



Journal of Management and Social Sciences

Journal of Management and Social Sciences

Volume 8, Number 1, May, 2019

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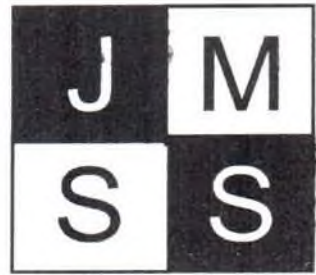
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College of Management & Social Sciences
Fountain University

ISSN 2315-6325



Journal of Management and Social Sciences

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Volume 8, Number 1. May, 2019

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Journal of Management and Social Sciences ISSN 2315-6325(PRINT), 2408-6959(ONLINE), is published by College of Management & Social Sciences, Fountain University, Osogbo, Nigeria yearly in May and November.

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Trends in Adolescent Sexual and Reproductive Health Communication Campaigns (2007-2017): A Review of Dominant Themes

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Abstract

This study, a content analysis of scholarly publications on adolescent sexual and reproductive health (ASRH) communication campaigns interventions over a period of ten (10) years, adopted purposive and convenience sampling techniques to select 84 empirical studies on ASRH communication campaigns. While the unit of analysis was represented by keywords/phrases, the content categories were teenage marriage, ASRH and the media, disease/pregnancy prevention strategies, socio-cultural issues and indicators of ASRH campaigns effects. These yielded 41 sub-categories and 704 frequency counts. Rogers Everett's diffusion of innovations underpins the study and drives the research questions alongside extant literature. The study found that most of the studies, reporting an increase in pregnancy and HIV/AIDS spread recommended comprehensive ASRH education and campaign, where contraceptives are promoted alongside and/or against abstinence. It was also discovered that community stakeholders' resistance which was a common impediment to the success of comprehensive ASRH campaign has received scanty research attention. It was therefore recommended that further research should be done on the relationship between campaign contents/themes, stakeholders' resistance and globalization of ASRH messages. This, perhaps, would facilitate the understanding of the factors causing the unintended outcomes of ASRH.

Keywords

ASRH campaign, stakeholders' resistance, unintended consequences, health communication

Introduction

Adolescent Sexual and Reproductive Health (ASRH), which refers to absolute physical, mental, social and emotional wellbeing of adolescents and includes

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their ability to remain free from unwanted pregnancy, unsafe abortion, sexually transmitted infections (STIs) (including HIV/AIDS), and all forms of sexual violence and coercion (Human Rights and Reproductive Health Matrix, 2019; Esiet, nd.; RDTL-MoH, 2004; UN, 1995) has attracted multidisciplinary research globally. As a result of this, the research output in this area of inquiry is overwhelming. Since the early 1980s when HIV/AIDS was first diagnosed as a disease, the attention of scholars have been directed to the effects of HIV/AIDS among the human populace (Ekefre, Ekanem and Ekpenyong, 2014). However, at the first International Conference on Population and Development (ICPD) held in Cairo in 1994, the global community leaders reached a consensus to direct reproductive health campaigns to adolescents. A major strategic recommendation was to integrate ASRH messages into school curricula as an independent subject or as topics in related subjects like Social Studies, Health Education, Basic Science, Biology etc. (UN, 1995). But since that time, there has been series of stiff resistance from some sections of the global community to the implementation of this goal. The point of resistance generally relates to stakeholders' perception of the programme (Ajuwon, 2013; Kirby, 2001). These perceptions are shaped by strongly held socio-cultural norms of the various communities which breed agitations, resistance, and objections to this adolescent sexual and reproductive health campaign strategy. The controversy is further fueled by the fact that while in most western communities, sexual activities are perceived as individual rights and freedom in which the community has little or no say. But in most African communities, especially Nigeria, communal norms, hinged on the people's cultural belief system places some responsibilities on the community to control and regulate individual's expression of their sexual rights in the interest of the communal well-being (Izugbara & Undie, 2008). Perhaps there is an unaddressed issue, in this area of study, slowing down the rate of ASRH diffusion and subsequent adoption. If after about two and a half decades of school-based ASRH campaigns there are still reports of an increased rate of HIV/AIDS among adolescents, teenage pregnancy, abortion complications and the likes among teenagers (UNICEF & UNAID, 2017), more attention therefore, needs be paid to ASRH to reduce the occurrence of these aforementioned problems.

Statement of the Problem

School-based comprehensive adolescent sexual health communication campaign programme signed by the global community in Cairo in 1994 (UN, 1995) has since been facing resistance in certain communities even in the U.S (Kirby, 2001). The point of resistance has generally been linked to stakeholders' perception of the programme (Ajuwon, 2013; Kirby, 2001) in terms of outcomes and consequences. While many scholars have adjudged comprehensive sexuality education as the most effective, other studies have

emphasised the effectiveness of abstinence-only campaign especially based on socio-cultural orientation and dominant religious practices in the target community (Izugbara and Undie, 2008; Kirby, Laris & Rolleri, 2006; LSG-MoE, 2005; Batwa, 1986). Adelaja (2006), for instance found that condom messages are hampering the habit of abstinence among Nigerian youths while Fawole, Ogunkan & Adegoke (2011), in a study among university undergraduates, found that majority (56.5%) were having sex without a condom. As the globe battles with community stakeholders' responses to these strategic paradigms, the challenges of ASRH seems to be worsening by day (UNICEF & UNAID, 2017). Several studies have affirmed steady increase in the spread of HIV/AIDS, risky sexual behaviours and their outcomes among adolescents, all over the world but Africa and rural areas at large (UNICEF & UNAID, 2017; Mbuya-Brown & Mteka, 2015; Maluli & Bali, 2014; National Population Commission, 2014).

This study, therefore, inquiries into the major themes and strategies recommended in local and international journal articles for effective diffusion of ASRH campaigns globally. This becomes imperative because despite the huge volume of studies stressing increase in SRH knowledge among adolescents, sexually transmitted diseases, teenage pregnancy, and risky sexual behaviours are still on the increase (UNICEF & UNAID, 2017; National Population Commission, 2014). The study, therefore, seeks to find out the relationships between the themes of school-based ASRH campaigns as present in extant literature in comparison with Kirby's (2006) recommendation of the consideration of community cultural norms and values for effective implementation sexual and reproductive health communication campaigns.

Theoretical Framework

The diffusion of innovations theory was adopted for this study. This theory popularly known with Rogers Everett is erected on five theoretical pillars serving as the main thrust of the theory. These constructs are regarded as the attributes of a perfect innovation. According to Rogers (2003), the five attributes required for a perfect innovation are relative advantage, compatibility, complexity, trialability and observability.

The concept of relative advantage implies that the desired innovation or recommended good behaviour a people are being persuaded to switch to must be beneficial to them than the existing behaviour meant for change. By compatibility, it means that the new behaviour or way of life must also be compatible with the people's socio-cultural norms. Also, a perfect innovation must be comparably simpler than the one it is meant to replace. This relates to the idea of the rate of complexity. Another attribute of an innovation which is trialability means that the idea must be practicable to the target community of people. The fifth one which is observability, according to diffusion of innovations theory qualifies an innovation as being good when the benefits of adopting it can be observed or noticed on the early adopters by the rest

members of the community. This, logically, is assumed as a motivation for later adopters by the theorist and other researchers who have adopted the theory for various research endeavours (Dearing, 2015; Ojebode & Salaudeen, 2013; Rogers, 2003). These five attributes were juxtaposed with the themes identified from the articles analysed in this study.

It is, however, important to note that diffusion of innovations, being a communication process, has consequences. Having described consequences as "the changes that occur to an individual or to a social system as a result of the adoption or rejection of an innovation", Rogers (2003: 59) identified three classifications of consequences as desirable versus undesirable, direct versus indirect, and anticipated versus unanticipated. This aspect takes this theory beyond dissemination of appropriate message to the community to the level of assessment of the outcomes or consequence of the message which is significant to both general communication process and communication campaign planning. Working on the diffusion of innovations theory, Dearing (2015) found that when opinion leaders (community stakeholders) are properly involved in the diffusion process right from the inception, it will both accelerate the adoption process by converting the typical late adopters (the later levels and largest categories of adopters) to early adopters (the earlier levels and smallest categories of adopters) and reduce or remove the possibility of negative consequences of an innovation diffusion. The negative consequences are usually unintended (Seiler and Beall, 2005) as postulated by Rogers (2003) and specifically boomerang based on the analysis of boomerang effect theory (Byrne and Hart, 2009) and subsequent studies that employed it for various campaign assessment (Byrne, 2014; Byrne, Katz, Lee, Linz, McIlrath, 2013; Byrne & Niederdeppe, 2011).

Research Objective

The objectives of this study are:

1. To identify the predominant themes in ASRH research over a period of ten years (2007-2017).
2. To examine the extent of compliance of the identified themes with community norms and values of Nigerians?

Research Question

This study seeks to interrogate the following research questions in order to address the identified research problem:

1. What are the predominant themes/subject matters in ASRH studies between 2007 and 2017?
2. To what extent do the identified themes comply with community norms and values of Nigerians?

Methodology

This study adopted content analysis research design to determine predominant themes in selected journal articles published on adolescent sexual and reproductive health (ASRH) and examine extent of conformity of those themes with community norms and values in Nigerian socio-cultural milieu. The 84 articles content analysed were selected through both purposive and convenience sampling techniques. The selection was purposive in the sense that only articles that focused on ASRH issues and were published within the duration of ten years (2007-2017) were considered for the study. Similarly, only articles on SRH published within the study duration that prompted up through the Google search engine were included in the sample. This does not absolutely mean that ASRH articles not included in the analysis could not be accessed through Google but the author only purposively selected those that strictly met the criteria earlier described above from a large pool of related articles accessible in open access repositories. The unit of analysis for the study was key words/phrases.

There are five categories of analysis constructed for the study based on the themes of ASRH issues found in extant literature. They are teenage marriage, ASRH and the media, disease/pregnancy prevention strategies, socio-cultural issues and indicators of ASRH campaigns effects. These themes have their various subcategories which generally include HIV/AIDS, family life and HIV education (FLHE), teenage pregnancy, community value, religion, risky sexual behaviour, condom, abstinence, stakeholders involvement, stakeholders resistance, ASRH knowledge, abortion, boomerang, education, menarche age, sexual debut, school-based ASRH campaign, comprehensive sexuality education, early marriage, marriageable age, etc. Hence, 704 items (keywords/phrases associated with ASRH) were found in the 84 articles selected for the study.

Adolescents and SRH Campaigns

Broadly speaking, a teenager (or teen) and adolescent refer to the same concept (WHO, 2004). This stage in human life has been described as a state of social, mental, psychological and biological transformation serving as the bridge between childhood and adulthood. This developmental stage is often marked by age at menarche averagely put at 12.45 years (Chumlea, Schubert, Roche, Kulin, Lee, Himes and Sun, 2003). Furthermore, adolescence has also been delineated by age such that human beings that have attained certain age range are regarded as adolescents. While the average is 12.5 (i.e. 13) years, literature has identified nine years as the youngest age and 19 years as the oldest adolescent age. Hence, three sub-categories of adolescence are found in literature: early (10-14 years), middle (15-17 years) and late (18-20) adolescents (Ajuwon, 2013; WHO, 2004). This analysis shows that all teenagers are adolescents but some adolescents between age nine and twelve

years old are not teenagers marked by the years ending in "-teen". The definition of adolescent pregnancy as pregnancy in a woman aged 10–19 years (WHO, 2004) further clarifies the meaning of the concept of adolescent.

Adolescents face a lot of complexities closely associated with their life. A critical aspect of these complexities is their sexual and reproductive health. This has led to the challenges of pregnancy, abortion and sexually transmitted diseases (STDs) among adolescents causing great concerns among stakeholders. Many scholars have, therefore, lamented the high rate of adolescent pregnancy in Nigeria is the highest in Africa. In a study in 2011, Aderibigbe, Araoye and Akande found that 5.7% of teenagers had at least once had a pregnancy. This means 57 adolescents per every 1,000 in Nigeria. About two-fifths of such pregnancies end up in induced abortion handled mainly by quacks (Federal Ministry of Health, 2001). This situation can be linked to the fact that girls grow faster and become sexually active and "experience romantic interest" earlier than boys (Ajuwon, 2013).

Parents and Teachers as Behaviour Change Agents in ASRH Campaign

In the context of this study, the meaning of parent extends to all adults who take total responsibility for the nurturing, training and upbringing of a child whether or not they are the biological parents. The general roles of parents on their children are training, nurturing and general provision of needs. Specific roles of each of the two parents (father and mother) are, however, society specific (Izugbara and Undie, 2008; Batwa, 1986). In Africa for instance, the father is responsible for providing the economic and basic needs of the family while the mother, apart from childbearing responsibility, maintains the resource of the family and takes good care of the homestead. Although in mainly agrarian communities or societies, women combine some form of agricultural activities with childbearing and training, their primary responsibility remains the latter (Nsamenang, 2005).

In traditional Yoruba community, for example, home training which is the crux and foundation of all forms of training is largely the mother's duty. Hence, mothers are formidable trainers and role models for their children even on sexual and reproductive health. This is supported by different proverbs and maxims in Yoruba land. One of these is: "Children weave the kind of wool produced by the mother", meaning children normally behave like their mother. It is also often said to misbehaving children that "they have taken from their mother's intestine", meaning they learned their bad manners from their mother.

In relation to this, Annang (2014) posits that among other things, parents who spend appreciable time with their children have a tremendous influence on their sex decisions. Other scholars also argue that in traditional African society (especially in Kenya and Nigeria) SRH education is considered a communal

responsibility starting from the family. They, in fact, note that the society teaches and control how individuals use their "body" (sexual organ) (Izugbara and Undie, 2008; Oronje, n.d). In support of the family, the community is responsible for initiating children at puberty to adult roles in life, especially the SRH aspect (Izugbara and Undie, 2008; Batwa, 1986). But how well parents perform these duties has become a source of serious concerns in the contemporary African societies. There seems to be a departure from the traditional family role structure in the contemporary African society.

In line with the foregoing, Usman and Junaid (2008) gather, among northern teenagers, that parents were either reluctant or unavailable to provide sexual and reproductive health information and skills to children in the homestead. The possible cause of this neglect of duty arising from cultural erosion has been identified about three decades ago. About the same time HIV/AIDS became a dreaded disease. Batwa (1986: 15) wrote that before the traditional African system was eroded by western education and foreign religions, parents were teaching "sex education and the process of giving birth and rearing children" within the family which is now very weak and dysfunctional.

The privacy status assigned sexual and reproductive health issues by the adolescents reduces the number of information parents have about them and makes it difficult for parents, family and the immediate community as key stakeholders to educate the adolescent members of the family appropriately. It is therefore commendable to note that the Global Fund Phase 1 FLHE/ARH campaign conducted nationwide in 2011 enlisted the commitment and support of parents and religious leaders for the programme implementation. In each state, membership of the Project Advisory and Advocacy Committee (PAAC) was extended to representatives of Parent Teachers Association (PTA) across the state (ARFH, 2013). It, therefore, remains a puzzle, the reason for agitations against school-based ASRH campaigns from certain sections (including parents) of the society. This kind of programme rebuff influenced by the fear that those campaigns would further erode existing cultural values and norms is not limited to Nigeria nor Africa and other developing countries, it was also experienced in the U.S. According to Donovan (1998) "more than 500 local disputes over sexuality education occurred in all 50 states between 1992 and 1997". Hence, by involving parents, churches and some NGOs, the disputes were resolved by redefining the contents of school-based-sexuality education to reflect what the contending stakeholders wanted.

Another category of opinion leaders in the life of adolescents is teachers. Both theory and literature consider teachers as key opinion leaders to their students. It may then be argued that teachers as "polymorphic opinion leaders" (Littlejohn and Foss, 2005) may assume the role of behaviour change agents to their adolescent students. This is so because teachers can inject or weave behavior change messages into the class content (Vivian, 2009). The ICPD-PoA, in fact, recommend that reproductive health messages should be

integrated into school curriculum to diffuse it among school pupils (U.N, 1995). This recommendation has, however, been facing serious objections from some sectors of the society over the last two decades. In a study of assessment of sexuality education in the U.S, Donovan (1998: p8) found that teachers are scared and discouraged as "...they fear that discussion of controversial topics—masturbation, sexual orientation, abortion and, increasingly, contraception —could jeopardize their careers..." based on observed resistance from parents and school officials.

This case manifested around four years after the ICPD Cairo 1994 where all countries in attendance signed a strategic agreement on diffusing reproductive health and population control issues globally. There are also instances from Africa. For example, it took religious leaders in Malawi to hold conferences in order to, among other issues, make "suggestions for faith-based messages on population and family planning issues" which had hitherto been opposed despite the country's huge unmet needs and effects of the tripling population on facilities and environment. At one of the conferences in 2012, it was identified that "almost half (45%) of pregnancies in Malawi are unintended..." with the rate of adolescent pregnancy as high as 35%. Hence the need for religious leaders to hold series of "Advocacy Weekends" for intervention (Mbuya-Brown and Mteka, 2015). This somehow stresses the limitations of the teachers, especially where it is assumed there could be counter opinions from the society as identified in the case of Nigeria. It was reported that teachers in Ibarapa zone of Oyo State feared parents may allege them of teaching their children sexual immorality (ikokuko in the Yoruba language) (Ajuwon, 2013). How then can teachers perform their globally assigned role as behavior change agents in ASRH campaign at the face stiff objection by community stakeholders?

Data Presentation and Discussion of Findings

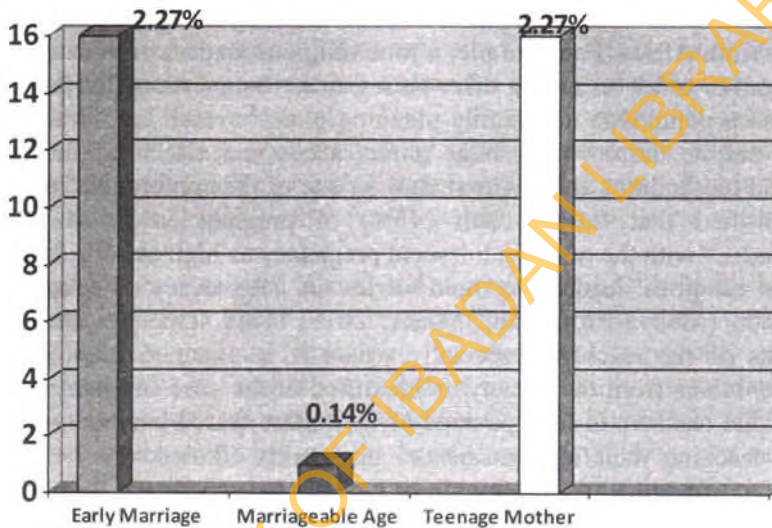
For the purpose of clarity in presentation and analysis of data as well as discussion of the findings of this study, the themes found in the articles analysed were categorised into five. Based on the understanding that empirical categorization requires both exhaustiveness and exclusiveness, a conscious effort was made to ensure the categorization was exclusive enough to eliminate overlapping of thematic categories. Hence, the predominant themes found in the articles analysed include teenage marriage, ASRH and the media, disease/pregnancy prevention Strategies in ASRH campaign, socio-cultural issues and effects or influence indicators of ASRH campaigns. In totality, 41 sub-themes were identified across the five main themes (content categories) while the total counts of the items were 704. The items under these five themes with their frequency and percentage based on the total frequency of 704 were

then presented in charts and tables of frequency and percentage for descriptive and inferential analysis.

Teenage Marriage

Our categorization qualified three items (sub-themes) under this theme with a total count of 33. This is equivalent to 4.68% of the 704 items counted across all the themes. See figure 1 below for details:

Figure 1: Marriage Related Themes in ASRH Campaigns Studies



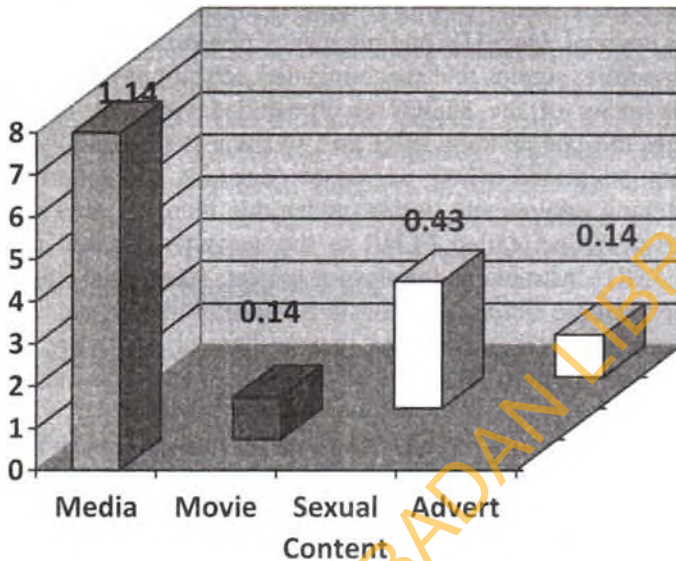
The research attention paid to teenage pregnancy, therefore, seems to be apparently low in spite of its implication on the society and the hot media debate that trails this issue globally. Research findings have indicated that urgent strategic effort need be done on this issue especially because of its inherent dangers. Studies, including Ekefre *et al.* (2014), Anang (2014) and NDHS (2013) reported both social and health complications associated with teenage marriage. These include intellectual ability to cope with marriage, divorce, poverty, truncated education, malnutrition, low birth weight, high rate of infant and maternal mortality and the likes.

Media Content

Despite the fact that the role of the media as an agent of social integration, promotion of healthy habits, de-marketing of anti-social behaviours and advocacy on generally beneficial issues has been copiously discussed in literature, it seems scanty attention has been so far paid to the role of the media in relation to ASRH. This is glaring in the finding that just 13(1.85%) of the

704 items (sub-themes) counted in this study linked ASRH issues to the media as shown in figure 2 below:

Figure 2: Media Content Related Themes in ASRH Campaigns Studies



Most of the articles that studied media content generally lamented the tendency for those contents to promote unhealthy sexual behaviours. Studies on home videos and family planning adverts specifically accused the media of "sexualisation" (Alawode & Fatonji, 2014) and promotion of promiscuity. Media audience in a study (Umar, 2008) said the way and manner the use of the condom is being "hammered" during adolescent viewing and listening hours could be counterproductive to the campaign against unhealthy sexual behavior, teenage pregnancy, and STD prevention. This is in consonance with the opinion of Adelaja (2006) that "condom messages are hampering abstinence" habit from being adopted among Nigerian youths. Strengthening this finding is Fawole, Ogunkan & Adegoke's (2011) discovery that 56.5% and 91.8% of adolescents had sex without a condom and said condom was not necessary with one partner". This kind of communication outcome, earlier constructed as "unintended" by Sieler and Beall (2005) has recently been re-established both theoretically and empirically as a "boomerang" denoting it as a variance of unintended outcomes of communication (Byrne, 2014; Byrne, Katz, Lee, Linz, McIlrath, 2013; Byrne & Niederdeppe, 2011; Byrne & Hart, 2009). Looking at this from the perspective of diffusion of innovation, it is a test of timely and extent of the involvement of media as key stakeholders in the ASRH campaign process (Rogers, 2003; Dearing, 2015). It is, therefore,

necessary to re-examine the role of communication media and their content in the effective achievement of ASRH strategic communication campaigns.

Prevention Strategies

This theme has a share of 257 counts of items (sub-themes) and 35.63% of the 704 total items counted. On STDs and pregnancy prevention strategies targeted at teenagers therefore, studies that recommended educational approach ranked highest. While many of the studies recommended curricula integration of ASRH messages to scale up knowledge and awareness subliminally, a few via policy advocacy suggested a long period of education to encourage healthy sexual habit among adolescents. Issues under this thematic area include the introduction of a subject called FLHE to the secondary school curriculum, integration of ASRH instructions to relevant subjects like Social Studies, PHE, Civic Education, Home Economics, Basic Science, Biology, etc. Other sub-themes here are abortion, abstinence, comprehensive sexuality education, family planning, etc. Table 1 below has other sub-themes of this theme:

Table 1: Disease/Pregnancy Prevention Strategies Related Themes in ASRH Campaigns Studies

Themes	Frequency	Percentage
Education/ASRH	36	5.12
FLHE	08	1.14
Abortion	29	4.12
Abstinence	14	1.10
Comprehensive sexuality education	22	3.13
ASRH Awareness	23	3.27
Family planning	16	2.27
stakeholder involvement	19	2.70
Peer pressure/education	16	2.27
Social marketing	01	0.14
school-based ASRH campaign	39	5.54
Condom/Contraceptive adoption	34	4.83
Total	257	35.63

Majority of these issues are basically controversial globally, though at variant degrees depending on the community's values and customs. Kirby (2001); Kirby, Laris & Roller (2006) and Ajuwon (2013) indicated this controversy in their report of community resistance to school-based sexuality education and teachers' reluctance in the participation of implementation through classroom instructions. This, in a way, contests the aspect of community involvement in programmatic design which is directly linked to the success of ASRH campaign. There is then an urgent need for research to investigate the extent of stakeholders and community leaders involvement in ASRH campaign in Nigeria, especially when recent studies (UNICEF and UNAID, 2017) reveal an

increase in STI spread among adolescents in Nigeria. It is therefore imperative to re-examine the involvement of community stakeholder in the campaigns as a fundamental factor in the diffusion process as suggested by Rogers (2003) with addition from Dearing (2015) that timely and appropriate stakeholder involvement in diffusion process will accelerate the process of acceptability of the innovation. Thinking the other way round, it can be inferred that improper or poor involvement of target community stakeholders may mar the process of diffusion or even cause confusion among community members regarding the innovation. Hence, the diffusion process will be challenged because community leaders/stakeholder are usually the early adopters who will facilitate other categories of adopters to discern the innovation's relative advantage, compare it with the status quo and simplicity, try out the process so that a change can be observed in the society (Rogers, 2003) concerning the identified problem requiring solution.

Socio-cultural Issues affecting ASRH Campaigns

Here, the items (sub-themes) counted were a bit high, 106, equivalent to 14.08% of the 704 total items counted across the selected articles for analysis. Across the globe, community values, customs, and norms differ. Therefore, issues concerning menarche age, early sex, sexual debut, sexual (im)morality, gender role and the likes are interpreted and determined in accordance with community values and norms which include cultural and religious beliefs. It therefore logically means that decisions around or affecting any of these issues cannot be globalised. This is established in literature especially as scholars found that consideration for target community's cultural norms is a key determinant for effective and successful SRH education/campaign (Kirby, Laris & Rolleri, 2006). Table 2 below shows the various themes related to this issue as found in the articles analysed.

Table 2: Themes Related Socio-cultural Issues in ASRH Campaigns Studies

Themes	Frequency	Percentage
Stakeholder resistance	14	1.10
Religion	31	4.40
Community value	22	3.13
Menarche age	2	0.28
(Early) Sexual debut	09	1.28
Age of consent	03	0.43
Virginity	02	0.28
Stigmatization	02	0.28
(Anti)Social behavior	04	0.57
Culture/SRH	16	2.27
Gender role	01	0.14
Total	106	14.08

Community resistance which has 14 (1.10%) occurrence in the articles analysed seems to be the result of how well other related issues are considered in SRH campaigns globally. Kirby (2001) for instance reported community resistance to school-based ASRH in America based on cultural and religious considerations. In 2013, Ajuwon also reported that teachers in Ibarapa area of Oyo State were reluctant to teach sexual and reproductive health subjects or topics in schools. Also, while in most western communities of the world, issues of sexual expression are regarded as personal and as part of fundamental human rights, others (mostly Africans) regard them as moral and communal issues, in fact, those communities believe that the community the "owner of the body", decides how individuals use their body not the individuals. All these calls for new research to investigate the perception of community stakeholder and their involvement in the planning and implementation of SRH campaign/education targeted at them. This will lead to the root of the resistance against SRH campaign in certain communities. Again, this area draws our attention to stakeholders involvement whose essence seems to be undermined in the analysed studies. The lessons from Kirby's studies of 2001 and 2006 underscored the inevitability of community stakeholders involvement in diffusion process as stressed by Rogers (2003) and advanced by Dearing (2015) for participatory development and innovations diffusion which is an indication of paradigm shift from the old top-down to the bottom-up approach in development programme.

Effects of Sexual and Reproductive Health Campaigns

There were 295 (41.9%) of the 704 total items/sub-themes counted in the articles analysed. Themes that indicate the degree of the effectiveness of the campaigns include the rate of unintended pregnancies, the rate of new contraction of STDs, especially HIV/AIDS, teenage pregnancy, knowledge of

ASRH, sexual promiscuity, risky sexual behaviours including casual sex and abortion etc. In Table 3, all these issues are presented with their degree of occurrence.

Table 3: Effects Related Themes in ASRH Campaigns Studies

Themes	Frequency	Percentage
Unintended pregnancy	35	4.97
Boomerang	4	0.57
SRH Knowledge	23	3.27
HIV/AIDS/STI	58	8.24
teenage pregnancy	35	4.97
Sex/sexuality	47	6.68
Promiscuity/SRH	26	3.69
Child abuse	2	0.28
Out-of-school adolescents	9	1.28
Adolescent sexuality	25	3.55
Risky sexual behavior	31	4.40
Total	295	41.9

It is, however, noteworthy that none of the studies analysed attempted an investigation of the influence (especially the unintended) of campaign on any of these issues (Sieler & Beall, 2005; Byrne, 2014; Byrne, Katz, Lee, Linz, McIlrath, 2013; Byrne & Niederdeppe, 2011). This is a very vast gap because campaigns are assessed based on their effectiveness both intended and unintended. If the assessment focuses only on the intended goals of the campaign, there is likelihood that the unintended outcome would be overlooked. Besides, if stakeholders involvement is theoretically proven to be a positive catalyst to diffusion process (Dearing, 2015), it is logical to conclude as well that poor or lack of stakeholders involvement may also reverse the outcome of a campaign to the extent of unintended effect as detailed by Rogers (2003).

Conclusion

This study is a content analysis of eighty-four (84) empirical studies on sexual and reproductive health communication interventions. The selection was based on purposive and available/convenience sampling of ASRH articles that falls within the duration of ten years (2007-2017). The study focused on dominant/common themes addressed by SRH research globally within the study duration. Forty-one themes with a total of 704 occurrences were identified to be common to all the reviewed studies. These were further grouped into five thematic areas for analysis and discussion of findings.

It was therefore discovered that while teenage pregnancy, teenage motherhood and teenage marriage ranked high among the themes of the

reviewed articles, community stakeholders' resistance against school-based sexual education was also high. Findings also revealed that comprehensive sexual education was given prominence over abstinence as a remedy to ASRH problems. Hence, hospital-based abortion and contraceptives were recommended preventive strategies to the adolescents on STIs and unwanted pregnancy. It does not, therefore, seem that community values and cultural norms were given serious consideration by earlier studies in strategizing solutions to ASRH challenges.

Recommendations

Based on the findings of this study, the researcher suggests that there is an urgent need for more studies on peculiar causes of teenage pregnancy with a view to providing pragmatically effective solution(s) to them. Journalists and media professionals, movie producers, content providers and all media related regulatory bodies should be involved appropriately as major stakeholders to ensure media exposure to adolescents are not counterproductive to ASRH campaign messages. In addition to this, more studies are necessary to engage the question of conformity of school-based ASRH messages with community values and norms. Future researchers should also focus on finding empirical reasons for community stakeholders' resistance and rate of stakeholders' involvement in school-based ASRH campaign. This will help in the implementation of recommendation of Kirbi (2001 & 2006) on consideration of community values and norms as a key criterion in the success of ASRH campaign. Future researchers also need to empirically engage why teenage pregnancy and STDs are still on the increase despite conscientious efforts at stepping down the menace.

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