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Media Exposure and Reproductive Behaviour Change among Generations of Adolescents in Ugep, Nigeria

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Abstract

This paper examines change in reproductive behaviour across several generations of adolescent girls in Ugep, southern Nigeria. It is based on a study of key factors promoting differences in girls' reproductive behaviour across these generations, which linked this change to media exposure and a number of social variables that challenge traditional views of the relationships. The study found alterations in adolescent sexual activities, contraceptive prevalence, voluntary abortion and the fertility. Female age at sexual debut was found to be declining, with 11.3% of adolescent females initiating sex at 11 years relative to 4.1 percent from previous cohorts. This finding in particular reflects the onset of liberal sexual norms, accentuated by ease of entry into consensual unions and trends towards sexual networking. The general findings point to the role of western media, poverty and pressures related to an urbanizing lifestyle on girls' aspirations and reproductive choices. In this way, it contributes to the growing body of work on reproductive change in an era of serious population debate and, therefore, suggests a need for adopting alternative models for explaining reproductive change in sub-Saharan communities.

Key Words: *communication, reproductive change, media, adolescents, social pressure*

Introduction

Reproductive health has been a major concern in many African countries because of the perceived change in the sexual habits and practices of young people. The concern has engendered sustained policy and scholarly attention owing to the impact of these changes on aspects of family life, including the erosion of traditional values, norms and behavioural controls, and the transformation of norms of premarital chastity and the general depression of female sexuality (Esiet, 2002; Isiugo-Abanihe and Obono, 1999; Renne, 1993; Feyisetan and Pebley, 1989). In this regard, a recent article, "Changes in Adolescent Sexuality Communication among the Shangaan of Dzumeri, South Africa", is of particular significance as it documents "the perceptions of a Shangaan community in South Africa of the changing context of sexuality

education among adolescent girls, from the traditional to the modern methods of communicating sexuality issues" (Shilumani, 2010: 63).

In general, marriage provided the acceptable social context for the expression of female sexual activity and its goal was typically defined as procreative (Ikpe, 2004). But constructs like these are limiting in modern analysis as profound changes have occurred on the cultural realm. Thus, "Africa's sexual revolution can no longer be ignored" (Obono, 2010:8). Although cultures once propagated abstinence for unmarried youth (Owuamanam, 1995; Renne, 1993), these neo-Foucauldian norms of repression have long since given way to greater liberalism on the sexual frontier. The premarital sexual activity that was once a taboo is marketed by an aggressive media and supported by an interested pharmaceutical industry. While the use of contraception was forbidden in pronatalist patriarchal cultures (WHO, 2001), resistance to it among formerly conservative clergy is breaking down. Increased knowledge and media exposure have led people to more flexible attitudes and the adoption of new behaviours that meet personal needs.

Where sexuality is dynamic, change is inevitable (Lear, 1997). The development of Satellite broadcasting has expanded youth capacity to choose. It has given them access to broader competing and contradicting values. Young people have moved from one extreme in which puritanical values made public discussion of sexual and reproductive issues totally unacceptable, to the current extreme where explicit sexual and reproductive activity is commonplace. Exploited in popular advertising, it is the main theme of many books and an avalanche of films.

By the early 1970s, it had become rare to find African villages where pubertal rites were still observed (Hake, 1972). The disappearance of these practices and their replacement by western ideas contributed to many developments currently observed on the reproductive health scene in contemporary society. Media portrayal of sexual and reproductive activities as central to everyday living influences adolescents' choice patterns especially as a vacuum is created in families by the emergence of dual career families. They construct their lives through imitation of media role models who inspire, inform, educate, persuade and entertain in a single flowing process captured alluringly by high definition cameras and psychologically nuanced lighting techniques. This exposure impacts adolescent girls' reproductive knowledge, attitude, belief and practice and raises their sensitivity in ways ordinarily associated with western cultures. The correspondence between modern mass media as a product of western society and value trajectories of that society require a perspective in change sociology to explain the modifications, which have occurred in reproductive behaviour change in Ugep, an urbanizing community on the southern banks of Nigeria.

Adolescent Reproductive Health and Communication

The change in girls' reproductive health is associated with communication gaps. Demehin (1983) observed that colonization had broken down traditional forms of sex education which took place through initiation rites and counseling by elders to a present situation where young people rely mostly on peer information or erotic movies and publications. In other words, they are vulnerable to the suggestive contents of the global media (Esiet, 2002). Adolescents do not totally depend on systems laid down by parents. They are exposed to a deluge of values that are overtaking traditional norms. Improvements in communication systems have brought them in contact with people of different value orientations and sexual persuasions. Quite frequently, the context is transactional. Increasing urbanization, modernization and education have reduced the strength of customary precepts and a reduction of the importance of virginity at marriage (Gueye *et al*, 2001).

The breakdown in traditional socialization, diminishing social stigma and declining parental control have contributed to increased sexual activity of girls (Muturi *et al*, 2001). According to Kim *et al* (2001), most family members have not taken up the responsibility as in traditional society where aunts, uncles, and extended family members provided sexuality-related information to young people. Hence, sexually active adolescents aged 15-24 year are at risk of STIs and HIV infections (WHO, 2003).

Adolescents have sexual and reproductive health needs that differ from those of adults not least because adolescence is a transitional period. It is characterized by growth, exploration, and exploration of opportunities. It is usually also a hazardous period from a reproductive point of view. A survey of female adolescents in Nigeria found most girls with trichomoniasis, chlamydial infection, vaginal discharge and candidiasis (Brabin *et al.*, 1995). These health complications are products of pressures. As indicated by ICPD Programme of Action:

Adolescents face pressures to engage in sexual activity. Young women, particularly low-income adolescents, are especially vulnerable. Sexually active adolescents of both sexes are increasingly at high risk of contracting and transmitting STIs, including HIV/AIDS, and they are typically poorly informed about how to protect themselves (para 7.43)

The Programme of Action thus identified the importance of using information, education and communication (IEC) materials for attitudinal and behavioural change. However, UNFPA (2000) observe that IEC and advocacy initiatives often do not target adolescents. They highlighted the importance of increasing their access to information and education, skills, services and social support to reduce their vulnerability and improve reproductive health outcomes.

Methodology

The research design combined qualitative and quantitative methods. The survey method was complemented with focus group discussions (FGDs) and in-depth interviews (IDIs). This combination permitted the extraction of descriptive, narrative, analytic and observational information concerning the question of change in adolescent sexual and reproductive behaviour. The qualitative methods focused on the research phenomena within their naturally-occurring contexts and teased out meanings from discussants.

On the other hand, the survey generated data that showed distributions of sociodemographic characteristics like age, educational attainment, religious behaviour, and habitation pattern in their relationship with focus variables. It provided data on premarital sex, contraception, abortion, age at sexual debut and fertility, enabling measurement of reproductive behaviour change. The combination of qualitative and quantitative research promoted a unique synthesis that enhanced holistic understanding of the processes at play in the Ugep reproductive field. Qualitative methods answered the "why", "what" and "how" questions, enabling explanation of adolescents' behaviours and provided relevant answers to events.

The survey targeted women aged 35 years and above and adolescent girls aged 10-19 years. We collected data on mothers whose daughters were adolescents at the time of study. Questionnaires were administered to 893 respondents. The study was conducted among a probability sample of women residing in three of the five geopolitical divisions (Ikpakapit, Ijom and Ijiman).

For in-depth understanding, 30 IDIs of men, women, and adolescent girls were conducted, providing subjective description of reproductive change within its underlying frames. In addition, 15 FGDs of adolescent daughters, young mothers and elderly women in the community were conducted on the basis of occupation, age, educations and sociocultural groups.

To measure reproductive change, premarital sex, sexual networking, age at sexual debut, abortion and contraceptive practices of daughter were compared across generations. Differences were highlighted through the FGDs and IDIs. Qualitative modes of data analysis provided ways of discerning, examining, comparing, contrasting, and interpreting meaningful patterns affecting reproductive change. The words generated were transcribed, described, summarized, synthesized and interpreted to provide insights into the role of the media on reproductive behaviour change across the cohorts. Content analyses of the data and ethnographic summaries thus described the communication processes, social pressures, reproductive activities, as well as changes that have occurred over time across generations of daughters.

The study conformed to ethical standards. Before starting the investigation, HRH Obol Ubi Ujong Inah, the Obol Lapon of Ugep, gave verbal consent while respondents gave informed voluntary consent. There was no discrimination of participants to be included in the research since selection conformed to issues of equity and justice. Participants were assured

confidentiality and had the right to decline their participation at any point without threat of losing their benefits.

Results

Socio-demographic Characteristics of Respondents

The research sampled 447 daughters and 446 mothers aged 10-19 years and 35 years and above respectively. Table 1 shows the distribution of respondents by selected sociodemographic characteristics. The ages of adolescents are grouped as pre-teens (10-12 years) or 11.1 percent of the sample; early teens (13-15 years) or 30.2 percent; and late teens (16-19 years) or 58.6 percent. The proportion of late teens is higher and significant as they comprise girls that have experienced the different phases of adolescence and could provide insightful information on reproductive and communication issues based on their experiences. The age grouping allows females in different age clusters provide age-specific information. Age is a significant variable used for establishing reproductive behaviour change across generations.

The marriage situation is fairly stable with 61.6 percent of women currently married. Issues on marriage are in line with the general socio-economic structure of the country where marriage is an entitlement for a woman. It is also important as the religious, social and culturally accepted way for procreation.

Table 1: Percentage distribution of respondents by selected social and demographic characteristics

Daughters			Mothers		
Variables	Freq.	Percent	Variables	Freq.	Percent
Current Age			Current Age		
10-12	50	11.1	35-39	107	24.0
13-15	135	30.2	40-44	100	22.4
16-19	262	58.6	45-49	73	16.4
Total	N = 447	100	50-54	62	13.9
			55-59	44	9.8
			60+	60	13.5
			Total	N = 446	100
Religion			Religion		
Christianity	429	96.1	Christianity	388	87.0
Islam	10	2.3	Islam	10	2.2
Traditional	6	1.4	Traditional	39	8.7
None	2	0.2	None	9	2.0
Total	N = 447	100	Total	N = 446	100
Highest Educational Level			Highest Education Attained		
No formal education	7	1.6	No formal education	94	21.1
Primary	26	5.8	Primary	138	30.9

Secondary	335	74.9	Secondary	118	26.5
Diploma	19	4.3	Diploma	46	10.3
University	48	10.7	University	37	8.3
Others	12	2.7	Others	13	2.9
Total	N = 447	100	Total	N = 446	100
Marital Status			Marital Status		
Never married	439	98.2	Never Married	15	3.4
Currently married	7	1.6	Currently married	275	61.6
Widowed	1	0.2	Widowed	92	20.6
Total	N = 447	100	Divorced	33	7.4
			Separated	31	7.0
			Total	N = 446	100
Occupation			Occupation		
Farming	13	2.9	Farming	219	49.1
Trading/business	30	6.7	Trading/business	121	27.1
Student	374	83.7	Student	18	4.0
Civil servants	19	4.3	Civil servants	86	19.3
None	9	2.0	Others	2	0.4
Other	2	0.4			
Total	N = 447	100		N = 446	100
Monthly Income (N)			Monthly Income		
Below 1,000	87	19.5	Below 1,000	3	0.7
Between 1001-5000	22	4.9	Between 1001-5000	85	19.1
Between 5001-10000	12	2.7	Between 5001-10000	46	10.3
Between 10001-20000	6	1.3	Between 10001-	63	14.1
Above 20000	5	1.1	20000	48	10.8
None	311	69.6	Above 20000	27	6.1
Others	2	0.4	None	14	3.1
Don't know	2	0.4	Others	160	35.9
Total	N = 447	100	Don't know	N = 446	100
Habitation Pattern			Habitation Pattern		
Husband	3	0.7	Husband	271	60.8
Alone	22	4.9	Alone	111	24.9
Mother alone	106	23.7	Mother alone	6	1.3
Father alone	31	6.9	Father alone	9	2.0
Both parents	260	58.2	Both parents	9	2.0
Relatives	24	5.4	Relatives	38	8.5
Others	1	0.2	Others	2	0.4
Total	N = 447	100		N = 446	100

The importance attached to marriage might have accounted for the small percent of women that are never married (3.4 percent). For the adolescents, 98.2 percent have never married. The difference in proportions ever-married among adolescents is expected as the tendency for women to marry early is diminishing because of girls' pursuit of an educational career (98 percent). Education among females in Ugep today reflects the general tendency for improved educational attainment made possible by the promotion of girl-child

education. This is different from previous generation daughters in a pattern that opens up alternative sources of reproductive information for contemporary girls.

The small proportion of married girls (1.6 percent) is attributed to their quest for an education. This demonstrates a relationship between female education and other forms of social exposure. Ugep is an agrarian economy but these trends are indicative of diversification and, from the viewpoint of gender methodology, rapid diversification among women is a sign of systemic transformation that has strong implications for reproductive ideology, communication and change.

The monthly income of most females is low or unknown because most of them are in non-formal occupations. Women's low level of income makes them dependent on men for certain types of provision and reinforces their inferior status as it does not in itself aid sexual equality (Blackburn and Stewart, 1977). Their low economy has implication for the reproductive conduct of adolescent girls whose financial needs are met by men with whom they have sexual relationships.

Change in Reproductive Activities

Social and economic contexts of adolescents contribute to differences in experiences across generations. Findings showed that their reproductive behaviour is taking place in a different social context. Change in premarital sex, age at sexual debut, sexual networking, abortion, contraception and fertility is related to media exposure and social pressures. The fast moving youth culture, coupled with the captivating nature of media appeals, aid their minds to consumerist values which have adverse effect on them.

Adolescent Premarital Sex

Most sampled daughters have engaged in premarital sex (65 percent) relative to in past generations (37 percent). This position was elaborated by most mothers during in-depth interviews and focus group discussions. They attributed change to modernization and poverty, stating that while modern girls are exposed to diverse reproductive information from the media, some others engage in premarital sex for monetary gains. Discussions with secondary school girls aged 15-19 years alluded change to the biophysical development of girls, financial needs and the myth that 'your body will be blocked if you do not have sex'. In the words of a 17 year old girl:

There are too many girls that have sex before marriage. There are too many that behave this way because nowadays, as soon as a girl grows up, so far as she starts having breast, a boy will invite her and they sometimes use money to get them. Because of the money, some girls begin to follow them for sex.

Most girls observed that some girls' behaviour is a mere reflection of what they see in television, films and movies. They copy the behaviour to create the impression that they are "happening girls" and not "outdated" girls. In-depth Interviews with fathers supported this claim, commenting on the honour and value girls in those days placed on their bodies. All the men expressed dissatisfaction in contemporary girls' reproductive behaviour.

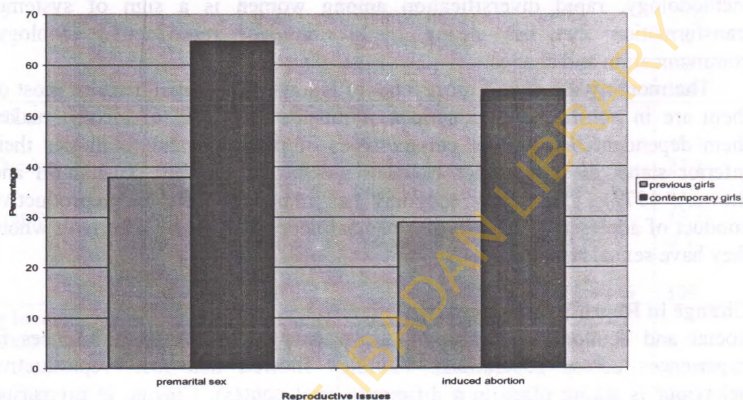


Figure 1: Premarital Sex and Abortion among Generation of Daughters

Father 1: *Sexual activity of young girls in the community is far different from the era when our wives were young. Girls are now a bit loose and they don't see anything wrong with premarital sex and abortion...*

Father 2: *I am not satisfied with the way daughters are behaving as regards sexual issues. There is a big difference ... The change is also noticed in the way they dress. Television shows them what to do.*

Father 3: *The change in sexual behaviour of girls is very obvious. I am not satisfied as girls nowadays do not see anything wrong with having sex before marriage.*

Father 4: *They are nonchalant about their sexual activities. So many young girls involved in sexual practices do not fully know the consequences... because they are either too young to have practiced it or their mothers and fathers have too little interest in them.*

Change is affirmed by men and women during the IDIs, stating that contemporary girls woo men, go to their houses, sleep and have sex. In contrast, it was men that wooed girls, met them in their parent's houses, slept there but never engaged in sexual intercourse. Courtship was therefore a collective family affair, organized in the girl's home and under parental supervision. Girls never had sex with their suitors until after marriage. They exchange gifts for sex.

The social environment, including exposure to the mass media, of adolescents has made these changes inevitable. Increasing urbanization, modernization, education, and exposure to western media have led to a decline in traditional values and reduced the importance of virginity at marriage (Pillai, *et al.*, 1993; Renee, 1993). The conduct that was culturally disapproved is openly displayed in the media as normal. This communicative chic appeals to adolescents.

Sexual Networking

Girls in Ugep were identified as having up to 4 sexual partners. Reasons for sexual networking include poverty, greed, laziness and the materialistic attitudes of modern girls. Discussants in FGDs noted that girls today keep multiple sexual partners also for emotional security, which becomes functional when a relationship is experiencing storms. A 15 year old girl summarized:

Some girls have more than four boys (sexual partners) at a time. This is so that if one makes them unhappy they can go to another to make them happy by moving into his house. By this action, he (the new partner) will give them (affected girls) rest of mind...Sex is too rampant. They engage in sex from one place to another (sexual networking). This action is not strange for them because this is exactly what they watch happening in most home videos.

Reiterating, another girl added:

Nowadays, girls will tell you that 'I can not keep only one sexual partner because you do not know how one will treat you'. If one treats you badly, you can easily go to another one. So, a man can not maltreat you and leave you stranded because you will have another person to run to. By so doing, you can not be disappointed by any man's action.

The discussants noted that some girls do not listen to their mothers because of accommodation, feeding and education challenges. Adolescents keep several sexual partners to enable them have enough money to satisfy their needs for clothes, food and toiletry. This is because, girls constantly seek ways to enable

them dress in the latest fashion. Mothers also attributed sexual networking to poverty, laziness and greed.

Mother 1: Girls are really flirting in the community due to poverty, lack and greed, wanting to have all they feel could be used to entice more men.

Mother 2: One of the reasons is poverty, a situation where a young girl sees her friends glittering with the latest fashion which her parents cannot afford. They seek for these things outside the home by sleeping with men...

Mother 3: This is very rampant. Young girls feel that you should have two or three men that will be giving you money so that they will dress in new styles they see in television. Girls are very lazy these days. They don't want to take pains either to trade or farm.

Mother 4: They always seek for quick and fast ways of making money to compete with their peers in the society.

Mothers observed that they hardly knew girls that had multiple sexual partners. Instead, girls had several marriage suitors who had no intentions of going to bed with them. A mother expressed her concern of change:

When we were young, when a man proposes to you, you will be ashamed to go to his house. Rather, it is the man that goes to the girls' house ...In our days, there will be so many suitors even as many as 6 to 7. They will all come to visit you with soap and cream and each will be trying to win your love. They'll all visit you, taking turns to go into the house to see you. Throughout this period, none of them will see your pants and none will ask you for sexual intercourse. You and your mother will be observing and assessing them to know whom to choose and when this is achieved, you will have nothing to do with all the others. To marry this one, he will bring pear to you and you will give him groundnut in return, but throughout this period of interaction, he will not ask you for sex.

Explanations were provided for the non-accompaniment of sex during the boy-girl relationships. The value and respect given to virginity increased the consciousness of girls to value their bodies and not defile it before marriage. A mother stated:

This popular sex and abortion weren't so in our days. Until your bridal wealth is paid, you will never have sex because your virginity

has to be broken and people around have to know and see the mat where your virginity blood is shown. If not you will be seen as a prostitute or a bad girl but today, prostitution is seen as a normal way of life. It is shown on TV, home video and movies as a normal lifestyle. Yes! Girls also copy the behaviour as normal to extort money for their material satisfaction.

Elaborating, an elderly woman added:

In our days, when you and your friends (boys and girls) are sleeping, every man will take his male organ and tie it in-between his thighs so that it will not touch any girl... He wakes up in the morning and leaves for his home without doing anything (sexual intercourse) with the girl until they have been declared husband and wife...but now, as soon as they (men) see the girl on the street- because their meeting point is now on the street- they start having sex. Nowadays, boys and girls do not marry in the house but outside the house, on the streets.

The moral architecture of young people is a manifestation of their physical architecture. The meeting place of boys and girls was the girl's home not streets. All aspects of the relationship that resulted into marriage started and ended in her house. This was possible because parents had enough space to accommodate as many of their daughters' suitors and friends. However, population explosion has affected family size and availability of physical structures. However, in environments where HIV poses a significant risk, Lloyd (2009) notes that unprotected sex and other sexual behaviours including multiple partners, sex in exchange for money or favors, and coercive sex are much more likely to lead to long term negative health consequences.

Induced Abortion and Contraception

Abortion was also identified as an area that has undergone change. While 55.1 percent of sexually active girls have induced abortion, only 28.9 percent among previous generations induced abortion (Table 2). In other words, more than half of all pregnancies among sexually-active adolescents are voluntarily terminated among contemporary girls in Ugep, indicating that norms of proper behaviour and the sanctity of life are breaking down. This reflects Otoide *et al*, (2001) finding of a hospital-based study that up to 80, percent of Nigerian patients with abortion-related complications were adolescents.

Table 2: Percent Distribution of Respondents by Premarital Sex and Abortion

Variable/Generation	Contemporary Adolescents	Past Adolescents
Premarital sex	64.7	37.9
Abortion	55.1	28.9

During interviews, women and girls noted the high rate of abortion among adolescents. In their perspective, a lot of young girls in the community induce abortion. Girls discussed that abortion is a common thing in the community. Girls go to doctors to abort like “fun”. According to them, “a lot of young girls abort from a very young age without the knowledge of some of their mothers”. Women presented a contrary view about abortion practices of past generations of adolescents:

Girls in our days did not induce abortion because it was regarded as a bad thing... even if they did; it was among a few girls. Some girls now do like 3 or 4 abortions before they are married. That is why when some marry, they find it difficult to conceive and have children. They sometimes attribute the problem to the man forgetting that it is the consequence of their former actions (abortion).

The association of abortion with infertility is important. Girls in FGDs confirmed the high incidence of abortion but added that some mothers encourage their daughters to induce abortion so as to remain attracted to men for marriage. Most females do not support the abortion practices of contemporary adolescents.

It is not a good thing. The worse thing is that a daughter could be in your house with one to three months pregnancy without the knowledge of her mother and due to so many clinics; she will just go and induce abortion without you knowing anything especially with the activities of the new medical butchers (doctors).

Despite the nonsupport of this practice, girls induce abortion due to enable completion of education and prevention of shame and societal stigma.

Contraception has undergone change. About 79 percent of mothers are of the view that adolescents now use contraceptive methods relative to the 32.8 percent that noted its use by previous generations of girls. Discussants indicated higher contraceptive use among adolescents than among corresponding ages in the past. Reasons for this option may include the reduced emphasis on childbirth as the main driver of sexual activity. HIV/AIDS also increases contraception due to fear of transmission via sexual intercourse. They noted that use is related to girls' exposure to regular

information on television, radio and bill boards promoting condom use. Advertisements of condom during HIV/AIDS campaigns and family planning also encourage its use to prevent contraction of the virus and prevent pregnancy.

Sexual Debut

The analysis examined how early girls in different generations initiated sex. Contemporary adolescents engage in sex at earlier ages than those in previous generations. Table 3 shows an observable decrease in the age at first experience, with 11.3 percent of adolescent sample initiating sex at 11 years relative to 4.1 percent among girls in corresponding years from previous generations. The table shows that the percentage of young girls that had begun sexual intercourse had almost tripled those in previous generations. This reflects the liberal sexual norms of contemporary adolescents, accentuated by the ease of entry into consensual unions and the observable trends towards both coital frequency and pre-adolescents sexual networking.

Although sexual activity among adolescents increases with age, about 40 percent of contemporary girls have initiated sex relative to 27 percent of those in previous generations. The latter may have experienced this under the marriage act since it was at about this time they entered into marriage unions. By contrast, most girls today have first sexual experiences outside marriage. Access to radio, video, and magazine can influence early initiation of sex (Bledsoe and Cohen, 1993).

Table 3: Sexual debut of adolescent girls in different generations

Age	Contemporary		Past	
	Number	Percent	Number	Percent
10-12	25	11.3	11	4.1
13-15	62	28.1	63	23.4
16-19	134	60.6	195	72.4
Total	221	100	269	100

A single year presentation of first sex show a wide difference between daughters aged 10 to 16 years. The line chart in Figure 2 presents the differences, showing a parallel upward line movement of contemporary girls (daughters) consistently placed above those in previous generations (mothers). This signifies a vast difference in the timing and rate of sexual initiation among girls. The peak of sexual entry by contemporary girls is 15 years, having about 20 percent. It is 18 years for past generations of girls.

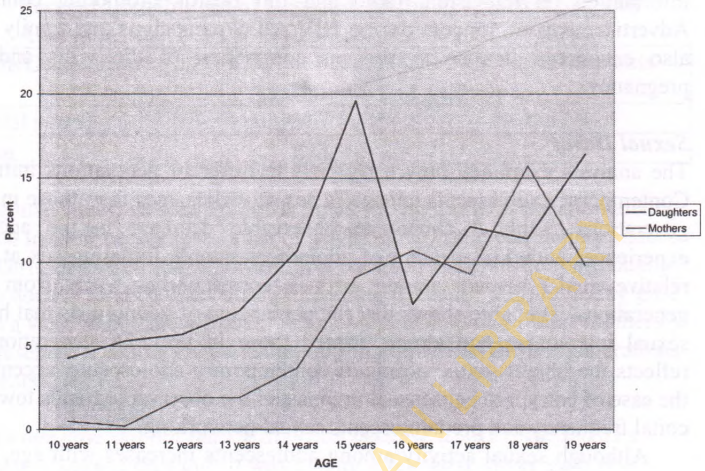


Figure 2: Differences in Sexual Debut among Different Generations of Adolescent Girls

In other words, girls are initiating sex at younger ages. This opinion was presented by both mothers and daughters during focus group discussions. Some mothers observe that daughters initiate sex at 8 years. While some sampled daughters said they had their first sexual experience from 10 years, others indicated that some girls began sex as early as 8 years.

Woman: So many girls start having sex from say eight years...
Girl: A lot of young girls go into having sex with men earlier than ten years and those that are not engaged in this act are 'Born Again' Christians who have the fear of God.

Focus group discussion with middle aged women described the attitude of young girls to sexual advice. According to them, daughters listen and take advice from mothers when they are below 13 years. After this age, they prefer to do what they want based on peer influence, media, schooling and poverty. A mother summarized:

The girls listen to us from 9-13 years. But from 15 years, because of what they see (media) and their friends, they are influenced to begin sexual activities. In the disguise of school, they start sleeping around and by this time, your daughter that used to listen and obey you will not even want to hear you again. She would have completely changed her actions.

Although adolescent sexual initiation and fertility are significant events—both from demographic and health perspectives—they result from pressures deeply rooted in media, family systems, peer relations as well as social construction of gender (Population Council, 2009). Social change blowing across sub-Saharan Africa has thus swept away old values but young people assertiveness in sexual matters. Each day witnesses appreciation in adolescents' free and open approach to sex. The foregoing tendencies find expression in its epidemiological profile. Change has affected mother-daughter reproductive communication to avert sexually related health complications.

Fertility

Fertility transition in sub-Saharan Africa is not limited to women of reproductive ages but evidenced among adolescent cohorts. A paired parallel survey of fertility history among generations of adolescents reveals a drastic fall in adolescent fertility. The study used ages of daughters as reference point for number of children ever born (CEB) by holding age constant for generations of adolescent aged 10-19 years.

In paired samples aged 19 years, fertility was found to have declined from 2.5 to 0.2 among previous and present adolescents respectively. Logically speaking, contemporary girls with loose sexual behaviour should have higher fertility. This anomaly may be related to their high abortion and contraceptive practices. In other words, although they engage in frequent sexual relations, they marry late, use contraceptives, abort regularly and record high school attendance. These factors contribute in lowering fertility not because girls are not exposed to childbearing but to information for preventing teenage pregnancies and childbearing. These factors affect fertility differentials among generations of adolescents, adding to Gwebu's (2001) earlier identified socioeconomic and demographic factors. The persistent sociocultural values favoring large family size, low and subordinate socioeconomic status of women, and low contraceptive prevalence rate promote fertility.

Discussion

Adolescent girls are exposed to diverse information sources which often destroy their dependence on the family for reproductive education. Lack of access to censored information exposes them to incorrect information usually passed to them by equally misinformed peers, magazines, and foreign movies. Although they are sometimes denied accurate information, there is a growing number of sexual images from diverse media bombarding them. The effect of the mass media has thus been tremendous on female sexual perception, attitude and behaviour. Mass media connect individuals around the globe, exposing girls to a profusion of ideas, values and lifestyles that pose as challenges to mothers (Guttmacher, 1998). Change has thus been associated to the increased representation of sexual behaviour on mainstream television relative to the

levels of intimacy depicted in the 1970s (Gunter, 1995). The problem of sexual activity among girls is thus on the increase due to rapid change in the social context of adolescent sexuality (Bledsoe and Cohen, 1993).

The effect of the media on the reproductive behaviour of contemporary adolescents reflects the fundamental assumption of hypodermic needle theory which states that the media are corrupting influences that undermine social order (Baran, 2002). Adolescents imitate the values and lifestyles depicted in movies, televisions and music videos. The media becomes a 'bullet' that pierces through girls' minds to act according to the worldview depicted. Although this theory has been criticized because people actually possess the capacity to make consumption choices, it however explains media's contribution in informing girls' attitude and perception, hence, the rampant experimentation of casual sex as depicted in movies, advertisements and other forms of media entertainment.

The power of the media can be controlled or moderated by message receivers. Adolescents thus have the will to decide on what information to use. Accordingly, selectivity processes of attitude change theory explains that people "select" what information to consume, remember and interpret (Baran, 2002). The theory thus explains how people's attitudes are formed, shaped and changed and how they influence behaviour. The effect of the media on adolescents depends on what adolescents decide to select from the mass of information presented.

Undoubtedly, television, cinema, the Internet, movies, among others, expose people daily to new cultures, values and attitudes. New forms of communication have brought the vision of a "global village" and "globalization", which have the potential of culture exchange. Accordingly, Kim, et al (1996:299) observed, "we live in the midst of rapid cultural change and increasing intercultural connectedness". In addition to media exposure, urbanization, modernization and education have led to a decline in traditional values but pressures from friends and the society affect the behaviour of girls, hence, reproductive change. Urbanization and population growth have dramatically altered traditional, cultural and family structures that in many cases provided norms regarding adolescent sexual behaviour. Social pressures thus affect on adolescents reproductive health.

Conclusion

Change in reproductive activities of girls is observed in premarital sex and sexual networking, abortion, contraception, age at sexual debut and fertility. While age at marriage among modern adolescents is rising, age at first intercourse is falling. This is related to youth exposure to modern mass media and other social factors. Accurate reproductive health information will enable adolescents to minimize reproductive crisis but lack of information contributes to and places young people at risk for pregnancy, abortion, STI, including HIV/AIDS (Casey, 2001).

Although adolescents are exposed to teenage pregnancy, illegal abortion, high and early entry into sexual activity, they lack adequate information about safe sex. Women's economic dependence on men also leads young females to exchange sex for gifts. Unprotected sex put them at risks of unwanted pregnancies, clandestine abortion, school dropout, early marriage, abandoned babies, HIV/AIDS and death.

The need for consistent communication at the family level is crucial as reproductive health does not affect adolescents alone but the family and society. Once parents recognize the importance of their own role in the information, education and communication processes with young people, programs can focus on providing information that helps parents develop approaches for discussing with their children for less sexual and reproductive health problems. Proper sexual and reproductive health socialization at the family front will moderate the high influence of the media on girls' reproductive attitudes, beliefs and practices.

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