

Review Article

Adolescence Sexuality and Fertility in Nigeria

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Abstract: Adolescence is a transitional stage of physical, emotional, and cognitive human development occurring before the onset of puberty and ending by adulthood. Sexuality, the expression of interest, orientation, and preference, is a normal part of adolescence. Adolescent sexuality encompasses multiple factors, such as developing intimate partnerships, gender identity, sexual orientation, religion, and culture. Adolescent sexuality has changed over the past 50 years, with adolescents now reaching physical maturity earlier and marrying later. Puberty marks the obvious physical development in early to middle adolescence and is seen as the time for potential onset of sexual thoughts and experimentation. Mostly, legislation does not explicitly criminalize consensual sexual conduct between adolescents, and this leaves a gray area to be filled in by social and cultural norms that perceive adolescent sexual conduct negatively. Most state concentrate more on penalty than on initiatives to tackle the structural background of sexual inter course-related harms. Focusing on increasing access to youth friendly services that respect adolescents' rights to health services and privacy will be important to ensure that adolescents seek and receive these services.

Keywords: Adolescent sexuality, children's rights, sexual agency.

INTRODUCTION

Nigeria is said to be the most populous country in sub-Sahara Africa with a projected population of about 190 million citizens. According to factfish (2015), the population in Nigeria totals 195,88 people are seen as one of the most populated country in the world. The fertility rate was 5,74 births per women in the year 2015. According to the current population prospects of the United Nations, the population of Nigeria in the year 2050 will rise to 410,64 and in the year 2100 to 793,94. Nigeria has a life expectancy of 51,9 years. It is stipulated that about (63.3 percent) of the population are below 25 years and 22.5 percent of the country's population is between the ages of 10-19 years which is the age group under review. Those who fall under this age bracket are referred to as adolescent while the transitional period is referred to as adolescence. According to World Health Organization (WHO) (2012), An adolescent as individuals in the 10-19 years age group and 'Youth' as the 15-24 year age group. While 'Young People' covers the age range 10-24 years

It is opined that most adolescents in Nigeria are exposes to sexual escapades as early as 15 years (Nation Demographic and Health Survey 2003, 2008, 2013). Adolescence is the transition from childhood to adulthood which is marked with physical, emotional and cognitive changes. Fertility is the ability to reproduce naturally, while sexuality is the expression of interest, orientation and sexual preference. Similarly, sexuality is understanding ones sexual feeling, attraction felt, capacity for sexual feeling. Adolescent fertility and sexuality has been a long standing concern in developing countries where most teenage female give birth. In recent times, the concern is also increasing in developing countries and Nigeria is not left out. It is reported that 11% of all births globally were credited to teenagers aged 15-19 years (WHO, 2019). Record shows that approximately that 95% of teenage pregnancies occur in developing countries with 36.4 million women becoming mothers before the age of 18 as a result of adolescent indulging in risk sexual behavior (United Nations Population Fund, 2013).

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Consequence of adolescent childbearing is enormous. These include birth complications that sometimes result to mal-development and growth of the child, death of mother or child and sometime both. Ostracisation of mother and child, with its negative social and emotional imbalance. The pregnant teenager dropout from school. Inability to further education, which most times leads to poor economic power, leading to breeding of social miscreants as children thereby increasing the crime indices of the country and increase in expenditure on security (Adetoro, 2010).

Adolescent sexuality is a stage of human development in which adolescents experience and explore sexual feelings, interest and preference. Developing intimate relationship, gender identity sexual orientation, religion and culture are some factors that influence adolescents. Sexuality of adolescents has evolved over the years with adolescents reaching physical maturity early. This inturn makes the females vulnerable to sex abuse which leading to unplanned pregnancies, STI's etc. Global evidence shows that young girls engage in sex as early as 15 years or even earlier (10 years) so a focus on adolescent sexual reproductive health becomes imperative. Investing in human capital of Nigeria youths including their health is important in boosting long term prosperity of our Nation (NDHS 2003, 2008 & 2013). When adolescent sexuality is not properly management unplanned pregnancy is bound to occur with subsequent adolescent child bearing. Adolescent fertility refers to adolescent child bearing and not merely the state of being capable of producing offspring or being fertile.

In 2014, the World Health Organization reported that 11% of all births globally were due to women aged 15-19 years. Approximately 95% of teenage pregnancies occur in developing countries with 36.4 million women becoming mothers before age 18 (United Nations Population Fund, 2013). These prevailing statistics is an indication for further investigation into the trend and determinants of adolescent childbearing in the Nigerian society as new and better datasets are available, among other reasons.

Adolescent childbearing has grim consequences for the health of these adolescents. Due to the incompatibility of their bodies to house another human being, several birth complications develop during the gestation period which result in death of the offspring, of the mother or of both mother and child. Even when death do not occur, the adolescent mother, more often than not is negatively affected psycho-socially. Teenage pregnancy is frowned at in most African societies especially when it is out of wedlock. Moreover, the more frowned at are the adolescent and her child. In certain communities, especially in rural areas, they both become victims of ostracism, thereby stripping them of certain privileges in the community with the resultant effect of negative social and emotional balance.

The economics of adolescent childbearing borders on the cost imposed by the adolescents mothers and their children on the larger society, either the government or their immediate/extended family members. Tax payers' money is used to fund orphanages, and also used to fund free education for these children. In most case, social consequences of teenage pregnancy include, but not limited to the breeding of social miscreants (Adetoro, 2010). Every increase in, or occurrence of crime demands an increase in expenditure on security. Lower earnings and the need for child care also make long-term dependence upon government aid a more likely outcome for adolescent mothers. At the macro level, as adolescents give birth, total population in a nation increases. As universal opinion posits, population growth could either be a blessing or curse, but more often than not, it is frowned at especially in the context of a developing country like Nigeria which is ridiculed to be the giant of Africa on matters of population while performing poorly consistently on matters of national development such as electricity generation and consumption, and plagued with high unemployment rate, high poverty rate and high income inequality.

Statement of the study

In many countries, more than 50% of the population has unprotected penetrative sex before the age of 16, without contemplating the consequences and without accurate information Kibret M. (2003). In Nigeria, over 35 million people are aged 10–19 years and 3% of 15- to 19-year-olds are HIV positive (Federal Ministry of Health, 2011); making sexual abstinence among adolescents a critical preventive strategy against Human Immunodeficiency Virus (HIV) infection in the country. Adolescent fertility rate is the number of births per 1,000 women aged 15 to 19 years and is computed from data derived from fertility surveys (NDHS 2013/WHO 2019). Adolescent fertility rate in Nigeria is 122 births per 1,000 women aged 15-19 years with 576 maternal deaths per 100,000 births, Nigeria accounts for roughly 14 percent of the global burden of maternal mortality (NDHS 2013/WHO 2019) and this overwhelming statistics makes further study necessary. From an international perspective, any study on the sexual health of Nigerian adolescents is of significance to sub-saharan Africa, because a third of African adolescents live in Nigeria. This article reviewed the sexual practices and behaviour of Nigerian adolescents in this present dispensation.

Study Objectives

1. How sexuality develops during adolescence
2. Trend of adolescent fertility and sexuality in Nigeria
3. The determinants of adolescents' sexuality and fertility in Nigeria

4. The knowledge/attitude of adolescent about the adolescence period and their attitude towards the use of contraception
5. The consequences of risk sexual behaviours and fertility in Nigeria
6. Available adolescent sexual and reproductive health services
7. Barriers to utilization of available adolescent sexual and reproductive health services

Research Questions

1. Determine how sexuality develops during adolescence
2. What are the trend of adolescent fertility and sexuality in Nigeria
3. What are the determinants of adolescents sexual behavior and fertility
4. Determine the knowledge of adolescent on the adolescent period and contraception
5. Determine the consequences of risk sexual behaviours and fertility in Nigeria.

Literature Review

Adolescence is derived from the Latin word “Adolescere” meaning “to grow up” and is a critical developmental period of humans. The transition from Adulthood is said to be a stereotype of distractions, thoughtlessness and daring as a result of activities of adolescents. Adolescence is the progressive appearance of secondary sex characteristics (puberty) to sexual and reproduction maturity.

- Development of adult mental processes and adult mentality.
- Transition from total socio-economic dependence to relative independence (WHO, 2019).

In many societies, however, adolescence is narrowly equated with puberty and the cycle of physical changes culminating in reproductive maturity. In other societies adolescence is understood in broader terms that encompass psychological, social, and moral terrain as well as the strictly physical aspects of maturation. In these societies the term *adolescence* typically refers to the period between ages 12 and 20 and is roughly equivalent to the word *teens* (Mihalyi, Csikszentmihalyi, 2019).

Similarly, Tulloch, and Kaufman (2013) in their article defined Adolescence as a transitional stage of physical, emotional and cognitive human development occurring before the onset of puberty and ending by adulthood. In my opinion, Adolescence is a period in which an individual experiences a progressive change in physical, mental, social, psychological development, maturity and the acquisition of a personal identity which is influenced by Bio-genetic composition, socio-cultural and neuro-endocrinal factors (Bob-Manuel, 2019 Unpublished).

During adolescence, issues of emotional (if not physical) separation from parents arise. While this sense of separation is a necessary step in the establishment of personal values, the transition to self-sufficiency forces an array of adjustments upon many adolescents. Furthermore, teenagers seldom have clear roles of their own in society but instead occupy an ambiguous period between childhood and adulthood (Mihalyi Csikszentmihalyi, 2019). These issues most often define adolescence in Western cultures, and the response to them partly determines the nature of an individual's adult years. Also during adolescence, the individual experiences an upsurge of sexual feelings following the latent sexuality of childhood. It is during adolescence that the individual learns to control and direct sexual urges.

Some scientists think that among the reasons for the incidence of adolescent fertility in contemporary culture, adolescents progressively yearn for intimacy and enjoyment among themselves. According to them, in search of intimacy, friendship, enjoyment and money, there is a sexual revolution among adolescents. Adolescents need to abstain from all sexual activity until they are mature socially, cognitively and mentally. The extent to which they comply, however, is very apparent. Many adolescents engaged in sexual activity and engaged in committed relationships at this extremely delicate era of development without considering the potential for dangerous health risks involved

According to the Nigerian Economic Empowerment Development Strategy (NEEDS) document, Nigeria's future prosperity depends on producing children who are well prepared to take their place in tomorrow's global society. According to Factfish (2015), 17 percent of Nigerian population ages 15-19 are without any form of formal education. This puts Nigeria in the 13th position globally. In many cases, adolescent fertility has consistently been researched alongside educational attainment. Adetoro (2010), in the study carried out in Ado-Ota LGA reported that 37.3 percent of teens who were at that time teen mothers were not sure of going back to school while only 14.2 percent were sure.

Lutz and Qiang (2002) found that fertility has the greatest effect on population growth because of its multiplier effect on population momentum as children born today will have children tomorrow.

In Izugbara's research (2015), it was found that there is a statistically significant connection among unmarried adolescent women between age and sex of family head and risk of unintended adolescent pregnancy. Adolescent girls

from young adult homes are more probable than adolescent girls from families headed by older adults to experience adolescent pregnancy. Non-pregnant adolescents also had older heads of families; such households were rich, and parents of such households had a greater level of education.

2.2 Stages of Adolescence

Growth and development in humans is continuous though guidelines to growth and development exists but it is important to note that individual differences influence the rate of developmental milestone. Therefore, individuals should be allowed to develop at their own pace. Factors such as genetic composition (inherited biological genes from parents), adequate nutrition, good medical care, family status (socio-economic) and the environment (physical and emotional) affects how well or how poor an adolescent develops. Sujita, Ananya & Abhishek (2015) opined that development of sexuality starts in utero at conception and progresses through infancy, childhood, adolescence, adulthood till death occurs.

Furthermore, Sujita *et al.*, (2015) opined that puberty which is a landmark of sexuality development is reached during adolescence. The stages of adolescence development is described in three (3) stages with each stage exhibiting peculiar characteristics.

These include:

- Early adolescence 10-13 years
- Middle adolescence 14-16 years
- Late adolescence 17-19 years

Early Adolescence

This stage is marked with spurt in growth with marked increase in weight and height with appearance of primary and secondary sex characteristics.

In male:

- Appearance of auxiliary & public hair
- Breaking of voice i.e. deep voice
- Enlarged testis and scrotum
- Increase in penial size
- Broadening of chest
- Appearance of acne or pimples on face, chest back etc.

In female:

- Appearance of hair along the labia of the vagina
- Appearance of breast bud
- Appearance of public hair
- Increase in size of vagina and clitoris
- Menarche (onset of menstruation)
- Increase in pelvic size or rounding of the pelvis
- Increase in uterine size
- Appearance of acne (pimples) on face/back chest.

Sequel to these physical changes, the adolescent becomes very concerned about body image. Girls stick to small groups of close friends, while boys build larger social network. Self esteem becomes largely dependent on social lives. Attitudes are self-centered marked changed in cognitive domain is achieved and adolescent develops abstract thinking and reasoning, a sense of identity is developed.

The adolescent becomes self occupied and there is separation from family and an increased focus on peer relationship and group activities. Verbalization and language skills become advanced they become more argumentative. Sense of purpose for fairness and social consciousness is developed. Behaviours such as sexual fantasy and masturbation may be experiment. Though sexual intercourse is uncommon but some still indulge in both heterosexual and homosexual experimentation which according to study occurs 1 to 2 years earlier in boys than in girls (Trisha and Marian, 2013).

Middle Adolescence

There is marked development of secondary sexual characteristics and growth deceleration. In girls, growths later progresses between 19-21 years while boys continue growing until early 20s. Feelings of omnipotence and invincibility peak but there could be marked increase in sense of vulnerability. There is quest for autonomy and risk taken. Abstract thinking continues and teens tend to move towards forming sexual orientation and identity. Particular attention is paid to

their physical looks and attractiveness with their peer group. Many adolescents “fall in love” for the first time, experimentation on sex is common with many of them actually having sex and are exposed to the risk of contracting STI’s or becoming pregnant (Tulloch and Kaufman 2013).

Furthermore, it is believed that during this phase, physical growth is slowed and progress later between 19-21 years in girls while boys continues growth in height and weight upto early 20’s.

Also perceived success or failure in school or at what they do determines their emotional balance and self esteem and is largely related to support enjoyed from family members friends and co-workers (Norman, William & Tench, 2019).

Late Adolescence

During this stage development of the prefrontal cortex of the brain continues until age 22 years in females and 25 years in males.

The adolescent tends to focus on autonomy and think beyond themselves. They become future oriented and are more insightful, they feel secured with gender-role and body image, sexually, they become more oriented. Effort is made to transit to adult roles in relationship, school and work.

In order for an adolescent to develop to a sexual healthy adult, psychological, physical, cultural, spiritual, societal and education integration is key.

Therefore, it is relevant to understand the physical emotional and cognitive stage of the adolescent (Trisha and Mariam, 2013).

Psycho-sexual Developmental Theory: This theory was postulated by a psychologist named Sigmund Freud in (1905). He proposed that development in childhood takes place in a series of fixed psychosexual stages.

He described it in five phases:

- Oral Birth to 18 months
- Anal 18 months to 3 years
- Phallic 3-5 years
- Latently 5 years to puberty
- Genital Puberty to end of life

Freud opined that different body parts behave as most erotogenic and the individual tries to stimulate or explore these erotogenic zones in order to get gratification in that particular phase. Furthermore, he opined that during early adolescent, the individual progresses from latency phase to genital phase and this phase is maintained through the adolescence stage.

According to Freud, sexuality during latency phase (early adolescence) is somewhat inactive but becomes active during the genital phase. Intimacy and sexual activity increases with the opposite sex and different appropriate ways to express intimacy and love is experimented.

It is important to note that maturation time also influences sexuality of adolescents. Boys who mate early have good body image and are more independent, secure and confident than late mating boys but can experience hormonal surge leading to increase aggression. They are more likely to be sexually active and indulge in risk behaviours. For the girls, that mate early, they are usually self conscious, insecure, sometimes eating disorders is developed and sexual advances attracted, there is more chances of unwanted pregnancy and exposure to alcohol and drug abuse becomes eminent (Sujita, Ananya & Abhishek, 2015).

2.3 Adolescence Sexuality and Fertility

Adolescence sexuality and fertility is interwoven. Sexuality is regarded as the expression of interest, orientation and sexual preference. It is a normal phenomenon during adolescence. Sexuality is understanding one’s sexual feelings, attraction felt and capacity for sexual feeling. It is about whom an individual is attracted to romantically and sexually. Development of sexuality, according to Sujita Ananya and Abhishek. (2015). Starts inutero and progresses through infancy, childhood, adolescence, adulthood till death. The infancy stage is void of gender awareness. Self awareness about gender role and gender identity evolves during childhood. Gender sensitive roles and gender specific behaviours is determined by definite role of Androgens as suggestive of biological research evidence.

Development of sexuality is an important bio-psycho-social process that takes an adult shape during adolescence. Responses, thought process and perception gets coloured. Sexually during this period puberty, (the onset of adolescence) marks an important landmark of sexuality development due to the physiological changes that take place. These changes poses stress which most times have psychological consequences.

Sexual behaviour of adolescent are influenced by hormonal secretions (androgens and oestrogens) from the hypothalamus and anterior pituitary gland. These hormones stimulate the sexual organs and the maturation process begins. The high level of androgen and oestrogen results to the upsurge of sexual feelings evidence in latent sexuality of childhood (puberty) tend to direct and control sexual urges, hence understanding of sexuality by parents, health care givers and significant others have important clinical legal, social, cultural and educational implication.

On the other hand, fertility according to Cambridge English dictionary is the quality of being able to produce young or fruit. William and Shiel (2019) defined fertility as ability to conceive and bear children. The ability to become pregnant through normal sexual activity. Fertility is the natural ability to produce offspring. (Bob-Manual, 2019, unpublished).

Adolescence sexuality has metamorphosed over the years evidenced by physical early maturity. Solemnization of marriage that follows later.

It is a stage of human development in which adolescents experience and explore sexual feelings.

Adolescent sexuality is all encompassing. Social factors such as development of intimate partnership, gender identity, sexual orientation religion, culture, politics, TV/internet, exposure, education, urbanization, migration, parenting style, attitude of parents towards sexuality influences the sexual behavior of adolescents.

Adolescence sexual behavior and its consequences continues to pose challenge to the society.

Often times, adolescence sexuality is discussed in terms of “risk” sexual behaviour and sexual relationships are an important and necessary part of human behavior (Michelle, 2019).

Some adolescents transit this stage of development without problems while some become rebellious, distracted, daring and thoughtless. The stress and storm experienced during adolescence stage in my opinion could be avoided if accurate information/sex education is offered earlier in life before the transitory changes to help the adolescent understand the physical changes and occur the hormonal activities that arouse desires. The pattern of adolescent sexuality are broadening from risk targeted increasing knowledge to wellbeing, comprehensive effort and building of skills respectively. Achieving delay in initiation of sex by adolescent, right choice of caring and responsible partners, and use of modern methods of contraception, remains a public health issue, hence efforts should be made by all concerned to ensure unwanted pregnancy is prevented, pregnancy planned with adequate spacing, healthy sexual behavior promoted and access to quality services increased to prevent STI's and other complications that could affect fertility in future (Michelle, 2019).

Adolescence Fertility

The term adolescent fertility refers to adolescent childbearing and not merely the state of being capable of producing offspring or being fertile.

The World Health Organization reported in 2014 that women aged between 15-19 years bare the burden of 11% of all births globally. (Unite Nations Population Fund, 2013). In Nigeria, adolescent fertility rate is 122 births per 1000 women aged 15-19 years. In the document released by Nigerian Economic Empowerment Development Strategy (NEEDS) it was stated that the future economic vibrance of the country depends on having children who are prepared to take their place in the society globally (Rafael, Seeman, Edmore & Odotolu. 2015).

Adolescent fertility rate is the number of births per 1,000 women aged 15 to 19 years and is derived from vital statistics reports or fertility survey data of birth history and statistics put the number of girls under the age of 18 at that give birth daily in developing country at 20,000.

Trends of Adolescent Fertility and Sexuality

Results showing the trends of adolescent fertility and sexuality is rare. Sexuality includes sexual fertility masturbation, non-penetrative sexual acts, oral sex, vaginal intercourse and sex, phone sex. Data available show that adolescent sexual behavior is related to vaginal intercourse (Trisha and Miriam 2013).

In a conference paper, presented by Olurinola, 2016, he posited that Many adolescents indulge in sexual activity without considering its consequences. However, a recently released survey by Nigerian Demographic and Health Survey (NDHS) shows the trend between 2003-2013.

Study show that north east and north west region has the most child bearing adolescents, adolescent fertility in this region though high, lends to be in the decline.

In the south-south region, the adolescent fertility rate is low but there has been a steady increase over ten year period as shown by the survey (DHS, 2003, 2008, 2013). All other regions experienced a decline during this period with the south east and west region having the least adolescents with children.

Across the nation, a rise from 224.7 in 2003 to 242.15 in 2008 was recorded but there was a decline to about 200 per 1000 live births in 2013 (NDHS 2003-2013).

Determinants of Adolescents Sexuality and Fertility

- Attitude towards sexuality in adolescents has evolved, this can be credited to impact of migration, urbanization education and culture conflict. Age, financial/economic status of parents and some biological factors have equal relevance in determining adolescent sexuality
- Also, the immediate environment of the adolescent inform their perception towards sex and fertility. This is in line with the learning theory which stipulates that learning takes place through conditioning
- Attitude of parents/guardian or significant others towards sexuality/fertility,
- Parenting style, peer relationship, religion and cultural influences facilitates sexual learning and impacts on adolescents sexuality
- Exposure to movies with sexual content i.e. (sexual crimes, violence, romance and pornography) through television, internet and other social media has influence on adolescents sexual perception.
- Legal, philosophical, spiritual, ethical and moral values affects the sexuality development of the adolescents. Early marriage is also a key determinant of adolescent fertility.
- The political climate of a country also determines sexuality and fertility.

When there is political unrest, communal clashes etc insecurity of lives and properties becomes eminent.

Young adolescents' males are forced to become child soldiers while young adolescent females are turned to sex slaves (chibouk girls of the north eastern Nigeria is a perfect example).

The DHS survey of 2003-2013 as cited by Olurinola, 2016 shows that adolescents in the upper age group of 17-19 years gave birth to more than 2 children meaning that as age increases, likelihood of given birth among adolescents' increases.

Adolescents in the north east and North West region accounts for the bulk of all birth consistently over the years justifying the claim that region of residence influences adolescent fertility/sexuality.

Also from the computed NDHS Data (2003-2013) over 50 percent of adolescent fertility is by respondents with formal education while over 60 percent of all births were from adolescents residing in rural area.

Bulk of all births were credited to adolescents with poor economic status while adolescents with higher education did not have more than 2 births.

Knowledge and attitude of adolescents towards contraception and sexual reproductive health

Over the years knowledge or awareness about sexual reproductive health has risen though it is still relatively low among adolescents.

According to (NDHS, 2003-2013) survey, less than 2 percent of boys and 6.6 percents of girls aged 15-19 were able to identify correctly unsafe period during ovulation of a female.

In a study conducted in Karu Local Government Area, a peri-urban area near the federal capital territory Abuja show low level of knowledge about contraception with roughly 45 percent of respondents have knowledge of male condoms as the most well-known method.

Knowledge of contraception by type among adolescents 15-19 years show that condoms only 61.3 percent of boys and 55.5 percent of girls know about condoms.

Method	Boys	Girls	Total
Condoms	61.3	55.5	58.5
Infectables	30.9	33.2	32.6
Pills	29.7	24.8	27.4
Female condoms	24.6	209.8	22.5
Emergency contraception	21.3	19.9	20.5
Withdrawal	18.6	13.2	16.6
Rhythm method	14.1	14.8	14.5

Source: World Ban 2014. Karu LGA Survey as cited by Rafeal *et al.*,

Most adolescents mentioned their school teachers as source of information on sexual reproductive health.

Actual use of contraception is low as only about 17 percent boys and 5 percent girls were using contraception this could be credited to fear of social stigma.

Shyness, concern about self-image and perceived lack of trust by partners are some of the reason given for nonuse of condom by slum dwellers in Ibadan. Preference for emergency contraception over condom due to its discrete nature is the reason given by teen mothers because there is less danger of been discovered by parents (Ilika and Igwegbe, 2006).

Social and partly cultural reasons and limited access to these services are responsible for low uptake of reproductive health services by adolescents. Okereke, (2010) opined that 73.4 percent of 836 adolescents sample in Owerri confirmed availability of reproductive health centers in their neighbourhoods but only 21.5 percent were willing to buy contraceptives in these centres.

Limited access to sexual reproductive health services were also highlighted in Karu LGA especially for unmarried girls only 10 percent had patronized a health facility or seen a doctor.

These young adolescents prefer visiting patent medicine vendors, private hospitals, traditional healers or chemist for contraception and abortion in cases of unwanted pregnancies, or STI's related services instead of public health centers.

Consequences of adolescent risk sexual behavior and fertility

Adolescent childbearing pose a great challenges for the overall health of the adolescent.

For the purpose of this paper, these challenges will be grouped under the following:

- Maternal health complications
- Health consequences on children
- Socio-economic consequences and
- National challenges posed by adolescent risk sex behaviour and fertility

Maternal Health Complications

High risk sexual behavior of adolescents lead to premature sexual encounters which culminate to unwanted/unplanned pregnancies in Nigeria.

With an estimated maternal death ratio of 556 per 100,000 live births (translating to 111 deaths per day or 5 per hour) (DHS 2013) evidence show that young adolescents bear a higher burden of these deaths.

Due to immature pelvic structures, prolonged/obstructed labour due to cephalopelvic disproportion is common among pregnant adolescents. Majority of these pregnant adolescents end up with unskilled birth attendants worsening the already bad situation and absence of adequate health care by skilled birth attendants increases the chance of maternal mortality.

Vesico vaginal/recto vaginal fistula occurs due to prolonged or obstructed labour. Haemorrhage (bleeding) following delivery occurs as a result of prolonged labour, early separation of placenta, uterine rupture, cervical or perineal tear which could result to maternal death if prompt care is not given.

Sepsis:

Unsafe abortions and non-adherence to universal precautionary measures during delivery could culminate to sepsis.

Sexual Transmitted Diseases (STI) including HIV/AIDS due to unprotected sex is high. Also the adolescent females are more prone to STI's due to greater exposure of cervical epithelial tissues at the vaginal orifice.

Pelvic inflammatory disease follow untreated or inadequate treatment of sepsis, also ectopic pregnancy and infertility could also occur. Weak immune system not yet mobilized for defence against infections predisposes the adolescent to STI's especially HIV/AIDS.

Health Consequences to Children

Prematurity;
Low birth weight;
Neonatal death;

Birth injuries such as severe birth asphyxia leads to brain damage resulting to deformities are some of the health consequence of adolescent childbearing.

Socio Economic Consequences

Most pregnant adolescents drop out from school with no likelihood of continuing their education (Adetoro, 2010).

In a study conducted in Ado-Ota LGA in Ogun State 37.3 percent of teen mothers were not sure of continuing their education while only 14.2 percent were sure of going back to school.

- Low paying jobs as a result of low education level and these unskilled jobs results to.
- Low economic status/poverty leads to raising of social migrants as children leading to.
- Crime like armed robbery, kidnapping etc
- Single parenthood due to denial of pregnancies by the supposed partners/father
- Ostracism of the pregnant teen by family and society
- This could lead to disinheritance of the child after birth
- Depression and feeling of rejection by both the teen mother and her child
- Prostitution by these young child in order to make it in life (Chibuogw, 2015).

Challenges of Adolescence Sexuality and Fertility to the Nation

Youths are said to be the leaders of tomorrow. The future prosperity of our great nation depends on producing children who are trained and prepared to take their place in tomorrow's global society.

Olurinola (2016), opined that 17 percent of Nigerian population ages 15-19 are without formal education. This puts Nigeria in the 13th position globally.

- Funds are budgeted for building and running of orphanage homes.
- Huge sum of money is spent on security due to insecurity posed by crimes committed by social migrants who sometimes are products of adolescent childbearing.
- National development is show because the nation has to plan for a larger population than necessary.
- Basic amenities like electricity, water, health care services are lacking due to inability of the available financial resources to go round.

CONCLUSION/ RECOMMENDATIONS

Society continues to be challenged by adolescent's sexual behaviour and its consequences.

Despite ongoing efforts, adolescents still face numerous barriers to acquiring comprehensive and accurate sexual health information.

As adolescents struggle to understand their emerging sexualities with the complexity of their social environment. Health providers should provide adolescents with necessary guidance appropriate for maintenance of optimal sexual reproductive health in order to help adolescents avoid behavior and expressions that place them at risk.

Efforts should be made by parents, guardians and significant others to understand adolescent sexuality and also help the adolescents understand the adolescent period through counseling before they get to the transitory stage. This will help them overcome most challenges as they are better equipped educationally beforehand.

Appropriate screening, education and support from all empowers and encourage adolescents make healthy sexual decisions.

- Strategies to ensure confidential sexual preventive and access to individualized reproductive health services for adolescents should be put in place.
- Institutional supports, creation of favourable social and economic climate should be sustained to motivate adolescents change behavior in the light of new information and awareness created.
- Increasing knowledge on sexuality issues and reduction of vulnerability to reproductive health problems among adolescents should be a major focus of all governments at different levels and NGO's as a matter of urgency.
- Enabling environment for uptake of expanded HIV/AIDS prevention education, HIV counseling and testing and referral for treatment, care and support and stigma reduction for young females living with HIV should be created.
- School based comprehensive sexuality and family life should be conducted.
- Provision and referral for quality youth friendly health services.
- Establishment of youth friendly centres for easy access to sexual reproductive health services.

Finally, both federal and state government must show commitment in domesticating and enforcing the child right act.

This will help protect children and adolescents against abuser.

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