



AFRICA REGIONAL SEXUALITY
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**Benefits of Sexuality Education
for Young People in Nigeria**

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The Concept of Sexuality Education

Sexuality is a central aspect of being human throughout life (WHO, 2002). According to the World Health Organization (WHO) sexuality encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. Sexuality is often broadly defined as the social construction of a biological drive (WHO, 2002) which often deals with issues such as whom one has sex with, in what ways, why, under what circumstances and with what outcomes a person engages in sex (NACC, 2002). Thus, sexuality pertains to the totality of being human - being a female or male - and this suggests a multidimensional perspective of the concept of sexuality which is shaped by biological, psychological, economic, political, social, cultural and religious factors operating within a particular culture in each society.

Sexuality education is a process of learning about how an individual can be comfortable about all aspects of being human. Sexuality education can also be described as a process of providing information, skills and services that enable persons adopt safe sexual behaviors including abstinence, non-penetrative sex such as hugging, holding hands, as well as correct and consistent use of condoms. Sexually healthy behaviors also include seeking care from trained health workers during incidence of any reproductive morbidity such as sexually transmitted infections (STI), unwanted pregnancy, and infertility. Although people of all age groups can benefit from sexuality education, this paper pays particular attention to sexuality education among young persons in Nigeria. The paper justifies the need for sexuality education in young persons and provides evidence of the benefits of sexuality education in this population.

Why Target Young Persons?

A primary reason for targeting young persons with sexuality education is the fact that adolescents reach sexual maturity before they develop mental / emotional maturity and the social skills needed to appreciate the consequences of their sexual activity (Fee and Youssef, 1993). Secondly, in Nigeria it is a fact that the sexuality education needs of this age group is largely unmet. Evidence of unmet need is reflected in research that confirms that some young people have poor understanding of the reproductive process, others harbor misconceptions such as the belief that pregnancy cannot occur during first sexual episode, and that use of contraceptives can cause infertility (Amazigo et al, 1998; Ajuwon, 2000; ARFH, 2004; FMOH, 2003).

Research also confirms that many young persons participate in risky sexual activities including early debut in sexual activities, sex with many partners, low and inconsistent use of condoms (Olaseha and Alao, 1991; Amazigo et al, 1998; Iwuagwu, 1999) (see tables 1 and 2 for details). The data from the National HIV/AIDS and Reproductive Health Survey (NARHS) reveals that among the sexually active 15 to 19 year olds only 34.4% used condoms at most recent sexual encounter (FMOH, 2003). Another survey

found that by age 13 years over a quarter of a sample of secondary school students in Plateau state had had sexual intercourse (Slap et al., 2002). The explanation for these behaviors includes earlier menarche, effect of media that glamorize sex, and increasing weakness of traditional control of the family system in Nigeria (Adekunle and Ladipo, 1992; Brieger et al, 2001).

One of the consequences of the involvement of young persons in risky sexual activities is that this group is disproportionately affected by reproductive morbidity including STI/HIV, unwanted pregnancies and their complications (Archibong, 1991; Brabin et al, 1995; Ekweozor et al, 1995; Bello et al, 1997; Adewole, 1998; Arowojolu et al, 2003) (see Table 3 for details). For example, the age group 20-24 years had the highest prevalence of HIV in the national HIV sero-prevalence sentinel survey of 2003 (FMOH, 2004). Forty-two percent of adolescent girls in a rural community in Rivers state had had induced abortion or STI including gonorrhoea (Brabin et al, 1995). In Jos, 24% of patients attending an STI clinic are aged less than 25 years (Bello et al, 1997). In Calabar, 72% of patients admitted for complications of abortion are aged between 12-20 years (Archibong, 1991).

The final justification for targeting young persons is that many in this group are in their most impressionist years when behaviors and character traits have not been fully formed. Therefore, sexuality education during adolescence is likely to foster positive attitudes and healthy behaviors in adult years.

Table 1: Pattern of Risky Sexual Behaviour Among Young Nigerians

Author	Population	Setting	Findings
Olaseha & Alao, 1991	Male high school students (N=1000)	Ibadan	28% had 2-5 partners only few used a condom at recent sex
Amazigo et al, 1998	High school students (N=2640)	Anambra & Enugu states	40% had ever had sex; 17% used a condom in most recent sex
Iwuagwu et al, 2000	Female students (N=354)	University of Ibadan	55% had sex; number of sexual partners ranged from 10-23 with mean of 3.4
Ajuwon et al, 2000	High school students (N=1 025)	Ibarapa district, Oyo state	6% had sex; 23% used a condom at last sex
Slap et al, 2003	High school students (N=908)	Plateau state	57% of males and 48% of females reported history of sex with multiple partners
ARFH, 2004	High school students (N=773)	Bauchi, Borno, Gombe, Yobe states	9% had sexual experience; 3% used a condom in recent sex

Table 2: Pattern of Risky Sexual Behavior Among Out-of-school Youths in Nigeria

Author	Population	Setting	Findings
Dada et al, 1998	Young female apprentices (N=380)	Ikorodu, Lagos	20% reported that sexual debut was due to coercion
Ajuwon et al, 2002	Female apprentice tailors (N=300)	Ibadan	53% had had sex; 21% exchanged sex for money; 27% used a condom at recent sex
Fawole et al, 2003	Young female hawkers (N=345)	Three cities in south-west	6% raped
Olaseha et al, 2004	Young mothers (N=316)	Sub-urban area of Ibadan	70% had never used a contraceptive; 80% of ever users were using one at time of survey
Oladebo et al, 2004	Male and female apprentices (N=3, 640)	Rural and urban areas of Oyo state	25% had sex with multiple partners; only 15% used a condom at recent sex

Table 3: Consequences of Risky Sexual Activities in Young Persons in Nigeria

Author	Study population	Nature of problem
Archibong, 1991	Patients admitted for abortion-related complications	72% of these patients are aged 12-20 years
Brabin et al, 1995	Adolescent girls in rural River state	42% had induced abortion or STI including gonorrhoea; syphilis
Ekweozor et al, 1995	STD clinic attendees in Ibadan	65% of patients with HIV infection are aged less than 25 years
Bello et al, 1997	STD clinic attendees in Jos	24% of patients are aged less than 20 years
Adewole et al, 1998	Women who had performed abortion	2/3 of abortion seekers are adolescents and young persons aged 15-24 years

Arowojolu et al, 2003	University students	18% have had clandestine abortion
Federal Ministry of Health, 2004	National HIV sero-prevalence survey	Age group 20-24 years had highest prevalence rate of 5.6%

Benefits of Sexuality Education

In an attempt to address the unmet sexuality education needs of young persons, several governmental, non-governmental agencies and individuals have implemented various programmes targeting different categories of young persons including secondary school students, physically challenged youths, apprentices, and hawkers across the country. The outcome of some of these programmes have been well evaluated and published others have not. A summary of the nature and outcome of sexuality education programmes targeting students and the out-of-school youths are shown in Tables 4 and 5 respectively. The data on which the discussion in this section is based were derived from surveys that were well designed and evaluated. All the studies cited adopted a design that included experimental (intervention) groups and comparison (control) populations. Consequently, the findings are generalized.

The data shows that the resources invested in implementing sexuality education programmes for young persons are worth every Naira spent because such programmes had led to improvement in the reproductive health status of the young persons who had participated in them. Evidence of this improvement can be found using six key indicators. These indicators are listed below:

1. Comfort in discussing sexuality issues
2. Knowledge of reproductive health
3. Perceived self-efficacy to adopt safe behavior
4. Attitudes towards adopting safe sex behavior and attitude towards persons living with HIV/AIDS
5. Sexual behavior
6. Reproductive health outcomes including unwanted pregnancy

Comfort in Discussing Sexuality Issues

Surveys confirm that participation in sexuality education programmes increased young persons comfort level to discuss sexuality-related issues. For example, the number of participants in a rural school-based peer-led sexuality education programme in Oyo state who had discussed a reproductive health issue with someone rose significantly from 182 persons at baseline to 382 at follow-up (Ajuwon, 2000). Female hawkers trained as peer educators in Ibadan counseled and (or) informed 428 persons on sexuality-related issues (Ajuwon et al, 2003). This is an important benefit given the fact that discussion of sexuality issues is generally considered a taboo subject in Nigeria. The opportunity for open discussion of sexuality issues is also advantageous because it helps many young persons clarify doubts and misconceptions they have about sexuality.

Knowledge About Reproductive Health

All the projects reviewed in this paper found increase in knowledge and understanding of reproductive health issues among programme beneficiaries (Osowole, 1998; Fawole et al, 1999; Ajuwon, 2000; Brieger et al, 2001; Ajuwon et al, 2003; Oladepo et al, 2004). For example, students who participated in the peer-led sexuality education programme of the West African Youth Initiative (WAYI) implemented in selected states in Nigeria and Ghana during 1995-1997 had superior mean reproductive health knowledge score (8.6) than comparison group (7.3) (Brieger et al, 2001). This improvement is not only encouraging but also desirable because acquisition of knowledge is usually the first stage in the process of behavior change. However, knowledge alone is often not sufficient in itself to produce change in sexual behavior in most people (Coates, 1991).

Perceived Self-efficacy to Adopt Safer Sex Practices

Perceived self-efficacy (PSE) is someone's perception of his/her ability to carry out a behavior. Bandura (1969) developed this concept and it has been increasingly applied in several surveys to gauge the extent to which young persons have the ability or confidence to adopt safer sexual behaviors including abstinence, purchase of condom, distribution of condoms, and use of condoms. According to this theory the higher a person's PSE to adopt safer sexual behavior the higher the probability that he/she will actually put into practice such behavior. Thus, intervention programmes must stress not only the cognitive aspect of learning but also boost young persons' confidence to perform safer sex practices. Studies show that programme beneficiaries have acquired higher PSE to adopt safer sex practices including use of contraceptive and to adopt abstinence and use of condoms (Brieger et al, 2001; Ajuwon, 2000). For example, PSE scores with regard to condom use among students participating in a sexuality education programme in rural schools in Oyo state rose from 10 at baseline to 13 at follow-up. The scores of their counterparts who did not receive sexuality education declined from 11.1 baseline to 10.9 at follow-up (Ajuwon 2000). Similarly, PSE scores of experimental high school students involved in the WAYI project were superior (3.27) to those of their counterparts who were in the control group (2.17) (Brieger et al, 2001).

Change in Attitude

Another benefit of sexuality education among young persons is positive change in attitude towards use of contraceptives and to persons living with HIV/AIDS (PLWHA). As shown in the study by Fawole among high school students in Ibadan, more programme beneficiaries (79%) expressed positive attitudes towards PLWA after exposure to sexuality education than control group (14%).

Sexual Behavior

One of the significant benefits of sexuality education is its positive effects on sexual behavior of young persons. Some of the positive behaviors attributable to sexuality education included reduction in number of sexual partners; increase in use of condoms (Oladepo et al, 2004; Ajuwon, 2000; Fawole et al, 1999; Osowole, 1998). Out of school youths who participated in a community-based sexuality education programme in Oyo state reported significant increase in use of condom from 14% at baseline to 25% at follow-up (Oladepo et al, 2004). Students who received sexuality education implemented by both peer educators and teachers reported significant increase in use

of condoms (from 20.8% to 53.1%) (Ajuwon, 2003). The WAYI project led to significant increase in use of non-prescriptive contraceptives (condoms and spermicides) among students but not with the out-of-school youths. Sixty-percent of students who participated in the programme reportedly used modern contraceptives compared to 45% of comparison group (Brieger et al, 2001). One explanation for lack of positive effect of the WAYI intervention on the sexual behavior of the out-of-school youth was the fact that peer education did not capture the heterogeneity of this population (Brieger et al, 2001).

Positive Reproductive Health Outcome

An important positive reproductive health outcome from a recently concluded sexuality education programme among secondary school students in Osun state was reduction in school drop-out rate due to unwanted pregnancy. The study by Adegbenro (2004) showed a decline in proportion of students who dropped out of school from 13% to 4% among students who participated in a sexuality education programme compared to an increase from 11% to 25% in comparison schools. The sexuality education programme organized by Fawole and others (2004) among female apprentices in Ibadan led to significant reduction reported in incidence of physical assault (from 65% at baseline to 23% at follow-up); the proportion of apprentices who sought help during episodes of gender-based violence rose from 40% at baseline to 73% at follow-up.

Table 4: Evidence of Benefits of Sexuality Education Among Students

Author	Target group	Nature of programme	Outcome
Osole, 1998	Physically challenged boys & girls	Training of peer educators	-increase in discussion on reproductive & sexual issues -reduction in reported cases of unwanted pregnancy during programme -Reduction in sexual partners
Fawole et al, 1999	High school students	Six weekly educational session by researchers	-Positive attitude to PLWHA -Increase in use of condom -Reduction in sex partners
Oladebo, 1999	Male high school students	Peer education	-Increase in knowledge on HIV/AIDS -No effects of use of condoms
Ajuwon, 2000	Male and female high school students	Peer education	-Increase in reproductive knowledge -Improved self-efficacy to use condoms
Adegbenro, 2004	High school students	Peer counseling, teacher training	-Increase in knowledge of reproductive health -Reduction in drop-out rate due to pregnancy

Table 5: Evidence of Benefits of Sexuality Education Among Out-of-school Youths in Nigeria

Author	Target group	Nature of intervention	Outcome
Brieger et al, 2001	Out of school youths in Ghana & Nigeria	Peer education	-Increase in knowledge of reproductive health -No effects on sexual behavior
Oladebo et al, 2004	Out-of-school youths	Community-based	-Increase in knowledge of reproductive health -Increase in use of condom
Fawole et al, 2004	Female apprentices	General education	-Increase in knowledge of gender-based violence -Reduction in prevalence of physical violence -Improved help-seeking during incidence of violence

Lessons Learned

Some important lessons have been learned from these programmes. Regardless of the nature of the interventions, a number of factors have been found essential to the success of any sexuality education programme for young persons. They are as follows:

- Contrary to the general belief that sexuality education may be counter-productive for young persons, research evidence confirms that this type of intervention results in several positive outcomes including increase in knowledge about reproductive health and sexual behavior.
- One single intervention alone cannot meet the diverse needs of young persons. Whereas peer education has been found to be effective in schools it did not have any positive effect on sexual behavior of the out-of-school youth because of the diffused nature of the settings (bus and truck stations) where this category of young people operate. Secondly, multiple strategies are superior to single strategy intervention (Brieger et al 2001; Ajuwon et al, 2002). For example, the collaborative efforts of teachers and peer educators produced more positive outcomes than interventions delivered by teachers alone or peer educators alone (Ajuwon, 2000).
- Given the fact that sexual behavior of young persons are influenced by multiple factors, an integrated multi-sectoral approach that involves all stakeholders is the best way of providing comprehensive sexuality education to young persons in Nigeria. Parents and other stakeholders should not just be involved in programming for the sake of legitimizing sexuality education programmes, they should in fact drive the implementation of the same.
- In addition, young persons should be involved in all aspects of programming to validate the type and quality of programmes being implemented for them (Isiugo-Abanihe et al, 2002; 2003).

- Communities can be mobilized to provide good quality sexuality education programmes for young persons. In the study conducted by Oladepo and colleagues (2004) communities successfully mobilized the sum of N585, 000 (about \$5, 000) to implement appropriate sexuality education programmes targeting urban and rural youths in Oyo state.

The Challenges

Despite the benefits listed above, several challenges undermine implementation of comprehensive sexuality education for young persons in Nigeria. One of the most important challenges is the difficulty of coping with the large population of young people (more than half of the national population) in Nigeria. Apart from the difficulty of accessing funds for programmes, the lack of political will by appropriate government ministries to mobilize programmes in schools and out-of-school programmes in different parts of the country is a major challenge. To do this there is need for massive training of teachers, primary health care personnel and community youth leaders, among others in order to make meaningful impact (Isiugo-Abanihe et al, 2002; 2003).

Secondly, although several curricular are now available for implementing sexuality education programmes for young persons in Nigeria, comprehensive sexuality education is still not accessible to the majority of young persons who need it. The bulk of sexuality education programmes implemented in schools still use the extra-curricular methods because sexuality education is not included in the curricular in many states of the country. Thirdly, whereas the out-of-school adolescents are generally less informed about reproductive health and participate more in risky sexual activity than students, most existing sexuality education programmes for young persons are school-based. Consequently the reproductive health needs of the out-of-school youth may not be fully addressed. The most important difficulty in implementing sexuality education programmes for the out-of-school youths is their high mobility. This undermines sustainability of programmes and their evaluation.

Due to funding and other constraints, many sexuality education programmes for young persons in Nigeria have not been sufficiently sustained to ensure full positive impact. Typically, programmes are implemented based on availability of funds from donors.

Finally, there are several problems associated with measuring sexual behavior accurately among young persons due to the fact that sexuality issues are sensitive issues and as such tend to be kept secret and personal. Sexual behaviors are also difficult to measure objectively because they cannot be easily verified. There is a tension between reported versus actual sexual behaviors. This may particularly be so with young persons who want to answer questions about sexual behavior in ways they perceive that adults would approve. Although biological proxy markers such as infection with STI are now being used to validate reported behavior, few studies use this method in Nigeria. This creates a problem with regard to objective evaluation of effects of sexuality education programmes.

Conclusion

Young persons are an important resource in Nigeria who need sexuality education. Research evidence confirms that sexuality education brings about improvement in the reproductive health of young persons. Unfortunately, access to sexuality education for young persons is not yet universal in Nigeria. The challenge is in developing creative ways of meeting the unmet needs of young persons. Programme managers need to devote more effort to disseminating the benefits of sexuality to persuade policy makers and donors to provide greater resources for implementing good quality sexuality education programmes for young persons in Nigeria.

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