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Towards Breaking the Conspiracy of Silence in Reproductive Health Information Access Among In-School Adolescent Girls: Impact on Policy and Practice

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All young people have the right to access comprehensive sexual and reproductive health information. However, most adolescent girls in developing countries face sexuality without adequate information. This is due to the unwritten but active traditional norm against the discussion of sex and sexuality issues with young people. This article reports a descriptive study that investigated the adolescent girls' degree of access to reproductive health information and the barriers to accessing reproductive health information. Multistage sampling technique was used to select 18 schools, three from each of the six Local Education Districts (LEDs) in Lagos State. The study sample consisted of 1800 girls in the selected schools. Data were collected with a questionnaire. Descriptive and inferential statistics were used for data analysis. The result of the study revealed that in-school adolescent girls had limited access to reproductive health information. The findings also showed that lack of time to seek relevant information and unwillingness of parents to discuss reproductive health issues with the adolescents were major obstacles to reproductive health information access. The test of significance of relationship between access to reproductive health information and attitude towards reproductive health issues indicated significant positive relationship between access to reproductive health information and attitude towards reproductive health issues. The study concluded that access to reproductive

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health information exerts great influence on attitude towards reproductive health issues. The article recommends the adoption of multimedia approach for the dissemination of reproductive health information in public schools in Lagos State.

KEYWORDS *adolescent girls, Lagos State, reproductive health information, reproductive health issues*

INTRODUCTION

A number of global conferences since 1990 have focused attention on sexual and reproductive health (SRH) issues affecting adolescents in developing countries (1). Specifically, the International Conference on Population and Development (ICPD) called for the provision of information and services to adolescents that can help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases, and subsequent risk of infertility. Governmental and nongovernmental organizations also were charged with the responsibility of meeting the special needs of adolescents by establishing appropriate program to respond to those needs (2, 3).

Following the international commitment, the Nigerian Government during the 48th session of the National Council on Education on August 17, 2001, approved the National Comprehensive Sexuality Education Curriculum for upper primary and secondary schools and tertiary institutions. A nongovernmental organization based in Lagos—Action Health Incorporated, the Nigerian Education Research and Development Council (NERDC), and the Federal Ministry of Education jointly designed this curriculum. It is aimed at providing in-school adolescents appropriate factual information on human sexuality and family life from childhood to adulthood. This appears to be a major step towards breaking the silence associated with sexuality discourse that hitherto promoted ignorance and vulnerability to diseases among this age group (4).

Generally, information on the SRH knowledge, attitudes, and behaviors of younger adolescents from lower- and middle-income countries is sparse (1). The end result is poor reproductive health, which constitutes one of the leading public health problems all over the world, particularly in Sub-Saharan Africa (5). But access to health information is not only strategic to the achievement of reproductive health; it is the foundation of public health. In Iran, Mosavi et al. (6) examined the necessity of providing sexual and reproductive health (SRH) information and services for adolescent girls. The study found that the six main reasons for providing SRH information and services for adolescent girls includes lack of adequate knowledge about SRH, easy access to inaccurate information sources, cultural and social

changes, increasing risky sexual behaviors among adolescents, religion's emphasis on sex training of children and adolescents, and the existence of cultural taboos. It is, therefore, imperative that reliable, relevant, and timely health information is made available to everyone especially adolescent girls. Godlee et al. (7) proposed that World Health Organization (WHO) should take the essential lead in championing the goal of universal access to health care information by 2015 or Health Information for All as a prerequisite for meeting the Millennium Development Goals (MDGs) and achieving Health for All.

Regardless of their geographic, racial, educational, and social differences, all adolescent girls need access to an array of reproductive health information. However, health reports indicate that the lives of millions of adolescents worldwide are at risk because they do not have the access to relevant information they need to go through sexual development during adolescence and delay sex until they are socially and physically mature and able to make well-informed and responsible decisions (2). United Nations Children's Fund (UNICEF) (8) also reported that although human immune deficiency virus and acquired immune deficiency syndrome (HIV/AIDS) is increasingly a disease of young people, a majority of them remain alarmingly uninformed about the most basic facts about HIV and its prevention. For instance, in Sub-Saharan Africa, half the teenage girls surveyed did not know that a healthy-looking person could be HIV positive (8). Mane and McCauley (9) affirmed that young adolescents are denied access to information and services that they need to make informed choices about their sexual and reproductive health. This is due to the unwritten but active traditional norm against the discussion of sex and sexuality issues with young people. In India, a focus group discussions with low-income adolescents showed that no one had explained to any of the girls about menstruation, sexual intercourse, or childbearing (9). Thus, many adolescent girls are deprived access to accurate and useful information about their bodies and how to protect themselves. Similarly, in Tanzania, the result of a study conducted among in-school adolescent girls showed that 88.5% of them did not know of any modern method of contraception and many believed that the use of contraceptives would result in infertility or cancer (10).

Equally, in Nigeria, reproductive health information is not always readily available to adolescents. Federal Ministry of Health, Nigeria (11), affirmed that access to reproductive health information and services to vulnerable groups such as adolescents is highly limited. A survey of 2460 secondary school students in two southeastern Nigerian states revealed that only 36% could correctly identify the most likely time for conception to occur (12). Another study on factors associated with teenage pregnancy in rural Nigeria indicated that 70% of teenage mothers did not know about contraception and only 10% could identify the monthly fertile period (13). These studies showed that even among in-school adolescents, the level of sexual

health information is largely insufficient so misinformation by word-of-mouth continues.

In many developing countries, gender roles and social norms along with economic, legal, and policy-related factors contribute to inadequate access to reproductive health information among adolescents, especially young girls (14). In Africa, due to unequal gender relationships and disparities, the society imposes excessive workloads on girls. They are generally faced with the obligation to help their mothers with the household chores of fetching wood and water, cooking, cleaning up, and tending family members. This implies heavy and long working hours for the girls (15). In fact, girls are more heavily burdened with domestic workload than boys (1). A study on the accessibility and utilization of reproductive health information by adolescents and youths in Kiboga District, Kampala, revealed that adolescents, especially the females, had limited decision-making powers and also they had very limited time to access and use the available reproductive health information services (16).

In Zimbabwe, young women are socialized to be submissive and not to discuss sex. They were therefore unable to refuse sex or insist on condom use (17). The study of sexual experiences of adolescents in Ghana indicated that social norms seem to inhibit conversations about reproductive health among friends and within relationships (18). In the same vein, Nigerian society frowns upon sex education and forbids discussions that are sexually explicit with adolescents. It is assumed that such discussions and education will promote sexual promiscuity and encourage the frivolous use of contraceptives (19).

In India, research evidence indicated that social norms often prevent adults from discussing sex with adolescents, especially girls (9). Chinese females are also supposed to be sexually passive and to suppress their sexual desires. This might make them uncomfortable or even ashamed to publicly search for information on sexuality or openly discuss such topics (20).

In most countries, policy makers, public opinion leaders, and parents believe that withholding information about sexuality and reproduction from adolescents will prevent early sexual initiation (2). On the contrary, the Joint United Nations Programme on HIV/AIDS (UNAIDS) (21) found that education on sexual health and HIV does not promote increased sexual activity, rather it helps to delay first intercourse and protects sexually active teenagers from sexually transmitted diseases, including HIV and pregnancy. Yet, in many cultures where virginity among girls is highly valued, adolescent girls are disallowed from seeking sexual and reproductive health information and services. Any girl who attempts to do so will be stigmatized as a promiscuous person and may attract severe sanctions, including expulsion from home. UNAIDS (21) stated that

gender norms often determine what women and men are supposed to know about sex and sexuality, and hence, limit their ability to accurately determine their level of risk and to acquire accurate information and means to protect themselves from HIV. In many societies, it is inappropriate for women to seek out or have extensive knowledge about sexuality or reproductive health. Men, in contrast, are expected to be well informed about matters related to sex, although many are not.

Social transformation, urbanization, and modernization appear to have led to the decline in traditional values and practices that provided opportunity for adolescents to have access to reproductive health information. In the past, in many African societies, sexual health information such as giving and receiving of sexual pleasure, sexual taboos, rites, and cleansing procedures were transmitted during formal rituals such as circumcision or initiation (22). With the weakening of these traditional practices, adolescents' recourse to these sources for sexual health information was no longer available. Likewise, in Zimbabwe, aunts, uncles, and other extended family members traditionally provided sexuality-related information to the young people, but as urbanization increased the distance between family members, parents are taking greater responsibility in this unaccustomed role (17). However, most parents are ill-equipped to address issues related to puberty, SRH, and gender roles, and lack communication skills attuned to the young adolescents in their lives (14). Health care providers who would have filled the void could not do so because they share the overall societal bias against adolescent sexuality. Supporting this view, Baldo wrote that parents, health care workers, and educators frequently are unwilling or unable to provide complete, accurate, age-appropriate reproductive health information to young people (23). This is due to their discomfort about the subject or the false belief that providing the information will encourage increased sexual activity. The end result is that young people are left in the dark without access to reliable information, and this situation if unaddressed can put their health and well-being at risk (24).

In developing countries, studies indicate that poverty and low socioeconomic status may also constitute barriers to information access. A study conducted in India revealed that illiteracy linked to poverty created knowledge gap about AIDS (25). Despite global recognition that providing access to reliable information is the single most cost-effective and achievable strategy for sustainable improvement in health care, most developing countries have not invested in access to health information (7, 26). Regrettably, the limited financial resources are generally channeled towards erecting white elephant tertiary hospitals and procurement of high technology that will benefit a few rather than investing in access to health information that has multiplicative empowering impact on millions of people (26). Likewise, insufficient funds and misplaced priorities are responsible for the inability

of most developing countries to harness the capabilities of information and communication technologies in providing rapid access to and dissemination of health information (26).

Other barriers to access to reproductive health information identified by Bii and Otike and Njongmeta and Ehikhamenor include high cost of information materials, inadequate budgetary allocations, prohibitive distances to some health information resources and services such as libraries and health facilities, lack of time to use the available channels, low literacy levels, poor road network, and opinion leaders' unwillingness to disseminate health information (27, 28).

RESEARCH OBJECTIVES

The objectives of the study are to

- investigate the adolescent girls' degree of access to reproductive health information;
- ascertain the barriers to access to reproductive health information; and
- determine the relationship between access to reproductive health information and the in-school adolescent girls' attitude towards reproductive health issues.

RESEARCH METHOD

The survey design was adopted for the study. Data for the study were collected from in-school adolescent girls in Lagos State, Nigeria. As a cosmopolitan city, the state attracts Nigerians from all ethnic, religious, social, and economic backgrounds as well as foreigners. The study focuses on in-school adolescent girls who are expected to be relatively enlightened because of their schooling status. Multistage sampling technique was adopted to achieve a good representation of the population. Data were collected with a questionnaire and analyzed using SPSS Version 17.0 (SPSS Inc., Chicago, IL). Descriptive and inferential statistics were used for data analysis.

RESULTS

Research Question 1

To what extent do in-school adolescent girls have access to reproductive health information?

The respondents were asked to indicate their degree of access to different reproductive health information items. The results are presented in Table 1.

From the mean scores in Table 1, the most prevailing reproductive health information items that the in-school adolescent girls had access to were in the following order: how to maintain healthy friendship with men without sex ($\bar{X}= 2.76$), how to avoid HIV/AIDS and other sexually transmitted infections ($\bar{X}= 2.60$), where to buy condoms ($\bar{X}= 2.55$), how to avoid premarital sex ($\bar{X}= 2.51$), and how to identify signs of HIV/AIDS ($\bar{X}= 2.47$). However, the in-school adolescent girls had less access to information on how to identify sexually transmitted infections ($\bar{X}= 2.43$), health consequences of HIV/AIDS ($\bar{X}= 2.41$), how to control sexual desire ($\bar{X}= 2.32$), different methods of pregnancy prevention ($\bar{X}= 2.25$), how to refuse teenage marriage ($\bar{X}= 2.22$), and negative effects of casual sex ($\bar{X}= 2.19$). On the whole, the overall mean of 2.23 is low and indicates that the in-school adolescent girls have limited access to reproductive health information.

Research Question 2

What are the barriers to access to reproductive health information among in-school adolescent girls? Details of their responses are presented in Table 2.

From the findings, the factors that hinder the respondents from accessing reproductive health information were lack of time to seek relevant information 855 (62.5%), unwillingness of parents to discuss reproductive health issues an adolescent (825 or 60.4%), lack of awareness about sources of reproductive health information (798 or 58.4%), reproductive health information is not easy to obtain (744 or 54.4%), poverty and low socioeconomic status (729 or 53.3%), the unwillingness of teachers to discuss reproductive health issues adolescents (723 or 52.9%), and reproductive health information resources and facilities are not available (722 or 52.8%).

Hypothesis

The hypothesis of this study is that there is no significant relationship between in-school adolescent girls' access to reproductive health information and their attitude towards reproductive health issues.

The result of the relationship between in-school adolescent girls' access to reproductive health information and their attitude towards reproductive health issues is presented in Table 3.

Table 3 shows that the Pearson correlation coefficient (r) indicating the relationship between in-school adolescent girls' access to reproductive health information and their attitude towards reproductive health issues is .107; $P < .05$. Since the P value is less than .05 level of significance, then the

TABLE 1 Access to Reproductive Health Information by the Respondents

Information on	Very easily accessible		Easily accessible		Accessible		Not accessible		No response		Mean \bar{X}
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	
<i>HIV/STDs prevention/management</i>											
How to maintain healthy friendship with men without sex	586	42.9	235	17.2	254	18.6	218	15.9	74	5.4	2.76
How to avoid HIV/AIDS and other sexually transmitted infections	532	38.3	247	18.1	230	16.8	260	19.0	107	7.8	2.60
Where to buy condoms	509	37.2	226	16.5	241	17.6	289	21.1	102	7.5	2.55
How to avoid premarital sex	485	35.5	230	16.8	242	17.7	315	23.0	95	6.9	2.51
How to identify signs of HIV/AIDS	459	33.6	229	16.8	256	18.7	345	25.2	78	5.7	2.47
How to identify signs of sexually transmitted infections	410	30.0	286	20.9	247	18.1	328	24.0	96	7.0	2.43
Health consequences of STDs/AIDS	404	29.6	272	19.9	268	19.6	329	24.1	94	6.9	2.41
How to control sexual desire	368	26.9	276	20.2	235	17.2	397	29.0	91	6.7	2.32
Negative effects of casual sex	327	23.9	245	17.9	259	18.9	428	31.3	108	7.9	2.19
Where to go for HIV test	290	15.3	140	10.2	178	13.0	741	54.2	99	7.2	1.72
Correct use of condom	260	19.0	146	10.7	186	13.8	692	50.6	80	5.9	1.86
<i>Family planning</i>											
Different methods of pregnancy prevention	393	28.7	213	15.6	217	15.9	435	31.8	109	8.0	2.25
How to use different methods of pregnancy prevention	340	24.9	238	17.4	229	16.8	478	35.0	82	6.0	2.20
<i>Teenage marriage</i>											
How to refuse teenage marriage	397	29.0	178	13.0	225	16.5	464	33.9	103	7.5	2.22
Health effects of teenage marriage	279	20.4	232	17.0	267	19.5	490	35.8	99	7.2	2.07
<i>Genital mutilation</i>											
Health effects of female circumcision	326	23.8	210	15.4	250	18.3	454	33.2	127	9.3	2.11
<i>Unsafe abortion prevention</i>											
Health consequences of unsafe abortion	237	17.3	189	13.8	237	17.3	597	43.7	107	7.8	1.89
How to terminate pregnancy safely	196	14.3	158	11.6	178	13.0	758	55.4	77	5.6	1.74
										Weighted mean score	2.23

TABLE 2 Barriers to Respondents' Access to Reproductive Health Information

Barriers to access	Yes		No	
	No. of respondents	%	No. of respondents	%
Lack of time to seek relevant reproductive health information	855	65.5	512	37.5
Unwillingness of my parents to discuss reproductive health issues with me as an adolescent	825	60.4	542	39.6
Lack of awareness about sources of reproductive health information	798	58.4	569	41.6
Reproductive health information is not easy to obtain	744	54.4	623	45.6
Poverty and low socioeconomic status	729	53.3	638	46.7
Unwillingness of my teachers to discuss reproductive health issues with me as an adolescents	723	52.9	644	47.1
Reproductive health information resources and facilities are not available	722	52.8	645	47.2
Lack of school library	631	46.2	736	53.8
Radio/TV/Newspapers are not readily available to me	631	46.2	736	53.8
Materials on reproductive health are very expensive	603	44.1	764	55.9
I am not interested/I don't think I need it	579	42.4	788	57.6

TABLE 3 Correlation Between Access to Reproductive Health Information and Attitude Towards Reproductive Health issues

Variable	N	\bar{X}	SD	<i>r</i>	P	Remark
Access to reproductive health information	1367	40.64	14.51			
Attitude towards reproductive health issues	1367	30.93	7.31	.107	.000	Significant

null hypothesis 1 was therefore rejected. This means that there is significant relationship between in-school adolescent girls' access to reproductive health information and attitude towards reproductive health issues.

DISCUSSION OF FINDINGS

Access to Reproductive Health information

Generally, the result reveals that the respondents had limited access to reproductive health information.

HIV/STD Prevention and Management

In this context, the results revealed that information on HIV and sexually transmitted disease (STD) prevention and management is easily accessible.

This may be as a result of the on-going campaigns by various groups in the country. This finding is consistent with earlier studies that reported a high level of awareness of AIDS among secondary school students in Nigeria (29–31). However, Cherie et al. contended that adolescents are often exposed to theoretical knowledge without exposing them to the skills in negotiating sexual relations and condom use (32). This is contrary to the finding of Ayankogbe and colleagues who reported that there was little awareness creation about HIV/AIDS among secondary school students in Lagos State (33).

As observed from the result, the most accessible reproductive health information is how to maintain healthy friendship with men without sex. Generally, the prevention of unwanted pregnancy is the concern of most parents especially the mothers. This finding is corroborated by Bammeke and Nnorom who found that more female adolescents than males learn of the consequences of premarital sex amidst warnings to avoid the opposite sex from their parents especially mothers (34). Conformity to traditional norms that forbid sexual friendship among young unmarried persons is the reason for passing such information. Mothers warn their daughters to avoid premarital sex and unwanted pregnancy because of the shame such brings to the girl and her family. Adolescents need comprehensive information on sexuality that promotes their overall well-being and prevents them from engaging in risky sexual behavior.

Family Planning

In this study the respondents had limited access to information on different methods of pregnancy prevention and how to use them. World Health Organization (35) affirmed that access to contraceptives remains largely unavailable to sexually active adolescents due to regulations requiring parental approval or informal health care policies. But access to accurate information is necessary in decision-making regarding sexual health issues. Rolison stressed that access to health information promotes healthy lifestyle choices and that prevention rather than cure had emerged as the way forward for public health (36). But some opined that providing adolescent access to information on different methods of pregnancy prevention and how to use them might promote sexual promiscuity and encourage the frivolous use of contraceptive (19, 23). This finding is in agreement with the reports of studies that revealed that a significant number of adolescents did not know about contraception (12, 13).

Teenage Marriage

The result indicated that in-school adolescent girls in Lagos had limited access to information on how to refuse teenage marriage and health effects of teenage marriage. Inadequate access to such information then could be

conceived as a violation of their rights since the Child's Right Act 2003 section 21 prohibits marriage of young people under the age of 18.

Female Genital Mutilation

Female genital mutilation deprives women and female children of their rights to sound health and physical well-being. The result revealed that in-school adolescent girls had limited access to information on effects of female genital mutilation. This is in spite of the fact that female genital mutilation poses serious physical and mental health risks for women and young girls (15).

Besides the hazardous health effects, female genital mutilation also has been known to be one of the most offensive means of violating the fundamental rights of women and female children so recognized by various domestic and international legal instruments. Yet the respondents did not have adequate information on the medical complications arising from female genital mutilation, which include bleeding, pain, urinary infections, urine and vaginal leakages, chronic pelvic inflammatory diseases, and HIV infections. Umoh observed that due to ignorance of the health implications of female genital mutilation young girls and women submit to such obnoxious cultural practices. He advocated that women and youths, who are not only the most likely victims but also change agents in the community, should be empowered through information that will give them the needed self-confidence to abandon such practice (37).

Unsafe Abortion

The results of the study also show the disturbing fact that information on health consequences of unsafe abortion and how to terminate pregnancy safely is not easily accessible to in-school adolescent girls. The dearth of information on health consequence of unsafe abortion among in-school adolescent girls is worrisome based on the fact that studies report a high rate of morbidity and mortality from unsafe abortion among them (38–40). According to Smyke, the most distressing fact about abortion-related deaths and illness is that the vast majority of the complications are preventable. She opined that maternal mortality and morbidity attributable to unsafe abortion could be minimized if all adolescents have access to family planning information and services (41). Olukoya also affirmed that the provision of information, life and livelihood skills, and safe and supportive environment are key in primary prevention of unsafe abortion (40).

BARRIERS TO ACCESS TO REPRODUCTIVE HEALTH INFORMATION

The finding about lack of time to seek relevant information as a major constraint to information access agrees with that of Kitto, who reported that

the excessive work load that the society imposes on girls hinder them from accessing reproductive health information (16). At home, girls perform multiple roles, which range from food preparation to house cleaning, laundry, taking care of other members of the family, and so on.

Parents' unwillingness to discuss reproductive health issues, such as sex, with adolescents is another major obstacle to reproductive health information access. This finding is not at variance with previous studies that showed that discussion on issues relating to sex between parents and children are generally indirect and superficial (19, 23, 34, 42). Consequently, reproductive health issues such as protection from HIV/STIs (sexually transmitted infections) and prevention of pregnancy are not adequately addressed. This implies that the approved National Comprehensive Sexuality Education Curriculum has not been fully implemented in public secondary schools in Lagos State.

RELATIONSHIP BETWEEN ACCESS TO REPRODUCTIVE HEALTH INFORMATION AND ATTITUDE TOWARDS REPRODUCTIVE HEALTH ISSUES

The test of significance of relationship between access to reproductive health information and attitude towards reproductive health issues has shown that there is a significant positive relationship between access to reproductive health information and attitude towards reproductive health issues (Pearson moment correlation value $r = .107$, $P < .05$). Using this premise, the hypothesis that states that there is no significant relationship between access to reproductive health information and attitude towards reproductive health issues was thus rejected. The interpretation is that access to reproductive health information exerts great influence on attitude towards reproductive health issues. In other words, if in-school adolescent girls have access to more reproductive health information, they will be more favorably disposed and have a more positive attitude towards reproductive health issues. This finding agrees with assertions that information has the ability to modify attitudes and behaviors and to empower potentially disadvantaged groups such as youths, women, and children (43, 44). Okwilagwe and Mubonyin also affirmed that information has the potentials to modify and direct human behavior towards a predetermined direction (45). The finding of this study is not at variance with Ikwuako who observed that awareness of positive reproductive health practices influences attitude of young adults towards reproductive health (46).

IMPACT ON POLICY AND PRACTICE

The findings of this study are relevant to policy makers and stakeholders who are involved in the provision of reproductive health information and services to adolescents. It helps them to understand the relationship between access to reproductive health information and the attitude of in-school adolescent girls towards reproductive health issues. This will enable them to design and adopt more appropriate policies and intervention strategies that will enhance the general well-being of in-school adolescent girls. For instance, a policy that will make it mandatory for parents to be talking to their adolescent girls on sexuality issues could be formulated so that an entire generation might not go into extinction because of the consequences of risky sexual behaviors.

The result of this study brought to fore the reproductive health information needs of adolescent girls in Lagos State. This is expected to provoke government and nongovernmental agencies to make concerted effort towards equipping school libraries with adequate reproductive health information resources in order to meet these needs. The findings of this study are also germane to school librarians who are entrusted with the responsibility of acquiring and organizing reproductive health information resources in the schools. It will motivate them to fashion out strategies for effective dissemination of reproductive health information in the schools.

The outcome of this study draws attention to the need for the review and improvement of the quality of existing National Health Information Policy, National Health Management Information System, and National Sexuality Education Curriculum. Lastly, this study contributes to knowledge and literature on adolescent reproductive health information, which no doubt is of immense benefit to researchers in the field of adolescent health in Nigeria.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations are suggested to improve access to reproductive health information among in-school adolescent girls. A multimedia approach should be adopted for the dissemination of reproductive health information in public schools in Lagos State. Effective dissemination of reproductive health information will help to strengthen and deepen in-school adolescent girls' knowledge, attitude, and behavior, which in turn will influence their quality of life.

School libraries should serve as access points for age-appropriate reproductive health information to adolescent girls, especially at this time when the infection rate among them is on the increase. Reducing the risks through

the creation of awareness should therefore be a priority. Working with health sciences librarians from hospitals and academic institutions, school librarians should create an effective reproductive health information dissemination strategy in schools. Information should include the fast-growing corpus of reproductive health information on the Internet, which should be downloaded, organized, and customized according to the needs of the students. The repackaged information should be displayed at health information corners creatively developed by the school librarian, perhaps with the assistance of medical librarians. Access to such information, no doubt, will help the young girls to develop more rational attitudes and responsible sexual behavior.

There is need for more aggressive efforts by all stakeholders—parents, teachers, librarians, as well as government and nongovernmental agencies—to provide reproductive health information to adolescent girls. Reproductive health information and sexuality concepts should be taught in the schools. A blend of interactive strategies geared towards helping adolescent girls to feel comfortable with sexuality-related topics while limiting potential intimidation and embarrassment should be promoted.

CONCLUSION

Access to sexual and reproductive health information is the gateway to adolescent health. Therefore, denying young people access to information that will improve their health status because of conservative and traditional forces has lethal consequences, especially for girls who are the mothers of the future generations. The fact that millions of young girls are dying because of preventable causes is very disheartening. Therefore, concerted efforts should be made to ensure comprehensive access to age-appropriate reproductive health information to adolescent girls. Undoubtedly, access to reproductive health information will help to strengthen and deepen in-school adolescent girls' knowledge, attitude, and behavior, which in turn will influence their quality of life.

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