

Adolescent Sexuality and Sexuality Education in South-Western Nigeria: Combining Quantitative and Participatory methodologies.

By

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Abstract

This paper investigates the teaching of sexuality education in schools as a solution to adolescents' 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 was generated from a cross-sectional questionnaire survey and participatory methodologies (Focus group discussions (FGD) and In-depth interviews (IDI). 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.

Poster Presentation

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. The visible health and social outcome of these are high rates of unwanted pregnancies, maternal mortality, STDs, which increases the risk of HIV infection and increasing number of school dropouts. 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. With this backdrop, this paper 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 paper will identify the definition, structure and content of sexuality education and the extent of its adoption in Southwestern, Nigeria.

Data source and Methodology

A 3- level multi-stage random sampling procedure was used to select 10 schools from 5 communities in Ekiti State. Two schools each were selected from a rural and urban Local Government Areas. The study population is randomly selected male and female adolescents aged 12 and above, schools teachers and the school principals. 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)). A total of 779 respondents were successfully interviewed using both quantitative and participatory methodologies. Specifically, 5 focus group discussions (FGDs), 5 in-depth interviews (IDIs) and highly structured self administered questionnaires were used to obtain data from the sample population. While the FGDs provide information about adolescents sexuality and sexuality education norms and expectations, the IDIs and survey offer information about the context of young peoples' lives, the competing risks they face, sexual behaviors, perceptions of risk, prospects and

challenges of sexuality education. The survey also provides information on unwanted pregnancy, knowledge and use of condoms and other contraception, knowledge and awareness of HIV, and perceptions of risk to HIV. The rationale was to examine the impact of teaching sexuality education in schools on adolescent sexuality behaviour.

Findings shown on the poster

1. 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: Age, sex and classes of respondents

Age group of respondents	N (%)
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)

2. 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. 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: Knowledge of HIV/AIDS by Class

Specific knowledge of HIV/ AIDS	Respondents answering “Yes” N%			Total respondents answering “Yes” N%
	Entry (JSS1)	Mid (SSS1)	Exit (SSS3)	
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 blood donation	12 (3.8)	134(44.9)	101 (58.3)	247 (31.7)
Can it be contracted through insect bites	54 (17.5)	23 (7.7)	11 (6.3)	88 (11.2)
Can HIV/ AIDS be passed from a pregnant woman to her baby	18 (5.8)	121 (140.6)	119 (68.7)	258 (33.1)

3. Source of 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 paper corroborates the reality of the non-existence of adolescents – friendly preventive reproductive health services in Nigeria. The 1994 International Conference on Population and Development (ICPD) 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.

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.

Table 3: Source of Health Information

Specific knowledge of HIV/ AIDS	Total Respondents answering “Yes” N%			Total respondents answering “Yes” N%
	Entry (JSS1)	Mid (SSS1)	Exit (SSS3)	
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)

Conclusion:

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. Adolescents need information and education on reproduction, sexuality, and sexual and reproductive health. This paper 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.