**Abstract:** The aim of this study is to assess the crucial role of sexuality education in addressing adolescents’ reproductive health needs within the backdrops of immense challenges in Nigerian environment. Young people have been well documented as a special need group in the area of reproductive health. Adolescent sexuality and reproductive health are important contemporary concerns especially for reproductive health problems such as early marriage, unintended/unwanted pregnancy, maternal mortality and sexually transmitted diseases, including AIDS. A large number of adolescents in Nigeria decide to be more sexually active without access to preventive measure, such as condoms or family planning devices and thus face undesired consequences, including unwanted pregnancies, Sexually Transmitted Diseases (STDs), including the Acquired Immunodeficiency Syndrome (AIDS) and the social consequences of both. In fact, adolescents have a higher prevalence of most reproductive health problems because of lack of information and poor access to service. However, one of the 2004 Nigerian National Population Policy objectives is increasing the integration of adolescents and young people into development efforts and effectively addressing their reproductive health and related needs. The study, which relies mainly on secondary data, examines the crucial role and benefits of sexuality education against the backdrops of the challenges including reaching the youths with sexuality and reproductive information and service, or motivating them to change behavior in the light of new information and awareness, more institutional support and creating the social and economic climate, which will make the desired changes possible and sustainable. The author contends that it is a violation of ones fundamental human rights and freedom guaranteed by numerous international, regional and national policies as well as legal instruments when attempts are made to control rather than educate people to freely express their sexuality positively and in good health. Thus, there is need for all stakeholders to acknowledge the reality of adolescent sexuality and teach them how to be healthy sexual beings without endangering themselves and others.

**Keywords:** Adolescents, reproductive health, sex, sexuality, sexuality education

**INTRODUCTION**

In recent times, the youth who constitute over 30% of the Nigerian population and fall between ages 10-24, are highly vulnerable to antisocial behaviors such as violent crimes, unsafe sexual activities and drug abuse among others. 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 (United Nations, 1994) and agreements to which many national governments, including the Nigerian government, have expressed strong commitment. Besides, one of the 2004 Nigerian National Population Policy objectives is increasing the integration of adolescents and young people into development efforts and effectively addressing their reproductive health and related needs.

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 (Istugo-Abanihe, 2005). A large proportion of young persons are in their most impressionist years when behavior and character traits have not been fully formed; they 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). 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; ARFH, 2004; FMOH, 2003). 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; Arowojolu *et al*., 2003).
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 effective intervention strategies that will promote the well-being of young people, foster positive attitudes and healthy behaviors in adult life. There is need for stakeholders to provide relevant life skill education to address specific development problems being faced by young people, particularly those of sexuality and reproductive health. In this regard, the introduction and institutionalization of sexuality education becomes one of the immediate efforts to address this problem, that is, to create awareness about this sexually based problem. Therefore, the purpose of this study is to examine the crucial role of sexuality education in addressing adolescents’ reproductive health needs within the backdrops of immense challenges in Nigerian environment. Although people of all age groups can benefit from sexuality education, this study pays particular attention to sexuality education among young persons in Nigeria. The study justifies the need for sexuality education in young persons and provides evidence of the benefits of sexuality education to this group.

CONCEPTUAL FRAMEWORK

Sexuality is a fundamental concept in the understanding of sexuality education. Clear understanding of what sexuality and sexuality education mean is necessary because there seems to be widespread misconception that sexuality is all about issues related to sexual intercourse and on the basis of this misconception some programs of sexuality education in Nigeria have faced steep opposition. Therefore, the definition of sexuality is a necessary step in defining the scope and content of sexuality education proposed in this study. According to a report by WHO (2002), sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. It is often experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships but not all of them are experienced or expressed since it is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors. It has been described to mean “the totality of who you are, what you believe, what you feel and how you respond” (Action Health Incorporated, 2003) (AHI). Sexuality is often broadly defined as the social construction of a biological drive, 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 National Aids Control Council (NACC, 2002). Thus, sexuality pertains to the totality of being human (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.

It also underscores the need to understand that sexuality education addresses a wide range of needs and is meant for all persons since 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 in relation to sexuality and 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 from coercion, discrimination and violence. For sexual health to be attained and maintained in any social setting, the sexual rights of all persons must be respected, protected and fulfilled. Sexual rights necessitate that all persons, irrespective of sex, are free from coercion, discrimination and violence, to:

- The highest attainable standard of sexual health, including access to sexual and reproductive health care services
- Seek, receive and impart information related to sexuality
- Sexuality education
- Respect for bodily integrity
- Choose their 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 (www. who. int/reproductive-health/gender/sexual_health.html). The three elements of sexuality, sexual health and sexual rights are interrelated and interwoven and one cannot be achieved in the absence of the other two. So sexuality, simply put, is the full attainment of sexual health and rights in any given society.

Sexuality education, on the other hand, has been defined and approached differently by various schools of thoughts. Action Health Incorporated (2003) for instance, describes sexuality education as a “planned process of education that fosters the acquisition of factual information, the formation of positive attitudes, beliefs and values as well as the development of skills to cope with the biological, psychological, socio-cultural and spiritual needs of human sexuality.” This implies learning
about the anatomy, physiology and bio-chemistry of the sexual response system which determines identity, orientations, thoughts and feelings as influenced by values, beliefs, ethics and moral concerns. The interactive relationship of these dimensions describes an individual’s total sexuality (SIECUS, 1995).

Evidently, sexuality education is a lifelong process of building a strong foundation for sexual health through acquiring information and forming attitudes, beliefs and values about identity, relationships and intimacy. The education whose curricula encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles, takes place on a daily basis in homes, schools, faith-based institutions and through the media. The curriculum emphasizes knowledge, behavior, attitudes and skills that promote committed family and healthy relationships, good character, healthy sexual and reproductive health. A comprehensive sexuality education program, therefore, teaches young people knowledge and skills of critical issues related to sexuality, including puberty and the reproductive anatomy, emotional aspects of maturation, value of abstinence among teens who are not sexually active, alternative methods of contraception and HIV/STD prevention, health consequences of avoiding contraceptives, preventive methods among sexually active youths. These recommendations are supported by Kirby (2001) who advises that effective sexuality programs:

- Include activities that address social pressures associated with sexual behavior.
- Provide modeling and the practice of communication, negotiation and refusal skills.
- Incorporate behavioral goals, teaching methods and materials that are appropriate to the age, sexual experience and culture of the students.
- Last a sufficient length of time to adequately complete important activities adequately.
- Provide basic, accurate information about the risks of unprotected intercourse and methods of avoiding unprotected intercourse.

Adolescents’ reproductive health needs in Nigeria:
There are 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).

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%. In respect of knowledge of rights of People Living with HIV/AIDS (PLWA), 30.6% 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/unmet need: 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 practiced by a mere 34.4% (FMOH, 2003). According to Alan Guttmacher Institute (2004), only 4% of married adolescent women use a modern contraceptive method, compared with 24% of unmarried sexually active women of this age. Overall, 17% of adolescent women in Nigeria, about one-half of whom are unmarried, have an unmet need for effective contraception; that is, they are sexually active, are capable of becoming pregnant and do not want a child soon, but they are not using an effective contraceptive method.

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 (Nigeria Demographic and Health Survey, 1999); no wonder, Nigerian adolescents of ages 15 to 19 years rank among the highest in level of fertility, with 112 births/1000 females.

The 2008 NDHS shows that over 15% of women age 15-19 had first sexual intercourse by age 15 and more than half (56%) of women age 15-49 were sexually active during the 4 weeks preceding the survey. Similarly, over 12% of women age 15-19 married by age 15. Overall, 23% of women age 15-19 have begun childbearing in Nigeria; 18% have had a child and 5% are pregnant with their first child (NPC and ICF Macro, 2009). Although there was a 27% decline in the birth rate among women age 15-19 between 1980 and 2003, 46% of women nationally and about 70% of those in some geo-political zones still give birth before their 20th birthday (Alan Guttmacher Institute, 2004; NPC and ORC Macro, 2004).

Unwanted/unintended pregnancy: There is ample evidence that much of this early childbearing, whether within or outside marriage is unwanted. In Nigeria as a whole, 18% of recent births to adolescent women (married and unmarried) are unplanned, that is, the mother would have preferred the birth later or not at all (Alan Guttmacher Institute, 2004). However, this proportion reportedly ranges widely by region, from a low of 3%
among women in the North-West region to a high of 69% among those in the South-West region. The proportion unplanned is also above average in the case of births to more educated adolescent women in both urban and rural areas (31 and 44%, respectively).

Unsafe abortion: High rates of unsafe abortion among adolescent women also attest to the issue of unwanted pregnancies. Abortion is illegal in Nigeria, but roughly 610,000 abortions are performed in the country each year (Henshaw, 1998) under unsafe conditions and by untrained persons, with potentially harmful consequences for women. In a similar report which was compiled by International Planned Parenthood Federation (IPPF), Airihuuodion (1997) cited that abortion complications accounted for 72% of all deaths of young women under 19 years of age in Nigeria. Some hospital-based studies conducted in Nigeria, particularly Adewole (1992), Okonofua (1996) and Adetori (1999), showed that adolescents make up a disproportionately high proportion of women treated for abortion complications-between 61-75%. This over-representation is likely due to the fact that compared with their adult counterparts, adolescent women are less likely to use contraceptives and more likely to resort to an unsafe abortion. In fact, adolescents are more likely to turn to traditional healers, chemists, shopkeepers or other non-medical personnel for abortion, or self-induce abortion using a variety of unsafe methods, including drinking quinine, alcohol, detergent or toxic teas, or swallowing large doses of over-the-counter substances, such as prostaglandin (Mohamud, 1996). They are also more likely to seek an abortion later in their pregnancy and are slower to seek medical help once complications develop.

Adolescents’ 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.

Young people often know little or have incorrect information about sexuality, fertility and contraception. Young men are more likely than women to mention lack of knowledge and are much more likely to say that it is their partner’s responsibility to avoid pregnancy (Berganza et al., 1989; Baker and Rich, 1992; Morris, 1992). Even when young people can name contraceptives, they often do not know where to get them or how to use them (Agyei and Epema, 1992). Contraceptive methods are not often used at the first intercourse mainly because of the belief that a girl cannot become pregnant the first time she had sex. For instance, Makinwa-Adebusoye (1991b) reported that 30% of male and female adolescents sampled in five major urban centers in Nigeria did not realize that the first intercourse could result in pregnancy, thus they do not use contraceptive methods to prevent unwanted pregnancy.

The high rate of unprotected sexual networking among adolescents in Nigeria increases their risk of contracting STDs/HIV/AIDS. Since most adolescents are active sexually but lack adequate knowledge of the risks involved, they constitute the group that is highly vulnerable to unwanted pregnancy and HIV/AIDS pandemic. It should be noted also that STDs including HIV are rampant in the developing nations including Nigeria due to lack of education. Most of the adolescents do not receive family life education and hence, they are not aware of precautionary measures to adopt in order to prevent and protect themselves at sexual relationships/intercourse. Even in the event of getting in contact with any of these diseases, most adolescents do not know their symptoms, what to do next, or where else to go. Instead, they prefer to conceal it until it almost gets out of hands, or ask for advice from their peers who are just ignorant as them.

The role of sexuality education in improving the reproductive health status of young persons in Nigeria: Sexuality education seeks to assist young people in understanding positive view of sexuality, provide them with the skills about taking care of their sexual health and making decisions now and in the future. The rationale is to acquaint the youth with factual and accurate information about the dimension of sexual knowledge that will enable them understand and clarify their personal values, improve their sexual knowledge and sexual decision-making and promote their knowledge about how all these interact with socio-cultural and religious factors to affect personal wellbeing. Such education enables the young people to know themselves and hence relate positively with others. Thus, sexuality education is simply the art of learning how to conform to a certain art of living by being able to reason, examine and monitor oneself in clearly defined terms (Adepoju, 2005). Reasoning or thinking is the goal of sexuality education programs. Teenagers certainly need to think before they act in many aspects of life, but even more in sexual contexts. Sexuality education may not stop them from having sex, but it is capable of making teenagers think twice before having unprotected sex; it not only teaches about positive sexual attitudes or responsible sexual activities, but also...
peer pressure, drugs, relationships and decision-making. Young people need to be guided to make decisions today that will create the future they desire rather than the one they fear.

According to Madunagu (2005), 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 and other media sources and influences.
- To acquire accurate scientific information on basic sexual and reproductive health, values, decision making, communication and life management skills.

Furthermore, in an attempt to address the unmet sexuality education needs of young persons, several governmental, non-governmental agencies and individuals have implemented various programs targeting different categories of young persons including secondary school students, physically challenged youths, apprentices and hawkers across the country. A summary of the nature and outcome of sexuality education programs targeting students and the out-of-school youths are shown in Table 1 and 2, respectively. The data 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 (Ajuwon, 2005). The data shows that the resources invested in implementing sexuality education programs for young persons are worthwhile because such programs had led to improvement in the reproductive health status of the young persons who had participated in them.
In spite of these gains, there is no denying the fact that there are some categories of people in Nigeria like in many African countries, who are opposed to the introduction of sexuality education. Such groups argue that the youths do not need sexuality education for it would lead to more sexual immorality at too early age, resulting to more teenage pregnancy, back-street abortions and further spread of HIV/AIDS. There are also some faith-based groups that argue that knowledge from sex education could lead to the practice of family planning by the youths, affecting negatively their sexuality and also their bodies.

However, it is important to observe that in recent times parents are too absent from their children and therefore, no longer counseling them on sexuality as most of the time the children are in school; our traditional values and norms are gradually fading because of the effects of modernization. It would, therefore, not be out of place to bring sexuality education to the environment of the child. Moreover, available research on sexuality education provides evidence that sexuality programs do not hasten the onset of sexual intercourse, do not increase the frequency of sexual intercourse and do not increase the number of partners sexually active teens have; education about abstinence and contraception are compatible rather than in conflict with each other and that making condoms available does not increase sexual behavior (Kirby, 2001).

To further contradict the opinion that may currently be held by groups opposed to introduction of sexuality education in schools, a report by UNAIDS (1997) examined 68 reports on sexuality education from France, Mexico, Switzerland, Thailand, the United Kingdom, the United States and various Nordic countries. The review found 22 studies that reported that HIV and/or sexual health education either, delayed the onset of sexual activity, reduced the number of sexual partners, or reduced unplanned pregnancy and STD rates. The review also found that education about sexual health and/or HIV does not encourage increased sexual activity. The authors hence concluded that good quality sexual health programs helped delay first intercourse and protect sexually-active youth from pregnancy and sexually transmitted diseases, including HIV (UNAIDS, 1997; Grunseit et al., 1997).

**The challenges of sexuality education in Nigeria:**

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 programs, the lack of political will by appropriate government ministries to mobilize programs in schools and out-of-school programs 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 and Isiugo-Abanihe, 2003; Isiugo-Abanihe et al., 2002).

The low literacy levels in many Nigerian societies for example, make it difficult to educate the people and disseminate information on the nature of STIs and ways of preventing them. There is a general disapproval of sex education. To many, it is not open for discussion at all. Even where people are literate, in matters of sexuality, all have learnt to tread softly due to the fact that sexuality issues are sensitive issues and as such tend to be kept secret and personal. Currently, schools in Nigeria are supposed to be the avenue for dissemination of sexuality education; although several curricular are now available for implementation of sexuality education programs 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 programs implemented in schools still use the extra-curricular methods because sexuality education is not included in the curricular in many states of the country (Ajuwon, 2005).

Moreover, whereas the out-of-school adolescents are generally less informed about reproductive health and participate more in risky sexual activity than those in school, most existing sexuality education programs for young persons are school-based. Consequently the reproductive health needs of the out-of-school youths may not be fully addressed. The most important difficulty in implementing sexuality education programs for the out-of-school youths is their high mobility. This undermines sustainability of programs and their evaluation.

**CONCLUSION**

The study has 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. Given the fact that sexual behavior of young persons are influenced by multiple factors, there is therefore need for integrated and 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 programs to ensure that relevant and substantial results are achieved.
In spite of our cultural, religious and ideological differences, it seems all would like to see the youths grow into integral persons, reducing premartial sex, teenage pregnancy, unsafe abortions, further spread of HIV/AIDS and thus reduce cases of school drop outs and deaths. Given that today’s child spends greater part of his/her day in the school, in addition to ‘absent’ parent and dying traditional norms, it is the contention of this author that learning institutions accept the responsibility for strengthening sexuality education. The author thus views school-based sexuality education as complementing and augmenting religious and community groups, as well as health care professionals. To this ends, the study strongly recommends the training of teachers in (or handlers of) sexuality education so as to handle the subject with competence, while appropriate design and implementation of out-of-school programs in sexuality education should also be put in place. There can be no sex education taught in schools unless governments and other stakeholders are ready to avail resources for it.

Sexuality is a natural part of 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. The sex drive of an individual is not determined by society. It is, however, made to function within the framework of social norms and values because the expression of sexuality in a given society may expose its members to sexual health risks and consequently reduce their quality of life. Thus, it is a violation of ones fundamental human rights and freedom guaranteed by numerous international, regional and national policies as well as legal instruments when attempts are made to control rather than educate people to freely express their sexuality positively and in good health. There is therefore, need for all stakeholders to acknowledge the reality of adolescent sexuality and teach them how to be healthy sexual beings without endangering themselves and others. Since so much can be determined by behavior, attitudinal change is required if young people must be saved from taking the lead position in vulnerability to risky social, sexual and reproductive behavior and HIV/AIDS.

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