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Gender Interplay on the Knowledge of Youths to Sexual and Reproductive Health Services in Southern, Nigeria

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Abstract: This research study investigated the interplay of gender dynamics concerning sexual and reproductive health (SRH) services among youth in Southwest Nigeria.The research findings shed light on the knowledge levels of youth regarding SRH services, the attitudes of youth on SRH services in the south west, Nigeria. The study employed a mixed-methods approach, combining qualitative and quantitative data collection methods. A total sample of youth 1200 aged 15-35 was selected from various communities in the Southwest region of Nigeria. Data were collected through structured questionnaires and focus group discussions. Respondents were 73% single about 21% married 1.2% widowed 2.3% separated and 1% divorced. Findings reveals inadequate knowledge of sexual and reproductive health as most of the respondent knowledge was based on myths and cultural /social norms rather than facts. For instance 72% of both sexes agreed that a woman can stop growing after first intercourse and 77% agreed that masturbation is a serious health threat. On Attitudes of youth to sexual and reproductive health services, this study discovered more than 715 of the respondents had their first sex before the age of 18years; however, less than 30% used any form of contraception during their first sex. 66% had between 0-5 sexual partners in their lifetime and about 61% of the respondents were aware of sources of STI treatment. The research finds males hold primary decision-making power on SRH service use, marginalizing female youth. The study recommends and Urgent policy reforms to include establishing youth-friendly SRH centers, educational campaigns, and promoting equitable decision-making to empower youth and improve SRH service access to address the major challenges discovered.

Keyword: *Gender, Interplay, Knowledge, Attitudes, Youth.*

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I. INTRODUCTION

The World Health Organization (WHO, 2010) defines sexual health as a condition of holistic well-being—physically, emotionally, mentally, and socially—in the context of sexuality. It goes beyond the mere absence of disease or dysfunction. Achieving sexual health requires a positive and respectful attitude toward sexuality and sexual relationships, and the possibility of safe and pleasurable sexual experiences free from coercion, discrimination, and violence. For sexual health to be maintained, the sexual rights of all individuals must be acknowledged and upheld.

Similarly, WHO (2014) describes reproductive health as a state of complete physical, mental, and social well-being in all aspects relating to the reproductive system and its processes—not just the absence of illness. This encompasses the ability to have a satisfying and safe sexual life, the freedom to decide if and when to have children, and access to appropriate, affordable, and lawful methods for family planning. It also includes access to quality health services for safe pregnancy and childbirth, which ensures the well-being of both mother and child (Fathalla & Fathalla, 2017). This comprehensive definition integrates elements of sexual health, reproductive autonomy, and maternal care.

The Global Accelerated Action for the Health of Adolescents (AA-HA!) emphasizes the urgency of addressing adolescent health challenges. In low- and middle-income countries, maternal mortality remains the primary cause of death among adolescent girls, while HIV is the fourth leading cause of death among adolescent boys in sub-

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Saharan Africa. Despite high levels of HIV awareness, adolescents—especially those aged 10 to 14—often lack crucial knowledge about other aspects of sexual and reproductive health (SRH), such as menstruation and sexually transmitted infections (STIs). To improve SRH outcomes, it is vital to deliver age-appropriate and comprehensive information that empowers adolescents to make informed decisions regarding their health (Finlay et al., 2020).

Sexual behavior among youth varies widely and can include both individual and partnered activities, influenced by biological and cultural factors. Kaufman (2021) describes sexual behavior as a broad range of expressions, from solitary practices like masturbation to partnered interactions such as intercourse or non-penetrative sex. It also includes behaviors intended to initiate or enhance sexual experiences, such as courtship or arousal.

Young people continue to face major barriers in accessing SRH information and services. These barriers are reflected in the high rates of unintended pregnancies, maternal deaths, and HIV infections. For instance, adolescent girls aged 15 to 19 are twice as likely to die from childbirth-related causes as adult women, and nearly 50% of all new HIV infections occur among youth aged 15 to 24 (UJPH, 2019). These poor health outcomes have far-reaching implications not only for young people but also for their families and broader societies.

The demand for adolescent SRH services has never been more pressing. With today's youth population being the largest in history, and with trends showing delayed marriage and increased sexual activity before marriage, there is a growing need for effective health services and accurate information. The AIDS epidemic has further underscored the importance of accessible and youth-friendly services. Although many countries are making efforts to provide these services, a persistent misconception remains that offering SRH services promotes promiscuity among adolescents. In reality, such services should be part of a more comprehensive support system that includes counseling, education, and social services.

This study examines the gendered dimensions of knowledge and attitudes toward SRH services among youths in Southern Nigeria. By exploring how gender roles, expectations, and identities affect young people's SRH behaviors and service utilization, this research seeks to contribute to evidence-based interventions that are responsive to the specific needs of both male and female youths. The findings aim to inform policies and programs that promote equitable access to SRH services, enhance health literacy, and foster a supportive environment for youth empowerment and gender equality in health.

II. LITERATURE REVIEW

Youth understanding of sexual and reproductive health (SRH) plays a vital role in fostering healthier outcomes and empowering informed decision-making. However, in Southern Nigeria, gender-based disparities persist in SRH knowledge due to the complex interactions of cultural, religious, and institutional influences. Gender norms and roles shape how young individuals access and process SRH information, subsequently affecting their health-seeking behaviors and overall well-being (Adejoh, Usman, & Nwankwo, 2023).

Generally, adolescents in Southern Nigeria demonstrate a fair level of awareness on SRH topics such as menstruation, contraception, and sexually transmitted infections (STIs). Yet, there are marked gender differences in the accuracy and depth of this knowledge. Research by Oginni, Aluko, and Bello (2022) indicates that male adolescents in secondary schools often express greater confidence in their understanding of SRH matters. However, their information sources tend to be unreliable, including peer groups and digital platforms. In contrast, female adolescents despite their cautious self-assessment encounter greater obstacles in accessing credible SRH information due to restrictive cultural norms, stigma, and societal taboos.

A qualitative investigation by Nwokocha, Emeka, and Ibanga (2020) revealed that many adolescent girls in South-South Nigeria had limited comprehension of reproductive rights, contraception, and safe sexual practices. A key contributing factor was the cultural silence surrounding sexuality, particularly for girls, which discouraged open discussions and perpetuated misinformation. Meanwhile, boys were more likely to explore these subjects independently, albeit without formal guidance, leading to misconceptions about key topics like condom usage and STI prevention.

The school environment, which could provide equitable access to SRH education, often reflects the same gender biases seen in society. Oyo-Ita, Effiong, and Inyang (2021) reported that female students frequently received inadequate instruction on sensitive SRH subjects in mixed-gender classrooms. Teachers often skipped or minimized these topics, creating unequal learning opportunities. Although male students were exposed to more SRH discussions, the information was often incomplete and reinforced gender-based stereotypes, particularly concerning sexual dominance and activity.

An evaluation of a youth-centered health initiative by Onah, Uche, and Ibeh (2021) demonstrated the value of gender-sensitive interventions. The study found that girls who previously lacked SRH knowledge showed increased confidence in making informed decisions after participating in gender-segregated sessions. These sessions enabled both sexes to engage in open dialogue without fear of judgment, highlighting the importance of context-specific and inclusive educational strategies.

From a policy standpoint, Adejoh et al. (2023) argued for the need to implement gender-responsive youth-friendly services that bridge SRH knowledge gaps. Their findings showed that adolescents in urban areas especially boys were more likely to access SRH resources. In contrast, girls residing in rural or semi-urban locations faced structural and

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normative constraints that hindered their ability to obtain or utilize such services effectively.

Gender dynamics play a substantial role in shaping the SRH knowledge landscape among youths in Southern Nigeria. Although both boys and girls experience knowledge gaps, girls are disproportionately affected due to societal expectations, restricted communication pathways, and diminished social agency. To promote equity in SRH education and outcomes, it is essential for policies and programs to incorporate gender-transformative approaches that not only expand access to accurate information but also address the underlying social and cultural norms that hinder young people especially girls from fully benefiting from SRH knowledge.

III. RESEARCH METHOD

This study adopted a descriptive survey design. The researcher used questionnaires which provided quantitative data to explain the research questions and also ascertain the inferential relationship among the variables. The researcher also collected qualitative data using Focus Group Discussions (FGDs). The usage of both qualitative and quantitative instruments is to ensure that relevant and reliable data for the research work is gathered and used.

IV. DATA COLLECTION

- *Quantitative*:

The questionnaires were used to collect the quantitative data. The questionnaire was drafted to explain the objectives of the study.

- *Qualitative*:

In order to get in-depth information about the subject matter, Nine (9) focus group discussions were organized with a total of nine groups; male and female specific groups in each senatorial district of the sample state. Each group was made up of at least 5 to 9 male and female participants between the ages of 13-35 years (married and unmarried) in both rural and urban communities of the sample states.

V. RESULTS

Table1 Percentage Distribution of Religion and Education by sex of respondents

	Sex		
Variable	**Male (N=504)**	**Female (N=670)**	**Total (N=1,174)**
Religion			
Christian	376 (74.6)	522 (77.9)	898 (76.5)
Islam	111 (22.0)	128 (19.1)	239 (20.4)
Traditionalist	14 (2.8)	19 (2.8)	33 (2.8)
Others	3 (0.6)	1 (0.1)	4 (0.3)
Educational level			
No formal	27 (5.4)	25 (3.7)	52 (4.4)
Primary	18 (3.6)	18 (2.7)	36 (3.1)
Secondary	125 (24.8)	212 (31.6)	337 (28.7)
Tertiary	318 (63.1)	390 (58.2)	708 `(60.3)
Others	16 (3.2)	25 (3.7)	41 (3.5)

Source: Fieldwork, 2023

The table above showed the description of participants in terms of their socio-demographic characteristics, which include state, age, religion, educational level by sex of respondents. There are more Christians across gender – 75% of males and 78% of females were Christians. Information on religion shows that 77% of respondents were Christian in which 75% were male while 78% were female.

Educational level shows that the majority (60%) of respondents had tertiary education in which 63% were male while 58% were female. Again, 29% had secondary education in which 25% were male while 32% were female, 4% had no formal education in which 5% and 4% were male and female respectively. This clearly revealed that more male respondents are more educated than female, which could also be responsible for imbalance, inequality and power dynamics between both sexes.

Table 2 Knowledge on Sexual Health and Rights (Myths and Misconception)

	Sex		
Variable	**Male (N=504)**	**Female (N=670)**	**Total (N=1,174)**
I believe that a woman can get pregnant at first intercourse			
Yes	463 (91.9)	615 (91.8)	1,078 (91.8)
No	41 (8.1)	55 (8.2)	96 (8.2)
I believe that a woman can stop growing after first intercourse			
Yes	169 (33.5)	162 (24.2)	331(28.2)
No	335 (66.5)	508 (75.8)	843(71.8)

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I believe that masturbation is a serious health threat			
Yes	388 (77.0)	518 (77.3)	906 (77.2)
No	116 (23.0)	152 (22.7)	268 (22.8)
I believe that pregnancy is most likely to occur mid cycle of menstruation			
Yes	392 (77.8)	561 (83.7)	953(81.2)
No	112 (22.2)	109 (16.3)	221 (18.8)
Prompt awareness of pill and supply source			
Yes	360 (71.4)	432 (64.5)	792 (67.5)
No	144 (28.6)	238 (35.5)	382(32.5)
Prompt awareness of injectable and supply			
Yes	327 (64.9)	434 (64.8)	761 (64.8)
No	177 (35.1)	236 (35.2)	413(35.2)

Source: Fieldwork 2023

Table 2 above showed the percentage description of Sexual Healthknowledge and services such as pregnancy at first sexual intercourse, stop growing after first intercourse, masturbation as a serious threat, awareness of pills and awareness of injection and supply by sex respondents by sex of the respondents. It shows that 92% of both sexes had the knowledge that a woman can get pregnant at first intercourse. However, the majority (72%) agreed that a woman can stop growing after first intercourse (67% of male and 76% of females). This implies that the myths that the growth of female could be adversely affected by sexual intercourse are widely accepted in the South West, Nigeria. These myths however are not scientifically proven to be correct.

Table 4.3 also reveals that a majority (77%) of the respondents (77% of both sexes) agreed that masturbation is a serious health threat. However, it has no medically proven side effects. Studies have otherwise shown that it reduces the risk of prostate cancer in male. More than two-third (65%) of respondents (comprising 65% each for both sexes) had prompted awareness of injection and supply.

Table 3 Knowledge of Sexual Health and Rights (Forms of Contraceptives)

Sex			
Variable	**Male (N=504)**	**Female (N=670)**	**Total (N=1,174)**
Prompted awareness of periodic abstinence			
Yes	349 (69.2)	465 (69.4)	814 (69.3)
No	155 (30.8)	205 (30.6)	360(30.7)
Spontaneous knowledge of IUD, implant, jelly/foam, sterilization			
Yes	310 (61.5)	453 (67.6)	763 (65.0)
No	194 (38.5)	217 (32.4)	411 (35.0)
I agreed that condoms effectively protect against pregnancy			
Yes	431 (85.5)	516 (77.0)	947(80.7)
No	73 (14.5)	154 (23.0)	227(19.3)

Source: Fieldwork, 2023

Table 3 showed the percentage description of Sexual Healthknowledge and services such as Prompted awareness of periodic abstinence, Spontaneous knowledge of IUD, implant, jelly/foam, sterilization, condoms effectively protect against pregnancy and awareness of HIV/AIDS by sex of the respondents. The study found that more respondents (69%) of the respondents (69% for both sexes) were knowledgeable about prompted periodic abstinence. Sixty five percent (65%) of respondents, 62% of male and 68% of female had knowledge about IUD, implant, jelly/foam and sterilization. Greater proportion (81%) comprising 86% of male and 77% of females concurred that condoms effectively protect against pregnancy. According to this study, condom is the most know contraceptive among young people married and unmarried. This could be ass a result of its wide level of acceptability, accessibility and availability. The Majority (87%) consisting of 87% for both sexes were aware of HIV/AIDS. A focus group discussion participant also mentioned that her knowledge about Sexual Healthand right is bout prevention of unwanted pregnancy.

I have an understanding on what Sexual Healthis all about. With my "tintini" (little) understanding about it. I think Sexual Healthservice is about teaching the youth about preventing unwanted pregnancy, uhm... Doing family planning to prevent too many children and limiting poverty in our state and country and being aware of sexuality. ***(A 24 years old female from Ado-Ekiti, Ekiti State)***

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Table 4Knowledge of STIs Infection by Sex of Respondents

	Sex		
Variable	**Male (N=504)**	**Female (N=670)**	**Total (N=1,174)**
I believe that it is possible to cure AIDS			
Yes	289 (57.3)	367 (54.8)	656(55.9)
No	215 (42.7)	303 (45.2)	518 (44.1)
I believe that HIV-infected person always look unhealthy			
Yes	321 (63.7)	372 (55.5)	693(59.0)
No	183 (36.3)	298 (44.5)	481 (41.0)
I believe that condoms reduce risk of HIV infection			
Yes	432 (85.7)	552 (82.4)	984 (83.8)
No	72 (14.3)	118 (17.6)	190 (16.2)
I am aware of STIs			
Yes	407 (80.8)	511 (76.3)	918 (78.2)
No	97 (19.2)	159 (23.7)	256 (21.8)
I know symptoms of STIs in men			
Yes	385 (76.4)	440 (65.7)	825 (70.3)
No	119 (23.6)	230 (34.3)	349 (29.7)
I know symptoms of STIs in women			
Yes	332 (65.9)	460 (68.7)	792 (67.5)
No	172 (34.1)	210 (31.3)	382 (32.5)

Source: Fieldwork, 2023

Table 4 showed the percentage description of Sexual Healthknowledge and services such as knowledge of AIDS curative, HIV infected look unhealthy, condom reduce risk of HIV infection, STI infection by sex respondents. The study shows that more than half (56%) of the respondents (57% of male and 55% of female) agreed that it is possible to cure AIDS. This shows the level of knowledge about the treatment of AIDS among respondents. While HIV/AIDS can be managed through the administration anti-retroviral drugs, it cannot be cured as posited by majority of the respondents. Fifty nine percent (59%) consisting of 64% of male and 56% of females believed that HIV infected people always look unhealthy. This implies that that the indept and correct knowledge of HIV among young people is low because HIV infected persons do not have to look unhealthy especially when they are on routine medication and adhere to their drug regime. A substantial proportion 86% of male and 82% of females believed that condoms reduce risk of HIV infection. In addition, the majority (78%) comprising 81% of male and 76% of females were aware of STIs while 76% of male and 66% of females knew the symptoms of STIs in women. A focus group participant who mentioned that all she knew about Sexual Healthis ability to protect herself from sexually transmitted diseases.

"Sexual Healthhas to do with abortion, use of condom, prevention against STIs including HIV/AIDS" ***(26 years old female from Osogbo, Osun state)***

VI. DISCUSSION

The study reveals a concerning inadequacy in the understanding of Sexual Health (SRH) services among youth. Most respondents exhibited a grasp of major SRH components like contraception, sexual choice, and sexual violence, but their knowledge seemed largely rooted in social myths and misconceptions. For instance, a significant 59% believed that individuals with HIV always appear unhealthy. Additionally, only 29% of male respondents were familiar with periodic abstinence as a contraceptive method, while a larger percentage acknowledged condoms as the most suitable option for young people. This discovery corresponded with the findings of Finlay et al. in their 2019 study conducted across the African continent including south west Nigeria. Their research indicated that young people exhibited greater awareness of HIV compared to their knowledge of menstruation and sexually transmitted infections (STIs) other than HIV. This trend is attributed to the visibility of HIV as a dimension of sexual and reproductive health. Interestingly, a gender disparity emerged, with a higher awareness among female respondents regarding various contraceptive methods such as pills, implants, and IUDs. This gender-based contrast in contraceptive knowledge could potentially reinforce traditional reproductive responsibilities assigned to females. As noted by Manandha et al. (2018), societal norms often dictate gender-specific roles in risk-taking behaviors, particularly linked to masculinity. These behaviors encompass avoiding condom usage, increased substance abuse, and reluctance in seeking HIV testing and treatment. Such expressions of masculinity can adversely impact the health of girls and women, leading to issues like violence, sexually transmitted infections (STIs), and unintended pregnancies. Interestingly, 77% of respondents, both male and female, reported engaging in sexual intercourse with their boy/girlfriends, yet only 64% demonstrated knowledge of reliable sources for contraceptive methods.

These findings align with previous observations by UNFPA (2012), highlighting the limited access to

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information on Sexual Health (SRH) among young people in Nigeria. While a significant majority of respondents, comprising 71%, reported having their first sexual experience between the ages of 10 and 18, it is notable that only 57% of both male and female respondents acknowledged using contraceptives during their initial sexual encounter. This suggests that a considerable portion, approximately 42%, of male and female respondents did not utilize contraceptives during their first sexual experience. This could be as a result of ignorance or negligence. This also aligns with conclusion of Finlay et al 2019 where its stated that youths and adolescents are underserved when it comes to SRH knowledge dissemination. This includes knowledge of the risks of sexual debut, but also knowledge of services and products that would help them achieve positive sexual and reproductive health.

This lack of SRH knowledge is a cause for significant concern, as it suggests that young individuals might engage in sexual behaviors that expose them to considerable risks. The prevalence of multiple sexual partners and the disparity between sexual activity rates and knowledge of contraceptive sources underscore the urgent need for comprehensive SRH education initiatives targeting youth. Effective interventions should not only focus on disseminating information about contraception but also emphasize the importance of informed decision-making, safe sexual practices, and the accessibility of reliable SRH resources. Addressing these gaps in knowledge and behavior is crucial in mitigating the risks associated with unprotected sex and promoting healthier sexual behaviors among young people.

VII. CONCLUSION AND RECOMMENDATIONS

This study highlights several important aspects regarding the knowledge to Sexual and reproductive Health (SRH) services among youth in Southwest, Nigeria. Firstly, it was observed that the knowledge level of SRH services among the youth population was found to be low. This indicates a need for targeted educational programs and interventions to enhance awareness and understanding of SRH services, their importance, and the available options. Therefore there is urgent need for the following recommendations.

- Implement comprehensive and targeted educational programs that specifically address gaps in knowledge concerning sexual and reproductive health. These programs should encompass schools, community centers, and digital platforms to reach a wider audience. Engaging peer educators and utilizing culturally sensitive materials can enhance effectiveness.
- Conduct awareness campaigns aimed at transforming societal attitudes towards sexual and reproductive health, combating stigma, and promoting open discussions. Engaging community leaders, religious groups, and local influencers can help in disseminating positive messages and reducing judgmental attitudes.

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