

Sexual Knowledge and Teenage Pregnancy among Female Hawkers in Ekiti State, Nigeria

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Research article

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Abstract

This study investigated patterns of Sexual Knowledge and teenage pregnancy among female hawkers in Ekiti State, Nigeria. The study population consisted of female adolescents aged 8-19 years. The samples 113 girls were drawn for the study. Two pregnant girls were interviewed. The sampling technique used was the purposive sampling. The hypotheses were tested at calculated value of 0.000 level of significance for validity. The hypotheses were analysed based on the Pearson chi-square test version of the SPSS. The data generated were analysed using frequency count and percentage for describing the data. The chi-square statistics as well as the in-depth interview were used to make inferences about the data. It was found that teenage hawkers have experienced one form of sexual activity while hawking including unwanted touching (sexual harassment), sexual intercourse, rape, sexual abuse and unwanted pregnancy. Based on these findings, it was recommended that skills and training need to be provided in and outside the school system. Parent, teachers and counsellors should convey abstinence and prevention messages so as to sensitize or discourage early sexual activity and teenage pregnancy of female hawkers. A poverty alleviation programme should also be put in place at the local level to reduce this form of child labour. Protective child right policy should be intensified to reduce child labour in the society.

Background

Nigeria's birth rate for adolescents is basically one of the globally highest and the prevalence among female adolescents of sexually transmitted infections including HIV, is rapidly soaring [1]. Available data in Nigeria also indicates that the number of young people aged 10–24 years who commenced premarital sexual activities has increased in the past few years. According to the Nigerian Demographic and Health Survey (NDHS), at age 15, 16% of Nigerian girls usually become sexually active. Conversely, 40% of boys start sexual activities at the age of 18 and by age 24, all boys are virtually sexually active [2]. Evidence in Nigeria has also shown that never married adolescents aged 15–19 were sexually experienced. For instance 18% males and 22% females reported being sexually experienced [1, 2].

On the whole, in Nigeria in 2013, the age specific fertility rate of adolescents girls was 126 per 1000 and one quarter of girls between the age 15 and 19 years had begun child bearing [2]. No single age group can sustain the negative health outcomes from their sexual behaviours as experienced by adolescents of age 10–19 years. Adolescents in Nigeria do experience a very high burden of reproductive and sexual health problems [3, 4]. Adolescent girls contribute about 55% of all abortion cases in Nigeria as a country [5]. The national HIV sero-prevalence figure for ages 15–19 years is 3.6% [6] Early on-set of sexual intercourse is associated with the increase of lifetime occurrence and prevalence of intimate sexual partners, which thereby precipitates the increase of the risk of exposure to sexually transmitted diseases, which include HIV/AIDS and unintended pregnancy [3]. Early sexual initiation also increases the risk of exposure to Human Papilloma Virus (HPV) infection, due to cervical immaturity and the risk of exposure to cervical cancer also increases [7].

Most young people are ignorant of their vulnerability and are therefore exposed to risky behaviours which might be caused by different biological, psychological and social factors [8]. Thus adolescents, who starts having sex early are most likely to have multiple partners and less likely to use condoms thus they are vulnerable to contracting STIs including HIV/AIDS and the risk of teenage pregnancy [8].

Street hawking is basically a general form of child labour in most global south or developing countries of the world such as Nigeria and the girl child is unremarkably involved [10]. The young girl is exposed to unfavourable influence such as rape and sexual abuse in the hands of hoodlums. Again the young boys are not left out as hawking activities gives them an opportunity to engage with social miscreants [12]. For instance, it has been reported that out of every 10 female street hawkers in Nigeria 7 of them have had an experience one of the forms of sexual harassment/abuse or the other with about 17.2% had experience penetrative sexual intercourse [12]. In addition, female street hawkers are specifically susceptible to various forms of vehemence, which include sexual harassment or exploitation by both old and young men in the society [10]. There is therefore the need to guarantee efficacious programmes, which will reach those, who are most vulnerable to sexual exploitation and violence. This study examined the link between sexual behaviour, child labour sexual harassment and teenage pregnancy among hawkers in Oja-Oba market of Ado-Ekiti. Hopefully, the study would create awareness to policy makers as to formulate health policies and programmes aimed at this group of individuals.

Teenage pregnancy is a very common and general social and public health problem in both the Global North and Global South nations of the world [13]. Although pregnancy may be generally regarded as a positive and favourable experience but conversely, teenage pregnancy is of no doubt associated with social, physical and psychological problems [14]. Some of the common complications are that the teenage mothers are more liable to be exposed to post-natal, poor quality of life such as economic difficulties, unfinished education, poor housing and high level of depression. The children from teenage mothers are mostly vulnerable to high level of risk of low birth rate and mortality [14]. Adolescent sexuality is of important contemporary concerns especially for reproductive health problems such as unintended pregnancy, maternal mortality, and sexually transmitted diseases, including HIV/AIDS [15].

Young people have poor understanding of the reproductive process. Others harbour misconception such as the belief that pregnancy cannot occur during first sexual episode and that the use of contraceptives can cause infertility [13–16]. Sexual harassment or abuse of adolescent female hawkers is really an issue of a great social and public health importance. Indeed, health education, poverty alleviation and protective right policies could help in decreasing its prevalence and the risks associated with it [10].

It is obvious that the adolescents are the future of any society. They are the vehicle for development and social transformation. The awareness about their reproductive health challenges would help to create a better understanding and knowledge of the young peoples' need in view of the social, health and psychological consequence of adolescent sexuality and pregnancy particularly among hawkers. This study is designed to highlight the magnitude and extent of the problem to help policy makers proffer practical solution. The study would examine the relationship between teenage hawking and exposure to

sexual abuse and level of awareness of the health consequence of risky sexual activities among teenage hawkers such as STI, including HIV/AIDS and complications during pregnancy.

Methods

The study setting for this research work was Oja-Oba in Ado-Ekiti. Ado-Ekiti is the capital city, administrative and political headquarters of Ekiti State. It is one of the fastest growing urban centres in Nigeria located on latitude 80 30N and 40 035E. The data for this study was generated from the teenage hawkers in Oja-Oba market in Ado-Ekiti Local Government Area of Ekiti State. One hundred and twenty teenage hawkers were selected from the market. This was expected to give a fair representation of the teenage hawkers in the market. Oja-Oba was chosen because there is a fair number of teenage hawker on which the study was focused. This study was conducted by getting information directly from the respondents before conclusion was made on the study. This study adopted both quantitative and qualitative design methods of data collections. For quantitative design method, the study adopted questionnaire as an instrument of data collection. The quantitative methods were chosen because the two complements each other. The in-depth interview was used to collect detail information and it gave room for the teenage hawkers in Oja-Oba to express themselves.

The sampling method used for this study is the purposive sampling technique of data collection. This is a non-probability sampling method. Purposive sampling method was chosen because it is the best method to use when conducting a market research of this nature. The purpose was to look for teenage hawkers in Oja-Oba within the age range of 8–19 who were actively engaged in hawking. By so doing, those hawkers who fell within the age of 8–19 were given a questionnaire for the study, and those who did not meet the criteria for being in the sample were discarded.

The statistical package for social sciences (SPSS) software was used in analysing the data collected. This statistical method was used for proper analysis of quantitative data collected and interpretive techniques through the use of coding. For qualitative data were analysed using content analyses.

Results

In our study, the questionnaire was designed to generate respondents' personal data. The following tables summarize the results.

Table1: Distribution of respondents by sex

Sex	Frequency	Percentage (%)
Female	113	100
Total	113	100

Source: Field Survey 2018

All participants in this study were female, a total of 120 respondents were initially selected, and only 113 filled and returned the questionnaires.

Table 2 Distribution of respondents by age

Age	Frequency	Percentage (%)
8-10	2	1.8
11-13	19	16.8
14-16	67	59.3
17-19	25	22.1
TOTAL	113	100.0

Source: Field Survey 2018

Table 2 shows the distribution of respondents based on their age. 1.8% of the respondents were between the ages of 8-10, 16.8% were between the age of 11 and 13, and the age group with the highest response was between 14-16 (59.3%), while 22.1% were between the ages of 17 and 19. The total frequency for the ages of the respondents was 113 corresponding with the 100 percent.

Table 3 Distribution of respondents by religion

Religion	Frequency	Percentage (%)
Christianity	34	30.1
Islam	79	69.9
Total	113	100.0

Source: Field Survey 2018

Table 3 above showed the distribution of respondents based on their religion. 30.1% were Christians and the majority of the respondents corresponding to 69.9% were Muslims.

Table 4 Distribution of respondents by family type

Religion	Frequency	Percentage (%)
Nuclear	21	18.6
Polygamy	92	81.4
Total	113	100.0

Source: Field Survey 2018

From table 4 above, teenagers from nuclear family represented 18.6%. A huge number of the respondents represented by 81.4% were from a polygamous home. It can be inferred from this figure that children from a polygamous home are more likely to be subjected to child labour than those from a nuclear family.

Table 5 Distribution of respondents fathers by number of wife (wives)

Wife (wives) in the family	Frequency	Percentage (%)
One	21	18.6
Two	36	31.9
Above two	56	49.6
Total	113	100.0

Source: Field Survey 2018

From table 5 above, only 18.6% of the respondents' fathers had one wife, 31.9% had two wives, while the majority of the respondents' fathers represented by 49.6% had more than two wives. It can be inferred that children whose father have more than two wives are more likely to be engaged in child labour than those whose father have only one wife.

Table 6 Distribution of respondents by school enrolment

School enrolment	Frequency	Percentage (%)
Yes	97	85.8
No	16	14.2
Total	113	100.0

Source: Field Survey 2018

Table 6 above showed that majority of the respondents represented by 85.8% were attending school, while only few (14.2%) of them were not attending school. It can be inferred from this figure that the reason most of the children engaged in child labour could be to support their poor parents in paying their school fees.

Table 7 Distribution of respondents by school dropout

Drop out	Frequency	Percentage (%)
Yes	12	10.6
No	101	89.4
Total	113	100.0

Source: Field Survey 2018

From table 7 above, a few number of the respondents who were schooling before represented by 10.6% dropped out of school due to combination of schooling with hawking. While majority represented by 89.4% were still attending school coupled with hawking.

Table 8 Distribution of respondents by reasons for hawking

Reasons	Frequency	Percentage (%)
Money to go to school	33	29.2
To buy food	31	27.4
To assist parents	39	34.5
Others	10	8.8
Total	113	100.0

Source: Field Survey 2018

From table 8 above, 29.2% of the respondents hawk in order to get money to go to school, 27.4% hawk to get money to buy food, and 34.5% hawk to assist parents financially. Only a few number of the

respondents (8.8%) hawk for other reasons.(i.e to take care of themselves).

Table 9 Distribution of respondents based on “being touched in places they don’t like” (sexual harassment)

Touched	Frequency	Percentage (%)
Yes	79	69.9
No	34	30.1
Total	113	100.0

Source: Field Survey 2018

From table 9 above, majority of the respondents represented by 69.9% reported that they had been touched in places that they don’t like (e.g breast and buttocks). Only a little number of the girls reported that they had not been touched in places they do not like before. It can be inferred that sexual harassment of the girl child is common in the streets as reported by Okoro & Obozokha [18]. It can be concluded from this evidence that most girls who hawk are more exposed to sexual harassment by men.

Table 10 Distribution of respondents based on how often they experience an “unwelcome touch” (sexual harassment)

How frequent	Frequency	Percentage (%)
Everyday	28	24.8
Sometimes	37	32.7
Not at all	14	12.4
Total	79	69.9

Source: Field Survey 2018

From table 10 above, 24.8% of the respondents experienced unwelcome touch every day, while 32.7% experienced unwelcome touch sometimes, only 12.4% of the respondents reported that they had not experience unwelcome touch during hawking. From this table it can be inferred that majority of the girls on the streets who are engaged in child labour had experienced one form of sexual harassment at one time or the other during hawking as indicated by the report of Isibor, (2012); (Akpala & Uzochukwu (2000).

Table 11 Distribution of respondents based on whether they have started having sex

Started Having Sex	Frequency	Percentage (%)
Yes	63	55.8
No	50	44.2
Total	113	100.0

Source: Field Survey 2018

From table 11 above, majority of the female hawkers (55.8%) reported that they had started having sex. While 44.2% of them reported that they had not started having sex. This finding was in line with the report

of Akpala and Uzochukwu, (2000), that majority of female hawkers were vulnerable to early sexual activities.

Table 12 Distribution of respondents based on their perceptions whether female hawkers are likely to be pregnant

Female hawkers likely to be pregnant	Frequency	Percentage (%)
Yes	62	54.9
No	51	45.1
Total	113	100.0

Source: Field Survey 2018

From table 12 above, those who reported that female hawker are more likely to get pregnant during hawking represented 54.9%. for instance it was discovered from one of the pregnant teen who indicated that she was lured into having sexual intercourse with the man who got her pregnant with enticing gift and money. This finding is in line with earlier reports by Akpala and Uzochukwu, 2000; and Ikechebelu. while those who reported that female hawkers are less likely to get pregnant while hawking represented 45.1% of the respondents.

Table 13 Distribution of respondents based on having seen someone got pregnant while hawking

Seen someone got pregnant while hawking	Frequency	Percentage (%)
Yes	108	95.6
No	5	4.4
Total	113	100.0

Source: Field Survey 2018

From table 13 above, an overwhelming majority (95.6%) had seen teenagers who had got pregnant while hawking. Only minority of the respondents (4.4%) reported that they had not seen anyone got pregnant while hawking. It can be inferred from the figure that teenage pregnancy is a common social problem in line with the survey reported by Makinwa-Adebusoye et al (2011). Most of these young pregnant teens do not go for medical check-up and even those who go at all often do not go regularly. This was confirmed by the interview of the two pregnant teens for this study. For instance, one of the respondent reported that she only went for medical check-up once, while the other respondent who was 5months pregnant had never gone for antenatal check-up. This may lead to pregnancy complications and maternal mortality as reported in earlier finding by Okoro et al [17]

Table 14 Distribution of respondents on ever being raped before

Have you been raped before	Frequency	Percentage (%)
Yes	28	24.8
No	85	75.2
Total	113	100.0

Source: Field Survey 2018

From table 14 above, 24.8% of the respondents reported that they had been raped before, while majority represented by 75.2% had not been raped before.

Table 15 Distribution of respondents based on how frequently they are raped

How frequent do someone rape you	Frequency	Percentage(%)
Regularly	11	9.7
Not often	17	15.0
Total	28	24.8

Source: Field Survey 2018

From table 15 above, 9.7% of the respondents reported that they were regular victims of rape, while 15.0% of the respondents reported not often. This suggested a growing number of repeated rape cases among teenage female hawkers.

Table 16 Distribution of respondents based on whether they know what a condom is

Do you know condom	Frequency	Percentage(%)
Yes	52	46.0
No	61	54.0
Total	113	100

Source: Field Survey 2018

From table 16 above, only 46% of the respondents reported that they knew what condom is, majority still confessed that they don't know what a condom is. This figures calls for sensitizing female hawkers on what a condom is and how well it can be used to minimize sexually transmitted diseases. However the best method remains abstinence from teenage sex.

Table 17 Distribution of respondents based on whether they use condom in their last sex

Do you and your partner use condom	Frequency	Percentage (%)
Yes	72	63.7
No	41	36.3
Total	113	100

Source: Field Survey 2018

From Table 17 , 63.7% of the respondents indicated that they use condom with their partner at their last sex, while 36.3% of the respondents reported that they did not use condom with their partner in their last sex.

Table 18 Distribution of respondents based on how many men they have had sex with in the past one month

Number of Men Ever Had Sex With	Frequency	Percentage (%)
None	30	26.5
One	34	30.1
Two	26	23.0
Three	15	13.3
More than three	8	7.1
Total	113	100.0

Source: Field Survey 2018

From table 18, 26.5% of the respondents reported that they did not have sex with any man in the last one month, 30.1% reported that they had sex just with one man, 23% had sex with two men, 13.3% had sex

with three men and 7.1% had sex with more than three men in the past one month. It can be inferred from this study that adolescents who starts having sex early are prone to have multiple sexual partner.

Discussion

Street hawking has exposed lot female children to various dangers ranging from poor nutrition, psychological trauma or illness and substance or drug abuse. Also, they suffer various degrees of sexual and physical abuses with the concomitant outcomes. From the findings, the age distributions showed that majority of the victims were of 14-16 age groups.

Basically, in relation with the cognizance of the various dangers associated with unsafe sexual activities, majority of the respondents were of the view that they were not aware that they could be exposed to or contact STIs or get pregnant. On the whole, teenagers, especially the female children really need to receive or have access to pieces of information about the risk of being victim of sexually abuse and also about the help that they can obtain from their social network or protective agencies. This would also in no measure make them to seek help more often. Furthermore, high level of ignorance of teenagers on sexual issues among the female hawkers is typically a reflection of the poor or ineffective quality of or even non-existence of implicitly proper reproductive health education in our various schools and at homes, where such issues are socio-culturally considered as "secrets". Withal, this is a wrong approach as it gives room for unknowing experimentation and unprotected sexual activities among the teenagers especially these unsupervised adolescent female hawkers with the attendant spread of STIs and unwanted pregnancy. In the study, some adolescents' respondents (between the age group of 8 and 19) reported themselves to be sexually active.

The majority of the sexual culprits were adults, who were familiar to the victims in nearly two-thirds of cases. Where cohesion is not applied, some forms of inducement are offered, which may be in form of food, enticing promises, money, useful materials or other gift items or a place of shelter and rest. In the main, majority of the girls engage in street hawking as a result of the high level of vicious circle of poverty ravaging their families and after spending many hours under a very scorching sun on the street, they often get tired and hungry. Consequently, these factors always add up to make them susceptible and easy target possibly as a measure of the degree of care and social attention available to them.

On the whole, majority of the victims of sexual assaults in this study did not report their experience to any one, some of them reported to their girlfriend, sister, guardian or mother. The victims did accept sexual abuse as their fate for fear of being stigmatized. In the study, majority of the victims could not take any further action or step after the incidence but only one of them reported to the police. This is because most of the girls are poorly informed on how and where they can seek or get help. Sometimes the sexually abused girl is more worried about possible recrimination from their guardian or parents over loss of wares or being blamed for the incidence. Most pregnant teens do not go for medical check-up as regularly, some do not go at all.

Conclusion

Child labour in which street hawking is an edition is a very macroscopical phenomenon in our contemporary society. The finding of this study shows that child labour is largely due to poverty and the underdeveloped state of the country. The finding confirmed that the female teenage hawkers are exposed and vulnerable to many risks of which sexual abuse and harassment is a conspicuous component. Based on the findings of this study, it has been indicated that the victims are mostly uneducated, uninformed and ignorant of the risks and consequences of being sexually abused and also of the assistance they can get. Sexual abuse of young girls raises an issue of great public health importance which calls for policy formulation towards this naïve population. Adolescence is usually too young an age to become a parent in contemporary society. This is largely because raising a child takes patience and resources that are acquired in present day society gradually with age, education and experience which is lacking in most adolescent. This was confirmed by the interview of two pregnant teen in this study whose major source of income comes from hawking. Abstinence education programs encourage young people to wait to have sex until marriage, or until they are mature enough to handle sexual activity and potential pregnancy in a responsible manner. Knowledge based programmes focus on teaching children about their bodies and body physiology. This knowledge-based programme should be aimed at providing detailed information about birth control and how to prevent sexually transmitted infections STIs. Also, Nigeria governments at all levels need to vigorously pursue poverty alleviation measures to improve the general socio-economic status of the majority of the population.

Declarations

I declare this research work was carried out by me. It has not been submitted before for publication to any other journal and has not been published by any organisation

Abbreviations

FMOH: Federal Ministry of Health; HIV: Human immunodeficiency syndrome; NDHS: National Demographic and Health Survey; NPC: National Population Commission; STI: Sexually transmissible infections

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Authors contributions

I, Dr. J.S. Owoeni implemented the study, drafted the manuscript, performed statistical analysis, read and approved the final version of the article.

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Availability of Data and Materials

Data analysed in this study will be made available by the corresponding author upon reasonable request.

Ethics Approval and Consent to Participate

The Ekiti State University's ethical review committee Ekiti State Ministry of Health, Nigeria approved the study protocol. All participants provided signed written informed consents after their confidentiality and anonymity were guaranteed. For the few participants included in this study, who were below 15 years of age at the time of the survey, assent and parental consent were obtained before their participation.

Consent for Publication

Not applicable.

Competing Interests

There is no competing interest

References

1. UNAIDS and WHO (2000) Joint United Nations Programme on HIV/AIDS. Nigeria: Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Geneva: UNAID and WHO, 2000
2. Nigeria Demographic and Health Surveys (2013): National Population Commission, Abuja/Nigeria and ORC Macro (2013): Nigerian Demographic and Health Surveys 2013
3. Fatusi O, A and Blum, R W. (2008): "Predictors of Early Sexual Initiation among a Nationality Representative Sample of Nigerian Adolescents". BMC Public Health 2008; 136. *published online 2008 April 25. Doi 10.11 8611471-2458-8-136.*
4. Blum, R.W (1998). Healthy Youth Development as a Model for Youth Health Promotion: *A Review of Journal on Adolescent Health.* 22:368-375.
5. Bankole , A. Oye-Adeniran ,B.A, Singh, S, Adewole I.F, Wulf, O, Sedgh, G, Hussain, R (2006). " Unwanted Pregnancy and Induced Abortion in Nigeria: Causes and Consequences". *New York: Guttmacher Institution; 2006.*
6. Federal Ministry of Health (FMOH), (2013). National HIV/Syphilis Sero-Prevalence Sentinel Survey among Pregnant Women Attending Antenatal Clinics in Nigeria Technical Report Abuja, National AID/STI Control Programme (NASCP), *Federal Ministry of Health .Retrieved 2005.*

7. Ludicke F, Stalberge A, Vassilako P, Major AL, Campan A,(2001) "High-And Intermediate-Risk Human Papillomavirus Infection in Sexually Active Adolescent Females". *Journal of Paediatrics Adolescent*
8. Machel, J. Z., (2001) "Unsafe Sexual Knowledge among Schoolgirls in Mozambique: A Reproductive Health matters, 9 (17) (May), 82-90.
9. UNICEF, UNAIDS, and WHO (2000, 2001, 2002) Young People and HIV/AIDS Opportunity in Crisis. Produced by UNICEF Editorial and Publications Section Division of Communication. June, 2002. P (7) 1-28
10. Ikechebelu, T. B., 2008) "Sexual Abuse among Juvenile Female Street Hawkers in Anambra State, Nigeria". *Africa Journal of Reproductive Health; 12(2): 111-119.*
11. Isibo, G. (2012) "Education and Sexuality: Towards Addressing Adolescents' Reproductive Health Needs in Nigeria". *Current Research Journal of Social Science 4(4): 285-293.*
12. Akpala CO, & Uzochukwu BS, (2000). "Sexual Abuse among Juvenile Street Hawkers in Enugu Eastern Nigeria". *Orient Journal Medicine: 12 (1-4); 9-14.*
13. Makinwa-Adebusoye P., Kunnuji, M. C (2011) "A promise to keep- Action Health Incorporated" <http://www.actionhealyhinc.org/publication/docs/A%20promise%20to%20kep%20L R.pdf>
14. Yucel O. (2013) cited in Minerall (June, 2011): Teenage Pregnancy study mode.com. Retrieved 06, 2011. From <http://www.studymode.com/essays/Teenage-Pregnancy-713679.html>
15. Alubo, O. (2000) The challenges of Adolescent sexuality and Reproductive Health in Nigeria. Research Paper No 166, Tekemi program. International Health, Harvard School of Public health 665, Huntington Avenue, Boston MA02115.
16. Amazigo, U., N. Silver, J. Kaufman and D.S Obikeze, (1998) "Sexual Activity and Contraceptive Knowledge and Use among In-School Adolescents in Nigeria". *International Family Planning Perspective, 23(1): 28-33.*
17. Federal Ministry of Health (FMOH, 2013). National HIV/AIDS and Reproductive Health Survey (NARHS).
18. Okoro I., F., Obozokhai, O (2005), "Sexual Harassment: The Experience of Out-of-School Teenagers in Benin City Nigeria". *Africa Journal of Reproductive Health; December, 2005, vol.9 Issue 3, p.118*