenagers as being sexually loose in speech and behavior. One parent said, "They (the teenagers) speak raw sexual terms". When asked about the rate of unwanted pregnancies and abortion among the teenagers, all the parents disclosed they had seen at least one per year in the last five years and the time of teenage pregnancy reported ranged between immediately after primary six and secondary school. In the case of abortion, while some reported no case of abortion in their communities, others informed that they had at least seen one abortion in the five years before the study. In their opinion on taking sexual and reproductive health communication intervention to secondary schools, all the parents spoke in support of it noting that both their cultures and their religions allowed educating the girl child at the age of adolescence on how to manage her sexual life. They though stressed abstinence and objected to introducing contraceptives and its adoption to teenagers. One parent said, "Islam allows parents to tell their children all these (SRH issues) and the school can support it. (But) Islam stresses abstinence-only". A Christian parent also shared this view by saying, encouraging teenagers to adopt condom if they cannot cope with abstinence "is giving them a license for sex at that early age and that'll make them get promiscuous. Abstinence is the best as no religion nor our culture permits premarital sex most likely to be promoted by condom education for teenagers". This shows that parents will support of ASRH campaign in secondary schools if they are sure that the campaign message correlates with their cultural and religious leaning, which essentially stresses abstinence. Hence, just like [19] recommends consideration of community values in the ASRH messages targeted at any community to be successful, campaign messages in environments dominated by the Yorubas whose culture and religion (Islam and Christianity) does not permit premarital sex, must adopt an abstinence-only strategy to enjoy the support of the stakeholders leading to the eventual success of the campaign.

Being asked about topical issues they would want ASRH campaign cover, the opinion of the parents aligned with that of the teachers mentioning "prevention of unwanted/teenage pregnancy, abstinence before marriage, mensuration, inter-gender relations, abortion, descent dressing, the value of virginity, avoidance of free-mixing, etc. All these are still stressing the fact that both parents and teachers in the study setting could be helpful especially as readily available cheap resources on the dissemination of ASRH messages if such messages conform with their community customs and values [19].

Conclusion and Recommendations

From the foregoing analysis, therefore, the community customs and values of the study population do not permit the use of contraceptives by unmarried teenagers. This is equivalent to the position of scholars of African culture, for instance [14], [2] who posit that "the body"- sex organ- belongs to the community and must be used in consonance with community prescribed rules. This has practical implication on comprehensive SRH communication intervention among adolescents in African societies as the community may resist the introduction of contraceptives to adolescents as an alien practice. Apart from culture, reasons for rejecting contraceptives use by adolescents include strongly-held beliefs, reduction of pleasure and side effects [19], [26], [15] and [13]. As against some extant literature that parents and teachers objected to ASRH instructions in schools [3], this study has found that what stakeholders (teachers and parents) want is an ASRH intervention approach that conforms with their strongly-held beliefs, customs and values, with a preference for abstinence-only. Also, religious education was believed to be essential in achieving a healthy SRH behavior among adolescents. Finally, while teachers and parents agree that school-based SRH campaign helps curtail teenage pregnancy and spread of STDs, they all advocate for abstinence campaign which they said aligns with African culture and predominant religious principles. This shows that by considering community values in ASRH campaigns, community resistance and objection is most unlikely thereby facilitating effective campaigns outcomes. It is therefore recommended that parents need to be engaged to see themselves as agents of behavior change about ASRH. Teachers and parents alike should be interrogated by campaign and intervention partners to bridge the gaps between the understandings of the various parties on ASRH so that effective messages and strategies can be developed to curb teenage pregnancy and STDs among adolescents. The need was also observed to engage religious leaders in their roles to support the dissemination of ASRH messages among adolescents for better result. This is essentially necessary as extant literature and findings of this 1986effectiveness of ASRH communication campaigns.

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