
REPRODUCTIVE HEALTH KNOWLEDGE AND UNSAFE ABORTION PRACTICES AMONG FEMALE ADOLESCENTS IN SECONDARY SCHOOLS IN EKITI STATE, NIGERIA

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ABSTRACT: *This paper investigates the reproductive health knowledge and unsafe abortion practices among female adolescents in Senior Secondary Schools in Ekiti State, Nigeria. The study examined the relationship between the level of knowledge of adolescent girls on reproductive health issues and unsafe abortion. The study also examines the relationship between the knowledge level of adolescent girls on reproductive health issues and unsafe abortion. The study adopted explorative research design of the survey type. The population of the study comprised all the 44,619 female students spreading across the three (3) senatorial districts of Ekiti state. The sample for this study was 600 female adolescents. Multi-stage procedure which involved, simple random, stratified and purposive sampling techniques were used to select sample for the study. The instrument tagged “Reproductive Health Knowledge and Unsafe Abortion Practice Questionnaire (RHKUAPQ)” was used for the study. The instrument was validated by experts and RHKUAPQ had a reliability coefficient of 0.75. The data were analysed using descriptive and inferential statistics. The descriptive statistics of frequency counts, percentages, mean and standard deviation were used to answer the general questions while the inferential statistics involving Pearson Product Moment Correlation was used to test the hypothesis. Hypotheses was tested at 0.05 level of significance. The study revealed that the level of knowledge of female adolescents in secondary schools was average. The study also showed that the use of local drugs, lime and potash and traditional methods of abortion practices were forms of unsafe abortion being practiced among female adolescents in secondary schools in Ekiti State. The study revealed that adolescents’ reproductive health knowledge and unsafe abortion practice were significantly related. The study also revealed that socio-economic status of parents, parents’ education, cultural background, adolescents’ religion, peer group, adolescents’ location were significantly related to unsafe abortion practice among female adolescents in secondary schools in Ekiti State. Based on the findings of this study, it was recommended that management of secondary schools should provide effective clinical counseling services geared towards educating the female adolescents on the dangers inherent in unprotected sexual practices and unsafe abortion for improved sexual status.*

KEYWORDS: *Reproductive Health Knowledge and Unsafe Abortion*

INTRODUCTION

Reproductive health is generally acknowledged as a fundamental aspect of general well-being, which constitutes a central feature of human development. It reflects one’s state of health during childhood,

adolescence and adulthood, and sets the stage for health beyond the reproductive years for both women and men and also impacts on the health of the next generation (Kotwal, Gupta and Gupta, 2008).

Adolescent's reproductive health needs and problems have become contemporary concerns globally. Adolescent period is characterized by physical, emotional, and psychological transition from childhood to adulthood. Prominently, physical potential for reproduction (puberty) is attained, social identity is formed and there is high level of sexual experimentation. It is a delicate stage that needs careful handling by both the adolescents and all those who have influence over them especially parents, teachers, government and other policy makers. The young female adolescents need accurate information about their reproductive health, sexual transmitted diseases and the consequence of unsafe abortion.

Observation has shown that there has been lack of accurate and adequate information as regards issues of unsafe abortion and reproductive health among female adolescents generally in Nigeria. Information on sexual and reproductive health is poorly disseminated to people in Nigeria despite the efforts of several non-governmental organisations and numerous civil society organisations (Okonofua, 1994). Lack of sexual health information and services has posed great danger to the young people and putting many of them at risk of unplanned pregnancy, unsafe abortion, sexually transmitted diseases, and Human Immuno deficiency Virus (HIV)/ Acquired Immune Deficiency Syndrome (AIDS). Similarly, there is the issue of early marriage, a practice which is mostly common in the Northern parts of Nigeria. These could put the education and employment opportunities of these young people in jeopardy.

Reproductive health has been viewed by scholars as a fundamental aspect of general well-being, constituting a central feature of human development. It reflects one's state of health during childhood, adolescence and adulthood, and sets the stage for health beyond the reproductive years for both women and men and also impacts on the health of the next generation (Kotwal and Gupta 2008). Reproductive health has been given as the state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity. Reproductive health, therefore, deals with the reproductive processes, functions and system at all stages of life.

Observation has shown that many adolescent girls got impregnated during their first sexual exposure and this leads to unwanted pregnancy and unsafe abortion which stand as one of the most important causes of mortality and maternal morbidity. From Observations on adolescent's sexual and reproductive health, unwanted pregnancies and abortions are increasing among adolescents with serious consequences on their health and education. Unsafe abortion has been identified as the number one cause of death among young adolescent mothers whose age falls between 13-19 years in developing countries. About 90 percent of adolescent births (12.8 million) occur each year in developing countries. In sub-Saharan Africa and southern Asia, 28 to 29 percent of women give birth by age 18 (UNFPA, 2006). According to USAID Report (2016), while maternal mortality figures vary widely from countries to countries, the best estimates for Nigeria suggest that approximately 54,000 women and girls die each year due to pregnancy-related complications. It was also found out that, estimates of maternal deaths are under-reported by as much as 50 percent because maternal deaths are more often not counted at all. Additionally, another 1,080,000 to 1,620,000 Nigerian women and girls will suffer from disabilities caused by complications during pregnancy and childbirth each year.

It has however been observed that correct and timely sexual and reproductive health information can make available the requisite knowledge and skills that are needed to make choices among adolescent girls. Ransome-Kuti (2001) reported that young people often complain about sexuality; that government and churches fail to convey the right messages about sexuality to them; that there is a lack of communication with their parents especially about sex and HIV and AIDS. Ransome-Kuti further asserted that these young people complain that they learn from their peers and suffer considerable peer pressure. World Health Organization (2011) reported that adolescent mothers often lack knowledge, education, experience, income and power relative to older mothers.

Lack of adequate knowledge of reproductive health among female adolescents can increase the vulnerability of young people to unintended pregnancies and other reproductive health risks in a variety of ways. These include beginning sexual relations at an earlier age; taking sexual risks, such as having intercourse without using a condom, resulting into practicing of unsafe abortion; and facing exploitation in the absence of traditional socio cultural constraints.

Poor knowledge of contraceptives usage among adolescents which may result into unwanted pregnancy from unprotected sexual act may lead to illegal abortion. Abortion is the removal or expulsion of an embryo or foetus from the uterus, resulting in its death. This can be spontaneous as miscarriage or artificially induced by chemical, surgical or other means. Abortion can be legal or illegal. Legal abortion is the one carried out by registered medical practitioners in order to save the life of the mother as condition may warrant it. Illegal abortion is the one performed at will by an individual in contravention of the Abortion Act which could lead to death, temporary or permanent distortion of vital organs in the body and morbidity. This may be as a result of poverty as many of adolescents do not have money to go to medical doctors but they rather go to quack doctors which might lead to death. Some ingest potash and salt to induce abortion as they will not want their parents to know they are pregnant. Unsafe abortion is performed for any other reason; such procedures are illegal and punishable by imprisonment especially in a country like Nigeria. It is attempted by unqualified person or non-medical (Quack) practitioner.

It has been observed that contraceptive knowledge and usage among the Nigerian young population seems low despite the wide array of studies and reports on adolescent reproductive health and in spite of all the publicity and awareness creation that pervaded the social media. Level of awareness on reproductive health among female adolescents is becoming low these days and these could be attributed to the limited funding and sponsorship of the awareness by international organizations. Observation also revealed that adolescents lack adequate knowledge about contraceptive and use it inconsistently.

One of the major concerns of any society is the regulation of the sexual behaviours of the individuals so that they can conform to the generally accepted standards or norms of that particular society. The society is becoming so diffused that it is becoming increasingly difficult to determine the acceptable sexual attitudes and behaviours. Thus, adequate knowledge is needed to reduce if not total elimination of the negative consequences of unsafe abortion among female adolescents in our post-primary institutions.

An issue that can be said to influence the lack of poor reproductive health knowledge among adolescents is the unavailability of health facilities in most villages and towns, unfriendliness of health workers, peer influences and poverty that still surrounds most reproductive health issues. Many female adolescents do not have access to health facilities particularly in town and villages with

limited health facilities (Obono, 2008). Unfriendliness of the health workers may prevent the female adolescents from getting adequate information about contraceptives they can adopt in preventing them from getting unwanted pregnancy that may lead to illegal abortion.

An alternative to unwanted abortion is the usage of contraceptives among the adolescents which was reportedly lower in underdeveloped countries than the developed countries. This goes on to show that contraceptive knowledge and access is inadequate along with impulsiveness of adolescent sexual activities. This has also been seen as reflecting the notion among youths that it is easier and more logical to go for abortion than to use contraceptives. Observation on the attitude of students towards the use of contraceptives revealed that many of them have one or two reasons for not adopting some contraception methods. Schutt-Aine and Maddaleno (2003) in their study reported that the fear of future infertility was an overriding factor in adolescents' decisions to rely on induced abortion rather than contraception. Many focus-group participants perceived the adverse effects of modern contraceptives on fertility to be continuous and prolonged, while they saw abortion as an immediate solution to an unplanned pregnancy, therefore posed limited negative consequences on future fertility. This appears to be the major reason why adolescents prefer to seek induced abortion rather than practice effective contraception. (Esinam, 2013).

Contraceptives uses play an important role in human, physical and psychological well-being. It is an integral part of improving public welfare especially in countries like Nigeria where there is drastic increase in population growth with limited resources to care for them, coupled with poor maternal and child health conditions. The Population Reference Bureau (2016) indicated that nearly two third of Nigeria's total population of over 160 million is between the ages of 10 and 24 lack of sexual health information and services make young people vulnerable to sexually transmitted infections (STIs) and unintended pregnancy. While striving to protect young people, some adults may limit young people's access to information and health services in fear that information will promote sexual behaviour. Information however is the greatest tool which young person need to protect themselves against reproductive and sexual ill-health.

In Ekiti State, there appears to be poor reproductive health knowledge among female adolescents in secondary schools. The sex education needs of female secondary school adolescents are largely unmet. Evidence of this poor reproductive health knowledge confirms that large numbers of female adolescents in secondary schools have poor understanding of their reproductive health, others harbour misconceptions such as the belief that pregnancy cannot occur during first sexual episode and that if it occurs, terminating the pregnancy will do them no harm. Osakinle, Alokun and Ayodele (2015) found out that most of the students in Ekiti State educational institutions are aware of STDs but the awareness of health care services (information needed) is relatively low and needed urgent action through effective and efficient programme. The poor reproductive health knowledge leads to unwanted pregnancy, unsafe abortion and sexually transmitted diseases among the female adolescents in post-primary institutions in the state. It has also led many female adolescents to drop out of their educational programme.

In a study in Ekiti, Southwest Nigeria, Tinuola (2003) found that 80 percent of the adolescents interviewed in a rural community have engaged in premarital sex and that the mean age at first sexual intercourse has reduced to 17 years. Also, that out of the interviews who have engaged in sexual relation, 62.5 percent had experienced premarital pregnancies. When pregnant, adolescents are left to take decision on whether to abort the pregnancies or give birth to the child. The decision to do away with the pregnancies or keep it, is often influenced by social, economic and cultural factors

which he found to include education, urbanization, socialization, family type and nature of the pregnancy. When the decision is in favour of abortion, adolescents face the risks of abortion most especially in settings where abortion is illegal and facilities are not adequately provided by the existing health care delivery systems. It was reported that about two-fifths of adolescent pregnancies in Nigeria are believed to end up in unsafe abortion and those adolescents constitute the majority of cases of abortion-related complications admitted in Nigerian hospitals. The complications are heightened in settings where adolescents visit inept medical personnel for services.

Series of cases of abortion among female adolescents in Ekiti State were reported in print and electronic media. An example of such cases was reported in Daily Post (June 8th, 2016) that 21-year-old man, Olarenwaju Olorunfemi, alongside an accomplice, Saidat Akeem, has been remanded in prison custody by an Ado-Ekiti Magistrate's Court, sitting in Ekiti State, for allegedly tricking his girlfriend, 18-year-old Funbi Taiwo, into procuring an illegal abortion, who later died in the process on May 25, 2016 at Ilawe-Ekiti in Ekiti South-West Local Government Area of the State.

A low level of reproductive health knowledge therefore could likely be the reason why there is high incidence of unplanned pregnancies among young adolescent girls which consequently often lead to the fatal decision to abort. Abortion is not legalized in Nigeria except when a pregnancy poses a serious threat to the life of the woman. Observation has shown that most adolescent girls, in a desperate agitation to get rid of an unwanted pregnancy, usually self-induce an abortion which poses a serious health risk to the adolescent in question. The decision to abort among adolescent girls also often generates fatal consequences because they lack the appropriate information and support they need especially from family members and the society at large. Pregnancy among adolescent girls is usually frowned upon by the society especially such society that places a high premium on moral values, chastity and education. An unfortunate pregnant adolescent girl usually finds herself alone in her dilemma to keep or terminate a pregnancy. Young pregnant girls in some societies in Nigeria often face the harsh consequence of being thrown out of the house by their parents. They are often subjected to rejection and denial by the person who impregnated them and they also face the risk of dropping out of school. The fear of being subjected to shame and ridicule of the family name, pregnant adolescent girls may engage in unsafe induced abortion procedures which is usually inimical to their health and could lead to serious reproductive health outcomes and ultimately death.

Statement of the Problem

The rate of unplanned pregnancies among adolescent girls around the world today is quite alarming. There have been public outcries in the print and the electronic media on the declining state of female adolescent health and education. There have been reports on the poor reproductive health knowledge of young female adolescents in Nigerian secondary schools due to the inadequate reproductive information. There is a need to really understand the factors responsible for unsafe abortion and unveil the social and health consequences to the life of female adolescents and find effective ways to deal with the problem.

Observation has shown that poor reproductive health knowledge of the female adolescents can increase the vulnerability of young people to unintended pregnancies and other reproductive health risks in a variety of ways. These include beginning sexual relations at an earlier age; taking sexual risks, such as having intercourse without using a condom, resulting into practicing of unsafe abortion.

It was observed that reproductive health knowledge of adolescents also depends on socio-economic status of parents. Many adolescents are reckless with sexual practice resulting in unwanted

pregnancies, high rate of maternal mortality, unsafe abortion, reproductive tract infections, infertility, ectopic pregnancy, cervical cancer, menstrual and sexual abnormality. It does appear that the financial challenges experienced by the parents of the young female adolescents often led them to leaving the young female ones to find means of surviving on their own. This may lead the female adolescents to engage in prostitution and other unsafe sexual activities that may lead to unsafe abortion that may require termination due societal stigmatization and family rejection in case the boy responsible for the pregnancy denied the responsibility of the pregnancy. Undergoing such unsafe abortion may lead to drop out of school, while some may end up with untimely death.

Purpose of the Study

The purpose of this study was to investigate the general knowledge of female adolescents about reproductive health issues in secondary schools in Ekiti State in South West Nigeria. The study investigated the reproductive health knowledge and unsafe abortion among female adolescents in secondary schools. The study also found out the relationship between the knowledge level of adolescent girls on reproductive health issues and unsafe abortion.

Research Questions

The following research questions were raised to guide the study:

1. Is there any relationship between the Adolescents reproductive health knowledge and unsafe abortion in Ekiti State secondary schools?
2. What is the level of knowledge of female adolescents in secondary schools about reproductive health in Ekiti State

Research Hypothesis

The following hypotheses was formulated to guide the study:

1. There is no significant relationship between the adolescents' reproductive health knowledge and unsafe abortion in secondary schools in Ekiti State.

METHODOLOGY

Research Design

Explorative research design of the survey type was adopted for the study.

Population

The population of this study consisted of all female adolescents in Ekiti State secondary schools, who are within the age range of 13 – 19 years across the three (3) geo-political zones of the state namely Ekiti North Senatorial District (with 5 Local Government Areas), Ekiti central senatorial district (with 5 Local Government Areas) and Ekiti South senatorial district (with 6 Local Government Areas).

Sample and Sampling Techniques

The sample for this study consisted of 600 female adolescents from the selected secondary schools in Ekiti State. A multistage sampling procedure was used for the study. The first stage involved the use of a simple random sampling technique for the selection of two local governments from each of the three senatorial districts in Ekiti State. The second stage involved a random selection of two secondary schools in each of the local government area selected. The third stage also involved the use of purposive random sampling technique to select 50 female adolescent students from each selected secondary schools making the total number of 600 respondents.

Research Instrument

One instrument was used for the study. This was a self-designed questionnaire titled “Reproductive Health Knowledge and Unsafe Abortion Practice Questionnaire” (RHKUAPQ). The instrument consisted of two parts (A and B). Part A contained 12 items designed to collect information on the background characteristics of respondents on variables such as age, class, religion, area of residence, person living with, parent’s highest level of Education, age when having first menstruation period, ovulating period, reaction of parents during first menstruation, age at first sexual experience. Part B consisted of 10 items which elicited respondents’ opinion on reproductive health knowledge among female adolescents in secondary schools in Ekiti state. Each item in part B consisted of four point scale and scored as follows: Strongly Agree (SA) =4points, Agree (A) =3points, Disagree (D) = 2 Points, and Strongly Disagree (SD) = 1 Point. The respondents were asked to respond to each item in terms of several degrees of agreement. The scores obtained by each respondent were summed up to measure the reproductive health knowledge and unsafe abortion.

Validity of the Instrument

The instrument titled “Reproductive Health Knowledge and Unsafe Abortion Practice Questionnaire” (RHKUAPQ) used for the study was subjected to screening by some experts in the areas of Guidance and Counselling and Test & Measurement within the Faculty of Education, Ekiti State University, Ado Ekiti. The experts determined the face value of appropriateness of the instrument by ensuring that it measured what it purports to measure and ensured that the instrument contained the appropriate items that could actually elicit the intended responses.

The expert also reviewed the items in terms of clarity to ensure that all the terms that could confuse the respondents were expunged. The experts ensured that the remaining items in the instruments were true representative of the contents specified by the concepts under study. Based on the comments of the experts, the items were restructured and modified to meet the face and content validity requirements.

Reliability of the Instrument

Test retest method of testing reliability was used. A trial testing was carried out on 30 female adolescent girls of age range 13 to 19 years that were not part of the respondents on two occasions at two weeks interval. The scores obtained from the two separate administrations were correlated using Pearson Product Moment Correlation (PPMC). A reliability coefficient of 0.75 was obtained. The instrument was adjudged to be reliable for the study.

Administration of the Instrument

The copies of the questionnaire were distributed by the researcher with the trained research assistants in each of the selected secondary schools in Ekiti State. Researcher’s presence during administration enhanced cooperation and better understanding of the items in the instrument. The copies of the questionnaire were collected back immediately after completion from the respondents.

Data Analysis

The data collected were analyzed using descriptive and inferential statistics. Descriptive statistics such as simple percentages, mean and standard deviation was used to answer the general questions while inferential statistics such as Pearson Product Moment Correlation was used to test all the hypotheses. All hypotheses were tested at 0.05 level of significance.

RESULTS

The result of the study is presented in line with the research question and hypothesis.

Research Question: What is the level of knowledge of female adolescents in secondary schools about reproductive health in Ekiti State?

In analyzing the question, scores on knowledge of female adolescents in secondary schools were used. Mean score, frequency counts and percentages were used to illustrate the responses to items 1-9 in Section B of “Reproductive Health Knowledge and Unsafe Abortion Questionnaire” (RHKUAQ). To determine the levels of knowledge of female adolescents in secondary schools (low, average and high) the mean score and standard deviation of the responses on knowledge of female adolescents were used.

The low level of knowledge of female adolescents in secondary schools was determined by subtracting the standard deviation score from the mean score ($19.26 - 4.09 = 15.17$). The average level of knowledge of female adolescents in secondary schools was determined by the mean score of the responses on knowledge of female adolescents in secondary schools instrument (19.26) while high level of knowledge of female adolescents in secondary schools was determined by adding the mean score and the standard deviation score of the responses on knowledge of female adolescents in secondary schools ($19.26 + 4.09 = 23.35$). Therefore, the low level of knowledge of female adolescents in secondary schools starts from 9.00 to 15.17; the average level of knowledge of female adolescents in secondary schools starts from 15.18 to 23.34 and the high level of knowledge of female adolescents in secondary schools is from 23.35-36.00. The level of knowledge of female adolescents in secondary schools is presented in Table 1 and Figure i.

Table 1: Level of knowledge of female adolescents in secondary schools

Levels of knowledge of female adolescents	Frequency	Percentage
Low (9.00 – 15.17)	109	18.2
Average (15.18 – 23.34)	411	68.5
High (23.35 – 36.00)	80	13.3
Total	600	100.0

Table 1 revealed the levels of knowledge of female adolescents in secondary schools. The result showed that out of 600 respondents sampled, 109 representing 18.2 percent had low level. Those who had average level were 411 representing 68.5 percent while those with high level were 80 representing 13.3 percent. This implies that the level of knowledge of female adolescents in secondary schools was average. Figure i further reveal the levels of knowledge of female adolescents in secondary schools.

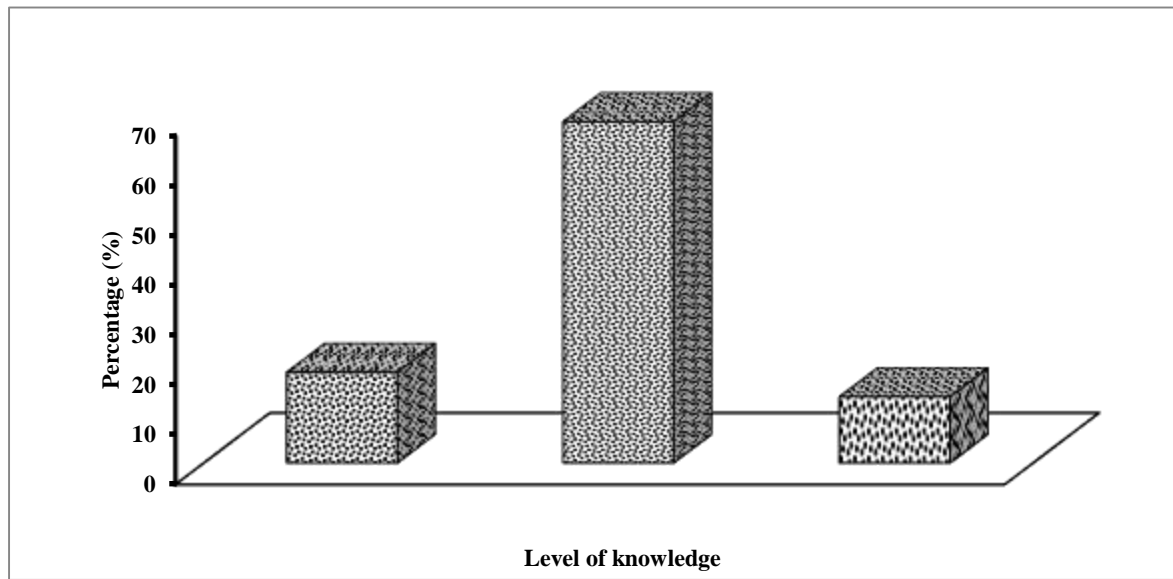


Figure i: Levels of knowledge of female adolescents in secondary schools

Low (9.00-15.17)	Average (15.18-23.34)	High (23.35-)
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Testing of Hypothesis

Hypothesis 1: There is no significant relationship between the adolescents' reproductive health knowledge and unsafe abortion practice in secondary schools in Ekiti State.

In order to test the hypothesis, scores relating to adolescents reproductive health knowledge and unsafe abortion practice in secondary schools in Ekiti State were computed using items 1-9 and 10-45 in Section B of "Reproductive Health Knowledge and Unsafe Abortion Practices Among Female Adolescent Questionnaire" respectively. These scores were subjected to statistical analysis involving Pearson Product Moment Correlation at 0.05 level of significance. The result is presented in Table 2.

Table 2: Pearson Correlation of adolescents' reproductive health knowledge and unsafe abortion practice in secondary schools in Ekiti State.

Variable	N	Mean	SD	r_{cal}	r_{table}
Adolescents Reproductive Health Knowledge	600	19.26	4.09	0.670*	0.062
Unsafe Abortion practice	600	106.54	15.74		

* $p < 0.05$ (Significant Result)

Table 2 reveals that $r_{cal}(0.670)$ is greater than $r_{table}(0.062)$ at 0.05 level of significance. The null hypothesis is rejected. This implies that there is significant relationship between the adolescents' reproductive health knowledge and unsafe abortion practice in secondary schools in Ekiti State. The

relationship between the adolescents' reproductive health knowledge and unsafe abortion practice in secondary schools in Ekiti State is high, positive and statistically significant at 0.05 level.

DISCUSSION

The study showed that the level of knowledge of female adolescents in secondary schools was average. It implies that the knowledge of female adolescents on reproductive health and unsafe abortion is good. What can be responsible for this finding may be the fact that both school management and other stakeholders in the educational sector are making concerted efforts to enhance reproductive health knowledge of the adolescents by preventing risky behaviour of unsafe abortion.

This study is in consonance with a study carried out by Oladokun et.al, (2007) in Ibadan, Nigeria found that the awareness of adolescents about contraceptive is much higher than it was about a decade ago. The increase in information units, especially the radio, television and of course, the internet has enabled adolescents to be more aware of the contraceptives, and the different methods of contraception. The access to the internet, can be performed in the anonymity of a cybercafé, or in some cases, through the use of a friend, relative, or other persons' computer without revealing the age, or level of knowledge of the enquirer.

This is contrary to the finding of Adinma et.al. (1999) on a research about contraception in teenage Nigerian school girls that only 3 methods (pill, withdrawal and rhythm methods) have ever been used by the secondary school teenagers and the pregnancy rate was higher among the sexually exposed secondary school girls. The result showed that there was significant relationship between the adolescents' reproductive health knowledge and unsafe abortion practice in secondary schools in Ekiti State. This implies that adolescents' reproductive health knowledge will influence their involvement in unsafe abortion practices. What could be responsible for this finding is the fact that there had been adequate awareness and sensitization on electronics and print media regarding adolescents' reproductive health knowledge and this brought about drastic reduction in the occurrence of unsafe abortion among female adolescents. This finding is in line with the study of Young Women, Population Reports (2003) which suggested reasons why young girls often opt for abortion due to lack of accurate and comprehensive information about sexual and reproductive health, lack of appropriate reproductive health counselling and clinical services, non-use or ineffective use of contraceptives by sexually active young people, fear of partner, parents, peer group, community leaders and religious rejection, and, financial and emotional inability to take care of the baby.

These findings contradict with a study carried out by Olayinka (2013) on knowledge and perception on consequences of abortion among adolescents in Amassoma community, Bayelsa state in Nigeria which revealed that half of the adolescents would abort if they fell pregnant despite their awareness of the likely negative consequences.

CONCLUSION AND RECOMMENDATIONS

The study revealed that:

- i. The level of knowledge of female adolescents in secondary schools was average.
- ii. The use of local drugs, lime and potash and traditional methods of abortion practices were forms of unsafe abortion being practiced among female adolescents in secondary schools in Ekiti State.

iii. There was significant relationship between the adolescents' reproductive health knowledge and unsafe abortion practice in secondary schools in Ekiti State.

Sequel to the findings of this study, it was concluded that female adolescents in secondary schools in Ekiti State had average reproductive knowledge of health and unsafe abortion practice. The use of local drugs, lime and potash and traditional methods of abortion practices were forms of unsafe abortion being practiced among female adolescents in secondary schools in Ekiti State.

Based on the findings of the study, the following recommendations were made;

1. Concerted efforts should be made by education stakeholders (e.g government, NGOs, philanthropists, school administrators and parents) to improve the existing knowledge of female adolescents on sexual health issues for enhanced sexual status.
2. Management of secondary schools should endeavor to provide effective clinical counseling services geared towards educating the female adolescents on the dangers inherent in unprotected sexual practices and unsafe abortion for improved sexual state.
3. Health professionals should assist the female adolescents to avoid the adverse consequences to their health by providing them with family planning, counseling and services whenever necessary, and with safe termination of pregnancy whenever it is appropriate and permitted by law.
4. There is need for economic empowerment of parents of female adolescents by government for them to provide different information sources in form of print and electronic media on adolescents' reproductive health for enhanced reproductive health status.
5. Government in collaboration with Non-Governmental Organization (NGO) through sexual reproduction health seminars, electronic and print media should educate the traditional rulers and their subjects on the use of contraceptives, female reproductive issues and eradication of cultural barriers to the practice of sexual and reproductive issues.

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