

Enhancing Sexual and Reproductive Health Information of Adolescents as a Panacea to Curb HIV and AIDS in Nigeria

Patrick Ajibade*

*Department of Library and Information Science, University of Fort Hare, Alice,
P.B. X1314, Eastern Cape, 5700, South Africa*

KEYWORDS ASRH. Ecosystem. Information. Nigeria. Peer Education Training. Social Media. STI

ABSTRACT In order to evaluate the effectiveness of the information available to adolescents concerning sexual health, existing approaches need to be assessed to determine their efficacy as a means of reducing the vulnerability and exposure of adolescents to HIV and AIDS. This paper takes the form of a case study and makes use of Peer Education Training (PET) as an intuitive and innovative approach to enable adolescents to make informed sexual decisions to reduce the prevalence of HIV and AIDS in Africa. The data was gathered by observing the behavior of participants in Peer Education Training, as sharing information among peers within a single demographic group has been found to provide an effective way of encouraging communities to participate in and own their campaigns against the spread of HIV and AIDS. On the basis of the findings, the wide adoption of peer education campaigns within individual ecosystems is suggested as an effective means of mitigating the spread of sexually-transmitted infections, HIV and AIDS. Cultural and academic institutions could play a vital role in the designing and use of peer education information programs, and media-centered peer education can provide an effective means of transmitting information, which may be further enhanced through the use of gaming techniques.

INTRODUCTION

Peer Education Training was adopted as a strategy to stimulate discussion concerning the ways in which positive behavior among adolescents in the domain of Sexual Reproductive Health (SRH) might be encouraged. This paper focused on adolescents in Africa, making specific use of insights obtained from studying adolescents in Ibadan North in Nigeria, where it has been found that most of the young people and schoolgoing teenagers who fall prey to adolescent pregnancy, induced abortions and related sexual infections, do so as a result of a lack of awareness and appropriate information. This is possibly the result of the methods, which are being used to package and disseminate information appearing to be generic, with a limited repertoire of repetitive messages in the media.

In Nigeria, students in tertiary institutions are classified as belonging to mature age groups in terms of social norms and in the context of their ethno-cultural affiliation, they are deemed sufficiently mature to make informed decisions

concerning their Sexual Reproductive Health or SRH. However, this misconception often places adolescents at great peril, as their actual knowledge of their sexual anatomies and SRH tends to be either non-existent or else naive. This state of affairs is particularly prevalent among adolescents below university age, attending primary and secondary school in the southwest of Nigeria. In the eyes of society these teenage boys and girls are regarded as being too young to be engaging in sexual activity, which precludes meaningful discussion of the realities and the attendant risks of teenage sexuality. However, these perceptions are contradicted by high numbers of teenage pregnancies and abortions (Ikeako et al. 2015; Sule et al. 2015; Salami and Ayegboyin 2014; Ubajaka et al. 2014; Odagu et al. 2014; Archibong 1991; Brabin et al. 1995; Amazigo et al. 1997; Okpani and Okpani 2000; Olukoya et al. 2001; Orji and Esimai 2005). To date sexual and reproductive health has not been added to the Millennium Development Goals or MDGs, despite widespread unsafe and risky behavior being rampant among adolescents in poor neighborhoods (Glasier et al. 2006).

Prevalence of Sexually Transmitted Infections or STIs

It is important to understand the prevalence of STIs and related diseases as potential threats to the stability of the African continent. Laissez-

*Address for correspondence:

Patrick Ajibade
Department of Library and Information Science,
University of Fort Hare, Alice 5700,
P.B. X1314, Eastern Cape,
South Africa
Cell: +27 63 153 0176
E-mail: ajibadep@ufh.ac.za

faire responses to the dangers posed by STIs have dire implications for adolescents. Pragmatists have estimated that two thirds of the adolescents in Africa are at the risk of contracting infections. “Nearly two thirds of all people newly infected with HIV are between the ages of fifteen and twenty-four and about six thousand young people contract HIV daily” (Ganle et al. 2012). If the overall growth of the continent and the slow pace at which its youthful economy is growing by comparison are considered, a strong case could be made for the sustainability of the continent being dependent upon the health of the youth, as the younger generation has the vital role to fulfill of providing the workforce needed to drive the future economy.

The sustainability of modern life and education are both inextricably linked to the percentage of adolescents enrolled at school who actually complete their studies. It is particularly common among the Yoruba of Nigeria for an adolescent, or any other person who becomes infected to be perceived as having been struck by “*arun ti o gboogun*” or the “sickness or illness without cure”, which is, for all intents and purposes, equivalent to becoming a leper, in the social sense. The debilitating consequences for the aspirations and acceptance in society for these young people can be irreparable. Various forms of stigmatization and psychological and emotional instability usually accompany falling pregnant at schoolgoing age or contracting STIs, including HIV and AIDS. The combined effect of the ostracism inflicted by society and this psychological trauma is severe, making it imperative to develop effective methods to reduce the incidence of teenage pregnancy and STIs in order to promote development and stability among the youth. Should the present state of affairs continue unabated, the emotional and psychological fallout could render an entire generation dysfunctional. Teenagers who fall pregnant or contract STIs often respond by hiding from the public, withdrawing from social engagement and dropping out of school. Although HIV and AIDS continue to have grave adverse implications for the development of both societies and individual human beings on the continent (Kang’ethe 2014, 2010a), the effects are further compounded by the stigma suffered by adolescents who fall pregnant or become infected and the premature termination of academic development which often accompanies it. It is against

this backdrop that this paper chose to focus on training in Adolescent Sexual and Reproductive Health (ASRH) and peer education as a strategy against exposure to HIV and AIDS and teenage pregnancy.

Rationale of the Study

This paper has identified that despite the fact that adolescents are exposed, to a considerable degree, to the realities of modern life, access to information pertaining to ASRH has yet to be embedded in the modern channels for mass communication in a manner that meets the needs of adolescents in the developing world. Although they have access to lively electronic and print media, the knowledge of adolescents in these countries concerning ASRH and HIV and AIDS tends to be negligible. The efficacy of existing strategies, methodologies and tools for educating adolescents to prevent and reduce the spread of HIV and AIDS will be evaluated and the role played by religion, culture and social norms in both the prevention of HIV and AIDS and the inhibiting of effective awareness among adolescents will also be investigated. As parents tend to be in denial where adolescent sexual activity or related topics are concerned, despite the risks imposed by pregnancy and HIV and AIDS or STIs, the Peer Education Training project will be advanced as an alternative and efficacious means of promoting knowledge of ASRH and countering the spread of HIV and AIDS and the incidence of teenage pregnancy.

METHODOLOGY

The training program was designed to make use of two research tools to assess the level of information and knowledge of all of the participants, namely, an assessment made prior to the training and a final assessment after its completion, and a performance scorecard, which was completed during field deployments. A post-training survey was conducted, in which only successful candidates were accredited to conduct peer education training, while the other candidates formed the nucleus of a vanguard of change as a result of their increased awareness. The case study on which this research was based was supported jointly by the National Youth Service Corps (NYSC) and the Federal Ministry of Health (FMH) in Nigeria. Before embarking

on the fieldwork, the principal researcher was trained to receive the qualification required to administer peer health education training. In the initial phase of the training, which focused on creating awareness by means of demonstrations within the communities in the province of Ibadan North, use was made of Rapid Diagnostic Test (RDT) kits and HIV Testing and Counseling (HTC) were made available. Three hundred and forty-eight adolescents were trained during the conducting of the Peer Education Training program at Abadina Colleges 1, 2 and 3. The three colleges were treated as independent entities, to monitor and evaluate the results separately, in order to triangulate the findings. The Likert five-point scale employed by the Deutsche Stiftung Weltbevölkerung (DSW 2010) was adopted to evaluate the degree of success achieved by the program in terms of the dissemination of information, the sharing of knowledge, the acquisition of skills and the facilitation of learning. The scale gave a grade of 1 for inadequate, 2 for satisfactory, 3 for good, 4 for very good and 5 for excellent.

Definition of Adolescents

An adolescent age framework range of between 10 and 19 years, irrespective of gender, was adopted in accordance with the stratification employed by the Junior Secondary Schools or JSS and the Senior Secondary Schools or SSS in Nigeria. According to Bearinger et al. (2007: 1220) and Hindin and Fatusi (2009: 58), "The United Nations or UN uses the term "adolescents" for people aged from 10 to 19 years, "young people" for those aged between 10 and 24 years, and "youth" for those aged 15-24 years". According to Odimegwu (2005), the report of the Nigeria Demographic and Health Survey or NDHS of 1999 indicated that the average age of first sexual activity for girls was sixteen years in Nigeria, while for eighty percent of adolescent girls it was between the ages of eighteen and twenty years.

Global, Regional and National Concerns Regarding ASRH with Respect to HIV and AIDS

As Adolescent Sexual and Reproductive Health is a vital concern, not only for Nigeria or Africa, there is a global need to ensure effec-

tiveness of awareness campaigns, education and measures taken to prevent the spread of STIs and HIV and AIDS. Whorh (2010) and Bearinger et al. (2007) maintain that there is a need to intensify awareness and to educate adolescents concerning the risks associated with sexual activity and to the danger of contracting HIV, to which sexually active teenagers are particularly vulnerable. Statistics indicate that nearly half of the world's population is below the age of twenty-five years (Bearinger et al. 2007), which has enormous implications for the sustainability of the world if adolescents are not sufficiently equipped to deal with the scourge of HIV and AIDS. Observers claiming to view the matter from a realist perspective have expressed concern about the slow and intermittent pace of raising awareness and educating adolescents concerning ASRH. To date efforts to prevent the spread of HIV and AIDS and related STIs have yet to prove effective. It has been emphasized that early pregnancy, abortions, the transmission of STIs and other diseases, including HIV and AIDS, pose a serious threat to the prospects of adolescents in many countries (Bearinger et al. 2007). The confusion surrounding the HIV and AIDS pandemic has particularly dire implications for developing countries, where the medical care needed is often inadequate to deal effectively with it, owing to poverty and other socio-cultural hindrances (Kang'ethe 2010a). These are particularly prevalent in South Africa and Nigeria, where existing cultural beliefs and fear of being ostracized tend to encourage infected people to suffer in silence, or else to seek the private care offered by alternative medicine to combat the infection.

Unfortunately, the role played by contraception to prevent contracting HIV and AIDS is mired in misconceptions and many believe that contraceptive pills, apart from preventing pregnancy, also prevent HIV and AIDS. While modern methods, such as female and male sterilization, contraceptive pill, Intra-Uterine Devices (IUD), injected or implanted contraceptives, the male and female condoms, the Standard Days Method (SDM) and the Lactation Amenorrhoea Method or LAM may prevent pregnancy with varying degrees of success, with the exception of the condom, none of these methods is able to prevent the transmission of HIV. Traditional methods, such as the rhythm or periodic abstinence method and withdrawal, are equally un-

able to prevent contracting HIV and AIDS (Nigeria Demography and Health Survey or NDHS 2012; NACA 2012). The culture of the Yorubas in the southwest of Nigeria frowns at any mention of adolescent sexual behavior, and parents are usually unwilling to discuss topics related to it with their teenage children. Discussions of this sort are commonly regarded as immoral and likely to pervert adolescents and lure them to promiscuity, which often results in their being stigmatized and even socially excommunicated from their tribe.

Problems Associated with Teaching ASRH with Respect to the Vulnerability of Adolescents to HIV and AIDS

One of the huge obstacles facing policies devoted to ASRH concerns the fact that its strategic goals are not included in the health policies of most governments, and providing universal access to ASRH care was omitted from the Millennium Development Goals or MDGs (Glasier et al. 2006). It is a sad reality that adolescents are exposed to great risk in terms of rape, abortions and STIs in the developing nations. It has been recorded that more than three hundred and forty million women, including a great many adolescents, contract gonorrhea, Chlamydia, syphilis and trichomonal infections each year, the prevalence of susceptibility being particularly noticeable in the developing communities of Africa (Glasier et al. 2006). The importance of early peer education for adolescents cannot be overemphasized, as the World Health Organization or WHO has identified a clear link between early awareness with good reproductive health in later life (Sawyer et al. 2012), and a dramatic reduction of STI infections and induced abortions. According to Demyttenaere et al. (2013), although the WHO conducted an extensive survey of the background to adolescent health, it still seems apparent that current efforts regarding ASRH are in need of realignment.

OBSERVATIONS AND DISCUSSION

Globally sixteen million adolescents give birth per year and complications at childbirth and pregnancies are the second cause of adolescent death, and over three million adolescents who practice unsafe abortions according to World Health Organization (WHO 2014). It was

reported in 2009 globally that, over 5.9 million adolescents are living with HIV (UNICEF 2015:25), and an estimate of 200,000 adolescents in Nigeria are living with HIV. UNAIDS (2015:8) reported that in 2013 there are two hundred and fifty thousand adolescent new HIV infections, and seventy-four percent of new infections in Africa are amongst the young girls.

In recent years, Folayan et al. (2014) have reported that twenty-one percent of adolescent females between the ages of fifteen and seventeen years in Nigeria were found to be sexually active with men who were 10 years older than them. Imaledo et al. (2013) found that more than one third of the adolescents between the ages of 5 and nineteen years surveyed in their study had been sexually active, and that almost half of their respondents had been exposed to sexual activity at a very tender age. This trend substantiated the one identified by Amazigo (1997), who reported that eighty percent of young women between the ages of seventeen and nineteen years were sexually active and that twenty-nine percent had already had an induced abortion. In the 1980 findings of the Ministry of Health in Nigeria concerning maternal health revealed that five hundred thousand illegal clandestine induced abortions had occurred during that year. While the rate of exposure to contracting HIV and STIs among adolescents may be high as a result of pupils of both primary and secondary school ages being sexually active, it is accompanied by an equally high rate for teenage abortions (Ikeako et al. 2015; Sule et al. 2015; Salami and Ayegboyin 2014; Ubajaka et al. 2014; Odagu et al. 2014).

In Ibadan it was found that although over ninety percent of those classified as either adolescents or youth considered themselves to be informed regarding matters pertaining to reproductive health, only twenty-seven percent of the adolescents had comprehensive knowledge of the monthly fertility cycle, demonstrating quite clearly that adolescents lack the information needed to mitigate the spread of HIV and AIDS. It has also been reported that more than eighty million women had had unintended pregnancies, with forty-five million aborting and more than half a million dying as a result of complications, while three hundred and forty million women, many of them adolescents, had been recorded as having contracted STI infections, with these figures being still on the rise (Glasier 2006:1565).

In 1997, Amazigo had reported that in the rural areas in Nigeria, although seventy percent of adolescents used contraceptives, more than eighty percent experienced unintended pregnancies. Current figures indicate that eighty-nine percent of adolescents now use contraceptives, representing a substantial increase in the understanding of the need to use them.

As far back as 1995, Brabin et al. found that forty-two percent of adolescents in southeast Nigeria had undergone abortions and that cases of Sexually Transmitted Diseases (STDs) had been reported for more than eighty-four percent. Okpani and Okpani (2000) reported that seventy-eight percent of a study sample of six hundred and five female adolescents admitted to having been exposed to sexual activity, and there had been two hundred and ten pregnancies, twenty-four deliveries, one hundred and eighty-six induced abortions and the rate of infections was alarmingly high. However, the picture painted in much of the literature omits making mention of the valuable contribution made by Peer Education Training and the role of cultural and academic institutions in promoting ASRH in order to reduce the risk and the spread of HIV and AIDS. Most adolescents in this area are highly susceptible to the risk of HIV infection as a result of a lack of an especially tailored awareness campaign being conducted in the schools.

Cultural and Religious Background

It was found during the conducting of this study that the only practice which satisfied the morality of the local religion for avoiding or preventing pregnancy was complete abstinence. Ninety-eight percent of the sample surveyed for the study indicated that the only approach supported by their religion was chastity and abstinence, which is strongly supported and demanded by parents, not only as a preventive measure, but also for the purpose of maintaining social status. This was corroborated by Odimegwu (2005), who maintains that religion plays a crucial role in any society of this sort and any individual member of it, as it is acknowledged as a cornerstone of the sustainability of these societies. Odimegwu found that religion plays a significant role in the sexual behavior and attitudes of adolescents and invariably decreases exposure to HIV and AIDS, which was confirmed from the findings when the data obtained from

one thousand one hundred and fifty-three students from an overall population of forty thousand was analyzed. A strong correlation has been found between religious commitment and the sexual behavior of adolescents in Africa. However, in some instances variations were found in the relationship between religious affiliation and commitment and attitudes towards sexual exploits, sexual behavior and SRH among youths (Odimegwu 2005). Nevertheless, a case could be made for religion possibly having a tilting effect on the sexual lifestyles of many adolescents in Africa.

The Peer Education Training program was able to achieve certain tangible goals in the one-year period during which it was conducted at the Abadina Colleges 1, 2 and 3. It was able to educate and sensitize adolescents to the nature of the sexual transmission of infections, including HIV and AIDS. Although awareness of STIs was initially found to be primitive in most cases, after a year of instilling awareness and education, those adolescents who qualified as peer educators had acquired all the necessary knowledge, experience and training, which was also observed during the various mini-sections of the program and in the Y2Y peer-to-peer advocacy engagement. They were able to set up and conduct training sessions, each of which had duration of twenty minutes. Basic information was included, and songs and dramatic music was used in the session, which the researcher observed. Group participation among the adolescents was monitored in order to observe the progress of the training and the gaining of confidence, as these considerations were vital for the successful imparting of knowledge and information to peer groups. It was also observed that the more information, which a peer educator had at his or her disposal, the greater was their confidence in public and their ability to educate and to inform.

Resolving the Cultural Challenges Concerning ASRH with Respect to HIV and AIDS

One of the greatest obstacles identified by observing the peer group sessions with respect to providing education in ASRH concerned cultural norms and what is deemed acceptable conversation by adults. Most of the adolescents are sexually active, but the society seems to be

culturally blinded to the fact as a result of parents being completely unwilling to acknowledge the sexuality of their adolescent children, thereby precluding any possibility of discussing subjects related to their sexuality, meaningfully. However, the school-based ASRH project serves as a counter-mechanism to facilitate changing these outmoded attitudes. The adolescents were actually encouraged to initiate conversations, which did not mention sex or sexual activities directly, as doing so would, in most cases, disincite adults to pursue the topic, but which brought up the subject of HIV and AIDS and how the virus is contracted. It was apparent that the perceived factual and credible knowledge of the adolescents provided them with a means of engaging their parents or guardians in discussions concerning the social problems associated with exposure to HIV and AIDS, the economic implications arising from it and the ways in which the spread of the pandemic might be prevented. This pretext enabled adolescents to discuss sexually related matters openly with their elders in a way, which would otherwise have been precluded, owing to cultural norms. It was found that this technique was successful in almost all of the two hundred and eighty cases observed. The success was owing to the fact that parents did not perceive it as encouraging promiscuity to discuss health-related subjects, which affected the health and well-being of both children and adults. By referring to the ailment as "*aarun ti o gbo ogun*" or "incurable diseases", children were able to discuss and share knowledge, which could potentially save their lives, and sharing knowledge, which had not previously been regarded as fit for conversation became a turning point, which enabled them to broach a topic, which had once been considered forbidden among peers and communities.

Peer Education as a Viable and Practical Solution

Religion and ethno-cultural indicators such as traditional beliefs, religious affiliation and doctrinal teachings were found to have a beneficial influence on acceptance of peer education training on those adolescents who participated in it. The form of training allowed the choice of expressions used, the nature of the demonstrations and the technical messages received by the adolescents were all carefully controlled

during the course of specialized sessions, which had been agreed upon in collaboration with the management of the school, throughout the whole year during the conducting of the PET program. It was discovered that as a result of religious beliefs, most of the adolescents had no knowledge of condoms, as only abstinence is acceptable on religious grounds and culturally endorsed. The perceptions of the society obtained from the study centered on the notion of adolescents not being sufficiently mature to engage in sexual activity, although in reality most had already experienced it. However, only limited numbers of the adolescent participants were aware that condoms could be used, with one hundred and fifty-three understanding that they could be used to prevent contracting HIV and AIDS and one hundred and forty-eight being aware that they can be used to prevent pregnancy.

However, in deference to cultural values and religious affiliation, the study adopted abstinence as its core principle. It was learned through observations that introducing programs in the schools, education and creating awareness among adolescents remain the only effective ways to reduce early pregnancies, induced abortions and STIs. The findings of Olukoya et al. (2001) concerning abortion among adolescents also suggested the great need for creating a supportive environment in which reliable and accurate information concerning sexuality and RH services are provided to young people to make them aware of the relevant social implications and to enable them to make informed and responsible decisions. However, it was found that the majority of the learners were extremely uncomfortable discussing matters pertaining to sexual activity, as three hundred and ninety-eight or 96.4 percent of the sample had no experience in discussing matters of a sexual nature. From these findings it is abundantly clear that the incidences of teenage pregnancy, induced abortions and contracting of STIs can be effectively reduced only through comprehensive knowledge, information and peer education.

The findings also suggested that one of the most effective ways to prevent HIV and AIDS is to provide adolescents with knowledge and life skills, particularly against the background of limited communication between adults and adolescents, as a result of differing perceptions with respect to religious and cultural beliefs on the part of the two generations. The monitoring and

evaluation of the year during which the program was conducted gave clear evidence of ripple effects of benefit for peers as a result of the knowledge, which they had acquired and their new awareness. Using the data obtained from the levels of learning in the schools and the conducting of the program in communities, a simulation of the results was created, taking into account the roles and activities of the key players and the protocol of the awareness campaign. Use was made of Draw.io software to create the graphic representation of the efficacy of the ASRH campaign as a means of instilling awareness of HIV and AIDS and implementing a prevention strategy, as shown in Figure 1.

The structure shows the sequential and structural architecture of the program as it was implemented at Abadina Junior Colleges 1, 2 and 3 respectively, as formal school environments in

which life skills concerning HIV and AIDS were taught. The first actor imparted the required knowledge, allowing the implementation of the program to commence by making the information needed available. The results depicted show the potency of the strategy in terms of the progress achieved within a single week by one monitored peer. The green peers were those who had received training and had committed themselves to acting as peer educators and taking part in awareness campaigns. The red peers had taken part in the program, but were not intending to do any further peer teaching or to take part in any more awareness campaigns. However, it is to be hoped that their level of awareness will provide passive support to the program. The multiplier effects supplied by almost four hundred peers, using the expanded network modeling information methodology, would indicate or substantiate

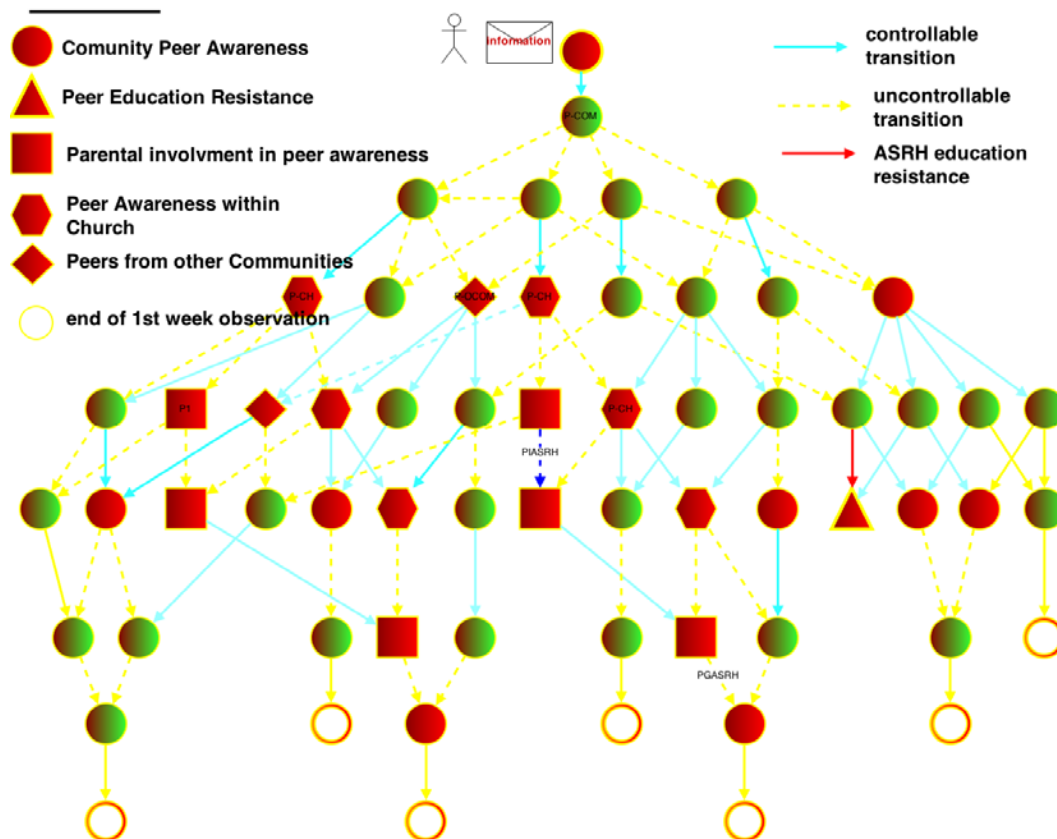


Fig. 1. Peer Education Awareness Networking
Source: Ajibade, 2015

ate the need to adopt the implementation of in-school peer education and awareness programs over a period of months, or even decades. The results indicated that a crosspollination of knowledge served as an effective impetus for reducing the incidence of HIV and AIDS and related risks by enabling adolescents to make better decisions. The cross-platform methodology adopted enabled the improved transfer of knowledge through the interconnectivity of peer ecosystems.

The red triangular shape represents the perceived resistance of parents, resulting from the cultural and religious taboos associated with topics, which are regarded as sensitive with respect to the sexual morality expected of adolescents. Breaking down communication barriers in the communities with respect to HIV and AIDS infection and ASRH requires the assuming of collective responsibility to enable people to live their lives in accordance with modern realities, as opposed to having their lives destroyed by them.

CONCLUSION

The importance of promoting Adolescent Reproductive Health information in schools is underlined by the reluctance of parents to discuss matters pertaining to it with their adolescent children. This reluctance stems from traditional and religious values and the fact that most parents received no formal education concerning STIs, HIV and related infectious diseases. This paper bridges that gap by advocating in-school Peer Education Training. In order to examine the effectiveness of PET as a means of mitigating the risks of exposure to HIV and AIDS, it was necessary to make an assessment of the levels of awareness both before and after the program was implemented. It was found that involving communities and peers tended to eliminate the resistance often associated with discourse concerning the sexual behavior of adolescents, as parents and guardians became aware of the importance of spreading the message in order to combat the spread of the virus and associated infections.

It also became apparent that there is a great need to improve the basic communication skills of peer educators. The life skills acquired by the adolescents helped set in motion the task of overcoming old prejudices in communities and

to ensure healthy gender relations by promoting informed decision-making, enabling teenage girls to resist the wiles of male adults intent on luring them into the early sexual activity, which often results in pregnancy, induced abortions and sexually transmitted infections, such as HIV. It was concluded that the recognition and avoidance of risky sexual behavior, the empowerment of adolescents, strategies for self protection and the promotion of healthy social relationships are all pivotal concerns for improving ASRH and for reducing rates of sexually transmitted infections and dropping out of school.

RECOMMENDATIONS AND THE WAY FORWARD

Governments need to allow those who wish to use indigenous methods to combat HIV and AIDS. There is a definite correlation between religious observance and healthy adolescent sexual behavior, attitudes and long-term relationships. It is the considered opinion of the researchers of this paper that the moral assurance provided by religious observance, in conjunction with successfully implemented Peer Education Training, could significantly reduce the rates of teenage pregnancy, early motherhood, induced abortions and STI infections. Prevention achieved in this way could assist the formulation of policy, as the expenditure of social welfare on problems of this sort could be redirected towards child education, thereby reducing the pressure on social welfare. The use of social media and gaming and interactive techniques could play a vital role to convey the central concerns of ASRH in a way, which is fresh and easily understood by adolescents. The successful implementation of PET in the developing countries could benefit their economies enormously, as the vast amounts of money spent combating HIV and AIDS could be devoted to strategies for improving the lives of people through social upliftment and the funding of scholarships. In conclusion, it is proposed that peer education campaigns within distinct ecosystems constitute an extremely effective means of mitigating the spread of sexually transmitted infections, HIV and AIDS.

ACKNOWLEDGEMENTS

The researcher would like to acknowledge, with thanks, the contribution to this research made by the University of Fort Hare Research

Office. Without the funding, which it provided, this research would not have been possible. Akeem Oyelana's effort in assisting with the first draft references formatting to the journals styles-format is also acknowledged.

REFERENCES

- Adogu P, Udigwe I, Udigwe G, Ubajaka C 2014. Review of problems of adolescent sexual behavior and the role of Millennium Development Goals 4, 5 and 6 in Nigeria. *International Journal of Clinical Medicine*, 5: 940-948.
- Amazigo U, Silva N, Kaufman J, Obikeze DS 1997. Sexual activity and contraceptive knowledge and use among in-school adolescents in Nigeria. *International Family Planning Perspectives*, (SERIES): 28-33.
- Archibong EI 1991. Illegal induced abortion - a continuing problem in Nigeria. *International Journal of Gynaecology and Obstetrics*, 34(3): 261-265.
- Bearinger LH, Sieving RE, Ferguson J, Sharma V 2007. Global perspectives on the sexual and reproductive health of adolescents: Patterns, prevention, and potential. *The Lancet*, 369(9568): 1220-1231.
- Brabin L, Kemp J, Dollimore N, Obunge OK, Ikimalo J, Briggs ND, Hart CA 1995. Reproductive tract infections and abortion among adolescent girls in rural Nigeria. *The Lancet*, 345(8945): 300-304.
- Demyttenaere K, Bruffaerts R, Posada-Villa J, Gasquet I, Kovess V, Lepine J, Chatterji S 2013. *Prevalence, Severity, and Unmet Need for Treatment of Mental Disorders in the World Health Organization*. World Mental Health Surveys.
- Folayan MO, Harrison A, Odetoyinbo M, Brown B 2014. Tackling the sexual and reproductive health and rights of adolescents living with HIV/AIDS: A priority need in Nigeria: Perspectives paper. *African Journal of Reproductive Health: Special Edition on HIV/AIDS* (Special Edition) 3(18): 102-108.
- Ganle JK, Tagoe-Darko E, Mensah CM 2012. Youth, HIV/AIDS risks and sexuality in contemporary Ghana: Examining the gap between awareness and behaviour change. *International Journal of Humanities and Social Science*, 2(21): 88-99.
- Glasier A, Gülmözoglu AM, Schmid GP, Moreno CG, Van-Look PF 2006. Sexual and reproductive health: A matter of life and death. *The Lancet*, 368(9547): 1595-1607.
- Hindin MJ, Fatusi AO 2009. Adolescent sexual and reproductive health in developing countries: An overview of trends and interventions. *International Perspectives on Sexual and Reproductive Health*, (Series): 58-62.
- Ikeako LC, Onoh R, Ezegwui HU, Ezeonu PO 2015. Pattern and outcome of induced abortion in Abakaliki, Southeast of Nigeria. *Annals of Medical and Health Sciences Research*, 4(3): 442-446.
- Imaledo JA, Peter-Kio OB, Asuquo EO 2013. Pattern of risky sexual behavior and associated factors among undergraduate students of the University of Port Harcourt, Rivers State, Nigeria. *Pan African Medical Journal*, 12: 1-9.
- Kang'ethe SM 2010. Attitudes to ARV access and factors undermining HIV/AIDS prevention. Lessons from the 2008 Tsabong stigma case study (Botswana). *Social Work/Maatsakaplike Werk*, 46(4): 433-449.
- Kang'ethe SM 2014. Panacea and perfidy of globalization as an engine of social development in developing countries. *J Hum Ecol*, 47(2): 193-200.
- National Agency for the Control of AIDS (NACA) 2010. *National HIV/AIDS Strategic Plan 2010 - 2015*. Abuja, Nigeria: Nigeria National Agency for the Control of AIDS.
- Odimegwu C 2005. Influence of religion on adolescent sexual attitudes and behaviour among Nigerian university students: Affiliation or commitment? *African Journal of Reproductive Health*, (Series), 125-140.
- Okpani AOU, Okpani JU 2000. Sexual activity and contraceptive use among female adolescents - A report from Port Harcourt, Nigeria. *African Journal of Reproductive Health*, 4(1): 40-47.
- Olukoya AA, Kaya A, Ferguson BJ, AbouZahr C 2001. Unsafe abortion in adolescents. *International Journal of Gynaecology and Obstetrics*, 75(2): 137-147.
- Orji EO, Esimai OA 2005. Sexual behaviour and contraceptive use among secondary school students in Ilesha South West Nigeria. *Journal of Obstetrics and Gynaecology*, 25(3): 269-272.
- Salami KK, Ayegboyin M 2014. *Intergenerational Life Courses of Teenage Pregnancy in Ogbomosho South Western Nigeria*. Ogbomosho, Nigeria: Children and Society.
- Sawyer SM, Afifi RA, Bearinger LH, Blakemore SJ, Dick B, Ezech AC, Patton GC 2012. Adolescence: A foundation for future health. *The Lancet*, 379(9826): 1630-1640.
- Sule HA, Akor JA, Toluhi OJ, Suleiman RO, Akpihi L, Ali OU 2015. Impact of sex education in Kogi State, Nigeria. *Journal of Education and Practice*, 6(3): 34-41.
- Ubajaka CF, Adogu PO, Ilika C, Ilika AL 2014. Perception of abortion and abortion laws by lawyers in Anambra State Nigeria. *International Journal of Clinical Medicine*, 2014: 695-703.
- UNICEF 2011. *Opportunity in Crisis: Preventing HIV from Early Adolescent to Young Adulthood*. United Nations Plaza, New York. NY10017, USA. From <http://www.unicef.org/publications/files/Opportunity_in_Crisis-Report_EN_052711.pdf> (Retrieved on 24 November 2015).
- UNAIDS, The African Union 2015. *Empower Young Women and Adolescent Girls: Fast-Tracking the End of the AIDS Epidemic in Africa*. Joint United Nations Program on HIV/AIDS (UNAIDS). From <http://www.unaids.org/sites/default/files/media_asset/JC2746_en.pdf> (Retrieved on 24 November 2015).
- World Health Organization 2014. *Adolescent Pregnancy. Media Centre Fact Sheet*. WHO Headquarters, Geneva. From <<http://www.who.int/mediacentre/factsheets/fs364/en/>> (Retrieved on 24 November 2015).