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**AN EXPLORATION OF POWER RELATIONS IN THE
SEXUAL AND CONTRACEPTIVE CHOICES OF
ADOLESCENTS IN SOUTH WEST NIGERIA**

TEMITAYO ADEOLA ODEWUSI

**Thesis submitted in fulfilment of the requirements
of the degree of Doctor of Philosophy**

**THE UNIVERSITY OF EDINBURGH
2020**

Declaration

This is to certify that the work contained within this thesis has been composed by me and is entirely my own work. No part of this thesis has been submitted for any other degree or professional qualification.

Temitayo Adeola Odewusi

Acknowledgement

Great is Thy faithfulness, O Lord my Father - For making this dream come true!

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Dedication

“Unto the King, Eternal, Immortal, Invincible, The Only Wise God” – To You be all the glory forever and ever, Amen.

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Abbreviations and Acronyms

ASRH:	Adolescent Sexual and Reproductive Health
CSE:	Comprehensive Sexuality Education
CYFCs:	Community Youth and Friendly Centres
FLHE:	Family Life and HIV Education
FMOE:	Federal Ministry of Education, Nigeria
FMOH:	Federal Ministry of Health, Nigeria
ISF:	In-School Female
ISM:	In-School Male
MDGs:	Millennium Development Goals
PHC:	Primary Health Care
OSF:	Out-of-school female
OSM:	Out-of-school male
SCC:	Sexual and contraceptive choices
SCH:	Sexual and contraceptive health
SCI:	Sexual and contraceptive information
SCP:	Sexual and Contraceptive Practices
SDGs:	Sustainable Development Goals
SRH:	Sexual and Reproductive Health
STIs:	Sexually Transmitted Infections
UNICEF:	United Nations Children's Fund
UNESCO:	United Nations Educational, Scientific and Cultural Organisation
UNFPA:	United Nations Population Fund
WHO:	World Health Organisation

Abstract

Background: Nigeria has one of the highest populations of young people worldwide including the widest health and economic inequalities. There are high levels of maternal deaths from pregnancy-related causes and sexually transmitted infections compared to other low-and-middle-income countries. The majority of research in this field is quantitative, highlighting a lack of education in sexual health. Nonetheless, there is a notable lack of research into the sexual experiences of the young people themselves.

Aims: This study aimed to explore: 1) the views and experiences of Nigerian adolescents about their sexual initiation and contraceptive use; and, 2) the influence of gender and socio-economic status in the Nigerian adolescents' accounts of their sexual initiation and contraceptive use.

Design and method: Using a qualitative interpretative research approach, the data collection comprised of 8 focus group discussions and 24 individual interviews with adolescents in South West Nigeria. Interviews were conducted (July - November 2017) in English and Yoruba languages with seventy-two adolescents (16 -19 years), which included both in-school and out-of-school males and females. Data management was facilitated using Nvivo 11 and framework analysis was used to code and categorise the data until themes emerged.

Findings: Three major themes were identified: 1) Diffused forms of dominance and control; 2) Changing influential relationships; and 3) Influencing contraceptive knowledge.

The young people in South West Nigeria make their sexual and contraceptive choices (SCC) in the context of powerful structural and relational factors, such as the prevailing cultural norms that prevent and stigmatise adolescent pregnancy, religious beliefs that prohibit sex before marriage and a patriarchal system that leads to unequal gender power relations. Nigerian culture fosters traditional gender roles for young people, which is rooted in patriarchy, and parents are reluctant to talk to their adolescent children about sex and contraceptive use due to a culture of fear and denial. In addition, work-demands on the parents make them physically and/ or emotionally absent in meeting their adolescent children's sexual and contraceptive health (SCH) needs. In response to this, young people rarely discuss their sexual and contraceptive concerns with their parents and seek advice in other ways.

The result of these interconnecting factors suggests that there is an important gap between the adolescents and their parents, where the young people lack parental guidance and support. Adolescents feel let down by their parents and seek solutions to their unmet SCH needs by circumnavigating their parents for advice and support. Nonetheless, the young people do not openly challenge power structures, as respect for elders in the Nigerian society is a very strong cultural norm. Rather, the adolescents exercise power in more subtle ways by turning to their friends/ peers for support in similar and different ways. Power is exercised amongst peers - in particular amongst the male young people - where coercion and sexual violence towards young women often goes unchallenged. Young females do exert power in some instances, but this is in a much more nuanced way. While there are gender differences in the use of power in sexual relationships, there are also differences in the ways that the in-school and out-of-school young people negotiate their SCH needs. While both groups of young

people evade their parents and seek for support from social media, there are clear differences between socio-economic groups. The in-school males consult a book called 'The Bro Code' as a guide in making their choices about relationships, sex and contraceptive use; in contrast, the out-of-school young people side-step their parents by choosing for themselves self-appointed parents surrogates that they referred to as "area mums/ dads or brothers".

Drawing on Foucault' concept of Governmentality and power where he argues that power relations are everywhere and comes from everywhere (Foucault, 1991; 1998), and infiltrates all human interactions, this study demonstrates the ways that power is in constant negotiation, especially between the individual, the society and institutions in the lives of these young people (Foucault, 1980). Not only were more traditional power relations seen between parents and adolescents, enacted through patriarchy and respect for elders; but diffuse power was exerted between and among the young people. From Foucault's view, power is not always oppressive but is also productive, whereby it brings out new behaviours in those whom the power is exerted upon (Foucault, 1978). The SCC made by the young people revealed how they developed new ways to obtain information through their self-appointed street mums/ dads/ brothers, the internet and Bro Code.

Implications: What is new in this study is that it illuminates the new ways that governmentality and power work by creating the environment where the young people look for creative ways to meet their SCH needs. However, these new ways have both positive and negative impacts on the young people. The positive aspect is the creativity it brings out in the young people to solve their SCH needs, while the negative effect is their exposure to pornography that promotes unsafe sex practices, exploitation and abuse. Implications: Within this context, this study highlighted the ways that the health services in Nigeria do not meet the SCH needs of young people. It also raises the issues facing the young people and the need for a multidimensional approach to solving the problems, with the voices of young people included in any sexual health strategy and education. This study also suggests ways that nurse education and practice could be pivotal in meeting the SCH of young people in Nigeria, focusing on better access to services, improved nurse education and more effective advocacy work. Finally, this study suggests that specially trained sexual health nurses should be employed to work in schools in order to meet the SCH needs of adolescents.

Keywords: Adolescence, Adolescent sexual and reproductive health, sexual initiation.

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CHAPTER 1: INTRODUCTION

1.1. Introduction

The World Health Organisation (WHO, 2019) described the period of adolescence as the time when young people often become independent individuals, form new relationships, develop social skills and learn behaviours that have lasting impacts on the rest of their lives. Nevertheless, it can also be one of the most challenging periods. This is because as young people enter adolescence, they bring with them resources and vulnerabilities, both biological (genetics), and environmental (national and local policies, as well as community, school, workplace, peers, neighbourhood, and family influences) (Blum et al., 2012).

These behaviours have direct impacts on the sexual and reproductive health (SRH) of the young people. A significant aspect of the health of adolescents is making sure they have adequate support and sufficient power that will enable them to make healthy and informed choices (Larsson and Jormfeldt, 2017).

The sexual behaviour of adolescents has been the focus of interest in research studies in recent years (Fuzell, 2017) with several studies conducted on the different forms of adolescent sexual behaviours (Ferre et al., 2011). The initiation of sexual behaviours is an important characteristic of adolescence that is associated with the physical, biological, psychological and social characteristics that have long-lived impacts on the SRH of young people (Viner & Patton, 2012; Viner et al., 2012). However, the adolescent sexual behaviours that have been of major concern are their sexual practices including sexual initiation, and their contraceptive use. Peci (2017) noted that young people are specifically confronted with choices to make on whether to have

sex or not, and if they do, whether to use contraceptives or not to use contraceptives during sexual intercourse.

Global reports indicate that the vast majority (90%) of adolescent females between 15 and 19 years that give birth are from the low-and middle-income countries (LMICS) (WHO, 2018). Several studies have documented that sexual initiation and sexual activity vary widely by region, country, and sex (Fatusi and Blum, 2008; Chandra-Mouli et al., 2014). The age of sexual consent in the United Kingdom (UK) is 16 years as indicated by Evans and Enson (2016) even though they found out that some adolescents start earlier. Studies have recognised the critical role that early, unprepared sexual activity, plays in adolescent sexual and reproductive health (ASRH) and the rippling effects that directly result from such choices (Ryan et al., 2007; Izugbara, 2008; Kinaro, 2013).

The sources of adolescents' sexual and contraceptive information (SCI) is an important determinant of their sexual behaviour (Greene, 2018). In the process of seeking this information, young people interact with many people and power dynamics play an important role in determining what information is passed on through these interactions. In the decisions either to pass SCI across to the young people or to withhold the information. Brown (2016) pointed out that adolescents' interactions with other people involves power relations, particularly while establishing how to do things. Hadley and Evans (2013) noted that, despite the known evidences of the effectiveness of the sexual and relationship education (SRE) in the UK, fear and embarrassment still prevent open discussions of sex-related issues by parents and teachers. Some

young people report experiences of stigma and disapproval in seeking sexual and contraceptive health support (Hadley and Evans, 2013).

A significant aspect of the health of adolescent centres around whether they receive adequate support and sufficient power in order to make healthy and informed choices regarding their sexual behaviours in healthy ways (Larsson and Jormfeldt, 2017). Nonetheless, there is a notable lack of research studies on the influence of sexual experience and behaviours of adolescents. Apart from the physiological drive, in the adolescents' SRH, the social context, culture and religion have been identified as mediating factors in the sexual and contraceptive choices (SCC) of adolescents (Pringle et al., 2017). In fact, Casique (2019) pointed out that the norms and demands from other people around adolescents determine the sexual behaviour of the adolescents. There are expectations attached to the social norms about appropriate sexual behaviours for men and women, which directly influence the sexual attitudes and behaviours of adolescents through the creation and sustenance of unequal rights, privileges and sexual power (Casique, 2019). These bring up a strong need to view ASRH issues from the lens of young people themselves in the context of their prevailing cultural norms and gender roles, which have been found to be among the social determinants of the sexual well-being of adolescents.

In sub-Saharan Africa (SSA), there are widespread contradictions in the SRH messages given to young people, with critical gaps in adolescents' understanding of their individual roles in making their SCC (Closson and Dietrich, 2018). This is similar to the experiences of the young people in Nigeria, where they face many influences

while making these important SCC at this stage of their development. Adolescents in Nigeria have been found to either lack or have poor access to those supportive individuals and structures like parents/ families, peers, school, health services and communities that have been identified as key to positive adolescent development, maintenance of their well-being and achievement of their future expectations (Bayer et al., 2010). When adolescents experience poor or lack of access to these supportive individuals and structures, this influences their successful transition from adolescence to adulthood. The source of the adolescents' SCI is an important determinant of their sexual behaviour (Greene, 2018).

There is a dearth of evidence on the experience of SCC of young people that is based solely on the accounts of the adolescents. In addition, the 'low-income' young people identified in the Nigerian context as 'out-of-school' adolescents, are often left out of studies on ASRH because of the general belief that it is very difficult to recruit them for studies, hence the term 'hard-to-reach'. Existing studies conducted in Nigeria on ASRH are mostly quantitative, with few mixed studies suggesting a notable lack of research into the influence of power in the sexual experiences of the young people themselves. This brings up a strong need to view the ASRH issues from the lens of young people, in order to explore their feelings and experiences, concerns and struggles. This will assist in identifying the influence of power on the young people's SCP in order to make effective plans and interventions that would enable them to experience informed, responsible and healthy sexual lives and reduce the contribution of adolescent women to the high maternal mortality rate in Nigeria.

In the introduction of this research, explanations of the key concepts that are used throughout the thesis will be given. The first section introduces the study, followed by an explanation of the key concepts and then a personal reflection of the researcher on the study. The next section will present the research aims and objectives, closely followed by the outline of the thesis. Finally, the chapter is summarised in the last section.

1.2. Key Concepts

The following concepts are defined based on their contextual usage in this thesis as follows:

Adolescents: This refers to young people - male and female between the ages of 10, and 19 (WHO, 2018). However, the references to adolescents in this study only include young people between the ages of 16 and 19 years.

Young people/ young men/ young women: In the context of this study, these terms are used interchangeably to refer to adolescents between the ages of 16 and 19 years only.

Sexual initiation is also referred to as “sexual onset” (Huang, Murphy and Hser, 2011); “sexual debut” (Kreager et al., 2016); or “first sex/ sexual intercourse” (Ott et al., 2012; Geary et al., 2013). It is the first penetrative sexual intercourse during adolescence, as the practice of oral sex is not usually described as the first time.

Sexual activities are the sex-related activities that (young) people engage in (Aji et al., 2013).

Contraceptive use is the intentional access and utilisation of any device or act that has the purpose of preventing pregnancy (Jain and Sumathi, 2012). It is the second form of adolescent sexual behaviour that this study explored.

Power: This is the ability of an individual known as an influencer to exercise influence on another person in order to achieve the specific outcomes of the influencer in a given situation (Simpson et al., 2015).

1.3. Context of the Study

In Nigeria, there are different ASRH policies and programmes put in place by the government and non-governmental agencies at the national and state levels in order to find a lasting solution to the ASRH issues. Despite all these, there is still a wide gap between policymaking and policy implementation (Omigbodun, Odubanjo, Lan and Olanipekun, 2014). The Demographic Health Survey - DHS (2014) revealed that Nigeria accounts for roughly 14 percent of the global burden of maternal mortality, at 814 maternal deaths per 100,000 live births with adolescent girls bearing a higher burden of maternal morbidity and mortality (DHS 2013; World Bank, 2018; WHO 2018), at 60-70% of the maternal mortality attributed to pregnancy-related causes (Ankomah, Anyati and Oladosu, 2011). Government policies and programmes on ASRH and various related interventions have not been effective in meeting the SRH needs of adolescents in Nigeria. A major obstacle identified in existing studies has been the non-involvement of young people in the planning, implementation and evaluation of these programmes (Federal Ministry of Health - FMOH, Nigeria, 2009; Sedgh et al., 2009; Esiet, 2012). However, this is also evidenced by young people's refusal to seek out their sexual and reproductive health (SRH) needs at the SRH facilities designed for

adolescents, for example, sexual health clinics and adolescent/ youth friendly centres (AYFC).

A number of researchers have identified key issues relating to Nigerian adolescents, notable among these is that many Nigerian adolescents face challenges that they often appear unprepared to deal with especially in relation to their SRH (Maduweri, 2006; Fatusi and Hindin, 2010; Esiet, 2015). These studies also added that for most of Nigerian adolescents, initiation of sex is often early, coercive or regretted, unprotected, or perceived to be high risk leading to unintended pregnancies and STIs including HIV, as well as often being transactional (Maduweri, 2006; Fatusi and Hindin, 2010; Esiet, 2015). Another challenge of adolescents in the Nigerian context is that they are perceived and generally regarded as children by adults in the society. As a result, of these cultural norms, Nigerian adolescents find themselves at the intersection of social change; influenced by a global media and global youth culture where they must re-negotiate their cultural norms and values (Ajuwon, 2005). They are also deprived of basic information about their SRH for smooth and healthy transitions into adulthood, as revealed by many studies (Fearon et al., 2015). This is evidenced by studies that identified lack of, or limited knowledge about ASRH and reliance on the internet/ media for information regarding SRH by adolescents (Oyediran, Faronbi and Ajibade, 2013; Olumide and Ojengbede, 2016).

In the design of this study, relevant literature related to adolescent health and sexual behaviour, particularly their sexual initiation and contraceptive use were examined. The findings from these studies revealed that, although many studies have been

carried out on adolescent sexual initiation and contraceptive use, the majority of these studies are quantitative with few mixed studies that have identified factors that influence ASRH from different perspectives, while qualitative studies that explored the influence of power on both the in-school and the out-of-school adolescent SCC are scarce. There is little or no involvement of young people in these studies and interventions put in place for them. Hence, the views and experiences were not considered in an in-depth manner. This brings up a strong need to explore the ASRH issues from the perspectives of young people.

1.4. Research Aims and Questions

The purpose of this study is to explore the experiences of adolescents on how power relations influence their SCC with particular focus on both male and female adolescents. The exploration will include the two major groups of adolescents in Nigeria - the in-school and the out-of-school adolescents (that are generally considered as 'hard to reach'). It will also assist in highlighting the similarities and differences in the sexual behaviour and experiences of the in-school and out-of-school adolescents in South West Nigeria. Furthermore, the influence of power as a barrier or facilitator will be identified in relation to their SCC in order to determine how to nurture the influences that support young people to safely negotiate and meet their sexual and contraceptive health needs. This exploration is intended to assist in planning effective interventions that will enable young people to experience healthy sexual lives and reduce the adolescent females' contribution to the high maternal mortality in Nigeria. Furthermore, the exploration will help to achieve the SDGs 3 (to ensure healthy lives and promote well-being for all at all ages); and 5 (to achieve

gender equality and empower all women and girls), which both directly affect the ASRH (United Nations, 2019).

Therefore, this study aimed to explore - a) the views and experiences of Nigerian adolescents about their sexual initiation and contraceptive use, and b) the influence of gender and socio-economic status in the Nigerian adolescents' accounts of their sexual initiation and contraceptive use.

On these bases, using an interpretative qualitative approach, this study sought to answer the following research questions regarding the two major groups of adolescents in Nigeria - the IS and the OS.

1. In the experiences of Nigerian adolescents, what factors enable or constrain them in making informed choices about their sexual practices including sexual initiation and contraceptive use?
2. To what extent and in what ways do the young people describe their experiences and their choices regarding sexual practices including sexual initiation and contraceptive use as involving risks, uncertainties and vulnerabilities, and how do they respond to this?
3. How does gender and socio-economic status shape the views and experiences of the young people in-school and out-of-school in their choices regarding sexual practices including sexual initiation and contraceptive use?

1.5. Outline of the Thesis

Chapter 2 provides general background information about Nigeria focusing on the population, economic status, health status, and ASRH situation. It identified the possible sources of influence on the adolescents that are associated with the setting

and culture of the country; and how this could influence the adolescent sexual behaviour.

In Chapter 3, a critical, analytical and synthesis of the literature that draws from both empirical and theoretical literature is presented. The research is contextualised by presenting a critical analysis of the adolescents' sexual behaviours in relation to the MDGs and the SDGs, as well as the negative effects of adolescent sexual initiation and contraceptive use on their SRH. The synthesis of the literature raised the argument that young people lack support in making their SCC despite the existing ASRH facilities, educational and health policies and interventions. The research focus is developed from all these as well as the non-involvement of nurses in the ASRH in Nigeria. The theoretical framework for the study is also presented.

The purpose of Chapter 4 is to present the methodology and methodological issues related to exploring the power relations in adolescents' SCC. This is done using a qualitative interpretative approach for interviewing the young people.

Chapter 5 presents the first major findings theme that highlights the diffused forms of dominance and control in the young people's SCC, where the young men are in control and use their power to dominate both within and outside the relationships. The power exercised by the young men is rooted in the patriarchal system that encourages unequal gender power relations, in which the young women are at a disadvantage.

The second major findings in Chapter 6 is focused on the changing influential relationships describes how the adolescents' significant relationships exercised power in various forms on the young people. This is based on strong cultural factors that set control measures to prevent the young people from going against the prevailing norms

and beliefs. It also revealed how the young people carefully avoided the norms and beliefs in order to create other ways of meeting their sexual and contraceptive health needs.

Chapter 7 presents the third major findings theme on influencing contraceptive knowledge. This highlights the young people's lack of sexual and contraceptive knowledge that is due to the underlying patriarchal, cultural, religious systems that control discussion on sex-related issues. It also explains how these structures influence the formal education setting where the young people should have received formal sexual and contraceptive information but were denied the opportunity. This chapter details how the adolescents did not use the health facilities to seek out information and services.

The presentation of the discussion of the three findings of the study is the major focus of Chapter 8. This draws together all the major themes from the findings that explain how power relations influence the choices of sexual practices and contraceptive use by young people in South West Nigeria, drawing on Foucault's governmentality and power concepts.

Chapter 9 presents the implications of the findings for research, education, policy, interventions and nursing practice, future studies and recommendations for further studies, while Chapter 10 is the conclusion of the study that involves the reflection of the researcher on the whole research.

1.6. Summary of Chapter 1

The focus of the first chapter was to introduce the research project, present the research aims and questions and to present the context for the ASRH in Nigeria as

well as the personal and professional interests that led the researcher into the study. In Chapter 2, I present the background of the study setting - Nigeria - including the demographics, geographical location, economy, health indicators and the ASRH situation in the country.

CHAPTER 2: BACKGROUND INFORMATION TO THE STUDY

2.1. Introduction

In this chapter, background information about the study setting, Nigeria, will be presented. Section 2.2 will present a description of the geography of Nigeria and the administration, while section 2.3 will focus on information about the population and demographic characteristics. Discussion of the language and culture will be presented in section 2.4, followed by the major religions in 2.5. There will be an explanation of the economic profile in 2.6, while 2.7 will present the indices that indicate the health status of Nigerians. A brief summary of the adolescent sexual and reproductive health (ASRH) in Nigeria will be presented in section 2.8, and the policies and regulations that guide ASRH in Nigeria in section 2.9. Finally, section 2.10 will present a summary of the chapter.

2.2. Geography, Climate and Administration

The official name of the country Nigeria is the Federal Republic of Nigeria. It lies on the Western coast of Africa having boundaries with four countries, with a sea and a giant lake. Nigeria shares her northern boundaries with the countries of Chad and Niger, Republic of Cameroon on the east, and Republic of Benin on the west. Nigeria is the most populous country in Africa and the 14th largest in land mass (Nigeria Demographic and Health Survey - NDHS, 2014; World Population Review, 2019). Nigeria has a density of 212.04 individuals per sq. km. The country covers 923,768 square km or the equivalence of the area of France and Italy combined (World Population Review, 2019).

The Federal Republic of Nigeria lies within the tropics with two main seasons - a wet season from April - October, and a dry season from November - March. The climate varies and ranges from a warm desert climate in the northeast, arid in the north, to a tropical savannah climate in the south. The southern lowlands merge into central hills and plateaus with mountains in the southeast and plains in the north - see figure 2.1 for the map of Nigeria (CIA Factbook, 2019).

Administratively, Nigeria operates a federal political system with 36 states and 774 local government areas with Abuja, the Federal Capital Territory. The organisation and structure of government in Nigeria is based on three tiers: Federal, State and Local government. The country is divided into six (6) geopolitical zones for administrative purposes. These are: North West, North East, North Central, South West, South South and South East as indicated on the map of Nigeria in Figure 2.1. The two study settings for this research are located in the South-West geopolitical zone of Nigeria (see figure 2.1 for the map of Nigeria).

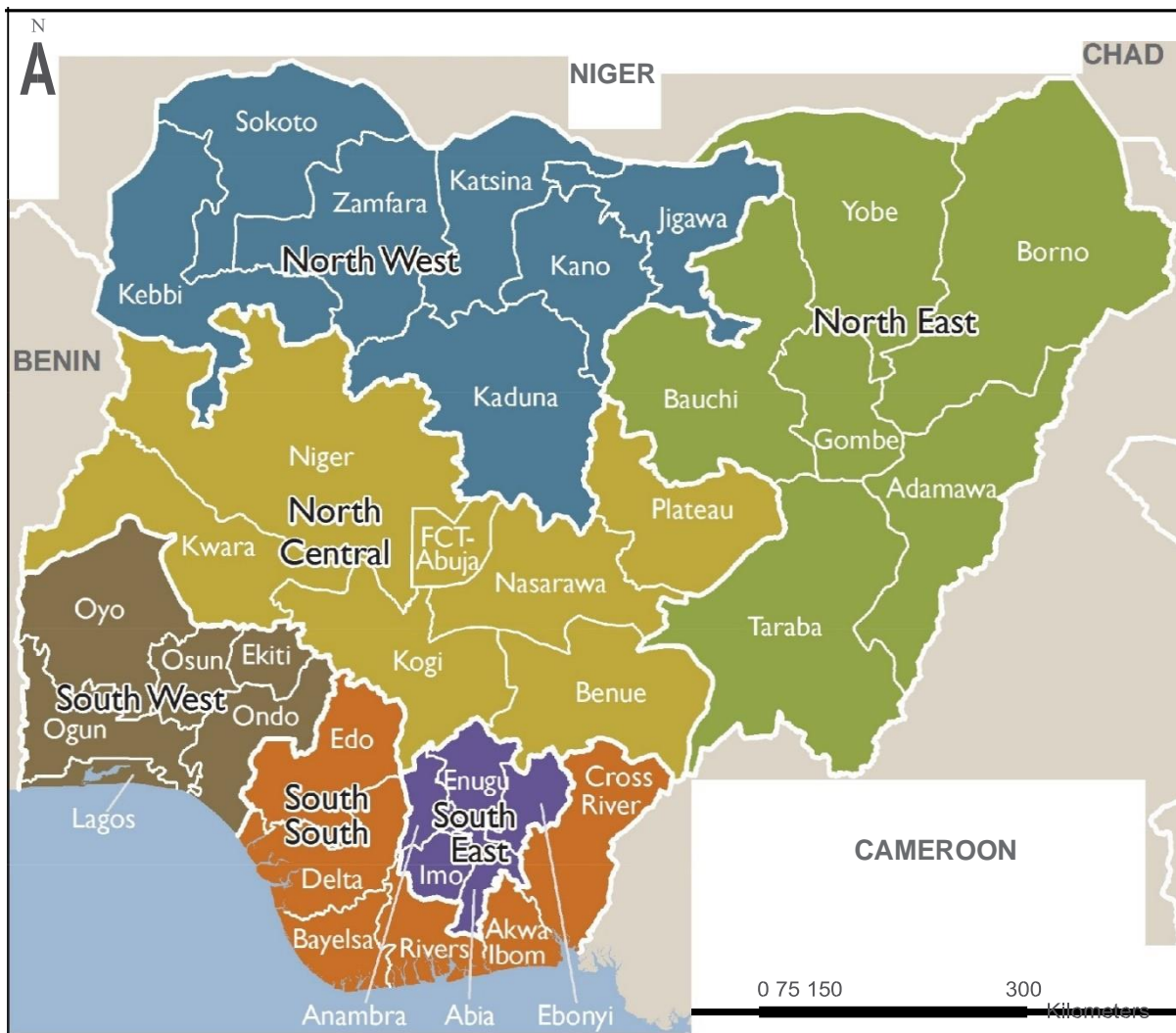


Figure 2.1: The Map of Nigeria

(National Demographic Health Survey, 2014)

2.3. Population and Demographic Characteristics

The 2019 estimated population of Nigeria is 201 million (World Bank, 2019; Population Reference Bureau, 2019; World Population Review, 2019). The country is densely populated, has the highest population of any African country, and is the seventh most populous country in the world (World Population Review, 2019). The majority of the population resides in the South and the South-western parts of the country.

The population structure in Nigeria is characterised primarily by a young population, with a median age of 18.2 years and a total dependency ratio of 89.2: and youth dependency of 84% (United Nations Population Division, 2016).

2.4. Language & Culture

Nigeria is ethnically diverse, with over 250 different ethnic groups and 300 different languages. While English is the official language, 40% of the population in the North speak Hausa; in the South, Yoruba is more commonly used; and in the East, Igbo. Other important languages include Fulfulde, Kanuri, Ijaw and Ibibio (Oxford Business Group, 2019). The major ethnic groups in Nigeria are reflected in the linguistic divisions, that is, the Hausa, Yoruba and Igbo. The Hausa and Fulani, largely in the North, account for some 28% of the population, while the Yoruba, in the South West, make up roughly 21%. The fourth-largest group is the Igbo, representing around 18% of the population, and residing mainly in the South East of the country. Other groups include the Kanuri, Ibibio and Tiv (Oxford Business Group, 2019).

2.5. Religion

These ethnicities and linguistic groups are also reflected in the religious affiliations. The Hausa and Fulanis are predominantly Muslim, while the Yorubas and Igbos are largely Christian. There are, however, significant numbers of Muslim Yoruba, along with those who practise traditional religions (Adamu, 2011). Traditional practices are also evident in both Christian and Muslim worship in Nigeria. The vast majority of Nigerian Muslims are Sunni, with the largest Christian denomination being Catholicism (Oxford Business Group, 2019).

2.6. Nigeria's Economic Profile

The economic situation in Nigeria is a reflection of a number of unfavourable conditions in different aspects of the economy. Nigeria's growth performance is constantly influenced by the oil price volatility. The services sector is responsible for about half of the country's GDP, thereby reducing the 10% from oil and 22% from agriculture. On the production side, the primary drive for growth in 2019 was by services, particularly telecoms (World Bank, 2019). The real GDP growth was estimated at 1.9% in 2018, with a reflection of recovery in services and industry - particularly mining, quarrying, and manufacturing. The recovery benefited from greater availability of foreign exchange. The growth in the agricultural sector is static due to the communal conflicts between farmers and herders, flooding in the key middle-belt regions and the continued insurgency in the North East (World Bank, 2019).

Despite a slight increase in the GDP in 2018, Nigeria is at a moderate risk of debt distress. In November 2018, the government launched a new debt strategy of prioritizing foreign debt to reduce the impact of the high financing costs of domestic borrowing. Furthermore, in 2018, relatively strong oil receipts solidified the current account surplus to an estimated 3.7% and strengthened improvements in terms of trade by about 13% (World Bank, 2019). Nigeria contributes to nearly 20% of continental GDP and about 75% of the West Africa economy. All these, together with the country's export to the rest of Africa - estimated at 12.7%, and 3.7% of total trade within the Economic Community of West African States (ECOWAS), reflect the country's economic dominance in West Africa (World Bank, 2019).

2.7. The Health Status of Nigeria

Nigeria's health system is based on the National Health Policy system. The policy is anchored on Primary Health Care (PHC), which is identified as the key to attaining its health goals including SRH for all the people in the country. PHC is an essential part of the national health system in Nigeria with the focus on the overall social and economic development of the community (Adamu, 2011).

Currently in Nigeria, the roles and responsibilities of the three tiers of government regarding the provision and financing of health are not clearly defined. However, both public and private sectors provide health in Nigeria. The public health services are coordinated by and are the responsibility of the three tiers of government, while the private sectors own an estimate of 30% of health facilities and provide almost 60% of health service delivery.

Table 2.1: The Nigeria and United Kingdom Health Profile

Indicator	Nigeria	UK
Population growth	2.43% (2017 est.)	0.65% (2017 est.)
Life expectancy at birth	Male: 55 Female: 56 years	Male: 79 Female: 83
Birth rate	36.9 births/ 1,000 people (2017 est.)	11.4 births/ 1,000 people
Death rate (number of deaths in a given period)	12.4 deaths / 1, 000 people (2017 est.)	9.314 deaths / 1, 000 people
Total Fertility Rate (births per woman)	5.5%	1.9%
Modern method of CPR	20.5%	81.3% (2015 est.)
Contraceptive Prevalence Rate (CPR)	20.4 (2016)	84
Maternal Mortality Ratio per 100, 000 live births	814	8
Infant mortality rate (number of deaths of infants under one year old per 1,000 live births)	69.8 deaths/ 1,000 live births Male: 74.5 deaths/ 1,000 live births Female: 64.8 deaths/ 1,000 live births	3.9 deaths per 1,000 live births
Under-five mortality rate	120/ 1000 live births	4.6/ 1000 live births
Under-five underweight	19.4% (2015 est.)	4.39% (2015 est.)
HIV Adult Prevalence Rate	3.2 million (2016 est.)	103,800 (2018 est.)
HIV Deaths	160, 000 (2016 est.)	530 (2013 est.)

(Adapted from CIA World Fact book, 2018 & WHO, 2015).

2.8. Adolescent Sexual and Reproductive Health (ASRH) in Nigeria

The National Demographic and Health Survey (NDHS) showed that the age of sexual initiation in Nigeria ranged from 10-15 years (NDHS, 2013). Approximately 44% of girls in Nigeria are married before their 18th birthday and 18% are married before the

age of 15 (Envuladu et al., 2017). The North West and North East have the highest records of child marriage with 68% and 57% of women aged 20-49 who got married before their 18th birthday (Urenna and Oluwatosin, 2016). The issue of child marriage is prevalent in the poorest, rural households in Nigeria, including the Hausa ethnic groups.

Nigeria contributes roughly 14 percent to the global burden of maternal mortality (NDHS 2013/ WHO 2014). Adolescent pregnancy is a major problem in Nigeria (Envuladu et al., 2017). Global evidence shows that young girls bear a higher burden of maternal mortality and morbidity, where pregnancy is often the cause of death for many women in Nigeria. The chances of the death of a Nigerian woman during pregnancy or childbirth is 1 in 13, while the prevalence of unintended pregnancy among adolescents in the West is 23%, 36% in the South West and 26% in the North Central part of the country (Urenna and Oluwatosin, 2016). Ankomah, Anyati and Oladosu (2011) identified that adolescent maternal mortality due to unsafe abortion complications accounts for 72% of all maternal deaths, while adolescent maternal mortality contributes to 50% of all maternal deaths in Nigeria (Lamina, 2015). The national adolescent fertility rate in Nigeria is 122 births per 1,000 women aged 15-19 years, with North Western states having as high as 171 births per 1000 women aged 15-19 years (Revised National Health Policy, 2017).

Studies revealed yearly abortion rate of 25 abortions per 1000 women in Nigeria, with more than a quarter from adolescents resulting from unintended pregnancy (Okonofua et al., 2011; Ikeako et al., 2014), - compared to 12 abortions per 1,000 women between the ages of 15 and 49 years in Western Europe (Brooks, Bendavid

and Miller, 2019). Nigeria operates a heavily restrictive abortion law with one set of laws in the northern part of the country, and another set of laws in the southern part of the country (Ipas, 2015). These abortions laws are operational in both the Northern and Southern parts of Nigeria. These laws make abortion illegal in Nigeria with a heavy jail sentence of 14 years imprisonment, except when performed to save the life of the pregnant woman, which is to be determined by two medical practitioners (Abiola et al., 2016). Studies have shown that restrictive policies do not reduce abortion rates (Regan, 2018) - in the southern part of Nigeria, adolescents who had unintended pregnancy contribute about 32% of the cases of unsafe abortion. This poses a threat to the lives of young people and contributes to the overall maternal mortality in Nigeria (Ikeako et al., 2014). The rate of unintended pregnancy and STIs among adolescents is becoming a major problem in Nigeria. However, there appears to be a gross disregard of the SRH challenges of adolescents in Nigeria possibly because there is lack of understanding of adolescents' challenges despite the magnitude of the problem (Envuladu et al., 2017).

2.9. ASRH Policies and Regulations

Nigeria launched her first National Adolescent Health Policy (NAHP) in 1995. The policy, which was believed to be holistic, acknowledged eight important areas for programming namely: Sexual Behaviour, Reproductive Health, Nutrition, Accidents, Drug Abuse, Education, Career, Employment, Parental Responsibilities, and Social Adjustments (Onyebuchi, 2015). In 2007, the National Policy on Health and Development of Adolescents and Young People in Nigeria was developed to review the first NAHP. The policy was meant to achieve 50% to 75% of its 12 targets by the

year 2015. National and regional surveys were conducted to generate evidence-based data for proper implementation and follow-up (Onyebuchi, 2015).

In 2009, the national response to the young people's SRH was assessed - referred to as the National Strategic Framework on the Health and Development of Adolescents and Young People in Nigeria (FMOH, 2007). The purpose of the framework was to facilitate the implementation of the NAHP. The situation analysis of the framework focused on the following identified issues that affect the adolescents in Nigeria. These are - nutrition, accidents and violence, drug and substance abuse, education, career and development, social adjustment and parental responsibilities, mental health, spirituality and rights, and lastly, SRH. The objectives were set for each issue identified based on the needs of the adolescents, and the roles of the various stakeholders involved in adolescent health were identified. While the government has put the policies, structures and programmes in place to meet the needs of the adolescents, it

appeared that the average Nigerian young person feels neglected and disenfranchised because the programmes did not get to the young people, that they were meant for (Omigbodun et al., 2014).

The reviews and findings in the framework were presented at the country's organisational levels - Federal, State and Local levels. The assessments revealed that adolescents did not use the existing youth friendly health centres due to barriers they highlighted as fear of harsh treatment; shame; lack of confidence; pride; financial constraints; distance to the facility; lack of privacy; attitude of the health care providers; lack of/ poor knowledge of where to access care; and fear of the possible

result of an HIV test (Federal Ministry of Health, Nigeria, 2009). Following these, six strategies were suggested to meet the objectives - a) advocacy and social mobilisation; b) promotion of healthy behaviour through education and skills development; c) equitable access to quality health services including school health services; d) research promotion; e) young people's involvement and participation; and, f) monitoring and evaluation. Each of the strategies has appropriate indicators to monitor and evaluate the activities.

2.10. ASRH Interventions

The World Health Organisation (2010) concluded that the family and community must understand and accept any intervention to improve the ASRH, due to the important roles that they play in shaping the sexual life of an individual.

As part of the interventions to solve the problem of poor SRH among adolescents particularly in the LMICs/ developing countries due to the countries' limited or lack of resources and heavy dependence on donors (Chandra-Mouli, Camacho and Michaud, 2013); the WHO developed a six-part guideline that addressed the following levels of intervention - individual, family, community, health systems laws and policies. They are also based on the identified needs of the adolescents. These guidelines include:

a) prevention of early marriage; b) preventing early pregnancy through sexuality education, increasing educational opportunities and economic and social support programmes; c) increasing the use of contraception; d) reducing coerced sex; e) preventing unsafe abortion, and f) increasing the use and safety of prenatal, childbirth and postpartum care programmes (Chandra-Mouli, Camacho and Michaud, 2013).

While analysing the barriers faced by young people in seeking contraceptives, Evans

and Evans (2016) argued that young people need to have self-confidence, knowledge, and protective skills and attitudes in order to access condoms through face-to-face consultations.

In SSA, particularly West Africa, Morris and Rushwan (2015) identified that young people face service-related barriers in making their SCC, where there are many interventions to meet the needs of adolescents, but the interventions lack integration in terms of grouping interventions that are similar together. For example, having adolescent counselling, provision of contraceptive services and HIV care together, and not as separate interventions.

Economic empowerment and poverty reduction are the focus of several interventions that have been targeted to reduce female adolescents' vulnerability to risky sexual behaviours and the outcomes (Svanemyr et al., 2015). These interventions are based on support for young women in order to improve their access to education and reduce the need for their engagement in transactional sex.

In countries where interventions are in place to meet the young people's SCH needs, physical and economic accessibility restrict the adolescents' access to such services - intervention that was carried out among Latino households in Miami revealed that when parents are supported in developing the attitudes of parental responsiveness to their adolescent children, they are able to communicate with their children on sex-related issues effectively (Svanemyr et al., 2015). This could involve challenging the underlying sociocultural norms that often hinder communication about sex and the related issues (Kesterton and Cabral de Mello, 2010).

Chandra-Mouli, Svanemyr and Amin et al. (2015) observed in their assessment of ASRH interventions that despite an improved understanding of the needs and

problems of adolescents, many of the programmes were often small-scaled and short lived, poorly monitored, evaluated and documented. Thus, pointing towards gaps even in the knowledge and understanding of the stakeholders and professionals in ASRH (Chandra-Mouli, Svanemyr and Amin et al., 2015).

Generally, there is need for further studies on how best to design and deliver effective adolescent SRH intervention packages.

Field, Gilbert and Miller (2015) argued that the kind of risky sexual behaviours that adolescents engage in are the reflections of the 'adult-made social conditions' on them. The young people have been perpetually ignored in arguments, debates and discussions that centre on their sexual behaviours in terms of their role, purpose and practice of sex education and even in research studies (Lamb et al., 2016; Allen and Rasmussen, 2017; Quinlivan, 2018).

2.11. Summary of Chapter 2

In this chapter, I have presented the background information about the study context for my study - Nigeria. I particularly focused on the geography, climate and administration, then the population and demographic characteristics, language and culture, then religion. An exploration of the economic profile and health status of Nigeria, then the ASRH, which provides an understanding of the SRH situations of the adolescents in Nigeria. Finally, the ASRH policies, regulations and the interventions put in place to meet the SCH needs of adolescents.

In the next chapter, I will present the critical review and analysis of the relevant studies on adolescent sexual health, adolescent sexual behaviour from global perspectives, then to the situations in sub-Saharan Africa (SSA). I will present a review of studies

conducted in Nigeria identifying different interventions designed to meet ASRH, for example the introduction of comprehensive sexuality education in schools. Finally, the different forms of power in human relationship and the strategies involved in this as put forward in Foucault's governmentality will be critically reviewed and presented.

CHAPTER 3: LITERATURE REVIEW

3.1 Introduction

In Chapter 2, I presented the background context for understanding the influence of power relations on Nigerian adolescents' sexual and contraceptive choices (SCC). In Chapter 3, I will critically analyse the literature in relation to the influence of power on adolescent sexual practices including their sexual initiation and their contraceptive use, their relationships and interactions with people and their contraceptive knowledge. Largely, the main body of literature for this thesis is drawn from the theoretical approaches to the underlying power relations within adolescent sexual behaviour. I aim to present the evidence-base related to the different ways by which the dynamics of power influences the sexual and reproductive health (SRH) of young people including how they make their SCCs.

In order to contextualise this study within nursing practice, I have provided a critical analysis of the existing literature, which will help to understand the influence of power on the nurses' roles in adolescent SCC. I also present a review of empirical studies and existing interventions to meet the adolescent sexual and contraceptive health (SCH) needs, and how these interventions are influenced by power. This body of literature points to gaps in the approaches designed to meet young people's SCH needs.

The Chapter will begin by providing an account of the literature review process including the search criteria in 3.2. there will be an exploration of the meaning and significance of adolescence in section 3.3. In the next section, 3.4, global reports on

adolescent sexual behaviour will be presented, followed by the situations in Sub-Saharan Africa (SSA) and Nigeria. Sections 3.5, 3.6, and 3.7 will present relevant literature on adolescents' sexual practices, including sexual initiation and contraceptive use, their relationship experiences and contraceptive knowledge. An account will be given of the existing interventions to meet the SCH needs of adolescents in section 3.8, and the channels through which power influences the adolescent sexual behaviour in section 9. There will be a critical discussion of the theoretical frameworks in section 3.10 and finally, in section 3.11, the chapter will be summarised.

Overall, the literature review for this thesis has been conceptualised into six broad areas:

- Adolescent sexual practices and contraceptive use.
- Adolescent relationships.
- Adolescent contraceptive knowledge.
- ASRH interventions.
- Channels of power influences.
- Theoretical framework.

3.2. Literature Search Strategies

A literature search of electronic databases in multiple sources was conducted, and these included - CINAHL, HINARI, MEDLINE Plus, PubMed Health, AJOL, PsycINFO, ProQuest, EBSCOHOST, POPLINE, OVID, JSTOR, Cochrane Library and Google Scholar. The search terms used included, 'adolescence', 'adolescent sexual and reproductive health', 'adolescent sexual behaviour', 'sexual initiation',

‘unintended pregnancy’, ‘adolescents contraceptive use’, ‘adolescents and unsafe abortion’,

‘relationship power’, ‘power and control’, ‘adolescent sexual practices’. These terms were identified as relevant following a general review of related literature, discussions with supervisors and expert academics in the field. Additionally, the electronic search was also supplemented by a manual search of the reference list of retrieved articles. Lastly, related guidelines and policies to ASRH and books were also incorporated in the literature review.

3.2.1. Inclusion and Exclusion Criteria

Table 3.1: Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> • Full text journal articles 	<ul style="list-style-type: none"> • Articles not published in English language.
<ul style="list-style-type: none"> • Systematic reviews and meta-synthesis. 	<ul style="list-style-type: none"> • Anecdotal reports.
<ul style="list-style-type: none"> • Research reports related to adolescent sexual behaviour. 	
<ul style="list-style-type: none"> • Government policy documents and reports on ASRH. 	
<ul style="list-style-type: none"> • Articles, books and reports published in English language. 	
<ul style="list-style-type: none"> • Accessible and relevant digital theses. 	

3.3. Definition of an Adolescent

The World Health Organisation (WHO) in 2018 defined adolescents as individuals who are between the ages of 10 and 19 years, and also described adolescence as the period of transition from childhood to adulthood characterized by significant

physiological, psychological and social changes. There are international definitions of the terms “children”, “adolescents”, “very young adolescents”, “youth”, and “young people”, by the UN Convention on the Rights of the Child, United Nations Population Fund (UNFPA, 2009), United Nations Children’s Fund (UNICEF, 2019) and the World Health Organisation (WHO), but comprehension of these terms varies widely according to countries, cultures and groups. Hence, the terms used to refer to people in the age range of 0 - 24 years vary depending on the context and the source of information. The United Nations Convention on the Rights of the Child (UNCRC) encompasses all individuals from birth to 18 years in the category of “children.” Therefore, based on this category, adolescents are covered under the protection of the UNCRC until they reach 18 years. The category of “youth” includes older adolescents, aged 15 to 24 years. “Young people” comprise adolescents between 10 and 24 years. These two terms reflect the continued development and maturation of individuals during the period after 18 years of age, prior to entering adulthood (UNFPA, 2009, 2019).

3.3.1. Concept of Adolescence

The concept of ‘adolescence’ as a distinct life stage is viewed in many ways by different studies and it is still relatively new in some developing countries (Fatusi and Hindin, 2009). This contrasts with the situation in the developed world where the concept of adolescence as a life stage with legal boundaries has been recognised since late 1800s/ early 1900s (McCauley and Salter, 1995; Fatusi and Hindin, 2010). Adolescence is viewed medically with a focus on the continued development and maturation of individuals during the period (UNFPA, 2009). This perception asserts that there is no biologically determined age range that encompasses this stage of life.

Adolescence is a unique and critical period of transition, exploration, growth and opportunities where young people attain physical and sexual maturation. It is also associated with vulnerabilities and risks that influence the prospects of life for the adolescents (Oringanje et al., 2016; Liang et al., 2019). Adolescents are generally considered a healthy group, but with their level of exposure to a range of risks and diseases, they are now recognised as a population that deserves more concerted attention from the global health community. In fact, Edmond et al (2014) argued that adolescents should not be regarded as problems to be managed, but rather as resources that should be developed. Previous studies noted that the adolescent needs and rights are absent from public policies or from the agenda of the health sector, except when adolescents misbehave. A possible contributing factor could be that compared to very young children and the elderly, adolescents suffer from few life-threatening conditions. Nonetheless, some recent studies and reports are challenging this (Slap et al., 2003; Brooks, 2006; Ankommah et al., 2011).

The holistic study of adolescence as a concept is not a common feature in most studies. Adolescence, as a social construction involves how young people are brought up in accordance with the views of the society and their ideals for the future, hence, the way that adolescence is constructed is what makes a child an adult (Painter, 2013). In the social construction of adolescence, the young person is a product of cultural beliefs and expectations with common issues of adolescence being shared across cultures, but with differences in the interpretations, experiences and expectations of young people (Kapadia, 2017). The developmental changes during the period of adolescence involve adolescents becoming less dependent on their parents and adopting more adult-like roles as well as meeting the cultural

expectations of the stage of adolescence (Kapadia, 2017). Thus, contexts and circumstances make the concept of adolescence fluctuate (Sarigianides, Lewis and Petrone, 2015). However, Penn (2018) acknowledged that young people struggle under the weight of high social expectations and low support from families and society during adolescence. In the social construction of adolescence, Linders (2017) pointed out that adolescents are the major occupants of this stage of life - suggesting that the adolescents who occupy the social category are subject to extensive monitoring and regulations, thus making them the target of various programmes and initiatives. Recent studies have shown that the sexual and reproductive behaviours of adolescents are on the rise, thereby constituting an emerging public health concern (Aji et al., 2013).

The attainment of reproductive maturity is considered to be an important development in adolescence, thus issues that affect the SRH of the adolescents are of utmost importance (Olumide and Ojengbede, 2016). Many young people go through the experiences of growing up in countries that are experiencing urbanisation, which is generally believed to be a predominant feature of low and middle-income countries (LMICs), with the young people identified as the major group disproportionately migrating to urban centres (Blum, Bastos, Kabiru, and Le, 2012). According to Ogunjuyigbe and Adepoju (2014), adolescents are influenced by many factors, particularly, religion, mass media and globalisation. These changes add to the challenges of physical, psychological, economic and social transition, which ordinarily typifies the lives of adolescents as they move from childhood to adulthood (Fatusi and Hindin, 2010). Therefore, a health promotion and prevention approach is crucial to a healthy adolescence and adulthood.

3.4. Trends in Adolescent Sexual Behaviour

In the previous sections, I discussed the search strategies used for the literature review including the inclusion and exclusion criteria for the search, and the definition of an adolescent.

This section will review the patterns of ASRH firstly from a global perspective, followed by the adolescent sexual practices in SSA, and then the pattern of ASRH in the study setting, Nigeria.

3.4.1. Global trends, MDGs and SDGs Reports

In most parts of the world, research evidence constantly indicates that young people are attaining puberty at an earlier age, engaging in sexual activity at a younger age, and marrying later than before (Chen et al., 2007; Bearinger et al., 2009; Blanc et al., 2013; Renschmidt et al., 2014). Young, Burke, and Gabhaim (2018) found out that the important feature of attainment of sexual and reproductive maturity in the adolescent years, and the distinct manner with which young people engage in sexual behaviours serves as a basis for the establishment of their individual identity in their transition into adolescence from childhood. Adolescents generally experiment with their behaviours including their SRH behaviours, which helps them to establish their identity as they transition into adulthood (Young, Burke and Garbhainn, 2018). Temmerman, Khosla and Say (2014) noted that adolescents' physical and mental well-being is dependent on their positive sexual health, which is a panacea towards the achievement of the ASRH aspects of the SDGs.

An estimate of nearly one sixth of the global population has been reported to be between the ages of 10 and 19 years old, navigating a period of profound changes that will set the course for their adult lives, including increased dependence, awareness of their bodies and finding their place in the world (Gottsack and Ortayli, 2014; WHO, 2017). Formation of intimate relationships is also a crucial change that occurs when young people learn to develop and maintain intimacy, explore desires, and negotiate sexual relationships (Diamond and Savin-Williams, 2009). Globally, some 30% of girls aged 15-19 who are cohabiting have reported experiences of violence by a partner (WHO, 2014). Consequently, adolescents are sexually mature for a longer period before marriage than has historically been the case (Morris and Rushwan, 2015). Several studies have documented that many individuals worldwide initiate sexual activity during their adolescent years within, or outside of, formal unions (WHO, 2018).

The demographic, social, psychological, behavioural and biological changes on the sexual behaviours of adolescents have been found to have major lifelong impacts on the SRH of the young people (Closson and Dietrich, 2018). This constitutes a major component of the global burden of sexual ill health in the Sustainable Development Goals (SDGs) era by the World Health Organisation (WHO, 2015), with the focus on improving the sexual behaviour and reducing the negative outcomes of adolescent sexual behaviours (WHO, 2017). Despite the positive trends in the reviewed and evaluated Millennium Development Goals (MDGs) by the WHO (2015) - the figures are still very high. In an effort to address the unmet challenges in the MDGs, the World Health Organisation (WHO) introduced the Sustainable Development Goals (SDGs) with an emphasis on adolescents' health and health-related goals with a particular

focus on their SRH, as a vulnerable population (WHO, 2015). One of the specific targets of health in the SDGs (SDG 3) is that by 2030, there will be universal access to SRH-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes, including ASRH (WHO, 2018). The SDGs include specific targets to ensure universal access to SRH-care services as part of the health goal, and several targets on sexual and reproductive rights are included under the gender goal - SDG 5 (WHO, 2015). The expectation following the review of the MDGs is that adolescents would have gained the ability to make healthy and informed choices about their sexual practices, childbearing and birth spacing (Prata, Weidert and Sreenivas, 2013), but this was not attained globally. Different studies have attributed the non-attainment of this goal to many reasons, some of which will be identified later in this review of literature.

Similarly, the rights of young people need to be promoted and protected in order to ensure that adolescents enjoy the highest attainable standard of health, develop in a well-balanced manner, and are adequately prepared to enter adulthood and assume a constructive role in their communities and in society at large (UNICEF, 2014). The specific rights - of adolescents are - non-discrimination, knowledge and protection of rights, parental guidance, respect of the view of the child, right to education, right to privacy, access to information; parental responsibilities; protection from all forms of violence, and right to health and health services (UNICEF, 2014).

Despite the United Nations (UN) and CRC's recognition of the "evolving capacities" of adolescents to make decisions in matters affecting their lives (Bernstein et al., 2008) - the existence of some cultural and religious beliefs served as a barrier in many

of the member states/ countries towards granting their adolescents access to sexual and contraceptive information (SCI) and services. For example, most of these countries require parental consent for adolescents to access SCI and services - deterring adolescents from seeking necessary SRH services (Guttmacher Institute and International Planned Parenthood Federation, 2010). The dynamic transition period to adulthood is also generally a period of positive changes, prompted by the significant capacity of adolescents to learn rapidly, to experience new and diverse situations, to develop and use critical thinking, to familiarize themselves with freedom, to be creative and to socialize (UNICEF, 2014).

3.4.2. Adolescent Sexual Behaviour in sub-Saharan Africa (SSA)

Adolescents constitute 10-12% of the total population in SSA (WHO, 2018). A close association was observed between the sexual behaviours of the adolescents in SSA and negative consequences such as unintended pregnancy, sexually transmitted infections (STIs), HIV, and poor educational attainment (Biddlecom et al., 2008; Kim, 2015). When young people engage in early and pre-marital sexual activities, it places them as a higher risk of negative consequences that could eventually place them in low socio-economic status (SES) (Kim, 2015). Although, a decline was observed in the overall birth rates in the developing countries, adolescent birth rates remain relatively high, especially in SSA. For instance, in Niger, half of young women aged 20-24 years gave birth before age 18 years (Cappa et al., 2012). Early marriage of an estimated 39, 000 adolescent girls every day often deprives girls of their education, health and long-term prospects (WHO, 2013).

Yakubu and Salisu (2018) found that African countries have been recording persistently high adolescent pregnancy. Furthermore, the adolescent girls in SSA experience a high and disproportionate level of SRH issues, including morbidity and mortality (Yakubu and Salisu, 2018). These could be attributed to sexual behaviours inhibiting their safe transition into adulthood, thus aiding the cycle of poverty (Phillips and Mbizvo, 2016). Unfortunately, there have been scarce studies on any effective intervention to meet the challenges that confront the SRH of the young people. A common experience that has been identified among many girls in the SSA, as well as the northern part of Nigeria is early marriage, which raises the likelihood of early childbearing where many young people attain puberty at a young age, have sex at a younger age and get married earlier than before (Cappa et al., 2012). Unfortunately, these young people lack any form of SRH counselling, education or advice before their first sexual intercourse (also called 'sexual debut'), leading to serious health consequences.

3.4.3. Nigerian ASRH Situation

Morris and Rushwan (2015) reported that adolescents account for up to 74% of all induced abortions - approximately 60% of all gynaecological hospital admissions in Nigeria. A number of researchers have identified key issues relating to Nigerian adolescents, often involving the strong cultural and religious beliefs of the people. Many Nigerian adolescents face challenges that they often appear unprepared to deal with especially in relation to their SRH (Maduwesi, 2006; Fatusi and Hindin, 2010; Esiet, 2015). For example, initiation of sex for most Nigerian adolescents, is often early, coercive or regretted, unprotected, or high risk leading to unintended pregnancies and

STIs including HIV, as well as transactional sex, i.e. for money or similar remuneration (Maduwesi, 2006; Fatusi and Hindin, 2010; Esiet, 2015). The cultural expectation for the Nigerian adolescents is to be seen, but not heard, generally regarded by adults in the society as children; hence, divulging information to them about sex is taboo (Ajuwon, 2005; Esiet, 2015). The culture of silence in the society expects them not to express opinions especially if they are at variance with their parents or other adults (Ajuwon, 2005; Maduwesi, 2006). These show some of the ways that the power of the culture in the society influence the transitioning of young people into adulthood. Existing studies show that 'condomless' and unprotected sexual intercourse is prevalent in Nigeria among adolescents, with a very low contraceptive use (Walker, 2012). The two major forms of adolescent sexual behaviours that are the focus of many ASRH studies are sexual initiation and contraceptive use (Ferre et al., 2011).

There are two major groups of adolescents in Nigeria and in most of the SSA countries - those in school and those out-of-school. Existing studies found that in general, adolescents who are in school are less likely to have sex and more likely to use contraception, and each additional year of a girl's education increases contraceptive use and reduces fertility by ten percent (Lloyd, 2006; Grimes et al, 2006). The United Nations Children Fund (UNICEF, 2015) described the term "out-of-school" as encompassing a wide range of realities. Generally, out-of-school refers to adolescents who belong to any of these three categories. The first category are those who are not enrolled because they do not have access to a school in their community, or do not enrol despite the availability of a school, or enrol but later than they should have, or are not allowed to enrol in school perhaps due to refugee or internally displaced person (IDP) status. The second category of the out-of-school are

those who are not learning, not enrolled in schools because of poor facilities/ no teachers or drop out of the educational system. The third group of the out-of-school are those who dropped out of school - this means that they enrolled but do not attend school or have dropped out of school (United Nations Children Fund-UNICEF, 2015; Global Partnership for Education, 2016). The major SRH challenge of the out-of-school adolescents is that they are marginalised (UNFPA, 2018). Adolescents experience marginalisation because of their ethnicity, sexual orientation, conflict or are out-of-school, with no success in the efforts made to reach them with the existing interventions (Chandra-Mouli, Svanemyr and Amin et al., 2015). This is important to note because these groups of adolescents are more likely to experience health and social problems and are less likely to enjoy family and community support and have less access to health and counselling services.

The important hard-to-reach vulnerable group, the out-of-school adolescents, are often missed out in ASRH studies. Many of the adolescents at greatest risk of SRH risks often miss the school-based programmes because they are no longer in school (Bearinger et al., 2007). Places where the out-of-school adolescents are found mostly are - on the street, in a shop learning different vocations including barbering, motor mechanics, tailoring, sales, marketplaces as shop assistants or in the motor parks where they are hawking (Adebisi and Asuzu, 2009). This identifies a gap in the existing literature that indicated the need to target both in school and out-of-school youths in any adolescent SRH studies and interventions. Internationally, studies on ASRH are considered of high importance because a third of African adolescents live in Nigeria (Aji et al., 2013).

3.5. Adolescent Sexual Behaviour

The global increase in the number of sexually active adolescents has shown the need to consider the sexual behaviour of the young people (WHO, 2018). However, Lanier (2018) argued that it is not all adolescent sexual activity that is risky - many of the young people in their study reported having positive sexual experiences. Nonetheless, the onset of sexual intercourse in adolescents is a time of social and personal significance, which has major health implications (Hawes, Wellings and Stephenson, 2010). Santa Maria et al. (2017) argued that young people face serious SRH challenges that are often not addressed and have serious outcomes. One of the adolescent behaviours believed to be a normal behaviour and development is sexual initiation (Pringle et al., 2017).

3.5.1. Sexual Initiation

Sexual initiation has been identified as an important risk factor for unintended pregnancy, sexually transmitted infections (STIs) and HIV infection (Santelli and Song, 2015). Early sexual initiation was defined by different authors as initiation of sexual intercourse between the ages of 13 to 14 years (Remschmidt et al., 2014; Kaplan et al., 2013). Fatusi and Blum (2008) used a cut-off of that is less than 16 years which was based on a national median age at sexual debut of 16 years in Nigeria. Some of the problems found to be consistently associated with early sexual initiation include - increase in the number of lifetime sexual partners; use of psychoactive substances before sex, and violence; and tendency to engage in risky sexual behaviours (O'Donnell, O'Donnell and Stueve, 2001; Kaplan, et al., 2013; Collins, Martino and Shaw, 2011). Some of the risky behaviours that young people engage in are - inconsistent or non-use of condoms and (other) contraceptives and

having multiple sexual partners. These suggest that the adolescents become sexually active early and without any contraceptive use, thereby, predisposing them to unintended pregnancies, illegal abortion and STIs including HIV.

During the period of adolescence, young people's decision-making capacity is still evolving as is their desire for independence. Chandra-Mouli, Svanemyr and Amin et al., (2015) reported that many young people become sexually active at an early age without any knowledge of how to avoid STIs and unintended pregnancies. Amidst all these, adolescents initiate and experiment with their sexual behaviours, which could have either positive or negative outcomes. The negative health outcomes come in the form of unintended pregnancy, STIs including HIV, while the negative social outcomes could include social exclusion and dropping out of school (Cunningham et al., 2008; WHO, 2017).

3.5.2. Adolescent contraceptive use

Rakhi and Sumathi (2011) described the deliberate use of any device or act that has the purpose of preventing a woman from becoming pregnant as contraceptive use. Young women between 15 and 19 years have the highest unmet need for contraception with the lowest proportion of satisfied demand (Loaiza and Liang, 2013; MacQuarrie, 2014). Sánchez-Páez and Ortega (2018) noted that fundamental measures of access to SRH and rights are the total demand for contraceptive use. The level of contraceptive use among sexually active women in developing countries in Africa was found to be generally low (Iklaku et al., 2012), due to the prevailing lack of information, cultural and religious barriers. In the typical African society, there exist inherent barriers to the use of contraception that make the topic both sensitive and controversial. The identified barriers could be in form of lack of awareness, access,

religious beliefs, cultural norms, sexual partner's opposition, and the fear of health risks and side effects (Abiodun and Balogun, 2009). However, in Nigeria, the adoption of primary health care (PHC) delivery system including family planning as one of the integral components shows a better form of acceptance of contraception (Iklaku et al, 2012). The notion of 'family planning' is adopted: a) to avoid "families" that are unplanned, and b) often for sex e.g. for pleasure, not for reproduction.

The health care related barriers to contraceptive use identified in a previous study are: - non-availability of contraceptives in government hospitals compared with private clinics, married young people receiving contraceptives from government hospitals where single adolescents do not (Clerk and Ladipo, 2006). Young people cited issues of accessibility, affordability, confidentiality, privacy and unfriendly attitudes of the health care providers as barriers for not using contraceptives (National Population Commission - NPC, 2008). The cultural beliefs and norms, which assert that family planning/ contraception is only for married couple were identified by Abiodun and Balogun (2009). They also emphasised that much of Nigeria has a culture of silence in which sex and contraception are not discussed. This could be the hindrance responsible for the non-use of the facilities and policy-based interventions put in place in Nigeria to meet the SCH needs of young people. The majority of the health care providers also share some of these cultural beliefs. Young, Burke and Gabhainn (2018), in their study conducted among adolescents in Ireland, acknowledged that apart from access to and cost of contraceptives, the choice of the individual adolescents is another determinant of contraceptive use. For example, young people may lack the knowledge about the correct use of contraceptives, or one

partner may assume that the other partner would be responsible for contraceptive use without clear communication about this (Young, Burke and Gabhainn, 2018).

Many studies have identified lack of knowledge about contraceptives among adolescents as the basis for their non-use, and the lack of knowledge has been linked essentially to the policies on ASRH (Moyo and Rusinga, 2017).

Nevertheless, the male condom was reported to be the most commonly used individual contraceptive method among adolescents including Nigeria, because it is cheap, readily available and the preferable choice of contraceptive that prevents against STIs and HIV (Atere et al., 2010; Young, Burke and Gabhainn, 2018). Despite this, the findings of Santa Maria et al. (2017) revealed that young people lack easy access to male condoms and other contraception. The dominant use of the male condom places power over contraceptive use with the male and this can affect the ability of the women to negotiate power in young people's relationships, particularly if the young man refuses to use the condom.

3.5.3. Pregnancy and Sexual Health for the Adolescents

Adolescents are often unprepared for the consequences of having unprotected sex early and do not understand the risks involved, as well as the implications on their health and future life (Maswikwa et al., 2015; WHO, 2017). Alternatively, adolescents might not be aware of or lack the needed information about their SRH, leading to poor SRH outcomes (Ogunjuyigbe and Adepaju, 2014).

3.5.3.1. *Unintended pregnancy*

WHO (2014) reported that sixteen million girls aged 15-19 give birth each year, 95% of which occur in LMICs, with existing important regional differences. For example, births to adolescents as a percentage of all births range from approximately 2% in China, to 18% in Latin America and the Caribbean, to more than 50% in sub-Saharan Africa (WHO, 2014). A major global public health issue and outcome of adolescents' sexual initiation as revealed by many studies is unintended pregnancy. Previous studies suggest a strong association between an unmet need for family planning and unintended pregnancy, as well as high levels of unsafe abortion (Morris and Rushwan, 2015). This is due to the associated consequences and enormous social factors (Chandra-Mouli, Camacho and Michaud, 2013). Worldwide, unintended pregnancy is a major challenge that adolescents face, with 44% unintended pregnancies globally, 56% of which end in induced abortion (Starrs, Ezeh, & Barker et al., 2018). In low-and-middle-income-countries (LMICs), Origanju, Meremikwu & Eko et al. (2009) found that adolescent pregnancy constitutes a hindrance to adolescent development, leading to dropping out of school, abandonment by dating partners, and loss of productivity that limits their social and economic opportunities in the future, and subsequent transmission of intergenerational poverty.

Finer and Zolna (2016) describe unintended pregnancy as pregnancy that is either unwanted or mistimed and it is often related to women's unmet need for consistent and effective contraceptive methods. In comparison with adult pregnancies, adolescent pregnancies were found to be more likely unintended, unplanned, unwanted, and end in induced abortion or; coerced sex (which was reported by 10% of girls who first had sex before age 15) (Guttmacher Institute, 2012; WHO, 2014).

This reveals that some adolescents' experiences of sexual intercourse were against their consent and could be due to rape and violence. Adolescent pregnancy, thus, contributes to unwanted adolescent pregnancies and confers a risk of poverty and low paternal involvement among a plethora of other negative consequences (Guttmacher Institute, 2012; WHO, 2014). While a number of studies reported that when childbirth is delayed until after adolescence, families are likely to be more stable and have more economic, educational, and social resources (McLanahan, 2009). Moreover, low socioeconomic status, substance abuse, and likelihood of receiving low and/ or inadequate prenatal care have also been associated with unintended pregnancy among adolescents. Poor outcomes for the offspring of adolescent mothers are well documented, for instance, there are higher rates of preterm birth, low birth weight and asphyxia, and perinatal and neonatal mortality (Chen et al., 2007; WHO, 2014; Lopez, Hiller and Grimes, 2012). Unintended pregnancy also forces the female adolescent to abandon childhood and take on adult roles before they are physically and emotionally ready. The complications from pregnancy and childbirth are the leading cause of death in girls aged 15-19 years in LMICs where almost all of the estimated three million unsafe abortions occur (Lopez, Hiller and Grimes, 2012).

However, in line with the social construction of adolescence, adolescent pregnancy may not always be unintended as it can be a deliberate choice of the adolescents, that is, intentional with some level of readiness or preparedness, with there being a source of income from gainful employment (Spear, 2001; Carter and Spear, 2002; Tanner et al., 2013). This suggests that with employment, young people might be able to take care of themselves and the infant, and not possibly go through the negative trajectory associated with adolescent pregnancy. According to Glinski, Sexton and Petroni

(2014) the concept of wanted/ intended or unwanted/ unintended pregnancies is slightly different from what is often assumed by researchers and programmers, with the desires of adolescents often in a state of flux, varying depending on the specific contexts in which they find themselves, and strongly influenced by prevailing normative beliefs about gender-appropriate behaviours. Envuladu et al., (2017) in a study conducted in the northern part of Nigeria, identified that getting pregnant does not constitute any problem for some of the adolescents. Their major problem is the interference with their education by dropping out of school, being forced into child marriage as a result of the pregnancy (Nnebue et al., 2016; UNICEF, 2014). Glinski, Sexton and Petroni (2014) noted that the real desire of adolescents, as far as their SRH is concerned appears to not be fully understood by the adults. While studies on ASRH have observed that topics on ASRH, other STIs and pregnancy prevention are conspicuously absent from the educational curriculum of many schools especially in SSA, but with more focus on HIV prevention (Fatusi and Blum, 2008; Glinski, Sexton and Petroni, 2014). The pressing need for programmes to go beyond HIV and focus on broader ASRH issues has been highlighted.

In a systematic review of the determinants of unintended pregnancies among the adolescents in SSA, the determinants identified from the previous studies were - early marriages, culture, religion and gender influences (Warenius et al., 2007); poor social and economic support for young people (Ahorlu, Pfeifer and Obrist, 2015; KumiKyereme, Awusabo-Asare and Darteh, 2014); curiosity and peer influence (Mushwana et al., 2015; Yidana et al., 2015); lack of comprehensive sexuality education (Ahlberg, Jylkas and Krantz, 2001; Atuyambe et al., 2015); and poor SRH services provision (Atuyambe et al., 2015); poor attitude of health workers to providing

contraceptive services for adolescents (Mushwana et al., 2015). Other factors discussed were the unmet need for contraceptives by the adolescents (Abdul-Raman, Marrone and Johansson, 2011), and fear of contraceptive side effects (Yidana et al., 2015). These all constitute barriers to contraceptive use by young people.

3.5.3.2. *Unsafe Abortion*

WHO (2008) reported that of the estimated 22 million unsafe abortions that occur every year, 15% occur among young women aged 15-19 years; roughly half of the estimated 43.8 million induced abortions that occurred globally were unsafe, with the majority of them occurring in developing countries (WHO, 2012; 2014). Unsafe abortion is a major medical and public health problem in Nigeria, a country that has high incidence of unintended pregnancies and unsafe abortions, particularly among adolescents (Hansen, 2000; Ogunjuyigbe and Adepoju, 2014). In Nigeria, the topic of abortion is believed to be an issue that should not be discussed on religious and moral grounds, and the associated stigma and shame make it hard for young people who have procured an abortion to talk about it (Abiola et al., 2016).

Unsafe abortion is one of the top causes identified in the high rate of maternal morbidity and mortality in Nigeria. Ogunjuyigbe and Adepoju, (2014) stated that illegal abortion has been found to be the leading cause of deaths of female adolescents in Nigeria, and many young people engage in sexual activities without adequate, or any information about negotiating safer sex. The physically devastating potential consequences and long-term sequelae include - ectopic pregnancy, chronic pelvic pain, infertility and death (Ibrahim and Onwudiegwu, 2012). The restriction of abortion in Nigeria results in almost 10 million unintended pregnancies, out of which more than half end in induced abortion. Unsafe abortion has been found to be a major contributor

to Nigeria's high levels of maternal death, ill health and disability (Bankole et al., 2015). Unfortunately, due to scarce and unreliable statistics, the exact percentage of unsafe abortions cannot be ascertained. This is mainly because most health facilities in Nigeria that carry out unsafe abortions do not divulge the information for fear of legal sanctions and stigmatisation (Okoghenun, 2016).

The term abortion means the expulsion of the products of conception from the uterus before the foetus is viable (2016 ICD-10-CM Diagnoses Codes), which could be either be spontaneous or induced. Induced abortion could be safe or unsafe. According to Neal et al. (2016) an abortion is considered unsafe if the procedure for terminating the pregnancy is conducted by untrained personnel or in an environment that lacks appropriate medical standards, or both. A majority of the deaths associated with abortions are complications of unsafe abortions (Neal et al., 2016). In the developed countries where there are no abortion laws, young people with unintended pregnancies undergo safe abortions and contraceptive use has become widespread (Starrs, et al., 2018). However, most developing countries have restrictive abortion laws, suggesting that abortions in developing countries are far more likely to be illegal and unsafe, despite the increasing desires for smaller families (Starrs et al., 2018). In fact, in most studies, unsafe abortion is synonymous with developing countries (Ipas, 2015), with unsafe abortion rates of 85% and 88% in West Africa and Middle Africa respectively (Starrs et al., 2018).

3.5.3.3. *Sexually Transmitted Infections (STIs) including HIV*

Although sexually transmitted infections (STIs) affect people of all ages, there is a high disease burden and greatest risk for nearly all STIs among adolescents

(Chinsembu, 2009; Liu et al., 2016). The Public Health England (2013) noted that STIs are common among young people, with chlamydia as the most prevalent STI in the UK, despite interventions on rapid access to STI screening and treatment. Morris and Rushwan (2015) also identified that the group that is most severely affected by HIV currently are adolescents; they have the highest prevalence of STIs with the highest burden borne by adolescent women (Slater and Robinson, 2014). Adolescents are particularly vulnerable to poor sexual outcomes with high rates of STIs and unintended pregnancy (Slater and Robinson, 2014). Another reason given for the susceptibility of young people to STIs by is their inability to conceptualise their actions and their consequences (Chinsembu, 2009).

The practice of unsafe sex is common among adolescents and exposes them to STIs and HIV with a prevalence of 17% in the South Eastern part and 14% in the northern part of Nigeria (Envuladu et al., 2017). A common practise identified among young people is inconsistent and incorrect use of the male condom (Hindin and Fatusi, 2009; Aderibigbe et al., 2011).

3.6. Influences of Gender on Adolescents SCC

The previous section presented the review of literature and reports on the global situation of adolescent SRH, followed by the ASRH in SSA and the Nigerian ASRH. Analysis of studies on the two major forms of adolescent sexual behaviour that are the focus of the study - sexual initiation and contraceptive use - were presented; and then the possible outcomes of engaging in unprotected sex were detailed.

This section is the review of existing studies on the influences on adolescent SCC. Gender has been identified as one of the important factors that influence the sexual attitudes and behaviour of adolescents (Sumer, 2013). The decisions made by

adolescents on whether to have sex or not - and if they do, whether to use or not to use contraceptives (Peci, 2017) - are dependent on some factors that include their gender, parents, friends or peers, socio-economic status, culture and religion.

Jackson and Scott (2017) defined gender as the hierarchical relationship between men and women and not merely the differences between them. Pawlick (2017) noted that being a male or female is the biological sex of a person, while the culturally defined characteristics, roles and responsibilities assigned to a person because he/she is a male or female is the gender of the person. Men are socialised to be masculine and women are socialised to be feminine. Schalet, Santelli et al. (2014) argued that the ideologies about gender determine how adolescents view and experience themselves and others. Casique (2019) pointed out that the role of the prevailing norms and gender roles regarding the appropriate sexual behaviours for adolescent, impacts on the sexual behaviour of young people placing limitations that encourage unequal relationship and sexual power. Violations of the typical traditional gender roles often attract prejudice, discrimination and other negative behaviours (Blakemore, 2003). The power and dominance ascribed to men through gender give more sexual freedom, whereas, women possess lesser power and are expected to be submissive to the men, thus, women lack sexual freedom (Zaikman et al., 2016).

In Nigeria, there is gender imbalance, gender inequality, gender discrimination and gender bias that all indicate that there is preferential treatment to the males at the expense of the females (Agbogu and Igbokwe, 2015). These studies show that the gender roles for men exert power over the women and young men over young women, with unequal status. Thus, from history, the men have been in control and are still in control in the activities and choices of women (Archer and Lloyd, 2002).

The underlying cause for the relations between men and women is strongly rooted in patriarchy (Casique, 2019). The gender roles, and the associated unequal power hegemony, often present situations where young men and women face opposing sexual health messages.

3.7. Adolescent Relationship Influences on SCC

This section reviews the influences of relationships on the adolescent SCC. Viner, Ozer et al., (2012) pointed out that young people are able to fulfil their potential and attain the best of health in their transition to adulthood when they have safe and supportive families, safe and supportive schools, as well as positive and supportive peers. Research has repeatedly shown that the process of growing into adulthood for adolescents is within the complex web of family, peer, community, societal and cultural influences, which affect sexual decisions, and their present and future health and wellbeing (Mmari and Sabherwal, 2013).

3.7.1. Parental influences

In many cases, the parents of adolescents wish to directly control the sexual behaviour of their children by monitoring their sons and daughters to prevent them from either having sexual intercourse, or unprotected sexual intercourse, but this is not always the case. Ashcraft and Murray (2017) acknowledged the importance of parents in all aspects of the development of their adolescent children. In fact, parents were described as the single most important influence in the choices that adolescents make about sex. Sadly, a majority of the parents seemed not to be aware of this. Parents often avoid or delay talking about sexuality with their children. Many reasons have been given for this. Ashcraft and Murray (2017) stated that the thought of

discussing sex-related topics with children creates anxiety and apprehension in parents, which makes some parents avoid such discussions. Some parents are afraid of 'putting ideas into their children's heads before they are ready for it'. This is usually because these kinds of parents believe that encouraging any talk about sex or sexuality implies giving outright permission for their children to start having sex (Ashcraft and Murray, 2017).

Parents of adolescents and their teachers have been hesitant over the years to pass across sex information to young people at home and in schools thereby denying the adolescents of these opportunities (Isiugo-Abanihe and Isiugo-Abanihe, 2007). In situations where parents discuss sexual topics with their children, the focus is always on abstinence, which often does not work with the young people. Young people face numerous SRH challenges that are firmly attached to their parents and the policy environment, where parents fail to give their adolescents, the needed guidance and support to safely negotiate their sex lives, and the government also responds with non-focused and counter-productive approaches (Widman, 2015). Similarly, there is evidence that demonstrates the relationship that exists between parental communication, parenting style and adolescent sexual activity and contraceptive use. For example, maternal communication helps to delay sexual intercourse and increase contraceptive use, impacting positively on adolescent sexual decision-making (Commendador, 2010). Kesterton and Cabral de Mello (2010) identified three major barriers to parent-adolescent communication on sex-related issues as - lack of parental knowledge, reliance on schoolteachers and the perception that talking about sex encourages sex.

Many parents and community leaders in SSA recognised the need for the young people to receive formal sex education in schools; however, they do not want extensive and intensive sex education because of the fear of their children becoming “promiscuous” because of the sex education (Kesterton and Cabral de Mello, 2010). The parents and community leaders did not consider the dangers and risks in the lack of adequate sexual and contraceptive information for their children. Parents influence the sexual activities of their adolescent children either positively or negatively (Ankomah et al., 2011). Aji et al. (2013) pointed out that children of ‘good’ parents are characterised by having good home training and growing up to be adolescents who abstain from sex before marriage. On the other hand, children of ‘bad’ parents have a high chance of being influenced by their parents, especially mothers, into early sexual initiation (Aji et al., 2013). The family structure is a determinant of adolescents’ sexual behaviour such that young people from polygamous homes have been found to engage more in sexual activity than those from monogamous families (Odeyemi, Onajole and Ogunnowo, 2009). However, the sense of connectedness with parents experienced by adolescents irrespective of the family structure decreases the likelihood of the young people engaging in early sexual behaviour (Slap et al., 2003). The marital status of the parents constitutes another influence on young people’s sexual behaviour (Odeyemi, Onajole and Ogunnowo, 2009). According to DiClemente et al., (2001) parental supports for adolescents strengthen the parental protective factors, like parent-child communication, parental monitoring and parental supervision. Parent-based interventions that are based on the parental support for the adolescents will help to reduce the risks associated with adolescent sexual behaviour. In a study conducted in Mexico, it was found that adolescents’ fear of rules and sensitivity to family support contributed to their decision to postpone sexual

intercourse or use contraceptives; with a reduction in adolescent self-reported sexual relations, and increased parent-child communication between adolescents and their parents (Atienzo et al., 2011).

Commendador, (2010) further discussed the impact of parenting style on adolescent sexual behaviour, stating that adolescents who had an authoritative parenting style have the tendency to have more constant indecision, less confidence, would likely consult their parents for moral and informational decisions, and would be less likely to engage in initiating sex. However, adolescents with high parental monitoring were found to delay sexual intercourse and use contraception, while low parental monitoring led to early sexual activity and increased condom use among the adolescents (Commendador, 2010). The adolescents' preferred source of SRH information are their parents, but many parents are unable to play this role effectively due to their sensitivity to the cultural and social norms that forbids discussion of issues that relate to sex (Kyilleh et al., 2018). The social norms and taboos that relate to gender and SRH frown at the discussion of any sex-related issue, so, the young people, especially females cannot ask, obtain information, or discuss and express their worries about any issue that relates to their SRH (Svanemyr et al., 2015).

3.7.2. Peer influences

Kanwetuu, Mokulogo and Azumah (2018) indicated from their study that young people are most comfortable when they discuss their sexual issues with their peers and friends, and they only consult their parents to confirm or reject whatever their friends and peers said. A major developmental change in adolescence is the emergence of strong peer relationships (Viner, Ozer et al., 2012), which can have either positive or negative influences on the health of young people (Jaccard, Blanton and Dodge,

2005). Peer relationships can support positive health by protecting the young people against a broad range of risky health behaviour including their sexual behaviour. On the other hand, peers could increase the tendency to engage in risky sexual behaviour by adolescents through peer participation, modelling and persistence (Kaplan et al., 2001; Salazar, Santelli and Crosby, 2009). Svanemyr et al. (2015) noted during the reviews of interventions of some adolescent SRH programmes that the benefits of the peer-led training adopted to meet the SRH needs of adolescents vary and could be either positive or negative for adolescents. For example, they observed that adolescent interaction with peers who had had sex is now a risk to the adolescent that is yet to have sex (Svanemyr et al., 2015).

However, Viner et al. (2012) argued that peer influence operates in combination with parental influence initially, but parental influence declines relative to peers in many aspects especially in developed countries. Similarly, urbanisation and economic development erode the traditional family life thereby increasing peer influence particularly among adolescents in low SES (Viner et al., 2012). Van de Bongardt et al. (2015) pointed out that although the parents remain important socialising agents to young people, peers become increasingly influential sources of social and emotional support and meaningful frames of reference for how adolescents think and act.

Findings from studies in high-income countries and LMICs suggested that similar to family factors, peers could play a protective role against violence, substance abuse, and sexual risk in LMICs and high-income countries (Vesely et al., 2004). However, peer factors can also increase risk with peer participation in behaviours likely to increase risk of smoking initiation and persistence, alcohol initiation and use, sexual

risk, and violence (Kaplan et al., 2001; Donovan, 2004; Kretman et al., 2009; Salazar et al., 2009). Peer influence operates within wider social contexts and as a counterpoint to continued parental influence throughout adolescence (Viner et al., 2012). Viner et al., (2012) identified one consistent predictor of adolescents' engagement in sexual risk behaviour, which is their belief that their peers are engaging in similar behaviour. However, not all youths are equally susceptible to these peer influence effects. Understanding individual differences in susceptibility to peer influence is critical to identifying adolescents at risk for negative SRH outcomes (Widman et al., 2016).

3.7.3. Neighbours and Society

Kanwetuu, Mokulogo and Azumah, (2018) pointed out that when adolescents do not receive any form of sex education; they would be forced to seek for 'uncontrolled' sexual and contraceptive information from 'uncontrolled sources' outside their homes and schools. Svanemyr et al. (2015) identified the importance of having support for young people in making their SCC through adult mentors or role models who demonstrate leadership qualities and take on visible roles within the community, so they could instil a sense of responsibility to young people, especially young women. Although this approach has not been evaluated on a wider scale, it is practised in some African countries and has been found to yield positive effects on the adolescents by improving their SRH outcomes (Beaman, Chattopadhyay and Duflo, 2009). These are forms of social support which have been found to influence the sexual behaviour of adolescents, depending on who is giving the support and the previous sexual behaviour of the adult (Bruederle et al., 2019). The social capital

could be from extended family members, neighbours, teachers, other adults in school or the adolescent friend (Cheng, 2018).

3.8. Sex Education

The last section reviewed the studies on the influences on adolescent SCC, particularly, gender, parents, peers, neighbours and the society. Now the channels through which young people experience power in their SRH will be discussed.

This section reviews the forms of sexual and contraceptive knowledge and information to the adolescents. This could be through the informal or traditional sex education at home by the parents, family members or siblings, or through the formal educational curriculum as a subject to be taught in schools to the children called sexuality education. The terms sex education, sexuality education, sexual education or SRH education refer to the education that is directed towards equipping children and adolescents with the knowledge, skills and values that will enable them to make responsible choices about their sexual and social relationships in a world that is affected by unplanned/ unwanted pregnancies, HIV, and other STIs (United Nations Educational, Scientific and Cultural Organisation - UNESCO, 2009).

3.8.1. Traditional Sex Education

The circumstances where most young people grow up is quite different from their parents' because they have more access to technology, internet, exposure to media and telecommunications (UNFPA, 2008; Kanwetuu, Mokulogo and Azumah, 2018). Thus, there is a lack of parent-child communication on issues that relate to sex, particularly in Nigeria. Moreover, where there is communication on such matters at all, it is given as instructions that require no further discussion. This is because of the

fear of the parents and teachers that exposing the adolescents to sex education will lead young people to initiate sex earlier and engage in it more frequently, thereby “making them corrupt and immoral” (Ankomah et al., 2011). Therefore, what they considered as the safest way is to keep adolescents in the dark about sexuality education (Kanwetuu, Mokulogo and Azumah, 2018). The majority of the parents of adolescents in Africa still view sex-related topics as “taboo”. In Ghana, the idea of young people consulting their parents for sex related information is an emerging trend, according to Ahorlu, Pfeiffer and Obcrist (2015). Extended family members such as aunts and grandmothers are saddled with the responsibilities of providing the young people with sexuality education and offer sexual and reproductive supports. Nevertheless, this is gradually changing, and the parents are consulted directly by their adolescents on sexual matters.

There are gender-related social norms and taboos that influence young people’s sexuality by creating a culture of silence in their SCI seeking and expressing their feeling, opinions and worries on sex-related issues (Svanemyr et al., 2015), thereby limiting the agency of the young people particularly female adolescents. Traditional sex education includes premarital sexual norms - traditional values and societal norms that encourages female chastity.

3.8.2. Comprehensive Sexuality Education (CSE)

One of the accepted strategies for dealing with the negative outcomes of adolescent sexual behaviour (Moyo and Rusinga, 2017), is through sexuality education for children in schools. Evans and Enson (2016) in a review of the sexual health of young people in the UK, noted that young people lack the important knowledge, attitudes,

skills and habits that they need for sexual health protection against STIs. Therefore, the ability to achieve a healthy sexuality is dependent on the information they acquire and the formation of attitudes, beliefs and values about consent, sexual orientation, gender identity, relationships and intimacy (Pop and Rusu, 2015).

The UNESCO (2009) defined sexuality education as “an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgemental information”. Finding a definition for sexuality education was contentious due to the different cultural interpretations of the agency of adolescents within the context of their sexuality and their ability to make informed decisions (TARSHI, 2019). In addition, there was a dilemma over the extent of adolescent agency that should be attributed, prescribed and permitted for young people based on their varying contexts. Hence, the adoption of conservative approaches, grounded in disease and violence prevention and family planning, not health-promotion strategies (TARSHI, 2019). The need to start sex education early from home due to the inadequacy and effectiveness of the sex education in schools has been raised (Colarossi et al., 2014). The responsibility of providing sex education is usually borne by the school and family, often with unsatisfactory outcomes (Pop and Rusu, 2015).

Chandra-Mouli et al. (2015) assessed the review modifications of the CSE programme that is believed will have positive outcome for adolescents. The reviews of the sexuality education programmes led to the revised version of the International Technical Guidance on Sexuality Education (ITGSE) developed by UNESCO, UNAIDS, UNFPA, UNICEF, UN Women and WHO advances this definition of CSE as:

“a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to - realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives” (UNESCO, 2018).

There are two major approaches to sexuality education identified - the abstinence-only (Lehmiller, 2014), and comprehensive sexuality education (CSE) (Haberland and Rogow, 2015). The focus of the abstinence-only sexuality education programmes is to teach the young people to abstain from engaging in premarital sexual activity, with a fear-based negative consequences perspective (Lehmiller, 2014). According to Haberland and Rogow (2015), the CSE provides information on sexual health, sexual behaviour, gender, sexual orientation, anatomy and physiology, safer sex, contraception, reproduction and pregnancy, body image, growth and development, communication and health-promoting skills to avoid abusive and risky behaviour, as well as abstinence.

The factors that are responsible for the success of the CSE programme are outlined in Fig 3:1, and these factors also constitute the barriers to an effective CSE. For example, a determining factor in the implementation of sex education/ CSE in schools are the teachers, who are the ‘important gatekeepers’ of SRH information to the adolescents (Kibombo, 2008). The success of sex education depends on the comfort of the teachers to teach the contents, or the style of delivery or any personal values of the teachers that conflict with the sex education programme (Ingham and Mayhew,

2006: 222). Haberland and Rogow (2015) indicated the need to strengthen the skills of teachers assigned to teach sex education as a way of scaling up or improving CSE, by using diverse and interactive learning methods that involve personal reflection and critical thinking, and not only lecture methods, particularly in the African countries.

Figure 3.1 presents an outline of the factors and barriers to the successful implementation of CSE in terms of the specific roles of the different factors involved and the expected outcomes, and how each of these factors could constitute either a constraint or hindrance towards the implementation and effectiveness of CSE.

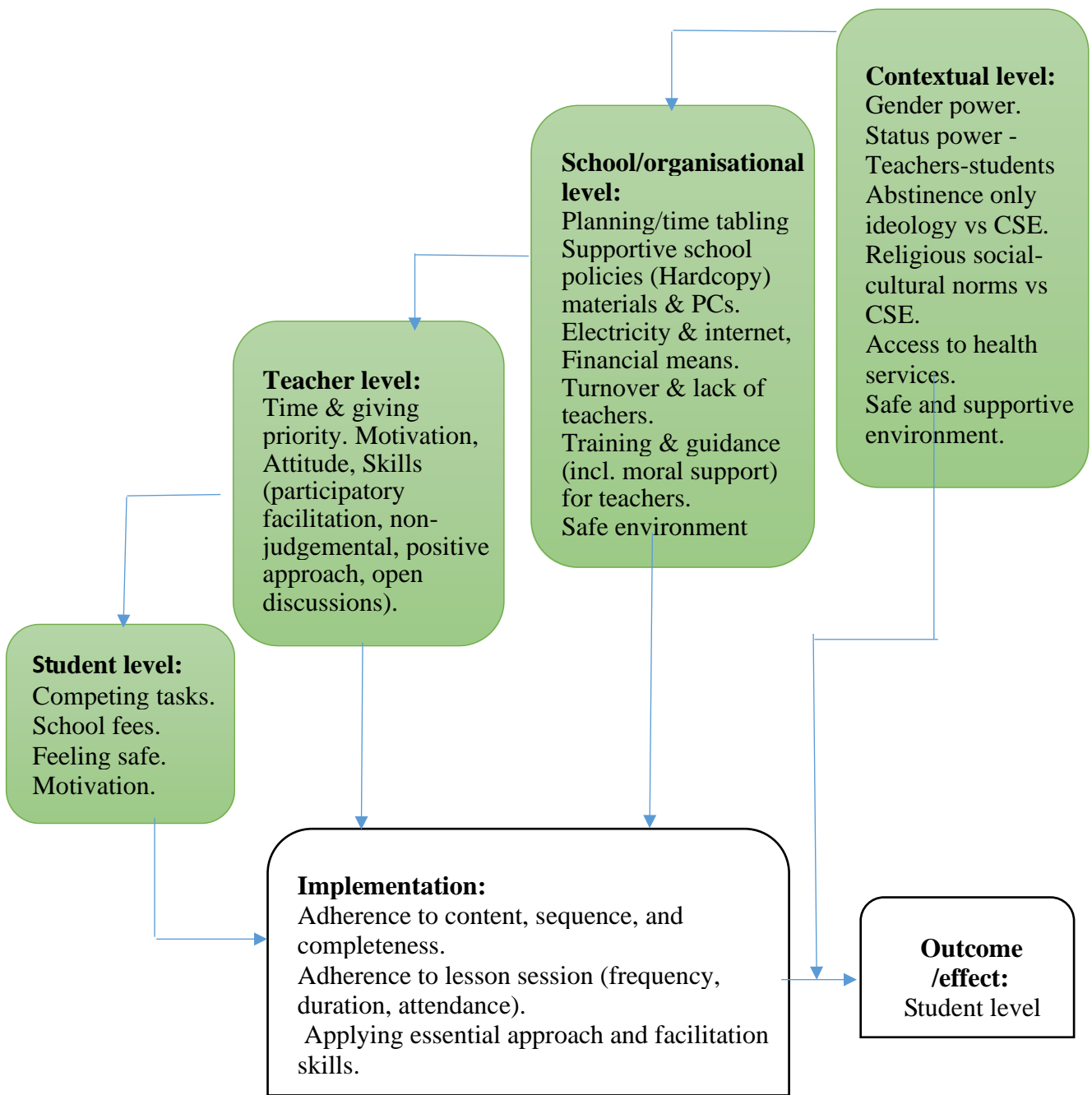


Figure 3.1: Identified Barriers to CSE
(Adapted from Vanwesenbeeck et al., 2016).

In Nigeria, the Federal Government scaled up the Family Life and HIV Education (FLHE) programme (Nigerian modified version of the CSE) at the Junior Secondary

School level and modified the curricula in order to achieve national consensus and to reduce the duration of the training for the teachers assigned to teach the students (Wood and Rogow, 2015).

Despite all this, the CSE programme is yet to be prioritised enough to reach and engage with the most vulnerable and marginalised adolescents like the out-of-school, those living in extreme poverty, HIV positive young people, adolescents with learning disabilities and those who engage in transactional sex for their survival (Haberland and Rogow, 2015).

3.9. Channels of Power in ASRH

These are the channels or media through which power influences adolescent sexual behaviour. They include socio-economic status (SES), patriarchy-influenced cultural behaviours, religion, media, pornography, and the attitudes of health professionals (nurses, midwives and doctors).

3.9.1. Socio-economic Status (SES)

There is rapid population growth in SSA, with large numbers of people that still live in poverty in some of the countries (UN Department of Economic and Social Affairs and Statistics Division, 2016). Existing studies reported that adolescents whose parents are from the low socio-economic status (SES) are more sexually active than those whose parents are in the high or middle SES (Odimegwu, Solanke and Adedokun, 2002). This shows that economic hardship promotes sexual activity among young people, especially the female adolescents (Ankomah et al., 2011). Adolescents become vulnerable with poor SRH outcomes due to poverty and lack of resources to meet their basic needs and expenses among other reasons (Svanemyr et al., 2015).

In SSA, many young people are at risk of STIs and HIV as well as unintended pregnancies due to their involvement in transactional sex in order to meet their needs. The majority of the female adolescents who engage in transactional sex are often enticed to engage in sex earlier than their peers for financial and material rewards that they either perceived or are actually real (Ankomah et al., 2011). In a study conducted to understand the needs and concerns of the out-of-school adolescents, Action Health International - AHI (2011) reported that this group of adolescents are usually from the low socio-economic status and are difficult to reach because they often reside in poor communities.

Esiet (2015) pointed out that the out-of-school are socially isolated, face great personal insecurity and risks of violence to their bodies, and have few resources available to them in the community to build their confidence and give them an understanding of worlds and opportunities beyond the impoverished community in which they live. Most are already “economic actors” and key to the wellbeing of their families and community, but are without education, income earning skills, social support, basic protections, and basic knowledge about their health and bodies (AHI, 2011).

Chandra-Mouli et al. (2015) noted that when there is no investment in the health and development of adolescents, it could lead to a vicious cycle of ill health and socioeconomic deprivations, whereby female adolescents from low SES are more likely to become pregnant when compared to those from middle or high SES. Failure to address this could lead to loss of educational opportunity and employment in such young people and keep them and their children in the cycle of poverty (Chandra-Mouli., 2015). Pregnancy among adolescents is often associated with low socio-

economic status, inadequate care and poor outcomes for the mother and the baby, thus, increasing the chances of neonatal and adolescent maternal mortality (Lopez, Hiller and Grimes, 2012).

3.9.2. Patriarchy-influenced Cultural Beliefs

Worldwide, there are social and cultural movements in which the roles that men and women play in the family, society and economy are being reconsidered. The culture of the people defines the gender norms, and these are expressed through the roles of the men and women in the society, which exercise a powerful influence on adolescent sexual behaviour including their SRH (Starrs et al., 2018). Morris and Rushwan (2015) revealed the strong link between ASRH and adolescents' particular social, cultural, and economic environment. The regional variations, and experiences of adolescents with various societal, cultural and religious factors create an inhibitive environment for discussion of ASRH as many societies hold a deeply embedded sense of disapproval of adolescent sexual activity; this is often demonstrated through the stigmatisation of sexual health concerns (Morris and Rushwan, 2015). The traditional values and social practices are changing, evolving and becoming transformed epistemically in relation to power and resistance by the processes of modernisation and urbanisation. The sexual and reproductive behaviours of young people have been influenced by religion, mass media and globalisation. Thus, premarital chastity is now perceived as 'antisocial' and the values attached to female virginity are gradually fading away (Alo and Akinde, 2010)

It is in the period of adolescence that both boys and girls are deeply socialised into their gender roles and it is when the gender norms are established (Svanemyr et al.,

2015). The unequal and harmful gender norms that relate to masculinity and femininity are ever-present, with the expectation placed on young men to take sexual and health risk control and dominate decision making in relation to the young women. In contrast, the norms that relate to femininity expect young women to assume submissive roles, and not assert themselves in their sexual relationships (Svanemyr et al., 2015). The culture confers unequal status on men and women in nearly all societies all over the world, where women have fewer opportunities, less autonomy regarding their sexual behaviour, marriage and reproductive decision-making (Namasivayam et al., 2012).

Studies have shown that young men who strongly adhered to the views that men should dominate women, and women are only responsible for domestic tasks, are more likely to be involved in abuse and violence against their dating partner or wives (WHO, 2007; 2017). The studies further noted that such men are also more likely to have had STIs and abuse substances.

Namasivayam et al. (2012) argued that gender norms create a double standard in the sexual behaviour of young men and women, whereby a female adolescent who has sexual intercourse is shamed, while the male adolescents who engage in sexual intercourse are celebrated. This sends conflicting and confusing messages to the young people. Furthermore, adolescents often face judgemental attitudes regarding their sexual activity and live in societies that do not encourage any form of discussion about ASRH, with the underlying non-supportive societal, cultural and religious factors (Morris and Rushwan, 2015). Closely connected to this is the culture of male child preference, which is a common practice in many cultures in Nigeria, where the male child is accorded certain privileges to the exclusion of the female child. The

female in many instances are deprived of education and are placed at the low SES, having only sex as their negotiating tool (Duru et al., 2010).

The concept of patriarchy, as a system and an institution, refers to the system of “hegemonic” male domination both in the public and private spheres of life; a society where priority is given to men while the women’s human rights are limited by this system (Sultana (2011). A power relationship where the men dominate women, and the women are in turn, kept subordinate in many ways (Bhasin, 2006: 3). Therefore, patriarchy creates obstacles for women in advancing forward in any society where it is practised, thus according an inferior status to women in the society. The subordination of women results in lack of access to resources and decision-making (Bhasin, 2006). Sultana (2011) acknowledged that the behaviour, thoughts and aspirations of women in the patriarchal ideology is different from men because of the way the women have been taught to think, behave and act differently from the men. Patriarchy assigns the roles, rights and responsibilities that make up the qualities used to define masculinity and femininity - masculinity is defined by strength, bravery, fearlessness, dominance and completion (Sultana, 2011). Feminine attributes are delineated by caring, nurturing, love, timidity and obedience.

Lerner (1989) explained that patriarchy does not imply that women are powerless or totally deprived of their rights, influences and resources. It is the exaggeration of the biological differences between men and women. The characteristics of patriarchal system or structure are power, dominance, hierarchy and competition (Sultana, 2011). For example, in the family, all the power and authority within the family, society and in government are in the hands of men in places where patriarchy is practised. Sultana (2011) identified some of the forms of subordination experiences of women

in their daily lives - discrimination, disregard, insults, controlling behaviour, exploitation, oppression, and violence within the family, at work or in society. The forms of subordination are manifested as male child/ son preference; housework burden on the women and girls; lack of educational opportunities for girls; and lack of freedom and mobility for girls. Other forms are - male control over women and girls; wife battering; sexual harassment of women and girls; lack of inheritance properties for women; male control over women's bodies; and no control over fertility or reproductive rights (Sultana, 2011). The effects of patriarchy permeate the society and is reflected in the families, social relations, religion, schools, media, offices, and everywhere.

In societies where patriarchy system is practised, it not only informs, but also serves as the bedrock of their cultural norms and even the religious beliefs. For example, in a study conducted in the United States Schalet et al. (2014) found that the gender roles create a difficult situation for young people to make their SCC and safely negotiate their sexual lives; where the young men are encouraged and celebrated for their sexual experience but the young women are stigmatised and condemned (Schalet et al., 2014). The patriarchy is rooted in almost all the interactions around the young people with varying forms of power being exercised, which present difficult situations for young people to make their SCC.

3.9.3. Religious Beliefs

The two major religions practised in Nigeria forbid premarital sex among adolescents and extramarital sex among married couples (Ankomah et al., 2011) - the primary reason for abstaining from sex by religious young people. This religious belief further

encourages the preference for the abstinence-only sex education in most schools in South West Nigeria.

Ogunjuyigbe and Adepoju (2014) stated that religion is an important determinant of adolescent sexual behaviour and a strong inhibiting factor that prevents parents from discussing SRH issues with their children. Amoateng (2017) described religion as a social control mechanism against any behaviour that is not desired in African society. The church and mosque are believed to be responsible for and play the role of shaping the SCC of adolescents (Verona, 2011). The frequency of church attendance has been found to be an important factor that has a delaying effect on adolescent sexual initiation (Amoateng, 2017). This delaying effect of religion is achieved by encouraging the young people not to get involved in actions that they might have taken otherwise (Regnerus, 2003; 2007). Frequency of church attendance or attendance in any religious activity has been found to not only occupy the young people's time, which they could have used to engage themselves in different forms of anti-social activities, but it also ensure the inculcation of the teaching and beliefs of the particular religion (Amoateng, 2017).

3.9.4. Media

Young people in the twenty-first century prefer to obtain their sex-related information from the media, which could be television, movies, magazines, mobile devices and the internet (Sutton 2008; Adjaloo, 2011). The increase in the use of social media by adolescents from 55% in 2006 to over 80% in 2015 is an indication of information transmission to and among young people (Lehart, 2015). The evolvement of social media over the years is seen in young people sharing their personal information (e.g. real names, photos, videos, dates of birth) online and perceiving this as normal, which

was not so before (Boyd, 2014). The sharing of this personal information influences the adolescents' sexual behaviours and attitudes (Stevens et al., 2017). Anderson et al., (2001) identified considerable increase in young people's exposure to and use of media and information technology that is expected to promote educational and social development. However, with the continuous exposure to sexualised content, it promoted early initiation of sexual behaviour in susceptible adolescents. Chandra-Mouli et al. (2015) also noted that young people are often influenced by contextual factors and the pressure to conform to the media stereotypes around them with impaired judgment that exposes them to risky behaviours. Stevens et al., (2017) later argued that social media had some risk-reduction influence on the sexual behaviours of young people just like word of mouth information/ neighbourhood gossip.

3.9.4.1. *Pornography*

The first step in the socialising process for many of the adolescents is exposure to sexual media (Wright, Tokunaga and Kraus, 2016), where they observe the socially constructed human sexual behaviour considered appropriate and normal - sexual scripts (Wright, Malamuth, and Donnerstein, 2012). With this exposure, young people become increasingly exposed to sexually explicit materials known as 'pornography', which has become a primary source of sexual education for them (Sun et al., 2016), especially when other sources are unavailable. Although, it is not designed to be educational but fantasy (Lim, Carrotte and Hellard, 2016). However, providing young people with information about the human body and sexual practices, pornography functions as a form of sex education (Lumby and Albury, 2008), and this exposure increases a sense of sexual competence and freedom in adolescents, thus decreasing any form of shame. Buhi et al. (2009) linked the high rates of exposure to

pornography to the leading role of the internet in the sexual education of young people. This could be in the form of advertisements, television shows, magazine articles and social media content (Vandenbosch, 2017). In addition, some young people do not deliberately seek out pornography but they become exposed by being regular users of the internet while searching for something else via direct messages, junk mail or pop-up advertisements (Livingstone and Helsper, 2008). The sexual behaviours often depicted in pornography is overwhelmingly centred on women, who are often portrayed as sex objects and acts of violence and dishonour take place towards women, thus, representing patriarchal constructions of toxic masculinity and femininity, with a turn away from intimacy and tenderness towards women (Sun et al., 2016). Sexual behaviours adopted due to pornographic influence impact negatively on relationship quality and feelings of intimacy. Stewart and Szymanski (2012) found that females who are exposed to pornography experience feelings of inadequacy and low self-esteem when compared to other women who had no such exposure. Exposure to pornography as children around the age of 13 years (Wolak, Mitchell, and Finkelhor, 2003), and continuous exposure tend to increase interest in more varied forms of pornography (King, 2015), indicating a high tendency for addiction to pornography.

Sexual activity that is early/ quick, more permissive attitudes towards casual sex, and high likelihood of engaging in risky sexual behaviours (anal sex, multiple partners, drug and alcohol use during sex) have been associated with the exposure to pornography (Brown and L'Engle, 2009). Other forms of harmful behaviours and risks that young people face when they become exposed to pornography include - tendency for substance use, sexual aggression, sexual harassment, perceiving

women as sex objects and instrumental attitudes towards sex (Carroll et al., 2008; Peter and Valkenburg, 2009; Owens et al., 2012; Bloom and Hagedorn, 2014).

3.9.5. Attitudes of Health Professionals (Nurses and Midwives)

Many people influence the SCC of adolescents including their access SCI. These include their parents, family members, teachers and health workers, especially nurses. The International Federation of Gynaecology and Obstetrics (FIGO), however, singled out the attitude of the healthcare providers as a major barrier to sexual and contraceptive care for the young people (FIGO, 2011). The documented evidence of situations where many of the nurses prevent adolescents from using the services due to their judgmental attitudes, lack of confidentiality and disrespect (Morris and Rushwan, 2015). The attitudes of health care workers, especially nurses, contribute to ASRH problems and hinder the accessibility and utilisation of sexual and contraceptive services among the adolescents. This occurs when the personal beliefs of the individual nurses become reflected in their negative attitudes and behaviours that affect access and utilisation of SRH care to the adolescents.

The health professionals that are often at the forefront of many health facilities that people consult for their SRH needs and care are the nurses and midwives in Nigeria. The major reason given from previous studies why young people do not access and utilise SRH care is the negative behaviour and attitudes of the nurses and midwives, which discourage young people from attending the sexual health clinics to seek for SRH care or follow up visits (Jonas et al., 2017; Kaphagawani and Kalipeni, 2017). These negative behaviours and attitudes make it difficult for adolescents to obtain contraceptives at the sexual health clinics as well as the social stigma attached to adolescents seeking contraceptive services.

The Association of Women's Health, Obstetrics and Neonatal Nurses (AWOHNN), while emphasising the important roles of nurses in ASRH stated in their position statement on confidentiality in adolescent care that it is the responsibility of nurses to provide safe, high quality and confidential health care to adolescents. This will make young people comfortable with disclosing their sensitive health care information in order to receive adequate health care with increased client satisfaction (AWOHNN, 2017).

3.10. Theoretical Frameworks

The last section identified and presented the studies on the channels through which adolescents experience power in their SRH. These include – their SES, patriarchy-influenced cultural beliefs, religious beliefs, media and pornography, and the attitudes of healthcare professionals towards young people.

This section presents a review of Foucault's concepts of Governmentality and power. There have been many debates and conceptualisations of power, either in social life or in government, however, the concept of power that applies to this study is the Foucauldian perspective from Foucault's theories of governmentality and power. Foucault's concept of power explains the influence of power in the process by which the adolescents' in this study make their sexual and contraceptive choices within their contexts.

3.10.1. *Foucault's Concepts of Governmentality and Power*

Foucault described governmentality as a process where an individual governs self and others. He defined it as:

“the ensemble formed by the institutions, procedures, analyses and reflections, the calculations and tactics that allow the exercise of this very specific albeit complex forms of power, which has as its target population, as its principal form of knowledge political economy, and as its essential technical means apparatuses of security” (Foucault, 1979, p.20).

In the above definition, Foucault explains what governmentality entails - 'to conduct/govern others and oneself'. Hence, governmentality is about how to govern, including the tactics, strategies, programmes involved in shaping the beliefs of others. The process of conducting the self and others, - which involves the exercise of power in order to change, shape or mould the conduct of an individual or group. Therefore, governmentality is a complex system of power relations.

Foucault gave a genealogy of power where he described power as having evolved from the penalty/ punishment mode that involved controlling citizens by means of using the power of the state to instil fear in the 'subjects', which he called sovereign power. He argued that society then moved to a disciplinary power that produces 'truth regimes' or knowledge and 'subjects', and lastly, to a biopower mode that produces a 'population where only the disciplinary power is used and the sovereign power is considered less important (Foucault, 1978; 1979). The focus of sovereign power is obedience to the law of the king/ authority. However, Foucault argued that the sovereign power has been taken over by disciplinary power (Foucault, 1983). Foucault (1979) acknowledged that disciplinary power, bio-power and pastoral power are different ways of exercising power. Disciplinary power is internalised by the subjects rather than exercised from above - dispersed through the society rather than located in a single individual or government body - and primarily works through institutions like

the family, schools and cultural norms. Foucault, in his 'History of Sexuality' (Foucault, 1983) describes the emergence of what he called 'biopower', which is another form of technology of power that the government uses to monitor and control the birth and death rates of the population, their sexual practices and public health (Foucault, 1983).

Hence, the focus of biopower is the population and not the individuals.

From the above, Foucault analysed majorly three forms of power, which he also referred to as 'technologies of power'. These are 1) Sovereign power, 2) Disciplinary power, and 3) Biopower/ Pastoral power. Foucault argued that his concept of power is not a 'thing' but a 'force' that is 'relational', and a 'multiplicity of force relations' (Foucault, 1980). The 'force', according to Foucault does not necessarily mean physical force, but 'force relations' refers to a relationship between two or more individuals. This brings up his concept of 'relational power' as opposed to other forms of power. In the context of the ASRH, adolescents relate and interact with different people in making their SCC. From the review of literature, young people interact with their parents, family members, teachers, peers and people in the society. According to Foucault, these interactions between and among the young people and others involve relations of power, hence he described power here as 'immanent' (Foucault, 1978: 94), that is, power exists in all human relationships. Foucault implied that the individuals in society have the ability to exercise actions on one another in various ways that may involve reactions and counteractions (Foucault, 1980). Foucault gave the name 'power' to this complex strategic situation in human society and interactions.

In order to define relational power, which is the major focus in Foucault's governmentality, he described the features of his concept of relational power by using five different approaches to define what power is. Foucault pointed out that power, apart from being relational is also productive, and not just repressive (Foucault, 1980). This opposes the conventional approach to power where power is exerted in a way that excludes, represses or censors individuals. For Foucault, power is productive - it produces in the individual other things like knowledge and truth (Foucault, 1980). He argued that knowledge is twisted together with relations of power in a complex manner such that advances in knowledge are associated with advances and developments in the exercise of power (Foucault, 1977). The exercise of power brings out certain information/ knowledge as the outcome, as the reaction or response to the power being exercised. In the ASRH, sex education, particularly the CSE, is a response or reaction to the exercise of power on the adolescents in order to prevent negative consequences on the future health of young people and to enable them to negotiate safe sex lives.

Foucault's relational power is in constant operation between individuals, and not owned by an individual or group of people. Power operates at the micro levels of human social relations; hence, it is everywhere and comes from everywhere - Foucault described this attribute of power as 'omnipresence' (Foucault, 1978: 93). He explained that since power is in constant operation between individuals in a society, therefore, it spreads across and infiltrates every aspect of human social life. This means that everyone exercises power and exercises the power over someone else. In young people's SRH, almost everyone that the adolescents interact with influences

the young people's SCC either directly or indirectly, especially with regard to disciplinary power, which involves the power of enforcing social norms.

Foucault defined his concept of power as “a total structure of actions...that incites, induces, seduces, makes easier or more difficult; in the extreme it constrains or it forbids absolutely; nevertheless it is always a way of acting upon an acting subject or acting subjects by virtue of their acting or being capable of action” (Foucault, 1980). Power is thus produced from one moment to the other, and it is present everywhere, that is, it is generated everywhere that individuals interact in any society - the third approach. In the conventional approaches to power, it is perceived as something that is valuable and can be possessed by an individual or group of people. Foucault, however, describes power as relational and normal, it is expected in human interactions in a society. This attribute of power drawn from Foucault presents power from more neutral perspective, as opposed to the general notion of power that is associated with negativity. The etymological origin of “power” is a Greek word that is translated as “dynamism”, which describes Foucault understanding brilliantly.

The presence of power everywhere makes its relations dynamic and omnidirectional (Foucault, 1980). He noted that power comes from below and extends across society (Foucault, 1978: 94). Foucault argued that the exercise of power is not just a one-way, top-down approach; rather, it could be bottom-up, especially when considering the fact that resistance should be expected when power is exercised. By this, individuals tend to influence each other and there is not just one person or group of people influencing only another person or another group, but the exercise of power moves from one individual to another irrespective of the imbalance in the power.

When young people internalise an awareness that they are under the surveillance of their parents, they conform to social norms and the expectations of their parents. The adolescents self-monitor their behaviours to spare their parents shame.

Foucault described power relations as intentional and non-subjective (Foucault, 1980). The intentionality of power is stated in the aims and objectives for exercising the power (Foucault, 1980), and the non-subjectivity occurs because power relations do not occur based on the individual choice or decision. This implied that the exercise of this power is associated with some level of intentionality, as it involves planning, coordination and decision-making. A major criticism in relation to Foucault's relational power is the argument that the concept of relational power does not consider the agency of the individual since the focus of governmentality is on constituting subjectivities and determining behaviour (Caldwell, 2007).

Foucault argued that power is war. Foucault proposes that power should be thought of in terms of domination, law or sovereignty, because power involves strategies, struggles and tactics which he sees as similar to military planning and battles (Foucault, 1980). In the adolescents' SRH, the parents of the adolescents, teachers, peers, beliefs and norms, and even government interventions employ all different kinds of plans, strategies and techniques in the exercise of power over adolescents.

The last approach used by Foucault to define power is based on the constant and continuous operation of power. He argues that there is a tendency for imbalance or lack of proportion in the exercise of power (1983). Foucault attributes this to be the major cause of resistance to power. The last attribute of power in a normal context, from Foucault's perspective is resistance, which often results from the inequality of

power relations. In a normal context, when the individual tries to control or influence the behaviour of another person, there will be an inevitable and automatic response, reaction or outcome of that power, which Foucault described as 'resistance'.

According to Foucault, "when there is power, there is resistance, and yet...this resistance is never in a position of exteriority in relation to power" (Foucault, 1978: 95). Although Foucault did not illustrate what he meant by resistance with any example in his writings, he argued that resistance is not a matter of choosing to resist power or not, but that the resistance will always arise wherever there is exercise of power. This suggests that in young people's SRH, resistance should be expected from the young people as a response, reaction or outcome of the exercise of any form of power on them - either through subversion (sovereign power), internalised through norms (disciplinary power) or as a group/ population of young people against institutions (biopower).

Foucault's concepts of governmentality and power explain how power relations influence young people's sexual behaviour, through their relationships among themselves and with significant others. Adolescents' sexual behaviour is constantly monitored through the agents of socialisation - home, school, religious organisations. All these serve as forms of control, but at the same time, they prevent or limit the access of the adolescents to the needed SCI from the appropriate people.

3.11. Summary of Chapter 3

From the review of the current literature, it is clear that there are many influences around the making of sexual and contraceptive choices by adolescents. None of the studies explored how power relations influence the sexual behaviours of young

people, and the choices they make based on these influences. Besides, none of the studies on ASRH have explored the influence of power on the 'hard-to-reach' OS adolescents. The existing studies identified the influence of power on the effectiveness of the interventions that are in place to meet young people's SCH needs, but there is a lack of robust evidence about the influence of power relations on the young people themselves, by looking at their needs through their own lens. The magnitude of adolescents' SCH needs is enormous in SSA, particularly in Nigeria, according to the reviewed studies and reports. Yet there is no effective intervention to meet the SCH needs of the young people in order to ensure that they live informed, empowered and healthy sexual lives, and ultimately reduce drastically the high maternal mortality rate in Nigeria. In Chapter 4 I will discuss how I chose the methodology and the rationale for the approach that I adopted for this thesis.

CHAPTER 4: RESEARCH DESIGN AND METHODOLOGY

4.1. Introduction

The literature review has provided an insight into adolescent sexual and reproductive health (ASRH), particularly the influence of power in their sexual and contraceptive choices (SCC). A critical review of relevant literature on adolescent sexual behaviour and the influences on these sexual behaviours have been provided. In South West Nigeria, the sexual behaviour of adolescents with different negative outcomes, especially with regard to maternal mortality, is of great concern, despite the existing interventions and policies on ASRH. However, the literature review revealed that there is a dearth of evidence relating to the influence of power on the sexual experiences of adolescents from their perspectives. In addition, there were minimal studies that explored the sexual experiences of the out-of-school young people in order to identify the influence of power on their SCC. This study therefore aimed to address these gaps identified in relation to the influence of power relations on the SCC of the adolescents in South West Nigeria (see aims and research questions in Chapter 1).

In this chapter, I will present a detailed account of the methodological approach that I used to address the research questions and the justifications for the approach. The chapter will begin with the aim of this study and an outline of the research questions. This will be followed by the philosophical assumptions underpinning this research. The next section will present an explanation, justification and critique of the

methodology for this thesis. This will include the justification for exploring the influences of power relations on adolescents' SCC using a qualitative approach. The problems associated with the interpretative approach will be thoroughly examined and the reflexivity process that I used to handle the possible interference of my position - 'self' in the conduct of the study.

In the latter part of the chapter, there will be a reflection on the way that the study was conducted, including the challenges and decisions made relating to the research. This involved handling the interactions between the research questions, the participants and the researcher. It also included coping and dealing with ethical issues in the different study settings. This is closely followed by a section on the systematic process of how the data analysis was undertaken, and finally the methodological rigour of the study.

4.2. The Research Aims and Questions

The research aims and questions were developed based on interactions with young people in Nigeria and the observed link between adolescents' sexual behaviours and the very high maternal mortality in Nigeria. In order to explore the influences on the adolescents' sexual practices and contraceptive use, the following aims and research questions were formulated:

a) the views and experiences of the Nigerian adolescents in regard to their SCC including sexual initiation (which refers to the first penetrative sexual intercourse during adolescence) and contraceptive use, and, b) the influence of gender and socioeconomic status in the Nigerian adolescents' accounts of their sexual practices and contraceptive use. The specific research questions were:

1. In the experiences of Nigerian adolescents, what factors enable or constrain them in making informed choices about their sexual practices including sexual initiation and contraceptive use?
2. To what extent and in what ways do the young people describe their experiences and their choices regarding sexual practices including sexual initiation and contraceptive use as involving risks, uncertainties and vulnerabilities, and how do they respond to these?
3. How does gender and socio-economic status shape the views and experiences of the young people in school and out-of-school in their choices regarding sexual practices including sexual initiation and contraceptive use?

These questions assisted the researcher to focus on the appropriate research, fields to be studied and the data analysis. The process of answering the research questions is addressed in the following section. Firstly, by clarifying the philosophical assumptions and methodological approach guiding the study.

4.3. A Brief Summary of the Methodology

To answer the research questions, I adopted the relativist ontology, which assumes that truth is relative to the social contexts of the participants; and interpretivist epistemology that seeks to have a deep and emphatic understanding and interpretation of the phenomenon and the participants within their contexts. The ontology and epistemology inform the choice of the qualitative interpretive approach, and the use of group and individual interviews for the data collection. Table 4.1 presents an overview of the specific numbers of group and individual interviews conducted, while tables 4.2 and 4.3 present the demographics of the OS and IS participants respectively.

Table 4.1: Summary of the group and individual interviews conducted

	Group Interviews				Individual Interviews			
Type of Adolescents	Setting 1		Setting 2		Setting 1		Setting 2	
	Male	Female	Male	Female	Male	Female	Male	Female
IS	1	1	1	1	3	3	3	3
OS	1	1	1	1	3	3	3	3
	2	2	2	2	6	6	6	6
Total	8				24			

Table 4.2: OUT-OF-SCHOOL STUDY PARTICIPANTS' INFORMATION

S. NO	PSEUDO NAMES	SEX & TYPE OF PARTIC.	AGE (Yrs.)	EDUC. STATUS	FATHER'S EDUCAT. STATUS	MOTHER'S EDUCAT. STATUS	ACCOMM. TYPE	RESID. AREA
1.	Sam-Kay	M, OSM	18	Apprentice Barber	Don't know	Don't know	Rented	Semi-Urban
2.	Gucci Mayne	M, OSM	17	Apprentice Barber	Sec. educ.	Sec. educ.	Rented	Semi-Urban
3.	Shorty	M, OSM	19	Apprentice Aluminium fabricator	Don't know	Pry. Educ.	Owned	Semi-Urban
4.	Blacky	M, OSM	17	Apprentice-Mechanic	Pry. Educ.	Pry. Educ.	Rented	Semi-Urban
5.	TY	M, OSM	18	Apprentice Computer Engr.	National Diploma	Sec. educ.	Owned	Semi-Urban
6.	Potable	F, OSF	19	Apprentice	Sec. educ.	Sec. educ.	Rented	Semi-Urban
7.	Olasco	F, OSF	19	Apprentice/Student	Sec. educ.	Sec. educ.	Owned	Semi-Urban
8.	Damzy	F, OSF	19	Apprentice	Sec. educ.	Sec. educ.	Rented	Semi-Urban
9.	Roxy	F, OSF	18	Apprentice	First degree	Sec. educ.	Owned	Semi-Urban
10.	Olizzy	F, OSF	18	Apprentice	Sec. educ.	Sec. educ.	Rented	Semi-Urban
11.	Sharko	M, OSM	19	Apprentice	Sec. educ.	Sec. educ.	Owned	Urban
12.	AY	M, OSM	17	Apprentice	Sec. educ.	Sec. educ.	Owned	Urban
13.	AM	M, OSM	19	Apprentice Mechanic	No educ.	No educ.	Owned	Urban
14.	M.S.	M, OSM	18	Apprentice	Sec. educ.	Sec. educ.	Owned	Urban
15.	Abbey	M, OSM	19	Apprentice	No educ.	No educ.	Owned	Urban
16.	Omo Master	M, OSM	19	Apprentice	Sec. educ.	Sec. educ.	Owned	Urban
17.	Baby Girl	F, OSF	19	Apprentice Shoe making	Pry. Educ.	Pry. Educ.	Rented	Urban

18.	Tit Ped	F, OSF	19	Apprentice Fashion designer	Sec. educ.	Sec. educ.	Rented	Urban
19.	Rokky Baby	F, OSF	16	Apprentice Fashion designer	First degree	Sec. educ.	Owned	Urban
20.	Flakky	F, OSF	16	-	No educ.	No educ.	-	Urban
21.	Megavine	F, OSF	19	Apprentice Fashion designer	Sec. educ.	Sec. educ.	-	Urban
22.	Golden Son	M, OSM	18	Apprentice	First degree	Sec. educ.	Rented	Urban
23.	AdeTom	M, OSM	17	Apprentice Aluminium	Sec. educ.	Sec. educ.	Rented	Urban
24.	Kiss Cash	M, OSM	19	Apprentice	Pry. Educ.	Sec. educ.	Owned	Urban
25.	Nikky	F, OSF	19	Trainer	Sec. educ.	Sec. educ.	Owned	Urban
26.	Fumzy-Glory	F, OSF	19	Salesgirl	Sec. educ.	Sec. educ.	-	Urban
27.	Hollamy	M, OSM	18	Apprentice Tailoring	Sec. educ.	Sec. educ.	Rented	Urban

Table 4.3: IN-SCHOOL STUDY PARTICIPANTS' INFORMATION

S. NO	PSEUDO NAMES	SEX & TYPE OF PARTIC.	AGE Yrs.	EDUC. STATUSES	FATHER'S EDUCAT. STATUS	MOTHER'S EDUCAT. STATUS	ACCOMM. TYPE	RES. AREA
1.	Yoga	M, ISM	18	Student	PhD	First degree	Owned	Urban
2.	Hulk	M, ISM	18	Student	Master's degree	Master's degree	Rented	Urban
3.	Sukky	M, ISM	17	Student	Medical doctor	First degree	Owned	Urban
4.	Dada	M, ISM	19	Student	Don't know	Don't know	Owned	Urban
5.	Nonye	M, ISM	17	Student	Chemical Engr.	-	Rented	Urban
6.	AJ	M, ISM	17	Student	First degree	First degree	Owned	Urban
7.	Princess	F, ISF	18	Student	Master's degree	National Diploma	Rented	Urban
8.	TomTom	F, ISF	18	Student	Don't know	Business	Owned	Urban
9.	F. K.	F, ISF	18	Student	Don't know	Business	Owned	Urban
10.	Gift	F, ISF	17	Student	First degree	Business	Owned	Urban
11.	O. S.	F, ISF	16	Student	Medical doctor	First degree	Rented	Urban
12.	Ebony	F, ISF	16	Student	First degree	First degree	Owned	Urban
13.	Miz Adomeliza	F, ISF	17	Student	Don't know	Don't know	Owned	Urban
14.	OVA	M, ISM	17	Student	Don't know	Teachers' Certificate	Rented	Urban
15.	JohndBest	M, ISM	18	Student	Don't know	Don't know	Owned	Urban
16.	Princy	M, ISM	19	Student	Don't know	Don't know	Owned	Urban
17.	Dhammie	M, ISM	17	Student	Master's degree	First degree	Owned	Urban
18.	Sims	M, ISM	16	Student	Accountant	National Diploma	Owned	Urban

19.	Beauty	F, ISF	16	Student	Primary education	First degree	Owned	Urban
20.	Tabitha	F, ISF	17	Student	Secondary education	Secondary education	Owned	Urban
21.	Winnie	F, ISF	18	Student	Master's degree	First degree	Rented	Urban
22.	Goldieberry	F, ISF	19	Student	Master's degree	Don't know	Owned	Urban
23.	Black	F, ISF	17	Student	Master's degree	Secondary education	Owned	Urban
24.	TJ	M, ISM	18	Student	First degree	First degree	Owned	Urban
25.	Debiana	F, ISF	18	Student	First degree	Secondary education	Owned	Urban

4.4. Philosophical Assumptions Underpinning the Study

Hathcoat, Meixner and Nicholas (2017) claimed that the framing of a piece of research is based on the assumption of the underlying nature of reality, how the reality is understood, and the knowledge obtained from understanding and investigating social phenomena. A number of philosophical considerations are raised when the researcher decides to study the social world. These issues relate to how the ontological and epistemological perspectives of the research, both determine the suitable methodology. Both the ontology and epistemology are independent of each other and could either guide or force the researcher into appropriate methodology (Braun and Clarke, 2013). There are different ontological and epistemological perspectives appropriate for different types of studies; - they guide the researcher into asking different kinds of questions, with emphasis on coherence with the particular ontology and epistemology found suitable for the kind of study.

4.4.1. *Ontological Perspective*

The decision of a researcher to carry out a study is associated with issues that are concerned with the nature of reality (Ritchie et al., 2014). The key ontological concerns are about the existence of a social reality that is independent of human conceptions and interpretations. Ontology refers to the positions taken by the researcher toward the nature of reality or an object of investigation, while epistemology are the positions that reflect the stances toward the meaning and process of obtaining the knowledge (Hathcoat, Meixner and Nicholas, 2017). Crotty (2003:10), defined ontology as “the study of being”- the investigation of the nature of existence and the structure of reality. Guba and Lincoln (1994) stated that the ontological questions like “what is there to be known?” or “what is the nature of reality?” is informed by the use of the senses and consciousness. In this study, I found that the world of the young people I investigated is essentially a social world of meanings, with their thoughts, interpretations and meanings. These thoughts, meanings and interpretations are shared in a context-specific and subjectively perceived reality. Thus, the ontological position that I found appropriate for this study is relativism. This is because relativism assumes a diversity of interpretations (Hugly and Sayward, 1987:278), and a view of subjective interpretation, which differs from one person to another person (Guba and Lincoln, 1994:110). Relativism assumes that truth, what is right, and different people’s justifications are products of different conventions, frameworks of assessment (cultural norms, individual standards), and their authority is context specific (Baghramian and Carter, 2015). There are many realities, which are constructed by different individuals. Therefore, the interaction between the aspects of an independent world and language bring about the construction of reality.

Consequently, in order to gain an understanding of power relations in the SCC in the adolescents' 'world', I tried to find out what it is like to be an adolescent. Considering the fact that there are diverse opinions about what constitutes reality, to understand how the reality is measured; and what constitutes the knowledge of that reality, then I need to discuss the epistemology.

4.4.2. Epistemology

While ontology deals with the nature of reality, that is, 'what is', epistemology on the other hand focuses on 'a way of understanding and explaining how we know what we know' Crotty (2003: 3). For this study, this relates to how young people make their SCC amidst the power relations that they experience. What experiences have they gone through in their lives to inform their 'knowing' of the nature, scope and sources of their knowledge? This points to the need to explore the experiences of making SCC by the adolescents in order to have a shared representation of social reality (Siddiqui, 2005). Therefore, "epistemology provides a philosophical grounding for deciding what kinds of knowledge are possible, adequate and legitimate" (Maynard, 1994:10). Regarding the epistemology for this study, I found the interpretivism stance appropriate. The construction of knowledge and meaningful reality consists of close interaction between individuals and their world such that they are developed and transmitted in a social context (Crotty, 1998, p. 42). Therefore, the understanding of the social world is from the perspectives of individuals who are participating in it (Cohen et al., 2007, p. 19). Interpretivism aims to bring into consciousness hidden social forces and structures.

The close link between the ontological position about what constitutes social reality and the epistemology that reflects the views about the most appropriate ways to enquire into the nature of the world (Easter-Smith et al., 2002), reflects the complementary nature of the philosophical positions. For example, Crotty (1998: 10) stated that the ontological stance implies a particular epistemological stance and vice versa, that is, to talk about the construction of meaning (epistemology) is to talk of the construction of a meaningful reality (ontology). In this thesis, my ontological position is that reality as we know it is constructed inter-subjectively with multiple realities that are context-specific, which can only be known and understood through the meanings developed socially and experientially from the young people's narratives. Therefore, my way of 'knowing' is through the exploration of the young people's experiences, views, understandings, interpretations and interactions that are meaningful parts of the social reality. Related to this is my epistemological position that an acceptable way to discover the ontological properties is to interact with the adolescents, talk to them, listen to them and gain access into their accounts and narratives. My study examines and explores the 'world' of the young people in South West Nigeria, specifically their SCC amidst strong power relations. I therefore halt this research in order to understand the social phenomenon and capture views, subjective experiences, feelings and perceptions important for making SCC. I sought the perceptions of adolescents about their constructions of meaning - as an insider or 'emic' understanding rather than imposing my outsider views on them (Blaikie, 2000), taking into consideration the dynamic and complex environment that surrounds their SRH.

Therefore, an interpretivist approach involves people understanding people as they actively construct their social world, by studying the people in their natural environment, without the researcher's intervention or manipulation (Ahmed, 2008). The interpretivist approach is situated within subjectivism and is characterised by the ontological assumptions that attempt to understand both the intention and the context of human actions. This process of understanding or interpreting is considered as achieving 'Verstehen' - a deep, emphatic understanding (Chowdhury, 2014).

In summary, this section presented the ontological and epistemological positions of my thesis. I have adopted the interpretivist approach, which accepts that there are multiple meanings and ways of knowing, and thus acknowledge that objective reality can never be captured, except through representations. My standpoint is to understand and present the findings only through the participants' own context. With these clarifications, the next discussion is the methodological approach.

4.5. Methodology

This section focuses on how the research methodology is used to answer the research questions in this thesis. This involves immersive involvement and careful consideration of the researcher in the sexual and contraceptive lives of young people and use both the school and outside school settings as data sources by gaining 'first-hand experience' of the culture (Mason, 2002). This indicates the need for a research approach that values discourse data that the interpretive approach provided for. The section explains the justification for the choice of a qualitative interpretative approach and the reflexive position adopted by the researcher in order to maintain the quality of the study. Then the rationale for adopting a qualitative research design is provided.

4.5.1. Rationale for Qualitative Research

Silverman (2017) notes that a methodology refers to the choices that the researcher makes about cases to study, how to collect data, data analysis forms, and other things involved in the process of planning and executing a research study. In this study, the methodology is coherent with the ontological and epistemological positions already discussed. The connection and relationship in these concepts are portrayed in Fig 4.1:

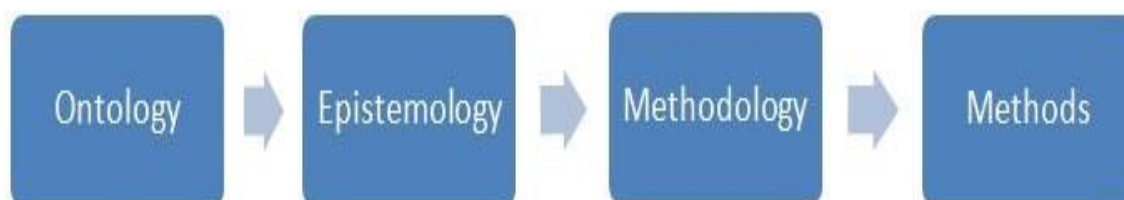


Fig. 4.1: Connection and Relationship of the Concepts
Adapted from Gray (2014) and O’Gorman and MacIntosh (2015)

The literature review indicates that the majority of the existing studies are quantitative with very few mixed studies that examined adolescents’ sexual behaviours, and the influence of power in the sexual behaviours of young people. The few mixed studies focused on the in-school adolescents with the use of surveys, while the out-of-school adolescents in Nigeria are often left out. This is one of the identified gaps in the literature related to adolescents’ SCC. The existing studies have not contributed significantly to how the adolescents in South West Nigeria make their SCC. From this study’s methodological approach, I was able to identify and analyse unexpected issues that arose during the process of interactions with the participants. My passion is the exploring of how the young people make their SCC, and the influences that surround this process, as well as how these can assist in lowering the female

adolescents' contribution to the high maternal mortality in Nigeria. Therefore, I sought to understand the complexity and contradictions of social situations, processes and relationships of the young people, by choosing a qualitative approach as the most suitable approach to achieve the aims of this research and answer the research questions.

The decision on research methodology was based on a number of factors with the major consideration being that the ontological and epistemological positions show an inclination towards an interpretivist approach (qualitative study). The selection of this methodology is found appropriate as the means of gaining an in-depth understanding of the sexual and reproductive lives of young people. The interest is in the process and not simply the outcomes of the influences on the SCC of young people. A qualitative approach is found suitable when the understanding of the phenomenon of interest is a function of personal interactions and perceptions of people who are (Barbour, 2011). Qualitative approaches assist the researcher by providing the necessary insight into understanding the participants' role in the event as well as their perceptions of the experience. The approach, which could explore a wide range of issues that relate to the social world and social phenomena, was found to be appropriate for the aims of this study (Creswell, 2007).

4.5.2. Use of reflexivity

Reflexivity is considered an important concept in qualitative research because of its focus on the greatest underlying threat to the accuracy of qualitative study outcomes (Roller, 2012), which is the interaction between the interviewer and the interview participants. Lambert, Jomeen, and McSherry (2010) describe reflexivity as entailing

self-awareness in which the researcher is actively involved in the research process as a part of the social world of the participants that is being studied. Reflexivity therefore helps the researcher to thoughtfully consider that there is an asymmetrical power relation between the researcher and the interview participants. Cuthill (2015) discussed the 'positionality' of the researcher that qualitative research is co-constructed by the researcher and the researched, especially since the qualitative researchers are also part of the human interaction.

One of the ways by which I considered my positionality is the use of a reflexive journal, where I wrote the details of how I may have influenced the result of the interview, and this is included as a part of the research design. There is the belief that in qualitative research, who the researcher is - makes a difference in the findings of the study, as the researcher is considered as part of the research instrument since objectivity is not present in qualitative research studies (Dogson, 2019). The inclusion of the positionality of the researcher in relation to the study suggests transparency and clarity.

Wilkie (2015) suggests that reflexive thinking throughout the process of the study, on self (researcher) and making the research process the point of analysis will greatly reduce the risk of being misled by the researcher's experiences and interpretations. Figure 4:2 shows the process of reflectivity in qualitative in-depth interview as described by Wilkie.

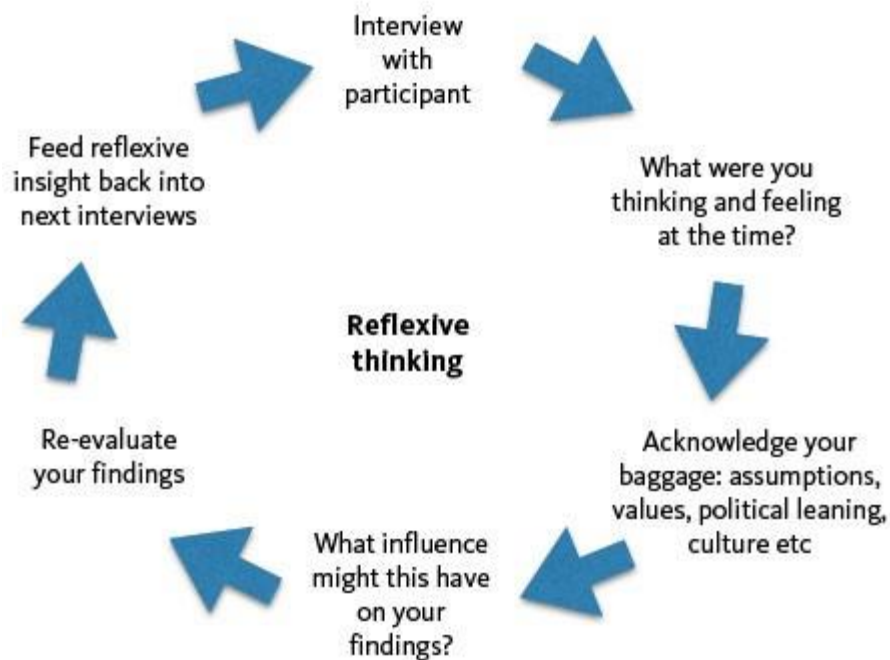


Fig 4.2: Reflexivity process (Adapted from Wilkie, 2015)

In this study, with my understanding of my professional and personal roles, I tried to eliminate the effects of all these in the conduct of the research study. In the next section, I explore the process of reflexivity used in this study.

4.5.2.1. Personal reflections on the research

This PhD journey started with a passionate interest that is based on many years of interacting as a nurse with adolescents especially in relation to their SRH. I discovered that the majority of the adolescents I interacted with in Nigeria enter that stage of life with little or no preparation for or guide to expect and how to deal with the challenges associated with their sexual practices and contraceptive use. Previous studies that I engaged with revealed that adolescents in Nigeria lack SRH information, and this was responsible for their alarming SRH outcomes and maternal mortality. This informed my initial desire to carry out an intervention study on the influence of

adolescents' contraceptive knowledge. Nevertheless, I carried out a rigorous review of related studies in which I initially examined the theories of risk and resilience that both guided the formulation of the aims and the research questions. However, during my first year, I realised the need to first explore adolescent sexual behaviour and its influences in order to establish the SRH need before carrying out an intervention. Engaging with literature in social sciences opened new ways of thinking and enabled me to discover the need to explore the major influences on the SCC of young people.

However, I noticed that the young people that I met and interacted with lacked support and guidance on how to negotiate safer sex lives in a way that will promote an informed and healthy SRH. In addition, my critical engagement with relevant literature led to a much more nuanced understanding of the concept of adolescence, and particularly adolescent sexual behaviour. As a result, this led me away from an experimental design, to explore qualitative approaches to ASRH, which I first intended to do at the beginning of this doctoral programme. Hence, the focus of this study to identify from the adolescents' perspectives their ability to safely negotiate informed, safer and healthy SCC.

4.5.2.2. Examination of my positioning within the research process

As the sole researcher in this study, I hold a particular role as a professional nurse, midwife and a family planning service provider with the knowledge and clinical experiences in SRH. I have worked in several health facilities at secondary and tertiary levels of health care in South West Nigeria. Hence, I have gained a well above average level of skill and knowledge regarding adolescent SRH. In addition, I have been

teaching ASRH for about 8 years to nursing and public health students in a private university in Nigeria.

This study draws on the process used by Attia and Edge (2017) to employ reflexivity in their study, whereby they proposed that reflexivity has two interacting elements - prospective and retrospective. Prospective reflexivity refers to the effect of the whole-person-researcher on the research, while retrospective reflexivity deals with the effect of the research on the researcher (Edge, 2011). In this study, I reflected prospectively on the following:

Mann (2016: 28) opined that reflexivity is 'focused on the self and ongoing intersubjectivities that include mutual shaping, reciprocity, bi-directionality, and that interaction is context-dependent and context renewing'. My role as a lecturer affords me the opportunity of having constant interactions with young people within and outside the university system. I met with adolescents who were at different stages of adolescence struggling with making choices on whether to have sex or not, and whether to use contraceptives or not. This is possibly due to the presentations that some female colleagues and I made against sexual harassment in tertiary institutions in South West Nigeria, which was done among faculty, staff members and students in the universities. This exposed me to the challenges faced by young people in making their SCC. I reflected that recruiting some of the students who might have interacted with me for my study could make them feel that their sexual behaviours are monitored.

During my professional practice, particularly as a family planning service provider, with my sociocultural background and cultural influences, seeing a young person

coming for sexual health services was perceived an anomaly. Such adolescents would not be received at the sexual health facility and would definitely be sent back with a threat to report him/ her to their parents. Unfortunately, the situation remains the same in sexual health clinics regarding this approach to young people. However, over the years, with more knowledge and exposure to evidence-based studies, I reflected on the negative ways that the professionals who should support adolescents with the right information and services to enable them to negotiate safer sex are treating the young people and the negative effects this has on the adolescent sexual behaviour.

In the recruitment of the in-school study participants especially in one of the universities where I lecture, some lecturers assisted me to talk to their students about my study so I could recruit interested students. However, the majority of the students that initially showed interest refused to turn up at the time of the scheduled interview. Some of the in-school young people gave excuses that they were very busy or did not have time for taking part in sex-related studies. Then I decided to talk to and recruit the study participants myself and not through anyone. This method helped me to talk to the participants about my study, many of them indicated interest in participating in my study, and they turned up for the study as promised.

As a mother of two adolescents - female and male (16 and 13 years respectively when I started my PhD study) - I reflected on the possibility of my children going through the same experiences as those young people I interviewed without letting me know. I also reflected on my position as a parent, getting to know how young people negotiate their sex lives independent of their parents, and their exposure to

exploitation, abuse and violence without the parents' knowledge. On the other hand, I also reflected retrospectively on situations where the young people narrated their unpleasant sexual experiences, trying to perceive their unpleasant experiences from a parent's point of view, and putting my adolescent son or daughter in the situation. I found this overwhelming at some points in the research process.

4.5.2.3. Examples of my positioning during the research

I will present this section as the key issues that came up before, during and after the data collection and how I dealt with those issues.

Personal preparation for the interview. During the preparation for the interview, just before the first group interview, I suddenly became nervous and very conscious of how I was going to ask my questions. I was scared of not asking the proper questions, which I felt could make the young people refuse to talk to me. I was also informed by my supervisors about the possibility of the young people seeing me as a "mother figure", and the effect this might have on their responses to the questions. Therefore, before starting the interviews, I decided not to dress like a married woman (as expected in the culture) but like a young lady, I wore trousers, removed my wedding band, didn't drive my car, but rather chartered a cab down to the Community Centre. I did this in the first few interviews with the out-of-school adolescents, but to my surprise, I realised that they were not bothered about my dressing. Rather, they told me that they needed an adult, they could trust, confide in and express their inner feelings to without any criticism or judgment. I felt happy that these young people saw 'something' either in me or in the conduct of the interview that made them to talk openly. This gave me a bit of confidence to start wearing my wedding ring, even

though I was still very conscious of my dressings throughout the periods of data collection. I dressed corporately and avoided wearing local/ traditional dressings.

Asking personal, sensitive and emotive questions. Although I was excited about collecting the data, but I was also apprehensive about their likely reactions to the questions in the interview guides (sensitive and emotive). This made me to be initially nervous about how I would ask the questions and interact with the out-of-school group of adolescents who cannot communicate in English language. This is my first time of interacting with this group of young people. I was very conscious of what I would say or do that could upset them or make them lose interest in participating in the study. However, the use of a vignette really assisted me to get the participants talking about the sensitive topic, and participation in the group interview had already prepared the participants for the individual interviews.

Reflection on my role as a mother on responses to issues that relate to the adolescents' relationship with their parents particularly mothers. An observation that I made in the group interviews especially with the female out-of-school groups, which made me feel unhappy as a mother of adolescent children was when the young women discussed about how they chose total strangers as their advisers/ role models and confidants regarding their SRH matters. I also found that the majority of young people had already lost trust and confidence in their parents, especially their mothers; which made them to look for someone who is not their relative, to whom they could confide in about their SRH concerns. I wondered how parents, especially mothers, would feel when they realised that their roles and responsibilities towards their children

have been transferred to total strangers! I find this very disturbing, thought provoking and scary too.

At some point when I asked them about who young people talk to about - their sexual initiation and use of contraceptives, their responses were not in line with what I read in the study. I became apprehensive of what the outcome of my study would likely be. I also felt disappointed as a mother when they mentioned that young people do not discuss such issues with their parents except with parents that support “promiscuity” as a way of life for the young person. I had to control myself not to get involved in the discussion from a parental point of view; I really struggled with this all through the interview sessions.

Dealing with issues relating to the school's calendar. By the time I finished an interview session with a female discussion group, ready to go back to my base, I was told that the young men too were waiting for me for their group interview session - 6 of them. Although I was excited about the positive development, but I was getting tired. Nevertheless, I could not let the opportunity slip by as I was told they would start their examinations the following week and would proceed on their summer vacation afterwards. Therefore, based on that information, I had no choice but to conduct the interview. From their appearances, I sensed that some of the young men appeared uninterested and had a kind of “hope you won’t waste our time” look.

Dealing with digression from the research questions. In the in-school male group interview above, I was really taken aback by the level of group dynamism that was displayed during the discussion. Even though there were few instances when the participants digressed from the focus of the study, I quickly thought of the best ways

to direct their discussions back to interview questions without making anyone feel shut down or that their contributions were not relevant. This really took me some effort, while constantly noting their countenances. I found this to be common in the in-school male group and individual interviews.

Interest and readiness to seek for SRH information. After a group interview with an in-school male group, I asked them why they participated in the study. Two young men told me that they decided to participate in the study because they had been longing and looking for an avenue to hear and discuss issues relating to sex with someone older and more experienced than them, so that they would not make mistakes that will jeopardise their future. Though one of them said that his aim was not fully realised, because I did not advise them on what to do as he expected, he said that he still gained so much information and learnt many new things from the discussions with the other participants. This made me feel good. They also requested that I come to their hostels to talk to young boys and girls on sexual initiation and use of contraceptives, as it was important in this heavily sexualised age. I told them that, although that is not the primary purpose of my visit to their school, I could consider it with an appropriate invitation from the school authority or the students' union association. One of the young men contacted me after I returned to the UK for my data analysis, expressing his appreciation for participating in the research study; I was surprised at this.

In this section, I presented the ontological and epistemological positions; and how these positions led to the specific choice of methodological approach that I used for the study. I have also presented the theoretical perspectives that informed and shaped these positions. I argued why qualitative in-depth interviews were chosen to

explore adolescent sexual behaviour and the criticisms against the approach. I declared and acknowledged how my positions and status impact on the study and how I reflexively dealt with some of the problems I encountered. The next section will present the research methods used for this study.

4.6. Research Methods

After discussing the theoretical underpinnings and the research methodology, the next issue is the research methods for this thesis. The research setting will first be described, then the practical issues of recruiting the participants, sampling methods, data collection methods, ethical issues related to the study and the quality of the study will be discussed. Finally, the process of data analysis will be presented.

4.6.1. The study settings

In this section, a brief description of the two study settings situated in the South Western part of Nigeria where the study was conducted.

Setting A: The first setting for the research study is Abeokuta, the capital city of Ogun state, Nigeria, which has a public university comprising students who are young people from age 15 years and above. Many young men and women who are out-of-school with or without job also reside there because it is an urban city. The 15-year-old young persons were not included in this study because they are not legally allowed to take part in any research study without parental consent. Obtaining parental consent is very difficult in Nigeria especially with sexual and reproductive health related research (SRHRR).

Setting B: The second setting for the study is in Remo area in Ogun State, Nigeria. The first private university in Ogun state is located in a rural community called – Ilisan-remo. It has a combination of both in-school and out-of-school young men

and women. The in-school young people are students of the private university and other nearby higher institutions, while the out-of-school young people mostly work as apprentices/ artisans, in the markets and motor parks. The selection of the settings was based on the availability of the two different groups of young people required to participate in the study, the in-school and the out-of-school. It was also determined by the availability of a conducive environment for the discussion of such a sensitive topic with the adolescents.

4.6.2. Gaining access to research setting and study participants

Larkin (2013) identified that the process of gaining access to research participants could be difficult, time consuming and repeated several times until the number of participants needed is recruited. Accessing the young people for this study involved approaching gatekeepers at different levels, especially with the out-of-school groups of adolescents.

I obtained the ethical approval to conduct the study from the University of Edinburgh (see Appendix I). For the study settings, I had made preliminary contact with the two communities selected for the study as part of the process of gaining access to the participants. For the in-school young people, ethical approval was obtained from one of the universities - Babcock University, and the ethical approval obtained from the university covered the whole state, including the second university - Federal University of Agriculture, Abeokuta (FUNAAB). The ethical approval also covered the access and recruitment of both the in-school and out-of-school participants for research study in any part of Ogun state, where the study settings are located. Personal contacts were made through gatekeepers in order

to access the in-school and out-of-school young people. While only two gatekeepers were used in the two universities, one for each university, many gatekeepers were involved in order to access the out-of-school participants. This is because almost all the out-of-school young people were learning different vocations, thus I had to first contact their different bosses and the different association leaders who connected me to the initial sets of gatekeepers. This involved meeting with one person who led me to another, and to another until I was able to get to the direct bosses of the out-of-school young people who were learning their vocation.

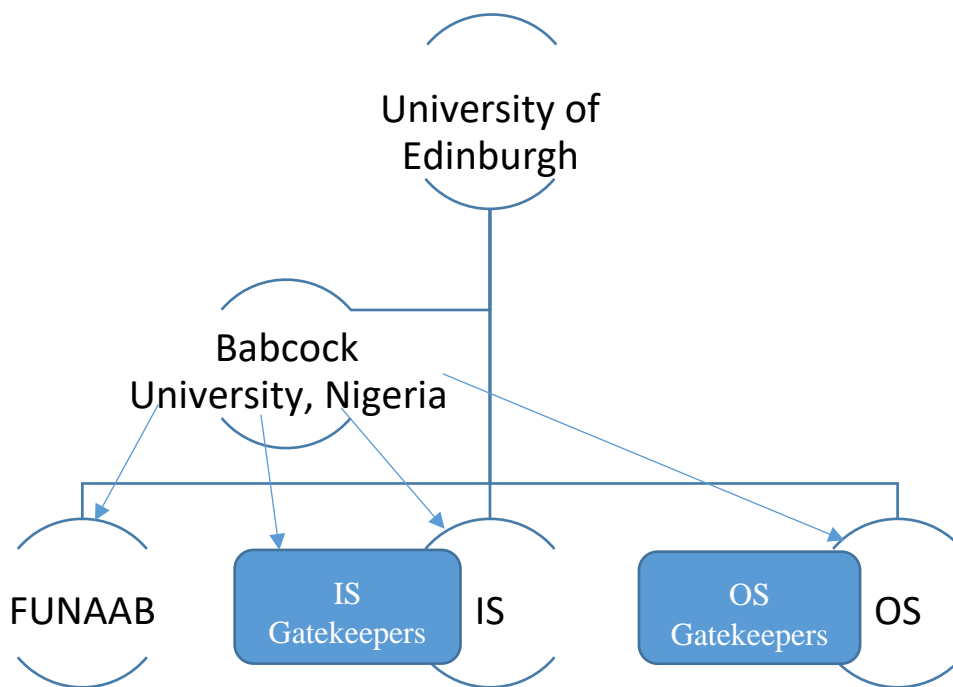


Fig 4.3: Gaining access to the participants

4.6.3. Gaining access and recruiting study participants

Existing studies in Nigeria showed that the out-of-school adolescents are difficult to recruit for research studies because they are not conveniently situated, hence

the term 'hard-to-reach'. I initially thought that the out-of-school groups of adolescents would be difficult for me to access based on various studies conducted on adolescents. But I discovered that recruiting the out-of-school participants was not as difficult as I thought, in fact I found out that recruiting the out-of-school was much easier than the in-school young people for this study. I only had to get them through personal contacts with many gatekeepers, which implied spending more money than the budget for the study on remuneration for the gatekeepers. I also could not get them through their associations where they were serving as apprentices learning a trade or vocation. I had to go through people who knew their bosses. This affected the budget I made for the study as I had many gatekeepers to give something to, though many of them were very okay with the explanation of the study, not requiring any in-depth information. They also felt at ease with whoever connected me to them, there were no problems around trust. Once I was able to recruit one or two out-of-school participants, they connected me to other participants for me to recruit for the study. I found this really interesting - it got to the point that for all the interviews I conducted among the out-of-school young people, I had more than the required numbers, and had to ask others not recruited for the study to go back.

Contrary to the general belief that the in-school are very easy to recruit for research study, in this study, the in-school young people were the 'hard-to-reach' participants. A majority of the adolescents that I contacted initially said they were not interested in participating in the study. The few who showed interest refused to turn up at the time of the interview after they had received the information sheets to read for 2-3 days and agreed to participate in the study. Nevertheless, I was able

to recruit the in-school participants for the study through my direct interactions with the young people, without involving any gatekeeper.

4.6.3.1. Study Sample

Group interviews and individual in-depth (face-to-face) semi-structured interviews were conducted in each of these adolescent categories as follows: a.) In-school young men (n=17); b.) In-school young women (private and public university) (n=16); c.) Out-of-school young men (n=17); d.) In-school young women (n=16). I conducted eight (8) group interviews that included the following groups: In-School male, In-school female, Out-of-school male, and Out-of-school female in each study setting; and a total number of 24 individual interviews with 12 in each study setting. The total number of participants is n=52.

The young people that were recruited as study participants were selected based on the inclusion and exclusion criteria for the study. Patino and Ferreira (2018) defined inclusion criteria as the key features of the target population that the researcher will use to answer the research questions and exclusion criteria as those features of the potential study participants who met the inclusion criteria but have additional characteristics that could interfere with the success of the study or increase the risk for an unfavourable outcome. The inclusion and exclusion criteria for this study were divided into two groups. The first group applies to both the in-school and out-of-school participants, while the second group are specified for each of the groups.

The first group of inclusion criteria for this study are:

Inclusion Criteria for the In-School and Out-of-School adolescents:

- Young people within the age range of 16 and 19 years,
- Young people including male and female (undergraduates for the in-school young people),
- Young people who can communicate in English language,
- Young people who are interested and committed to attend either the individual/ group interviews during the research period.

Specific Inclusion Criteria for Out-of-School adolescents:

- Young people who are apprentice, in a trade business or out of job, married and unmarried,
- Young people who can communicate in either English and/ or Yoruba languages,

Exclusion Criteria for In-School and Out-of-School:

- Young people whose age range is below 16 years and above 19 years,
- Young people with hearing, speech and mental disabilities.
- Young people with mental disabilities.
- Young people with homosexual orientation (Nigeria Same Sex Marriage Prohibition Act, 2013).

The study participants' characteristics are found on Tables 4.2 and 4.3.

Different recruitment strategies were adopted for the in-school and the out-of-school adolescent groups. A recruitment log was used to keep check of the total number of participants recruited ensuring that there is a balance according to the primary sampling criteria: socio economic status and gender. In addition,

recruitment was reviewed to ensure there were a range of participants from private and public universities and from the CYFCs and Associations. None of the participants indicated preference for a pair interview in order to encourage participation and discussion on the research topic. However, the participants initially recruited assisted me in recruiting their friends and colleagues that they knew met the inclusion criteria for the study.

In-School Adolescents: the researcher advertised the research study within the university (private and public) campuses, by posting handbills and fliers on the notice boards strategically located within the universities' campus, after obtaining the necessary permissions. The handbills/ fliers were also distributed by hand to students in their halls of residence. Information on the handbill/ flier included a brief outline of the study and contact details of the researcher (see Appendix XI). None of the in-school young people in the second institution indicated interest in the study as no one contacted the researcher either by email or telephone (already indicated on the handbill and posters) to express their interest. The handbills and fliers were then given by hand to any student that the researcher met on the university campus, and also to some students in higher levels (300 - 500 levels) that the researcher was already familiar with in order to recruit from their halls of residence. After recruiting the first set of participants for the study, they were reluctant in showing up for the interview on the set date, time and venue. Later when the researcher contacted them through phone calls, they responded that they were too busy to take part in the study. Participants were later recruited through the researcher's direct personal contacts with some of the students in the higher classes and older age groups needed for the study (without involving the gatekeepers). Some of the in-school students were recruited with the assistance

of some lecturers taking general courses (with students from different departments), whereby the study was announced at the end of their lectures and those who were interested signified and then the researcher interacted with them, and later conducted the interviews as agreed.

- For all the participants who indicated interest to take part in the study, the researcher gave them an information sheet (see Appendix VI & VII) for a minimum of twenty-four hours.
- This included a brief description of the research project, reasons for inviting participation, general requirements for participation, potential benefits and risks of involvement, and a scheduled time and place for attending the individual/group interviews. They were asked if they wanted to participate, and if their response was yes, they were then asked when and where the interview would take place and a mutually convenient place and time was arranged with the researcher.
- **Out-of-School Adolescents:** The out-of-school adolescents are generally believed to be hard-to-reach and this is a major reason while there are few research studies about them in Nigeria. Those who are not engaged in any form of work (out of job) were recruited via the Community Youth Friendly Centres (CYFC) where many of them go for recreation and to attend any programmes that they are interested in. The recruitment for those who are apprentices and the artisans were done via their association leaders but not necessarily on their meeting days.
 - The handbills/ fliers were distributed to the bosses and leaders at the CYFCs and the association buildings, and information sessions were held for the young people. The aims and objectives of the research, benefits and ethical

information were discussed and access to participants was negotiated with the gatekeepers (the CYFCs and Association leaders) and the participants. The young people who indicated interest in participating in the study contacted the gatekeeper who informed the researcher by telephone (already indicated on the handbill and posters) to express their interest. They were then given a study information sheet (see Appendix VI & VII) for a minimum of twenty-four hours, which included a brief description of the research project, reasons for inviting participation, general requirements for participation, potential benefits and risks of involvement, and a scheduled time and place for attending the individual/group interviews. They were asked if they wanted to participate, and if their response was yes, then they were informed when and where the interview would take place. Young men and women who were interested in participating in the study were then recruited for the interviews.

4.6.3.2. Informed consent

There was high level of literacy among in-school young people but different levels of illiteracy among the out-of-school young people (Federal Ministry of Education - FMOE/ UNICEF/ UNESCO, 2012; NDHS, 2013). The approved plan was that if any of the participant was not able to give written consent due to poor literacy, verbal consent would be obtained, however all the participants recruited for the study, could write, hence written consent was obtained from all the potential participants. However, for some of the out-of-school participant who were unable to read the information sheet, I read the information sheet line-by-line with them, providing the necessary information as indicated on the written participant information sheet. An interesting thing that was observed among the out-of-school

participants was that none of them could be categorised as completely illiterate, as they could all write at least their names, and they wrote other information on the pre-interview demographic information with the assistance of the researcher. Many of them told the researcher that they dropped out of school at different levels due to inability to afford fees and lack of financial support, while others are dropped out due to an inability to comprehend what they were taught in school. The participants were given sufficient time to decide whether they want to participate in the study or not.

4.6.4. Data Collection Methods

This section gives an account of the data collection process, including the challenges faced and how they were addressed. Two methods were used to collect the data - group interviews and individual interviews. These methods have been demonstrated to be effective means to engage young people in research (Barbour, 2011). Data collection commenced on 2nd August 2017 with the out-of-school participants in setting A, and the data collection lasted for about 5 months on a full-time basis. The data was collected based on the availability of the participants. The in-school participants could not be recruited for the study initially because the universities were on summer break, so, I waited until they resumed before commencing the participants' recruitment and data collection.

Participants' demographic information: A pre-interview demographic information form (see Appendix XII) covering demographic details was given to each participant to gain an overall assessment of the sample characteristics of the participants and form possible basis of preliminary comparisons both within and between participants. This information included the age, sex, tribe, religion,

geographical location (state), schooling, type of accommodation (rural or urban), with whom they live during the period of data collection, current occupational status, parent's information - educational level, occupational status, family type, and average monthly income. The information was mainly to provide a clear picture of the socioeconomic status of the participants and their parents. The details of the in school and the out-of-school study participants are found in Tables 4:2 and 4.3.

4.6.4.1. Group Interviews

I conducted eight group interviews that included the following groups: ISM, ISF, OSM, and OSF in each of the study settings (see Table 4.1). I conducted the group interviews first before the individual interviews in order to familiarise the participants to the discussion and elicit information through group dynamism. It also afforded me the opportunity to recruit the individual interview participants from the group interview participants. The decision to use group interview was based on the advantages they bring. For example, group dynamics help to produce new and additionally rich interpretive data that become the source of validation for the individual interviews (Frey and Fontana, 2013). They provide a greater depth and insight into the relationships in the setting that might otherwise not be revealed through other methods. Conducting group interviews among young people gives the researcher the opportunity to know and understand the different slangs, languages and symbols employed by young people to interact among themselves (Knodel, 2013). A major consideration in the planning for the group interviews was the number of people in each group. I decided to use the principle that the more homogenous the group, in terms of their background, perspectives, and other significant factor, the smaller the number of participants needed in each group

(Freitas et al., 1998). Therefore, the minimum number of the group interview participants was five (5) and the maximum was six (6). By limiting the sample size to 5-6 participants, it encouraged lively discussions and production of rich data, without becoming unwieldy. The small group assisted me in moderating and sufficiently managing and recording the groups. The homogeneity that I used to determine the number of participants per group interview in this study were gender and educational opportunities. Because of this, and due to the sensitive nature of the study, I conducted the group interviews among the males separately from the females, and the in-school were interviewed separately from the out-of-school. I conducted eight group interviews that included the ISM, ISF, OSM, and OSF in both study settings.

4.6.4.2. Individual Interviews

I conducted all the individual interviews immediately after each group interviews. The total number of individual interviews that I conducted was 24, with 12 in each of the study setting (ISM-3, ISF-3, OSM-3, and OSF-3), making a total of 24 participants in the two study settings - (see Table 4.1 on page 82). I found individual interviews appropriate for this study, because of the opportunity it gives to probe the individual experiences of the young people about their sexual behaviours. It also encourages self-reflection on issues that could have been distorted because of social pressure during the group interviews (Breen, 2006). I invited all the participants who took part in the group interviews for the individual interviews. But only those who indicated interest in taking part in the individual interviews were selected. the participants for the individual interviews based on their participation in the group interviews. I adopted this method because the individual interview

questions are more personal and sensitive, hence, I chose the young people who were already familiar with some information about the study. However, in three of the group interviews (ISM - 1; OSM - 3 and OSF - 2), some of the participants selected for the individual interviews were unable to attend the interview appointments (mainly because they were not allowed to participate after the group interviews due to undisclosed reasons). Therefore, I recruited some other young people who did not participate in the group interviews but met the inclusion criteria and were willing to take part in the study.

4.6.4.3. Interview Guides

The questions in the group interview guide were semi-structured. I chose to perform semi-structured interviews because they allow the participants to share their experiences within the boundaries of the topic that I am interested in (Mitchell, 2015). I found semi-structured interviews to be in-depth, flexible, and provide the opportunity to capture the adolescents' perspectives as well as follow up on leads that the participants offered (Williamson, 2018).

I used a structured vignette as an icebreaker to start the group interview sessions and the young people answered questions in relation to the vignette using their personal experiences. The structured vignette was used to contextualise the discussion in the group interviews such that the sexual behaviour of the young people could be explored in their context, and that issues that are potentially sensitive and threatening are presented in a less personal and threatening way (Kennedy et al., 2013). Vignettes are known to stimulate discussion when dealing with sensitive topics (Jenkins et al., 2010).

The vignette I used is a short story of two adolescents - male and female as follows:

Table 4.4: Vignette showing the adolescents' sexual behaviours and the effects.

Kikky discovers that she is pregnant and she is 15 years old. Her boyfriend is Zizzy. She could not go to school and her parents are not happy with her.

The vignette stimulated the discussions as expected in the group interviews but with different reactions. For example, among the in-school participants, they used the vignette to discuss about the sexual behaviours of young people in relation to the fictitious characters used in the vignette, and how they would have behaved and why. The out-of-school participants on the other hand, started immediately to discuss about their past sexual practices including sexual initiation. I observed that in all the group interviews, when one of the participants used his/ her personal experience to answer a question, others would start to discuss their personal experiences. Nevertheless, the vignette that I used for this study assisted me to interpret and explore the sexual behaviours of the young people and occurrences based on situational context. The vignette helped to clarify individual judgements expressed in relation to moral issues. The young people were able to discuss their sensitive experiences in comparison with the 'normality' of the vignette (Barter and Renold, 1999).

The structure of the interview guide for the group interview is different from the individual interview. As earlier stated, the group interview started with the use of the vignette as an icebreaker, while the individual interview questions are more personal and direct to the experiences of the young people. The questions were open-ended and formulated based on the aims and objectives of the study. The interview guides for the group and individual interviews were translated into Yoruba language for the out-of-school participants, and back translation was done to ensure that the adequacy of the meaning of the translation and that the translation makes sense in both the original and the intent languages (Maneesriwongul and Dixon, 2004; Chen and Boore, 2009).

4.6.4.4. The Interview Process

The participants took part in either or both group and individual interviews (if selected). During the group interviews, I observed that some of the participants had more experience regarding their sexual behaviours and were more willing to discuss this, compared to the others. I selected the participants for the individual interviews based on this, and their willingness to participate. Each group interview lasted averagely for about 1 hour 20 minutes except the two ISM interviews that lasted for about 2 hours, while the individual interviews lasted about 2 hours. The IS male participants discussed and talked at length on each question I asked them without showing any sign of being tired of the interview.

The group interviews provided a safe environment for the participants, where, they could create shared meanings, interpretations and understandings about their sexual behaviours through their statements, opinions and experiences without fear of reprisal (Antoft and Peterson, 2014). Safe times and places provided within the

Community Youth Friendly Centres (CYFCs) and the Association building (s) were used for the OS interviews depending on the settings, while the seminar rooms and counselling department therapy rooms were used for the IS interviews. All the venues used for conducting the interviews were quiet rooms conducive to conversation. I also ensured that there were no interruptions during the interviews and that the conversations were not overheard.

I made appointments with each participant for the group and individual interviews at a time that suited them. The arrangement of the chairs facilitated face-to-face interviewing, and I recorded the voice in each interview after obtaining the participants' consent (Crabtree et al., 2013). None of the participants declined the use of voice recording for the data collected.

Before the arrival of the participants, I ensured that the interview rooms were conducive to conversation, and the chairs and tables were comfortable. To start each interview, I introduced myself to the participants and encouraged them to do the same with their names and age. I informed the participants on the issue of consent, confidentiality, anonymity and the voice recording. I did not take any notes during the interviews but recorded the group and individual interviews using a SONY ICDBX 140 Digital Recorder. The purpose of the recording was to ensure that I did not omit any important issue during the discussions (Bryman, 2012). I explained the aims and objectives of the research and why I needed their honest view about each question asked on their SCC. However, I wrote down my observations and reflections immediately after each interview in my research journal.

The interview process went smoothly, and it was a positive experience for the young people as well as for me. For the young people, they discussed that they were happy to express their feelings, views, thoughts and experiences as they relate to their SCC without any judgments from the researcher. It was a positive experience for me in the sense that my initial thought that the young people might not disclose their sexual behaviours to me - 'a stranger' was overcome by their open discussions of intimate, sensitive and personal life experiences. There were times when the male focus groups digressed in their discussions by explaining issues that did not relate to my study. Even though I allowed them to express their feelings freely, I tactfully drew their attention to the focus of the study and group interviews. I also made sure that I did not impose my own constructions (Mason, 2002).

At the end of each interview session, I asked the participants why they took part in the study and this gave me an insight to some of the SRH needs of the young people. A majority of them expressed that taking part in the interview for my study was their first time of talking about sex-related issues in the presence of an adult, and without showing any form of judgment or discrimination to their sexual experiences.

4.6.4.5. Translation and Transcribing

I translated the interview guides and transcribed the interviews both in English and Yoruba. In Nigeria, English is the official language of communication, hence the interviews were conducted in English for the IS adolescents, while a mixture of English and Yoruba were used for the OS participants. I adopted this method so as not to exclude the views and experiences of the OS adolescents that were

unable to communicate in English. Therefore, I first translated the interview guides into Yoruba from English before the analysis. In addition, I requested for the assistance of a bilingual translator that ensured that wording that represented the intended meaning and its context in the original source language was used. This translation was done in a side-by-side procedure after the data were anonymised during analysis. Back translation is an efficient and valuable tool that reveals the accuracy of translation by confirming the integrity of any research project that involves two or more languages (Mousumi, 2010). The bilingual translator and I worked together to ensure the accuracy of the translation without altering the perspectives and theoretical underpinnings of the study (Chen and Boore, 2009). The process is expensive in terms of cost and time, but it was worth having a thorough, accurate and reliable data.

4.6.4.6. Data Management

Data management as an organisational process (Guest, Namey and Mitchell, 2017) is tightly bound up in data collection and analysis aspects which are not so distinct in a nonlinear process (Huberman and Miles, 1994). In this study, I started data analysis while collecting the data when ideas started emerging during the interview sessions and while transcribing.

I transcribed each of the group and individual interviews verbatim by listening to the digitally recorded files many times, making corrections where needed and writing my reflections. The process of listening to the interviews over and over again brings about familiarity with the data, which is important as it enabled me to gain an overview of the major content in the data and also helped me to identify topics and subjects of interest that relate to adolescents' SCC.

As a novice researcher with little experience in data management, I went through a training course on the use of qualitative data software Nvivo 11 that is used for organising, sorting and coding text-rich data. I later used Nvivo 11 to manage my data, organise my analytical thoughts and store the documents that relate to the research study. All data were managed in accordance with the University of Edinburgh Data Management Policy (<http://www.ed.ac.uk/records-management/data-protection/data-protection-policy>).

4.7. Data Analysis

I presented the data analysis as the last phase of the research process, but this was not the case in practice - the data were analysed concurrently with the data collection and the process was cyclical and iterative. I explored the differences and similarities in the male and female participants' accounts in order to identify the influence of gender on their SCC. I also explored the differences and similarities in the accounts of the IS and the OS young people in order to identify the influence of their socioeconomic status (SES) on their SCC. Thorne (2000: 68) described qualitative data analysis as "a daunting, most complex and mysterious of all the phases of the qualitative project". I agree with this description by Thorne (2000); and also reflect on my initial fears, while conducting the interviews and transcribing the interviews, reading and re-reading the data, when the interpretation and meaning did not come out automatically as I expected. There were many interesting findings within the data, which I struggled to articulate. Lewis et al., (2013: 270) assert that analysis is a challenging and at the same time exciting stage of the qualitative research process that requires a mix of creativity,

systematic searching, inspiration and diligent detection. This process is rigorous, systematic, and reflexive in order to facilitate explanation, understanding and interpretation of data (Straus and Corbin, 1998). Qualitative data analysis involves the process of sorting, organising, reducing and structuring data in an attempt to bring some order to it (Carter, 2004; Creswell, 2007). The fundamental aspect of qualitative data analysis is about the representation of social phenomena. Therefore, in this section, I will give a detailed explanation of the process I undertook to generate the findings for this qualitative research.

4.7.1. Immersion in the data

I started the process of familiarisation with the data during the data collection since data collection and analysis were done simultaneously. The process of gaining entry to the study settings and familiarising myself with the environment contributed to my understanding of the context of the participants and the data collected. These prompted the formulation of my thoughts about the context and young people's interactions.

In the same vein, I began the analysis of the study by transcribing the interviews while still in the field. During the interviews, as the young people related their thoughts and experiences, I was continuously involved in exploring and analysing their narratives. I developed the analysis and immersed myself in the iterative process of moving back and forth, and across the data. Then at a point, I had to move away from the data, in order to have a fresh understanding of the narratives of the adolescents. I made my initial impressions and thoughts during the process of transcribing the interviews. I read and re-read the interview transcripts and the

notes I kept for personal reflections in order to become fully immersed and familiar with the data. After this, I read the field notes (which contain valuable comments and insights) again to identify areas of similarity in the data.

I engaged in repetitive reading of the transcripts and the notes in order to be familiar with all aspects of the data, although it appeared to be time consuming. I continued with this familiarisation process until I felt that I understood the narratives of the views and experiences of the young people within the data set (Ritchie et al., 2014). While reading and re-reading the data, I started to notice some things that were of interest to me in their narratives, which I felt related to certain aspects of the research questions. Thus, it assisted me to shape my thoughts as I was able to identify patterns that helped me in identifying emergent themes and interpretations without losing the connections with the original concepts and context (Braun and Clarke, 2013). I started structuring my thoughts and ideas in preparation for coding, which is the next stage of the analysis.

4.7.2. Coding

Qualitative researchers interpreted coding in different ways. Many authors refer to the label of a meaning unit as a code (Ely *et al.*, 1997). The code is the descriptive or conceptual label assigned to excerpts of raw data, and the process of assigning this label to the raw data or the excerpts is coding (Gale, et al., 2013). This involves identifying aspects of the data that related to my research question (Braun and Clarke, 2013). Although coding at this stage is a way of organising data, however, I used the codes that I generated in a more analytical way where I approached the data into the inherent complexity, beyond the obvious. The codes I generated

served the purposes of providing the building blocks for the analysis, and at the same time, they reflected the theoretical interpretations of the data (Braun and Clarke, 2013). I identified from the interview transcripts some elements that were of different lengths and conceptual density, depending on what made sense in the data, how I coded the meaning in the sentences, paragraphs, words or phrases (Ely et al., 1997). I examined the interview transcripts and the notes I took for anything of interests that conveyed meaning and significance. I made notes to describe what happened from the adolescents' experiences, why it happened and the impact it had on the young people's SCC.

I initially developed over 800 codes after inductively analysing the data in the first set of interviews I conducted. Everything was important to me and I was anxious not to miss any critical information. I later found this process overwhelming and time consuming to the point that I became 'lost and about to drown in it'. As a novice qualitative researcher, I decided to use sheets of paper and a Word file to highlight interesting topics in the transcripts as they emerged, as my 'coding list'. Although my initial plan was to code data using Nvivo 11, I realised that to combine learning the coding basics and qualitative analysis simultaneously was overwhelming. I later realised that the volume of my transcripts and the extensive data made me feel this way - I agreed with the statement of Creswell (2013) that the researcher does the coding and categorising in qualitative analysis, and not the software programme. Therefore, I used both manual methods and computer programmes to analyse the data. As a first-time user of the software programme trying to master the skill, I conducted the initial coding of the five three transcripts on hard-copy printouts and wrote the codes in pen until I gained certain level of confidence with the process.

This helped me to have control and ownership of the study. When I observed that, the codes were beginning to align with the narratives of the participants; I transferred the codes into Nvivo 11 and continued with coding the rest of the data with the addition of emerging codes and recoding the previously coded transcripts. Then, after reading through the data and the codes generated, I was able to reduce the numerous codes to only 10 codes using a coding framework that involved the combination of the manual process with pen and sheets and the use of Nvivo 11.

4.7.3. Categorising the data

Following the assignment of codes to the data, I sorted and arranged the meanings into broad categories. I conducted this step of the analysis both manually and with Nvivo 11. It was a descriptive level of the data content where data with similar content or properties can be viewed as a whole and be unpacked, alongside all the data that are related to it (Ritchie et al., 2013).

Graneheim and Lundman (2004: 107) describe a category as a “group of content that shares a commonality”. Some authors refer to the category as a sub-theme (Braun and Clarke, 2013). This stage enabled me to bring some order to the voluminous data that I had initially. I copied the list of the codes from Nvivo 11, grouping those ones that fitted together and labelling the entire group. I looked for the links between the codes, and the ones that did not fit were left to stand separately. By doing all these, I was able to recognise relationships, patterns and themes that run through the categories (Ely et al., 1997). I gave a label to each category/ sub-theme that merged to reflect its content and ensure that the categories suited the data. Table 4.5 is an illustration of these categories. They

include the adolescents' constructions of their experiences of male control in their relationship with examples of control from the interview transcripts.

These have been assembled to show the formation of a category/ sub-theme from a group of codes (Table 4.2).

Table 4.5: Examples of Emergent Categories from Codes

Transcripts	Codes	Category/ Subtheme
<p><i>“For a guy to ask a girl out is, that means he was attracted to her. Actually, he got attracted first, that’s number one thing, then ask her out, that asking her out”</i>- Black, ISF.</p>	<p>Initiating dating relationships.</p>	<p>Relationship control</p>
<p><i>“Like we guys, every aim of a guy to a lady is to have sex with her”</i> - Sims, ISM</p>	<p>Aim, motives and intentions of adolescent males.</p>	
<p><i>“If the lady agrees to have sex with the guy, she would key the guy down and he won’t go to meet another lady”</i> - MS, OSM <i>“Girls decide to go out so that men can have sex with her in order to assist her meet her needs”</i> - Baby Girl, OSF.</p>	<p>Aim, motives and intentions of adolescent females.</p>	
<p><i>“The guy feels like it’s time for us to have sex”</i> - Beauty, ISF</p>	<p>Initiating sexual intercourse.</p>	
<p><i>“When the guy is done with the girl, you cut off from the girl and move on”</i> - Hulk, ISM</p>	<p>Ending dating relationships.</p>	
<p><i>“Most of the ladies that when guys tell them that I want us to have sex tonight, some ladies will not agree”</i> - AY, OSM.</p>	<p>Female resistance and control.</p>	

4.7.4. Formation of Themes

After the coding and formation of some categories/ sub-themes, I moved to the next step in the analysis, which Braun and Clarke (2013) identify as ‘searching for patterns and themes.’ The categories assisted in the discovery of some themes by highlighting some relationships between them.

Ryan and Benard (2003) described thematic analysis as one of the fundamental but mysterious processes of qualitative analysis. The themes in this study developed from categories/ sub-themes formed from the data. Reflection and further consideration of the data facilitated the formation of the themes. Hence, the themes developed from the process of categorising data and identifying relationships between the categories. I identified the most prominent themes and those necessary for understanding the influence of power relations in the sexual and contraceptive choices of the adolescents. For example, the theme titled ‘changing influential relationships’ emerged from the analysis as a theme because it was the central concept that helped to organise the relationships that exist among several of the categories. In essence, this meant that all the other categories/ sub-themes revolved around the central concept. When I was analysing the data, I mostly interacted with the themes by moving back and forth (iteration) in order to identify the existing relationships. Figure 4.4 is an illustration of the visual presentation of the theme. The theme “Changing influential relationships” - is coloured in white, the four sub-themes are coloured in green, and the codes are under each of the subthemes.

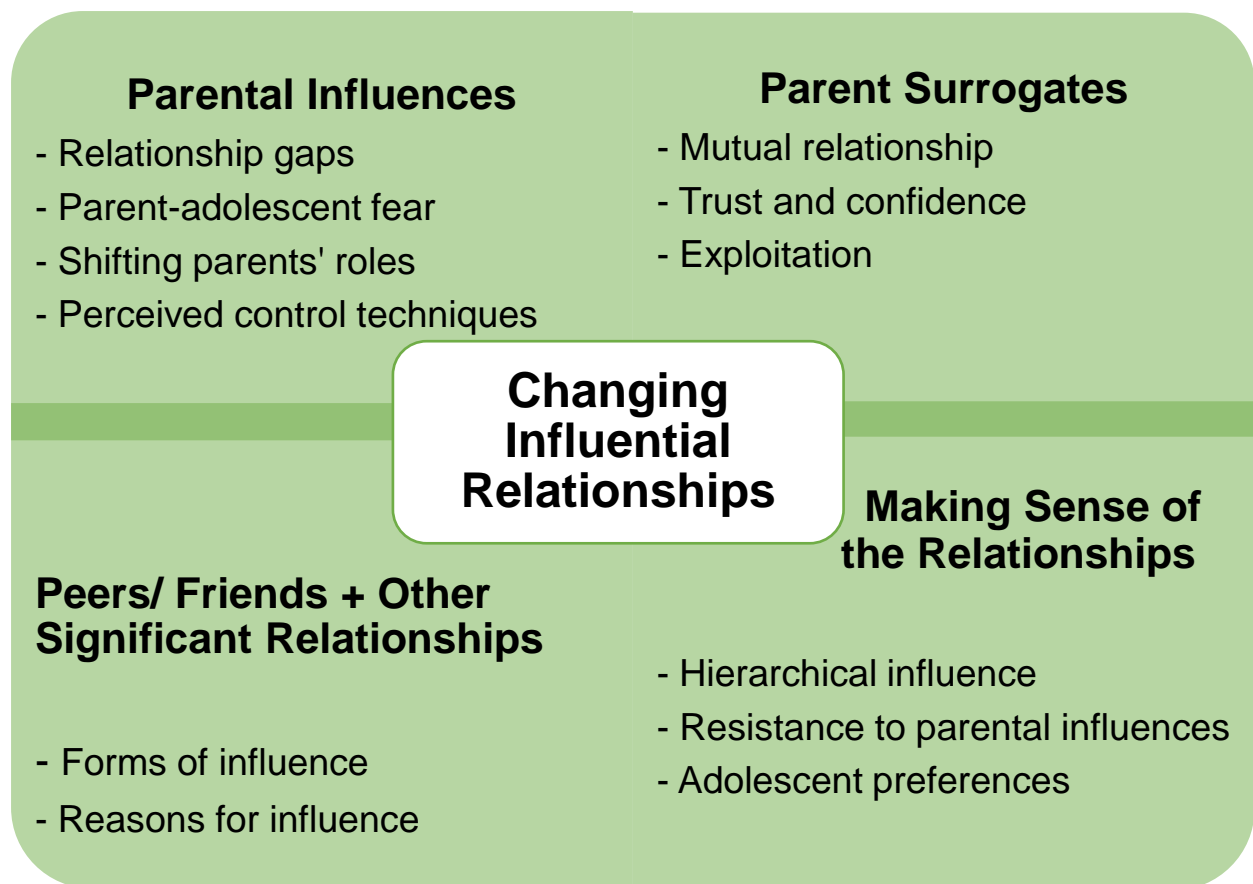


Figure 4.4: An overview of Category and Thematic Structure

This approach, though complex, enabled me to generate data that were rich and in-depth, and allowed me to develop an understanding of the process during the course of this study. The conduct of sex-related interpretative qualitative research among adolescents raises important issues related to the young people as research participants. In the next section (4.8), I discuss the ethical considerations that arose during the course of this research and the approaches that were undertaken.

4.8. Ethical Issues and Considerations

Any research that involves human subjects is subject to ethical considerations around respect for the subjects and their rights. In addition, adolescents are often

regarded as vulnerable, however, they have their unique health needs, experiences and challenges that make it important to include them in research including SRH study. Hence, their involvement in research studies is often scrutinised. Physiological and developmental considerations make their enrolment into sexual health related research challenging (Kapogiannis et al., 2010). The adolescents' vulnerability is directly related to their stage of development, maturation and sensitivity to negative influences and tendency for risk taking (Folayan et al., 2014). Hence, the vulnerability of the young people implies that their ability to give informed consent freely may be easily compromised by their capacity to give informed consent freely. Therefore, ethical consideration involves that adolescents require special protection as a group (Folayan et al., 2014). Some of the ethical issues that were raised such as gaining ethical approval and obtaining informed consent are discussed in section 4.5.2. The purpose of ethics generally is to ensure the justification of human actions and the basic principles and concepts that guide thoughts and actions (Beauchamp and Childress, 2001).

4.8.1. Possible Benefits and Harms of the Study

A major ethical consideration in conducting any study is the ability of the researcher to balance the benefits and risks involved in the study (Beauchamp and Childress, 2001). There were some benefits for the adolescents who participated in this study. Some of the young people expressed their appreciation for the opportunity to be involved in a study with only adolescents where they were given the opportunity to discuss their sexual and contraceptive behaviours and to hear about other adolescents' experiences. They appreciated the fact that they were able to express their opinions freely without any judgements or being asked to keep quiet, despite

the presence of an adult (the researcher) during their group interviews. Largely, I am hopeful that these research findings will assist in developing appropriate intervention that will meet the challenges faced by the young people in making their SCCS and will contribute to the knowledge base on adolescent sexual practices and contraceptive use.

There was a possibility that young people could find it hard to be responsive when asked probing questions in in-depth or group interviews due to discomfort or psychological stress associated with discussing their sexual experiences. In addition, interviews would involve probing into the young people's privacy, inner thoughts, attitudes and behaviour, which could be unpleasant to them, depending on the kind of experiences they have had. This could be emotional to some of the adolescents. Furthermore, young people are often not willing to talk openly to adults about their sexual behaviour (Hern et al., 1998), particularly in Nigerian culture, where discussions about sex-related issues are not often welcomed. This posed an initial uncertainty about the possibility of the adolescents' disclosure of their experiences of sexual and contraceptive use. I ensured that the young people's privacy was protected and employed good communication skills, with a readiness to listen to them and '*be part of their world*' (Sukky, ISM participant). This approach assisted me in gaining the confidence of the study participants, as did their innate desire for adult guidance and support on their sexual and contraceptive practices, which I could not really offer with my position as a researcher. I had similar experiences regarding this both among the IS and the OS participants.

4.8.2. Confidentiality and Anonymity

In order to ensure the confidentiality of the data for the adolescents' participation in the study, before starting each group interview session, I gave each participant the individual agreement form to sign for the group interviews (see Appendix X). The individual agreement form stipulated the rights and responsibility of each participant and the importance of keeping the confidentiality of all the information secure. All the group interview participants filled in the individual agreement form. During the fieldwork, I stored paper files, within the universities and community centres in the study setting securely in locked cabinets provided during data collection. I scanned the paper consent forms that held the participants' names, and consent forms to a password protected encrypted USB memory device and then shredded them before I returned to Edinburgh. I uploaded the scanned consent forms remotely to the University of Edinburgh's secure and password-protected server before I left Nigeria, and I erased the USB memory device. I stored the digital recorder securely within the university and community health centre in a locked cabinet during data collection. The digital recorder had a password protected USB memory device. Upon the completion of the group and individual interviews, I transferred the electronic digitally recorded files from the digital recorder to a password-protected computer immediately following each interview.

For the purposes of communication to arrange interviews, I used only the phone numbers of participants. I collected baseline demographic data including name, age, marital status, religion, socio-economic status, and parents' information. I kept these details on a paper in a locked filing cabinet. I used pseudonyms for all the research participants to ensure anonymity and confidentiality. I was the only person

that held the record of the consent forms and the original names of the participants and I kept all these in a locked drawer in a locked room and in an encrypted folder on a password-protected computer.

I assured the adolescents that neither their identities nor their personal details would be revealed in the publication (s) from the study.

4.8.3. Researching a Sensitive Topic

Research topics related to SRH studies are typically believed to be 'sensitive' in research terms (Elam and Fenton, 2017). This could be due to emotional responses triggered from the participants in answering the question (Hern et al., 1998). In the case of this study, sensitive topics are those that adolescents are embarrassed to discuss, or topics that if the young people revealed information about, could warrant the researcher seeking legal protection for the young people because of risk-taking behaviour (Hern et al., 1998).

With the knowledge that SRH study is a potentially sensitive topic, I informed all young people fully regarding the topic and nature of questions I would ask them. I held a discussion about the group and individual interviews and the requirement to respect other participants' views at the start of each group interview (Appendices VI and VII - group and individual participants' information sheets). I offered the adolescents the opportunity to withdraw from the study at any point and I asked those who gave consent to participate prior to the interview if they were in any way distressed, or happy to still proceed with the interviews. None of the study participants withdrew from the study because of experiences of distress by the sensitive topic.

The interviews did not directly introduce any topic related to painful life experiences, such as divorce, the death of a family member, and domestic abuse, which could cause emotional distress, unless the participants raised them. For example, in one of the individual interviews with the out-of-school females, one of the participants disclosed her personal experiences of a painful life event of a near-rape experience that occurred two weeks prior her recruitment for the research study, without being asked any question that related to this. I immediately paused the interview and stopped the recording when I noticed the emotional trigger. However, the female participant insisted that I continue with the interview and recording and refused the offer to see a counsellor that I had already prepared to deal with this kind of situation. She later continued with the individual interview without further interruptions and disclosures.

4.9. Evaluating the Quality of the Study

Defining a good, valid and trustworthy qualitative study is one of the most confusing tasks in qualitative research (Sandelowski and Barroso, 2002). Richie et al. (2014) describe rigour as the conduction of a qualitative study using a well-designed and well-conducted approach in order to generate well-founded and trustworthy evidence. Any study that is carried out without rigour, is assumed a fiction, worthless, and loses its utility (Morse et al, 2002).

There still appears to be a general lack of consensus among qualitative researcher on the appropriate definition of quality and the criteria to assess it. This is especially problematic as there are a wide variety of qualitative research approaches with different philosophical perspectives, thereby making it difficult to have a unified qualitative research paradigm that would embrace and serve as a guide for all

approaches (Ritchie et al, 2014). Hence, the debate on the use of different reference frames to assess the quality in qualitative research, with each strategy specific to and inherent in the methodological approach. On this basis, and the methodological underpinning of my study, the range of tools that I used to assess the quality of the study is worthy of acceptance. Therefore, I discuss the strategies that I employed in order to establish 'trustworthiness' in this study.

4.9.1. Validity

The concept of validity refers to the extent to which the findings are well founded and accurately reflect the phenomenon that is being studied (Ritchie et al., 2014). A piece of research is regarded as valid when it shows what it claims to show (Goodman 2008). That means the researcher's interpretations are credible (Silverman, 2017). Therefore, the validity of a research study concerns the interpretations of observations; whether or not the inferences that the researcher makes are supported by the data – whether it makes sense in relation to earlier research (Silverman, 2011: 365). Some authors are of the opinion that the complete account of the processes involved in data collection, coding, categorising data and developing conclusions would enhance validity (Noble and Smith, 2015). However, if an external auditor judges the trustworthiness of the data and the interpretative processes used in the analysis, this serves as an audit trail (Lincoln and Guba, 1985). These imply that the choices of methodological, theoretical and analytical processes should be made explicit while presenting the study. The researcher makes these decisions influenced by her personal worldview, and the influences acknowledged by reflexivity.

4.9.1.1. Reflexivity and reflection on own perspectives

I used a reflexive approach throughout this study and encouraged my reflexive thinking by keeping a reflexive journal. I used this to support the documentation of my reflexive insights, decisions I took, and the ways that my personal sociocultural background may have affected the research, in addition to my subjective experiences that were intrinsic to the research as identified in section 4.4.2.1 (Koch, 2006; McGhee et al, 2007). The journal served dual purposes - as my thinking diary and for keeping the progress of my work throughout the research, including the analytical insights that I did not want to forget.

The interview data presented the young people's interpretation of their influence of power on their sexual practices and contraceptive behaviours in an unbiased presentation of reality. I recorded my interpretations of the interactions and narratives of the adolescents' SCP and the underlying power influences in all their narratives. I documented my interpretations of the interactions that existed among the young people in their relationships, between the adolescents and their parents, friends/ peers, parent surrogates, teachers, older siblings, their interpretations of the prevailing cultural expectations, religious beliefs, and the underlying patriarchal system; and how the dynamics of power played out in all these interactions. I used all of these to further explore the power relations in the SCC of the young people. After conducting the first two group and two individual interviews, I read through and reflected on the transcripts, and noted how the questions were answered in relation to the research questions, and possible areas that I did not consider in the interview guides. I discussed my observations with my supervisors in regard to the specific questions and insights from the transcripts. My supervisors and I reviewed these and

the insights were incorporated during the subsequent data collections, which took a more holistic approach in answering the questions and meeting the study aims. I received feedback and emotional support, with some new ideas about meanings to look for in the findings. This process helped to reduce the chances of biases and other problems in the interpretation of the data.

My study aimed at exploring the influence of power relations in the views and experiences of young people's sexual practices and contraceptive use; and to explore the influence of gender and socio-economic status on the adolescents' sexual practices and contraceptive use. I found the flexibility that the fieldwork permitted contributed to achieving the aims of my study. The approach enabled me to access the adolescents' behaviours, views, experiences, thinking and interpersonal relationships, and focus on the impact of culture, context and religion on their SCCs. This gave me reasons to strongly believe that adopting a quantitative approach to this study would have limited the comprehensiveness of the information and interactions with the adolescents. Hence, the adoption of a qualitative approach with the intensity of the methodological rigour and a clear discussion of the research methods and the processes involved in the study. I carried out the process of data collection and analysis with good judgment in order to have an audit trail that any reader could use to evaluate the credibility of the study.

4.9.1.2. Trustworthiness

One of the strategies for improving the trustworthiness of qualitative research findings that strives to reduce the effect of reactivity and respondent bias is

prolonged engagement (Rubin and Barbie, 2010). The interviews used in this interpretative approach provided the strategy of prolonged engagement where I was engaged in the research setting for a period of 6 months, which was long enough for me to understand the young people's context and account for any variations that might be in the data. I was able to achieve this by developing trusting relationships with the young people during my initial meeting with them, conducting group interviews first and selecting the participants for the individual interviews from the group interviews (Rubin and Babbie, 2010). This enabled the adolescents to ultimately reveal some truths that assisted with some of the interpretations of the context and practices. In addition, the opportunity for the prolonged engagement on the field afforded me the chance to build rapport with the young people, which helped me to contact them in order to gain a complete understanding on developing themes, thus enhancing the validity of the study (Morse and Field, 1996). I also used the rich and thick verbatim extracts from the adolescents to assist the reader to make a good judgement about the correlation between the major themes and the participants' accounts.

4.9.2. Relevance

The aim of research is to produce knowledge that contributes to the problem-solving capacities of some group of people through its relevance, which is judged on the basis of its 'importance of the topic' and 'contribution to the literature' (Hammersley, 1992: 201, 73). Thus, the reader can judge the importance of the topic studied in relation to the field of study, and the relevance to the values and needs of the society. The claims to generalisation in qualitative studies are based on theoretical inference or analytical generalisation, but not by statistical measure.

Therefore, in this study, I have presented the details of the research; the study settings for data collection and the findings presented with the relevant data extracts so that the reader can judge the relevance of the interpretations offered. I maintained balance between the data presentation and the protection of the anonymity of the settings and study participants. I will discuss the implications of this study in Chapter 9.

4.10. Summary of Chapter 4

In this Chapter, I presented my ontological and epistemological positions and discussed how these led me to the choice of the specific methodological approach. Beside this, I have presented the theoretical perspective that informed and shaped these positions. I have acknowledged how I reflexively dealt with some of the challenges I faced as the impact of my status on the research. I have clearly explained how I conducted the research. The conduct of this study made me to realise that clear solutions might not be proffered to some of the challenges that I encountered while collecting the data. Furthermore, I undertook some decisions that were not always governed by what has been addressed in the literature. Nevertheless, these decisions mainly depended on morality, creativity and common sense.

I embarked on this research study to explore and provide understanding into the influence of power relations in adolescents sexual and contraceptive choices (SCC) in a South West Nigerian context. In Chapters 3 and 4, I put forward the argument that the young people are constrained by the power relations around them in making their SCC. In Chapter 4, I outlined the methodological perspective that relate to the

influences of power relations in the young people's SCC. In Chapters 5, 6 and 7, I present the analysis of my research findings. I discuss the influences of power relations on the Nigerian adolescents SCC, within and outside their relationship context. I use segments of the data responses to the vignette used in the group interviews and direct quotations from both the group and individual interviews to show the link between the emerging themes and the data. This is to provide rich narratives supported with data evidence, on how power influences the young people's SCC.

In Chapter 5, I present the first major finding of the study on diffused forms of dominance and control where I analyse male gender control in the young people's dating relationships and sexual control. In Chapter 6, I present changing Influential relationships where I analyse the influence of power relations on adolescents' interactions in their significant relationships. In Chapter 7 I present the analysis on influencing contraceptive knowledge of young people and the role of power relations in the contraceptive knowledge of adolescents.

CHAPTER 5: DIFFUSED FORMS OF DOMINANCE AND CONTROL

5.1. Introduction to Findings

In Chapter 5, I analyse the theme: Diffused forms of dominance and control that influence adolescents' SCC in the Nigerian context. I start by presenting the young people's discussions and experiences of the impact of power and control on their relationships and sexual practices. This revealed how the young men in the relationships have more power, which they exercise on the young women by dominating and controlling them. This is possibly due to the culture and traditions that favour males at the expense of the females. I present some of the strategies and techniques of power that the young men adopt in order to dominate and control the young women, thus making it difficult for the adolescent females to safely negotiate their SCC. Nevertheless, some of the young females attempt to resist the male dominance and control in subtle ways through the exercise of power and by refusing to submit to the demands of the young men.

In the latter part of the chapter, I discuss the young people's experiences of control through abstinence and female chastity as well as the cultural implications on the Nigerian adolescents.

5.2. Diffused Forms of Dominance and Control

The first finding theme - '*diffused forms of dominance and control*' - describes the evidence from the young people about the existence of situations mainly in their relationships, where the male partner, who often seemed to be the more powerful

partner, makes all or most of the decisions. According to Simpson et al. (2017), the more powerful partner primarily determines the outcomes of the actions of the other partner, regardless of what the other partner wants to do. This theme will explore the Nigerian adolescents' experiences of relationship dominance and control, as identified in the aims, motives and intentions for starting their relationships and the use of control tactics and techniques. The analysis will describe how the young people perceived the influences of gender on their sexual practices and behaviour particularly within their dating relationships. This section will explore the gender-based constructions of the experiences of young people in regard to the power interplay in their sexual initiation, sexual practices and CU. The forms of dominance and control experienced and narrated by the participants make up the subthemes - a) Power tactics and techniques, b) Self-surveillance: abstinence and virginity; and c) Forced sexual relations. Figure 5.1 presents the summary of the first major finding of this study with the major theme in black, the three sub-themes in ash colour and the categories under each subtheme.

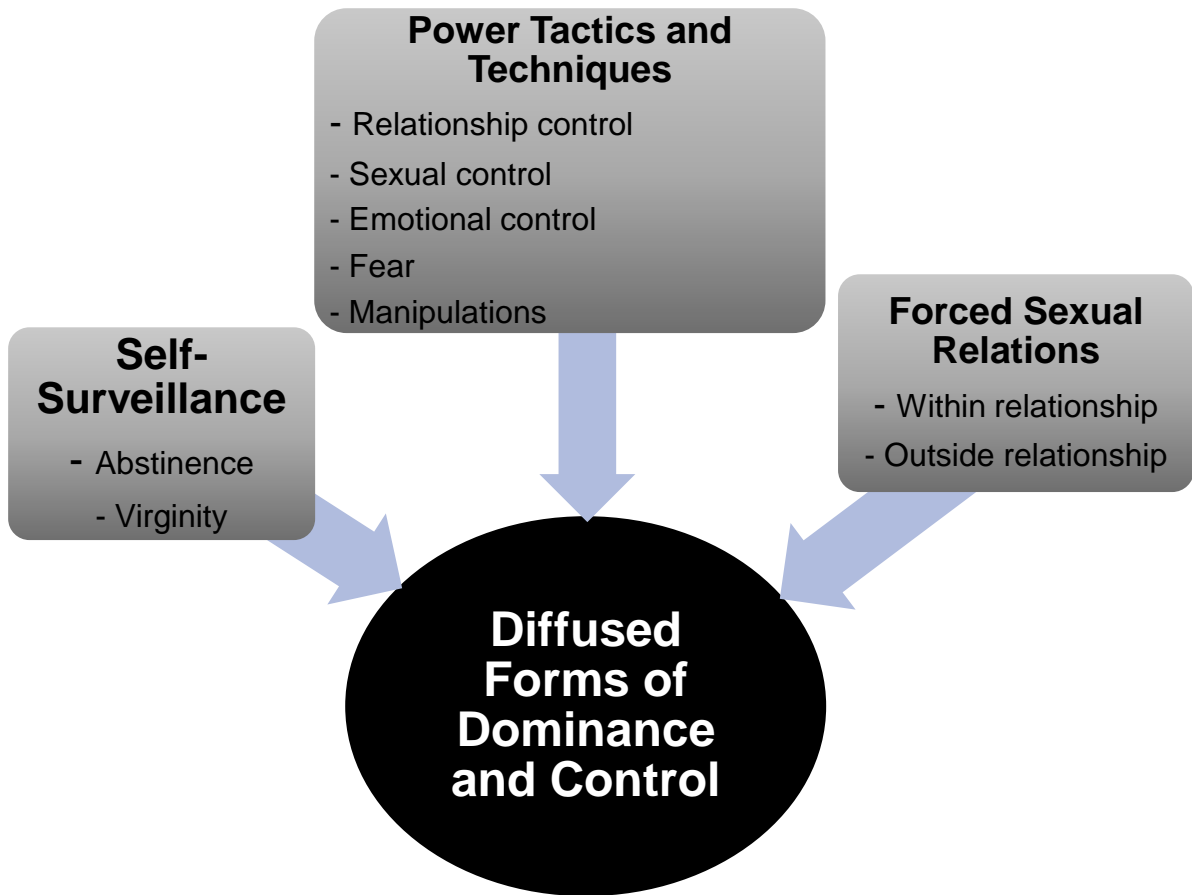


Figure 5.1: Summary of the First Theme

5.2.1. Power Tactics and Techniques

The subtheme, “power tactics and techniques” refer to the measures or strategies employed in the ‘art of governing’ people and the exercise of power (Foucault, 1979). The power tactics and techniques can be explained by Foucault’s concept of strategies of power by the person exercising power. Generally, the males who participated in the interviews appeared to use sex as their control tactic or strategy in their relationships with females. The narratives of the participants generally revealed the exercise of power in the forms of relationship control, sexual control, emotional control, manipulations and the use of fear as tactics and techniques of power they experienced.

5.2.1.1. Relationship control

The adolescents described “dating relationships” as the process where the young man and woman become attracted to each other and decide to interact intimately as boyfriend and girlfriend, expressing love and affection towards each other, and this may or may not include sexual intercourse, and with the intention to possibly get married in future (Debnam et al., 2017). Control and dominance were key features in the young people’s narratives of their relationships. The young people gave the example of relationship control as a form of dominance, when the young men take the lead and make almost all the decisions in the relationships. The majority of the participants sometimes referred to their relationship with the opposite sex as “dating” or a “dating relationship”, using the words interchangeably in their discussions.

Male Aims, Motives and Intentions

The adolescents discussed the aims, motives and intentions of the young men in their dating relationships with the young women. For example, while narrating how they started their dating relationships, both the in school and the out-of-school female participants agreed that the males often decide when to start their dating relationships. This is evidenced by the quote from one of the OSF:

“The guy will first tell the girl that he wants to date her...” (Olasco, OSF).

The generally agreed aims and motives of males in their relationship from the accounts of all the participants in the study were, according to Sim (ISM) - *“to have sex with the females and dump them later for other girls”; “leave the girl and then*

go for another girl". Princy's account, which was typical for most of the males that took part in the interview, was:

"Most guys generally, they all, what they want from girls is sex. That after the sex, they dump the girl and that is actually true and I'm very very sure, the relationship is not going to hold again". (Princy, ISM)

Although the majority of the participants identified that, the aim of the young men in their dating relationships was to have sex with the females. However, some of the males, especially the ISMs, also believed that the females wanted only sex from them. This was observed in the narrations of Sukky's experiences with females:

"Right now, most girls are horny because I don't really know for them (claps both hands together). Horny, they always want to have sex with one guy".

(Sukky, ISM)

Another ISM said in his accounts that:

"I've met with some guys that said that some girls, their own aim is to go about having sex and satisfying themselves. They just want to satisfy themselves". (OVA, ISM)

The construction of the males' relationship aims, and intentions could be an awareness of their masculine role as the head, at home and in male-female relationships especially in a patriarchal, male-dominated society. They possibly use this to dominate and control the females. This domination, according to Foucault (Smart, 2004), involves situations where the male for example, uses his unilateral power relations, supported by the prevailing patriarchal system to act continuously upon the actions of the females with little or no resistance from the

females. There are expectations from the male adolescents to take the lead or prove their traditional/ cultural norm by the display of socio-cultural “heroic” qualities of having strong ‘sex drives’, frequently initiating sex, which is often recreational, and to value sex over their dating relationships. The young men are expected to be “players” in the relationships with no strings attached by seeking multiple partners (Masters et al., 2013). This seemed to encourage the adolescent males to perceive their relationships as temporary that they had no plans for in the future. Hulk, an ISM participant’s quote supported this:

“I don’t see sex for my age or for my generation as something that is with any atom of intimacy anymore, there is no atom of intimacy in sex. For my generation, it’s now an activity, a random act, a hobby, there’s nothing important, it’s that bad”.

Hulk described ‘intimacy’ during the individual interview as the special feeling shared between two people in a dating relationship that could lead to sexual intercourse. His assessment of the way young people perceive sexual intercourse suggests that the male adolescents possibly knew that their actions, though supported by the culture and tradition, might not be the right.

Some of the young men attributed what appeared to be their negative perceptions and actions towards females to their previous unpleasant dating experiences. However, in Sukky’s case, he already had a plan for his future wife that appeared different from his current attitude towards females.

“...Because my first love fucked me up. I made myself not to fall in love. I’ve not really fallen in love, so, being with the opposite sex, the only relationship I really have with them is just to have sex with them”. I’ve already like, put

the plan that for the girl I'm going to marry, that will accept me for who I am (smiles)". (Sukky, ISM)

Another male participant, out-of-school also narrated how his plan to marry his current dating partner cautioned him from having sexual intercourse with her.

"That my girlfriend that I asked to come, I didn't want to have sex with her, I planned to keep her, I didn't want to have sex with her". (Sharko, OSM)

The male participants did not expatiate on how they differentiated between girls to have purely sexual relationship with, and those they might marry.

Females Aims, Motives and Intentions

The females, from their accounts also have their aims, motives and intentions in their dating relationships. Some of these were in contrast to the males' intentions, while some appeared to be their feminine way of challenging the males' aims and motives in the relationships. The adolescent females seemed to easily agree that the male intentions were contrary to their traditional/ cultural expectations of having weak sex drives and resisting sexual advances (Masters et al., 2013). The intention of the majority of the females appeared to be focused on securing their dating relationships. This suggests the societal expectations of acceptable sex for females within the confines of marriage or in a dating relationship. Perhaps, it could be responsible for the emotional commitment of the females in their relationships that the males seemed not to have. For example, Olasco, an OSF in her narrative believed that sex was the only thing she could 'give' her male dating partner:

"It does happen. If the guy says that he wants sex, some ladies don't want it, but if the guy says that is the only thing that he wanted, and the only thing that I could do for him is to give him sex, if the person and I are

already in a relationship, there is no how, I will give it to him” (Olasco, OSF)

The young women seemed to be particular about securing their dating relationship for a possible marriage in the future. For example, some of the ISF female participants were willing to have sexual intercourse with their male dating partner in order to secure their relationships. According to FK:

“If you are ready to marry that guy, and he can’t do without having sex, then, give it to him, so far he is the person you want to marry. The guy can change his mind and go to another lady”. (FK, ISF)

The motives for some of the young women in their dating relationship appeared to be based on financial reasons. For instance, the participants narrated how young females from poor families go into dating relationships with the young men only to collect money from the men in order to meet both their personal and family needs.

The following narratives support this:

“Some men have money in their families, from happy homes and the parents are wealthy. This can make the lady to date the guy”. (AK, OSM)

“Most girls, once they notice that you are a rich boy, from a rich home, the next thing they’ll just do is that they will make sure that they get pregnant for you...”. (Sukky, ISM)

“Some people have boyfriends for the purpose of taking money from the guys to buy clothes and some other personal things. And I know that for a man to give a girl money, he would demand sex from her”. (Fumzy-Glory, OSF)

The narrative from Fumzy-Glory suggests that the young people practice transactional sex even in their dating relationships, especially those from low SES.

The ISM participants also discussed that some females date the males because of the physical looks and appearances of the males. From the accounts of Yoga:

“Girls of today wants to be noticed. Some girls enter into relationships because If a girl sees a guy, a guy that is nice, good-looking, loaded (rich) and buy things for them”. (Yoga, ISM)

These constructions could also be associated with the expected masculine superiority, and the associated power inequalities.

Initiating Dating Relationship

When the participants were asked about the age that young people start their dating relationship, the ISM participants generally said age 10, while the females gave a range of 13 and 15 years. The young people noted further that they started their dating relationships when - *“they begin to feel some changes in their bodies”* - (JohndBest, ISM). To further support the idea that some of the young people started dating because of their pubertal body changes, especially the females, were the quotes from these two ISMs.

“Okay. Nowadays, do you know that we have girls that they start seeing signs of maturity at 10, age 10. So, do you know that if they start seeing these signs it is possible for them to start dating at that age?” (Ova, ISM)

“Yes, it is possible, that is true”. (Sims, ISM)

One of the OSM identified that some of the young people started dating right from their childhood with a promise to marry each other in future, as discussed by Omo Master:

“Maybe from 15 years and the guy was 16 years that they have been together. And it is possible that right from childhood, they have been dating and already determined that they will get married in future when they are older”.

(Omo Master, OSM)

The female participants suggested age 13 that most of the young people started dating when they were still in primary schools.

“At least 13 years, when they are in Primary school. From primary 5, 4, they would have started dating”.

(Baby Girl, OSF)

Although, in one of the group interviews with the ISM, the young men identified that the adolescent females also approached the adolescent males to start a relationship, and that *“it happens a lot”*, according to Nonye, but none of the male participants identified any specific example. However, Yoga expressed that females approached males based on the females’ fantasy about the males:

“I think when the girl goes to the boy, they just, it’s just for the girl to fantasise what she wants, I need this guy, broad chest, very mighty for me”.

(Yoga, ISM)

The participants highlighted that the female adolescents also initiate relationships by making the first move to approach the male adolescents. One of the female participants pointed out that:

“When the girl visits the guys at home, the guy may not say anything, and the girl will start by offering her body that they should have sexual intercourse. And not the guy initiating sex”.

(Portable, OSF)

Males Ending Dating Relationship

The participants, male and female, agreed that the young men often decide when to end their dating relationships. The males ending dating relationship is evidenced by this quote:

“We guys, we know what we want, we just tell you that we’ll marry you. We tell you, to draw your attention, we tell you things and you just believe it (claps). And so, when we are done with you, we just pack up”.

(Sukky, ISM)

In the same vein, the male participants seemed to perceive that they have the responsibility and there are expectations from them to decide on when to end their dating relationships. For example, one of the IS male participants said:

“When he’s done with the girl, he cuts off from the girl and move, that’s the general expectation”.

(Sim, ISM).

An OSM claimed that the intention of males is to have sexual intercourse with their female dating partners and ‘dump’ them, even though ‘dumping’ the females is like ‘harming’ them.

“The lady will quickly accept since she likes the guy, maybe the lady already loves the guy before he approached her. This is why she quickly accepted because she loves the guy. In case, she might not know that the guy wants to ‘harm’ her. That word ‘harm’ means that the guy wants to have sex with the lady. The lady may agree to the guy’s proposal to date her not knowing that the intention of the guy is just to have sex with her”. (Golden-Son, OSM)

The ISM participants further discussed the strategies by which the males ‘cut off’ from their female dating partners. As can be seen in this quote, the general expectations discussed by both the male and the female participants is that the male should ‘cut off’ from the females when *“he is done with her”*. It was only in the ISM group interviews that the participants explained how they ended their relationships with their female dating partners.

“The guy deletes her number from his phone and moves on” (Hulk, ISM)

“Shifts the attention away from her”. (Sukky, ISM)

This idea of the males “ending the dating relationships” appeared to be a shared norm among the participants, the female participants’ discussion revealed their awareness and understanding of this expectation by the male to end their relationship.

This suggests why some of the females agreed to have sexual intercourse with the males in order to satisfy them. On the hand, it might also be the reason why some of the females refused to have sex with the males, thereby delaying the fulfilment of the males’ motives for dating them, and thereby prolonging their relationships.

An OSF’s quote supported this:

“No, the guy will first tell the guy that he wants to date her, and after dating her and have done what they intended, as in they have had sex with her, they have, as in they’ve had sex, then they move on. That is what I know about guys”. (Portable, OSF)

Resistance to Control

There was only one instance where one of the female participants gave an account of how she ended her relationship because of a problem they had with demand for

sex by her male dating partner and who would use contraceptive as can be seen from this quote:

“One guy also approached me that he would like to marry me. So, along the line, as we were progressing in our love relationship, when I finished my secondary school education, he said he would like to have sexual intercourse with me. I told him that ahh, I am not ready that I still want to move forward with my studies, then he said that no, that, if he doesn’t use condom, then I can use the pill. That the pill is very effective and that if I use it that whatever we do will pour it away, and I won’t get pregnant. Then I was patient for him to buy the pill, then I read about it, and found out that the pill is meant for both male and female. I asked why he didn’t want to use it, he said he couldn’t use it that I should use it. I now felt ehn ehn, that he wanted me to use it and destroy my life. That was how I ended the relationship cos I felt this kind of guy can destroy one’s life”.

(Nikky, OSF)

The majority of the female participants agreed that the above was what they generally expect from most of the young men in order to have sexual intercourse with the female. This could possibly indicate that the young men tried to control the young women to satisfy their sexual desires - however, some of the OSF did not agree with this.

The out-of-school females discussed how some females exercised control in their relationships by ending the relationships, thereby challenging their female gender roles in the sexual scripts and exercising their agency. They ascribed their feminine control to the “pressure” from the males’ demand for sex - *“If the girl feels that the guy’s disturbance is becoming too much, she might leave him”*- (Nikky, OSF). The

ISF females believed that they should not agree to have sex with the males that they had just started relationship with - *“you can’t just meet a guy today, and then the guy asks for sex and you give it to him, unless they’ve been dating for a while”* - (Winnie, ISF). Winnie mentioned that *“immaturity”* in relationship issues or *“being a little shy”* could make females not easily agree to have sex with the males that they have been in dating relationship with for a while. In these situations, the females expected that it could take a while *“for the guy to convince her”*.

5.2.1.2. Sexual control

Sexual control is the second subtheme that describes the sexual experiences of the young people including their sexual initiation, and their constructions of control in their sexual desire, ‘urges’ and ‘sexualised situations’. Sexual initiation refers to the first penetrative sexual intercourse (Geary, 2013) during adolescence. The female participants, OS males and some of the IS male participants identified that the young men often initiated and decided on when to have sexual intercourse in almost all of their dating relationships: *“If it now gets to a stage in the relationship, at the peak of the relationship, that the guy feels like it’s time for us to have sex”*; *“while they are dating, then the guy asks for sex”* (Beauty, ISF)

However only two in-school male participants narrated their experiences where their female dating partners-initiated sex. Hulk, an ISM, described his experience of female-initiated sexual intercourse as *“breath-taking”*, while other males said they never experienced it. The other ISM expressed that he did not enjoy his experience of female-initiated sex. This could be due to unmet expectations or the socio-cultural beliefs and ideology about feminine passivity. Yoga reported being

“upset” and “disappointed”, while Sim another ISM described the cultural meanings to females initiating sex:

“Girls who seduce guys for sex hijack the guys’ glory through sex is what we were told. When the girl herself seduce you to do it, after doing it, you’ll regret what you did to yourself and you’ll not feel happy, you’ll be thinking, and it will really affect you academically, physically, mentally, and even spiritually”. (Sim, ISM)

However, none of the female participants mentioned that they initiated sex or intended to do so.

Sexual desire has been identified as one of the complex constructs with little consensus on how best to define it (Janssen, 2011). A broad definition of the sexual desire that would be used for this analysis was that of Levine (2003), who defined it as the sum of the forces that lean humans toward or push them away from sexual behaviour.

Studies have reported that men are more sexually active than women at all ages, and that they have more frequent and stronger sexual desire than women (Aggarwal, 2013). During the individual interviews, the male participants described specific actions they took to control their sexual desires. The young men gave examples of how they initiated sex in their dating relationships and the majority of the participants acknowledged this. The male adolescents seemed to accept this as one of their gender roles, and the female adolescents expected their male dating partners to initiate sex at some point in their dating relationships.

According to Ebony, an ISF:

“From my own little understanding, I believe even six months is enough for the guy to have sex with the girl”. (Ebony, ISF)

“It must have been a while that they are dating before a girl agrees to have sex with the guy. You can’t just meet a guy today, and then he asks you for sex and you give it to him”. (Miz Adomeliza, ISF)

“If I have a boyfriend now, and he didn’t ask me for sex, that means he is cheating on me”. (FK, ISF)

In order for the young men to take the lead in controlling sexual activities, they constantly look for what they described as ‘opportunities’ to have sexual intercourse with women, whether they are in a dating relationship or not. These ‘opportunities’ according to the male participants are those conditions and places that they found conducive to have sexual intercourse with the females. This was expressed by both the ISM and the OSM and with the females’ consent:

“It might be the girl who visited the guy at home, and he now makes use of the opportunity to have sex with the girl”. (Sukky, ISM).

“There are some of the guys that they don’t want their parents to be aware of what they are doing. They will be having sex in a corner or secluded place so that their parents won’t know” (AY, OSM)

“Guys and girls go to meet themselves, boyfriends and girlfriends, they call themselves and meet in the corners, secluded places where they have sex”.

(Abbey, OSM)

The male participants also gave instances where the young men had sexual intercourse with young women whom they were not in any dating relationship with or that they just broke up with (but had no sex during their dating relationship). The

narratives could be with or without the females' consent. The OSM and only one of the ISM mainly expressed this:

"It might be that the girl visited the guy at home, and he now make use of the opportunity to have sex with the girl". (Sharko, OSM)

"There was a girl that we go to the same church, my mum knows her mum and daddy, so, there was actually a day that she came to my house, I was not really in the mood of having sex, but this girl was actually sleeping, and I just woke her up. So, I just made use of the advantage, it was not really planned (smiles), and when I went to meet her, I was just happy she was on the same page with me". (Sukky, ISM)

The male participants narrated how they used sex to control the young women particularly those who were in need of financial assistance from the young men, or those female adolescents from the low socio-economic status (SES) families. This discussion was mainly from the OSM participants:

"When the lady is collecting money from the man and she doesn't want to lose the guy, so she has to agree to do what the guy wants from her"

(TY, OSM).

Unlike the previous narratives that males "have sex and dump" females, some of the IS males acknowledged and expressed that they experienced sexual desire; without having had sexual intercourse before and had been practising sexual abstinence in order to control their sexual desires. These narratives were largely from the male participants, who revealed how they controlled their sexual urges whenever they were with their female dating partners or had the urge for sex. From the examples of Ova and TJ, where described how he controlled his sexual urge by moving away from what could *"turn him on"*:

“When you hug a girl, I don’t hug for too long. So, I just hug to greet and leave”. (Ova, ISM)

While TJ, an OSM narrated how he controlled his feelings by:

“I get hold of myself when I realised that things were getting out of hand, while hugging my girlfriend”. (TJ, OSM)

Hulk, on the other hand described his considerations before having sexual intercourse with females by weighing the cost and effect of the action he was about to take.

“When I have that feeling, that urge to have sex, I think about it, like if I don’t do it, what would be the end result? So, when I don’t want to have sex and I don’t want, I don’t do it, I don’t do it”. (Hulk, ISM)

All these actions by the male adolescents suggest the ‘art of governing self’ that was proposed by Foucault (Gordon, 1991), despite their awareness of the culturally prescribed male gender roles.

5.2.1.3. Manipulation Strategies

Some of the males in their attempt to maintain their dominance seemed to use deceptions and lies; they regarded and treated females merely as their “sex objects”. The males with an awareness of their masculine gender roles, knew that before their female dating partners would agree to have sex with them, it must be based on the females’ *“love, trust and belief of possibly getting married”* to the males. However, the males appeared to use this to exploit the females sexually without being committed to the females in most of their relationships. Sukky, an ISM, identified that *“You just have to tell the girls what they want, give them what they actually want (claps both hands together)*. Sim, another ISM said that:

“She now sacrifices her own body now just to show how she loves the guy, meanwhile, the guy knows what he is after. So, after that, he dumps her, makes her useless, and goes away”.

The narratives of the female participants suggested that while some of them might be aware of the young men’s manipulations over them, the majority of females might not be aware. For example, an ISF described how most of the females generally behave in this situation, which seemed to be an emotional response to the males’ manipulations:

“Before a girl will actually let the guy enter into her, she would love the guy and trust the guy”. (Miz Adomeliza, ISF)

When further probed about the meaning of *“let the guy enter into her”*, the ISF said: *“I mean before she agrees with the guy to have sex with her”*. The above quote pointed to the forms of governmentality, which have their roots in the ideas of ‘utility’ and ‘docility’ (Foucault, 1982). This suggests that the young people, especially the males, constructed the females’ body as a kind of ‘utility’ that they could use when and how they want. In contrast, the females appeared to be more emotionally committed to the males in their relationships.

5.2.1.4. Emotional Control Tactics

Another OSM participant recounted his experiences of dating where he deliberately had sexual intercourse without using condom as contraceptives with his female dating partner whom he described as a *“prostitute”* (sex workers), with the intention of impregnating her so she could stop practising prostitution. This suggests how the young man intended to control the sexual behaviour of his dating partner in what appeared to be selfishness or a form of abuse. This is because her opinion

was not considered, nor the reason for her prostitution, whether he met her as a sex worker, or she started prostitution after they met. However, on the part of the young man, the narrative implies an emotional element in this form of control over the young woman. *“If the lady is wayward and sleeps around, and it is in the mind of the guy that he loves the girl and intends to marry her, he will then have sex with the girl without any form of protection and then impregnate her”* (AY, OSM)

Sex could also be a technique of control through its use as a ‘disciplinary measure’ for a suspected “unfaithful” female dating partner. One of the OSM described his experience of using sex to with his girlfriend that he claimed was unfaithful to him.

“My very close friend was having sex with my girlfriend behind my back, and she told me earlier that she was a virgin that I should not try to have sex with her. I accepted it that she is a virgin, and I didn’t try it. But my friend..., I caught the two of them having sex. So, I asked her that, but you told me that you were a virgin, and she started to beg me. Since then, I just made up my mind to also quickly have sex with her, and I had sex with her that day” (Kiss-Cash, OSM). *“It might not be by mistake. If the guy notices that the girl is getting close to another guy, and that if he leaves the girl, and she meets with another guy, and the guy disvirgins her, he won’t be happy and would find it very painful. So, he will now plan that anytime that girl visits him, he must have sex with her”.* (MS, OSM)

While some of the females were willing to continue with their dating relationships despite the male manipulations over them, others seemed to be cautious about this power technique by the males. The rest appeared not to be bothered by this, indicated by their willingness to continue with their dating relationships.

Nonetheless, while the study found that power was exercised explicitly by the males the young women exercised agency and seemed to also manipulate the young men by expressing themselves through their actions or words even in a culture that restricts females from any form of sexual expressions. These expressions by the female adolescents could be described as resistance to the male control strategies. Resistance in this sense could refer to those actions taken by the young women being controlled to oppose or challenge the control over them by the young men. Foucault pointed out that wherever power is, there is resistance, and for power to be strengthened, productive and effective, it needs some levels of resistance from those who are governed (Foucault, 1982). In this study, female participants narrated how they resisted the males' control through a) verbal communication of their feelings about sex and b) restriction of male access to their bodies. Some of the females also expressed their resistance to males' access to their bodies without their consent. The OSF appeared to have demonstrated this control more in their relationships than the ISF participants have. This could possibly be due to the sexual abstinence that most of the ISF mentioned - or it was motivated by fear. Olasco, an OSF, said, "*If I feel like having sex, I will give it to him*". This portrayed how the females used their agency to make decisions about their sexual health to challenge the existing norm of female passivity. Alongside this, the majority of the OSF were able to communicate their feelings to their dating male partners and maintained their stand about "*no sex*", especially anytime they were disturbed about other issues, despite their assumed gender roles. The opinion of one of the ISF below also revealed the basis for refusing sex by some of the females:

“If something is disturbing my mind and I was asked for sex at that time, I always tell him that I’m not ready, that this is what I am going through. It might be because I had a misunderstanding with someone, or I need something that I need to really get it...” (Nikky, OSF)

The ISFs also discussed about how young women could control their urge for sex despite the pressure mounted on them for sex. In the opinion of Goldieberry, female adolescents should have control over their sexual urge, with suggestions on what to do to suppress the feelings.

“That’s what girls do, it’s normal to have the feeling of having sex. Then, you tell yourself, I’m not going to do this, then you stop it like that. And the next time you feel like having sex, try to do something like reading novels, watching films, talking to your mums, and playing around. We can’t allow our bodies to overcome us. We are the owners of our bodies, so no matter what, we are going to overcome it”. (Goldieberry, ISF)

However, it was not in all these situations that the females gave their consent for sex. This could be because the females in such situations did not resist the sexual advances or were in vulnerable situations. In most of these accounts, the females were clearly expected to take a passive feminine role. This also revealed how the males play out their gender roles in the sexual scripts, which involved taking the lead and controlling sexual activities (Bowleg et al, 2004).

5.2.1.5. Fear as a control strategy

More than 80% of all the study participants, both male and female, discussed fear as one of the tactics and techniques of power in their relationships. Evidence from the accounts of the adolescents suggested that fear played an important role that

controlled the sexual practices and contraceptive use of young people. The narrations of the adolescents presented fear either as a power tactic or technique (strategy) or an outcome of power (driver).

Both the males and females clearly expressed their fears at one point or the other in their SCC. The female participants expressed fear of first sex based on their possible unpleasant sexual initiation experiences like fear of pain, discomfort and bleeding from first sex and losing their virginity. These accounts were mostly from the OS young people who discussed how female adolescents were *“apprehensive and afraid when they were about to lose their virginity”* (Sharko, OSM). The OSF associated their fear of the first sex to their uncertainty especially when they were *“not sure that the males would later marry them”*. After the experience of first sex, the *“sight of blood”* coming out of the females’ vagina instilled fear in both the males and females in dating relationships: *“when he saw blood coming out, he felt somehow, he was scared”* (Baby Girl, OSF).

It appeared that the fear from previous personal unpleasant experiences of their first sexual encounter made some of the young people decide not to have sex again. This could possibly be due to the associated pain and discomfort of first sex, or unmet satisfaction. The accounts of one of the OSF and an ISM expressed these:

“Since that first time, I have never allowed him to have sex with me”-

(Baby Girl, OSF).

“So, let me say it wasn’t entirely what I expected. What I expected was that it would be another dimension of myself, it would be opening myself and seeing, and having this new cheerful experience that is adventurous. I realised that my expectations were wrong”. (Yoga, ISM)

When asked about their significant considerations before having their first sexual intercourse, some of the participants who claimed not to have had sex expressed how fear instigated their decisions not to have sex. The female participants gave examples of how the fear instilled in them served as a control strategy for keeping their virginity. In most parts of Nigeria, a major traditional female gender role is to keep their virginity until marriage. According to the young people, this was often associated with warnings, threats or punishment instilled in them during adolescence either by their parents or in schools.

The participants also discussed fear as an outcome of power, in which the fear experienced by the young people was associated with the possible outcomes of the actions they took or did not take regarding their SCC. This was directly related to the outcomes of having unprotected sex such as unintended pregnancy, dropping out of school, sexually transmitted infections (STIs) and insecurity about the outcome of their relationship.

Other sources of fear mentioned by the male participants included:

“Sexually transmitted diseases, I’m afraid of those things...” (Sukky, ISM)

“The lady will feel like - I’m so afraid, I don’t know the disease that I’ve contracted from her and stuffs like that. So, the fear will still be there that maybe he has contracted some diseases or it’s disease”. (Winnie, ISF)

Few of the males who participated in the individual interviews disclosed their decisions to stay sexually abstinent until they get married. These male participants were observed to be silent during the group interviews and they attributed this to fear of being labelled as *‘immature’*, *‘inexperienced’* or *‘laughed at’* by their peers during the group interviews.

The narratives of the young people expressed how their fear of the loss of virginity also scared some of them away from having sexual intercourse with their dating partners. They recounted their experiences of having sexual urges, and how they did act on them, based on their friends' narration of painful experiences of first sex. This was supported by the discussions of some of the male participants:

“And the girl might feel afraid of losing her virginity and she would just say that ah, don't let me have sex, let me wait, don't let me just have sex for now, let it be after my marriage”. (Sims, ISM)

Some of the male participants - an IS and an OS - expressed their fear of the cultural beliefs associated with strange and diabolic things that happened to males after having sex with some females:

“Nigerian men are..., I heard like some guys, like that one is rampant, you have sex with a girl, and the next day, you start having issues with life. So that's why any girl that I notice that wear beads (used his hands to indicate around the waist), I will never want to do anything with her”. (Sim, ISM)

An ISM based his own fear on his observations of strange things in the females like:

“She's looking slim”, “she's smelling”, “there are spots on her pussy (vulva/vagina)”; or *“the girl is like, telling you that you should use condom by force by fire”;* and *“if I press her breasts and she's shouting, then something is wrong with her”.* (Sukky, ISM)

5.2.2. Self-surveillance: Abstinence & Virginity

In the previous section, I analysed the power tactics and strategies used as a form of control and dominance from the adolescents' narratives. These strategies were used in the young people's relationships, through sex, their emotions, through manipulations and by using fear. I analysed the different ways used by the young women to resist control by the young men.

This section will present the analysis of the second subtheme under diffused control and dominance, which is abstinence and virginity. The young people discussed how they made their decisions to abstain from sexual intercourse, sexual relationships and keep their virginity based on personal choices. They made these choices due to the specific influences within and around each young person. By this, the adolescents demonstrated their individual accountability, autonomy and responsibility for their sexual choices, as put forward in a neoliberal society. Neoliberal society emphasises individual freedom competition, private property and free markets; even though it claims to focus on promoting equality, placing value on collective good, and protecting civil liberties (Kaufman, 2017). The practices of sexual abstinence and virginity served as forms of control on the sexual activities of the young people. They revealed other forms of control by the society/ government that enables the individual adolescent to control him/ herself through self-surveillance (Foucault, 1988). Foucault explains how each individual relates with him/ herself through knowing, mastering and caring for self (Foucault, 1988).

5.2.2.1. **Sexual Abstinence**

The constructions of abstinence and virginity, from the accounts of both the male and female participants, further suggested control and gender disparity in the sexual practices among young people. The young people who discussed their sexual abstinence identified two reasons for their decision. Firstly, some attributed their decisions on sexual abstinence to the fear instilled in them by their parents, especially mothers. They were instructed to by their mothers to avoid premarital sex, thus implying forced compliance and control. An example of this was the narrative of an ISF:

“I’ve never had sex”; I don’t know what happens cos I have never had sex. My mum, she is a housewife and she always have her time, if we have any reason to talk to her. But because of the fear she puts in me, I am always scared to talk to her about such issues and things that I feel like discussing with her”. (Princess, ISF)

Secondly, some of the females described how they use the practice of sexual abstinence to control their sexual feelings and urges. For example, one of the ISF who said she had never had sexual intercourse narrated her experiences of controlling her sexual urge:

“You know, I actually controlled myself, when I started to have this urge, I just bring it down by not thinking about it. it takes the grace, as in it takes this thing to turn somebody down and say no, I’m not having sex”.

(Beauty, ISF).

The above quote also reflects some of the struggles that the young people who practised sexual abstinence go through when they experienced sexual urges and

the pressure to have sex. All these would probably prompt their decisions to stay sexually abstinent either based on force, control or the willingness by the individual young person to practise sexual abstinence.

However, in one of the ISM group interviews, one of the participants narrated that in some cultures, if the man gets married to a non-virgin young woman and it was discovered, the young woman might be killed. Therefore, female adolescents raised in this type of cultural environment might be forced to keep their virginity until marriage. According to Hulk:

“There are some culture where if you marry a girl who is not a virgin, and they find out, she might be killed. So that fear alone, some girls will actually want to have sex, but because if I do this thing now, and I’m already aware that if I do it and they find out, I’m dead o! So, the girl will respect herself”.

(Hulk, ISM)

5.2.2.2. Virginity

The concept of virginity was discussed in all the group interviews; however, the idea of male virginity was narrated only among the male participants in their group and individual interviews, while the female participants only identified who a male virgin is. The discussions among the male participants revealed that the virgin males were not proud to be called virgins. According to Nonye, an ISM, *“we (men/ boys) don’t see ourselves as virgins”*. This could be attributed to the ways that the issue of male virginity was generally discussed among males (these were not mentioned at all in the females’ discussions) like *“being immature”*, *“not experienced in sexual matters”*, *not well exposed”*, *“not up to that level of being”*.

Especially when viewed in the context of the discussions of the young men's general expressions of strong desires - that they "*wanted to have sex*", the idea which was emphasised by the ISM participants was, that "*the earlier the better, the earlier they had sex, the better for them*". This could possibly be a way to free themselves from the "stigma" and "ridicule" of being virgins. This was perceived during the IS male group interviews where some of the participants were observed to be quiet during the discussions about sexual practices, and the disclosure afterwards by few of them that were quiet was because they had no sexual experiences and would not want to be "*laughed at*" or "*looked down upon*" by their peers.

The issue of virginity was a general discussion in all the group interviews, among the males and the females, both in school and out-of-school. The different groups interviewed had different perceptions about virginity, especially female virginity. Some of the ISF perceived female virginity as a kind of "*bondage*" or "*disease*" and losing their virginity would give them "*freedom*" from these "*bondage or disease*".

There are some girls that think..., I don't know why they think that virginity is a disease. Some girls maybe because of what their friends have told them or something. So, they think losing their virginity maybe they are free from something. (Winnie, ISF)

The adolescents' narration revealed the cultural values and attachments attached to female virginity, which appeared to serve as a means of controlling the female sexual lives. This was reflected in the names used to describe female virginity - "*an egg that must not be broken until wedding night*", something of "*value*", "*precious*", "*high esteem*", "*virtue*". The rewards given to females who get married as virgins

served as motivation for most of the females and a source of encouragement for them to keep their virginity until marriage.

“In Nigeria now, when a man marries a girl and meets her as a virgin, the girl is very honoured, too honoured and there is no way that you won’t be happy at that, that I met her...” (Sim, ISM)

The males also confirmed what the females discussed about the honour and respect given as reward to females who get married as virgins - *“if any girl in my generation that decides to give herself to her man as a virgin, it’s a girl you have to respect, I’ll respect her very well”*- (Hulk, ISM).

The idea of the expectation that females should lose their virginity within a relationship or in marriage was clearly expressed by almost all the female participants. They expressed their desire to *“give their virginity to males who would likely marry them later in life”*. In this sense, females appeared comfortable to have sex within the confines of relationship/ marriage with a male - that they are sure will likely marry them. A majority of the OSF pointed out that they were currently in dating relationships and had already had sex with their dating partners, while the majority of the ISF claimed to be practising sexual abstinence. However, almost all the OSF who had already had sex expressed their disappointments about their first sexual experience, while only two OSF described their first sexual experiences as something they *“enjoyed”* despite the *“pain”* they initially experienced.

Some of the females during their group interviews showed their awareness of the males’ preference to marry virgin females despite the number of females they had

“disvirgined” or “deflowered”. “Disvirgin” as used by the participants, which also means - “deflower”, refers to the process whereby a female loses her virginity. These findings have resonance with the concept of “sexual double standard” where the females’ sexual actions were controlled but the males appeared to freely express their sexual abilities, suggesting gender inequality.

“But these days I think, because most guys now, by the time they have sex with you when you are still young, eventually when they grow, they want to have marry a woman that is a virgin, yes, they want to have a woman that is a virgin”. (Ebony, ISF)

“I think some, there are some husbands that you have these days that they don’t really deserve the virginity, because they’ve already spoilt, cheated and destroyed some girls’ lives outside (laughing). And they would come, they would really want to ..., they will really want a virgin. Whereas, they don’t remember the girl they’ve disvirgined in secondary school or maybe two or three girls probably three girls that they’ve spoilt their lives”. (FK, ISF)

Some of the ISM participants supported the above quote by the female participants. The males recounted how they already had sex with so many females, and due to this, they did not expect to get married to virgin females, even though they would have loved to get married to one. This was supported by Hulk, an ISF, who noted that if he gets married to a virgin female later, *“I must have been lucky to have that”* and *“I will add to my already existing respect for you as a man, as your husband”*.

The majority of the female participants seemed to identify that the ideal thing for them is to have some form of control over their sexual lives and when to have

sexual intercourse with their male dating partners. However, this is not the same with their narratives, particularly the OSF. While responding to questions on sexual initiation, the young women discussed their control of male access to their bodies. They believed that they should “*submit it to the right person*”, which indicated a form of submission or surrender to the male. Nevertheless, according to the females, it must be their decision not to have sexual intercourse without being forced or compelled.

Some of the females noted that, although the general expectations for them is to keep their virginity for their husbands, they expressed their understanding of their discretionary role to decide whether to keep their virginity for their prospective husbands or not. Some of them openly expressed their intentions not to keep their virginity for males, because from their discussions, “*the males don’t deserve it*” (Nikky, OSF). However, one of the ISF expressed her desire to allow sex only with the male that she is in a relationship with; that she was sure would marry her.

“Before I can give you as a guy my virginity, it must have go to, like, that relationship must, would have like get to some extent like we are really going to marry, or maybe we are not going to marry, but at least I would have known him. (FK, ISF)

5.2.3. Forced Sexual Relations.

In the previous section, I presented the analysis on the subtheme of sexual abstinence and virginity as self-surveillance for each young person, either to control his/ her sexual practices or out of fear and conformity to pressure from parents and the society. The subtheme ‘forced sexual relations’ captures the exercise of power

A common view discussed by some of the OS female participants was how males forcefully had sexual intercourse with females under the influence of drugs and alcohol. One of the OS participants narrated her experience of rape and sexual intercourse under the influence of alcohol. According to Fumzy-Glory, who seemed to be the only female participant with a child, described her first sexual intercourse with her dating partner, under the influence of alcohol. She explained how she had earlier rejected her dating partner's "*sexual advances*". However, the day she got drunk, her boyfriend made use of the opportunity of her drunken state to have sex with her and "*disvirgined*" her, and she became pregnant and later "*gave birth to a baby*"- (Fumzy-Glory, OSF). Some of the OSF recounted females' experiences of physical and sexual abuse, especially by their male dating partners. The females reported instances where the young men "*beat*" their female dating partners who refused their requests for sex, and still had sex forcefully with the young women after beating them. Although these OS young women expressed their disapproval of this kind of behaviour, they appeared to be familiar with this type of occurrence. Ogunfowokan and Fajemilehin (2015) documented that the incidence of sexual abuse has become an epidemic, which has greatly increased in the Nigerian society. Hence, the OS females expressed their opinions that females should be "*begged for sex*" by males and not beaten. Olasco, an OSF expressed her opinion like this:

"You know some guys, when they want to have sexual intercourse with a lady, they will beat the lady before having sex. It's not good to beat a lady just to do something that will not last up to one hour". (Olasco, OSF)

The accounts of some of the OSM participants suggested that the young men felt challenged whenever the young women refused their sexual advances. For example, the young men expected young women to always agree to their demands for sex especially within the context of dating relationship. If the young women refused, the young men often used force to have sexual intercourse with them. The account of an OSM revealed that:

“Those men who use force to have sex are like, for example, if I have approached a lady and she did not accept, then I have to use force to have sex with her”. (Golden-Son, OSM)

5.2.3.2. Outside Dating Relationships

Outside the young people’s dating relationships, some of the females narrated their experiences of their male friends *“harassing”* or trying to *“force”* them into having sex with them anytime they visited their male friends at home alone. Beauty, an ISF, described her experience of sexual harassment when she visited her male friends at home, whom she was not in any dating relationship with.

“Hmm, something close to it, yes, when a guy tried to harass me, like forced me to have sex, but I had to leave the place quickly so as to prevent unwanted... So I won’t feel like I caused it myself cos I actually went to his place just to visit like friends, but to him, he felt this girl has come to my place and I must have sex with her, and I was like guy, I just came to say hi and you are taking it to be... So I had to leave even though it’s, it’s always difficult just to leave, but I had to leave immediately so as not to just cause anything that I won’t really like”. (Beauty, ISF)

One of the OSF narrated what appeared like a near-rape experience with her male friend:

“My first experience of sex, actually, it was from my best friend, a male, we chat together, discuss, talk. So, one day he asked me to come to his place, it was just the normal stuff where we talk and my mum only told me to go anytime I tell her that I want to visit him. So, when I just got there, we talked normally and he held me back and before I knew it, he started touching my breasts and stuffs, I asked what was going on and he rough handled me, but along the line I just knew that nothing happened (smiling). But he almost did it”. (Titped, OSF)

An OSF recounted her friend’s experience of rape outside dating relationship, which she attributed to *“parental absence”*:

“Her mum died and the person that she had to live with who was her elder brother’s wife, used to treat her anyhow, that she didn’t like. She now told me that if her mother was alive, she wouldn’t have experienced such thing, to the extent that she would be living with someone, and then bringing a man in to rape her in the house”. (Damzy, OSF)

The use of drugs to sedate young women in order to have sexual intercourse with them seemed to be a common occurrence especially among the OS participants. For example, the male OS discussed in their interviews about the practices. During the group interviews with the OSM, the participants discussed about how young men males put drugs inside the young women’s drink anytime they visited the young men, just to have sexual intercourse with the females.

“But there are some that the guy and the girl, the guy might have seen the lady and may want to have sex with her. He might go to meet her in the house and scope (talked her into accepting to date him) her. He can buy medications to use for her in the chemist, so as to have sex with her”.
(Abbey, OSM)

Possible reasons for this could be that the males felt offended by the females' refusal to date or have sexual intercourse with the males. Thus, resorting to sexual coercion and abuse (rape) of the females, which seemed especially unchallenged in the Nigerian setting, possibly due to the prevailing patriarchal system that gives recognition and accords more power to the men over the women.

5.3. Summary of Chapter 5

In this chapter, I have presented the analysis of the first major finding of this study, which is – diffused forms of dominance and control using a gender-based approach. I explored the male dominance and control in relationships, through sex and forced sexual relations. I investigated the different tactics of power and strategies used to control and dominate the young people; and how the adolescents controlled their sexual practices through sexual abstinence and virginity.

The next chapter will present the second major theme of the study – Changing influential relationships, as well as how the young people's SCC was influenced by their significant relationships.

CHAPTER 6: CHANGING INFLUENTIAL RELATIONSHIPS

6.1. Introduction

In this chapter, I will analyse and present the second major theme of this study - Changing influential relationships, which describes the young people's accounts of their relationships and interactions with people and how these influenced their sexual and contraceptive choices (SCC). I will explore the influences of parents, parent surrogates (area mothers/ fathers), friends/ peers and significant others on the SCC of the young people. Finally, I will present what sense the young people made out of the relationship influences they experienced.

The majority of the young people revealed their experiences of parent-adolescent relationships to be controlled by fear, and peer influence seemed to be the strongest relationship influence on the adolescents. The presentation of the participants'

relationship accounts is based on the influences of one relationship over the other as discussed by the participants. The adolescents expressed their preferences for their friends' advice compared to their parents during the interviews, while some, though few, indicated their preference for their parents' advice over their friends or peers. In general, however, their actions indicated their preference for their friends before their parents. Some of the reasons for this will be presented in detail as discussed by the young people.

The subthemes that will be explored in this section from the young peoples' discussions are - a) parental influences; b) parents surrogates - "area/ street mothers and fathers/ brothers"; c) influence of friends/ peers and others; d) making sense of the relationships. The summary of the analysis of this theme is in Figure 4.5.

6.2. Parental influences

The subtheme 'parental influences' describes the adolescents' accounts of the types of relationships they had with their parents, and the effects of these relationships on their choices regarding their sexual practices including sexual initiation (as defined in Chapter 1). The narratives from the young people identified that their parents had a very strong influence on them and they discussed how this relationship affected the kind of influences their friends and other people had on them. The majority of the adolescents interviewed seemed to perceive their relationship with their parents negatively.

Some of the common issues discussed by the participants that came out strong in the interviews and seemed to unite the young people's accounts of their relationships with their parents were - control/ power, abstinence/ virginity, dating relationships, and lack

of information/ knowledge about sex and contraception (which would be presented in the third findings chapter). The types of parent-adolescent relationships discussed were diverse and extensive and the young people identified the influences of the different parenting styles used by their parents, on their sexual and contraceptive practices (SCP). Many of the young people's accounts of the influences of their parents showed different forms of control, which were also evident in other relationships discussed by the young people. This section will also present the different gender roles played by the individual parents in the adolescents' choices relating to their SCP. The young people identified the separate roles of their fathers from the roles of their mothers, and their relationships with each of their parents.

I will present the common issues discussed in relation to parental influence by the young people under the following - parent-adolescent relationship gap, parent-adolescent fear, and levels of parental control.

6.2.1. *Parent-Adolescent Relationship Gap*

Parent-adolescent relationships refers to the types of relationships discussed by the young people that existed between them and their parents. The narratives from the young people suggested huge gaps between the young people and their parents that they attributed as the major reason why parents did not meet the adolescents' needs. Parental absence was identified as a major cause of the parent-adolescent relationship gap. The types of parental absence discussed can be sorted into three forms.

6.2.1.1. *Parental Presence*

Firstly, the parents were busy with their work/ business hence, not physically present at home. While describing their relationships with their parents, the majority of the out-of-school young people expressed that some of their parents were so busy with their business and work that they had no time for them, which they described as not being physically present and available to discuss things with them. The account from Sharko, an OSM supported this:

“If the parent is a trader in the market, the parent won’t have the time to talk to the child, she will be so engrossed with her business, leaving the house very early to go to the market, having no time to talk to her child, like my child, don’t do this thing o, so, she won’t have the time”. (Sharko, OSM)

Sukky, an ISM, narrated his experience to support parents’ physical and emotional absence like this:

“Hmmm, my mum never called me (talking slowly), to discuss such stuffs, she never, cos she was always working, so most times when she comes back, she’s always tired, she’ll just go to her bed, and my dad is a medical doctor, so we have never had that relationship between us” (Sukky, ISM)

Likewise, some of the OSF discussed the physical absence of their parents during their childhood years as another factor that negatively influenced the parent-adolescent relationship. The examples cited by the young people were circumstances leading to either parental separation, divorce or death. Damzy, one of the OSF narrated her friend’s experience of forced sex while living with her uncle due to her mother’s death. According to Damzy’s narratives:

“She said that the day the guy disvirgined her forcefully, she cried but became pregnant after the incidence, and her sister-in-law told her to go and abort the pregnancy. She now told me that if her mother was alive, she wouldn’t have

experienced such thing, to the extent that she would be living with someone, and then bringing a man in to rape her in the house, so such things, I can say that they are our parents' faults". (Damzy, OSF)

Secondly, the parents were not emotionally and relationally present with the young people even when they were physically present at home. The majority of the female participants identified that some of their parents were physically present at home with their children but paid no attention to them, their needs or their concerns. The female participants expressed how they needed their parents' attention, and that the failure of the parents to give attention to the young people, especially the adolescent females, at home could be responsible for their going outside to seek for the attention they needed elsewhere. This was supported by these accounts from the female adolescents:

"Some parents don't really have time for their children, the attention that the girl is probably seeking from her parents that they are not giving her, she's getting it outside". (OS, ISF)

"But there are some parents that anything, even though the girl, let's say now, there are sometimes now, even though the girl or the child is trying to communicate with them (hissed), they don't see it, they don't see it".

(Ebony, ISF)

The participants further discussed that one of the effects of parental absence on the adolescents. at home is that the young people made use of the opportunity of their parents' absence at home *"to do whatever they liked"*. The account of Sharko supported this:

"If the parent does not sleep at home, this may also be responsible for why some ladies get pregnant. When the parents do not sleep at home, maybe the

father has travelled to his place of work, and the mother too is not at home, has gone her way, then the child will not see any reason to stay at home, the child too will go his/ her own way". (Sharko, OSM)

The young people further discussed the effects of parental absence and parents who had no time for their adolescents. The young people attributed the wrong choices they made in their relationships and sexual issues to their parents' inability to pay attention to their needs and concerns.

"So, it could be due to something like that, where some parents, they don't really take it serious, and they don't pay attention to what their children have to say".

(Ebony, ISF)

The third form is that the parents of young people lacked either the knowledge of, or the ability to communicate about sex and contraception to their adolescent children. They attributed their parents' inability to give them the needed information to their parents' lack of information and understanding on adolescent sexual and reproductive health needs, irrespective of the literacy levels of their parents. This was discussed among the female participants mainly:

"Even some parents they think been that they are literates, but they do not know what is going on. I am like, why will such parents like that go out there, meet with some people they think they can meet with and they should get information about what is going on in the world so that they will know how to approach their children. So, when they have an understanding of what is going on in the world, then they will know how to talk to them, and they should be friendly. Some parents do not have any understanding of this, of these things we are talking about here, about sex and use of these preventive measures, to do it. Some even do not know about it". (Titped, OSF)

6.2.1.2. Shifting parents' roles

While discussing generally about their parent-adolescent relationships, the majority of the participants identified their mothers as the parent that often bore the responsibilities for the moral training of children. The specific moral training identified were - giving advice, interacting, monitoring, supervising and controlling them. The control roles of parents seemed to be focused on the female adolescents more than males. An example of the control role and actions of most mothers of adolescents were discussed by Beauty as follows:

"My mum would tell me that don't have a boyfriend, you don't need it now".

(Beauty, ISF)

Another ISF, Black described her mother's interaction with her during her growing up years and the closeness like this:

"Personal example, my mum when I was young, when I was growing, when I was at the..., when I was 13, my mummy would say tell me anything..."

(Black, ISF)

An OSF narrated how her mother showed interest in knowing about her relationship with the opposite sex and used the opportunity to "talk to" her.

"I observed that my mummy was interested in knowing who my boyfriend was (smiles), and talking to her, she first allowed me to do the talking before she now sat me down and talked to me". (Titped, OSF)

The male participants also expressed the roles that their mothers played by giving them advice:

"Some of the advice, I got it from my mum" (Yoga, ISM)

Some of the young people's accounts revealed that in their interactions, they found their fathers less friendly as their mothers in their relationships. This could be due to the gendered roles that operate in patriarchal society where motherhood is positioned as emotional/ relational, whereas fatherhood is positioned more functionally (Suwada, 2015; Yogman et al., 2016). This relationship revealed the cultural gap between the gendered role of the fathers and the mothers, with a high level of parental disconnection in the young people's perceptions of these roles. Some of the female participants - OSF and ISF - discussed their negative relationship experiences with their fathers.

"You know father is disciplined, he is harsh, he doesn't even have time".

(Titped, OSF)

"But to come to..., talk of men, man, in our days now, men, they are very strict, because my father, I can't discuss that with my dad. Or even hmmm (laughs), I can't discuss that with my dad".

(FK, ISF)

From the young people's discussion of their negative perception of their fathers, the adolescents *"did not think it is safe"* for them to discuss their dating relationships and sex issues with their fathers. Possible reasons for this could be the closeness of the young people to their mothers or the absence of their fathers at home when the adolescents need them. These accounts were mostly from the male participants. TJ, one of the ISM, expressed his lack of support for young people discussing their relationships and sex issues with their parents:

"I wouldn't support the idea, but it depends on the kind of each and every one of us. As children, we know our parents. So, if you think it is safe for you to approach your parents and talk to them about it, it is okay". (TJ, ISM)

The young people's interactions with their fathers could be attributed to the prevailing patriarchal system in most families and cultures in Nigeria, which is characterised as male-dominated, male-identified and male-centred (Johnson, 2006; Okazawa-Rey, 2006). This could probably suggest the basis for the young people's negative accounts of their relationships with their fathers, which could have possibly influenced their dating relationships.

The ISF participants groups identified single mothers as a type of parent who seemed to be friendlier and that young people felt "free" with compared to where the two parents were together. This could be because the young people were able to do whatever they liked when with their single mothers, especially since they described their fathers as "strict" and "unfriendly"- (FK, ISF). Hence, the presence of the father in a married home and the fear of the father in the children, especially in a patriarchal society, could be responsible for the young people's preference for single mothers. FK discussed that:

"I think there are some girls, they discuss some things like that with their mum, and especially if that mum is a single mother. Like a single mother, I think they are more caring and they want to do everything for you, you'll be free with them".

(FK, ISF)

Contrary to the opinions above, the young people also identified single mothers as possible sources of negative influences on the adolescent children especially if different men visited her at home. The participants discussed that the daughters of such single mothers could also use their mother as an example in making their choices. For example, according to Ebony:

“They’ll listen to their single mothers, cos if the parents are divorced, and the girl is living with her mother, and her mother, she still brings men into the house.

So, definitely, if my mummy is doing it, what’s bad if I do it? (Ebony, ISF)

While responding whether to discuss their dating relationships and sex issues with their parents and the limitations they faced in doing this, TJ (ISM) noted that their parents did not *“look at things from their perspectives”*. *“Hmmm. I will say that about 95% of them don’t”*.

The female participants seemed to generally describe their parents’ attitudes as *“unfriendly”* and *“unapproachable”* especially on issues relating to SCP. Their accounts suggested many reasons for their parents’ attitudes, like fear of pregnancy, stigma, shame, culture and religion. However, the description of some of the young people of their parents as *“unfriendly”* and *“unapproachable”* could be due to their parents’ lack of information about sex and contraceptive use. In fact, some of the female participants expressed how their parents became upset and angry with them for bringing up discussions on sex and contraception. This is supported by the account of Black:

“Assuming she was friendly. Actually, she was trying to pose to be friendly, actually my mum, she wanted to talk to me this that, but the way she did when I told her, I just tried telling her once and I just felt (smiles), I won’t tell her again in my life”. (Black, ISF)

Some of the male participants discussed their expectations from their parents on the appropriate ways to deal with issues that relate to their dating relationships and sexual practices. Some of the male participants described the actions of their parents in what appeared to be negative as - *“abnormal parents”* and *“parents who are not sensible”*

to express their disapproval of such parents' actions towards their adolescent children's decisions. Some of the reasons for describing such parents in what appeared to be a negative way was:

"You see sometimes, some parents don't have common sense. The parents may not have common sense. Why did I say this? This is because, the lady might have told her parents that she has a boyfriend, that she has a guy who wants to marry her. The parents who is sensible will stop the child that don't do this, if you continue with this relationship, you can make mistake and impregnate yourselves. But some parents who are not sensible would say, go ahead, that's good".

(MS, OSM)

The young people seemed to blame the involvements of some of the male adolescents in drugs to possible negative parent-adolescent relationship. This suggests that there could a direct link between the sexual practices of young people to "drug" use, which they attributed to their parents' "unfriendly" attitudes and treatments towards them. One of the ISF mentioned in the group discussions that an "unfriendly" and "harsh" parent-adolescent relationship could be one of the reasons why some male adolescents use "drugs".

"Guys these days, most of them are into drugs and the reason why they go into drugs, whether they don't want to admit or not is because maybe they are having issues at home or going through stress from their parents".

(Gift, ISF)

Despite the negative perceptions portrayed in the parent-adolescent relationships, some of the out-of-school participants identified that young people often "copy" their parents. Sharko narrated how young people "copy" their parents:

“It is the parents; it is the behaviour of the parents that the child copies. Children usually take after their parents”. (Sharko, OSM)

The young people discussed how parents negatively influenced their adolescent children. They talked about parents who encouraged their female adolescent children to date rich and wealthy men and have sexual intercourse with the men in exchange for money and gifts. This was majorly associated with the mothers and their daughters, thereby supporting their earlier argument that adolescents generally “copy” their parents, especially the parent, whose gender they are. Although a few participants identified that the male adolescents also practised this. Sam-Kay, an OSM narrated this:

“If a young person has a mother that is promiscuous, if she tells her mother that I am in a relationship with a guy. The mother will only ask if the guy is rich, does the guy have this..., then she will encourage her child to continue with the relationship but should ensure that she brings enough money home”.

(Sam-Kay, OSM)

6.2.2. Parent-Adolescent Fear

In the previous section, I presented the adolescents’ discussions about their relationships with their parents, the parents’ physical and emotional absence and lack of parental information on adolescent sex and contraception issues, and how all these created a cultural gap between the young people and their parents. I identified a high level of disconnection between the young people and their parents, leading to what appeared as negative perceptions about their parents from the young people’s accounts.

The second aspect of parental influence that was discussed by the young people is parent-adolescent fear. This describes the study participants' views and experiences of the fear and concerns generated from their parent-adolescent relationships. The young people described the parent-adolescent relationships as being filled with fear, where both the young people and their parents were afraid. The young people acknowledged and identified fear as an important factor that determined their closeness and the kind of relationships they had with their parents.

The young people described their parents' fear in two ways - the fear instilled in the young people by their parents, and the fear expressed by the adolescents' parents as perceived by the young people. One of the male participants expressed that their parents deliberately instilled fear in the adolescent children. His account further revealed that:

“Based on the fact that they said most times, don't go into that, because if you do, there are so many implications, like you'll get pregnant and you'll be a father at the age of 15, they try to place fear into the minds of these children”.

(Yoga, ISM)

This could either be the fear of their mothers or fathers. For example, some of the female participants recounted their relationship with their mothers as being filled with fear:

“Every time I think about it, I always say that my mummy said I should do this, I don't want to disappoint her. If I have any reason to talk to her, but because of the fear she puts in me, I am always scared to talk to her about issues that I feel like discussing with her”.

(Princess, ISF)

The young people also discussed how the fear of a particular parent shaped the sexual practices of young people. TomTom, an ISF, narrated how the fear of her mother shaped her sexual practices in her dating relationship in this way:

“Okay, my boyfriend, we’ve already planned that we are never going to do anything because of the kind of mother I have (laughs)”. (TomTom, ISF)

Similarly, many of the female participants described how the harsh treatments and threats by their mothers instilled fear in them against having relationships with the opposite sex and having sexual intercourse. The attitudes of their mothers could be due to the influence of the parents’ religious beliefs or the fear of shame if their female children become pregnant outside wedlock. Beauty an ISF, while discussing the reason young people did not talk with their mothers, explained that young people were *“always afraid of going to meet their mum because of the way their mums will scold them”*. Another ISF added that:

“When I was 13, my mummy would say tell me anything, any guy that come to meet you, tell me, so one guy came to meet me, but that fear cos my mummy, she is so harsh!” (Black, ISF)

The male participants on the other hand described their fear of engaging their fathers in any kind of discussion especially relating to sex. Sharko, an OSM revealed that:

“As in they fear their fathers more than their mothers, because whatever their fathers say, they follow it immediately, but if it is their mother, she will still say it, and may have to pull their ears, warn them. But, the father that is (hissed), at home, does nothing, only sits down”. (Sharko, OSM)

Sukky, an ISM, recounted his experience of and attempt to raise a discussion about relationship and sex with his father, which resulted in the father insulting and cursing him:

“My own daddy, my daddy I already know his response, get out of my office! Omo osi, omo iranu (meaning - stupid child; useless child)”. (Sukky, ISM)

In the discussions, the young people identified the type of fear expressed by their parents, as they perceived it. The adolescents tried to give reasons for their parents' fear that could also be possible reasons for the high level of parental control. The majority of the female participants identified fear of specific issues in their relationships with their parents. For example, many of them identified the fear of threats and restrictions made by their parents. According to Baby Girl:

“Some parents are too harsh on their children, they don't make any effort to get close to the child, they are just too harsh, maybe like shouting on the child that you must not leave the house, you must not do this, you must not do that”.
(Baby Girl, OSF)

In situations where a young person decided to confide in her mother about her dating relationship or sex issues, Black and Shorty described what seemed to be the typical reaction of adolescent parents in the Nigerian setting to this:

“Because they fear their parents. If the child tells the mother, the mother will tell the father that this child said he is doing something like this”. (Black, ISF)

“If the child tells the parents, the parents will say that this child has started to become wayward outside the home. They can because of this beat the child or disown the child, that he/ she is no more their child”. (Shorty, OSM)

Some of the young people described their experiences of their parents' use of a harsh and authoritarian style of interacting with them, which appeared to instil a fear of approaching their parents for any personal discussion. An ISF expressed how her mother instructed her on when to start having "boyfriends" when she was leaving home for the university, which seemed like controlling the daughter even when the daughter was no longer at home.

"Although when I was coming to school, my mum was like she doesn't want me to have boyfriend at 100 level, 200 level but when you get to 300 level, I can allow you to have boyfriend". (Beauty, ISF)

The participants identified from their experiences the aftermath of the "harsh treatments" and the "instilled fear" in the young people. For example, TomTom, another ISF, narrated that when parents constantly instilled fear in their children, any opportunity given to such adolescents were often misused.

"They should not put this fear in them, because some children, when they put fear and they be like ohh, you are not supposed to do this, you are not supposed to do that, once they get little freedom from their parents, that thing that the parents said they should not do is what they will go and do". (TomTom, ISF)

The analysis revealed that the parents of the young people also had their own fears, which some of the parents disclosed to their adolescent children, while some did not. The accounts of the young people identified some of the fear that their parents had. These included - fear of their adolescents making mistakes, fear of unintended pregnancy, fear of shame and stigma associated with unintended pregnancy, and the parents' societal reputation, fear of exploitation and fear of the future of their adolescent children.

A common fear discussed by the female participants that their mothers expressed was the fear of their daughters making the same mistakes that they made when they were in that stage of life. According to Black, an ISF - *“mothers of adolescents wanted to hold them”, that “the mistake I made you cannot make it, stuffs like that”*. In support of this, Princess also added that:

“So, I feel she just wants, she doesn’t want me to have the kind of life that she had. Yes, I have always known that she doesn’t want me ..., even when she’s praying for me, she prays that “you won’t live the kind of life I have lived”.

(Princess, ISF)

Even though Princess and the other female participants did not talk further about the *“kind of life”* their mothers had lived, the female adolescents generally mentioned that their mothers’ fears and concerns were often about the young peoples’ relationships with the opposite sex and their sexual practices.

Some of the parents took actions that the young people perceived as their parents’ ways of protecting their family/ parents’ societal reputation, which they did not want their children to destroy by making mistakes in their dating relationships and sexual practices choices. According to Winnie:

“The fear is still in them that if I go to my dad, if I go to my mum, she will just flare up, she will just think that I want to put the family to shame, and all other things like that”.

(Winnie, ISF)

The young people talked about their parents’ fear of their daughters being enticed by money and gifts from young men. Some of the in-school females said that their mothers promised to give them whatever they needed, to possibly keep them from

been enticed or sexually exploited by men. The experiences of Beauty and Winnie supported this:

“She (mum) said once a guy buys something for you, he is up to something”.

(Beauty, ISF)

“For parents, had it been for my mum, if I tell her that I’m in a relationship with a guy, she will tell me what do you derive from it, if you need something, tell me and I will give you (laughing)”.

(Winnie, ISF)

However, the participants attributed the failure of the parents to provide for their needs as one of the reasons why many young people made mistakes and wrong decisions, especially where the parents had the means to do so. Hence, they blame their parents for the wrong decisions they made. One of the OSM clearly expressed this:

“Cos some of the young people, the parents are also responsible for what children do. Cos, some parents are actually responsible for the child to be doing such things by not giving the child what he/ she needs even when the parents have the means to do so and the child also knows this”.

(M&K,

OSM)

The fear of the future especially regarding their poor financial status/ low socioeconomic status (SES), led some parents into encouraging their male or female adolescents to go into relationships with people from rich and wealthy families. These kinds of parents encouraged their daughters to get pregnant for the rich men, or that their sons should impregnate the rich women so that their families could be financially stable through this union. The accounts of Dammy, an ISF, and Omo-Master, an OSM, supported this:

“If he is a rich guy, actually from a rich family, there are some parents that they could actually tell the daughter that have sex with him, then when you get

pregnant for him, the money is ours since you are already his wife”.

(Dammy, ISF)

“Maybe the lady started dating the guy, and the lady’s parents are wealthy, and the guy’s parents are not wealthy. The guy may feel that if he stops the dating relationship with the lady, he might not end the suffering in his family. He can date the girl and also impregnate her so as to solidify the relationship, and they can both become rich”.

(Omo-Master, OSM)

6.2.3. Perceived Control Techniques and Tactics

In the earlier section, I presented the participants’ descriptions of how fear shaped the relationships between them and their parents, how their parents instilled fear in them and its effects on their choices. I explored the influence of fear on the actions and behaviours of the young people’s parents in their interactions with their adolescent children, as well as the possible reasons for these fears.

This section on perceived control techniques is the third aspect of parental influence, which describes the perception of the young people about how their parents controlled them, and the specific forms of control they experienced from their parents that showed their parents’ disapproval of their choices and actions regarding their SCC. Although some aspects of the control were discussed earlier, however, this section will present the perceived control techniques in detail as narrated by the young people. The key forms of control discussed by the participants were abstinence and virginity, threats of physical treatments and harm, threats of death, restriction of movements, use of force and withdrawal of favours. The young people identified some reasons for what appeared to be the negative and extreme control measures by their parents. The

major reasons identified as the undertone for the control by the parents included cultural expectations, religious beliefs, moral issues and fear of unintended pregnancy leading to shame and loss of societal reputation of the parents.

6.2.3.1. Female Chastity

All the participants discussed the issue of female chastity, and its influences on their choices regarding sexual initiation. The female adolescents described how their mothers gave specific instructions to them not to engage in sex before marriage. The prevailing cultural and religious expectations and gender roles place pressure on women to keep their virginity and remain virgins until they get married. Thus, chastity and female virginity reflected the family's honour (Jean-Claude, France and Danielle, 2013), and the female's dignity. Female chastity thus appeared to serve as a form of social control specifically directed at the female gender. In traditional patriarchal societies with clearly defined rigid gender roles, the female adolescent is generally valued for her honour and virginity, which affects her reputation and chances of getting married (Mulumeorderhwa, 2018). Therefore, virginity is only to be lost during the consummation of marriage (Cinthio, 2015).

The accounts of some of the female participants, who identified themselves as virgins during the individual interviews, revealed how and why they made their decisions on this. Some of the reasons they gave for keeping their virginity were - "*obedience to their parents*"; "*out of fear of their parents*"; "*ignorance*"; "*obedience to religious instructions*"; and "*out of confusion about what to do*". Winnie, an ISF, expressed that young people "*take the views of their parents serious*", and their parents do not encourage them to have sex. Using her personal experience, she said:

“My mummy can never advise me to do so (have sex)”. (Winnie, ISF)

Some of the female participants described how they kept their virginity because their mothers told them to do so, suggesting that they kept it not because they were convinced of the need to keep it. They only kept it because of their parents and so as not to let their parents down. Princess expressed this:

“Like me now, due to the ways my mum has always been insistent on keeping my virginity and all that, I know it’s a key point in my life. Every time I think about it, I always say that my mummy said I should do this, I don’t want to disappoint her”. (Princess, ISF)

The ISF expressed how the warnings and instructions they received about keeping their virginity alerted them to the control they had over their choices to have sex or not to have sex. They attributed these instructions and warnings to their mothers who told them to keep their virginity until marriage and be *“careful”* about *“who they give it to”*. The majority of the female participants who are from one of the three major tribes in Nigeria – Yoruba acknowledged that these warnings about keeping their virginity were the only form of sex-related communication between them and their parents especially, mothers. This is evidenced in OS experience:

“From a young age, one thing that Yoruba girls, like, all parents normally tell like their female children is that your virginity, hmm, your virginity, you should hold it like egg (smile), because once it’s broken, it cannot be fixed again”.

(OS, ISF)

6.2.3.2. Threats and Harsh Treatments

Apart from female chastity discussed above, one example of control by the parents of the young people from the accounts was through - *“threats”* by their parents. The

description by OS, one of the ISF reveals: *“the next thing they would do is maybe to slap the child or to beat the child, or to send you somewhere; you know that kind of thing”*. While Nikky, an OSF, expressed that: *“If I tell my mum such (sex issue), she can beat me to death! (laughing)”*. FK, an ISF recounted her friend’s experience:

“My friend said that if she tells her mum about dating or sex, my friend, it’s like you’ll come and see me at the hospital tomorrow or I dey go my papa’s village (meaning - I am going to my father’s village). They probably would beat me, and I will wake up in the hospital the next day. That’s what most people will tell you”. (FK, ISF)

The young people from their discussion believed that, when their parents beat them, their intention is that the beating will make the young people think and reason properly, to change their decision and act in the way their parents expected from them. Ebony discussed this:

“I believe most Nigerian parents they believe in cane. Or let me say they believe in beating. So, they believe that if I spank your head, it will correct or reset (laughing).” (Ebony, ISF)

However, the male participants described their parents’ reactions towards them if they raised issues about dating or sex with them in terms that appear to be scary and more destructive to the young people, such as - *“killing”, “shooting”,* though some of them discussed this while smiling, suggesting that possibly their parents did not really mean it, and were probably just trying to instil fear in them. Still, some of the accounts of the males revealed expressions like: *“my father would kill me!”* - Sukky, ISM; Hulk, another ISM said, *“if I tell my mum that I’ve had sex around 15/ 16 years, she will shoot me, or she will just break my head (smiles)”*. Sim (ISM) added that *“Your parents will disown*

you, and when they disown you, there is no hope for that person to succeed in life”.

FK also described her personal experience with her father:

“Yes, I remember I was watching a movie with my parents in the sitting room, then in the movie, the lady had a boyfriend and she’s around my age 16years. My father was like ehnnn, if my own daughter should have a boyfriend at this age, I would just kill her! (laughing). My mind was like, ahh, even if I have and I know that my parents know, I will just go and kill myself straight before coming home (laughing)”. (FK, ISF)

The kinds of reactions and facial expressions of the young people (smiling and laughing) while discussing these threats made by their parents suggest that either they did not believe that their parents meant what they said, or they were used to their parents talking to them in these ways, without such threats being carried out. On the other hand, if they did not take these seriously, then they should not have been afraid of the threats.

6.2.3.3. *Restriction of females’ movements*

The participants discussed restrictions of the adolescents’ movements as another form of control by their parents, but this was directed only at the female adolescents. Beauty, an ISF, gave an account of how her mother prevented her from attending weekend classes, which her colleagues in school described in this way - *“it’s my time to express my freedom, nobody to control me”*. Her mother could have taken this action as a way of controlling her behaviour and monitoring her, especially where there was minimal or no adult supervision and control.

“So, my mummy is like anything they teach you apart from Monday to Friday, ask from your friend on Monday, that’s just it. So, when it’s time to go to weekend class, I don’t go”. (Beauty, ISF)

Other ways described by the participants, which they perceived as control by their parents involved situations whereby parents restricted the females' movements by locking up their daughters inside the house, preventing them from going out. However, this practice seemed peculiar only to the females, as none of the male participants mentioned being locked up inside the house, nor had they had their movements restricted by their parents. Both the in school and out-of-school female adolescents gave accounts that supported this and expressed their desire to be free and have control over themselves. This action by the adolescents' parents suggested their overprotective control of their daughters, which could be due to their awareness of their daughters' vulnerability when they go out. The parents' actions could also suggest lack of trust in their female adolescents' children whenever they go out. According to both the in school and out-of-school female participants, they recounted that:

"Like locking the child up inside the house, not allowing her to go out, she should not do anything but to stay at home when she arrives from school. She should just be in the house always. If the girl decides to go and greet her friend, the parents will say no, that she is going to a man's house." (Baby Girl, OSF)

"All my life, I have been locked down, like no going out, stay in the house, and all that, so, maybe I want to be free, I want to have fun. The fun that I have not had all these while that I have been locked inside the house, I want to have like maybe a year or two to myself just to go out, partying, you know, have control over myself". (Princess, ISF)

The young people narrated that their parents controlled them through *"monitoring their movements"* and the *"use of force"*, and *"withdrawal of favours and things from them"*,

and that all these were examples of authoritative style of parenting mentioned. This parenting style was discussed by the in-school young people:

“When my friend's mum found out that ..., one of my friends, when her mum found out that she was pregnant while in school, that was last semester. Her mummy said she is not coming back to school again and even took her phone from her”. (Gift, ISF)

“My daddy I already know his response, get out of my office! o ya (meaning: now), bring your car key, drop it here, you are no more going out again, where is the other key to the car, drop it!” (Sukky, ISM)

6.2.3.4. Religious Control

The participants identified how their parents used their religious beliefs to control the adolescents. They also identified the religious beliefs as one of the possible reasons for the parental control and fear. The young people discussed the different ways that the religious beliefs of their parents influenced the young people's choices and their parents' actions towards them. One of the OSF gave accounts of her experiences:

“Because soon after he disvirgined me, I became pregnant. So, I tried to abort it. My mummy was walking along the road one day and was told by a prophet that she has a girl who anytime she becomes pregnant, she should tell her daughter not to abort the pregnancy. Later, when my mummy and I met at home, she told me that she was told to tell me that if I become pregnant, I should not abort it. I later had a baby boy”. (Fumzy-Glory, OSF)

Another male participant narrated how religious and cultural beliefs influenced him and some of his friends, whereby they consulted “soothsayers” and “religious leaders” in order to know the right steps to take regarding their future. This suggests that the

decisions made by some of the young people in their relationship and sexual practices depended on the instructions they received from their “soothsayers” and “religious leaders”. Sharko, one of the OSM further discussed this:

“Some guys do check themselves with the soothsayer to find out about their future and things they should do. This has to do with the guy’s future and he can discuss also with his friend, that what is the next thing about their future. And if they have a religious leader that they pray with, they can visit the person and he can tell them also about their relationships and the girls that they are dating; that he should go ahead to disvirgin her as well as the outcome of their relationships”. (Sharko, OSM)

6.3. Parent Surrogates - “Iya afes” (Area/ street mothers or brothers/ fathers)

In the first subtheme - parental influences - I analysed the relationship between the young people and their parents, which they presented from negative perspectives. I presented how the young people described their experiences of how their parents controlled them through fear and how their parents too were controlled by fear and suggested their reasons for this fear and control.

This second subtheme - parent surrogates - were called “*Iya afes*” by the participants (in Yoruba language), which they interpreted in English language as “*area mothers/ fathers*”.

Tit-Ped, an OSF, was the only participant who referred to the “*Iya afes*” as “*area sisters*”. The “*Iya afes*”, according to the young people, were older males and females that the young people chose and preferred to constantly relate with and specifically discuss personal issues with, which they could not with their parents. According to the

participants, they discussed major issues about dating, sex and use of contraceptives with these older women and men. The idea of having “*area/ street mothers/ fathers*” indicated that the young people desired a kind of relationship with their parents, which they could not experience with them, hence, they self-appointed those people that could be called “parents’ substitutes”, to perform the roles that they expected from their parents. This could also be the result of the physical and/ or emotional absence of the parents in the lives of the adolescents and their means of filling the gap created.

In this section, following the accounts of the young people, I will describe who the “*area/street mothers*” were, how the young people met and chose them and how they influenced the adolescent females’ SCC.

Almost all the participants except the ISM groups discussed the practise of having an “*area / street mother or father*”. The practice was seen as something in vogue among young people generally, in the South Western part of Nigeria. This practice seemed to be common among the out-of-school participants; probably - because the out-of-school participants’ parents were not physically present, as they were usually out working or going about their business. While trying to give more explanation on the concepts of these “*iya afe*” (*area/ street mothers*), Olasco, an OSF, further described their “*area/ street mothers*” as “*someone we are close to*”, even though they are “*older in age*” than the adolescent females.

Although none of the ISM mentioned that he had an “*area brother/ father*”, most of the OSM mentioned the influences of older males in their neighbourhood on their SCC (details of contraceptive use in the third findings chapter). According to Damzy, an OSF, she identified:

“Like school father, they call them father. Like my school father or something like that. “So, both guys and ladies have street mummies. They both practise it”. (Damzy, OSF)

Megavine narrated the influence of “*area brothers*” who resided in her male friend’s neighbourhood, and their influence on her male friend’s sexual initiation as follows:

“His girlfriend was always visiting him at home. It was during one the girl’s visits that the area brothers told him that a meat is offered to you freely and you cannot have sex with her anyhow. The next day, he said that he was told the same thing by these area brothers, and later he listened to them and followed their advice”. (Megavine, OSF)

The out-of-school females specifically described how they met their “*area/ street mothers*”, what they discussed with these older women, and how supportive they were to the adolescent females. Damzy, one of the OSF, added that, “*we see them on the streets, while walking along the streets in the neighbourhood*”. The participants’ accounts showed that the “*area/ street mothers*” had a strong influence on the female adolescents in particular. This was supported by Fumzy-Glory’s account:

“For example, if I like you and I come to your place every day from morning till evening. Then when people around notice that, then they will start calling you my “iya afe”. As in, like ‘second mummy’ or ‘area mummy’. They discuss about themselves with these elderly women and it is whatever these iya afe tell them that the young ladies do”. (Fumzy-Glory, OSF)

The adolescent females discussed the kind of relationship that existed between them and their “*area/ street mothers*”. From their accounts, it appeared that there was a kind of “*mother-daughter relationship*” between the female adolescents and their “*area/*

street mothers". This suggests the kind of relationship that the young people expected to have with their mothers, but which they did not experience, hence, their adoption of a kind of substitute mother. This could also be linked to their earlier accounts that their parents were physically absent for much of the time. The quotes from Baby Girl and Tit-Ped further evidenced this:

"Her way of behaviour is what I should say, to me, she takes and relates with me as a daughter and not like a sister". (Baby Girl, OSF)

"They are just like people in the neighbourhood. The women say that this is my "Omo afe" (street daughter). As in, this is my street child that is what those area sisters used to say. So, those area sisters, that's what they also talk to them".

(Tit-Ped, OSF)

When asked about what prompted them into having "*area/ street mothers*", some of the young people gave the reasons why they chose their "*iya afes*". The majority of those who had "*area/ street mothers*" discussed the kind of relationships they had with these older women. The OSFs' discussion about their reasons for choosing the "*iya afes*" seemed to be more like attempts to justify their actions. They expressed how close they were to these older women, and how their parents' possible negative reactions and fear pushed them to the "*area/ street mothers*". The account from Olasco revealed this:

"Cos I cannot go to my mum and say, mum, now this boy approached me, she will say: has your head turned upside down? Or are you mad? Are you really okay? It is the friends, and for some, their older siblings - older male or female siblings, except if the young person has street mummy". (Olasco, OSF)

It appeared from Olasco's account that the females perceived their "*area/street mothers*" as their next support option apart from their parents, friends and older

siblings. While some of them seemed to opt for their “*area/ street mothers*” for support as soon as they realised that their parents were unable to meet their needs.

The females mentioned that they were aware that the majority of their “*area/ street mothers*” were into prostitution, yet they still felt safe to relate and interact with them about their personal issues. Tit-Ped further revealed this in her account:

“Those area sisters that is what they are doing. Let’s just say that they are into prostitution. That’s what they are into”. (Tit-Ped, OSF)

A common reason identified by the participants for choosing their “*area/ street mothers*” was for information and guidance on their dating relationships, SCC, so that they would not make mistakes in their actions on these issues. Apart from their desire for sex education and guidance, some of the young people also described that they chose their “*iya afes*” to challenge or resist to their parents’ control. The participants’ discussions revealed their perceptions of their parents’ inability to provide the needed support to make their SCC, and the realisation of the need for a “mother or father figure” in their lives to perform the role of supporting and guiding them to make these decisions in their lives. Portable’s accounts compared the adolescent females’ relationships with their biological mothers and their “*area/ street mothers*”, acknowledging the fact that oftentimes, the advice that the “*area/ street mothers*” gave adolescent females was “*misleading*” and could lead to their “*destruction*”.

“What I see on the issue of street mummy is that the street mummy means that you can discuss your personal issues with her. There are some mothers that if you tell them about what is bothering you, she may not accept what you tell her, she won’t give you any advice. Some mothers if you talk to them that this is what is happening to me, she can tell you that what is her business there?”

Meanwhile if you tell your street mummy, she will tell you what to do, offering different options that you can take, but the mothers, the reason why we won't talk to mothers is because a mother will not allow her child to do something dangerous, this is why it is the street mummy that they talk to. Cos, she will encourage the young lady to go ahead with what she wants to do, that whatever the outcome, she will know the next step to take. This is why I feel young people prefer to talk to their street mummies rather than their biological mothers".

(Portable, OSF)

The above quote also suggests that, while the parents of adolescents seemed to be over-protective of their children, the "area/ street mothers" encourage and support them to explore their curiosity and experiment, but they also exploit the young people.

The OSF participants' accounts discussed about the roles of the "area/ street mothers"; and how these influenced the SCC of adolescents. Tit-Ped, an OSF, expatiated on what she described as reciprocal roles between the adolescent females and their "area/ street mothers", whereby the two parties appeared to gain mutually from the relationships, and both parties benefited from it. However, the young people's relationship with their "area/ street mother" did not appear to be the "mutual/ reciprocal" relationship as described by the participants but appeared to be more of an exploitation of the young people, especially the females. According to Tit-Ped:

"The reason why they are called iya afe (street mummy) is that you'll be the one that they will send to all those their outings. They can say you go to this person and tell him/ her this, this, this. If she wants to send you on an errand, you are the one that will go for them, and they will be like, do this something in return. So, you will know their in and out, and you too will be familiar that this is what

they are doing. And in as much as they also give you gifts, that is why they call the young ladies my street child or my area child". (Tit-Ped, OSF)

Some of the female participants said that their “*area/ street mothers*” manipulate their sexual decisions and used them for sexual transactions, even though it seemed that some of the females did not see this as exploitation, or just did not want to talk about it, or did not see it as important. In fact, almost 95% of the OSF claimed to have “*area/ street mothers*”, while about 70% of the ISF discussed the practice of choosing “*area/ street mothers*”. However, none of the ISF talked about having “*area/ street mothers*”. The “*area/ street mothers*” allegedly encourage the adolescent females to engage in sexual relationships with rich men in order to receive a share from such transactions. The narratives of the young people also suggested some form of economic relationship exists between the young people and their “*iya afes*”, in which each of them had reasons for being in that relationship based on what they could gain from it. This seemed to further support the possibility of exploitation of the female adolescents, and not a reciprocal relationship as perceived and discussed by the female participants. Damzy’s account showed that:

“Most of the street mummies (iya afe) and the friends that we have do mislead us. They won’t tell us the rules and regulations that one should follow, that is okay. What most of them are more concerned about is that if she does it at least she will bring money to her, she will also give me part of the money they give her. So, because of the little money she will get from the young girl, she will mislead her and lead her to destruction and this is not good”. (Damzy, OSF)

On the other hand, the OSF narrated how their “*area/ street mothers*” assisted them financially to meet their needs. This could possibly be a reason for choosing the “*area/ street mothers*” especially by those females from families of low SES, in order to meet

their needs. This suggests a form of economic exploitation of the female adolescents that was based on their families' low SES. The account of Olasco revealed that:

"We look at all those things and the fact that they are wealthy. Someone that I know that if I go to her that I need money, she can either give or lend me, so, we do such things". (Olasco, OSF)

Some of the female participants expressed that they gave "selective" information about their lives to their "area/ street mothers" as well as their biological mothers. They expressed their awareness of being manipulated and exploited by their "area/ street mothers" who they revealed gave them "bad advice". The adolescent females appeared to be comfortable with the transactions and relationships between them and these older women than to approach their biological mothers. However, despite this awareness, the female participants did not show that they intended to stop having or going to their "area / street mothers".

"On the issue of "iya afe" (street mummy) is that mostly it is not everything that we discuss with them. Cos, it is not every issue that I discuss with my mum. But mostly I see that it pays to tell them what is bothering my mind too, cos, there are different kinds of street mummies. Some will give us good advice while others will give us bad advice. So, in one way or the other, they are good and they are not good on both sides. So, I still prefer to discuss with my street mummy" (Roxxy, OSF)

The discussion of the female participants revealed that the practice of having "area/ street mothers" as practised by the OSF participants, is present in both study settings - rural and urban settings.

6.4. Friends/ Peer and other Influences

In the second subtheme, I explored the concept of parent surrogates - “iya afes” (area/ street mothers/ fathers/ brothers) as discussed by the young people. I analysed the narratives of the participants about the “*area/ street mothers/ fathers/ brothers*”, how and why they chose them, and the roles they played in the young people’s relationships, SCC. I identified some elements of exploitation from the female participants’ accounts, especially those from low SES.

The third subtheme, friends/ peer influence, details another major group that the participants identified that had the strongest influence on the young people, among all the relationships they discussed. The section describes how the actions of the peers and friends of young people influenced their dating relationships and SCC. The majority of the participants identified their friends/ peers as the people that young people listened to most in their relationships. Peer influence appeared to be stronger than parents’ influence on the out-of-school participants, while, among the in-school participants, friends/ peer influence seemed to be based on the kind of relationship they had with their parents. The narratives of the in-school participants revealed that adolescents who trusted and discussed sex-related issues with their parents seemed to be least influenced by their friends. In contrast, where the parents were not available for the young people, their friends had the greatest influence on their SCC. The young people acknowledged in their narratives that their friends influenced them in the decisions they made as they were often their first point of call, especially on issues that relate to dating relationships and sex. Their accounts revealed the reasons why their friends influenced them, the forms of influences their friends had on them, and how they responded to these influences.

6.4.1. Reasons for influence

The participants highlighted the reasons why their friends influenced their dating relationships and SCC. Some of the reasons mentioned by the young people were that they were of the “*same age*” as their friends; their friends “*understand them*”; and that they “*trusted and believed in their friends*”. The adolescents added that their friends were “*friendly, approachable and “open to them*”; that young people were “*always with them*”, and that the young people felt that their “*need to belong*” was satisfied whenever they were with their friends. Other reasons mentioned were:

6.4.1.1. Same “age rank/ group”

Some of the young people believed that their parents did not understand what they were going through, but their friends did. According to Ebony, an ISF, “*young people listen to their friends*” because they were “*age mates*”. Another account of an ISF showed:

“So, I just go to my friends and explain to them since we are in the same age rank and in the same age group, so they should get what I am trying to say. My friend, as she’s my friend now, if I want to have sex with a guy, I would tell her, we are in the same age”. (Winnie, ISF)

6.4.1.2. Understanding and telling the truth

The young people described certain qualities in their friends as reasons for their influence. These qualities were “*understanding*” and “*telling the truth*”. For FK, one of the ISF participants, the reason she gave for this is that her “*friends told her the truth*” especially about sex and contraceptives. While for Winnie, another ISF, the reason why friends influenced young people was because of their “*understanding*”, and the

fact that their friends were also passing through the same adolescent experiences. Winnie's account further showed that:

“So, okay this girl will understand me, this girl will know what I'm going through. If I go to this person, ah, ohun naa ti pass through e (meaning: she has also passed through it), like, she has passed through it, ehm, she's been through this kind of situation, so, she's going to understand me and everything. So, that's why most of them will run to their friends”. (Winnie, ISF)

6.4.1.3. Pride and boast

The ISF identified that their friends influenced them to have something to boast or be proud about. From their discussions, the participants noted that they took certain actions like - starting their dating relationships, and having sex with their dating partners, to show off - *“pride and boast”*, and *“to show/ prove to their friends that they could achieve something”* as *“big girls”*. This was discussed by the IS females mostly, in relation to getting along with their friends. According to Beauty, an ISF:

“Some guys go into relationship just to show their friends; it becomes a pride to them that I achieved something on my own. I was able to woo this girl, I was able to do this, that they were capable of having relationships” (Beauty, ISF).

6.4.1.4. Spend more time with friends

The young people identified the fact that they spend more time with their friends as another reason why their friends influenced them more than any other person. This extended to influencing the young people's decision regarding their SCC. These people according to the adolescents were often times their friends/ peers. The evidences from the accounts of AJ showed that:

“Anything that influence their decision on that sex stuff, friends, peer group, peer pressure, yes. Being around them definitely, if you are around them definitely”. (AJ, ISM)

6.4.1.5. Accessible and available information

The adolescents claimed that their friends gave them the needed information about relationship, sex and contraception. FK, an ISF narrated how her friends' information gave her an understanding of the negative experience she had in the purchase of a contraceptive for an adult who sent her.

“My friend was like; don't you know the meaning of that thing? and I said no, I don't know the meaning, she now told me that it's condom”. (FK, ISF)

Another in-school male participant also expressed how friends influenced young people by giving them the information they needed about sex and contraception in what they described as *“convincing way”*: OVA narrated that:

“If actually I'm going to..., the way my friends said it, if actually I want to do it, the way they've said is enough for me to go into it. 'Cos, they used to break it down, that there are some drugs that it won't affect you a lot that you can use and then after using, nothing will happen. So, they are not like..., because of the way they are explaining it, they would break it down, break it down, break it down, that this way, this way, and they are the ones that gave me the most useful information”. (OVA, ISM)

6.4.1.6. “Need to belong”

The participants identified the “need to belong” as another reason why friends influenced young people. Some of the young people, especially the males, expressed

their “*need to belong*” and not be the “*odd one out*” whenever they were with their friends/ peers, thus influencing their actions. On the other hand, some of the males identified that their friends “*laughed at*” or “*made jest of them*” for not having had sex with their female dating partners. This probably made some of the young people, including the females, copy what their friends did or do what their friends told them to do. The account of OS, an ISF supported the existence of this motivation not to be the “*odd one out*”, especially following experience of being pressured by friends:

“Just hearing that one from his friends, it can make him feel like, ooh, let it not be that I am the only person out of the group that is not doing this thing”.

(OS, ISF)

The OSF participants gave accounts of how their friends described their sexual experiences and how this influenced them to want to try it. The accounts from TitPed supported this:

“Ehmm, the advice, sometimes the way people say this issue of sex, the way they say it, as in you hear it, you will feel like let me go ahead and do this thing. They will talk to the extent; some people have sugar-coated mouth. They will say it in such a way that if you hear it, what they are saying, you will feel like this thing they are talking about, it seems like what they are saying is true, and you’ll feel like let me also do it, let me also try it, and see how it is”. (TitPed, OSF)

6.4.2. Forms of Influences by Friends

The young people not only gave reasons why their friends influenced them, but also identified the different ways that their friends influenced their SCC. The forms of influences discussed by the participants that their friends had on them were “*giving*

them advice”, *“encouraging them on sex and contraceptive use*”, *“giving warnings”*, and *“putting pressure”* on them.

6.4.2.1. Advice

The female participants mostly talked about how their friends gave them advice, which could be *“good”* or *“bad”* advice. Some of the examples of what the young people cited as *“bad advice”* from friends according to Beauty (ISF) were - *“Some friends will be like if you don’t have sex, you are not a man”*. While their examples of *“good advice”* mentioned were - *“You don’t need it, you can just move on like that without sex”*. - Winnie, an ISF. She further added:

“The first thing a bad friend will first ask you is - have you slept with him yet? And if I say no, a friend will tell you that what are you still doing? And if he does not make a move, you go to him. Good friends will tell you that you are lucky that he’s not asking for sex, so, it’s better you just keep going on like that. If you really like him, just go for him” (Winnie, ISF)

6.4.2.2. Pressure

The participants also discussed the ways in which friends put *“pressure”* on young people to do whatever their friends wanted them to do. The pressure described by the young people from their friends could be in the form of excluding them from discussions on dating and sex or laughing at the adolescent who appeared to be inexperienced in dating and sex issues. In response to the pressure from their friends, the adolescents expressed that they usually *“copy”* their friends, hence, *“go with the flow”* as termed by the participants, to avoid being the *“odd one out”* when with their friends. Beauty and Tabitha, (ISFs) identified that *“peer pressure affect young people*

negatively”, as it made them to do things that they had decided not to do if they were not under pressure. Another ISF, OS, said that females often succumbed to pressure from their friends. According to OS:

“It’s not as if you are keeping yourself for anybody or anything like that, so, it can be peer pressure. It could be that all their friends are doing it. Just hearing that one from his friends, it can make him feel like, ooh, let it not be that I am the only person out of the group that is not doing this thing”. (OS, ISF)

6.4.2.3. Friends’ previous experiences

The previous experiences of the young people’s friends were another form of influence they discussed. The adolescents pointed out that their friends’ previous experiences in some situations encouraged them to copy their friends’ choices. Conversely, the young people also discussed how they learned from their friends’ mistakes and their subsequent negative experiences, especially on issues relating to their relationships, sex and contraception. The account below was an example of how young people made their choices by using their friends’ previous experiences. TomTom narrated her friend’s experiences thusly:

“There’s this my friend. She just started having sex last year, but then her own experience and all, she told me everything about it and they are very useful. Because she made a mistake, she got pregnant at some point, so she had to do an abortion. She made a mistake and I am learning from her mistake, so I’m learning from it to avoid all those. I am going to run from it, so I won’t make the same mistake she made”. (TomTom, ISF)

Closely connected to the above was another discussion of how young people “*listened to*” and “*discussed with*” their friends. According to Beauty, an ISF: “*I discuss with my female friends, let me say female friends, but I discuss my plans with my friends*”. The account from another ISF revealed that she copied her friend, even when she appeared not to know what to do in her relationship, possibly due to the young age when she started dating.

“So, I started dating in JS3, and that was when I was 12 years. So, I started dating just because of friends like I said last week. So, it’s a little bit difficult because I couldn’t handle it well because of my age and the guy then is 13, ehmm, the guy was 14, I was 12”. (FK, ISF)

6.4.3. Other Significant Relationships

The young people also discussed other relationships they had with significant others that they felt guided some actions they took regarding their choices about their dating relationships and SCC. The people that the participants identified that supported them in making their choices included their family members like their older siblings, their religious leaders and health workers. The participants discussed the specific ways each of these people influenced their SCC.

6.4.3.1. Older Siblings

The first group of people mentioned were the young people’s older siblings. In the accounts of all the young people interviewed, almost all of them identified the influence that their older siblings had on their SCC. The majority of the young people who said that they made their choices based on the influences of their older siblings on them and not their friends or peers. This suggest that, for those adolescents, their older siblings had a stronger influence on their SCC. This was peculiar to both the in-school

and the out-of-school participants, male and female, who participated in the study. However, not all the participants had older siblings to influence them.

For those participants who identified that they had older siblings, some of them received the information they needed about their relationships, sex and contraception, which they expected from their parents, but did not, from their older siblings. For some, they described their older siblings as their “*confidants*”, “*role models*”, someone to “*copy*” especially in their dating relationships and SCC. The position of the older siblings in the accounts of these young people appeared similar to their friends or peers in some ways - they were close in age for example, and this can be seen in the account of Baby-Girl:

“Ahh, it is my sister! That our third born, I always listen to her most, she often advises me that don’t allow any man to touch you. There was a time that she asked me if I was still a virgin, and I had to confess to her and she told me that since I have done it, I should know the type of home that I am from, that I should know what I am doing and be very careful. So, it is our third born that I listen to most”. (Baby Girl, OSF)

The second similarity identified in the relationships between the young people and their older siblings is that the young people also learnt from their older siblings’ past mistakes, the same way they talked about how they learnt from their friends’ mistakes. One of the OSF discussed her older sister, especially how she learnt from her older sister’s mistakes, who got pregnant and had a child. According to Olasco, an OSF: “*I don’t want that to happen to me*”.

6.4.3.2. Influence of religious leaders

Some of the participants identified the influences of their religious beliefs, religious leaders and some members in the congregation on their choices about their SCC. Gift, an ISF expressed that, as young people, they were aware that some of their parents might be constrained or influenced by their religious beliefs. Hence, their parents' "refusal" to talk to them about sex. FK, another ISF, discussed the young people's expectations from their parents to discuss sex and contraceptives with them, and their awareness of the influence of religion on their parents regarding this:

"Even though it's against their religion and everything, they don't want to discuss with their children about sex, they don't know..., they don't want to (hissed)..." (FK, ISF)

Some of the young people identified in their interviews that the choices they made were based on the advice and counsel they received from their religious leaders or from the examples of some of their church members. From TitPed's accounts:

"My Pastor, because according to her story, she grew up as somebody who took sex as fun. So, later she knew and then she realised what she has done, she used that story to teach us, about her life, that she doesn't want anyone of us to go down that path she walked, and she gave us some advice in order to prevent it". (TitPed, OSF)

6.4.3.3. Influence of health workers

Out of all the study participants, only few of the female participants identified that the advice they received from health professionals influenced their SCC. In her response to the vignette about the adolescent girl who became pregnant at age 15, Winnie, one of the ISF described health workers, mostly nurses, as another group of people that

influenced the SCC of young people, without mincing their words. According to Winnie and Beauty, their accounts revealed:

“Then the views of the health workers, some health workers - nurses advised us not to do it at all. Some health workers will say if you want to do it (smiles), use protection”. (Winnie, ISF)

“Health workers will be plain with you, they will say it straight to you, they won’t be like, ehn... It’s if you do it, it’s you that will suffer”. (Beauty, ISF)

6.5. Making sense of the relationships

In the previous subtheme, from the narratives of the young people, I analysed the influences of friends/ peers on adolescents. I also explored and presented the influence of other significant relationships like the older siblings, religious leaders and health workers on the young people’s SCC. The other significant relationships between the young people and their secondary school teachers will be presented under the third major theme in chapter 7.

This section describes how the young people made sense of the relationships they narrated in making their SCC. It described how the young people narrated how they made sense of their relationships with their parents, parents’ surrogates, friends/ peers and their general relationships with significant others. The major features of this are: hierarchical influence between the parents and friend of the young people, resistance to parental influences, and the preferences and individual choices of the adolescents.

6.5.1. Hierarchical Influence

An observation that was made by the participants that was generally evident in most of the interviews was that the majority of the young people appear to struggle with the hierarchical influence between the advice and threats from their parents, and the advice, encouragement and pressure from their friends/ peers. While making their choices about their dating relationships and SCC, the majority of the participants expressed that most of the time, their friends offered them advice that was contrary to whatever their parents tell them. From the accounts of Hulk:

“...you also have the same friends who are telling you to do the opposite of what your parents told you to do”. (Hulk, ISM)

6.5.2. Resistance to Parental Influences

The majority of the participants discussed their awareness of their individual responsibility to make their choices despite the contrasting power and control over them in their relationships. Some of the participants described how they challenged and demonstrated some form of resistance especially to their parents' control and the instilled fear that pertained to their sexual practices. The participants narrated that making their SCC was often associated with some form of rebellion as observed in the account of FK, an ISF: *“if my mum shout from today till tomorrow that I should not have sex, if I want to have sex with my boyfriend, I won't tell her, and she won't know”*. Princess, another ISF, recounted how some of the young people sometimes *“rebel”* against their parents' instructions:

“Sometimes, there are some people, no matter the way your parents tell you, they always want to rebel and go against it”. (Princess, ISF)

The female participants discussed measures they devised to resist their parents' *“harsh treatments”* and *“control”* over their choices on dating and sex issues. TitPed, an OSF participant, described in her individual interview how she reacted to her

mother's "harsh way" of treating her when she appeared to challenge her mother on sex issues, which changed their mother-daughter relationship. TitPed explained this:

"Even my mummy, my mum is a person that is very harsh, I just said it one day to my mum that with the way you monitor me, if I go to school, if don't get to school, how will you know? Immediately I said that statement, for three days, she changed back, and if you see the rapport between my mum and I, we are just like best friends". (TitPed, OSF)

One of the ISF, Princess, in her account expressed her plan to approach, challenge and resolve the issues she had around dating relationships and SCC with her mother without insulting or being confrontational:

"When I know that okay, she can't shout at me again, if she shouts at me, I won't shout back at her, but I'll be able to put my points across to her, that this is what I want, and it's my life. I know you gave birth to me and all that and everything by raising me, but it's my life and I should be able to make decisions by myself. And, I know you will guide me on the decisions I make, but you just, you shouldn't try to force yourself into my life/ path". (Princess, ISF)

6.5.3. Adolescent Preferences

Some of the young people clearly expressed their preference for "non-judgmental adults" to guide them in making their SCC. They specifically mentioned in their discussion that they did not want adults who "criticise" their behaviours including their parents. This could probably be the reason why young people opted to talk to the "area/ street mothers and fathers" whom they did not know, rather than talk to their parents. It also suggests that young people desired "unbiased opinions" about themselves and not "criticisms". In the opinion of Hulk, one of the ISM:

“If you want to air your view to someone, if you want someone who is going to listen to you, and not be judgmental, you talk to a person you don’t know. When I talk to the person, the person does not know my flaws, he does not know my weakness, he does not know my greatness, I just tell a random person, maybe someone I’ve known, met a while before, maybe 2-3 days ago, we had exchange of words (coughs). And ah, you know, just, he/she has never known me personally, as a total person. That’s actually the best time, an unbiased opinion is the best opinion. (Hulk, ISM)

The young people discussed their preferences for advice-givers, especially between the two influences that appears to be the strongest on them - their parents and their friends/ peers. While discussing her preference for her mother, an ISF expressed that her mother knew better than she did nor her friends did, as her mother was once like them:

“Because I think she has gone through this before, so she should know better because they say that experience is the best teacher, so, she should know better than my friends and others”. (Winnie, ISF)

Hulk, an ISM, also talked about his preference for his mother above any other relationships, based on her mother’s approach to him:

“If my mum says I will beat, you think that I will listen to her? I love my mummy than my daddy, she knows that if I talk to you as my son, you’ll listen to me..., so, you have to understand the personality of the child, you have to. Like me, if my mother tells me to do this, and my friend tells me to do this, if you’re my friend, you can go to hell fire, I won’t listen to you”. (Hulk, ISM)

Some of the OSM participants, expressed their preference for their parents’ advice over their friends’ advice. MA said - *“The parents are the most important”*. Kiss-Cash

expressed his preference for his mother to the extent that *“If my mum sees me with a lady and she says don’t sleep with the lady, I won’t have sex with her”*. Sharko also supported this:

“It is the parents. One’s parents will not change. If one’s parents says something, the friends, what the friend will say will be different from what the parents will say”. (Sharko, OSM)

While responding to the question on how young people make their choices between what their parents and their friends or peers tell them, some of the ISMs said that the *“personality of the individual”* young person determined this. The accounts of Hulk, ISM reflected this: *“The decision between parents and peer/ and friends, it is a thin line, and that thin line is the personality of the individual”*.

Some of the young people claimed that the ultimate choice depends on the individual young person. The young people used different words to describe what they meant by this. Some of them identified the need for adolescents to exercise *“self-control”* in making their SCC. Some identified *“personal determination”* or *“personal consideration”*, - as the factor they needed to make the right SCC. One of the ISF expressed that it is about the individual themselves:

“To me, it’s about yourself. It’s about yourself, even your friends, when they tell you go, go and have sex with this guy. And you have the right to yourself. There’s nothing that can change your mind. There is nothing in this world that can change your mind, even parents and everything. Once you know yourself, you’ll build yourself, there’s nothing a friend can say that will change your mind”.

(Goldieberry, ISF)

The young people further described the individual young person's role in making their SCC. In the words of some of the ISF:

"But when I have sex now and I get pregnant, my future already is looking bleak, because first the period of me carrying the pregnancy and everything like that about the pregnancy. Or if I contracted a disease, tell me, contacting HIV, although they say there's a way, the guy will be treated but there's no way, it can't leave. So, I used to think of the consequences mostly, to the benefits".

(Beauty, ISF)

Princess, another ISF, in her discussion on her SCC said:

"Like some of my friends have had sex and they are always talking about boys, it's not something that I just want to go into just like that. I want to know what I'm doing and have possible ways of preventing diseases or pregnancy".

(Princess, ISF)

However, some of the young people expressed that their preference was to keep whatever they are going through to themselves than to tell anyone, including their friends. The reason given for this is that they did not *"trust anybody"*, either due to their experiences of betrayal by friends or because they wanted privacy. The account of OS, an ISF supported this:

"Think about those people that even when they have, I don't know..., in very big problem, they believe in keeping it to themselves. Yes, they believe in keeping it to themselves, because, even like me - trust nobody. And there are some people that at a certain point, they must have trusted, they trusted somebody, and the person broke their heart".

(Ebony, ISF)

6.6. Summary of Chapter 6

In summary, I have presented the second major theme of this study where I explored and presented the influential relationships in the young people's SCC. I identified the huge gap in the narratives of the young people with a generally perceived negative parental-adolescent relationship, and a high level of parental control resulting in a kind of disconnection between the adolescents and their parents. I presented the reasons the adolescents discussed for their fear and their parents' fear and control. I found out that the young people now look for older adults to either make up for, or replace their parents' responsibilities regarding their dating relationships, SCC. I discovered that the friends/ peers of the young people had the strongest influence on their SCC.

In Chapter 7, I will present the third finding of the study.

CHAPTER 7: INFLUENCING CONTRACEPTIVE KNOWLEDGE

7.1. Introduction

In this chapter, I will analyse and present the third major theme in this study – “influencing contraception knowledge”. I will explore the additional influences of contraception knowledge on the adolescents’ choices and will present the young people’s knowledge about contraceptive information, and the influence of media and internet on their sexual and contraceptive choices (SCC). Finally, I will discuss the reasons suggested by the adolescents for their use and non-use of contraceptives.

While contraception was mentioned throughout the previous chapters, it is this third findings chapter - which will explore the additional influences of contraception knowledge on the adolescents’ choices. The accounts of the majority of the participants suggested that their main concern was that they lacked information about contraception. The female participants identified that young people were often ignorant on matters that relate to contraception and sex. The male condom seemed to be the most familiar and commonly discussed contraceptives by almost all of the participants. The male participants’ discussions suggested that the reason why the majority of the young people did not use condoms either as contraceptives or contra-infection was that they watched pornography materials and that there were no

contraceptives used in the pornographic materials that they watched; hence, the young people did not see the need to use condoms as contraceptives when they had sex.

The sub-themes that will be presented in this section are the influences of the young people's contraceptive knowledge based on their: a) contraceptive information; b) media and internet influences; and c) the suggested reasons for their non-use of contraceptives. Figure 7.1 presents the summary of the analysis of the third major finding with the major theme in the middle, coloured deep orange, the three sub-themes in light orange colour and the codes in light green beside each sub-theme.

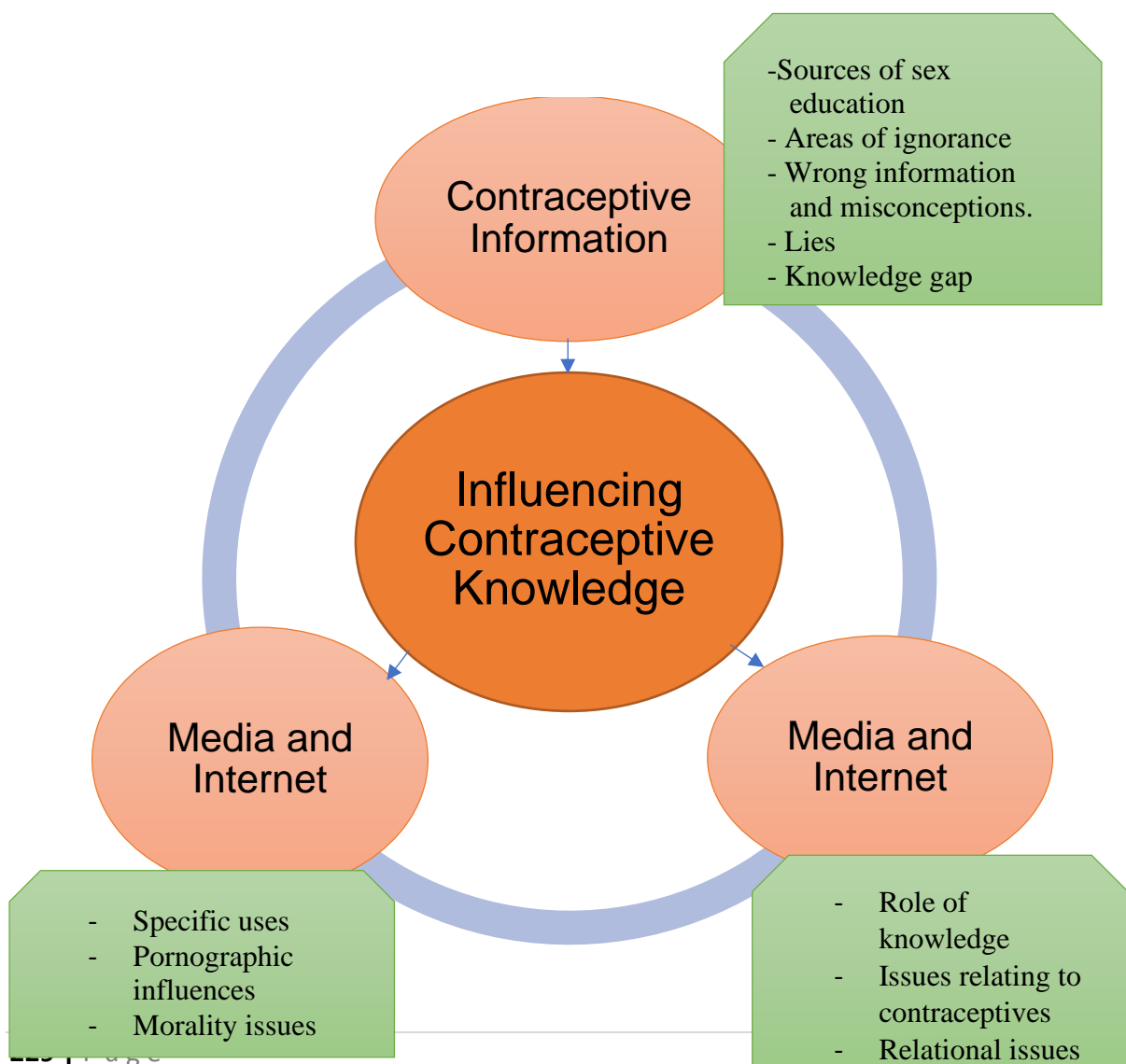


Figure 7.1 Summary of the Analysis of the Third Major Finding

7.2. Contraceptive Information

The subtheme contraceptive information focuses on the information required by the adolescents to make their choices on issues relating to their dating relationships, sex and contraception. The young people expressed their awareness of contraceptive information, which they called “*sex education*”. The participants’ discussion about their contraceptive information will be presented as their - a.) Sources of contraceptive information; b.) Areas of ignorance; and c.) Knowledge gap.

7.2.1. Sources of Contraceptive Information

These refer to where, how and from whom young people got their information on contraception. The discussions of the participants appeared to focus on two major sources of contraceptive information. The first source that was identified was through formal education while the second was through informal education. The majority of the participants generally referred to their information about sex and contraception as “*sex education*”. Almost all the participants mentioned “*sex education*” during the interviews, although not all of them referred to it as “*sex education*”. The references to “*sex education*” appeared to be common among the IS participants, while the OS did not name it sex education but rather cited specific examples that they used to narrate their experiences. Breuner et al. (2016: 1) defined sex/ sexuality education as the “teaching about human sexuality, including intimate relationships, human sexual anatomy, sexual reproduction, sexually transmitted infections, sexual activity, sexual

orientation, gender identity, abstinence, contraception, and reproductive rights and responsibilities”. The formal education according to the majority of the adolescents were the information about sex and contraception, which they received as part of their curriculum in their secondary schools by their teachers. According to FK and Gift:

“Secondary school, that’s when they talk about it”. (FK, ISF)

“Secondary school is where they talk about it. That’s mostly the only education you get as sex especially in Nigeria”. (Gift, ISF)

The second source of contraceptive information identified by the participants in the discussions was informal education. These included those sources of information outside the structured educational settings, usually by parents, the parents’ substitutes, older siblings, older neighbours, religious leaders, etc.

In Nigeria, sexuality education was included in the secondary school curriculum since early 1990s and was called Comprehensive Sexuality Education (CSE). However, the government changed the name from Comprehensive Sexuality Education to Family Life and HIV Education (FLHE) in response to fierce political opposition based on religious and cultural arguments against the teaching of sex-related subjects to young people, based on fears that it was a way of exposing them to immorality (Huaynoca et al., 2014). The teachers who teach sexuality education/ FLHE were designated teachers for the subject, who are specially trained to teach the subject, or by other teachers who teach other related subjects like Biology, Integrated Science or Home Economics (Wood, Rogow and Stines, 2015).

Some of the participants identified that some of their secondary school teachers who were not designated to teach FLHE provided them with information about sex and contraception as *“advice”*. According to the participants, these teachers only advised

students using the experiences of other students who became pregnant while in school and had to drop out of school possibly due to their unintended pregnancy and the shame, or due to a failed abortion. These teachers, according to the participants, often advised other students about “sex education” and the need for them to abstain from sex. This was discussed among the OS participants, for example, in the account of an OSM participant:

“My teacher in school, when I was in SS2, the teacher was a female. One of my colleagues in SS2 became pregnant, and she was coming to school with the pregnancy, but the shame could not her make to continue to come to school, cos, later they got to know in school that she was pregnant. But the teacher loves me and this made her to tell us that what that person did that made her to be pregnant, we should not do it. She advised us that we should have a source of income and a good job, that if we marry a girl at that time, who will be responsible for the care of the child and the mother? It was from my teacher that I first learn about It”. (M&K, OSM)

The teachers’ advice to the young people seems to have an undertone of the fear of pregnancy, which is one of the suggested reasons for the parents’ fear. This suggests that both the parents and teachers appear to have a fear of pregnancy that drives their contraceptive advice.

The majority of the female participants discussed specific aspects of sex education that they received from their friends/ peers, secondary schools’ teachers, older siblings, and their parents especially their mothers. For example, Gift, an ISF, narrated the young people’s sources of sex education in this way:

“Secondary school, that’s when they talk about it. That’s the only, that’s mostly the only education you get as sex especially in Nigeria. But our parents, some of them may feel, like my parents (smiling), they just do as though they don’t even know what sex is”. (Gift, ISF)

Among the OSF participants, their secondary schools were also identified as the place where they first heard about “sex education” - *“School is the place where I first heard it, that one should protect herself personally especially, young ladies”-* (Fumzy-Glory, OSF). While discussing the specific information they were given, Baby-Girl added:

“When our Biology teacher used to teach us, he used to say that guys..., maybe he used that to scare us that you should not allow guys to touch you, when you allow them, and they touch you and have sex with you, you will become pregnant”. (Baby Girl, OSF)

However, FK, an ISF, recounted her experience with a family member living with her grandmother as the source of her contraceptive information, when she had no knowledge of what contraceptives were. She explained how she was to live with her grandmother because her parents were in different marriages and handed her over to be raised by her grandmother.

“There is one uncle living with my grandma, I call him my uncle. So, he asked me to go and buy something called condom he called it ..., ehnnnn, ‘Gold Circle’, yes, that is what he called it. I thought it was a drug o. I was like I have been to three chemists, and the people I met there told me they don’t have, I should go. They are telling me they don’t have, okay, what is this thing? So, I met my friend and she was like, don’t you know the meaning of that thing? and I said no, I don’t know the meaning, he now told me that it’s condom, I now told the uncle how those, those three chemists chased me away”. (FK, ISF)

The account narrated above according to FK, happened to her about two years prior the interview, when she was 16 years.

From the interviews conducted among the young people, only three males claimed that their parents gave them sex and contraception information (SCI), and they identified their mother as the main source of SCI. The majority of the females, did not mention their parents as the source of their contraceptive information, but rather expressed their desire for sex education in what they described as a “friendly” and “approachable” way, suggesting that the kind of contraceptive information they had been given was presented in an unfriendly and non-approachable way by their parents. For Hulk, an ISM participant, his mum first gave him SCI:

“Okay, my mum, parent, my mum taught me about sex education. She was the first person to enlighten me about sex, I had not known about it, and I was, I didn’t even know, and I think she was happy. I didn’t know for a very long time, - “cos the day she saw my reactions, it was like oh, I thought what is my business, what am I thinking of. She was the first person who told me that see this is what it is. I was in JS2 when she told me, this is this, do not do this, do not do this, do not do this. And I said okay, but I’m like, no, in my mind, I know what I would do, so my parents taught me about sex education”. (Hulk, ISM)

Kiss-Cash, an OSM participant narrated how he received SCI from his mother in this way:

“My mummy told me that she doesn’t say that I shouldn’t have girlfriend, but I should use my brain with it, that I should not impregnate a lady, and that I should not destroy the lady’s plan. Use my brain means that I should be careful and

not impregnate the lady. My mummy told me that whenever I want to have sex with any lady that I need to be very careful". (Kiss-Cash, OSM)

The few male adolescents narrated how their mothers warned them to be careful about having sex noted that the warning was for them not to impregnate the young women and not to become infected with sexually transmitted infections (STIs) and Human Immunodeficiency virus (HIV). This warning is in contrast to the sexual abstinence and keeping of virginity that the female adolescents were told to practice. This further suggests the double standard in the type of SCI that the young people received from their parents.

One of the OSM participants narrated how his mother warned him not to copy how his older male siblings brought different girls home and the specific instructions to protect himself against impregnating the young women.

"My parents knew that my elder brothers, they like females so much. So, my mummy usually sits me down, that be careful, these girls that always visit you, be mindful of the type of girl you bring home, they are becoming too many. This is what you should do, and this is what you should not do, use "disc" (male condom) if you must have sex with them. That if I should meet any girl and impregnate her, that she will not accept the lady nor the pregnancy. So, this made me to sit down and think about my life that what she said is actually true. That if one really wants to have sex with a lady, he must use "disc".

(Sharko, OSM)

Some of the participants expressed that no one had talked to them about sex or contraception, except the discussions they had in their secondary school. The account of Hollamy revealed that:

“No one has ever talked to me about it. Except when they talked about it in school when we just discuss it and things like that”. (Hollamy, OSM)

The participants seemed to highlight their parents' roles in giving them sex education: while the males' accounts presented their mothers as their source of *“supportive information about sex”* and *“use of precautions during sex”*; the females gave accounts of silence, threats, rules and regulations associated with fear, in their interactions with their mothers on sex-related issues. This therefore points towards what is generally known as a “double standard” in the sex information given by parents especially mothers to the young people. “Double standard” in this sense refers to gender differences in the treatment of young people whereby the male and female adolescents are subjected to different rules of sex information (Crawford and Popp, 2003).

Another source of SCI discussed by only the ISM participants was the *“Bro Code”*. The *“Bro Code”* is a recorded rule of social decorum, which were the internalised code of conduct that governed the behaviours of young males (Stinson and Kuhn, 2008). This appeared to be a compilation of assumed codes containing *“rules and regulations”* on issues relating to adolescent males dating relationships with the opposite sex, sex and contraception. The *“Bro Code”* is like a guide for the males in their relationships with the opposite sex, and their interactions with their friends and other people. According to the IS male participants, these *“rules and regulations”* which they called *“Codes”* were meant *“to be followed by guys”* according to Sukky, an ISM. The *“Codes”* defined how they discussed their relationships and sexual lives together. According to the male participants:

“It’s a book that contains the rules, the dos, the don’ts, pros and cons. It’s actually a written book. It’s a Code that guides all guys”. (Hulk, ISM)

“It’s a Code, like rules and regulations”. (Yoga, ISM)

“It’s like an achievement”. (Sukky, ISM)

“You can’t break the “Bro Code”, if you do; you are not a “bro” (Dada, ISM)

The “Code” seemed to have a strong influence on the IS male participants, as they frequently referred to it as a form of caution in their interactions among themselves within the group interview. The influence of the Bro Code on the ISM participants further revealed the influence of peers and media on the SCC of the young people

The majority of the participants, particularly the ISM, ISF and the OSF, discussed local or traditional methods of contraception, which seemed be familiar to them. In one of the ISM group interviews, it was mentioned that the young people used the local or traditional contraceptives that appeared to be easily available to them especially when the modern contraceptives were not affordable to them. This is evidenced in the account of Hulk:

“You have Postinor 2, and if you can’t afford Postinor 2, you have, in the environment, just close to you, just go and buy hmmm, Seven-up or Sprite drink”. (Hulk, ISM)

Postinor is an emergency single dose contraceptive pill that young people and married women buy over the counter and use after having unprotected sex to prevent pregnancy. In order to be effective, it should be taken within 72 hours of having unprotected sex (Richter, 2018).

The participants spoke extensively on the use of local/ traditional methods of contraception, which the majority of the young people appeared to be familiar with. Some of the examples discussed by the participants included the use of what the participants called *“traditional stuffs”* or *“local concoctions”*. The examples of the *“traditional stuffs”* mentioned in the accounts of the young people and their possible effects were:

“To avoid the pregnancy... there are local concoctions and mix the Seven-Up or Sprite drink with salt, and then you will be alright”. (Hulk, ISM)

“Some use all these gin and potash, they mix everything together, and maybe they drink it, I don’t know”. (Tabitha, ISF)

“I watch Yoruba film a lot, and through that Yoruba film, they use what they call ‘Kaun’ (potash), what do they call ‘Kaun’? Potash, yes, they use it, and add some other liquid, they drink it, and pregnancy will not happen”. (Sims, ISM)

The participants discussed another local/ traditional contraceptive, which is a mixture of a Nigerian indigenous analgesic called *“Alabukun”*, whose major components are acetyl salicylic acid (ASA) and caffeine. This medication is believed to have been highly abused by Nigerians for the treatment of pains, fever, colds and headache (Momoh and Manuwa, 2014; Adeleye et al., 2019). According to the participants’ accounts on the use of *“Alabukun”* as a contraceptive, an ISF participant said:

“During my secondary school discussions with some of my friends, this thing, ehmm, ‘Alabukun’, it’s like a tablet, so they take it with Seven-Up drink. They pour the ‘Alabukun’ inside the Seven-Up, and they take it”. (TomTom, ISF)

One of the OSF while describing her experience of what appeared to be an emergency local contraceptive narrated this:

“If I forget to use contraceptives, then immediately after sex, I will put salt inside water and drink to prevent pregnancy”. (Nikky, OSF)

7.2.2. Areas of Ignorance

Lack of knowledge describes the accounts of the experiences of some of the young people that suggested their lack of information about sex and contraception. Apart from the sources of sex education, the narratives of the participants included evidences of lack of information about sex and contraception. This appeared to be based mainly on what the participants described as the ignorance of young people on matters that relate to contraception and sex. These accounts came mostly from the female participant groups. The accounts of the female participants suggest that adolescents had low levels of knowledge about the needed information to make their choices on issues that relate to sex and contraception. For example, according to Fumzy-Glory, an OSF: *“Ahhh (hesitates), there is nobody. I don’t have anyone that tells me”*. The accounts from Goldieberry also revealed that:

“Some people, some people who are having sex and getting unwanted pregnancy is because they have no idea, they just think that my friend is doing it, let me try to, I feel like having sex, let me also have sex”. (Goldieberry, ISF)

To further expand on the lack of information and ignorance of young people contraception, the IS female participants explained that most of their parents, did not tell them anything about sex issues until the females were about to get married. This was narrated by Gift:

“Okay, the parents, it’s their duty, in fact, their obligation; they are supposed to handle the sex stuff. That is something that Nigerian parents don’t do. They will

never do it. Maybe now today you want to marry, they will now be telling you about sex stuff". (Gift, ISF)

In relation to their lack of information, the young people also discussed about how some of their secondary school teachers and parents deliberately withheld some information about how to use contraceptives from young people in order to prevent them from using it, and how this influenced the choices made by the young people.

"Who will teach you how? Your parent can't teach you how to use it. And again, your parent won't even advise you to go into sex or even use condom. It's only..., that's it, forget about parents". (Black, ISF)

"Most of our parents nowadays, they don't advise children on sex education, they don't. Like me now, my mummy doesn't do it". (Lizzy, OSF)

7.2.3. Wrong information and misconceptions

The adolescents discussed certain information that they received about sex education, which they described as "*lies*", or appeared to be either wrong information, myths or misconceptions. The participants identified and discussed some of the "*lies*" they were told either by their parents or by friends, that they later found out not to be correct information. The accounts of the female participants showed that what they presented as "*lies*" told to them by their parents about sex and contraception could be their parents' way of protecting them from making the mistakes that might affect the young people and/ or their parents. It could also be due to their parents' lack of understanding about sex and contraception (as identified by the participants under parent-adolescent fear and control in the previous chapter). The accounts of the young people's experiences of wrong information will be presented first, followed by the misconceptions.

7.2.3.1. “Lies”

These refer to the wrong information that the participants discussed that they were given about issues that relate to sex and contraception. One of the female participants gave an example of a situation where she expressed that some of their parents “*lied*” to their adolescent children on sex issues:

“Nigerian parents will just come and tell you, don’t have sex, they will lie to you and tell you that if a guy touches you, you are going to get pregnant (smiles). So, they are not supposed to tell lies at all, they should just state it the way it is”.

(Gift, ISF)

FK, another ISF, in her discussion on parents’ responsibilities towards their adolescent children, especially in passing across correct SCI to their children, said that:

“I think they should be advising them more, parents should enlighten them so that the child will not make a mistake. And I think parents should inform them very well on not to have sex at all. I think that is the best way to do..., not to have sex at all, because you have to tell them that if you have sex, you will get pregnant, not that if a guy touches you like this (pam), you’ll get pregnant, no. You should tell them that if you have sex, you will get pregnant, and if you get pregnant, this is what will happen”.

(FK, ISF)

Among the OSF, RokkyBaby also expressed the wrong information, “*lies*” and negative ideas about sex passed across to her by her mother. This could possibly suggest that the parents found it difficult to talk on issues relating to sex and contraception with their adolescent children. In addition, the parents might be constrained to talk about sex and contraception issues with their children because of

their cultural and religious beliefs that do not support talking about sex and contraception, or even calling the male and female sexual organs by their names. In the African context, open discussion of sex, sexual organs and sex-related matters including contraception, is seen as shameful. Hence, people often resort to the use of disguised or false names for the human sexual organs to preserve their sacredness (Gesinde, 2010; Dienye, 2011; Fakeye, 2016). The account below from another OSF is another evidence of the wrong information received by the young people from their parents - mothers.

“She always tells me that if a man gets close to a lady once, she will become pregnant. That even though if the person uses condom and it mistakenly tears, it will result into pregnancy and can also lead to some disease in the body and so I shouldn’t get close to men at all”. (RokkyBaby, OSF)

In the male discussion groups, the participants discussed their experiences of parents who gave young people wrong information in their approach to sex and contraception, and how some people visited their secondary schools to give young people sex education. According to Golden-Son’s accounts:

“Also, some people used to come to our school to give advice to young boys and girls that if a guy approaches the ladies to talk to them on sexually related issues, they should send him away from them or shout on him. And that they should try to make attempt to escape from such guys, and not accept it”.
(Golden-Son, OSM)

In one of the ISM groups, participants raised a discussion on hormonal pills and their actions. The explanations given by the young people suggested either a lack of or an inadequate knowledge about contraceptives and their modes of action. This was evident in some of the wrong information raised and discussed by the group members.

For example, Princy, an ISM, said - *“It’s a pill, it kills the sperm...”* While Sim, another ISM said:

“Yes, you know it. It is mixed with ... to kill the sperm. No, if it mixes with sperm, will it not make her pregnant? You know it weakens her ovary not to accept the sperm. Maybe it weakens her ovary, or it forms a cyst or an embodiment around the ovaries that won’t make the sperm penetrate or make the sperm weak or maybe render the sperm weak that it won’t do anything”. (Sims, ISM)

In their discussion about the types of contraceptives that they were familiar with, in a particular group interview, the participants described their understanding of the female surgical method of contraception that involved tying the fallopian tubes as follows:

“There is a kind of ehm..., is it a surgery, I think it is a surgery that they will turn your womb upside down, like either they remove their womb or to turn their womb upside down, or they pay a very large amount of money just to turn their fallopian tubes upside down. So that there won’t be easy penetration from sperm into the egg cell”. (Sims, ISM)

The explanation above by Sims, seemed not to be generally accepted by some of the members of the group. However, none of the group members seemed to be well informed enough on the issue to give the correct information about the female surgical method of contraception and the specific actions. According to Ova:

“I don’t think they will turn it upside down, but the way I heard I think it has different grades. The grade I heard about it was the one you tie it actually. Maybe they will tie the womb”. (Ova, ISM)

One of the ISM mentioned an idea, which he said that he was informed during his secondary school days, even though other members of the group did not agree with this. According to Nonye:

“There was one thing that we were taught in school that if you have not got to 18 years, you cannot get pregnant”. (Nonye, ISM)

7.2.3.2. Misconceptions

These refers to the misinterpretation or incorrect information discussed by the young people about sex and contraception. The general discussions of the participants, both male and female on the uses of contraceptives revealed the following misconceptions: that contraceptives were *“meant only for married couples”*, *“contraceptives are not needed when married”*; *“contraceptives were meant only for those who have sex all the time”*; *“family planning are for married couples only, while contraceptives are for unmarried young people”*. The misconceptions in the quotes could largely be due to the lack of understanding or the limited information of the young people about sex and contraception. It also relates very closely to the cultural narrative that sex is only allowed and desirable within the context of marriage. However, some of the young people expressed their ignorance and possible confusion about contraceptives as revealed by this quote:

“Ahhh, Nooooo. I’ll better use the normal, as in this, as in the condom, instead of using contraceptives. No, I thought you said contraceptives. I thought they are like drugs. I don’t know, I thought contraceptives are just drugs”.

(Debiana, ISF)

Other examples of misconceptions identified in the discussions of the young people, were on the future effects of contraceptive use on female fertility; the effectiveness of oral contraceptive pills; and the actions of contraceptives and family planning as well as the differences between them. There were discussions on the future effects of

contraceptive use on the females' fertility in all the group interviews. This could be part of the information received through the sources of contraception information that were mentioned earlier by the young people. According to FK, an ISF in her accounts:

"I heard about that some single ladies go to the hospital to go and do family planning without marrying, just because they don't want to get pregnant. And I heard about it that it has effects at the end of the day, maybe when they now get married, they won't be able to give birth again (claps both hands together), because of the..., a lot of pills they've used, and a lot of condom they've used".

(FK, ISF)

The above quote portrayed what could be described as the typical reaction of young people in the Nigerian setting to contraceptive use. Although, most of the health facilities, including the rural areas around the study settings appeared to have family planning clinics, it seemed that the young people did not patronise the facilities. Contextualised in the normal discourse within Nigeria society, the attitudes of the family clinic staff, might not encourage single or unmarried young people to go in for contraceptive services. The judgmental attitudes of the service providers could be based on their individual cultural and religious beliefs about abstinence-only practices for single and unmarried adolescents (Yakubu and Salisu, 2018). Hence, the adolescents often procure their contraceptives, especially condoms, over the counter, possibly also due to the ease of their purchase and cheap prices (Akintayo et al., 2015). The young people procured over-the-counter contraceptives with little or no understanding of the use and actions of the contraceptives. Some of the adolescents recounted that they were sent to buy contraceptives for their older siblings or "*area brothers*", without knowing what they were sent to buy.

In addition to the above, FK believed that the groups of people that she felt should use contraceptives were married couples, thereby associating contraceptive use to married people as “*their thing*”. According to FK:

“But those single ladies that are using it and they are not yet married, I feel bad for them because as my own mentality, I think it would have effect at the end of the day. If they continue using it, and they are not yet married and they don’t stop it, I think it would have effect, and I always... I really feel bad for those ladies, but those married people, I don’t feel bad for them, because they know how to use their thing by themselves, they’ve already married and I think they know how to do it”. (FK, ISF)

In their discussion about the effectiveness of the contraceptives, especially the oral contraceptive pills (OCP), some of the ISM participants expressed that:

“There are some cases that you use drugs and the drugs can’t work. Yes, there are some cases that you use drugs and the drug, it won’t work at all”.

(Sims, ISM)

One of the ISF talked about her struggle to stay sexually abstinent and encourage this among her friends. However, she felt that CU (contraceptive use - CU is the intentional access and utilisation of any device or act that has the purpose of preventing pregnancy - Jain and Sumathi, 2012); negates this idea, and it seemed to be accepted by some of the participants that:

“I have to restrain myself. So, I will not get pregnant and I will not get any disease. But when there is condom and pills, it’s like giving them (young people) the go ahead, young people can do it” (Beauty, ISF)

7.2.4. Knowledge Gap

The knowledge gap refers to the type of SCI that the young people desired or wanted. The participants identified how their knowledge gap influenced their SCC. Although this was not included as a question in the interview guide, almost all the young people that participated in the study expressed their desired SCI, which the majority seem to expect to receive from their parents. Beauty, an ISF, expressed her desire for SCI from her mother in a friendly atmosphere, without any form of threat, no shouting and no other form of restriction on her movements. She expressed that:

“Once a child comes to you and you are just like, (raises her voice) it’s your life, you can do this, don’t, you understand the way you sit her down, say fine, there’s no how, the feelings will come, you will fall for a guy, but, you talk to her as mother to daughter, not that you shout on her, or you report her to her dad, or you ground her you are not going out, you are not watching TV...”

(Beauty, ISF)

For the IS female participants, they expressed their feelings about the SCI they received in school in terms of the content and depth, which they felt was inadequate, more *“theoretical”* and not practical. Winnie’s account showed that:

“Most schools..., the government should know how to enlighten, like to expatiate more, ‘cos most of them, they just give students sex information and they don’t give them the education. They don’t teach like, they don’t teach them the consequences, they just tell them like, you are telling me something and you just cram it, I’m reading this for reading sake, just like knowing it for knowing sake, not like putting it into practice or something”.

(Winnie, ISF)

The female participants also expressed their desire for what could be termed “gender-focused creative sex education” which they described in specific terms like these:

“I’m going to say that sex education should be taught in school. They should try and make it separate. Like female, they can say it generally, everybody and make it female. You know there is a way you talk to a girl. You know when we are saying generally, the girl might want to ask question but will be feeling that guys are here, and she keeps it to herself. When it’s girls only, she opens up to speak to you like she’s speaking to her mother and you say everything there”.

(Beauty, ISF)

“They should not just do it in like talking, talking, stuff, it’s not about talking stuff, but what of things they can do like showing them movies that will make them think very well. There are a lot of things they can do to help them”.

(Goldieberry, ISF)

The majority of the female participants expressed their desire to “*trust*” their parents, and for their parents to give them the required sex and contraception education with the correct information, no “*lies*”, and to be “*honest*” with them. The narratives of OS, another ISF supported this:

“As a child, the first person or the first set of people that you trust are your parents before you even start to trust your friends, things like that. So, if you start telling them from young age, you do this, don’t do this. This is how this is, and you tell them..., and you actually go deep into it, you tell them how sex happens, you tell them how, ehmm, how a guy can, how when a guy touches you, you should know that it is wrong and stuffs like that. If a parent actually tells their daughter or their son all these things, I feel that it’s actually going to prevent sex before marriage and all that kind of things, unwanted pregnancy, it will reduce the rate of unwanted pregnancy”. (OS, ISF)

7.3. Media and Internet Use

In the previous section, I explored and presented the subtheme – ‘contraceptive information’, where I analysed the young people’s discussion about their sources of contraceptive information, areas of ignorance and the knowledge gap they identified. I also presented the accounts of media and internet use as major influences on their SCC. Finally, I discussed the reasons suggested by the participants for their non-use of contraceptives.

The second subtheme on media and internet use describes the influence of media and internet use as major sources of SCI discussed by the young people, as well as the effects of the media on the SCC made by the adolescents. Almost all the participants identified media and internet use as a major source of SCI for young people. The group interviews among the male participants revealed that their access to media and the internet provided the information they needed about sex and contraception. The different forms of media and internet use discussed in the group and individual interviews included the use of “television”, “internet use and the pop ups”, “books”, “music/ songs”, “mobile app with sexual content”, sexually explicit “films and video” called “blue films”. The accounts of Hulk, an ISM revealed examples of media and internet use among young people nowadays. These include:

“We have social media, they have Facebook, WhatsApp, Twitter, Instagram, these are avenues to meet girls, people, probably; what we watch, our movies nowadays, and music videos”. (Hulk, ISM)

The discussions on media and internet use will be presented under the specific uses as discussed by the participants, pornographic influences and the issue of perspectives on morality and immorality that came up in the group interviews.

7.3.1. Specific uses

This details the specific reasons discussed by the young people why they used media and internet in their SCC. From the group and individual interviews conducted among the participants, they identified their reasons for using the media and internet in making their SCC. Some of the IS participants identified that they go on the media/internet to seek for “*deep*” information about sex and contraception, which they were not told in school. Hence, they seemed to use the media and internet to complement what they had already been taught. This use of the media and internet was only discussed among the IS participants - male and female. According to Beauty, an ISF:

“I will say television and social media. Because in school, they won’t go deep, they just, okay, they won’t explain further that this is how it’s done, they’ll just say sex information of this, this, it is what happens between male and female, they won’t tell you how it is done. But social media, they will tell you, everything, some even when they put the write-up and you’re reading it, you can actually visualise it. And the movies, they’ll show you how it goes on sometimes, and sometimes like, I have an idea about it”. (Beauty, ISF)

The participants seemed to generally understand the media as an accessible source of sex and contraception information, which they used to satisfy their curiosity. They narrated how they achieved this by seeking for more information about sex and contraception, for instance, TomTom, an ISF described how she got her information from a book she saw in her mother’s room:

“Ahhh, I knew different stuffs like I am this kind of person, I wanted to know more about sex and there’s nobody to tell me, like to know..., how sex happens, how people have sex and how, how it just happens. But that book illustrated everything, I just saw the book and it was looking attractive - “Every Woman”, and I am like, I’m a woman! So (keeps laughing). I took it.... I would wake up in the middle of the night, I would open the book, turn on the torchlight and be reading it, and they would..., there was even pictures to show illustrations and all. So, there, that’s where I knew about family planning for the first time, until they taught us in Civic Education, even showed baby positions in the tummy, how pregnant women are supposed to have sex”. (TomTom, ISF)

An ISM discussed how he got to know about contraceptives and male condom through a programme he saw on the national television in Nigeria. According to Ova:

“Do you know that I got to know the meaning of this (contraceptive) maybe around age 15. And that was through the one National Television Authority (NTA) then that they were saying it, and then when I heard the name, I just heard the name, I knew it as condom?” (Ova, ISM)

7.3.2. Pornographic influences and early exposure

This refers to the discussions of the young people about the influence of pornography and pornographic materials on their SCC. The different groups of young people interviewed described the influence of pornography on their SCC in different ways. The main example of how the media and internet influenced young people that was mentioned by almost all the participants was through *“pornography”*.

Early exposure refers to the narratives of some of the participants about how they were exposed to SCI, and pornography during their childhood. Some of the young people narrated their childhood experiences of exposure to pornography, and how children were exposed to pornography nowadays from age 6 years. According to Yoga, childhood exposures started with most people around age 6, when parents buy expensive phones with internet access for their children without any form of parental control and supervision, thereby increasing their curiosity for sex. Yoga, an ISM, discussed the exposure of children of 6-8 years or younger to technology nowadays:

“They are actually children that have developed their minds with technology. They are so exposed to technology; they are so exposed to it. So, now, that child of 6/ 7/ 8 years sees that and will want to access it, and being unaware of what it is, it might turn out to be porn”. (Yoga, ISM)

The participants generally attributed the high rates of watching “*pornography*” among young people nowadays to the impact of “*technological advancement and globalisation*”. According to the participants, pornography involved the indecent exposure of the body, which the young people also referred to as “*nudity*”, and the acts of sex. The pornographic materials identified in the narratives of the participants included what they described as “*internet pop ups*” and “*sexually explicit films, movies and videos*”, which they called “*blue films*”. The ISM discussed how they watch pornography to get information about sex and contraceptive use. One of the ISM narrated how he and his colleagues often watched pornographic materials when he was in boarding school to the extent that they were no longer aroused but were watching it as a “*form of entertainment*”. From the accounts of Nonye:

“I came from boarding school, only males boarding school. I know people that when they watch porn here, they will watch it like in groups, in groups like in normal movies. Yes, I have seen it, in my hostel. At SS3, or maybe SS2. They would pull laptops out, like they call it cinema. It’s porn they will be watching, and they will feel like it’s nothing! But, sometimes, they will even look at girls, they will just feel like, as in they would just pass”. (Nonye, ISM)

Still on the issue of pornography, while the majority of the ISM expressed that their reason for watching the pornographic materials was to give them information on the effects of engaging in unprotected sex, and not only the “*good part*”, the OSM claimed that their main use of pornography was to get “*aroused*” for sex and copy the different sex styles seen in the pornographic materials, and possibly use the styles whenever they were with their female dating partners. However, the OSM attributed the non-use of condoms as contraceptives by young people to the fact that they did not see the contraceptives being used in the pornographic materials that they saw. According to Gucci-Mayne:

“Some do what they see in the blue films with their girlfriends, and may not use it (contraceptives - condom) because in the blue films that they watch, they may observe that they don’t use condom in the film and that they should also try it just like that”. (Gucci-Mayne, OSM)

The participants also expressed some myths that they were exposed to while watching pornographic movies. An example of the myth related to contraception, that one of the ISF mentioned was:

“I actually watched one movie and the guy slept with the girl and after the sex, sexual intercourse, he asked the girl to go to the toilet and do like this (squatting and gave a bearing down sound), maybe the sperm would come out”. (FK, ISF)

7.3.3. Morality Issues

This describes the struggles that the young people experienced when trying to conform to the accepted rules of conduct that relate to their sexual and contraceptive practices (SCP). These rules, which appeared to be laid down by the society, expected the adolescents to abstain from sex, and the pressure from the media and internet environment expected the young people to have sex. These arose from the ISM group interviews where they talked extensively about the morality and immorality aspects of the media and internet use among young people, and the influences on their SCC.

An issue that came up in the discussions of the participants in relation to pornography was *“immorality”*, whereby some of the ISM expressed that the majority of the young people who were raised many years ago were brought up with awareness of a certain level of morality and values that were acceptable in their society.

However, the participants claimed that the young people *“nowadays”* seemed overwhelmed by the rate of exposure to pornographic materials, which is technologically driven. They referred to these exposures as *“immorality”*. Hence, the male participants talked about what they felt could help them to deal with the issue of *“immorality”* they faced all around them. Ova, an ISM, expressed his opinion that *“the environment is now encouraging different kinds of things that is not actually good*

among young people". The accounts of the experiences of Hulk, an ISM revealed what appeared to be constant struggles among young people *"nowadays"* in making their choices between *"morality"* and *"the challenges of immorality"*, which he also attributed to *"technological advancements, and social media"*. He further expressed that:

"What we saw in terms of our music, right, in terms of our movies, in terms of what we read, and our novels were all back then moral. But in our generation right now, we see that immorality is the, is the focus of the day, in what we watch, our movies nowadays, if you are doing a music video and you are not talking about nudity, you won't sell, because movie, it's the same thing". (Hulk, ISM)

Another way whereby the young people expressed their awareness and understanding of the *"morality and immorality"* conflict was the acknowledgement of some of the young people about their belief in *"God"*, whom they believed is over and above their parents, and *"knows"* everything they did, as well as the concept of *"sin"*. The religious beliefs of these young people appeared to serve as a form of control to them in their SCC and SCP. The accounts of Tom Tom showed this:

"My mum, she always says I shouldn't have sex before marriage. She was always saying every time, during devotion, she'll be like it's a sin, immorality, there's something, there's a bad thing at the end of it. So, this thing is always ringing at the back of my mind whenever I'm prompted to do anything, or the feeling just comes, I'll just be like even if I do it and my mummy doesn't know, but there is somebody in heaven that knows about it". (TomTom, ISF)

Yoga, another ISM narrated that the adolescents *"nowadays"*, showed interest more to *"immoral things"* to *"satisfy their curiosity"*.

“You see that, I want to know what that thing is, there is this want, yes, this urge to know anything that is immoral, there’s curiosity, that one, there is curiosity in every teenager”. (Yoga, ISM)

7.4. Suggested Reasons for Use and Non-Use of Contraceptives

In the previous sub-theme, I presented the discussions of the participants on the influence of media and internet on their SCC. The major aspects of the participants’ accounts focused on their specific uses of the media and internet, the influence of pornography and their perspectives on morality and immorality in their media and internet use.

The suggested reasons by the young people for their non-use of contraceptives was another subtheme that emerged from the theme influencing contraceptive knowledge. This subtheme presents the specific reasons suggested by the young people why some of them did not use contraceptives. It also included the accounts of experiences of contraceptive use by the participants or someone close to them; and how these influenced the adolescents SCC.

The young people identified different reasons why they did not use or would not use contraceptives. They also discussed the basis for the actions of the majority of young people who did not use contraceptives during sexual intercourse. I grouped the reasons given by the interview participants for their non-use of contraceptives into three, with evidences of inter-relatedness among the three: a) role of knowledge b) issues relating to contraceptives, and c) relational issues.

7.4.1. Role of Knowledge

The majority of the young people who participated in this expressed ignorance or inadequate knowledge of contraception, which was extensively discussed under the first sub-theme - contraception information. This was evident in the participants' accounts or could be inferred from some of the experiences of non-use of CU they had. In response to the vignette question on why young people do not use contraceptives as precautions, some of the female participants expressed that often times, young people *"didn't know about contraceptives"*, or *"didn't know how to use"*, or *"didn't know when to use contraceptives"* - Black, ISF. The accounts of some of the young people were extracted below to show how they expressed their individual and specific lack of knowledge about contraceptives:

"They didn't know about it 'Cos if they knew about it, they wouldn't have..., the girl wouldn't have been pregnant. The girl might not know and the guys too. Cos if they knew, they would have made use of it. But they are in that problem because they didn't know, because if they knew that that is what is in vogue, that people are using, they would use it. That is my opinion". (Roxxy, OSF)

"The issue of contraceptives, I don't quite understand it. Is it meant to be used before or after sex? I don't understand it". (Fumzy-Glory, OSF)

"They don't know about it. If they knew about it, they would have used it. And some young people know about it but will not use it because they don't like it".

(MA, OSM)

The accounts of the ISM revealed what they called *"inexperience"*, as the reason for the non-use of some young people, especially males. This, according to the participants could be due to *"lack of awareness about contraceptives"* - Yoga, ISM, or possibly because they had never used contraceptives before despite having the knowledge. The male adolescents who decided to stay sexually abstinent until

marriage seemed to be *“inexperienced”* in contraceptive use. One of the ISM participants, Hulk, expressed his opinion, which was supported by the others in the group interviews, that if young people - especially the males - had adequate information about contraception, they would use it.

“Cos if they knew, they would not go through what they experienced, `especially the boy. He is not experienced!” (Hulk, ISM)

7.4.2. Issues Relating to Contraceptives

The young people identified issues related to specific contraceptives or contraceptive use generally as another reason why they did not like to use contraceptives. These issues relate to the accessibility, availability, actions and side effects of the contraceptive products. Some of the participants expressed clearly their fear of purchasing contraceptive products. They attributed this to the negative experiences they had at a time when they purchased or attempted to purchase contraceptive products, or their friends' negative experiences of purchasing contraceptive products over-the-counter. This was evidenced in the accounts of Gift, an ISF:

“I heard a girl is telling me, I'm afraid, if I she should go and tell them now, I want to buy condom, they will look at me like I'm too small. So, there are some girls that they know about it, but they can't buy it”. (Gift, ISF)

In the interviews, both the males and females expressed their fear of unintended pregnancy. While the majority of the females expressed fear of side effects of contraceptives and the impact on their future fertility, the males generally expressed their fear of unintended pregnancy and sexually transmitted infections (STIs).

“That's possible, because there are some of these drugs have side effects, so it must have got them to be worried from using it. And then most of this, most

of the ones I have heard from my friends, they are always like it's not always safe sometimes, like the condom, like you once said earlier that if it bursts and then it's possible". (Ova, ISM)

"I don't have it in my plan, but when I am ready to have sex with the present girlfriend that I have now, what I planned to do is that the two of us will go for a test to know if she has any infection or disease or not. This will inform me if I will have to use condom when having sex with her or not". (M&K, OSM)

The participants also associated their non-use of contraceptives with non-availability and non-accessibility of the contraceptives. For example, in terms of availability, the participants recounted their experiences of inability to purchase contraceptives due to the negative attitudes of the chemist, while the young people's inability to take the contraceptive with them and use it when they were ready for sex or immediately after could be described as inaccessibility. The inaccessibility could also be due to the spontaneity of the sexual activities of young people. Two OSM participants in their accounts gave evidences of this: Sharko's non-use was due to non-availability, while Sukky's accounts appeared to be more of inaccessibility:

"I feel like using something, like..., at times I might say that I wanted to use, at times I might want to go and sex a lady, but (hissed) on getting there, I might have forgotten to take it with me. I might not be able to take the contraceptive with me, that in case, she accepts that we do it". (Sharko, OSM)

"Maybe like when I didn't find the condom, that's the one I actually planned, that I didn't find the condom". (Sukky, ISM)

The young people also discussed about the failure of some of the contraceptives as their reason for not using contraceptives. The contraceptives that was mainly discussed here that appeared to be the most familiar contraceptive method to the majority of the participants was the “*male condom*”.

“Some people know, and they still use it, maybe it has cut somewhere, it could also lead to pregnancy”. (Megavine, OSF)

One of the ISF discussed how young people preferred to use ‘drugs’ as contraceptives in place of the male condom because of the failure of the male condom. According to FK:

“Nowadays, they don’t even, (laughs). They don’t even use condom again, they go straight to the pharmacy and get drug, because some people think that during..., the condom ..., maybe the condom can break”. (FK, ISF)

7.4.3. Relational Issues

The last group of reasons identified by the participants for their non-use of contraceptives were issues that were associated with their dating relationship partners. The participants mentioned the issue of “*love and trust*” as a major consideration that determined their use or non-use of contraceptives during sexual intercourse. The accounts of the participants revealed that some of the females allowed their male dating partners to have sex with them because of the “*love and trust*” they had for their partners. The young men, on the other hand, appeared to assess their dating partners’ ‘love and trust’ in them by their non-use of contraceptives. This seemed to be another power tactic used by the young men to control the young

women (as discussed in the first findings chapter). The account from one of the OSM gave evidence of the relational issues that determined the non-use of contraceptives:

“Some ladies like the guys to use contraceptives for them. But the lady that really loves the guy, she would not want contraceptives to be used by the guy before sex. Like asking the guy not to use condom before having sex with her”.

(MS,

OSM)

Almost all the male partners identified their preference for sex without contraceptives, that they found sex *“more enjoyable without contraceptives”* - (Winnie, ISF); hence, their reason for the non-use of contraceptives. The participants gave different reasons for their preferences for sex without contraceptives. Some of the reasons were described as: *“ways to enjoy sex better”* - (Hulk, ISM); *“contraceptive use is a waste of time”* - (Portable, OSF); *“it is not different from someone using (plastic cover) and not using direct, when one should have done the thing directly”* - (Adetop, OSM). One of the OSM participants described sexual intercourse with contraceptive use this way - *“it’s like licking sweets without removing the nylon (plastic cover), that it won’t be sweet, but flesh-to-flesh sex is sweet”* - (Baby Girl, OSF).

Some of the participants attributed their non-use of contraceptives when they had sex to situations where they *“forgot to use”* the contraceptives. Nikky, an OSF gave her account that: *“At times, I forget to use contraceptives during sexual intercourse”.*

The male participants generally identified in their group interviews that young people were usually *“happy”*, *“felt relaxed”* and *“would feel the urge to have sex again another time when they used contraceptives for their first sex”* - Princy, ISM. On the other hand,

another ISM pointed out that *“They may not want to go back into it again. If they felt that what they did is wrong”* – (Ova, ISM).

However, AY, an ISM pointed out that some males did not see the need to use contraceptives especially if they had not used it before with their previous dating partners during sex, and with no negative outcome, they might not see the need to use contraceptives for their present dating partner.

“If the guy has not been using contraceptives during sex with ladies and they had not been pregnant, he won’t see the need to use it now”. (AY, OSM)

The young people also discussed an aspect of relational issues where they made their choices to either use or not use contraceptives based on their previous positive or negative experiences of contraceptive use. These included the experiences of contraceptive use narrated by the friends or older siblings of the adolescents and the influences on the choices made by the individual young person. Beauty, one of the ISF narrated her friends’ experiences of CU:

“The experience of a friend in my class is that, she does make use of pills. Anytime she has sex with guys, she will just come to class, the funniest thing is that she is not shy of saying it. She will say it cos she sees it as nothing. We just used condom, it was this, it was very interesting, I am like what if it gets, but she said, don’t worry, I have the pills I use. That is where I got to know that apart from condom, that there are actually pills people do use to prevent themselves from getting pregnant”. (Beauty, ISF)

Winnie narrated the accounts of what appeared like both positive and negative of contraceptive uses by her friends associated with “fear” and “trauma”:

“I’ve heard about use of contraceptives and all. I’ve heard, I’ve seen, I’ve read about it. So, like some stories I read, they were like when they were afraid like when they were afraid of the girl getting pregnant, they used contraceptives. They used pills, they used condoms, and all. I’ve heard, I have people that, that have actually experienced it. If I hear about my friends or people that I know maybe they failed to use contraceptives or something and they later get pregnant and they had to drop out of school, and those kinds of trauma”.

(Winnie, ISF)

Olasco, an OSF described how her elder sister’s experience of “failed contraceptive use”, and the resulting unintended pregnancy, and the attempted or failed “abortion” that resulted into the delivery of “a child” enabled her to make her choice not to go through such experience:

“It was my sister that has a child. When she was pregnant, she used pills, but the pregnancy was not aborted. She delivered a child. Yes. Even though she is married now, I don’t want that to happen to me”.

(Olasco, OSF)

Golden-Son, one of the OSM, gave an account of his experience with his “area brother” on his SCP, where he asked his area brother what the condom was used for and he explained it to him with a warning not to use it:

“There was a day the area brother asked me to also buy condom, I told him that I didn’t know what he was talking about, where they sell it, and I don’t know what it’s used for. After he told me about what condom is used for, he told me not to try sex with anyone. When I got it for him and I gave him. I asked him

why he said I should not do it and he is doing it, he said that he is doing it because he is married. He told me that it used for sexual intercourse with women. Ah, I said why? You already have your wife, so, why do you use condom? He told me that he uses condom when he is not ready to have a child”.

7.5. Summary of Chapter 7

In summary, in this chapter, I have presented the accounts of the adolescents on how their contraceptive knowledge is influenced, and how that influence affects their SCC. I analysed the young people’s contraceptive information and the influences of media and internet on the SCC they made. I have also explored and presented the participants’ accounts of the reasons that prompted them to use or not use contraceptives. I grouped and presented these reasons as the role of knowledge, role of contraceptive issues, and finally, relational issues which included the young people’s personal experiences, their friends’ or the experiences of their older siblings, which could be positive or negative.

The next chapter will present the discussions of the three themes presented in the findings chapters, which are - diffused forms of dominance and control, changing influential relationships and influencing contraception knowledge.

CHAPTER 8: DISCUSSION OF FINDINGS

8.1. Introduction

In this interpretative study I explored - a) the views and experiences of the Nigerian in-school (IS) and out-of-school (OOS) adolescents' around their sexual initiation (the first penetrative sexual intercourse for an adolescent) and contraceptive use; and b) the influence of gender and socio-economic status in the Nigerian adolescents' accounts of their sexual initiation and contraceptive use. I identified power dynamics as a major

influence in the sexual and contraceptive choices (SCC) of the young people. The specific research questions were:

1. In the experiences of Nigerian adolescents, what factors enable or constrain them in making informed choices about their sexual practices including sexual initiation and contraceptive use?
2. To what extent and in what ways do the young people describe their experiences and their choices regarding sexual practices including sexual initiation and contraceptive use as involving risks, uncertainties and vulnerabilities, and how do they respond to this?
3. How does gender and socio-economic status shape the views and experiences of the young people in school (IS) and out-of-school (OS) in their choices regarding sexual practices including sexual initiation and contraceptive use?

In order to answer the research questions above, I conducted a qualitative study of the adolescents' experiences and perceptions of their sexual practices and contraceptive use (SPCU) was conducted. Drawing on the rich data collected provided an in-depth insight into the processes involved in making choices about sexual practices including sexual initiation and contraceptive use by the Nigerian adolescents. I drew the answers to the research questions from the detailed discussion of the findings in such a way that the answers thread through and across the three major themes in the finding chapters.

8.2. Overall Narrative Summary of the Study

The discussion of findings will begin with the overall narrative summary that emerged from this study, reflecting on the major findings.

The young people in the study setting in South West Nigeria made their sexual and contraceptive choices (SCC) in the context of powerful structural and relational factors, such as the prevailing cultural norms that prevent and stigmatise adolescent pregnancy, religious beliefs that prohibit sex before marriage and a patriarchal system that leads to unequal gender power relations. Nigerian culture prescribes traditional gender roles for young people, rooted in patriarchy and parents are reluctant to talk to their adolescent children about SPCU due to a culture of fear and denial. In addition, work-demands on the parents of the adolescents make them physically and/ or emotionally absent in meeting their adolescent children's sexual and contraceptive health (SCH) needs. In response to this, young people rarely discuss their sexual and contraceptive concerns with their parents and their SCH needs remain unmet.

The result of these interconnecting factors suggests that there is an important gap between the adolescents and their parents, where the young people lack parental guidance and support. Adolescents feel let down by their parents and seek to find solutions to their unmet SCH needs by circumnavigating their parents for advice and support. Nonetheless, the young people do not openly challenge power structures, partly due to a respect for elders in Nigerian society. Rather, the adolescents exercise power in more subtle ways by turning to their friends/ peers for support in similar and different ways. Power is exercised amongst peers - in particular amongst the young men - where coercion and sexual violence towards young women often goes unchallenged. Young women do exert power in some instances, but this is in a much more nuanced way. While there are gender differences in the use of power in sexual relationships, there are also differences in the ways that the IS and OS young people negotiated their SCH needs. The young people evade their parents and seek support

from social media. The IS males consult a book called 'The Bro Code' as a guide in making their choices about SPCU. The OS young people side-step their parents by choosing for themselves self-appointed parents surrogates that they referred to as "area mums/ dads or brothers".

This study draws on Foucault's concept of Governmentality and power, particularly his concepts of the forms of power - disciplinary power, biopower/ pastoral power and the sovereign power (Foucault, 1980; 1991; 1998). The concept of relational power and the features/ approaches to relational power, is used to understand and provide explanations for the adolescents SCC, regarding their interactions among themselves, in their significant relationships with their parents, teachers, peers and how these concepts explain the young peoples' quest for sexual and contraceptive information, including their sources and the impacts on their SCC. This power is more traditionally enacted through the norms that reflect patriarchy and respect for elders; but between and among the young people, the power is diffused. From Foucault's view, power is not always oppressive but is also productive, whereby it brings out new behaviours in those whom the power is exerted upon (Foucault, 1978). The SCC made by the young people reveal how they developed new ways to obtain information through their self-appointed street mums/ dads/ brothers, the internet and their Bro Code.

What is new in this study is that it illuminates the new ways in which governmentality and power work by creating an environment where young people look for creative ways to meet their SCH needs. However, these new ways have both positive and negative impacts on the young people. The positive aspect is the creativity it brings out in the young people to solve their SCH needs, while the negative effects are the

risky sexual behaviour adopted from their exposure to pornography, exploitation and abuse.

The discussion of the study will be presented in relation to the relevant concepts in Foucault's theory of governmentality and power - a) Technologies or techniques of power; b) Forms of power; and c) Features of power.

Figure 8.1 presents a summary of the Foucauldian concepts as they explain the influence of power on the adolescents' SCC.

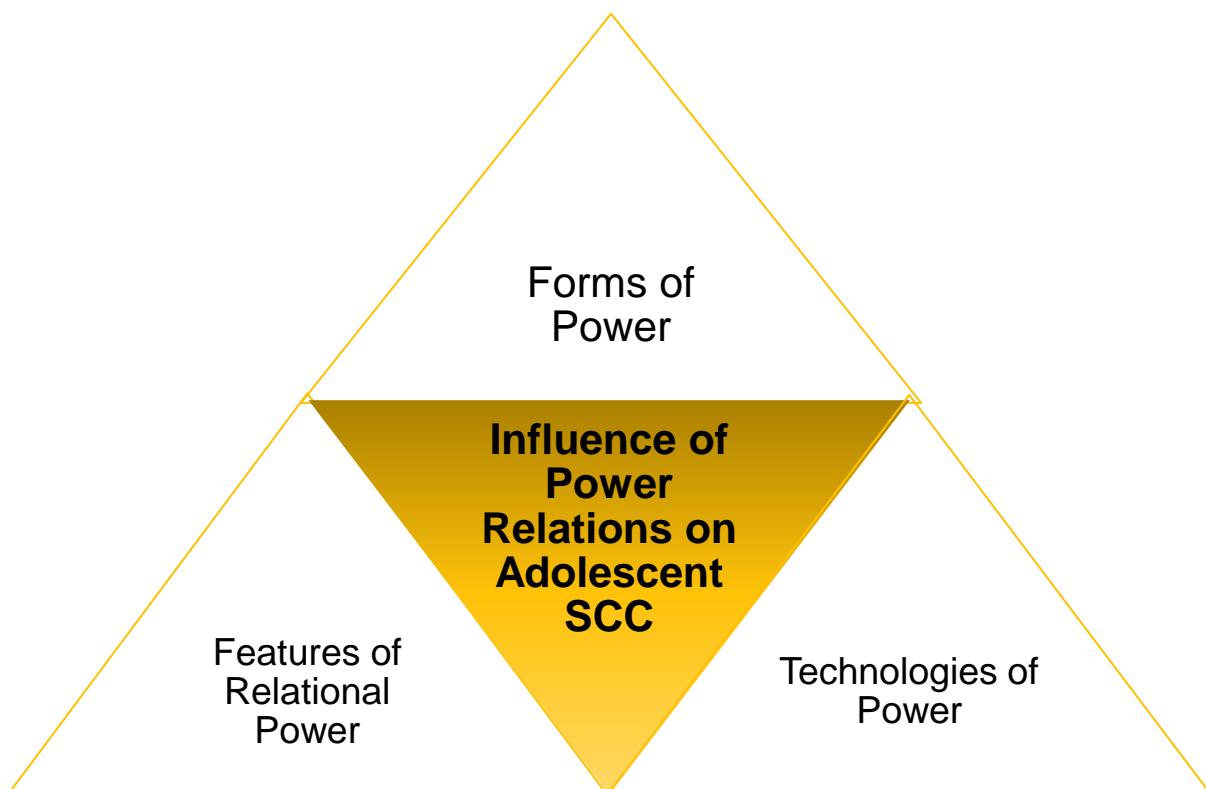


Figure 8.1: Summary of the Discussion on the Influence of Power Relations on adolescents SCC using Foucault Concept of Governmentality and Power.

8.3. Technologies of Power

The technologies of power are the general collections of the specific 'practical rationality for exercising power that are guided by a conscious aim' (Foucault, 1983). He also refers to them as 'techniques' of power.

8.3.1. 'Technologies of Self'

The most striking finding to emerge from the data is the newly discovered practice among the young people, especially the OS females, of seeking information and guidance about their SCC from figures other than their parents. This practice by the young people has not been discussed in any of the current research-based evidence even though it appears to be very common among the OS females in one of the study settings. The practice was discussed by all the study participants except the IS males. Some plausible explanations given by the OS young women for this practice was that they realised the need to be guided by adults in making their SCC, and their parents were too physically and/ or emotionally absent from them to perform this role. This can be analysed using Foucault's technologies of self which he defines as practices 'which permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality' (Foucault, 1988, 18). These could be described as practices that are undertaken voluntarily by the adolescents indicating their reflections on their rules of conduct in order to transform or change them and their lives into a creation that meets their set criteria.

Therefore, the young people's quest for adequate and correct SCI, with adults' guidance, supervision, and support were their reasons for choosing the "*area/ street*

mothers and fathers” (*iya afes*). The young people also saw their “*iya afe*” as readily available and the most preferred alternative to their parents, peers and media that they could confide in on issues that relate to their relationships and SPCU. They also pointed out that their “*area/ street mothers and fathers*” often exploit them for their selfish interests. Unfortunately, there are no previous or current studies within and outside the study area to support this finding from the current study.

8.3.2. Techniques of Power

This study identified that another major structural factor that constituted barrier between the adolescents and their parents is poverty. When there is poverty in families, the members of such families are often at a disadvantage, most especially the female adolescents. Some of these young women engage in transactional sex: they are - encouraged by their parents to have sex with men in exchange for money in order to meet their family needs, or advised by their friends to have relationships with males with the intention of collecting money from the men in order to meet their personal needs. Foucault (1994: 324), in his analysis of relational power, states that “the characteristic feature of power is that some men can more or less entirely determine other men’s conduct - but never exhaustively or coercively”. In this situation, some of the young women engage in transactional sex because of the unequal distribution of wealth and, their family’s low SES, which wealthy men can exploit to fulfil their sexual desires. According to Foucault, “it is about the strategies, the networks, the mechanisms, of power in all those techniques by which a decision is accepted and by which that decision could not but be taken in the way it was” (Foucault, 1988: 104). The focus here from Foucault’s perspective is not about the young women engaging in transactional sex, but about the process through which they

are constrained to make those decisions. This finding is supported by previous studies suggesting links between sexual activity and economic transactions among young people especially the female adolescents from low SES families (Luke, 2003; Marston and King, 2006; Cortez et al., 2016).

8.3.3. Knowledge - Power Relationship

The young people in this study lacked information about SCU because of their experiences of control and force in their relationships from those who should support and provide them with the required information. From the current study, more than 90% of the study participants expressed their ignorance about contraceptive use, which was obvious from the responses of the young people to the questions about contraceptive use. Similar findings are documented in many studies where adolescents are reported to have poor knowledge on matters that relate to their sexuality (Shashikumar et al., 2012). This is also consistent with the study conducted by Asekun-Olarinmoye, Dairo and Adeomi (2011), which found out that young people generally in Nigeria have relatively poor knowledge about sex and contraceptive issues.

The findings highlight that the parents of the adolescents and their teachers withhold SCI from them. Foucault noted that when people have knowledge, they become empowered and power is produced in such individuals, as he claimed - 'knowledge is power', that is, knowledge is an instrument of power (Foucault, 1977; Smart, 2004). Therefore, the young people's accounts of their parents' attitude of withholding SCI from them could be a deliberate way of depriving the young people of the knowledge they required as well as the associated 'truth'. It also suggests that the parents of the

young people equally lacked SCI, hence, had nothing to offer their adolescent children (Turnbull, 2012). This further explains why some of the young women, especially the OS, that received no form of SCI, found themselves in positions of vulnerability, engaged in risky sexual behaviour, and exposed themselves to sexual violence. This finding is consistent with the studies conducted by Aji et al., (2013).

In this study, almost all the adolescents expressed their desire for SCI; and for their parents to be their primary sex educators, if the parents created more time to discuss with them in an approachable and friendly way. A twelve-year review on adolescent sexual behaviours and practices in Nigeria revealed that adolescents preferred to receive sex information directly and continuously from their parents and teachers (Aji et al, 2013). Unfortunately, this is rarely the case, as parents do not give the needed SCI to their adolescent children, while the teachers give selected sex information that they are comfortable to teach the young people (Palatnik and Siedman, 2012). This concurs with the findings from previous studies that, despite the adolescents' preference for their parents to talk with them about issues of sexuality, parents are hesitant or sometimes object to the idea of having discussions on such issues with their children (Turnbull, 2012). A study in the UK also reported that parents rarely give sex information to their adolescent children even though the young people often mentioned their parents as their preferred source of sex information (Tanton, Jones, Macdowall, et al., 2015). Similarly, Okafor, Adam & Azuike (2018) identified the cultural beliefs of the parents as the main reason why the majority of parents in Nigeria shy away from discussing sex-related issues with their children. These cultural beliefs expect that sexual issues are made secret and any formal discussion about sexual issues are regarded as taboo and not open for discussion (Kreager and Staff et al.,

2016; Okafor, Adam and Azuike, 2018). Foucault further argued that truth, knowledge and power are interconnected through discourses and texts, and that these discourses are the social institutions that mediate the social life (Foucault, 1978).

The IS adolescents whose parents gave them some information about relationships and sex identified their parents' religion as a major constraint that prevented their parents from giving them detailed sex information as they expected. In situations where SCI was given, the focus was on sexual abstinence. This finding is in line with earlier studies (Piper et al., 2019; Ogunjuyigbe and Adepoju, 2014) that also suggest that sexual abstinence is the most discussed topic when parents discuss sexual issues with their adolescent children. Foucault identified the role of religion in his writings on governmentality, where he identified that caring, which is an important component of religion, is a 'disciplinary technology' that is often used by parents, nurses and religious leaders to control their children, patients and congregation respectively (Foucault, 1991).

The findings highlight that, despite a strong desire for SCI by the young people, they were unable to get this from their parents and the society. Thus, they resorted to getting their information from other sources and the most easily accessible and available sources of information to the young people were the media and their friends/peers. Onyeonoro et al. (2011) identified peers and media as adolescents' major sources of SCI. The study further highlights the negative effect of the SCI that the young people received from the media with the increasing and unrestricted sex content. This is similar to the conclusions made by Onyeonoro et al., 2011; Kunnuji, 2012; and Ouytsel et al., 2016. Another striking finding in the current study is the major

difference in the use of technology and social media by the young people regarding their SCC, as the in-school and the out-of-school used the media as their sources of sex information in different ways. The in-school used the media to find out information about SCI, including the actions and future effects of their sexual behaviours, and the out-of-school used the media to improve their sexual practices.

Even though the study findings show that the young people generally lack SCI, the group of adolescents that appear to have more information and experience about issues that pertain to SCU exercise control over those who do not have as much sexual knowledge as they do. Again, this relates back to Foucault's idea that "knowledge is power", which means that while exercising power, knowledge is produced, and in the production of knowledge, power is exercised (Foucault, 1988).

An important feature in Foucault's perspectives on power is that it produces different types of knowledge, which helps to investigate and collect information on people's activities and existence (Foucault, 1988). Thus, these types of knowledge reinforce the exercise of power. In his study of human beings, the goals of power cannot be separated from the goals of knowledge, hence, 'in knowing we control and in controlling we know' (Foucault, 1988).

8.4. Forms of Power

Foucault, in his work on governmentality and power, wrote extensively about three major forms of power - sovereign power, disciplinary power and biopower. The relevant findings from the study will be presented.

8.4.1. Biopower Influence on Socio-economic Status (SES)

One of the societal structures that prevents the adolescent women from exercising power or refusing the male control over them is their SES. Socio-economic status (SES) could be described as a tactic of bio-power, which Foucault defined as the “power over life” (bios), and life may be managed at both group and individual levels (Foucault, 1998: 140-141). When the government is unable to distribute resources and wealth equally among the citizens, it brings about inequality where the citizens are distributed into a low, medium or high SES. The adolescents of parents who have a low SES are negatively impacted and unable to exercise power effectively in their relationships. In the study, the majority of the in-school females were from middle and high socio-economic status, where their parents were financially able to cater for their basic needs and provide them with educational opportunities. On the contrary, almost all the out-of-school females are from a low SES, with limited education and other opportunities. Thus, the young women are unable to exercise power to negotiate safe sexual practices, which could also be attributed to the intersection of gender and socioeconomic status (SES) with the underlying power structures. In this study, these factors were identified particularly among the out-of-school participants. However, the social positioning is shaped by the interplay or the intersection of these multiple categories specified in the socio-historical contexts (Green, Evans and Subramanian, 2017). This reveals that sex, gender and SES are mutually constructed in the young people’s sexual behaviour (Collins, 2015). A direct effect of this control and dominance is violence and abuse in the young people’s relationships, and a perception of the young women only as sex objects, which could affect their self-esteem and ability to make informed decisions in their lives.

The findings from the current study provides supporting evidence that the OS females were more vulnerable to violence and abuse within and outside their dating relationships when compared to the other group of female adolescents. This is similar to the findings of a Nigerian study by Kunnuji and Essiet (2015), where they found that the out-of-school females are at a greater risk of being sexually abused when compared to the other members of the society.

8.4.2. Disciplinary Technology

In the study setting, the young people are aware that there are societal expectations of their roles and responsibilities regarding their relationships with the opposite sex and their sexual practices. The young people's accounts revealed that they were raised by their parents to understand these roles, hence it is part of who they are. According to Foucault (1979: 170), discipline "makes individuals" (Foucault, 1981), and it involves the exercise of power (Foucault, 1975). The goal of discipline is "normalisation", the elimination of all social and psychological irregularities and the production of useful and docile subjects through a refashioning of minds and bodies (Foucault, 1979; 1981: 191). Nonetheless, the adolescents' interactions regarding dating relationships, sexual practices, including sexual initiation, are in contrast with their parental cultural norms and societal expectations. The participants believed that their parents were unaware of the amount of sexual information they possessed and the type of sexual practices they were involved in. A possible explanation for this from Foucault's perspective is that "power is tolerable only on condition that it masks a substantial part of itself, its success is proportional to its ability to hide its own mechanisms (Foucault, 1978: 86). In essence, so far as power is successful, individuals are not aware of it, because it is internalised. But when the individuals

encounter obstacles or problems to these internalised norms, then they start to think that they are experiencing power. Thus, the possible influence of urbanisation and globalisation with uncontrolled exposure of the young people to the media, internet, and pornography, which present them with ideas that are contrary to their internalised norms, could be responsible. This creates a wide gap that this study discovered, between the actual sexual practices of the young people and the desired sexual practices that their parents expected from them.

This study illuminated the ways that the cultural and religious beliefs of the adolescents' parents played a huge role in the SCC made by the young people. The young people gave examples of the value that was placed on female chastity in the study area as a means of controlling the young people's sexual behaviour. Traditionally in the study setting, pre-marital sex by the women is frowned upon, and often attracts punishment if the woman is found not to be a virgin on her wedding night, while she is rewarded and her family feels proud if she is found to be a virgin by her husband (Ogunjuyigbe and Adepaju, 2014). The culture of preserving female virginity is highly treasured and a woman is expected to remain a virgin until her wedding night. The three main religions groups (Christianity, Islam and Traditional) in Nigeria also support the idea of female chastity. Nowadays, this cultural practice is not as strong as before, possibly due to the influence of globalisation, modernisation and Westernisation (Lendor and Simons, 2019). Despite this, most parents still try to enforce it on their daughters. Culturally, discussion of sex is still regarded as taboo by some of the parents, hence, the basis for not discussing sex with their children (Okafor, Adam and Azuiké, 2018).

8.4.3. Pastoral Power

The study's findings correspond with those of Piper and Fuller et al. (2019) and Odimegwu (2005) that religion encourages the submissive gender roles of women, thereby making them more vulnerable to risky sexual behaviour by men. Christians in Nigeria strongly oppose premarital sex, and this is an important factor in a decision to delay sexual intercourse by the young adolescents, especially the females (Ogunjuyigbe and Adepoju, 2014). In Foucault's notion of governmentality, he identifies 'disciplinary technologies of power' as instruments that enable power to be achieved through training and coercing individuals in order to have 'disciplinary society' (Smart, 1985, 2004: 85), which he calls "government of others". (Foucault, 1991, 99). In this study, the 'others' are the young people. He further explains that discipline makes individual, and that discipline is the specific technology of power that regards individuals as both the objects and instruments of the exercise of power. In essence, the parents through their cultural and religious beliefs make use of female chastity (virginity) and sexual abstinence to control the sexual activities of their adolescent female children, with appropriate rewards and punishments for keeping their virginity or losing it before marriage. The findings revealed that some of the parents go to the extent of taking their female adolescent children for virginity tests to ensure that they remain "docile" to their instructions. An interesting finding of the study is that the male adolescents were not instructed to keep their virginity, but they were rather told not to impregnate any female nor contract sexually transmitted infections (STIs). This suggests some form of sexual double standard rooted in patriarchy and operationalised in the way that parents attend to the SCH needs of their adolescent children.

8.5. Features of Relational Power

These are the features or approaches Foucault uses to define his concept of relational power.

8.5.1. Strategic, Gender-Based and Relational Power

The study's findings provide evidence of an unequal distribution of power in the young people's relationships and the institutions around them. The young men constantly use the power they hold to control the young women. This unequal power balance constitutes a barrier to the female adolescents' negotiation of safe sex in their relationships. This finding is consistent with previous studies that identified gender-based power imbalances in young people's relationships, constituting a major barrier that prevents women from negotiating safe sex practices (Zukoski et al., 2011; Piper, Fuller et al., 2019). This presents a situation where the young men are enabled to make their choices on issues that relate to their sexual practices and contraception, while the young women are often constrained from making their choices, or are dependent on their male dating partners to make their sexual and contraceptive use choices for them.

Foucault proposes that relational power is not what someone has, possesses, acquires, seizes, shares or loses, but each person is in many shifting relations or networks of power, in which no one has power (Foucault, 1978). However, Foucault points out that some people are consistently in more privileged positions than others due to societal or institutional structures (Foucault, 1978). In the context of this study, the predominant structure is the prevailing patriarchy that informs the cultural norms, which gives power and more privileges to the men over and above the women. Foucault debated that even with the unequal distribution of power, there is no one that

is completely powerless because power relations are always moving (Foucault, 1978). Nevertheless, in the Foucauldian perspective, individuals are subjected to violence, force, and disempowerment in situations of abuse or sexual coercion (Foucault, 1978). From Foucault's discussion, the young women also have power but seem to be constrained by the societal structure of patriarchy from exercising their power. This is evident in the accounts of how some of the young women subtly refused the male control either directly through verbal communication or indirectly through their actions. The refusal of the young women to the young men's demands for sex often leads to pressure, harassment, violence and abuse or coercion within and outside their dating relationships.

However, this power can be influenced by 'force relations' which Foucault termed as 'major domination', that is revealed by the subjection of women to men in a patriarchal society (Foucault, 1978: 94). Patriarchy, as a system of social structure and practices where gender inequality exists and the men dominate, oppress and exploit women (Walby, 1989), is the predominant practice in Nigeria. In this study, there is an awareness of the traditional male dominance in relationships and decision-making everywhere around the young people especially in their homes and relationships. A possible explanation is the prevailing traditional belief that exists in the study setting that men should hold the power in heterosexual relationships and are believed to be culturally superior to women, leading to unequal power relations. In the traditional religious settings, women are not in positions of authority and have no control over decision-making within the society, church, family or relationships. Hence, there is a strong tendency for the female adolescents who experience this control to see these gender-related imbalances as the norm, and thus, may lack authority over their

partners' actions (Piper and Fuller et al., 2019). The consciousness that the young men have, of having a culturally ascribed 'right' to exercise power over women, is also a problem for the men. Maintaining intimate relationships may be difficult when they are used to getting whatever they want through force and violence. It is easy in this situation to become violent or abusive.

Caldwell (2007) in his critique of Foucault's governmentality concept is that it neglects the agency of the individual or group and gives overwhelming power to governmentality discourse. Although Foucault is not explicit about the role of agency in his theory, nevertheless, his description of the concept of 'relational power' and the fact that it is not owned by anyone suggests that individuals do have agency that they can use when exercising power, either to accept the power or resist the power. He argued that relational power permeates all social relations, and thus the society becomes the normal day-to-day environment for exercising power, which then makes the individual active agents and not entities that were acted upon (Foucault, 1982). In addition, Foucault identified that whenever these possibilities in the subjects are not there, it implies that the power relationship has broken down and the power has turned to something else. This shows in essence that human relations consist of the exercise of power in different forms.

8.5.2. Power is Everywhere

The current study shows that, in the young people's dating relationships, there were evidences of power relations in their interactions at home, with their friends/ peers, dating partners, their teachers, surrogate parents and in their significant relationships. The exercise of power was observed in the relationship of the young people with their

“*area/ street mothers/ fathers*”, and the adolescents’ SCC were influenced both positively and negatively through these interactions. Foucault argued that power is everywhere and that it comes from everywhere (Foucault, 1978: 93). This means that everyone exercises disciplinary power, that is the power of enforcing social norms in a society - and everyone exercises it over everyone else. Foucault further points out that, for disciplinary power, the individual experiencing it may not be aware that he is experiencing power because it has been internalised in the form of norms right from childhood. So, the individual thinks that he is acting out of his own volition without realising the influence of power. Similarly, Foucault argues that it is only possible for the person at the receiving end of power to become aware that power is being exercised on him/ her when faced with certain obstacles that are contrary to his/ her internalised values and norms (Foucault, 1978).

8.5.3. Lateral and Reciprocal Functioning of Power

A major finding from this study, which is similar to the existing studies is that friends/ peers have the greatest influence on the young people, and this was revealed in this study. Baker (2017) points out that there is an increasing influence of peers during the period of adolescence. Furthermore, the influence of peers on the adolescents’ SCC was found to be both positive and negative from this study. This is similar to existing studies that showed that the peer influence on young people could both be positive, serving as social support for the adolescents, or negative with an increase in adolescents’ sexual risky behaviours (Crosnoe and McNeely, 2008; Suleiman and Deardoff, 2015). The adolescents in this study tried to give reasons for turning to friends and peers for SCC, such as - ‘similar age’, ‘passing through similar experiences’, ‘been available to listen to their adolescent friend’ and ‘possibly offer the

needed information and advice', 'using their personal or other young people's experiences'. Foucault claims that power comes from below and extends across society, despite the fact that power is often imagined as coming from above in a top-down direction (Foucault, 1978: 94). As a result of this power movement, people often miss much the people around them - neighbours, family members, peers and other people in the society - normalise their behaviours. Hence, the parents of the adolescents are conscious of surveillance by their neighbours, and how the adolescents conform to the gazes of their peers and their teachers, their classmates, other parents in the neighbourhoods. With all these converging to enforce the prevailing norms on the parents of the adolescents or the adolescents themselves without anyone giving out specific instructions on what to do (Foucault, 1978). The findings indicate that peer influence is strong for the majority of the young people, and at the same time constitutes a challenge especially for the females. The young women perceive their friends/ peers to be very influential in their SCC, but at the same time, the OS females believed that their friends' influence on them is negative because of lack of trust and inaccurate sex and contraceptive information (SCI).

However, a striking observation from this study is that, despite the widely known strong influences of friends and peers on the sexual practices and contraception choices of young people, the adolescents in this study had slightly different experiences. While the young men described how their male friends kept them under control through group behaviours and encouraged them to have sex, the young women on the other hand attributed their wrong choices to the negative influences that their friends/ peers had on them. This further shows that the young people perceived their friends as the closest option to turn to, in order to receive adequate, credible and reliable information. But when the friends are unable to meet these needs or give the adolescents advice

that is contrary to what their parents had told them, or the 'truth', then the friends lose their credibility with the young people. This also shows that the young people are seeking for friends who are trustworthy with the information they give them to negotiate safer sex.

Another important factor in the narratives of the participants, in relation to what Foucault described as power coming from below and extending across society laterally and reciprocally, is the institutions of culture, tradition and religion that instil fear in the young people and their parents. The young people strongly identified fear as an emotion that shaped their SCC as well as their parents' behaviour towards their adolescents SRH. The young people interviewed in this study described their parents' fear as - fear of the negative outcomes of their adolescents' risky sexual behaviour, fear of unintended pregnancy and fear of the associated shame on the family reputation. This concurs with findings from existing studies especially in Nigeria and other African countries (Izugbara, 2008; Aji et al., 2013; Landor and Simons, 2019). Furthermore, the adolescents attributed their own fear to negative parental actions, fear of shame of unintended pregnancy, fear of STIs and fear of dropping out of school particularly for the young women. This can be viewed in terms of Foucault's definition of power, as the young people internalise an awareness that they are under surveillance of their parents, peers, neighbours, dating partners, other adults in the society, and so conform to social norms and the expectations in order to avoid the consequences (Foucault, 1978).

8.5.4. Resistance to Power

Another feature of power discussed by Foucault is that power produces resistance. "When there is power, there is resistance, and yet... the resistance is never in a

position of exteriority in relation to power” (Foucault, 1979: 95). It is more of an outcome of power that is beyond the control of the individual, a way by which the body of the individual rebelled against the exercise of power. It could be argued that resistance then, is an unpredictable and involuntary result of power on the body when there is not agency. Although Foucault did not illustrate what he meant by resistance to power with any example, however, he did not mention individuals/ agents, and rather that resistance is something inevitable or automatic, often outside the control of the individual. The individual is moved by the power

This study identified some elements of resistance to the status quo, as well as the exercise of power seen in the young people’s choices regarding the issue of the parents’ surrogates in order to meet their SCHG needs. This also shows that when an individual young person has an understanding and acknowledgement of his/ her “autonomous self”, as described by Foucault (1988) as a kind of self-discovery, there is the tendency for him/ her to try to challenge the status quo. In this study, the resistance by the young people was specifically directed towards their parents, friends and the society. Foucault (1982) distinguished between individuals and subjects, and he expressed his interest in the form of power that ‘transforms individuals into subjects’ (Foucault 1982: 331). His interest was in the entity who is able to choose courses of action either by being controlled by others or attached to an identity through an awareness and knowledge of self. Foucault (1997) proposed that it is the responsibility of each individual to reflect upon and choose how they wish to exist based on the specific historical and cultural situation that they find themselves (Foucault, 1978: 262). This also reveals individual agency and freedom exercised by the individual thereby suggesting subtle resistance that was evident in the narratives of some of the

female participants, especially the IS females. Few of the OS females believed that they should have control over their bodies and their sexual lives. Hence the decision of these OS females to have sex and the decision of the majority of the IS females not to have sex until marriage despite the pressure from their male dating partners.

From this study, the young women, IS and OS, looked for different ways to resist the control and dominance they experienced by looking for significant relationships and sources that would meet their SCH needs. Specifically, the female participants subtly resisted the forms of control exercised by young men over them. The ISF ended their dating relationships when pressured for sex, while the OSF either communicated their 'no sex' stance or ended their relationships with their male dating partners. These actions of the young women in this study further shows that resistance exists wherever power is exercised, and that it is often the mirror of the power that is exercised (Foucault, 1977: 142).

8.6. Limitations to the study

In this section, I discuss the main limitations identified in this doctoral research study and in the conduct of this qualitative study. The quality of the research is enhanced by acknowledging and discussing the limitations, and these help the reader to interpret correctly the study and identify opportunities for further studies.

First, one major criticism of qualitative research is that it is heavily dependent on the individual skills of the researcher and so, could be easily influenced by the researcher's personal biases and idiosyncrasies (Anderson, 2010). Closely connected

to this is that the presence of the researcher during data collection, which is often unavoidable in qualitative research, can affect the responses of the participants. For this study, researcher bias may have influenced the data, but attempts were made to account for and minimise this by using various forms of triangulation within the study (Bryman, 2012). However, the presence of the researcher encouraged the young people to freely discuss issues sensitive and personal to them. A strategy that I used was to ask from the participants after each interview session why they consented to participating in the study. The majority of the young people stated that taking part in the study was their first time discussing their SRH in the presence of an adult without any judgement or criticism passed on their sexual practices; or being told to keep quiet, as they expected based on the cultural beliefs. Hence, I believed the information they gave me. The utilisation of a variety of data collection methods such as group interviews, individual interviews diaries and reflexivity journals enhanced the quality of the work. These sources enabled me to obtain the richness, breadth, and depth of the data collected (Bryman, 2012). This approach improved on the interpretive status of the evidence. I dedicated enough time in the study setting during data collection in order to validate the interpretations that I make within the thesis. This approach was critical as it involved building adequate trust and rapport with the young people. I was assured that the adolescents' narrations were true, as they have said it.

There are also criticisms about the generalisation of the findings in qualitative research when compared to quantitative research, where the principle of generalisation is paramount (Ritchie et al, 2014). However there seems to be a middle ground where some researchers agreed that it is the views, experiences, outcomes, and of the factors and circumstances that shape and influence the participants in the study, that can be generalised to the parent population (Ritchie et al., 2014) - called

'representational generalisation' (p.351). Therefore, it is at the level of categories, concepts and explanation that representational generalisation can take place. Similarly, I conducted this study in four different sites – a private university and a Community Youth Friendly Center (CYFC) in a rural/ sub-urban setting, a public university and a vocational Association Building in an urban setting. The findings from the IS participants could not be applied to all universities, nor the findings from the OS participants be applied to all OS young people in Nigeria. However, the categories, concepts and explanations that I developed could be applied in other settings with comparable adolescents' situations without any problem.

Finally, my background as a nurse, who worked as family planning service provider for many years, midwife, public health nurse, nursing lecturer, my previous years as an advocate for gender equality in SRH, mother of two adolescents - male and female - and a personal interest in young people's SRH all had some influence on this interpretative qualitative study. Nonetheless, through reflexivity, I have identified, acknowledged and made transparent the impact of my prior positions and experiences within the context of this thesis. I have discussed the process of reflexivity conducted throughout the research process in section 4.4.2.

There were several limitations specific to this study that the researcher would like the reader to take into account when interpreting the findings. First, the samples for the two major groups of adolescents (in-school and the out-of-school) recruited for the study were not representative of the universal population of adolescents in South West Nigeria. As such, the study cannot be generalised because of the small sample size,

which is geographically limited, and does not include a representative number of the IS and the OS adolescent groups.

The second limitation is that the study does not cover the age range of adolescents by the World Health Organisation that is 10-19 years (WHO, 2012). This also limits the scope of the study as the early and middle adolescents were not recruited due to the difficulty in obtaining parental consent within the cultural and social context of Nigeria.

The third limitation is that the OS adolescents without any formal education were not included in the study because they were difficult to recruit in the state where the study was conducted. The government of the state where the study was conducted in Nigeria runs a free Basic Education programme that covers primary and secondary education in the public government schools (Ajayi and Adeyemi, 2011). Hence, the OS participants for the study had either exited at different levels of their primary or secondary school education, or those who were out-of-school while awaiting admission into tertiary institutions.

Lastly, the study only involved the heterosexual adolescent groups while those who identify as lesbians, gays, bisexual, transgender and queer (LGBTQs) were not recruited. In Nigeria, LGBTQ people are not legally recognised. In fact, there are restrictive laws and social norms that negatively affect the practices of LGBTQ people in Nigeria and some other sub-Saharan countries (Clark, 2014; Mapayi et al., 2016).

8.7. Summary of Chapter 8

The findings from this study offered rich in-depth accounts of the views and experiences of the sexual practices of adolescents, including their sexual initiation and contraceptive choices. The influence of power relations on the different aspects of the

young people's interactions were identified, and how the OS adolescents decided to choose for themselves adult mentors/ role models. The young people confide in these people about their relationship, and their SCH needs for guidance, advice and support. They refer to them as "area/ street mothers/ fathers". These adults performed the roles, that the young people expected from their parents, but which the parents were unable to offer them, either due to their work demands or the influence of power manifested through their cultural and religious beliefs and the traditional patriarchy system that is prevalent in Nigeria.

Gender-based dominance and control by the male was identified with the underlying cultural and traditional role expectations that accords more power to the males over the females in their relationships and interactions , as were the ways the young men dominate the young women based on this. The findings also show how the young women react to this by resisting the male control over them in their dating relationship and sexual intercourse.

The study explored the issue of ignorance about sexual and contraceptive information (SCI) and the influence of power relations, which restricted or prohibited the free exchange of information between the young people and their parents and teachers in the school from giving correct and adequate SCI to the adolescents, This is the major reason why many of the young people look for other sources through the media, internet and their peers to satisfy their hunger for SCI and support. This often makes the adolescents susceptible to wrong information, myths and misconceptions about sex and contraceptive use, and they make their SCC based on these.

Finally, I hope that this exploratory study has provided information about the influence of power relations on the SCC of adolescents in South West Nigeria. The findings from this study will assist in informing ASRH policies and serve as a reference point for designing appropriate and effective interventions that will meet the SCH needs of adolescents, thereby enabling them to make informed and responsible choices to safely negotiate their sex lives.

CHAPTER 9: IMPLICATIONS FOR EDUCATION, RESEARCH AND NURSING PRACTICE

9.1. Introduction

In this chapter, I present the implications of this thesis particularly in education, research and nursing practice. I also discuss its implications on policies and

interventions on adolescent sexual and reproductive health particularly in South West Nigeria.

9.2. Overview of the Study

Based on the consideration of the small sample used for this study, making definite recommendations from the findings of the study may not be appropriate. However, my interactions with the young people through the exploration of their world and sensitising myself to their world and their needs has given me an understanding of the sexual and contraceptive needs of the adolescents from their perspectives. I have gained new and significant insights into how adolescents in South West Nigeria make their SCC and the influences of power relations in making these choices. With this experience, I consider that this thesis has unique contributions to multiple fields: nursing along with its - education, practice and research; and also, recommendations for policies and future research.

9.3. Implications for Nursing

Based on the findings from this study, I present the implications and recommendations for actions for policy makers, nurse educationalists, nurse managers and researchers in ASRH, particularly in South West Nigeria. I have realised the non-involvement of nurses in the adolescents' SCC particularly in the study setting. Evans (2013) identifies that nurses often feel poorly prepared or not even prepared at all to explore private and sensitive aspects of their patients' sexual health and relationships. Some even feel embarrassed to discuss sex-related issues with their clients.

Within this context, the health services in Nigeria do not meet the SCH needs of adolescents. It also raised the issues facing the young people and the need for a

multidimensional approach to solving the problems. This approach should include everyone involved in adolescent sexual and reproductive health (ASRH), including the young people themselves, their parents, teachers, 'area/ street mums and dads', health professionals, religious organisations, the society, government and non-governmental organisations. However, nurses as advocates for the young people's SCH needs can initiate and coordinate the activities that will enable the young people negotiate safe sex.

The implications of this study to the nursing profession will be discussed from two perspectives: nursing education and nursing practice.

9.4. Nursing Education

The Nigerian nursing curricula lack the educational preparedness to deal with situations that relate to the sexual health of adolescents. In most of the regions in Nigeria, sexual health nursing is not seen as a specialty area in nursing. Thus, the majority of the nurses in Nigeria are not equipped in their training to meet the sexual and contraceptive health (SCH) needs especially of the adolescent population. Hence, there is an urgent need for reviewing the nursing curricula in Nigeria so that upcoming nurses can start to develop their passion in this area. In addition, the voices of young people and their sexual health needs should be included in the development of a new curriculum so that education can be focused appropriately.

There are very few sexual health nurse researchers in the study area, who have embraced the study of adolescent SCH needs, especially in the low-and-middle-income-countries (LMICs). Therefore, nurses in these countries need to collaborate with the sexual health nurses in the practice areas, as well as sexual health nurses in

high-income countries to develop this important specialty area in order to meet the needs of the adolescents in Nigeria and sub-Saharan Africa (SSA).

Nurses can advocate for the young people's participation, so they can be fully involved to ensure that the existing policies are amended, adapted or strengthened as needed.

9.5. Nursing Practice

In Nigeria, there are no sexual health clinics in most of the health facilities, but there are family planning clinics, which the majority of the population assume are for married couples and not for adolescents. Hence, there is a need for nurses to create awareness of the general populace to this.

Many nurses in Nigeria and other African countries still perceive sexual health as a taboo issue and are thus reluctant to initiate therapeutic sex talk or offer contraceptive information, advice and materials as required to young people. These nurses need to first change their negative attitudes towards adolescent SCH needs by seeking out evidence-based information on adolescent sexual health, thereby developing effective ways of interacting and engaging with the adolescents about their sexual health, and encouraging young people to seek out SCI at the sexual health/ family planning clinic.

Evidence demonstrates that the nurses in family planning clinics are not adequately prepared for the sexual health needs of their clients. This shows the need for training and re-training especially in sexual health nursing practice. This will assist the nurses in the practice areas to develop the confidence and skills needed to freely dispense sexual and contraceptive materials to the young people who need them in order to meet their SCH needs.

The nurses working in sexual health clinics should consider the needs of the adolescents as they relate to their SCH. Young people are particularly sensitive to privacy and confidentiality especially in matters that relate to their SCH. Therefore, there might be a need to review some of the practices at the sexual clinics for the young people. At the sexual health/ family planning clinics, those contraceptive products that clients are expected to pick up free of charge should not be placed in open places as young people may not want to pick such products even when they need them because of confidentiality issues.

There are many myths, misconceptions and misinformation about adolescent SCH, and it is important for nurses as agents of positive change to correct this by ensuring that adequate and correct SCI are given to the young people right from their primary and secondary schools. This can be achieved by working closely with school health nurses (if available), or with the teachers who teach FLHE to the students. There is a need for the Nigerian nurses to advocate for the empowerment of adolescents with the adequate SCI at the sexual or family planning clinics, in schools or through the media. Specially trained sexual health nurses should be employed to work in schools in order to meet the SCH needs of adolescents. The school health nurse should ensure that only trained teachers and educators are allowed to teach sexuality education/ FLHE in schools. In addition, nurses in practice areas need to be re-educated about condom use, not only as a contraceptive, but for contra infection.

Nurses can also work with government and non-governmental organisations to create awareness for and teach parents on how to talk to their children about sex issues and

the appropriate time to start. This will help to reduce the negative impacts of peers and the 'area/ street mums/ dads' on the young people.

9.6. Nursing Research

In South West Nigeria, where the unusual practice of parents' surrogates in the sexual behaviours of adolescents has been uncovered by this study, nurses need to get involved in adolescent SRH research to find out more about this practice by the OS young women. Having adequate knowledge will assist to create awareness especially among parents about the young people's practices and the need for their parents to support them in making safe and informed sexual and contraceptive choices.

9.7. Implications and recommendations for policy

The findings from this study has highlighted a major reason for the failure of the existing policies and interventions. Policies should not be based solely on the interests of parents, society or the country but focused more on the young people and their sexual and contraceptive needs. Since the policies on ASRH are meant for the adolescents and the interventions, then there is a need to look for the different groups of adolescents and let their voices be heard without judgment and criticisms.

ASRH policies have failed in many cases to meet the SRH needs of the young people in Nigeria and other SSA countries because the adolescents are often excluded from participating in the planning, design implementation and evaluation of the policies. Involvement of the right groups of young people in the policies that directly affect them will ensure their full and active participation in any intervention designed to meet their sexual and contraceptive health needs.

9.7.1. Implications and recommendations for research

There needs to be an epistemic transformation in the focus of ASRH studies, particularly in Nigeria, from only IS adolescent studies to a mixture of IS and OS studies. This is to have a balanced opinion about the needs of the young people without leaving any group out. Further research is needed into the attitudes of parents towards giving their children SCI and their awareness of their adolescents' practices of having "area mothers" to perform the parents' roles.

Finally, there is need to explore how health care providers, including nurses and doctors, interact with young people at the sexual health clinics in South West Nigeria. This will help to identify what has been working, what has not, and the challenges faced by the health care providers, in order to proffer lasting solutions that will meet the young people's SCH needs.

9.8. Summary of Chapter 9

In summary, in this chapter, I presented an overview as well as the implications of the study for nursing education practice and research. I also presented based on the study's findings, my recommendations for research and policy.

CHAPTER 10: CONCLUSION

10.1. Introduction

In Chapter 10, I conclude this thesis. I reflect upon and confirm how I have addressed the research aims and questions, providing the summary of the findings in Chapter 8. This is followed by a discussion of the implications and recommendations of the research findings for nursing practice, education, policy and research in Chapter 9. I set out on this study in order to explore the views and experiences of adolescents about the influence of power relations in their sexual and contraceptive choices. The study was conducted in two study settings in the South West Nigeria, interviewing in-school and out-of-school adolescents about their sexual and contraceptive choices.

10.2. Summary and Personal Reflections on the Research

After reviewing the literature, I identified studies on the sexual behaviours of adolescents especially their sexual practices and contraceptive choices that are underpinned by power relations. Historically and traditionally, the cultural norms and beliefs that placed certain expectations on the male and female adolescents formed constraints that made it difficult for the young people to make their sexual and contraceptive choices (SCC). The patriarchal system in Nigeria further created an environment of unequal gender power with preference for the males above the females. All these prevented the young people, especially the females, from safely negotiating their sexual lives.

Overall, the review identified how power influenced the process of young people making their SCC despite the availability of support in their dating relationships and other significant relationships with their parents, friends, and teachers. The power relations encouraged unequal gender power balance and constituted barriers to the young people making their SCC. The young people experienced the exercise of power

both within and outside their dating relationships, in their significant relationships with their parents, friends/ peers and their teachers. Despite the inclusion of sex education in the secondary school curriculum, the young people still lack the necessary information about sex and contraceptives. The traditional patriarchal system, cultural norms and religious beliefs also created obstacles that made it difficult for the adolescents to have access to safe sexual and contraceptive information and support to enable them to negotiate safe sex. In order to safely negotiate their SCC, the adolescents in South West Nigeria chose parents' surrogates to assist them in making safe SCC, but these relationships also expose the young people to exploitation and abuse.

The purpose of this thesis was to identify how power relations influenced the adolescents' SCC through the lens of the young people in Nigeria, and to gain an in-depth understanding of this process using qualitative exploratory methodology. I decided that the most suitable research approach to realise this aim was group interpretative through group and individual interviews. This methodological approach enabled me to examine the different forms of power relations in the context of the adolescents. This included the young people's relationships with their partners, their parents, peers and friends, teachers and the parents' surrogates, as the exercise of power in these relationships influenced the adolescents' SCC.

I conducted the group and individual interviews in two settings in the South West Nigeria, among the in-school and out-of-school adolescents from July to December 2017. I recruited 66 participants using purposive and snowballing sampling techniques. To capture in-depth information about the influence of power relations in the SCC of the adolescents, I comprehensively collected data using both group and

individual interviews. Initially, I found the process of conducting interviews on such sensitive issues challenging but later found it enjoyable and worth undertaking. Having a deep reflection on my interviewing skills helped me to adjust the wording of questions in the interview guides and the manner of the interview. I adjusted the interview techniques by using probing questions, allowing the young people to explain their story and describe their experiences without interruptions and ensuring that I generated only meaningful facts and information.

The process of undertaking this research study gave me some important ideas that have helped me to reflect on personal and professional values. It also provided me with the guidelines on and changes for my future role as a mother of adolescents and my future professional practice - in education, research and policy making. I considered and used a number of strategies to ensure reflexivity all through the research. An essential principle I followed was being mindful of how my perspectives integrated with the data. In Chapter 4, I discussed how I managed my reflexive position and in section 4, I described how this informed my thinking and how I undertook an audit trail of my methodological decisions in order to ensure the credibility of the study. I took time to identify the cognizance of my experiences and knowledge; I challenged and considered the impact I had on the fieldwork. With the aid of a reflexive note, I captured these thoughts and modified my approach to the study. I first recognised the multiple identities that I represented while interacting with the participants during the group and individual interviews.

I analysed the data using the principles of category and theme formation as suggested by Braun and Clarke (2013) and Ritchie et al., (2014), which revealed how young

people in South West Nigeria negotiate the constraints they faced in making their SCC due to the power relations that are deeply rooted in historical, traditional, cultural and religious beliefs and norms. Moreover, the findings revealed the forms of power relations and the effects on the young people's sexual behaviours - sexual practices and contraceptive use. However, as a novice researcher, I found the process of data analysis intimidating as I felt I was drowning in data, as Silverman acknowledges (2017). I analysed the data inductively and initially developed several codes so as not to miss out any important information. Nevertheless, I began the process of immersing myself in the data while transcribing the interviews and keeping a reflexive journal while in the field. This enabled me to make initial impression about the data and develop sensitivity to the data.

Finally, I identified the three themes that emerged from the data: diffused forms of dominance and control, changing influential relationships and influencing contraceptive knowledge. The integration of these three major themes enabled me to have identify the influences of power relations in how the young people made their SCC. Almost everyone that the young people interacted with exercised one form of power or the other over the young people regarding their sexual behaviour and contraceptive choices. In the existing interventions to meet the sexual and contraceptive health needs of the young people, power relations based on the prevailing patriarchy are still involved. In the extreme cases of the power relations, some of the young people, especially the out-of-school experienced sexual coercion, harassment, abuse and violence more than their peers did.

10.3. Summary of Chapter 10

The passion to conduct this study arose from my interactions with young people about their sexual and reproductive health, and the very high levels of maternal mortality in Nigeria, to which adolescents contribute hugely. Review studies have pointed out how young people make their sexual and contraceptive choices by engaging in sexual practices that often end with negative outcomes and ripple effects.

In this thesis, I have explored and exposed the readers to the influence of power on the sexual and contraceptive choices of the adolescents in South West Nigeria. From the analysis, I have identified the major ways by which power influenced the SCC of the young people, both directly and indirectly. I identified how power relations strongly influenced every decision made on ASRH at home, school, relationships, in religious settings and everywhere around adolescents, especially through the cultural norms and religious beliefs. I provided the creative ways that the young people adopted by carefully avoiding the structure made by the power relations and looking for suitable ways to meet their SCH needs without going against the status quo. From these, I clarified the positive and negative effects of the choices made by the young people and the possible impacts on their future lives.

Finally, I hope that this study will contribute towards ensuring that the adolescents in Nigeria, especially in the South West geo-political zone, become empowered to make informed, responsible, pleasurable and healthy SCC that will ultimately reduce the high maternal mortality rate in Nigeria.

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APPENDIX I



Ref: NURS024

TEMITAYO A. ODEWUSI
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24 July 2017

E-mail: Susanne.Kean@ed.ac.uk Tel: 0131 651 1983

E-mail: Sarah.Rhynas@ed.ac.uk Tel: 0131 650 3882

Fax: 0131 650 3891

Dear Temitayo,

APPLICATION FOR LEVEL 1/2/3 APPROVAL

PROJECT TITLE: FACTORS INFLUENCING ADOLESCENTS' CHOICES REGARDING SEXUAL INITIATION AND USE OF CONTRACEPTION

Thank you for submitting the above research project for review by the Section of Nursing Studies Ethics Research Panel.

I can confirm that the submission has been independently reviewed and was approved on July 13, 2017.

Should there be any change to the research protocol, it is important that you alert us to this as this may necessitate further review.

Yours sincerely

Susanne Kean Sarah J Rhynas
Researcher/Lecturer Teaching Fellow
Nursing Studies Nursing Studies

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APPENDIX II



BABCOCK UNIVERSITY HEALTH RESEARCH ETHICS COMMITTEE

Our Ref. NHREC/17/12/2013 Your Ref. BUHREC479/17 Date: June 28, 2017

NAME OF PRINCIPAL INVESTIGATOR: ODEWUSI TEMITAYO

**TITLE OF STUDY: FACTORS INFLUENCING ADOLESCENTS' CHOICES
REGARDING SEXUAL INITIATION AND USE OF
CONTRACEPTIVES, OGUN STATE, NIGERIA.**

RESEARCH LOCATION: OGUN STATE, NIGERIA

NOTIFICATION FOR ETHICAL APPROVAL

Babcock University Health Research Ethics Committee has approved your research proposal and other related materials after the necessary reviews and corrections.

The National code for Health Research Ethics requires that you comply with all institutional guidelines, rules and regulations. All forms and questionnaire must carry the assigned BUHREC number. No changes are permitted in the research without prior approval by the committee.

Please, note that the committee will monitor the research study. You are expected to give a progress report of the investigation and submit a final copy of the research to the committee.

Thank you.



Professor D.O. Akinboye

Chairman, Babcock University Health Research Ethics Committee

Babcock University Health Research Ethics committee (BUHREC)

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APPENDIX III



SCHOOL of HEALTH IN SOCIAL SCIENCE

The University of Edinburgh

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15 May 2017

Letter of introduction: Temitayo Odewusi PhD Nursing student

I confirm that Temitayo Odewusi is a full time PhD student studying at the University of Edinburgh. Her programme commenced on the 1st January 2016 and Temitayo has engaged regularly with her supervisors and is progressing well with her studies. She has developed an interesting research study to explore the factors influencing adolescents' choices regarding sexual initiation and contraceptive use.

Temitayo intends to return to Nigeria to commence data collection at the end of May 2017 and will spend approximately 6 months in the country.

Thank you for your support and please do not hesitate to contact me if you have any questions or require clarification on any matters relating to Temitayo's research study.

Yours faithfully,

Dr Fiona Cuthill
(Doctoral Supervisor)
Lecturer in Nursing Studies
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The University of Edinburgh
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APPENDIX IV



Factors Influencing Adolescents' Choices Regarding Sexual Initiation and Contraceptive Use

Gatekeepers' Information Sheet for Group Interviews

My name is Temitayo. I am a doctoral student in Nursing Studies at the University of Edinburgh. I am doing a research study about how young people make choices regarding when to have sex and use of contraceptives and would like to know the views of young men and women.

Why am I doing this study?

Young people in Nigeria are rarely asked about how they make their choices when to have sex and use of contraceptives, so little or nothing is known about their views. I think it's important that young people have their say.

What does taking part involve?

The young people will be invited to take part in focus group interviews with 5-6 people of their own age and gender that they may not know. They will talk in a group for about 45 - 60 minutes during their usual break time / meetings.

What will we talk about in the group?

The focus group interviews will involve chatting about what the young people think about when to have sex and use of contraceptives. We won't talk about any personal experiences of abuse and violence. Any information disclosed which indicates the potential for harm to others or themselves cannot remain confidential and will be reported. Some of the things we might talk about are:

- What you think when you hear the word 'sexual initiation' and 'use of contraception'
- Good / bad times for sexual initiation and use of contraception
- Who and what informs your decision about sexual initiation and use of contraception?

When? [date]

Where? [location]

Who will know what participants have talked about?

Anonymity will be preserved by not using the real names of the young people or any other information that could identify them. Prior to our focus group interview, I will inform the young people of the 'ground rules' for group discussions and they will be asked to sign a group agreement statement. The young people will be asked to keep the discussion confidential and agree not to discuss what anyone said outside of the focus group interview.

Lots of people are interested in what informs young people about their choices on sexual initiation and use of contraception, so I would like to use some of the things that the young people say in the report that I'll write at the end of the study. But I won't use their real names or any other information that could identify them, so nobody will know who said what outside of the group. If they want to tell their parents or anyone else what they said then they can do so but it's really important that they don't tell anyone else what the others in the group said.

The recording of focus group interviews is a normal procedure in research which is also necessary to ensure detailed information and a robust data analysis. With the permission of the young person, I will be using an audio/voice recorder so that I can listen carefully to everything afterwards and write it down. No one else outside the research team will hear the recordings.

What happens after the focus group interviews?

Participants will get a short report on what they have said after I have finished the study. I also have to write a PhD thesis on the whole study. I would like to write articles that other people interested in this work could read. No-one will be identified in these reports and all quotes will be kept anonymous.

What to do if young people want to take part in this study?

You can let me know today if you would like to assist in contacting interested and eligible young men and women for the study. If they want to take part then they do not need to do anymore except to indicate interest by contacting me through the email or phone number indicated below. I would like to ask you for your help to arrange a suitable room to conduct the focus group interview.

What if potential participants change their mind?

If any of the young people say yes today and then changes his/ her mind, they can text me to let me know and there is no need to give any reason. They can also change their mind at any time before or during the focus group interview. They can withdraw from the focus group interview at any time without giving any reason.

What to do if young people don't want to take part?

No young person that has been approached for inclusion in this study has any obligation to take part. The young person declining an invitation does not need to give any reason why he/she does not want to be involved.

How to get in touch with me

If they have any questions or would like to talk to me more about the study, they can call/text me on 08033617337 or send an email to Odewusi.Temitayo@ed.ac.uk or s1580847@ed.ac.uk

What if they want to discuss this study with anyone further?

If they would like to speak to someone else about the study they can also contact my supervisors: Dr Fiona Cuthill at Fiona.Cuthill@ed.ac.uk and Dr Jeni Harden at Jeni.Harden@ed.ac.uk.

If anyone wishes to make a complaint, please contact:

Professor Charlotte Clarke, Head of School, School of Health in Social Science, University of Edinburgh charlotte.clarke@ed.ac.uk

Thank you for considering my request.

Temitayo

APPENDIX V



Factors Influencing Adolescents' Choices Regarding Sexual Initiation and Contraceptive Use

Gatekeeper's Information Sheet for Individual Interviews

My name is Temitayo. I am a doctoral student in Nursing Studies at the University of Edinburgh. I am doing a research study about how young people make choices regarding when to have sex and use of contraceptives and would like to know the views of young men and women.

Why am I doing this study?

Young people in Nigeria are rarely asked about how they make their choices when to have sex and use of contraceptives, so little or nothing is known about their views. I think it's important that young people have their say.

What does taking part involve?

The young people will be invited to take part in individual interviews with the researcher. This will last for about 45 - 60 minutes during their usual break time/ meetings.

What will we talk about in the individual interview?

The individual interviews will involve talking about personal views and experiences of making choices regarding sexual initiation and use of contraception. We won't talk about any personal experiences of abuse and violence. Any information disclosed which indicates the potential for harm to others or themselves cannot remain confidential and will be reported. Some of the things we might talk about are:

- What you think when you hear the word 'sexual initiation' and 'use of contraception'
- Good/ bad times for sexual initiation and use of contraception
- Who and what informs your decision about sexual initiation and use of contraception

When? [date]

Where? [location]

Who will know what participants have talked about?

Anonymity will be preserved by not using participants real names or any other information that could identify the young person, so nobody will know who said what outside of the interview.

Lots of people are interested in what informs young people about their choices on sexual initiation and use of contraception, so I would like to use some of the things that the young people say in the report that I'll write at the end of the

study. Participants are free to talk to their parents or anyone else they chose about our discussion.

The recording of interviews is a normal procedure in research which is also necessary to ensure detailed information and a robust data analysis. With the permission of the young person, I will be using an audio/ voice recorder so that I can listen carefully to everything afterwards and write it down. Young people will have the option at the end of the interview to identify any information they do not wish me to include in any subsequent reports. No one else outside the research team will hear the recordings.

What happens after the interview?

Each participant will get a short report on what he/ she said after I have finished the study. I will also write a PhD thesis on the whole study. I will write articles that other people interested in this work could read. No-one will be identified in these reports and all quotes will be kept anonymous.

What do I do if I want to take part in recruiting young people for this study?

You can let me know today if you would like to assist in contacting interested and eligible young men and women for the study. If anyone wants to take part then he/ she does not need to do anymore except to indicate interest by contacting me through the email or phone number indicated below. I would like to ask you for your help to arrange a suitable room to conduct the group interview.

What if any of the participants changes his/ her mind?

If any of the young people say yes today and then changes his/ her mind, he/ she can text me to let me know and there is no need to give any reason. He/ she can also change his/ her mind at any time before or during the interview. He/ she can withdraw from the interview at any time without giving any reason.

What if any of the participants decide they don't want to take part?

No young person that has been approached for inclusion in this study has any obligations to take part. The young person declining an invitation does not need to give any reason why he/ she does not want to be involved.

How to get in touch with me?

If anyone has any questions or would like to talk more about the study, he/ she can call/text me on 08033617337 or send an email to Odewusi.Temitayo@ed.ac.uk or s1580847@ed.ac.uk

What if they want to discuss this study with anyone further?

If anyone would like to speak to someone else about the study he/ she can also contact my supervisors: Dr Fiona Cuthill at Fiona.Cuthill@ed.ac.uk and Dr Jeni Harden at Jeni.Harden@ed.ac.uk.

If anyone wishes to make a complaint, please contact:

Professor Charlotte Clarke, Head of School, School of Health in Social Science,
University of Edinburgh charlotte.clarke@ed.ac.uk

Thank you for considering my request.

Temitayo

APPENDIX VI



Factors Influencing Adolescents' Choices Regarding Sexual Initiation and Contraceptive Use

Information Sheet for Group Interview

Hello, my name is Temitayo. I am a PhD Nursing student at the University of Edinburgh. I am doing a research study about how young people make choices regarding when to have sex and use of contraceptives, and would like to know your views.

Why am I doing this study?

Young people in Nigeria have not been asked directly how they make their choices regarding when to have sex and use of contraceptives, so we don't know their views. I think it's important that young people have their say.

What does taking part involve?

You will be invited to take part in a focus group interview with 5-6 people of your own age that you may not know. We would talk in a group for about 45 - 60 minutes during your usual break time / meetings.

What will we talk about in the group?

We'll have a chat about what you think about when to have sex and use of contraceptives by young people. Some of the things we might talk about are:

- What you think when you hear the word 'sexual initiation' and 'use of contraceptives'
- Good / bad times for sexual initiation and use of contraceptives
- Who and what informs your decision about sexual initiation and use of contraceptives?

What won't we talk about in the group?

We won't talk about any personal experiences of abuse and violence. Any information disclosed which indicates the potential for harm to others or yourself cannot remain confidential and will be reported.

When? [date]

Where? [location]

Who will know what we have talked about?

It is important that the discussion we have in the focus group interview remains confidential and no-one talks about our discussion after the focus group has

finished. Prior to our focus group interview, I will go over the 'ground rules' for group discussions and you will be asked to sign an individual 'group agreement'. You will be asked to keep the discussion confidential and agree not to discuss what anyone said outside of the focus group.

No one will be identified in these reports and all quotes will be kept anonymous. You'll get a short report on what you and the other young people I've spoken to have said some months at the end of the study. I would also write a PhD thesis on the whole study, and articles that other people interested in this work could read.

If it's OK with you, I will be using an audio/ voice recorder so that I can listen carefully to everything afterwards and write it down. No one else outside the research team will hear the recordings.

The data will be transcribed and anonymised by the researcher, before it will be given to the translator to ensure that the translation is done correctly.

What do I do if I want to take part?

You can let me know if you would like to take part in the study by contacting me after 24 hours of getting this information. If you want to take part then you do not need to do anymore. [Gatekeeper] will let you know when the group interview will take place. **What if I change my mind?**

It is okay if you say yes and then change your mind, you can text me to let me know and there is no need to give any reason. You can also change your mind at any time before or during the focus group interview. If you change your mind during the focus group interview, you can withdraw without giving any reason.

What do I do if I don't want to take part?

You do not have to take part and there is no need to explain why you do not want to be involved.

How to get in touch with me

If you have any questions or would like to talk to me about it more you can call/text me on 08033617337 or send an email to Odewusi.Temitayo@ed.ac.uk or s1580847@ed.ac.uk

What if I want to discuss this study with anyone further?

If you would like to speak to someone else about the study you can also contact my supervisors: Dr Fiona Cuthill at Fiona.Cuthill@ed.ac.uk and Dr Jeni Harden at Jeni.Harden@ed.ac.uk.

If you have a complaint, please contact:

Professor Charlotte Clarke, Head of School, School of Health in Social Science,
University of Edinburgh charlotte.clarke@ed.ac.uk.

Thanks for considering this request.

Temitayo

APPENDIX VII



Factors Influencing Adolescents' Choices Regarding Sexual Initiation and Contraceptive Use

Information Sheet for Individual Interview

Hello, my name is Temitayo. I am a PhD Nursing student at the University of Edinburgh. I am doing a research study about how young people make choices regarding when to have sex and use of contraceptives, and would like to know your views.

Why am I doing this study?

Young people in Nigeria have not been asked directly how they make their choices regarding when to have sex and use of contraceptives, so we don't know their views. I think it's important that young people have their say.

Lots of people are interested in what informs young people about their choices on sexual initiation and use of contraception, so I would like to use some of the things that the young people say in the report that I'll write at the end of the study.

What does taking part involve?

You will be invited to take part in an individual interview with the researcher. I would like to ask you some personal questions relating to your views and experiences of sexual initiation and use of contraception for about 45 - 60 minutes during your usual break time / meetings.

If it's okay with you, I will be using an audio/ voice recorder so that I can listen carefully to everything afterwards and write it down. The recording of interviews is a normal procedure in research and helps me later when analysing all interviews. Only the researcher and her supervisors will hear the recordings.

What will we talk about in the interview?

I would like to have a chat with you about what you think about sexual initiation and use of contraceptives by young people. Some things we might talk about are:

- What you think when you hear the word 'sexual initiation' and 'use of contraceptives'?

- Good / bad times for sexual initiation and use of contraceptives.
- Who and what informs your decision about sexual initiation and use of contraceptives?

I will not ask you about personal experiences of abuse and violence. As a researcher, I have the obligation that any information disclosed to me that indicates the potential for harm to others or yourself must be reported to the relevant authority. It is important that you understand this before our chat.

When? [date]

Where? [location]

Who will know what we have talked about?

Anonymity will be preserved by not using your real name or any other information that could identify you, so nobody will know what you told me in our interview.

If you want to tell your parents or anyone else what you have said then you can do so.

However, the data will be translated, transcribed and anonymised by the researcher, before it will be given to the translator to ensure that the translation is done correctly. **What happens after the study is finished?**

You'll get a short report of my findings after I have finished the study. I will also write a doctoral thesis on the whole study, and I will also write articles that other healthcare professionals interested in this work can read and learn from this study. I will not use your real name or any other information that could identify you in any report, doctoral thesis or articles. and all quotations from interviews will be kept anonymous.

What do you do if you want to take part?

You can let me know today if you would like to take part now or you can contact me after 24 hours. I will however ask you before the interview if you still wish to talk to me to make sure you are still happy talking to me. If you need a little bit of time to decide than that, it is fine too. If you decide to take part, you do not need to do anything. [Gatekeeper] will let you know when the individual interview will take place.

What if you change your mind?

If you say yes today and then change your mind, you can text me to let me know and there is no need to give any reason. You can also change your mind at any time before or during the interview. If you change your mind during the interview, you can withdraw without giving any reason.

What if you don't want to take part?

You do not have to take part and there is no need to explain why you do not want to be involved.

How can you get in touch with me?

If you have any questions or would like to talk to me about it more you can call/text me on 08033617337 or send an email to Odewusi.Temitayo@ed.ac.uk or s1580847@ed.ac.uk

What if you want to discuss this study with anyone further?

If you would like to speak to someone else about the study you can also contact my supervisors: Dr Fiona Cuthill at Fiona.Cuthill@ed.ac.uk and Dr Jeni Harden at Jeni.Harden@ed.ac.uk.

What do you do if you have a complaint? Please contact:

Professor Charlotte Clarke, Head of School, School of Health in Social Science, University of Edinburgh charlotte.clarke@ed.ac.uk.

Thank you for considering my request.

Temitayo

APPENDIX VIII



Nursing Studies
School of Health in Social Science
University of Edinburgh

CONSENT FORM FOR INDIVIDUAL INTERVIEW PARTICIPANTS

Title of Research: Factors Influencing Adolescents' Choices Regarding Sexual Initiation and

Contraceptive Use

Name of Researcher: **Temitayo Odewusi**

If you have decided to take part in the research please read and sign this consent form.

Please initial box

I confirm that I have seen and read the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

I know that the interview data and other information collected about me will be stored securely for possible secondary analysis, and may be shared anonymously with other researchers.

I know that my participation is voluntary and that I can stop taking part at any time without any reason.

I know I don't have to answer anything I don't want to.

I am happy for the discussion to be recorded.

I understand that relevant sections of data collected during the study may be looked at for supervision and research purposes by:

Dr Fiona Cuthill and Dr Jenni Harden - The University of Edinburgh).

Translator - after transcribing and anonymising the data.

I give permission for these individuals (the researcher, her two supervisors and the translator - after transcribing and anonymising the data) to have access to my data.

I understand that the researcher has an obligation to report any information which indicates the potential for harm to others or myself.

I agree to take part in the study.

Name of Participant (print)

Date

Signature

Name of Researcher (print)

Date

Signature

What if I want to discuss this study with anyone further?

If you would like to speak to someone else about the study you can also contact my supervisors: Dr Fiona Cuthill at Fiona.Cuthill@ed.ac.uk and Dr Jeni Harden at Jeni.Harden@ed.ac.uk.

If you have a complaint, please contact:

Professor Charlotte Clarke, Head of School, School of Health in Social Science, University of Edinburgh charlotte.clarke@ed.ac.uk.

APPENDIX IX



Nursing Studies
School of Health in Social Science
University of Edinburgh

CONSENT FORM FOR GROUP INTERVIEW PARTICIPANTS

Title of Research: Factors Influencing Adolescents' Choices Regarding Sexual Initiation and

Contraceptive Use

Name of Researcher: **Temitayo Odewusi**

If you have decided to take part in the research please read and sign this consent form.

Please initial box

I confirm that I have seen and read the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

I know that the focus group interview data and other information collected about me will be stored securely for possible secondary analysis, and may be shared anonymously with other researchers.

I know that my participation is voluntary and that I can stop taking part at any time without any reason.

I know I don't have to answer anything I don't want to.

I am happy for the discussion to be recorded.

I understand that relevant sections of data collected during the study may be looked at for supervision and research purposes by:

Dr Fiona Cuthill and Dr Jenni Harden - The University of Edinburgh).

Translator - after transcribing and anonymising the data.

I give permission for these individuals (the researcher, her two supervisors and the translator - after transcribing and anonymising the data) to have access to my data.

I understand that the researcher has an obligation to report any information which indicates the potential for harm to others or myself.

I agree to take part in the study.

Name of Participant (print)	Date	Signature
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Name of Researcher (print)	Date	Signature
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What if I want to discuss this study with anyone further?

If you would like to speak to someone else about the study you can also contact my supervisors: Dr Fiona Cuthill at Fiona.Cuthill@ed.ac.uk and Dr Jeni Harden at Jeni.Harden@ed.ac.uk.

If you have a complaint, please contact:

Professor Charlotte Clarke, Head of School, School of Health in Social Science, University of Edinburgh charlotte.clarke@ed.ac.uk.

APPENDIX X



Factors Influencing Adolescents' Choices Regarding Sexual Initiation and Contraceptive Use

Individual Agreement form for Group Interviews

Everyone has the right to:

- Be listened to and respected
- Say what they think
- Disagree with others
- Ask questions
- Make mistakes
- Choose not to talk

Everyone has the responsibility to:

- Listen to others
- Respect the views of others
- Protect themselves by keeping things private
- Keep what others say in the group confidential

The data will be translated, transcribed and anonymised by the researcher, before it will be given to the translator to ensure that the translation is done correctly.

I agree that this discussion be recorded, translated and transcribed.

Signed by:

NAME:

APPENDIX XI

Would you like to take part in a study on how adolescents make choices about their sexual and reproductive health?



To get in touch with me if you are interested in participating in this research study, call/text me on **08033617337**; or send an email to Odewusi.Temitayo@ed.ac.uk or s1580847@ed.ac.uk

APPENDIX XII



Factors Influencing Adolescents' Choices Regarding Sexual Initiation and Contraceptive Use

Pre-Interview Demographic Information

Full Name: -----

Nickname: -----

Age (in years): -----

Date of birth: -----

Tribe: -----

Religion: -----

Level of education: -----

Family type: -----

Where do you live: -----

Type of accommodation: Rented: Owned:

With whom do you live: -----

Current occupational status: -----

Parents' information

Father's age (in years): -----

Mother's age (in years): -----

Father's educational level: -----

Mother's educational level: -----

Father's occupation: -----

Mother's occupation: -----

Father's average monthly income: -----

Mother's average monthly income: -----



APPENDIX XIII

Nursing Studies
School of Health in Social Science
University of Edinburgh

CONSENT FORM FOR TRANSLATOR

Title of Research: Factors Influencing Adolescents' Choices Regarding Sexual Initiation and Contraceptive Use

Please initial box

I know that the information collected for this study is sensitive and I will handle it in a confidential manner by not disclosing the information with anyone and in any way.

I agree that I will destroy the data from this research after the transcribed data has been transferred to and verified by the researcher. I will do this through physical destruction of USB drive and CD, shredding of papers and secured erasing of the hard drives used for the transcription.

I confirm that I have accepted to translate the data for this study

Name of Transcriber (print)

Date

Signature

Name of Researcher (print)

Date

Signature

APPENDIX XIV
GROUP INTERVIEW TOPIC GUIDE

Young People's Views on Factors that Influence their Choices Regarding Sexual Initiation and Use of Contraceptives: Group Interview Topic Guide

The guide below is indicative of questions and activities - though the structure, and order and how activities were included depended on the direction of the interview by the young people.

Kikky is 15 years old and just discovered that she is pregnant. Her boyfriend is Zizzy. She could not continue to go to school and her parents are not happy with her. (Use a picture of a young pregnant adolescent girl and a boy).

Choices about relationships, sexual initiation, feelings and Influences What age did they likely start dating?

What are the expectations of Kikky in the relationship?

What are the expectations of Zizzy in the relationship?

Who are the people Kikky and Zizzy would have possibly talked to?

What would have influenced their decision to have sex?

Do you think they both discussed the issue of sex before the act? To what extent would they have gone in their discussion?

How do you think the views of other people (e.g. parents, friends, service providers, media, and government) shape their actions?

What are the likely information/ advise they would have been given?

Which of these would have been more important to them? Why do you think so?

Choices about contraception and influences

Do you think they knew about contraception (avoiding/ preventing pregnancy)? How?

Where do you think they get this information from?

What method (s) that you are aware of would they have used?

Would they have been worried about using contraceptives?

In your opinion, what could have prompted them on when to use/ or not to use contraceptives?

Experiences of first sex and contraceptives use

How do you think they would have felt after having sex for the first time?

How do you think they would have felt if they had used contraceptives?

What would have been their views if they had not used contraceptives?

Who do you think they likely talk to most about sex and contraceptives (e.g. parents, friends, service providers, media, and government)?

Who would they have listened to when making their choices to have sex and use contraceptives? Why?

Other Influences

What other things would they have considered important when it comes to having first experience of sex? About use of contraceptives? Why do you think these things are important to them?

Gender Influence

Does being a young woman affect Kikky's decision to have sex and use contraceptives? Why?

Does being a young man affects Zizzy's decision to have sex and use contraceptives? Why?

Conclusion of discussion:

- brief summary of what has been said
- final points the group wish to add
- remind group of who they can contact if they want to discuss any of the issues raised.
- Remind group of confidentiality of the discussion

APPENDIX XV

IN-DEPTH INDIVIDUAL INTERVIEW GUIDE

1. Can you tell me about your relationship experience (s) with the opposite sex as a young person? How does this affect your future plan and career? What are those things you took into consideration when making your plan? Who are the people you discussed this with? Why did you talk to them? Have you ever been in a dating relationship with anyone? How long? To what extent does this dating affect your future plan?
2. What does sex mean to you as a young person? Can you tell me about your first experience of sex? How did you feel after you had the first sexual experience? Who initiated it? Can you tell me about any time when you wanted to have sex but did not? What happened? Can you tell me about any times when you didn't really want to have sex but did? What happened?
3. What is your experience of using contraception/ preventing pregnancy? Can you think of times when you were unhappy using contraception? Why? What methods have you used? What is the source of your information? Can you tell me about any time when you wanted to use (or not use) contraceptives but did not? What happened? How do you decide when and when not to use contraceptives?
4. Looking back on your sexual experiences, can you tell me about times when you were unhappy having sex? Why did you feel this way? What happened? Can you tell me about the ways you learned about sex? And contraception? Who gave you the most useful information? In your experience, who have you listened to most when it comes to making decisions about sex and contraception?
5. What are the things that are important to you as a young man/woman when it comes to sex? Contraception? What things did you consider before having sex? Or use contraceptives? Why did you consider them?

6. Does your being a young man (or young woman) influence your decision to have sex and use contraceptives? In what ways do your opinion different from a young woman (or a young man)?

APPENDIX XVI

YORUBA VERSION OF THE GROUP INTERVIEW GUIDE

AKORI IWADI: ERO AWON ODO NIPA AWON KOKO TI O N KOPA LORI IPINNU WON LATI NI IBALOPO AKOKO ATI LILO IDABOBO.

ITAN KEKERE: Kike je odomobirin eni odun merindinlogun (16 years) nigba ti o se akiyesi wipe ohun ti loyun. Odomokunrin ololufe re ni Wale, eni odun metadinlogun (17 years). Kike ko le tesiwaju ninu eko re, inu awon obi re ko si dun si nitori ohun ti o sele yi.

AKORI KINI: Sise ipinnu nipa ibanidore, ibalopo akoko, ero ati ohun ti o kopa.

Omo odun melo ni awon odo maa nyan orekunrin ati orebinrin?

Kini awon afojusun tabi erongba Kike ninu ibanidore yi?

Kini awon afojusun tabi erongba Wale ninu ibanidore yi?

Awon wo ni o seese ki Kike ati Wale ma aba soro nipa ibanidore won?

Kini o lero wipe o kopa ninu ipinnu won lati ni ibalopo?

Nje o lero wipe awon mejeeji jo ni ijiroro nipa ibalopo ki won to see? Awon nkan wo ni o seese ki won jiroro nipa?

Bawo ni o se ro pe ohun ti awon elomiran nso (awon bii obi, ore, eleto ilera, ile-ise agberoyinjade ati ijoba) se nipa lori nkan ti Wale ati Kike se?

Kini awon alaye tabi imoran ti o sese ki won to so fun won?

Ewo ni o lero wipe o se pataki si won ninu awon wonyi? Kini o fa idahun re?

AKORI KEJI: Sise ipinnu nipa lilo idabobo ati awon ohun ti o n kopa

Nje o lero wipe Kike at Wale mo nipa idabobo? Bawo?

Nibo ni o seese ki won ti gbo nipa idabobo?

Awon ilana eto idabobo ti o mo wo o ye ki Wale ati Kike lo?

Se o lero wipe won aibale okan nipa lilo idabobo?

Ni ero okan re, kini o le se okunfa lilo abi ailo idabobo fun Wale ati Kike?

AKORI KETA: Iriri ibalopo akoko and lilo idabobo

Kini awon nkan ti o lero wipe Wale ati Kike a maa ro ninu won lehin ti won jo ni ibalopo akoko?

Kini won a maa ro ninu won ti won ba lo ilana eto idabobo ki won to ni ibalopo? Kini o lero wipe won a tun ro ninu okan won ti won ko ba lo ilana eto idabobo ki won to ni ibalopo?

Awon wo ni o ro wipe o seese ki won ba soro nipa ibalopo ati lilo eto idabobo?

Tani o lero wipe o seese ki won gboro si lenu nigba ti won ba n se ipinnu lati ni ibalopo ati lilo ilana eto idabobo? (obi, ore, eleto ilera, ile ise agberoyinjade, ati ijoba). Kini idi idahun re?

AKORI KERIN: Awon nkan miran ti o n kopa

Kini awon ohun miran ti o ro wipe o ye ko se pataki si Wale ati Kike paapaa nipa ibalopo? Ati lilo ilana eto idabobo? Kini idi ti o fi ro wipe o ye ki won se Pataki si Kike ati Wale?

AKORI KARUN: Ipa jije okunrin tabi obinrin

Se jije obinrin ni ipa lati ko ninu ipinnu Kike lati ni ibalopo ati lilo idabobo? Kini idi re?

Se jije okunrin ni ipa lati ko ninu ipinnu Wale lati ni ibalopo ati lilo idabobo? Kini idi re?

Ipari Ijiroro

Akotan ohun to awon olukopa ti so

Afikun lati odo awon olukopa

Ibeere lati odo awon olukopa

Iranni leti fun awon olukopa lati pea wadi ti o ba ni ohunkohun ti won fe tun so? Ikinni pe o dabo ati 'E seun o'

APPENDIX XVII

YORUBA VERSION OF THE IN-DEPTH INDIVIDUAL INTERVIEW GUIDE

AKORI IWADI: ERO AWON ODO NIPA AWON KOKO TI O N KOPA LORI IPINNU WON LATI NI IBALOPO AKOKO ATI LILO IDABOBO.

1. Nje o le so iriri re nipa ibanidore pelu okunrin/ obinrin gegebi odomobinrin tabi odomokunrin? Nje ibanidore yi ko ipa lori eto ojo iwaju re? Kini awon nkan ti o ro nigba ti o n se eto ojo iwaju re? Awon wo ni o ba soro nipa re? Kini idi ti o fi ba won soro? Nje o ti ba eniken (okunrin/ obinrin) da ore ri? Bawo ni ibanidore yi se pe to? Awon ona wo ni ibanidore yii yi se ni ipa lori ilanna eto ojo iwaju re?
2. Kini ibalopo tumo si fun o gege bi odo? Nje o le so fun mi iriri re nipa ibalopo? Kini ero ti o wa ninu okan re lehin ibalopo akoko? Tani o se okunfa ibalopo yi? Se o le se alaye igba ti o wu e lati ni ibalopo, sugbon ti ko seese? Kini o sele? Nje o le se alaye igba to ko wu e lati ni ibalopo, sugbon ti o ni ibalopo? Kini o sele?
3. Kini iriri re pelu lilo ilana eto idabobo? Nje o le ranti igba ti inu re ko dun lati lo idabobo? Kini idi re? Awon eto ilana idabobo wo ni o ti lo? Nibo ni o ti mo nipa ilana eto idabobo yi? Nje o le so fun mi nipa igba ti o fe lo ilana eto idabobo, ti o ko le (tabi ti o ko fe lo ti o si lo). Bawo ni o se pinnu lori igba ti o fe lo tabi ti o ko fe lo ilana eto idabobo?
4. Nje o le ranti awon iriri ibalopo ti o ti ni, se o le so fun mi nipa awon igba ti inu re ko dun lati ni ibalopo? Kini idi ti eyi fi sele? Ki lo sele? Bawo/ awon ona wo ni o gba lati mo nipa ibalopo? Bawo ni o se mo nipa idabobo? Tani eni ti o fun e ni alaye/ imoran ti o wulo fun o ju nipa ibalopo? Ninu iriri re, tani eni ti o maa n gboran si lenu nigba ti o ba n se ipinnu nipa ibalopo ati idabobo?
5. Kini awon nkan ti o se pataki si e gegebi odomokunrin/ odomobinrin nipa ibalopo? Idabobo? Kini awon ti o ro ki o to ni ibalopo? Ati lati lo idabobo? Kini idi ti o fi ro nipa awon nkan yi?

Se jije odomobinrin/ odomokunrin nipa lati ko ninu ipinnu re lati ni ibalopo ati lati lo ilana eto idabobo? Kini o lero wipe idahun re fi yato si ti odomokunrin/ odomobinrin.

E seun o.