



AFRICA REGIONAL SEXUALITY
RESOURCE CENTRE

Understanding Human Sexuality Seminar Series 3

DISCUSSANT

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Comments on

Benefits of Sexuality Education For Young Persons in Nigeria

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Introduction

The need to focus attention on various aspects of the development of adolescents and youth, particularly their sexual and reproductive health, is a global phenomenon. This has been highlighted by several international conventions (ICPD, 1994, CEDAW, 1979) and agreements to which many national governments, including the Nigerian government, have expressed strong commitment. Young people all over the world are growing up in an increasingly complex environment that requires them to take tougher decisions, often without adequate preparation. Although it is generally known that the period of adolescence is a phase in life when young people are particularly vulnerable to many risks, especially in relation to their sexuality, they often lack access to adequate information, counseling and services on issues crucial to their development needs.

With the negative effects of modernization and a multiplicity of other factors which tend to reduce the ability of families to effectively educate and take care of their young ones, there is an urgent need for governments, non-governmental organizations and the civil society to implement effective intervention strategies that will promote the well-being of young people. There is need for stakeholders to provide relevant life skills education to address specific development problems being faced by young people, particularly those of sexuality and reproductive health.

Comments on Paper

In the paper, "Benefits of Sexuality Education for Young Persons in Nigeria", delivered by Ademola Ajuwon, the presenter prepared a concise and informative write-up that highlighted the need for, benefits and challenges of providing sexuality education for young people in Nigeria. The paper is highly useful in that it documents some of the successes of sexuality education in Nigeria and makes projections for more successful implementation.

Similarly, this discussion paper, following the outline of the presenter, focuses on the conceptual definitions provided by the writer, the benefits of sexuality education, its lessons and challenges and analyses the apparent strengths and weaknesses of the presentation.

Definition of Concepts

The paper commenced by defining some key concepts, including sexual health, and sexuality education. However, a major omission observed was that sexuality, which is a fundamental concept in the understanding of sexuality education, was not defined.

Sexuality, according to a definition by the WHO, is a central aspect of being human throughout life and 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, behaviours, 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 the particular context of young persons in each society.

Despite many benefits of sexuality education as highlighted in Ajuwon's paper, some programmes of sexuality education in Nigeria have faced steep opposition. This is perhaps due to lack of a clear understanding of what sexuality and sexuality education mean, as there seems to be widespread misconception that sexuality is all about issues related to sexual intercourse. Therefore, a clear definition of the concept of sexuality by the writer should have been a necessary step in defining the scope and content of sexuality education.

Furthermore, the writer's definition of sexuality education as the process of "providing information, skills and services that enable persons adopt safe sexual behaviours, such as abstinence, and non-penetrative sex is equally narrow and misleading. This definition seems to portray sexuality education as a process that is primarily concerned with either having sex or lack of it. The presenter also seemed to suggest that sexuality education should be optional, since, according to the paper, it is meant to provide knowledge to some individuals who lack necessary knowledge and skills to express their sexual drive safely and enjoyably.

This proposition is not acceptable. It lacks comprehensiveness since it addresses only an aspect of the need for sexuality education. Sexuality education should be for all young persons since (according to the writer) its purpose is to achieve sexual health, which is not restricted to the act of having sex, but refers to "a state of physical, emotional, mental and social well being and not merely the absence of disease, dysfunction or infirmity".

Comprehensive Education

In view of the foregoing, sexuality education should be conceived in a comprehensive manner that involves the use of integrated, multi-sectoral approaches. An example of a programme that adopts the integrated approach to sexuality education is the Integrated Family Life Education (IFLE) project being operated by the Centre for Population Activities and Education for Development (CEPAED) in various parts of the Niger Delta since 1996 (*Isiugo-Abanihe et al, 2002; Isiugo-Abanihe and Ofrey, 2002*).

The Integrated Family Life Education Approach to sexuality education addresses young people's sexuality and reproductive health needs within the context and in response to other development needs (including social, environmental or economic) which may be affecting their sexuality and reproductive health. This is an interactive approach to sexuality education that

is both bottom-up (starting from the needs of the young people) and top-down (focusing also on global and national guidelines). Hence in implementing sexuality education, although a national curriculum exists, it is adopted as a guide; and through the participatory approach, there is a continuous refinement and validation of its content in response to individual or group need, in respect to factors such age, location, social, religious and other relevant circumstances.

It is important to note that the recent review of the National Sexuality Education Curriculum and the incorporation of Family Life Education is a step towards making sexuality education more responsive to broader needs of young people, especially in this era of high rate of HIV infection among young people. It signifies a shift from a narrow-focused and controversy-prone sexuality education to a broader and more people-sensitive programme.

Rationale for Sexuality Education

The presenter further highlighted various types of risks that young people are exposed to which sexuality education can target and bring about redress. These include early sexual activity and its consequences such as unwanted pregnancy, induced abortion and pregnancy complications as well as sexually transmitted infections (STI).

Although the writer identified key areas of problems related to young peoples sexuality, for a presentation of this type that aims at providing education and enlightenment on sexuality education in Nigeria, it is expected that the information provided should include more national studies and statistics rather than a collection of isolated case studies in different parts of the country. The following information from national studies are therefore added as a supplement to those in Ajuwon's paper.

Poor Knowledge

The National HIV/AIDS and Reproductive Health Survey (NARHS) (FMOH, 2003) reports poor knowledge of sexuality and reproductive health issues, especially among young persons of 15 to 19 year old. Knowledge of condom among 15 to 19 year olds was found to be an average of 59.4%; whereas knowledge of symptoms of different types of STIs in men and women by 15 to 19 year olds ranges from 6.8 to 44.1 per cent. In respect of knowledge of rights of people living with HIV/AIDS (PLWA), 30.6 per cent of the respondents aged 15 to 19 years believe that the rights of the PLWA are protected in Nigeria. This is evidence of gross lack of knowledge about sexuality and reproductive health issues among young people across the country.

Poor Access

Among the 15 to 19 year olds, accessibility of different family planning methods was found to vary from 6% to 19%; and use of condoms was found to be practised by a mere 34.4 per cent (FMOH, 2003).

Early Sexual Debut / High Sexual Activity

As in most parts of the world where premarital sex is rising (PRB, 2000), in Nigeria, by the age of 19 years, 70% of all Nigerian adolescents have become sexually active and they often do not employ any means of protection (NDHS, 1999); no wonder, Nigerian adolescents of ages 15 to 19 years rank among the highest in level of fertility, with 112 births per 1000 females.

Girls' Vulnerability

Apart from sexual activity, among boys and girls, gender issues in sexuality and reproductive health is a major concern for sexuality education. There is need to highlight the issue of double vulnerability of girls as they are more exposed to risky sexual encounters. These include young girls' exposure to rape and other forms of sexual violence, which often lead to sexual dysfunction and involvement in sex with multiple partners, and sex for exchange of money. Sexuality education on gender issues is far from optional as the incidence of gender-based violence often associated with sex seems to be on the increase.

Benefit of Sexuality Education

In response to the outlined areas of young people's need for sexuality education, Ajuwon provided a detailed summary of outcomes and successes of sexuality education. He listed six criteria for assessing success, including (a) level of comfort in discussing sexuality and reproductive health issues; (b) knowledge of reproductive health; (c) perceived self-efficacy to adopt safe behaviour; (d) attitudes towards adopting safe sex behaviour and toward persons living with HIV/AIDS; (e) sexual behaviour; (f) reproductive health outcomes including unwanted pregnancy.

Although, the presenter provided several examples of studies whose results demonstrate positive outcomes of sexuality education, a crucial question that needs to be asked, is how far the results of the studies can be generalised, in terms of the scope of their samples, population and research methodologies employed, as well as the content and targeted behaviours of the various sexuality education programmes. For instance, to what extent do the products of the reported programmes include knowledge, attitude, behaviour and other types of outcomes? What is the extent of coverage of the reported programmes in the six geo-political zones of Nigeria? And what types of study designs were employed to maximize or control the effects of the sexuality education programmes. There is need for clearer description of the methodology of the studies reported.

Two examples of programmes that employed statistically controlled experimental research design in evaluating the influence of sexuality and reproductive health education on young people are the Integrated Family Life Education (IFLE) project (*Isiugo-Abanihe and Ofrey, 2003*) carried out in

Nembe and several other communities in the Niger Delta area of Nigeria, and the Formative Evaluation of the Sexuality Education Curriculum trial-tested among secondary school students in Ibadan; Oyo State (*Falola-Anoemuah, 2004*). The two studies adopted the pretest-posttest, control group quasi-experimental design and found significant effects in the knowledge and attitude indicators of sexuality education influence.

Lessons

There is no doubt, based on Dr. Ajuwon's presentation and other research evidence, that sexuality education leads to several positive outcomes and should be encouraged for young persons in Nigeria. However, an integrated, multi-sectoral approach that involves all stakeholders should be adopted. Parents and other stakeholders should not just be involved for the sake of providing legitimacy for the programme. Our experience shows that even the youth themselves want to be involved to validate the type and quality of programme being implemented for them; and when they perceive a programme that is relevant to their needs, they tend to participate actively, and they are happy to be involved in the process of shaping their own lives and destiny.

Challenges

The most crucial challenges of providing comprehensive sexuality education include 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.

The challenges of the fast rate of spread of HIV and AIDS in Nigeria, particularly among young people, calls for modification in the programming and implementation of sexuality education in Nigeria. The current move to implement a curriculum that has greater concentration of HIV and AIDS component is definitely challenging since there is the fear of overloading the curriculum. This is particularly true, in view of the fact that there still remains other important areas of life skills education which are needed by young people.

Conclusion

The paper, 'Benefits of Sexuality Education for Young Persons In Nigeria' by Ademola Ajuwon provided some good rationale for and evidence of positive outcomes of sexuality education. However, in a country with large and diverse youth population such as Nigeria, and with a fast rate of spread of HIV and AIDS among the youth, there is no doubt that defining and implementing relevant sexuality education that is responsive to the various and specific needs of all Nigerian youths is a daunting task. There is therefore need for multi-sectoral action involving, all arms of government, non-governmental organizations and civil society, including youths and parents in the planning

and implementation of sexuality education programmes to ensure that relevant and substantial results are achieved.

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