

The Youth Advisory Centre and Contraception: Perception of Female Medical Undergraduates in Ebonyi State, South East Nigeria

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Abstract

Background: Contraception prevents unwanted pregnancy. However, there remains an unmet contraceptive need and one of the contributory factors has been poor utilization resulting from lack of privacy, especially for the youths, at institutions offering family planning or contraceptive services. Youth friendly centres are established to ameliorate this. However, the extent to which the youths are aware of the existence of these centres and their services remains in doubt.

Aim and Objective: This study seeks to evaluate the sources of contraceptives amongst Female medical undergraduates and their awareness of the Youth Friendly Centres.

Materials and Methods: A cross sectional survey of female medical undergraduates of Ebonyi State University was done in November 2007 using self-administered questionnaires and focus group discussion was carried out. Information obtained was analyzed using Epi-info 2005 version 3.3.2. Statistical package

Result: Two hundred medical students at 100-600 levels participated in the study but 170 were analyzed. The respondents were aged 19 to 34 years, with a mean of 25.6 (± 8) years. The modal age range was the 20 to 24 year age group (42.4%). Sixty-six or 38.8% were sexually active of whom 60 or 90.9% used contraception. Thirty-six or 60.0% of the subjects who used contraception were introduced to it by their friends or peers. The condom (58 or 96.7%) and the pills (20.0%) were the commonly ever used methods. Students sourced contraceptives from pharmacy shops 83.3% (50) and private clinics 53.3%(32) among others. Only 14.1% (24) of the respondents were aware of the existence of the Youth Advisory Centre at Ebonyi State University Teaching Hospital, Abakaliki but none had ever utilized its services

Conclusion: the Youth Friendly Centre is not being utilized by the youths for contraceptive services. There is need for mass campaign amongst the youth on the existence of this centre and the services it offers.

Key Words: Youth Friendly Centre, Source, Contraception, Undergraduate

Introduction

Contraception is the prevention of conception or impregnation by methods other than abstinence from coitus¹. It has throughout the ages been a controversial subject in different cultures and societies. Even though there is this universal desire to control childbirth, conservative attitude has limited its availability and development². Different methods are available today^{2,3,4,5,6,7}. They include, Oral contraceptives, Injected steroidal contraceptives, intrauterine devices, transdermal and transvaginal steroidal contraceptives, physical, chemical, or barrier techniques, pre-ejaculatory withdrawal, breast feeding and permanent sterilization⁸. Sources for

procurement include; Government facilities, Pharmacy or private clinics, markets, health programmes by different Non- Governmental Organizations (NGOs), Government field workers and Youth Advisory Centres^{9,10,11,12,13}.

Unwanted pregnancy has been cited as a consequence of low contraception use in developing countries¹⁴. This has also been a

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Table 1
Socio-biological variables of the study population.

Characteristic	Frequency	%	95% Conf. Limits
Age (years)			
≤19	36	21.2%	13.1%-31.4%
20-24	72	42.4%	31.7%-53.6%
25-29	50	28.2%	19.0%-39.0%
≥30	2	1.2%	0.0%-6.4%
Not documented	10	7.0%	4.0%-11.2%
Marital Status			
Married	18	10.6%	0.2%-16.1%
Single	152	89.4%	84.9%-99.8%
Sexual Activity			
Sexually active	66	38.8%	28.4%-50.0%
Not sexually active	104	61.2%	50.0%-71.6%

reason for the high prevalence of unsafe abortion with its sequelae. Young women experience a high risk of unplanned pregnancy and HIV because of their limited knowledge about sexual and reproductive health. In the United States the rates of unintended pregnancy in the United States are staggering: approximately half of all pregnancies are unintended¹⁴.

In 2008, Nigeria's adolescent fertility rate was 123 births per 1000 women aged 15 to 19 years and Nigerian women averaged more than five births during their lifetime¹⁵. Teenage mothers were more likely than older women to suffer from serious complications during delivery resulting in higher morbidity and mortality for both mother and infant. Among sexually experienced Nigerian youths aged 18 to 24 years, 72% of males and 81% of females had ever used contraception¹⁶. Males were most likely (43%) to have used condoms and females (31 percent), the rhythm method¹⁶. In Nigeria in 2008 about seven percent of married teenage women reported using any method of contraception; about 6.1% used a modern method. While 64.5%

of unmarried, sexually active teenage women used any method of contraception; About 56% used a modern method¹⁵. Nigeria's STD and HIV Control estimates that more than 60 percent of new HIV infections occur in the youth ages 15 to 25¹⁷. The contraceptive prevalence rate among the aged group 15-19 in Nigeria in 2008 is 10.5%¹⁵.

Contraceptive needs for the youth include information about human sexuality and fertility, information about how to prevent pregnancy and sexually transmitted diseases, skills in how to resist pressure to engage in unprotected sex and the last but not the least, access to contraceptive services and products in order for them to reduce the risk of infections and unwanted pregnancies⁹.

While the knowledge of the existence of contraceptive methods is increasing there remains the problem of unmet need. Government health institutions as a source for contraception has been shown to be of little use as service points are few and limited to morning working hours¹³. This led to wide advocacy for

Table 2
Contraceptive methods ever used

Contraceptive Methods	Number	%	Conf. Interval
Injectables	0	0.0	0-0%
Pills	12	20.0	17.0%-45.5%
Implants	0	0.0	0.0%-0.0%
IUCD	0	0.0	0.0%-0.0%
Barrier	58	96.7	75.7%-98.1%
Others specify	0	0.0	0.0%-0.0%

establishment of Youth Advisory Centre in many institutions all over the world¹³.

Studies have shown the effectiveness of the Youth Friendly Centre as a ready source of contraception⁹. It also has facilities for sexuality education, reproductive and sexual right education. And in many parts of the world, have reduced the incidence of unwanted pregnancies among teenagers and youth¹³. Understanding youth sexual behaviours and contraceptive use can help improve policies addressing reproductive health knowledge and behaviour among young women. Increased knowledge can empower them to have more control over their reproductive health. Improvements in sexual health behaviour and knowledge among the youth can lead to a decrease in the spread of STIs including HIV infection as well as fewer unplanned pregnancies, which will allow for a healthier generation of families¹⁹.

This study assesses the sources of contraception with special attention to the utilization of the Adolescent and Youth Advisory Centre in Ebonyi State. The Adolescent and Youth Advisory Centre in EBSUTH was established in 2004. In-unit analysis has revealed that utilization is low. This study will seek to know the reasons for the low utilization with the aim of providing solutions.

MATERIALS AND METHOD

Study Site and population /Background
Ebonyi State in Southeast Nigeria is home to about 2.5 million mainly Igbos of Nigeria²³. It

spans 5,530Km²³ and comprises mainly rural communities with only Abakaliki the State capital having an urban setting. It is primarily an agricultural region. Illiteracy and poverty are prevalent²³.

The Youth Advisory Centre is located in the hospital well away from the clinics. It provides family planning needs of adolescents and young adults. Family Life Education (F.L.E.) and counseling on sexually transmitted diseases are done at the centre. Contraceptive services in the form of condoms, vaginal foaming tablets and oral contraceptive pills are provided when necessary. Career counseling and recreational facilities are also provided. The centre is located outside the paediatrics department to ensure that the target population has free access without fear of molestation or embarrassment. All adolescents and young adult patients managed for problems preventable by contraception such as unwanted pregnancy and illegal abortion are referred to the centre for counseling and follow-up.

STUDY DESIGN

This was a survey using mixed methods of investigation. Firstly there was a cross sectional questionnaire-based descriptive study (Quantitative). First to sixth year level female medical undergraduates of Ebonyi State University who consented to participate in the survey were recruited. The investigators and their trained research assistants who were resident doctors approached the students

Table 3
From where do you usually get your contraceptive?

Sources of contraception	Number	Percentage	Confidence Limit
Government facilities	6	10%	2.1%-26.5%
Hospital	0	0%	0.0%-0.0%
Private Clinics	32	53.3%	34.3%-71.7%
Pharmacy (Chemist shops)	50	83.3%	65.3%-94.4%
Youth Advisory Center	0	0%	0.0%-0.0%
Open Market	2	3.3%	0.1%-17.2%

individually before or after scheduled lectures. This was to explain to them the aim of the study and to seek their consent. The questionnaires were distributed with the help of students who were members of the Vincent Emeka Egwuatu (VEE) Medical Research club. Approval for the study was obtained from the Dean of the Faculty of preclinical and clinical Sciences who helped in providing the total number of medical students. The questionnaire consisted of a single page of simple questions on personal and demographic data, including: present age, marital status, sexual activity, contraceptive use and which type, source of contraceptives, knowledge of the Youth Advisory Centre and its use, availability of stocks at the source of procurement and impediments to procurement information on the source. Source of knowledge of contraception was also sought. Permission to approach the students for the study was obtained from the Deans of the Faculties of preclinical and clinical Medicine. Ethical approval was obtained from the ethical Review Board of

the Teaching Hospital.

The qualitative arm was accomplished via focused group discussions (FGD), six in all, each consisting of five to eight students. It took about three days to accomplish. This was done in the classrooms when not in use and at other time in the open, in the hospital premises after evening tutorials. The students were given informed consent forms to fill which has what the discussion will concentrate on. Those who consented participated in the discussion. The author and two other residents led the discussion and discussion was in the English language. The FGDs explored their knowledge of contraception, preferred source of contraception and reasons for preference. Awareness of and utilization of the Youth Advisory Centre as well as information on ways to improve utilization were also elicited. The interviews were audio taped and transcribed and analyzed for both content and form.

Table 4

Know of the existence of the EBSUTH Youth Advisory Center

Know about the YAC?	Number	Percentage (%)	Confidence Limit
Yes	24	14.1	7.5-23.4%
No	146	85.9	79.6-92.5%
Total	100	100	

Statistical Analysis

The results were analyzed using using Epi info 2005 soft ware version 3.3.2. provided by the Centre for Disease Control and Prevention (CDC) Atlanta, USA. (CDC. Atlanta USA). A questionnaire was constructed at the make view field. The check option was used to minimize errors arising from inconsistent and illegal entries. Then data was fed into the computer at the Enter Data package. The frequencies were computed using the Data Analysis component and generated for all categorical variables. Means and standard deviations and other descriptive measures were determined for the quantitative variables.

Results

Of the 200 questionnaires, one hundred and seventy questionnaires were completed correctly (93.4%). The respondents were between 19-34 years (mean 25.6±8.0 [SD] years. Majority 72 or 42.4% belonged to the 20-24 year old group Table 1. Of the 170 respondents 66 (38.8%) were sexually active out of which 60 were found to be using contraceptive methods at the time of the study giving a contraceptive prevalence of 90.9% among the sexually active female medical students.

Table 2 assessed the different methods of contraceptive used. The methods commonly used were barrier methods 58(96.7%) followed by pill 12(20.0%).

Table 4 assessed the sources of contraception. Among the sources of contraception, pharmacy or chemist shops ranked highest i.e. 50(83.3%) followed by private clinics 32(53.3%). Others included Government facilities six (10.0%) and open market two (3.3%). No student procured any form of contraceptive from hospital, clinics, and or the Youth Advisory Centre.

Knowledge of the Youth Advisory Centre among the students was evaluated in Table 5. Only 24(14.1%) of the 170 respondents were aware of the Youth Advisory Centre in Ebonyi State University Teaching Hospital and none had ever visited it for advice or for contraception.

Table 6 assessed the source of information about contraception. About 36 of the 60 (60.0%) were

introduced to contraception by their friends or peers and this was the commonest in the study. This was followed by the electronic media 10(16.7%) and then the print media 8 (13.3%). Others were school teachers (13.3%), medical personnel (10.0%) and Internet (3.3%). Of those who use contraception, eight (Cf: 6.8%-49.9%) said that cost had at one time affected their purchase of contraception.

Findings from the Focus Group Discussion
Awareness of the existence and function of the Youth Advisory Centre (YAC).

The knowledge of the actual role and need for the YAC was poor among the students. None did appreciate that contraception advice and different contraceptives can be obtained at the centre. They mostly thought it was set up for HIV counseling and recreation. The feedbacks were as follows:

"I know it was made for HIV counseling and rehabilitation. I saw a poster about violence so maybe it is meant to take care of such cases".

" Yes I know where it is located we pass it everyday and I believe it is meant for counselling".

" Is it not that place boys play tennis and snookers? And I also see nurse having meeting there occasionally."

Contraceptive Methods and Place of Procurement.

The knowledge on the different kinds of contraceptives was adequate. To the question on the preferred contraceptive method if they were to be sexually active, they all echoed barrier method!. Reasons for the preference included but were not limited to these:- that it does not require skill, no side effects, need no education to use (not even for starters) and therefore private, the boys carry them about, it is so readily available, it is cheaper, and it protects against sexually transmitted diseases.

Someone had this to say:

"you know, since we were preventing pregnancy, condom is preventive while pill is curative". Another student quickly added *"no now, pills are used for prevention too."*

An extensive discussion was made on why

Table 5**Who introduced you to your source of contraception?**

Source of information	Number	Percentage	95% Conf. Limit
a) Friends/peer	36	60.0	40.6%-77.3%
b) Medical Personnel	6	10.0	2.1% -26.5%
c) Print Media	8	13.3	3.8% -30.7%
d) Electronic Media	10	16.7	5.6% -34.7%
e) Internet	2	3.3	0.1%-17.2%
f) Church	0	0.0	0.0% -0.0%
g) School	8	13.3	3.8%-30.7%

students prefer the Pharmacy/Chemist shop for procurement of contraceptive. One of the students then took the stage and said.

"chemist is preferable because, one, it is private, no protocols, you know in the teaching hospital you must first need a prescription paper then you go to the pharmacy and wait for two hours to get drugs. Nobody has that time."

"But it is supposed to be free?"

"Those contraceptives that are free are never available!" replied a student.

Yet another added *"Other reasons why the chemist is preferred include: it is always available, nobody knows you, no records, the best products are usually recommended by the dealer who wants to sell his product, but a doctor will want to dissuade you and interfere with your feelings"*.

"There is also this relationship established when you meet a doctor for your needs not so with a patent medicine dealer just business and all part their ways".

Another added.

"The dealers also know the different special name given to the product like raincoat but a doctor will just call it, condom"

"Also, when you go to the hospital, people will think you are sick and as for that youth centre?"

Ha! They will think you have HIV".

Utilizing the YAC

Some of the reasons given for low utilization of the Youth Friendly Centre include lack of knowledge of its existence,

"It is not easy entering the centre, if they know people know what is done in the centre especially in this hospital environment"

"It is possible one feels one may not be handled properly".

"It is not in our culture to go for help about sexuality because of how our society handles such issues. This is a small place any small rumour can damage any girl".

Any solutions to encourage utilization of the Youth Friendly centre?;

"Stop the boys from taking over that place" Said a student. She was made to know it is part of the structure. *"then let them provide things for girls too"* She reiterated. Other suggestions were;

"Carry out a youth programme and educate people on what it is all about and if possible include workshops for skill acquisition".

"A signpost is needed at the gate to inform the public"

"The people who are managing that centre are important too, they should be innovative". These are few of the many answers given during the

discussion.

Discussion

Of the 170 respondents 66 (38.8%) admitted to being sexually active. These results are similar to those of a study by Adinma (1995) among undergraduates in the Anambra state of Nigeria. He reported sexual activity among 36.6% of nonmedical student and 20.7% among medical students²¹. Reported sexual activity was higher among undergraduates in Uganda (42.0%)²². This study shows that the commonest method of contraception used was the barrier method (96.7%). This is similar to the finding in Ibadan (82%)²³, but higher than in Kampala, Uganda (48.9%)²². A study by Correia (2009) in Brazil showed barrier and hormonal methods to be the most mentioned method (72.4%) and barrier method alone was about 35.9%²⁴. It also reported that only 37.9% of sexually active respondents used contraception which is much lower than the one from our study (90.9%). This marked difference must have been as a result of the study population in our study who are mainly medical students.

Adeleye found that the source of information about contraception from all the respondents in his study among female undergraduates at Ibadan, was mainly interpersonal contact²³. This is similar to our finding were 60% indicated friends/peer as the primary source of information. In a southwest tertiary institution in Nigeria peer group was also the commonest source of information²⁵. Dedicating resource into educating youths on these issues might have a multiplier effect. The youths, themselves, are the best guide for expanding contraceptive options and access. Programs should go to where young people are, offering detailed information and skills development for the prevention of sexually transmitted diseases and pregnancy through abstinence or use of contraceptives for sexually active youth. Young people should also be integrated into programme planning, implementation, and evaluation so that their concerns about available options and access issues are better understood and addressed.

Other important avenues include print media and the schools. In our study it ranked second as

the primary source of information, 16.7%. It should be noted that the church was virtually not mentioned as a source of information. In an environment where religion has a powerful influence on issues pertaining to sexuality nothing much may be achieved unless the church breaks its silence about human sexuality. Medical personnel, as a source of information ranked quite low. Many studies have documented the unfriendly attitude of healthcare providers to youth seeking contraception⁹. The need for training of healthcare providers on the peculiar nature of adolescent and young people's reproductive health issues and rights, on counseling techniques, and on youth-friendly interactions can not be over-emphasized. The Medical personnel have a wealth of knowledge on contraception and effort must be made to enable the healthcare providers know about their all important role in influencing young people's behaviour. This subsequently may lead to increase uptake in contraceptive practices.

The Pharmacy/Chemist shop was the most preferred source of contraception (83.3%). This is similar to findings in other studies¹⁰. Reasons given for its preference include: the availability of regular supplies, privacy, confidentiality, no relationship are created or established, more friendly shop keepers. The shop keepers even suggest that their products are better and encourage one to return. There are no protocols, does not require prescription and being seen in that environment is not associated with being ill. Also the shop keeper understands special name given to the methods. Some of these reasons have been documented by other researchers. While low utilization of government facilities was due to, attitude of care givers, attempts to dissuade clients, there is this doctor patient relationship established that is uncomfortable, records are kept and can be referred to at any point, the need for prescription and long wait to get supplies, and there is this "stigma" attached to "seeing a Doctor". Any attempt to encourage youths to use hospital faculties must address the above listed issues.

It was observed that undergraduates in Ebonyi State University had little or no knowledge of the

existence of the Youth Advisory Centre and so do not make use of it. The few that indicated knowledge but not using the Centre during the focused group discussion gave quite a number of reasons that needed attention.

Some of the reasons provided for the low utilization of the centres include, lack of knowledge about its existence, the services available, its location (too close to hostel), and its association solely with HIV counseling. Some solution suggested during the focus group discussions include. The creation of awareness about its existence, enlarging make the signboard, and positioning another signboard at hospital entrance. Youth programmes during which information is directly or indirectly given and recreational activities suitable for both genders suggested. This in fact has worked for many such centres with the help of non-governmental organizations.

In January 2001, the planned Parenthood Association of Ghana (PPAG) implemented an "innovate" to increase young people's sexual health, knowledge, access to reproductive and sexual health services demand for use of such services, and participation in the planning implementation, and evaluation of the programme. They opened the young and wise centre at its headquarters in Accra where they provided youth clinic, counseling unit, main hall, library, and computer centre. These offered a range of educational, artistic and entertainment activities. Providing non-sexual health services enabled PPAG to effectively deliver sexual health education and services to the youth. They promoted the services of the centre through outreach and television, radio, print, and electronic media. Its environment, operating hours, staff attitudes, privacy, and policies on confidentiality are all youth friendly. Trained youth (paid and volunteer) manage the centre. The youth participated at every stage of the project, giving young people sense of ownership and attracting both new and return clients of varied socioeconomic background. The operation was highly successful and attracted funding from other NGOs²⁶. Similar projects in Uganda in 1998 by Family Planning International Assistance and Kenya in 1999 were also successful²⁷.

In Zambia, following the introduction of youth friendly services in two pilot clinics in Lusaka, the number of new contraceptive users among clients aged 10 to 24 years nearly tripled²⁸. Neukom reported increased use of services by the youth and improved access to condoms when a youth focused marketing program was introduced, coupled with the training of 30 providers in youth friendly services, contraception, and STI treatment was carried out in Madagascar²⁹.

The youth centre at EBSUTH was established by UNICEF. There is an urgent need to look at the centre again, and reorganize it to serve its purpose, taking into consideration the suggestions made by the students (the youths themselves) and possibly replicating or modifying the above cited programmes in culturally appropriate ways that should be most suitable for our environment.

The study (especially the focus group discussions) was carried out among clinical medical students whose course of study may influence behaviour with regards to use of and source of procurement of contraception and may not represent the behaviour of the total population.

The investigator is involved in the training of these students and the resident doctors also part of their trainers the responses even though is said to be anonymous might also have been influenced by social desirability this really was a problem in the design of this study; one would have used assistants not involved in the students' training at all.

Conclusion

Understanding the source of contraceptive commodities is an important aspect of the delivery of family planning services and is required by planning programme managers for strategic planning purposes. The findings from this study have shown that knowledge of the existence of the Youth Advisory Centre at EBSUTH and the services it provides is low in quality. This is probably the reason for its low utilization by the target group. The need for wide spread information about the existence of the

YAC and its functions, specifically targeted at the younger age groups is advocated if the incidence of unwanted pregnancy and criminal abortion is to be reduced.

Friends and the media are important sources of information on contraception. and therefore peer educators and the print and electronic media can be used in disseminating information on the existence of youth advisory centre. Awareness programmes should address the

barriers to effective use of the Youth Advisory Centre and the efforts being made to improve on the services. *There is a need for a mass campaign on the YAC and, its function. The support of the EBSUTH and donor agencies in ensuring an unlimited supply of contraceptive is crucial. These services including counseling on reproductive health should be available all the time. This can be achieved by a concerted effort on the part of the health institution, schools, NGOs and government organizations.*

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