Use of Reproductive Health Information among University Undergraduates in Ogun State, Nigeria

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ABSTRACT

Young adults bear a higher risk of reproductive health problems than adults. Cases of unwanted pregnancies and their attendant complications reportedly rank among the highest in Africa. This study therefore investigates reproductive health and use of health information among university undergraduates in Nigeria. Correlational research design was adopted using descriptive survey method. Questionnaire was designed and used as survey instrument. The study used 25% of 6,978 undergraduate students from government and private universities in Abeokuta, Ogun State between 16-24 years old from each of the 35 departments that made up 8 colleges in the two universities. A total number of 1,745 copies of questionnaire were administered to the respondents out of which 1,500 copies were filled completely and retrieved making the response rate to be 86.95%. The findings of this study show that friends, parents and relatives were the closest sources of health information the respondents have used for reproductive health purposes. Utilisation of health information through information resources was effective. The study also concludes that cultural value, level of education and unfriendly attitude of health officials were parts of the major problems confronting effective utilization of reproductive health information among young adults in Nigeria.

1. Introduction

Reproductive health refers to the state of mental, physical and emotional well-being of women in their reproductive period. This state of health includes the right to choice of contraception as well as the desired family size. Age at first marriage marks the beginning of exposure to the risk of reproduction. This age is not related to marital status because it could be pre-marital. Post Enumeration Survey (PES) (1991) shows a median age at first intercourse of 18 years for female young adults and 20 years for male young adults. Nigeria Demographic and Health Survey (NDHS) (1990) found the median age at first intercourse to be 16 years. Age at first intercourse has been found to increase with education among females (National Population Census (NPC), 2000). Women with no education initiate sexual activity at the age of 16 years compared with the age 21 among those with more

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than a secondary school education. However, fewer differences in age at which sexual activity is initiated was found among the males when compared to the age for males with education above secondary school level.

Premarital sex activity is common in many parts of the world and is reported to be on the rise in all regions. In many countries, young women and men are under strong social and peer-group pressure to engage in premarital sex. Moreover some features of modern life may increase both the desire and opportunity for sexual activity: the mass media, the breakdown of traditional families and mores, and increased migration, urbanization, and materialism (The World Youth Data Sheet, 2000).

Serious risks and consequences accompany increased premarital sex, particularly when combined with inadequate health information and reproductive health services. Increased sexual activity places young adults at a greater risk of unintended pregnancies and STIs, including HIV/AIDS. Many unintended pregnancies end in abortion. Unsafe abortions, which are sometimes self-induces, can result in severe illness, infertility, and death. Even in places where safe abortion services exist, access is often restricted for teenage girls. Complications from unsafe abortion are the leading cause of death among teenagers in some countries (World Health Organisation (WHO), 2011).

Age at which childbearing starts is an important demographic indicator that usually reflects the health information sensitisation, health awareness campaign and health information utilisation among young adults who are sexually active. It also reflects the level of contraceptive use and the magnitude of young adults' fertility. These have major health and social implications for the society (NPC, 2000). In Nigeria, it has been documented that age at first birth is low, meaning that childbearing commences at an early age. NDHS (1999) report shows that more than 50 percent of young adults started childbearing at age 15-19 years.

Fertility is an important variable in population dynamics. Fertility refers to the actual reproductive performance of women. In standard demographic texts and analyses, the reproductive age group is taken to be between 15-49 years. Differentials in fertility levels are good indicators for population policies that focus on groups or areas of the nation that need special attention in fertility planning. The regional fertility differentials indicate that in 1991 Census, the Southwest had the lowest total fertility rate (TFR) of 5.73, while the Northwest had the highest TFR of 6.39. This is a bit different from the findings of the 1999 NDHS where, although the Southwest still maintained its low TFR (4.5). The Northeast has taken over from the Northwest as the region with highest TFR (6.79). Considering the area of residence, the 1999 NDHS found that fertility is higher in the rural areas (5.4) than the urban areas (4.5) (NPC, 2000). Level of fertility is also inversely associated with the level of educational attainment. When compared 1990 NDHS, 1991 PES and baseline report of the 1994 Sentinel survey with the findings of 1999 NDHS, findings revealed that TFR declined from 6.3 in 1981-82 to 5.2 in 1999 (National Population Census Analysis (NPCA), 2002). The report concluded that it is likely that fertility will continue to decline as policies which emphasise the education of the girl-child are pursued.

2. Research Questions

1. What are the sources of reproductive health information used by young adults?
2. How adequate are the reproductive health information received from media resources?
3. What is the perception of young adults on reproductive health information utilisation?
4. What are the problems that hinder effective reproductive health information utilisation?

3. Literature Review

Generally, young adults play a significant role in the determination of current fertility and future population size. One important proximate determinant of fertility is marriage. Marriage is universal, and most child births occur within its institution. Nigerian Population Census Analysis (2002) reveals that by age 20-24, two thirds of female young adults were married while only 22 percent of male young adults were married. Thus, female young adults marry at younger ages than males. According to NPC (1998), the median age at first marriage for the total population in 1991 was 21 years for males and 16.5 for females (18 years for both sexes). In NDHS (1990), a median age at first marriage for female young adults was 17 years while the NDHS (1999) found that the median age for women was 18 years and 26 years for both sexes. It is clear that females marry earlier than males. But the median age has been rising. The data from the 1991 Post Enumeration Survey (PES) show that, in cumulative terms, 90 percent of females have had a first marriage by age 24. In contrast, only 60 percent of males are married by age 24. Lewis-Wall (1998) found that urban women marry at about two years later than rural women. In the Northern part of the country, marriage occurs early, usually between the ages of 12-14 years and sometimes as early as 9 or 10 years. He also reported that marriage is delayed in the South because of influence of western education.

Of the 15 million young women ages 15-19 who give birth every year, 13 million live in less developed countries. Thirty-three percent of women in less developed countries give birth before the age of 20, ranging from a low of 8% in East Asia to 55% in West Africa. Early pregnancy and childbearing are typically associated with less education and lower future income for young mothers. Young women and their children face serious health risks from early pregnancy and childbearing. More young adults die from pregnancy-related causes than from any other cause. In fact, maternal mortality among 15-19 year old women is twice as high as for women in their 20s (The Population Reference Bureau, 2000).

Generally speaking, young adults below 20 years are less likely than young adults above 20 years to use contraceptive methods. Reasons for this include lack of health information, misinformation, and fear of side effects, along with geographical, social, cultural and economic barriers to access and use of family planning. Typically, family planning services are designed to serve married, adult women. Unmarried young adults may find service providers hostile or unhelpful, especially where strong cultural or religious beliefs condemn sexual activity among unmarried young adults. Young adults may be unwilling to disclose the sexual activity to parents or service providers. Also, the sporadic and unplanned nature of young adults' sexual activity can be an obstacle to consistent

contraceptive use (The World Youth Data Sheet, 2000).

The fact that a substantial proportion of young adults in Nigeria have had at least a child (NPCA, 2002) implies that the age at childbearing is still low. This is in spite of the observed rising average age at first marriage. The early exposure to the risk of conception and subsequent childbearing has implications for the health and development of young adults and also for the socio-economic development of the country at large. Early exposure to unprotected sexual activity, and thus to pregnancy, is associated with several adverse health outcomes. These range from pregnancy termination, sexually transmitted diseases, to other medical and health complications that are fatal (WHO, 2009).

Complications arising from pregnancy termination account for a substantial proportion of maternal deaths. Deaths among young unmarried Nigerian females aged 15-24 resulted mainly from unsafe, illegal abortion. Early marriage exposes young adults to the risk of conception. Her pelvis being not fully developed; may cause her to suffer severe tear during delivery, which could lead to Vesico-Vaginal-Fistula (VVF) (NPC, 2006).

Another effect of early initiation into sexual activity is the increase in the incidence of sexually transmitted diseases (STDs) with attendant consequences on the physiology and future fertility of young girls as well as their offsprings. These include the much dreaded HIV resulting in AIDS. The socio-economic implications of STIs are manifested in the huge expenditure on health care, decreased productivity, and general human suffering (UNAIDS, 2002).

Early marriage and childbirth result in serious socio-economic consequences upon both mother and child. Early pregnancy, particularly out of marriage, drastically restricts the future opportunities for social and economic advancement of young adult parent. It invariably results in either temporary interruption or complete cessation of educational and career oriented endeavours.

Sexual activity among Nigerian young adults is reported to be increasing (Federal Ministry of Health, 1999). Makinwa-Adebusoye (1992), from a survey of 5,500 urban young people aged 12-24 years, found that 60 percent did not know that pregnancy was possible at first sexual intercourse. This underscores the need to examine the extent of health information that young adults have on sex and on the use of contraception.

Knowledge of family planning methods was low but has recently increased and is now moderately high NDHS (1990). However, knowledge invariably does not translate into adoption of contraception. Thus the prevalence of use of contraception, especially current usage is low, although, it has been rising over time. A study of unmarried young adults in Ibadan by Ladipo et al. (2005) found that 50 percent of males with university education were currently using contraception compared to 39 percent of their female counterparts. Among young adults with polytechnic education, the percentage of current users was 35 for males and 22 for females. Although male respondents were sexually more active, the level of non-use of contraception was higher among them than among females. Ladipo et al. (2005) did not report the reasons for non-use of contraception by their respondents. Non-use of contraception by sexually active young unmarried persons could result in life-threatening health outcomes such as unwanted pregnancies, induced abortions with complications like infection, haemorrhage, infertility or even death.

Studies have shown high rates of sexual activity among young adults in Nigeria (Makinwa-Adebusoye, 1992). Early onset of menarche, the widening gap between age at menarche and age at marriage,

declining emphasis on premarital chastity and adverse socio-economic conditions are some of the factors that expose female young adults to early sexual activity. Very often, such sexual encounters are neither planned nor protected thereby exposing these young girls not only to the risk of pregnancy, but also of contracting sexually transmitted infections (STIs). The extent to which young women in Nigeria know of sexually transmitted infections and Acquired Immune Deficiency Syndrome (AIDS) has been assessed and documented (Makinwa-Adebusoye, 1992; FMH, 1999 and WHO, 2008).

Young adults bear a higher risk of sexually transmitted infections than adults. Cases of unwanted pregnancies and their attendant complications reportedly rank among the highest in Africa (Eferaro, 1999). STDs are the most commonly reported infectious diseases in the world, particularly among young people (WHO, 1993). Changes in sexual and social behaviour as a consequence of urbanization, industrialization, mass communication and ease of travel are factors that have contributed to this public health problem. Where STDs constitute a major health problem, the incidence tends to be higher in female young adults than in their male counterparts (WHO, 1993). Young women suffer more from complications arising from the infection than young men. This is because young women are likely to be infected, more difficult to diagnose, less likely to seek care, and as a result suffer more adverse health and social consequences. Undiagnosed and untreated STIs are common causes of infertility, ectopic pregnancy, and chronic pelvic pains (Foundes, 1994).

The scourge of HIV/AIDS is a major global health concern. The care of HIV/AIDS stems from the fact that nearly everyone who is infected is doomed to die (Cadwell, 1997). About 18 million adults and 1.5 million children were estimated to have been infected with HIV by late 1994 (United Nations Family Planning Agency (UNFPA), 1998). By the year 2000, there were 3.6 million people living with HIV/AIDS (UNAIDS, 2000). According to United Nations (2000), nearly half of all persons newly infected with HIV are aged 15-24 years. In the most affected countries, 60% or more of newly infected people are in this group. UNAIDS sponsored studies in Western Kenya found that nearly 25% of female young adults aged 15-24 years are infected with HIV compared to 4% of young men. In Zambia, in the same age group 16 times as many girls as boys are infected. In rural Uganda, among 20-24 years old, six young women are HIV positive for every infected young man (UNFPA, 2000). The risk of infection is increased by the low social status of young women who may be forced into sex or have little power to negotiate condom use with sexual partners. Sexually transmitted infection can lead to infertility and have a devastating impact on the life of young adults. The risk of exposure to STIs and HIV/AIDS is especially great for young people who become sexually active early and are therefore more likely to change sexual partners; the millions of young adults living or working on the streets, many of whom turn to selling sex to make a living and married women whose husbands engage in extramarital affairs (WHO, 2009).

Young adults are at high risk of contacting HIV and other STIs because among other reasons, they often have multiple short-term sexual relationships and do not consistently use condoms. They also tend to lack sufficient health information and understanding of HIV/AIDS; their vulnerability to it; how to prevent it, and the self confidence needed to protect themselves. STIs and other HIV such as Chlamydia and gonorrhoea are also serious threats to young adults. Young adults face special obstacles in obtaining diagnosis and treatment of HIV/AIDS and other STIs, even where services are available. They usually lack information about STIs, their symptoms, the need

for treatment and where to obtain services. They are also reluctant to seek care, and providers may be hesitant to treat them. Because females with chlamydia and gonorrhoea, the most common STIs, often do not show symptoms and because having another STI increases the risk of contacting and spreading these infections. They may also face legal and/or institutional obstacles to using services, such as negative provider attitudes or requirements for parental, spousal or partner consent before testing or treatment. Additionally, young adults often belief incorrectly that STIs will simply go away if untreated or that they will not recur if treated (The World's Youth Data Sheet, 2000).

WHO (2009) also noted that young women are particularly vulnerable to STIs for both biological and cultural reasons. Younger women have fewer protective antibodies than do older women, and the immaturity of their cervixes increases the likelihood that exposure to infection will result in the transmission of the disease. Sexual violence and exploitation, lack of formal education (including sex education), inability to negotiate with partners about sexual decisions, and lack of access to contraceptives and reproductive health services work together to put young women especially at high risk. Additionally, women in many societies are not accustomed to discussing issues of reproductive health and sexuality with others, which further increases their vulnerability (The Population Reference Bureau, 2000).

In Chile, Mexico and the Caribbean, studies indicated that young mothers will have more children than those who start childbearing later, and will live with parents or other family more often and for longer periods. Fewer of the children's fathers will head the household or provide financial and other support. Pregnancy has also become the principal cause of death among female young adults age 15-19 years in the Dominican Republic. Nearly one in four girls is either pregnant or has already given birth. Many of them resort to abortion. Usually this is clandestine an unsafe, because in most countries abortion is not legal except under certain circumstances. Even where abortion is legal, many young women resort to unsafe abortion, due to social stigma and inaccessibility of health services. While reliable data are scarce, an estimated 70,000 deaths each year result from the 20million or so unsafe abortions that occur every year. Many of these deaths occur among female young adults (UNFPA, 2000).

In the same vein, Oboh and Adeleke (2009) reviewed the approach of the Pentecostal pastors in combating the wide spread of HIV/AIDS. Their study showed that most Pentecostal pastors usually emphasize messages on the prevention of HIV as well as its effects on patients much more than messages that tend to build hope into HIV/AIDS patients. They advised that pastors should build hope into AIDS patients and all the concerned groups in the campaign against HIV/AIDS should collaborate with the church in the campaign against the spread of HIV/AIDS. Since most of these pastors are gifted users of language, Makinde (2009)'s study was interested in how well language was used to unravel mysteries surrounding the HIV/AIDS virus in the selected management campaigns. She noted that pragmatic analysis shows that language was used specifically as expressive in a subtle manner to urge audiences to get tested as early detection can save life while representative acts got the hearer committed to giving support to friends and families who already knew their HIV status. According to her, language was also used in this context to promote gender equality and prompt realization of dreams and ambition. Importance to open communication in all relationships was revealed through representative acts to overcome stigma associated with HIV/AIDS. She concluded that language in this instance has truth value unlike its fraudulent use to achieve commercial purposes at the expense of humanistic purpose.

4. Research Method

The research design adopted for this study was correlational research design using descriptive survey method. This was considered appropriate in view of the population size for this study. Questionnaire was designed and used as survey instrument. The target population for this study were young adults from government and private Universities in Abeokuta, Ogun State, Nigeria. The total population of young adults from the two universities under study is 8,600. Undergraduate students were selected as respondents for this study because they are young adults within the ages of 16-24 years. Quota sampling method was used in selecting the sample size for this study. Federal University of Agriculture and Crescent University, Abeokuta were selected for this study. The study used 25% of 6,978 undergraduate students between 16-24 years old from each of the 35 departments that made up 8 colleges in the two universities for the study. These amounted to 1,745 young adults. Hence, the sample size for this study was 1,745 young adults. A total number of 1,745 copies of questionnaire were administered to the respondents. Descriptive statistics such as frequency counts and percentages were used to analyse the research questions.

5. Data Analysis and Results

5.1 Questionnaire returned rates

In Table 1, findings show that 1,745 copies of the questionnaire were administered to young adults in two universities under this study. The undergraduate young adult population was drawn from 100 to 600 Level. The study used young adults from each of the 35 departments that made up 8 colleges in the two universities under this study. In all, 1,500 copies of the questionnaire were filled completely and retrieved making the response rate to be 86.95%.

Table 1. Questionnaire returned rates

Institutions / Colleges	No of Departments	No of Questionnaire Distributed	No of Questionnaire Retrieved
FUNAAB			
COLAMRUD	4	236	205
COLANIM	5	450	376
COLERM	4	321	282
COLNAS	8	637	537
CRESCENT			
CICOT	2	18	18
CONAS	4	10	10
COSMAS	5	52	52
COLAW	3	20	20
TOTAL	35	1,745	1,500

5.2 Demographic profile of respondents

The demographic information of respondents revealed that 708 (47.2%) of the respondents were in 100 level, 350(23.3%) in 200 level, 172(11.5%) in 300 level, 45(3.0%) in 400 level, 42(2.8%) in 500 level while 183(12.2%) were in 600 level (Table 4.2). The table also showed that 909(60.6%) of the respondents were males and 591(39.4%) were female while 82(5.5%) of the respondents were under 16 years, 553(36.9%) aged 16-20 years and 865(57.7%) aged 20-24 years. The table further revealed that 1,348 (89.9%) of the respondents were single, 116 (7.7%) were married, 25(1.7%) were separated and 11(.7%) were divorced while 1064 (70.9%) of the respondents had O'L, WAEC, SSCE certificates, 154 (10.3%) had OND, NCE certificates, 153(10.2%) had HND certificates and 129(8.6%) had other certificates.

Table 2. Demographic information of respondents

Level of Study	Freq %	Qualification	Freq %	Marital Status	Freq %	Age	Freq %	Gender	Freq %
100	708 (47.2%)	WAEC, SSCE	1064 (70.9%)	Single	1348 (89.9%)	16-20 yrs	635 (42.4%)	Male	909 (760.6%)
200	350 (23.3%)	OND, NCE	154 (10.3%)	Married	116 (7.7%)	20-24 yrs	865 (57.7%)	Female	591 (39.4%)
300	172 (11.5%)	HND	153 (10.2%)	Separated	25 (71.7%)				
400	45 (3.0%)	Others	129 (8.6%)	Divorced	11 (7.7%)				
500	42 (2.8%)								
600	183 (12.2%)								
Total	1500 (100%)		1500 (100%)		1500 (100%)		1500 (100%)		1500 (100%)

5.3 What are the sources of health information used by young adults in Ogun State Nigeria?

The respondents were asked to indicate the sources of health information utilised for their reproductive health issues. These health information sources were categorised into interpersonal sources, electronic media, print media and others. These health information sources were measured using Likert Scale classified into Highly Utilised, Utilised and Not Utilised and rated as 5, 3 and 1 respectively. In Table 6 findings revealed that 42.5% friends, parents, relatives ($\bar{x}$ =2.23) were ranked highest among the interpersonal sources by the respondents, while television ($\bar{x}$ =2.14) and newspapers ($\bar{x}$ =2.12) were ranked highest among the electronic and print sources of health information by 35.1% respondents. The weighted average = 1.98.

Table 3. Sources of health information utilised for reproductive health information by young adults

N = 1,500

S\N	Health information sources	HU	U	NU	$\bar{x}$	S.D
Interpersonal Sources						
1	Friends, parents, relatives	637 42.5%	568 37.9%	295 19.7%	2.23	.75
2	Health care workers	501 33.4%	711 47.4%	288 19.2%	2.14	.71
3	Religious leaders	409 27.3%	664 44.3%	427 28.5%	1.99	.75
4	Teachers, lecturers	403 26.9%	674 44.9%	423 28.2%	1.99	
5	Seminars and workshops	346 23.1%	667 44.5%	487 32.5%	1.91	.74
Electronic Media						
6	Television	526 35.1%	647 43.1%	327 21.8%	2.13	.74
7	Radio	480 32.0%	610 40.7%	410 27.3%	2.05	.77
8	Films and video shows	468 31.2%	635 42.3%	397 26.5%	2.05	.76
9	Recorded music and audio recordings	426 28.4%	583 38.9%	491 32.7%	1.96	.78
Print Media						
10	Newspapers	518 34.5%	638 42.5%	344 22.9%	2.12	.75
11	Books	504 33.6%	639 42.6%	357 23.8%	2.10	.75
12	Magazines	500 33.3%	612 40.8%	388 25.9%	2.07	.77
13	Leaflets, booklets, pamphlets	399 26.6%	651 43.4%	450 30.0%	1.97	.75
Others						
14	Community based organisations(CBO) and other group leaders	391 26.1%	503 33.5%	606 40.4%	1.86	.80
15	Drama and plays	288 19.2%	542 36.1%	670 44.7%	1.75	.76
16	Demonstrations and exhibitions	333 22.2%	402 26.8%	765 51.0%	1.71	.81
17	Herbalists	245 16.3%	467 31.1%	788 52.5%	1.64	.75

Keys: HU=Highly Utilised U=Utilised NU=Not Utilised
Weighted Average = 1.98

5.4 How adequate are the reproductive health information received from media resources?

The adequacy of reproductive health information received from media resources by young adults were investigated. In Table 4, findings revealed that information received on water treatment and sanitation ($\bar{x}$ =3.26) and diagnosed medical condition ($\bar{x}$ =3.20) were adequately disseminated by media resources and ranked highest by the respondents. These were followed by accidents and first aid ($\bar{x}$ =3.02), drugs ($\bar{x}$ =3.00), eye care ($\bar{x}$ =2.96), dental care ($\bar{x}$ =2.95), skin care ($\bar{x}$ =2.91) and prevention of diseases ($\bar{x}$ =2.91). Table 4.12 also revealed that drug and alcohol addiction ($\bar{x}$ =2.79), sports ($\bar{x}$ =2.78), HIV/AIDS/ other sexually transmitted diseases ($\bar{x}$ =2.78) and nutrition ($\bar{x}$ =2.75) were found inadequately disseminated by media resources by the respondents. The weighted average = 2.91.

Table 4. Adequacy of reproductive health information received from media resources on health issues

N = 1,500

S\N	Health information	Adequate	Good	Fair	Inadequate	$\bar{x}$	S.D
1	Water treatment and sanitation	541 36.1%	503 3.5%	197 3.1%	259 17.3%	3.26	1.28
2	Diagnosed medical condition	478 31.9%	491 32.7%	204 13.6%	327 21.8%	3.20	1.34
3	Accidents and first aid	489 32.6%	514 34.3%	270 18.0%	227 15.1%	3.02	1.01
4	Drugs	531 35.4%	556 37.1%	221 14.7%	192 12.8%	3.00	1.02
5	Eye care	560 37.3%	482 32.1%	228 15.2%	230 15.3%	2.96	1.06
6	Dental care	458 30.5%	524 4.9%	299 19.9%	219 14.6%	2.95	1.01
7	Skin care	569 37.9%	433 28.9%	249 16.6%	249 16.6%	2.91	1.08
8	Prevention of disease	630 42.0%	474 31.6%	181 12.1%	215 14.3%	2.91	1.06
9	Reproduction and family planning	587 39.1%	549 36.6%	169 11.3%	195 13.0%	2.88	1.08
10	Pregnancy and child bearing	635 42.3%	485 32.3%	165 11.0%	215 14.3%	2.88	1.09
11	Smoking	487 32.5%	491 32.7%	242 16.1%	280 18.7%	2.84	1.04
12	Blood transfusion	557 37.1%	496 33.1%	197 13.1%	250 16.7%	2.82	1.09
13	Mental health	450 30.0%	531 35.4%	252 16.8%	267 17.8%	2.81	1.03
14	Drug and alcohol addiction	518 34.5%	444 29.6%	282 18.8%	256 17.1%	2.79	1.09
15	Sports	468 31.2%	513 34.2%	234 15.6%	285 19.0%	2.78	1.06
16	HIV, AIDS and other sexually transmitted diseases	589 39.3%	494 32.9%	191 12.7%	226 15.1%	2.78	1.09
17	Nutrition	578 38.5%	551 36.7%	168 11.2%	203 13.5%	2.75	1.12

Weighted Average = 2.91

5.5 What is the perception of young adults on reproductive health information utilisation?

In Table 5, findings show that 72.4% respondents agreed that reproductive health information utilised through health information resources are effective ($\bar{x}$ =3.19). Also 64.4% young adults felt that the use of print resources is more effective than the use of other resources ($\bar{x}$ =3.07) when searching for health information. The result of the study also revealed that health information resources play significant roles in health information provision among young adults ($\bar{x}$ =3.03). The respondents equally opined that cultural background and beliefs could hinder effective health information utilisation among young adults ($\bar{x}$ =3.00). Young adults also indicated that lack of adequate trained personnel can hinder effective health information provision to young adults ($\bar{x}$ =2.97) and lack of adequate funding (68.9%) can also inhibit effective health information provision to young adults ($\bar{x}$ =2.96).

Findings also revealed that the respondents (43.3%) had low perception on health information provision being more effective when a qualified health practitioner manages it ($\bar{x}$ =2.88) and health information resources enhancing health information provision ($\bar{x}$ =2.86). In addition, 47.3% respondents had the perceptions that health education should be part of basic education curriculum ($\bar{x}$ =2.85) and lack of health information infrastructure could hinder the provision of effective health information to young adults ($\bar{x}$ =2.85).

Furthermore, findings showed that 33.5% had lower perception on health information literacy affecting their utilisation of health information ($\bar{x}$ =2.84). They also had low perception on health information resources helping to disseminate health information to meet the health information needs of young adults ($\bar{x}$ =2.82). The weighted average = 2.89.

Table 5. Perception of young adults on reproductive health information utilisation

N = 1,500

S\N	Perception on Health Information Utilisation	SA	A	D	SD	$\bar{x}$	S.D
1	Health information utilisation (HIU) through health information resources (HIR) is effective for gaining insight into health issues	535 35.7%	551 36.7%	330 22.0%	84 5.6%	3.19	1.09
2	The use of print health information resources is more effective than the use of other resources	440 29.3%	527 35.1%	411 27.4%	122 8.1%	3.07	1.09
3	Health information resources play significant roles in health information provision among young adults	658 43.9%	472 31.5%	291 19.4%	79 5.3%	3.03	1.11
4	Lack of adequate funding can inhibit effective health information provision to young adults	594 39.6%	439 29.3%	346 23.1%	121 8.1%	3.00	1.15
5	Lack of adequate trained personnel can hinder effective health information provision to young adults	659 43.9%	435 29.0%	330 22.0%	76 5.1%	2.97	1.17
6	Cultural background and beliefs can hinder effective health information utilisation among young adults	534 35.6%	495 33.0%	352 23.5%	119 7.9%	2.96	1.14
7	Lack of conscientious efforts among young adults to meet their health information needs can hinder HIU	639 42.6%	475 31.7%	315 21.0%	71 4.7%	2.95	1.16

S\N	Perception on Health Information Utilisation	SA	A	D	SD	$\bar{x}$	S.D
8	Certain religious beliefs can hinder effective health information utilisation among young adults	533 35.5%	550 36.7%	345 23.0%	72 4.8%	2.92	1.15
9	Health information provision is more effective when a qualified health practitioner manages it	650 43.3%	463 30.9%	312 20.8%	75 5.0%	2.88	1.13
10	The type of resources in use can affect the health information provision among young adults	535 35.7%	555 37.0%	309 20.6%	101 6.7%	2.87	1.15
11	Health information resources enhance health information provision to young adults	801 53.4%	438 29.2%	254 16.9%	7 0.5%	2.86	1.15
12	The use of electronic health information resources is more effective than the use of other resources	543 36.2%	498 33.2%	347 23.1%	112 7.5%	2.86	1.13
13	Health education should be part of basic education curriculum	709 47.3%	426 28.4%	304 20.3%	61 4.1%	2.85	1.11
14	Lack of HIR infrastructure can hinder the provision of effective health information to young adults	617 41.1%	482 32.1%	339 22.6%	62 4.1%	2.85	1.17
15	HIR literacy can affect the health information utilisation among young adults	502 33.5%	586 39.1%	318 21.2%	94 6.3%	2.84	1.15
16	HIR help to disseminate health information to meet the health information needs of young adults	537 35.8%	525 35.0%	344 22.9%	94 6.3%	2.82	1.15
17	Young adults take their health information needs seriously	404 26.9%	535 35.7%	427 28.5%	134 8.9%	2.82	1.14
18	Appropriate HIR can enhance health information provision and utilisation among young adults	671 44.7%	525 35.0%	268 17.9%	36 2.4%	2.79	1.18
19	Accessibility of HIR can affect HIU among young adults	518 34.5%	533 35.5%	342 22.8%	107 7.1%	2.66	1.17
20	HIR use skills can enhance the utilisation of health information among young adults	515 34.3%	594 39.6%	319 21.3%	72 4.8%	2.61	1.16

Key: SA=Strongly Agree A= Agree D= Disagree SD= Strongly Disagree
Weighted Average = 2.89

5.6 What are the problems that hinder effective reproductive health information utilisation?

The respondents were asked to indicate the problems that hinder effective health information utilisation among young adults in Nigeria. In Table 4.15 findings revealed that religious beliefs against the use of drugs ($\bar{x}$ =2.91), cultural values and traditions ($\bar{x}$ =2.87) and level of education/knowledge base ($\bar{x}$ =2.76) which represents 34.6%, 36.9% and 31.8% respondents respectively were the major problems indicated by young adults. The weighted average = 2.63.

Table 6. Problems that hinder effective reproductive health information utilisation among young adults in Nigeria

N = 1,500

S\N	Problems of Health information utilization	SA	A	D	SD	$\bar{x}$	S.D
1	Religious beliefs against the use of drugs	519 34.6%	524 34.9%	328 21.9%	129 8.6%	2.91	1.13
2	Cultural values and traditions	554 36.9%	436 29.1%	363 24.2%	147 9.8%	2.87	1.13
3	Level of education/ knowledge base on health issues	477 31.8%	475 31.7%	390 26.0%	158 10.5%	2.86	1.12
4	Health officials are not accommodating	500 33.3%	449 29.9%	385 25.7%	166 11.1%	2.82	1.13
5	Health information sources are not easily accessible	593 39.5%	427 28.5%	317 21.1%	163 10.9%	2.80	1.11
6	Poor packaging of health information services to the young adults	539 35.9%	531 35.4%	319 21.3%	111 7.4%	2.79	1.17
7	Lack of trained personnel in health information services delivery	559 37.3%	504 33.6%	312 20.8%	125 8.3%	2.75	1.14
8	Health information provided are sometimes not current	409 27.3%	522 34.8%	388 25.9%	181 12.1%	2.71	1.18
9	Health information delivery are not timely	429 28.6%	503 33.5%	384 25.6%	184 12.3%	2.69	1.17
10	Lack of adequate funding	485 32.3%	494 32.9%	341 22.7%	180 12.0%	2.65	1.15
11	Lack of health information literacy among the young adults	493 32.9%	523 34.9%	306 20.4%	178 11.9%	2.63	1.14
12	Health information are not readily available	591 39.4%	493 32.9%	306 20.4%	110 7.3%	2.60	1.20
13	Unfavorable, inconsistent government policies	474 31.6%	389 25.9%	434 28.9%	203 13.5%	1.99	.82
14	Socio-economic status of young adults - no social welfare scheme	548 36.5%	446 29.7%	358 23.9%	148 9.9%	1.81	.79

Key: SA=Strongly Agree A= Agree D= Disagree SD= Strongly Disagree
Weighted Average = 2.63

6. Discussion

6.1 Sources of reproductive health information used by young adults

This study finds that friends, parents and relatives (80.8%) ranked highest among the sources of health information the respondents have used for health purposes and was followed by health workers (80.4%). National Foundation for Infectious Diseases (NFID) (2013) viewed the young adults as social beings and asserted that adults like parents/relatives and peers, for example friends

in their lives model behaviours and influence attitudes about health and well being. NFID (2013) also confirmed this and found that about half of physicians (49.6%) surveyed assumed young adults' friends were a most trusted source for health information, but the young adults surveyed (43%) listed healthcare providers as their most trusted source for health information. Friends, parents and relatives also topped the list of health information sources provided by Bii and Otike (2003) in their study. Oyewusi (2008) quoting Miller (1994) opined that information users based their selection of information on the basis of the efforts required to gain access to the source. She concluded that the informal sources which include personal contacts were important and sometimes more important than formal information sources.

6.2 Adequacy of reproductive health information received from media resources

Findings revealed that information received on water treatment and sanitation ($\bar{x}$ =3.26) and diagnosed medical condition ($\bar{x}$ =3.20) were adequately disseminated by media resources and ranked highest by the respondents. These were followed by accidents and first aid ($\bar{x}$ =3.02), drugs ($\bar{x}$ =3.00), eye care ($\bar{x}$ =2.96), dental care ($\bar{x}$ =2.95), skin care ($\bar{x}$ =2.91) and prevention of diseases ($\bar{x}$ =2.91). Findings also revealed that drug and alcohol addiction ($\bar{x}$ =2.79), sports ($\bar{x}$ =2.78), HIV/AIDS/ other sexually transmitted diseases ($\bar{x}$ =2.78) and nutrition ($\bar{x}$ =2.75) were found inadequately disseminated by media resources by the respondents.

6.3 Perception of young adults on reproductive health information utilisation

Findings revealed that utilisation of health information through information resources was effective ranked highest by the respondents ($\bar{x}$ =3.19) This finding is in line with Horgan and Sweeny (2010) who argued that utilisation of health information through media resources helps the young adults to meet their health information needs. The respondents also indicated that the use of print information resources is more effective than the use of other resources ($\bar{x}$ =3.07). Marshall (2007) discovered from the study carried out among the youths that reading materials such as posters, handbills, leaflets, among others, printed in multiple colours attract the attention of young people to read. Young adults also indicated that health information resources play significant roles in health information provision ($\bar{x}$ =3.03) and cultural background and beliefs can hinder effective health information utilisation among the young adults ($\bar{x}$ =3.00).

Findings indicated that lack of adequate trained personnel in the health sector can hinder effective health information provision to young adults ($\bar{x}$ =2.97). This finding tallies with Griffiths and Brophy (2005) who also found that lack of adequate trained personnel hinders effective information services delivery.

6.4 Problems that hinder effective reproductive health information utilisation

Cultural values and traditions (75.8%) ranked second among the problems that hinder effective health information utilisation among young adults in Nigeria. The negative effect of cultural values

and traditions on reproductive health information utilisation among young adults especially in many African nations was corroborated by Kitabu (2013). According to her, because of the stigma some societies attached to adolescent sexuality; community discourages free access of sexual and reproductive health information among young people for the fear of promoting promiscuity. NFID (2013) also found that adolescent issues were sidelined because some health providers were reluctant to share key information on reproductive health for fear of promoting sex practice. It is therefore proper to get correct information in a friendly environment to assist in making informed health related decisions. Kitabu (2013) also submitted that some African tradition and customs do not promote open talk on the issues of sexuality, reproductive health and HIV/AIDS because there is a major myth that being open promotes promiscuity.

Level of education was also one of the militating factors against health information utilisation among young adults. Some of the states in the northern part of Nigeria are regarded as educationally disadvantaged. UNAIDS (2008) reported that in Tanzania young people aged 15-24 are at risk as they account for an estimated 45 percent of new HIV infections. Proportion of 40.3 percent of population aged 15-24 has correct knowledge of HIV and AIDS (UNSTATS Millennium Development Goals, 2011). Most young people do not know how to protect themselves; condom usage plus other protection methods is extremely low among this age category. Cross-generational and transactional sex among young adults decrease bargaining power on which protection method to use. Kitabu (2013) reported that many young adults in Tanzania are at risk of so many problems relating to lack of proper reproductive health education. Problems like unsafe sex, early pregnancy which leads to increasing school drop outs, unsafe abortion, HIV and AIDS, STIs and pregnancy related complications.

This study also found that the young adult found the attitude of health officials unfriendly which constitutes an impediment to health information utilisation among young adults. According to Kitabu (2013), health providers are trained to treat issues relating to young adults with utmost care. She also found that, most young people feel secluded in health centers as they experience harsh language or treatment when inquiring information on contraceptives, safe sex and general information on sexuality. This finding showed that the problem of inaccessibility to health information sources also constitutes hindrance to effective health information utilisation among young adults in Nigeria.

7. Conclusion

This study concludes based on its findings that friends, parents and relatives were the closest sources of reproductive health information the respondents have used for health purposes. Health information received on water treatment, sanitation and diagnosed medical condition were adequately disseminated by media resources. Utilisation of health information through information resources was effective. The study also concludes that cultural value, level of education and unfriendly attitude of health officials were parts of the major problems confronting effective utilization of reproductive health information among young adults in Nigeria.

8. Recommendations

Based on the findings of this study, the following recommendations are made:

- Young adults who become pregnant should be provided with quality antenatal care, counselling and skilled birth attendance. Where permitted by law, those young adults who opt to terminate their pregnancies should have access to safe abortion. All these information should be made available on TV, Internet and other media utilised by young adults.
- Current awareness programmes should be mounted to sensitise young adults about the need to pay attention to their reproductive health related issues.
- Basic reproductive health infrastructure should be improved in Nigeria both at primary, secondary and tertiary level.
- Reproductive health information needs and media preference of young adults should be put into consideration when considering how reproductive health information would be utilised.

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