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Adolescent Sexuality and Sexuality Education in Southwestern Nigeria: Combining Quantitative and Participatory Methodologies

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Abstract: This study investigates, the teaching of sexuality education in schools as a solution to adolescent's sexuality problems in South-Western Nigeria. Issues considered in adolescent sexuality include conceptions of sexuality and patterns of sexual relationships, level of knowledge about Sexual and Reproductive Health (SRH) and magnitude of SRH problems. Data for the study was generated from a cross-sectional questionnaire survey and participatory methodologies (Focus Group Discussions (FGD) and In-Depth Interviews (IDI)) in South-western Nigeria, in which 779 randomly selected respondents, aged 12 years and above, attending 10 secondary schools in 5 communities of Ekiti State, Nigeria participated. Findings of the study revealed, the level of sexuality knowledge and awareness of respondents. Sexuality education has not been fully incorporated into some of the schools curriculum and much of what is known about sexuality is mainly received from peers, who are often ignorant about these issues and provide either erroneous or inadequate information. The study concludes that teaching of sexuality education in schools will impact positively on adolescent sexuality behaviours in South-western Nigeria.

Key words: Adolescent, sexuality education, sexual and reproductive health, Nigeria

INTRODUCTION

Adolescent sexuality worldwide is a topical issue in sociological discourse and for the concern with unfavorable sexual and reproductive health indices, including unintended pregnancies, unsafe abortions, early childbearing, sexually transmitted diseases, STDs and the Acquired Immune Deficiency Syndrome, AIDS. Over the last decade, this has become a major public health concern. Various studies addressing adolescent sexuality in Nigeria reported early age at sexual initiation, high levels of premarital sexual activities, risky sexual practices including unprotected sexual intercourse with multiple partners and little or no knowledge about sexual and reproductive health matters (Owuamanam, 1982; Action Health Incorporated, 1996; Amazigo *et al*., 1997). The visible health and social outcomes of these are high rates of unwanted pregnancies, maternal mortality, STDs, which increases the risk of HIV infection and increasing number of school dropouts.

According to the Nigeria Demographic and Health Survey (NDHS) (2003) 1/5th of women age 15-19 had sex before the age of 15 and half of women age 20-24 had sex by the time they were age 18. Over ⅓ (37%) of ever-married women age 15-24 first had sex before the age of 15. Initiation into sex at such young ages is not nearly as common among the never-married. Among the never-married, just 6% of both men and women had sex by age 15 (NDHS, 1999).

As a result, it is now commonly accepted by governments and international organizations that interventions are needed to help adolescents manage their sexual and reproductive lives. The most commonly supported policy and research by international organizations in Africa have focused on the identification of access barriers to family planning services for adolescents and most importantly, access to knowledge on sexual and reproductive health through sex education or Family Life Education (Action Health Incorporated, 1996; Policy Working Paper Series No. 12, 2004).

At the International Conference on Population and Development (1994), governments agreed that information and services should be made available to adolescents to help them understand their sexuality and protect themselves from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility (ICPD Programme of Action, 1994). According to the Policy Working Paper Series No. 12 (2004), Nigeria is in

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the early stages of carrying out its new national policy on sexuality and reproductive health education. Worldwide, school-based programs are an important element of efforts to improve the reproductive health of young people. School-based sexuality and reproductive health education is one of the most important and widespread ways to help young people improve their reproductive health. Countries in every region have organized sexuality education programs of one type or another. Such programs, if thoughtfully designed and well implemented, can provide young people with a solid foundation of knowledge and skills. Comprehensive sexuality education can improve sexual and reproductive health and enable people of all ages to understand and manage their sexual and reproductive lives. When provided before and during adolescence, it can have a triple impact. It can help adolescents understand and manage their sexuality and reproduction during this crucial period of social and physical development; prepare young people to manage their sexuality in adulthood, including controlling their fertility and maintaining their own and their partners' sexual health and prepare them for parenthood when they will be called upon to guide, support and educate their own children (Irvin, 2000).

Many studies have examined the effect of sexuality education on adolescent sexual behaviors. The majority of studies focuses on getting information on sexuality only from peers, parents and the mass media and do not consider other sources of information such as school. The aim of this research, is to investigate the teaching of sexuality education in schools as a solution to adolescent's sexuality problems in south-western Nigeria. This study will examine the knowledge and opinions about various issues of sexuality and reproductive health. This includes major sources of information regarding sexuality and reproductive health, knowledge of HIV/AIDS and ways of preventing acquiring it. In addition, this study will identify the definition, structure and content of sexuality education and the extent of its adoption in Southwestern, Nigeria.

MATERIALS AND METHODS

Total 10 schools were systematically selected from 5 Universal Basic Education (UBE) Local Government Areas (LGAs) in Ekiti State. Two schools each were randomly selected. In each school, students were randomly selected from the entry, mid and exit classes (Junior Secondary School (JSS), Senior Secondary School (SSS 1) and (SSS3), respectively). A total of 779 respondents were successfully interviewed using a self administered structured questionnaire developed by the author, which contained mostly closed ended questions. Content validity was done by a panel of judges from the Faculty of the Social Sciences. The questions in the questionnaire were objectively vetted, paying particular attention to their relevance to the subject matter and their coverage of the entire topic of study.

Participatory methodologies approach was adopted using individual In-Depth Interviews (IDI) and Focus Group Discussions (FGD). Twelve key informants consisting of guidance and counselors 4, school principals 4 and parents 4, were purposively selected and interviewed using a semi structured in-depth interview guide. A total of 5 Focus Group Discussions (FGDs) were conducted among teachers and parents. While, the FGDs provided information about adolescents sexuality and sexuality education norms and expectations, the IDIs offer information about the context of young peoples' lives, the competing risks they face, their sexual behaviors, perceptions of risk, prospects and challenges of sexuality education. Returned questionnaires were subjected to thorough screening, checking for consistency and finally edited. The pre-coded nature of the questionnaire facilitated easy entry of the data and statistical analysis. The data collected were subjected to basic analysis with the SPSS software version 11. Information from focus group discussions and in-depth interviews were transcribed and organized under broad headings that depict different aspects of the discussions. The transcribed information were analyzed descriptively (qualitatively) and used to corroborate results of quantitative analysis where and when necessary.

RESULTS

Age, sex and class of respondents: The age and sex of adolescents have immense influence on their knowledge, attitude and practice of sexuality. In the present study, majority of the respondents were female (52.6%). This is mainly because females are more likely to report issues concerning their sexuality more than their male counterparts. The respondents ages ranged between 12 and 23 years while, majority were in the entry (JSS 1) Class. Providing age-appropriate information and skills-such as those related to decision making, interpersonal relations, creative and critical thinking, through sexuality education to this age group can positively influence their transition to adulthood (Table 1).

Knowledge of HIV/AIDS by class: School-based sexuality and reproductive health education has been found to be one of the most important and widespread ways to help adolescents learn about and improve their sexual and

reproductive health. In this study, the knowledge of HIV/AIDS varied by class of the respondents. Nearly all respondents (99%) have heard of HIV/AIDS, 10 and 25% believe that there is a cure for HIV/AIDS and that it can be contracted by shaking hands, respectively. Majority of respondents in the entry class have limited knowledge about the mode of transmission of HIV while, majority of respondents in the mid and exit classes have a high level of knowledge about the mode of transmission of HIV. The main explanation for this is that the Family Life and HIV Education (FLHE) Curriculum has been implemented in some of the schools selected for this study. Nevertheless, respondents in the entry classes are new intakes and it is likely they have not covered the topic on modes of transmission of HIV in the curriculum (Table 2).

Source of health Information by classes: When asked about their source of health information, majority of the respondents (81.6%) said it was the mass media across the classes; however, additional sources of information besides the media varied by classes. Adolescents in the entry class most commonly listed parents (97.7%) and school mates (65.2%) as sources of health information; adolescents in the mid class reported school mates (68.7%) and school teachers (71.8%) majorly as sources of health information; while, adolescents in the exit class commonly listed school mates (63.5%) as their sources of health information. Meanwhile, health workers (20.9%) were the least reported sources of sexual and reproductive health information. This study corroborates the reality of the non-existence of adolescents-friendly preventive reproductive health services in Nigeria. The International Conference on Population and Development (ICPD) (1994) emphasized that solutions are needed to assist adolescents manage their sexual and reproductive health transitions into adulthood. It described the need for recognition, commitment to and implementation of sexual and reproductive health rights and services for adolescents (Table 3).

Despite this declaration, adolescent-friendly preventive reproductive health services and programme remain largely inadequate due to numerous challenges faced in most of the sub-Saharan, Africa countries.

Teaching sexuality education in schools: The topic of sexuality creates anxiety in most people, including parents, educators and academics. This anxiety started with the Victorian preoccupation with protecting childhood innocence from adult corruption. Moreover, many have argued since that such an anxiety has resulted in reluctance, on behalf of psychologists and sex educators, to systematically study children's sexual development.

Table 1: Age, sex and classes of respondents

Age group of respondents	F (%)
12-15	381 (48.9)
16-19	315 (40.4)
20-23	83 (10.7)
Total	779 (100.0)
Sex of respondents	
Female	410 (52.6)
Male	369 (47.4)
Total	779 (100.0)
Class of respondents	
Entry (JSS 1) Class	308 (39.5)
Mid (SSS 1) Class	298 (38.3)
Exit (SSS 3) Class	173 (22.2)
Total	779 (100.0)

Table 2: Knowledge of HIV/AIDS by class

	Respondents answering "Yes" F%			Total respondents answering
Specific knowledge of HIV/AIDS	Entry (JSS1) N = 308	Mid (SS1) N = 298	Exit (SS3) N = 173	"Yes" F%
Ever heard of HIV/AIDS?	303 (98.3)	298 (100.0)	173 (100.0)	774 (99.4)
Is there a cure for HIV/AIDS?	51 (18.5)	17 (5.7)	8 (4.6)	82 (10.5)
Can HIV/AIDS be contracted by shaking hands?	123 (39.9)	52 (17.4)	24 (13.8)	199 (25.5)
Can it be contracted by sharing needles?	22 (7.1)	88 (29.5)	71 (41.0)	181 (23.2)
Can it be contracted through blood transfusion?	12 (3.8)	177 (59.3)	122 (70.5)	311 (39.9)
Can it be contracted through homosexual relationships?	7 (2.2)	34 (11.4)	67 (38.7)	108 (13.8)
Can it be contracted through blood donation?	215 (69.8)	255 (85.5)	170 (98.2)	640 (82.1)
Can it be contracted through insect bites?	12 (3.8)	134 (44.9)	101 (58.3)	247 (31.7)
Can HIV/AIDS be passed from a pregnant woman to her baby	54 (17.5)	121 (140.6)	119 (68.7)	258 (33.1)

Table 3: Source of health information

	Total respondents answering "Yes" N%			Total respondents
Source of health information	Entry (JSS1) N = 308	Mid (SS1) N = 298	Exit (SS3) N = 173	answering "Yes" N%
Parents	301 (97.7)	111 (37.2)	85 (44.1)	497 (63.8)
School mates	201 (65.2)	205 (68.7)	110 (63.5)	516 (66.2)
School teachers	102 (33.1)	214 (71.8)	93 (53.7)	317 (40.6)
Mass media	211 (68.5)	255 (85.5)	170 (98.2)	636 (81.6)
Health workers	73 (23.7)	39 (13.0)	51 (29.4)	163 (20.9)

Developmental psychology has steered clear of the subject of children's sexuality and as such, there is little scientific information on how children grow sexually. Although many parents admit that their children do have a sexual life (usually through observing masturbation or sexual play with other children), many prefer to turn a blind eye to it, due to embarrassment and/or disapproval (Levine, 2002).

Traditionally, children are expected to be taught about sex by grandparents, aunts and uncles but urbanization has led to a breakdown of these structures (Kiragu, 1991). However, questions were raised, on which of the institutions (religious, family and educational) was in the best position to teach about sexuality, at what age and what exactly should be taught. Excerpts from the interviews are reported:

- As parents, we have a lot do in teaching our children about their sexuality because children in their formative years place a lot of value on information received from parents. The major problem is that most parents are either uncomfortable or do not have the skills to initiate let alone sustain meaningful communication with their adolescent children. In my opinion, schools are in the best position to teach sexuality. "Female parent FGD"
- A concerted effort in teaching sexuality by the family, schools and religious sectors is desirable. With the advancement in Information, Communication and Technology (ICT), children know more than what you think they know. "Guidance and Counselor"
- Sexuality Education now called Family Life and HIV/AIDS Education (FLHE) is all about providing vital and appropriate information on sexual and reproductive health needs of children. This is a topic that should be discussed with children as from age 5 because at this age, they ask questions about where babies come from among others. "School Principal"
- Will this sexuality education teach morals or abstinence? In my opinion, I feel that mothers are in the best position to teach their children especially girls about sexuality. There are some issues that will be raised in class that children will not have answers to them. "Male parent FGD"

DISCUSSION

Adolescent sexuality is a much-overlooked topic in Nigeria as in most of sub-Saharan countries due to the restrictive socio-cultural factors and norms surrounding the discussion. This study highlighted, various types of risks that adolescents in schools are exposed to which sexuality education can bring about redress. Behavioural intervention programs, which aim to get adolescents to recognize their own vulnerability to infection rely on adolescent's accurate information, perception and knowledge about the risks (Millstein and Halpern-Felsher, 2002). Given the increasing vulnerability of adolescent's to sexual and reproductive health problems, adolescents need information and education on reproduction, sexuality and sexual and reproductive health. This study not only throws light on these but also helps to recognize the importance of teaching sexuality education in schools as it helps adolescents to recognize their own vulnerability to infections. This study clearly points out, towards a need of a comprehensive sexuality education, which includes efforts to implement the curriculum in all schools and establish school-based health services to provide adolescents in schools with more technical sexual and reproductive health information based on the assumption that knowledge will lead to behavioral change. It is of program and policy relevance to better understand the benefits of teaching sexuality education in schools as a means of training adolescents to have accurate knowledge and positive attitudes towards their sexuality and behaviour.

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REFERENCES

Action Health Incorporated, 1996. Meeting the Sexual and Reproductive Health Needs of Young People in Nigeria. http://www.actionhealthinc.org/publications/downloads/srh_guide.pdf.

Amazigo, U.S, J. Kaufman and D.S. Obikeze, 1997. Sexual Activity and Contraceptive Knowledge and Use Among in-School Adolescents in Nigeria. Int. Fam Plan Perspec., 23: 28-33. NLM ID: 7907371. http://www.guttmacher.org/pubs/journals/2302897.pdf.

International Conference of Population and Development (ICPD), 1994. Platform of Action, Cairo, ICPD Programme of Action, Para. 7.41.

Irvin A., 2000. Taking Steps of Courage: Teaching Adolescents about Sexuality and Gender in Nigeria and Cameroun. New York: International Women's Health Coalition. http://www.iwhc.org/uploads/ACF7DA%2Epdf.

Kiragu, K., 1991. The correlates of sexual and contraceptive behavior among in-school adolescents in Kenya. Doctoral Dissertation, Population Dynamics, Johns Hopkins University School of Hygiene and Public Health, Baltimore, May, pp: 449.

Levine, J., 2002. Harmful to Minors: The Perils of Protecting Children from Sex. 1st Edn. Minneapolis, MN: University of Minnesota Press. ISBN: 13: 978-0-8166-4006-5, xxxv, 299. PNLMID: 101144344.

Millstein, S. and B.L. Halpern-Felsher, 2002. Perceptions of Risk and Vulnerability. J. Adolesc. Health, 31S: 10-27. PMID: 12093608, NLMID: 9102136.

Nigeria Demographic and Health Survey, 1999. National Population Commission Abuja, Nigeria. http://www.population.gov.ng/12Chapter12-1.pdf.

Owuamanam, D.O., 1982. Sexual Activities of School going Adolescents in Nigeria. Adolescence, 17 (65): 81-87. PMID: 7090886, NLMID: 0123667.

Policy Working Paper Series No. 12, 2004. Sexuality Education in Schools: The International Experience and Implications for Nigeria, June. http://www.policyproject.com/pubs/workingpapers/wps-12.pdf.