AN ANALYSIS OF SOURCES OF INFORMATION ON REPRODUCTIVE HEALTH BY ADOLESCENTS IN EDO STATE

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Abstract
This study examines the sources of information and perception of adolescents about reproductive health in Edo State, South-South Nigeria. The survey research technique was adopted for the study. It was observed that adolescents in the State rely more on mass mediated sources of information than other sources of information like parents, teachers and health institutions; and that adolescents in the State also prefer to receive information on reproductive health institutions, radio, television and from medical personnel respectively. Similarly, adolescents in Edo state perceive information on reproductive health generally in positive light. The study recommends the adoption and a speedy implementation of an Adolescent Reproductive Health Policy in Nigeria, and also the need to combine mediated sources of information and other interpersonal sources so as to effectively reach more young people especially in rural areas.

Keywords: Perception, Adolescents, Reproductive Health, and Mediated Sources.

Introduction
Occurring between the ages of 10 and 19 years, adolescence marks a critical phase in human’s physiological and psychological development. This phase of life usually have strong influence on a person’s later years. During adolescence, young people experience a number of biological and social changes that sometimes prove quite challenging to their lives. One of such challenges relates to their health, which can sometimes have adverse effects on their health. In addition to that, adolescence is also a period of bodily experimentation which often times exposes young persons to high risk activities like drug and alcohol abuses, indiscriminate Tabaco consumption, unregulated sexual behavior, and so on with their attendant negative effects. It is on account of these negative consequences that adolescent’s sexual behavior have continued to attract the attention of programme planners and researchers (AHI, 2003, p. 7).

It has been suggested that one of the major reasons behind the common adolescent reproductive health problems is the absence of relevant information to address the challenges facing them. Even where the information is available, it is often inadequate, not credible and in many cases poor. In Nigeria for instance, adolescents engage in sexual activities with little information. Thus, because sexuality is hardly taught in schools and because there are very limited formal ways of receiving reliable and relevant information, adolescents rely on weak
sources like their peers. Such information is often inaccurate and does not provide the needed basis for informed decision (Sai, p. 1995).

Perception, on the part of young, is concerned with the psychological activities through which individuals organize meaningful interpretations of sensory stimuli that they receive from their environment (Defelur and Ball-Rokeach, 1989, p. 6). Because of the inherent differences in cognitive factors (needs, interest, beliefs, prior knowledge, attitudes, values, etc) affect the manner in which individuals or groups behave. It follows then that the manner in which adolescents view reproductive health information and the sources of such information is likely to differ from say that of adults. In addition, adolescents like other age groups in the society undergo or undertake the selective process. That is they selectively expose themselves, perceive and recall media and non-mediated information (Defleul and Ball-Rokeach, 1989, p. 5).

Information is no doubt a very crucial resource not only to adolescents but to everybody. However, it is a more serious issue to adolescents because it has a fundamental impact on their life and that of the society in which adolescents live. Thus, for communication practitioners it is more important not only to look at the content of the information provided to adolescents on reproductive health but also its channels, sources, uses, perceptions, etc. This study therefore examines the sources of information and perception of adolescent about reproductive health in Edo State. The reason for this study stems from the “fact that information plays a very crucial role in reducing the health risks associated with adolescent sexual and reproductive behavior” (AHI, 2003). Central to this study is a thesis that assumes that when young people’s information seeking/acquisition behavior are better understood, appropriate and effective content could be tailored to such needs.

In this connection, studies have shown that adolescents do have problems with their sources of information on reproductive health. For instance, it is reported that adolescents are often scolded, refused information, or turned away by parents and sometimes by health workers when they adolescents try to seek help on reproductive health issues (Population Council, 1991). However, in recent times, there appears to be a proliferation of information on reproductive health, especially about HIV/AIDS and Sexually Transmitted Infections (STIs), all aimed at checking the spread of these disease. But it is worrisome to note that these diseases seem to be spreading at an “alarming” proportion.

It is against this backdrop that this study examines the sources of information through which adolescents seek / receive reproductive health information as well how they perceive these sources. This is important because it will impact on the life the adolescents especially help in mitigating the impacts of unwanted pregnancies and unsafe abortion; sexually transmitted diseases including HIV/AIDS; reproductive and sexual health, self-esteem and social participation (UNFPA, 2006). Apart from exposing adolescents to the risks of pregnancy, abortion, STDs and HIV/AIDS, lack of reproductive health information also often limits a young person’s education, employment opportunities due to early marriage or unwanted pregnancy.

The International Conference on Population and Development (ICPD) held in the Egyptian Capital, Cairo, 1994 define reproductive health as: ‘’... as of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in matters relating to the reproductive system and to its functions and processes’. Reproductive health therefore implies that people are able to have a satisfying safe sex life and that they have the capability to reproduce and the freedom to decide, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of their choice for regulation of fertility, which are not against the law,
and the right of access, to appropriate health care services that will enable women go safely through pregnancy and child birth and provide couples with the best chance of having a healthy infant (ICPD, 1994).

The ICPD comprehensive definition encapsulates the concept of reproductive health as used in the study. More importantly for this study it talks in terms of access which does refer to operational services as well as information. Information is a key factor because without knowledge and awareness one cannot know of his/her right to the reproductive health services.

Statement of the problem

Adolescent Reproductive Health appears to have moved up higher on the government’s list of public priorities in Nigeria in recent years. The subject has also become the preoccupation of many civil society groups. The renewed multi-sectorial interest in reproductive health is hardly misplaced. The AHI (2006) “notes that the high incidence of sexual activity, among adolescents; has serious implications for the spread of Sexually Transmitted Infections (STIs) and HIV/AIDS”. This was further reinforced by the National AIDS and STDs Control Programme (1999), which reported that in 1998 alone, 60 percent of the 20,334 AIDS cases in Nigeria were within the age group of 15-24. The 2003 National Sentinel Survey also reported a similar finding.

Similarly, the Federal Ministry of Health, in the report (2001), said young people of age 15 – 24 contributed approximately 29.3 percent of deliveries in Nigeria. However, about two-fifths of teenage pregnancies in Nigeria are believed to end up in illegally induced abortions, with the majority being carried out by unqualified medical personnel in unsafe environments.

These increases are often blamed on a number of factors including the sheer lack of reliable sources of information on Adolescent Reproductive Health (ARH) issues for younger persons. This is sometimes attributed to the failure of parents and guardians to discuss reproductive health issues with their children and wards freely, often due to restrictions and religious leaders who view themselves as the repository and transmitters of community values, morals and beliefs are often in the forefront of opposition to adolescent reproductive health programmes. Religious group have strongly opposition to adolescent reproductive health issues with their children and wards freely, often due to restrictions by religious and tradition. For instance, Rosen (2000) said traditional and religious leaders who view themselves as the repository and transmitters of community values, morals and beliefs are often in the forefront of opposition to adolescent reproductive health programmes. Religious groups have strongly opposed sexuality education in the United States, Nigeria, Mexico and Kenya. The tendency is for the adolescents to resort to other non-moralist of information, which, sometimes, leave them vulnerable to risks associated with unwanted teenage pregnancy, abortion, STDs and HIV/AIDS.

The question that readily comes to mind is what is adolescents’ reproductive health? While those in the urban areas claim to have a limited knowledge of reproductive health issues, the same cannot be said of their counterparts in rural areas (AHI, 2003).

Objectives of the study

The aim of this study is to examine the sources of information and perception of adolescents about reproductive health in Edo State. The general objective is to study the sources of information and the perception of adolescents about reproductive health in Nigeria with particular reference to Edo State. Specifically, the study seeks to:
1. Find out the adolescent sources of information on Adolescent Reproductive Health in Edo State.

2. Identify the sources of information most preferred by Adolescents in Edo State.

3. Examine the perception of reproductive health by adolescents in Edo State.

**Research Questions**

To guide this investigation, the following research questions were posed:

1. What are the sources of information for adolescents on reproductive health in Edo State.

2. Which source of information on reproductive health by adolescents in Edo State prefers most?

3. What is the perception of reproductive health by adolescents in Edo State.

**Literature Review**

Contemporary challenges in reproductive health in the developed world have made adolescent reproductive health a very attractive area for researchers seeking to unpack the wide range of issues around the subject. As the thrust of this study is sources of information and perception of reproductive health among adolescents, the literature review shall open with an analytical overview of information aspect of reproductive health.

Information is often seen as a measure of uncertainty or entropy in a situation. According to Littlejohn (1992), when a situation completely predictable, no information is present. Granovetter (1973) and Watt and Strongatz (1998), however, add that much of our most useful information comes from people with whom we have “weak” links (i.e. people we interact with less often). This is because the people with most likely to know the same thing like us. It is the people we interact with less often who bring new information into groups of strongly linked people.

In many cultures, adolescents are considered as being sexually active before marriage, even though they may not be expected. As a result, information and services relating to reproduction may be withheld from them on the wrong assumption and services relating to reproduction may be withheld from them on the wrong assumption that they are least likely to need them. Health providers, teachers and other potential sources of support, may discourage adolescents from asking questions or deny them adequate training to deal with reproductive health issues appropriately (UNFPA, 2006). This may be partly because of what appears to be a culture of silence which surrounds reproductive health issues especially in Sub-Saharan Africa as sex related topics are generally regarded as taboo and not openly discussed (UNFPA, 1997 and Senderowitz, 1997). Young people are faced with many barriers to obtaining both family planning and reproductive health information and services. These barriers could be traced to a variety of sources, including the breakdown of traditional information systems, negative or ambiguous governmental policies, service providers’ biases, poorly designed youth programmes, and young people’ own reluctance to make use of adult oriented reproductive health services.

In this respect it is very important to understand health attitude of youth on reproductive health matters. For instance, Bhuiya and Rob (2000) in their study on adolescent’s reproductive health in Bangladesh pointed out that only very few adolescents discuss reproductive issues with their parents. On the contrary most of the adolescents discuss the issues with relatives other than parent like aunties, uncles, neighbours, and other alternative sources although girls are more susceptible to discuss with parents more than boys.
This seems to have been reinforced by the report of the State of World’s Population (UNFPA, 2000), which said inter alia girls talk with their mothers about menstruation and pregnancy but rarely do so with their sexual partners. Boys receive even less information from their parents, certainly not as much as they would like. Fathers are often silent or absent and thus provide an uncaring male role model. A study from Zimbabwe showed that father are “frequently absent from the home environment and were usually viewed as remote, fearsome, moody and from unpredictable people whom it is safest to avoid (UNFPA, 2000). However, the state of World Population Report (2000) says parents are not the only stakeholder who should be left alone with responsibility.

Peers are also important sources of information on reproductive health issues as the level of interaction among them in intimate. In this regard it is reported by Edelstein and Gonyer (1993) that youth turn to their peers as their most important and credible source of information especially in areas such as human sexuality, drugs and alcohol. While Osowole and Oladepe (2000) in their study on deaf adolescents found out that the level of awareness of AIDS was high among the respondents, with the major source of information being deaf peers. However, it was clear that part of this information provided by peers is incomplete and technically inaccurate. This finding implies that, even while the peers may be the major source of information, not all the information from them in accurate. This cast doubts on the reliability of the peer group as authentic source of information.

Studies by authorities have shown that parents and peers groups are not the only stakeholders in the business of providing information on reproductive, sexual and contraceptive behavior of adolescents in Nigeria found that the majority of the respondents obtained sexually related information from people outside their immediate family for example teachers (25.6%), friends (13.3%) and medical personnel (21.9%) only (8.4%) obtained such information from their parents. The implication of this is the fact that interpersonal stakeholders like teacher are important source of information for adolescents. Also, Koster et al (2001) reported a similar trend, pointing out that adolescent in Nigeria and other African countries hardly discuss sexuality issues with their parents. Parents, they say, rarely disseminate sex education to their children. This make these children to obtained the wrong source.

On the other hand mediated sources are also important as source of reproductive health information. This is because responses by adolescents in various studies indicates that apart from interpersonal source like parents, peers, and teachers, media institutions like radio, newspapers, magazine, televisions, as well as organizations and groups like mosques and churches to provide health related information to adolescent in Nigeria (Pate and Umar, 2002). Similarly, in a study carried out on emergency contraception in Nigeria, the Society for Family Health, a non-governmental organization engaged in reproductive Health, a non-governmental organization engaged in reproductive health education, found that respondents prefer receiving information from one-to-one private talks, radio and small group settings of their age (Society for Family Health, SFH, 1998).

Similarly, Mehrel et al (2002), in a study on awareness of HIV/AIDS among selected target groups in Addis Ababa, stated that the respondents’ major source of information is the mass media which account for 86.5% followed by community members 9.2% and health professional. 46.7% majority of farmers indicated that they hear more about HIV/AIDS over the radio in the in the form of drama and sons. In addition to radio, they said the get information about the disease from television, newspapers and magazines. Many studies report the significance of the mass media in disseminating health information (see Okpani and Okpani,
This shows the primacy of mediated sources of information and that if effectively utilized the media can serve as a primary source of general health information as well as serve target group like adolescents. However, it is important to note here that acquiring information from the mass media depends on factors like literacy, availability of media infrastructure, income, etc which vary from location to location. This obviously may be what Vaughan et al. (2000) had in mind when they stated that social norms in conservative societies often preclude the use of mass media to communicate reproductive health information to youths.

Closely related to the above, Parker et al. (1989) have said that the print media, radio and television have all contributed to the provision of background information, which has been crucial in shaping both attitudes and practices related to HIV and AIDS. The position of Parker seems to endorse the view that the media are “Indispensable” in the provision of crucial information for shaping attitudes. The mass media have been key elements in helping public health professionals to bring their messages about AIDS to the general public. Few in AIDS related professions today would contest the idea that information about AIDS in the past decade has made some contribution to public health efforts, which have had some effect in preventing the transmission of HIV (Neither, 2000).

On perception, as in many other countries, policy makers, administrators and many health care providers suggest that the concept of reproductive health is not widely understood. In many parts of the country, reproductive health is perceived simply as a new name for the sum of what are formerly vertical programmes for addressing material and child health, sexually transmitted diseases or even just family planning (WHO, 1998). This perception fails to recognize any synergy amongst reproductive health services. Among those who see reproductive health as synonymous with family planning, the importance they assign to it ultimately depends on how the issue of family itself is perceived. Obviously, the consequences of this association have proven most detrimental in areas where “control” over the number or spacing of births is seen as a political or social status quo. As noted above the reproductive concept assumes that the ability to address one set of reproductive health needs has a direct impact on the health and well being of individuals throughout their lives (WHO, 1998).

Men, who are more likely than women to be literate and to have better access to information in most developing countries, are often in a better position than women to inform themselves about reproductive health. However, they lack interest because reproductive health, including everything to do with contraception, pregnancy, child birth and STDs considered a woman’s concern and that ‘real men’ do not concern themselves with such matters (UNFPA, 2000). In other words, men tend to consider productive health to be the exclusive preserve of women.

According to AHI (2003), adolescents in most communities did not appear to have adequate understanding of what sexual and reproductive health issues are. It adds that without prompting most of the adolescents could not explain what they understood as sexual and reproductive health issues.

It is clear from the above that sources of information available to adolescents differ from one area to the other. While in some areas peer groups seem to be widely preferred, in other areas, the focus is on health personnel, teachers, books, mass media, films, video and friends.
Theoretical framework
This study is hinged on the uses and gratifications theory. The theory states that social and psychological origins of need generate expectations of the mass media or other sources which lead to differential exposure resulting in need gratifications and consequences (Kartz, 1974). The theory suggests that media users play an active role in choosing and using the media. Users take active part in the communication process and are goal-oriented in their media use. The theorists say that a media user seeks out a media source that best fulfills the needs of the users. The uses and gratifications theory assumes that the users have alternate choices to satisfy their need.

Uses and gratification theory takes a more humanistic approach to looking at media uses. Blumler and Kartz (1974) believe that the populace uses media in various ways. Instead, they believe there are as many reasons for using the media as there are media users. According to the theory, media consumers have a free will to decide how they will use the media and even non-mediated channels.

Accordingly, adolescents in Edo are likely, therefore, to rely on various sources of channels, especially the media for information on adolescent reproductive health in order to satisfy some needs related to communication. This, therefore, makes the use of this theory relevant, because by attending to information sources, the adolescents are trying to satisfy some information needs particularly on reproductive health.

Methodology
This study relies on survey techniques for generating data and is considered most appropriate for this kind of study because of the large population of adolescents in Edo State. The total population of Edo State according to the 2006 Census Analytical Report is 3,218,332 (population.gov.ng:). The population for this study is all adolescents from the age of 14 to 18 who are in school and out-of-school in six purposively selected local government areas located in three geopolitical zones in Edo State.

As it is very difficult to sample all adolescents in Edo State, respondents were therefore selected from six purposively selected local government areas out of the three senatorial districts in the state (two each from Northern, southern and central Senatorial districts). The senatorial districts being political arrangement and geographically convenient do not necessarily represent the stratification in the adolescent population. But this system offers itself as a spatially convenient framework upon which this study could easily be mounted. And since a sample is a subset of a population that is taken to be representative of the entire population (Wimmer and Dominick 1987), it is assumed that using the samples chosen from the Northern, central and southern parts of the State might provide a good degree of representativeness of the study population.

To generate data for the study, a combination of cluster and accidental sampling techniques were used because of the vast spatial composition of the state on one hand and the relative large size of the respondents which make sampling frame difficult on the other hand. Through accidental sampling, the specific respondents for this survey were identified. Two local government areas are therefore chosen, each from Edo central, north and South senatorial districts, thus making a total of six local governments which are sampled. To ensure balance representation between relatively urbanized and relatively rural areas, one urban and one rural local government areas of Oredo and Uhunmwonde Local Government from Edo South, Esan West and Igueben from Edo Central and Etsako West and Akoko Edo from Edo North. In each
local government, a ward is selected and in the ward a street or a cluster of houses (in cases where settlements are not organized into streets) were selected.

In each of the local government areas 50 adolescents in school and 50 adolescents out of school were sampled. Thus giving us a total number of 100 in each local government thus a total of 600 adolescents are sampled in all. The number of the sample is assumed adequate to provide information on information acquisition behavior of adolescents in Adamawa State.

Questionnaire/interviews method was used for data collection. The questionnaire comprised both open-ended and close-ended questions. The questionnaire was self administered in the case of literate respondents and two research assistants were hired each of the zones to administer the questionnaire on respondents who could read or write. They were first trained on how to administer the questionnaire before being deployed to the field.

Result
Out of the 600 questionnaire administered 590 were returned useful thus yielding 98.3% return rate. Out of this number, 304 (54%) are female respondents while 296 (46%) are male.

The first objective of the study is to find out the sources of information on reproductive health by adolescents in Edo state. Result show that 127 (21.5%) respondents indicated that Radio is their source; 119 (20.2%) television; 92 (15.6%) places of worship; 63 (10.7%) Newspapers; 52 (8.8%) peers; 50 (8.5%) friends who are not peers; 41 (6.9%) Aunt/Uncles; 20(3.3%) Health centres; 7 (1.2%) mother; 5 (0.8%) father; and 14 (2.3%) others.

<table>
<thead>
<tr>
<th>Source</th>
<th>Number of Respondents</th>
<th>Percentage (%)</th>
</tr>
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<tbody>
<tr>
<td>Radio</td>
<td>127</td>
<td>21.5</td>
</tr>
<tr>
<td>Television</td>
<td>119</td>
<td>20.2</td>
</tr>
<tr>
<td>Places of worship</td>
<td>92</td>
<td>15.6</td>
</tr>
<tr>
<td>Newspapers</td>
<td>63</td>
<td>10.7</td>
</tr>
<tr>
<td>Peers</td>
<td>52</td>
<td>8.8</td>
</tr>
<tr>
<td>Friends other than peers</td>
<td>50</td>
<td>8.5</td>
</tr>
<tr>
<td>Aunt/uncles</td>
<td>41</td>
<td>6.9</td>
</tr>
<tr>
<td>Health centers</td>
<td>20</td>
<td>3.3</td>
</tr>
<tr>
<td>Mother</td>
<td>7</td>
<td>1.2</td>
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<tr>
<td>Father</td>
<td>5</td>
<td>0.8</td>
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<tr>
<td>Other</td>
<td>14</td>
<td>2.3</td>
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<tr>
<td>Total</td>
<td><strong>590</strong></td>
<td><strong>100</strong></td>
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The second objective is to find out the sources of reproductive health information most preferred by adolescents in Edo State. Result show that 104 (17.6%) prefer radio; 89 (15.1%) television, 61 (10.3%) & Health centres; 56 (9.5%) place of worship; 51 (8.6%) mothers; 35 (6.0%) friends 34(5.0%) fathers; 29 (4.9%) aunts; internet; 10(1.7%) preference and 6(1.0%) others.
Table 3: Source Preference by Adolescents

<table>
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<tr>
<th>Source</th>
<th>Number of Respondents</th>
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</tr>
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<tr>
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<tr>
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<td>5</td>
<td>0.8</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
<td>2.3</td>
</tr>
<tr>
<td>Total</td>
<td>590</td>
<td>100</td>
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The third objective is to find out the perception of reproductive health. Data show that 321 (54.4%) of the respondents perceive reproductive health positively, 260 (44.1%) perceive reproductive health negatively; while 9 (1.5%) are neutral on their perception as shown graphically on table 3, below. Most of those who perceive reproductive health as positive said it afford the youth to:

- Guard against unwanted pregnancy
- Protect them against sexually transmitted infections like HIV/AIDS
- Save them from pains of illegal abortion

While those who perceive reproductive health negatively indicated among others that:

- It is against their religious/cultural beliefs and teachings, which forbid open discussion of sexual issues.
- Encourages illicit issues
- Against their culture
- Lead to increase in the spread of sexually transmitted diseases and HIV/AIDS
- It is a taboo

Table 3: on the perception of reproductive health by respondents

<table>
<thead>
<tr>
<th>Response</th>
<th>No of response</th>
<th>Percentage %</th>
</tr>
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<tbody>
<tr>
<td>Positive</td>
<td>321</td>
<td>54.4</td>
</tr>
<tr>
<td>Negative</td>
<td>260</td>
<td>44.1</td>
</tr>
<tr>
<td>Neutral</td>
<td>9</td>
<td>1.5</td>
</tr>
<tr>
<td>Total</td>
<td>590</td>
<td>100%</td>
</tr>
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Discussion

The first research question is “What are the sources of information for adolescents on reproductive health in Edo State? The result show that adolescents rely on variety of sources. However, the finding show a heavy reliance on mediated source, chiefly radio, television, places of worship and newspapers. Majority of the respondents mentioned radio perhaps because if its low cost reception and ubiquity. This finding conforms to numerous other which show the primacy of mass media in disseminating health information to all strata of the society (see Federal Ministry of Health, 2003; Pate and Umar, 2003, Mehrel et al, 2002). The mediated sources of reproductive health information in total account for 54.4% of the respondents which by all account is very high. By implication, the mass media programmes should be given more support because of the large number of respondent who rely on them for health information most especially adolescents. If such heavy reliance is adequately utilized, a number of adolescent health problems in the state and similar states can be reduced. This brings to fore issues like the reliability of the mediated messages, the quality and the quantity of the information. The media regulators, media organizations and health practitioners need to partner in producing health programmes.

Another significant aspect of the finding is the issue of places of reproductive health. In most of the literature reviewed the places of worship did not feature as prominent source of information of reproductive health. However, places of worship are the third most significant source of information in this study. This is a good indicator of the need to mobilize religious leaders in educating adolescent on reproductive health perhaps because of the relative high believability of religious leaders. The finding also confirms the assertion that most useful information is acquired from people whom the respondents have weak links (Watzand stogatz, 1998).

The second research question is “which source of information on reproductive health to adolescents in Edo State most prefer? The respondents indicated preferring on mostly and mediated sources of information on reproductive health (see Table 2) although that account for 38.6% of the respondents although mediated sources in actual sources is higher (54.4%). Also, there is high response on preference for health centres on reproductive health. This is also good and encouraging as health practitioners are among the most reliable and encouraging as health practitioner are among the most reliable and credible source of health information. The finding which shows less preference to parent, relatives and peer is also a strong pointer to the argument that the youth prefer acquiring sensitive information from largely anonymous group (Manning and Balson, 1989). Radio is indeed a good anonymous source but televisions can provide additional information to the latter.

The third research question is “What is the perception of reproduction health by adolescents in Edo State? The positive perception of reproductive health (54.4%) is a positive sign in that studies have indicated that in some communities there are negative perceptions of reproductive
health because of it is being equated with family planning which is abhorred by the people (WHO, 1998).

This finding reaffirms the strength of the uses and gratifications approach in that the respondents strongly affirmed their strong reliance as well as preference for largely mediated sources of information on reproductive health. However, the weak showings of the close source like parents, peers, uncles/aunts, need to be seriously looked into. This is also important because close people need to be involved in the exchange of information on reproductive health as they have more capacity in recapitulating, customizing and understanding the respondents that distant source like the mass media.

Conclusion
The aim of the study is to examine the sources of information and perception of adolescents on reproductive health. It is found that adolescents in Edo state rely more and prefer mediated sources of information on reproductive health. Also, it is found that adolescents in the state perceive reproductive health information positively. The impact of these findings is that mediated channel is the most effective channel for reaching adolescents in Edo State. If one adds that fact that reproductive health is viewed positively, a powerful instrument is there for programme planners and implementers to assist adolescent in Edo and similar state tackle issues like unwanted pregnancies, aborting, HIV/AIDS and other STIs, as well as improved mental and environmental conditions. However, as the study is limited to one state, it cannot be generalized to all states in the federation.

Recommendations
1. The Revised National Policy (2004) has enumerated a number of strategies and interventions targeted particularly to adolescents in the country. Such strategies includes: the inclusion of reproductive health in the curricula, the establishment of adolescent reproductive health, etc. however, experience indicate that in Edo State like many other states show that the policy is not being put into practice. Various governments need to therefore collaborate to implement the good policy, which will no doubt, help adolescents.
2. Adolescent health programme planners and scholars need to re-strategize in combining the use of mediated and non-mediated channels appropriately so as to achieve better impacts.
3. More collaborative research need to be carried out on the quality of information received by adolescents so as to verify their reliability.

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