



AFRICA REGIONAL SEXUALITY
RESOURCE CENTRE

Understanding Human Sexuality Seminar Series 3

Empowering Youths Through Sexuality Education: The Challenges and Opportunities

PROF. BENE E. MADUNAGU
Chairperson, GPI Executive Board
Girls' Power Initiative (GPI)
Calabar, Cross River State,
Nigeria

Lagos, Nigeria
March 24, 2005

Introduction

Action Health Incorporated, way back in the mid-nineties took the lead in articulating the approach for implementing the human liberating issue of Sexuality Education in Nigeria. In the early stage they understood the reality of Human sexuality and extended invitation to a wide and inclusive group of Nigerian government as well as non-governmental organizations. The invitation was extended to different segments and institutions of the Nigerian society including educational professionals and religious institutions to collaborate in the process of developing a blue print for providing sexuality education to Nigerian young people. This was a step in the right direction.

Eventually the merit, value and strength of Sexuality Education were acknowledged at the highest level of governance at the national level in the Ministry of Education. The Nigerian government approved the National Curriculum for Comprehensive Sexuality Education in Nigeria way back in August 2001. However, retrogressive and conservative groups frowned at the concept of sexuality and the policy was bastardised to eliminate the use of the term sexuality; an action based on the fear of providing information that would address the core of patriarchal exploitation of women

Why Do People React Negatively To The Term “Sexuality”?

In my ten years as a trainer in Human Sexuality, I have not found one group of participants of any description - females, males, mixed, young or old, of diverse educational backgrounds, where all were accurately informed of the concept of Sexuality. I will quickly admit that if ten informed persons on the subject of sexuality were asked to define sexuality, there would be no two definitions of sexuality that would be the same. All may be accurate in terms of explaining the concept; all may contain key terms, words and phrases that give an idea of what sexuality is. However, it has never happened that all participants in a training group ever gave such informed responses. Rather, in all of my training sessions I always get responses that range from the most absurd such as “Sexuality refers to when a man and a woman are in a room together”, “Sexuality has to do with when two adults of opposite sex have an affair” to other responses such as “Sexuality has to do with sexual intercourse”. Some are of the opinion that Sexuality is about teaching people about sexual intercourse.

Thus the concept of sexuality is often very much misunderstood. From the few examples above, some people assume that sexuality refers only to our sexual behaviours, thus linking sexuality only with the various ways that people express sexual feelings and derive sexual pleasure. It is the misconception of limiting sexuality to the genitals and reproductive processes such as childbirth that gives room for opportunistic politicisation of Human Sexuality.

Hence, I believe that those that advocated for the term sexuality to be dropped must be completely ignorant. Their ignorance is the kind that they do not believe they may be ignorant and hence they are not moved by any attempt to be educated to liberate their minds from such misconception. Yet such persons may be in powerful positions to therefore impose their ignorance on others.

It is therefore important, for Human Sexuality educators to always ensure that participants are given opportunity to surface the myths and misconceptions they carry as regards the concept and to generate discussions that will enable a shift of opinion in such persons. In that way, they will open up, reflect upon the matter and consciously reach an understanding of the subject.

Definitions

I consider it pedantic to provide definitions in a presentation. However, given the importance and the need for clarity in the subject, it becomes necessary to provide from authentic sources, the working definitions upon which this presentation is based.

The World Health Organisation (WHO) provided the working definitions for Sexuality along with other related issues namely Sexual Health and Sexual rights (WHO 2002). As pointed out by Girard (2004) these definitions draw on existing international law¹, international consensus agreements on sexual and reproductive health and women's right,² and the work of a number of experts and organizations in the field of sexuality.

From the WHO working definitions, "Sexuality 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. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and "spiritual factors".

The same WHO working definition provided the content for sexual health, "sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not, merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."

Sexual Rights

It is also important to quickly provide context to the term “Sexual Rights” which is also largely misunderstood just as sexuality. Drawing also from the WHO definition, “Sexual Rights embrace human rights that are already recognized in natural laws, international human rights documents and other consensus documents. These include the right of all persons, free of coercion, discrimination and violence, to: the highest attainable standard of health in relation to sexuality. This includes the right to:

- Access sexual health including reproductive health care services;
- Seek, receive and impart information in relation to sexuality;
- Sexuality education;
- Respect for bodily integrity;
- Choice of partner;
- Decide to be sexually active or not;
- Consensual sexual relations;
- Consensual marriage;
- Decide whether or not, and when to have children; and
- Pursue a satisfying, safe and pleasurable sexual life.

Contrary to the misconception of sexuality as referring narrowly to sexual intercourse, Sexuality, places emphasis on one’s bodily integrity, an aspect of sexual rights

“Bodily integrity, which is listed in the definition of sexual rights, is central to sexual and reproductive freedom” (Girard 2004). It can be defined as the right “over one’s body”, including “an affirmative right to enjoy the full potential of one’s body, whether for health, procreation or sexuality.” (Correa and Petchesky 1994, p.113)

A Life-Long Process

Clearly, sexuality goes beyond just the abstract action of sexual intercourse. It covers the total behaviour of who we are as human beings, male or female. It embodies all of our feelings, fantasies, thoughts, behaviours, beliefs, values, identity, roles, aspirations, desires etc. Even the body growth from birth, the body changes as we grow up including the physiological processes of ovulation, menstruation and ejaculation are all part of the concept of human sexuality.

Perhaps one way of looking at sexuality is in three parameters of the human person namely:

- (1) A person’s relationship with herself or himself including personal fantasy, masturbation and exploration of one’s body.
- (2) A person’s relationship with other people including intimate and sexual relationships with other people.
- (3) A persons relationship with her or his community and how in turn the society affects one’s exploration of these relationships.

In the first instance, sexuality encompasses how one feels about one's self as being male or female; what a person thinks about how other people see her or him; what someone believes in life; how one goes about achieving one's aspirations; choices, interest, goals and vision; what a person consciously enjoys doing; who a person is sexually attracted to; what gives a person pleasure and satisfaction.

Sexuality is about a person's relationship with herself/himself, as part of being human. Interconnected, as part of human sexuality is one's relationship with other people from birth to death. This includes the way we show care, passion, affection and love to others; the way we experience hate, anger, frustration, jealousy, and compassion as well as how we influence, control or manipulate others. Similarly socialization, family and the larger societal norms, values and practices influence sexuality. Thus our expression of sexuality is influenced by what kinds of behaviours are acceptable for females and males (gender), the contribution one makes in society and what changes one can make in the society. It can be seen that Human sexuality is a natural, important, positive and joyful part of being a human person. It is a life-long process that extends from when one is born until death.

Adolescence

The way people express their sexuality is largely influenced, dictated and shaped by social attitudes, expectations, norms and taboos. But since these are not static, so also, the choices a person makes is influenced by what the society holds in a given time. Individuals as they grow-up become more aware of their sexuality especially during the period of adolescence (age 10 to 19). It is during this period that individuals become aware of how they feel, think and behave as female or male and what they want in terms of close relationships and physical affection and attraction.

This is when people begin to feel strongly attracted to other people and start noticing and seeking to understand their own sexual feelings, desires, dreams and fantasies. This is also when they develop a strong urge for independence and depend more on their peers and the media for information; and most often information about sexuality issues. This fact underlines the importance of Comprehensive Sexuality Education for all young people from their growing up years. This is to properly guide them to make the right choices to promote responsible behaviour and reduce the high risk they face as a result of ignorance, misinformation, myths and misconceptions about Human Sexuality. It has to be understood that experiencing sexual feelings is just an aspect of our sexuality.

As sexual beings, everyone has sexual feelings, which do not necessarily have to lead to sexual intercourse. Out of ignorance or influenced by social perceptions and attitudes, many people including young people, think that having sexual intercourse is such a powerful uncontrollable force that cannot be

resisted. Yet having sexual intercourse, which is but a minute aspect of sexuality, is and should be a deliberate consensual choice and decision. Before having sexual intercourse one ought to consider when, why, with whom, where, how often and if with or without a condom for protection against sexually transmitted infections including HIV/AIDS, and unwanted pregnancy (in the case of heterosexual intercourse).

Benefits

Comprehensive Sexuality Education would guide young people into having a healthy and responsible sexuality and sexual life. This is because through Sexuality Education, young people would be guided:

- To express their sexual feelings in ways that are not harmful to themselves or to another person.
- not to take risk with their feelings and not to take risk with the feelings of others;
- to take time to learn about their life goals and how to choose careers to meet their goals;
- to take time to learn about their emotions, and how to be sexually safe and healthy
- to know about the kinds of sexual practices that people engage in and hence take time to reflect and think about their choices and be in charge of such choices in the best interest of their health;
- to be able to postpone the expression of sexual feelings through sexual intercourse until, they are ready for the responsibilities of its consequences;
- to learn and understand the consequences of unprotected sex and how best to remain healthy and free from diseases and infections;
- to avoid confusing and misleading information and negative pressure from peers, older siblings, videos, blue firms, music, magazines an other media sources and influences.
- to acquire accurate scientific information on basic sexual and reproductive health, values, decision making, communication and life management skills.

In summary sexuality is a natural part of the being human. It is multidimensional involving the physical, emotional, social, moral and spiritual dimensions of human life and the relationship to pleasure and reduction of human stress and tension. Thus, it is a violation of ones fundamental human rights and freedoms guaranteed by numerous international, regional, and national policies and legal instruments when attempts are made to control rather than educate people to freely express their sexuality positively and in good health.

Therefore, it is necessary for parents, other adults and government to work on their attitude towards sexuality and not deny that adolescents are sexual beings. Rather, parents, religious leaders, government must acknowledge the reality of adolescent sexuality and teach them how to be healthy sexual beings without endangering themselves and others. This will assist young people to distinguish between life enhancing sexual behaviours and those that are harmful to

themselves and others. Attitudinal change is required if young people must be saved from taking the lead position in vulnerability to HIV/AIDS.

Sexuality also embodies our:

Body Image: Consisting of how we look, see ourselves, appear to others, worry about how others see us and how we feel about what others think of our appearance.

Gender: The social (rather than biological) construction of who we are as female or male and the roles assigned by society and socialisation on how to be female or male.

Relationship: Our values about life and the people our lives touch. The different ways we express our feelings, knowledge, ideas etc to others around us, including our care for different people – family members, peers, friends, lovers, teachers, colleagues, religious leaders etc. It also includes how we experience love, hate, compassion, kindness and care, in our interpersonal relationships.

Intimacy: A special sharing of love and closeness in thoughts and feelings.

Love/Affection: Special care and closeness. One can show affection without necessarily being in love.

Eroticism: What turns one on emotionally; what someone gets excited about. What one enjoys doing that gives pleasure.

Social Roles: Ones actions that contribute to social development; what one believes in and wants to become; including what positive changes one wants to make and the influence we have on others. It includes control and manipulation.

Social Orientation: Who one is sexually attracted to, same sex, both sexes or opposite sex, that is homosexual, bisexual or heterosexual.

Each of these aspects have wider contexts but are parts of human sexuality.

Gender

In this context therefore, sexuality is different from gender just as gender is different from women or women issues. The definition of gender is also not simple. One approach defines gender as the social and cultural construction of sex: that is, what it means, in a given time and place, to be a man or a woman, and what attributes, roles and behaviours are assigned to and expected of each sex in that particular context³. This definition is limited and exclusive. *The Sun* newspaper of Tuesday February 1, 2005 on page one carried the story of one of the Nigerian football team players – a member of the Falcons - who underwent an operation to assume one sex rather than being neither one or the other. This is a case of being transgendered.

There are therefore those that are excluded by this definition. Sexuality and gender interact and may overlap, but they should nevertheless be analysed separately so as, for example, to tease out the ways in which sexual norms bear on the experience of being a man or woman, and conversely, to understand how gender roles affect sexuality (Vance 1984, p.9). This distinction is also the more necessary given the tendency of many commentators and researchers to use the term “gender” as a stand-in for “women” thereby obscuring men’s experiences.⁴

Zip-Up Campaign

The morbid fear of the term sexuality plus the current waive of advocacy called “ZIP-UP” aimed at promoting “abstinence – only education” clearly is myopic. It denies young people their freedom of information and expression, and impairs their access to health services. It discourages young people from using contraception because it demonises the discussion of modern methods of contraception instilling fear through the limitation of information and the exaggeration of failure rates of contraception. Yet, the only effective and scientific protection against sexually transmitted infections including HIV/AIDS is the correct use of condoms where abstinence fails. There is no denial that abstinence is the only full protection for young people against some sexually transmitted infections and to some extent also HIV/AIDS.

However, religious injunctions, fasting and prayers, family values and all such similar moral teachings and practices have continued to fail to ensure 100% abstinence for young people without accurate information as provided by Comprehensive Sexuality Education. The way out therefore cannot be a one-faceted action of “Zip-up - abstinence only” message. The moral thing to do is combining this with Comprehensive Sexuality Education. Sexuality as clearly defined and explained in this presentation is human and part of our lives and therefore morally correct. What is immoral is the denial of access to accurate information to provide young people the options necessary to make the right choices about their lives and health.

It is also immoral to waste so much resources in rallies on “Zip-up” rather than providing the information and skills to enable young people take decisions about their lives in the expression of their sexuality responsibly. The problem is not sexuality. The problem is developing policies from the position of ignorance and prejudices.

One of the most efficient ways that patriarchy uses sexuality as a tool to create and sustain gender hierarchy in African societies is by enshrouding it in secrecy and taboos (Tamale 2003) Denial of the use of the term sexuality is part of patriarchal power and socio-cultural norms reinforced by religious beliefs and injunctions to suppress in particular girls and women from the free expression of their sexuality. This is why we still see forms of their repression in such practices as virginity testing for girls, female genital mutilation, widowhood rites, wife inheritance, still practiced in African communities. Thus, policies around Human sexuality rest on the desire to control female sexuality rather than from an understanding of the naturalness of human sexuality

It is also the padlock to retain in the closet, the fact that has continued to unfold about Nigerian and other sexually diverse Africans such as gays, lesbians and transgender persons. It is the fear of uncovering what the Nigerian society continues to deny based on their homophobia. Yet, facing life realities is the only key to the protection of all Nigerian citizens against the rapid spread of the

HIV/AIDS pandemic. Such realities are often blamed on western influence. Yet many homosexuals and transgendered persons have never had any interaction direct or indirect with the west. Many are not even literate enough to read about sexual orientation and hence their sexuality has had not been affected by such external influence. Indeed existence of these groups of persons have been recorded in the African continent.(Murray and Roscoe 1989)

Across almost all societies, the notions of “pleasure” and “choice” are rarely mentioned or acknowledged as being among the most contentious aspects of human sexuality; particularly female sexuality. For many African women, even the suggestion that sexual pleasure and eroticism have political implications, elicits alarm, and it is seldom recognized that sexual pleasure is fundamental to the right to a safe and wholesome lifestyle (see endnote 2). Patricia MacFadden used the term “socio-sexual anxiety” to describe the anxiety and fears surrounding the freedom of women to enjoy sexual pleasure.

I agree with her when she states that “the intensity of this anxiety is generated by the fact that there is an extremely intimate relationship between sexuality and power - a connection which is manifested in a range of circumstances and experiences”. Thus the politics of sexuality as is manifested in the removal of the term sexuality in a policy already adopted, rests on the issue of power and the use of that power rather than recognition of sexuality as a human attribute. Such exhibition of power and violation of the rights of the majority; particularly girls and women can only be effectively confronted by a conscious feminist struggle against patriarchal sexual hegemony.

In our present circumstances, the way forward is using the tool - the approved curriculum now nick-named Family Life and HIV/AIDS Education to give accurate information and build the skills of young people in and out-of-schools to enable young people express safe and pleasurable sexuality.

Conclusion

During the decade of the 1990s, the women’s movement at the global, regional and national levels struggled for the rights-based approach to human and social development. Various policy documents acknowledge women’s rights as human rights. The Universal Declaration of Human Rights defines human rights as indivisible and inalienable. Hence everyone has the right to the enjoyment of his or her human sexuality.

It is therefore important that the concept of sexuality be fully understood. The entire struggle for Sexual and Reproductive Health and Rights (SRHR) is premised on the need to reclaim and give content to what constitutes sexual, social and gender justice based on the life experiences of girls and women who suffer so much injustices just for being female. The discussion on human sexuality cannot be complete without also addressing the structural force of the neo-liberal agenda, capitalism, male dominance in human relationships and

patriarchy reinforced by fundamentalisms of religion, rising feudalistic tendencies and deepening economy of globalisation.

Present day activism of SRHR community arise from the long history of oppression and exploitation of women's sexuality embedded within these structural forces. Continuing to pay lip service to gender equality as a comfort zone for policy makers within the present neo-liberal context without the social restructuring and political transformation of these structural forces would do very little to ensure the naturalness of human sexuality.

In the struggle to empower girls and women to reclaim their rights to pleasurable sexuality, the central focus has been for the right and ability of girls and women to control what happens to their bodies. As we continue in this struggle, we are constantly challenged by poverty, sexism, homophobia and all kinds of injustice and discrimination. Empowerment through sexuality education must therefore be comprehensive, recognizing the linkages of the economic, social, political and sexual dimensions of human existence.

Notes

¹ In particular, the 1966 International Covenant on Civil and Political Rights, the 1996 International Covenant on Economic, Social and Cultural Rights, and the 1979 Convention on the Elimination of Discrimination Against Women, and General Comment No.14 on the right to the highest attainable standard of health, issued by the UN Committee on Economic, Social and Cultural Rights in 2000.

² Most notably, the Program of Action of the 1994 International Conference on Population and Development and the Platform for Action of the 1995 Fourth World Conference on Women.

³ This "two-gender" formulation has been critiqued as simplistic. It certainly seems inadequate to deal with the reality of transgender persons. Gender analysis can also mark the differences between women themselves unless it is accompanied by analyses of other factors such as socio-economic status, race, ethnicity, sexual orientation, age or nationality.

⁴ See Gary W. Dowsett, "Some consideration on sexuality and Gender in the Context of AIDS," *Reproductive Health Matters* 2003; 11 (22):21-29, on the predominance of the heteronormative "two-gender" analysis in the current understanding of HIV, and its attendant emphasis on heterosexual transmission and women's vulnerability to infection, to the detriment of an analysis of sexual interests, sexual cultures and sexual economics as driving forces of the pandemic.

References

Correa, S. and Petchesky, R. 1994 "Reproductive and Sexual Rights: A Feminist Perspective, in *Population Policies Reconsidered* eds G. Sen, A. Germain, & C. Lincoln, p. 113.

.Dowsett, G. W, 2003, "Some consideration on sexuality and Gender in the Context of AIDS, *Reproductive Health Matters*; 11 (22), pp.21-29

Girard, F. 2004 Global Implications of U.S. Domestic and International Policies on Sexuality. The International Working Group on Sexuality and Social Policy (IWGSSP) Working Papers, No. 1. June 2004.

McFadden, P. 2003 "Sexual Pleasure as Feminist Choice" in *Feminist Africa Changing Cultures*. African Gender Institute, University of Cape Town, South Africa Issue 2 of 2003.

Murray, S and Roscoe, W (1998) "Boy-wives and Female Husbands: Studies of African Homosexualities. New York: St. Martin's Press.

Tamale, S. 2003 "Out of the Closet": Unveiling Sexuality Discourses in Uganda in *Feminist Africa changing cultures*. African Gender Institute, University of Cape Town, South Africa, Issue 2 of 2003

Vance, C. S. (ed.) 1984, *Pleasure and Danger: Exploring Female Sexuality*, Routledge and Kegan Paul

World Health Organisation. 2002 Technical Consultation on Sexual Health, Working Definitions, Geneva, Available from [www.who.int/reproductive-health/gender/sexual_health .htm#2](http://www.who.int/reproductive-health/gender/sexual_health.htm#2) as at late 2003.