

## ORIGINAL RESEARCH ARTICLE

# Implementation of Family Life and HIV/AIDS Education in Nigerian Schools: A Qualitative Study on Scope, Delivery and Challenges

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### Abstract

This study utilized data from Focus Group Discussions and In-depth Interviews among secondary school students and teachers to examine the scope, delivery and challenges of FLHE implementation within states and across geopolitical zones in Nigeria. Structural Functionalism, Rational Choice and Differential Association theories were adopted as theoretical framework. Results show that several patterns in classroom teaching of FLHE are identifiable across the country. The study found that FLHE is taught at the Junior Secondary and Senior Secondary levels with variations among States on the beginning levels. The main mode of FLHE delivery is classroom instruction; other modes include assembly talk and sensitization by organizations. Despite paucity of Information, Education and Communication materials and inadequate personnel requirement, different stakeholders noted that FLHE has been beneficial to students. Therefore, effective implementation of FLHE will go a long way to ensuring that young people in Nigeria are equipped with necessary information to enable them exhibit the right attitude and behaviour towards sexuality issues. (*Afr J Reprod Health 2015; 19[2]: 63-78*).

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**Keywords:** FLHE implementation, reproductive health, young people, youth corpers, sexual attitude.

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### Résumé

Cette étude a utilisé des données provenant des groupes de discussion à cible et des entrevues en profondeur entre élèves et enseignants des écoles secondaires afin d'examiner la portée, l'actualisation et la mise en œuvre de défis de la VFES au sein des Etats et entre les zones géopolitiques au Nigeria. Le fonctionnalisme structural, le choix rationnel et les théories l'association différentielle ont été adoptés comme cadre théorique. Les résultats montrent que plusieurs tendances dans l'enseignement en classe de la VFES sont identifiables à travers le pays. L'étude a révélé que la VFES est enseigné dans les deux cycles de l'école avec des variations entre les États à l'égard du niveau de commencement. Le principal mode de la réalisation de la VFES est l'enseignement en classe; d'autres modes comprennent des discours pendant la réunion matinale et la sensibilisation par les organisations. Malgré la rareté de l'information, l'éducation et les matériels de communication et les besoins insuffisants en personnel, les différents intervenants ont noté que la VFES a été bénéfique pour les élèves. Par conséquent, la mise en œuvre effective de la VFES aidera beaucoup à assurer que les jeunes gens au Nigeria sont équipées d'informations nécessaires pour leur permettre de démontrer une bonne attitude et un bon comportement à l'égard des questions de sexualité. (*Afr J Reprod Health 2015; 19[2]: 63-78*).

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**Mots-clés:** la mise en œuvre FLHE, santé de la reproduction, les jeunes, jeunesse, attitude sexuelle

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### Introduction

For several reasons, interest in young people's sexuality has become critical particularly in sub-Saharan Africa with a persistently poor record of reproductive health outcomes<sup>1</sup>. In Nigeria, for instance, despite massive poverty, fertility rates have remained relatively high with a Total Fertility Rate of between 5.5 and 6.0 over the years<sup>2,3,4,5,6</sup>,

which in a way explains its youthful population. As has been observed, about 60% of Nigerians are below 25 years, and 32% is in the 10-24 age brackets, at which period most young people engage in risky sexual encounters<sup>7</sup>. Therefore, stemming the momentum of population growth and negative sexual reproductive health situation generally will require huge investment in young people's sexuality. Adequate sexual and life skills

education will aid youth, especially adolescents, in delaying their, often dangerous, first sexual experience, which is usually a product of curiosity and experimentation<sup>8</sup>.

The sexual and reproductive health needs of young people in Nigeria are enormous, but meeting them has been unimpressive. The characteristic poor access to sexual and reproductive health information and services, which has links with early exposure to sexual activities, teenage pregnancies, unsafe abortion, drug abuse and STIs including HIV/AIDS are manifestations of a weak sexual orientation system<sup>9</sup>. As studies show, a large proportion of adolescents are susceptible and subject to peer pressure; are sexually active; do not have a stable sexual relationship coupled with ignorance of the health risks of their sexual behaviour; and are objects of sexual exploitation by adults<sup>7,8,9,10,11,12,13</sup>.

In addition, increasing access to Information and Communication Technology (ICT) by adolescents since the beginning of the twenty-first century has expanded their horizon of sexuality information<sup>14</sup>. However, research shows that several young people access sexually-explicit materials through the internet, print media and others<sup>15</sup> which are rather utilized in a manner that increases their vulnerability to risky behaviour<sup>14</sup>. The quest for sexuality information outside the home results from the lacuna created by the inactivity of parents/guardians that also finds expression in withholding sex education from young family members as a strategy for sustaining their chastity<sup>16,17,18</sup>. These together explain the high incidence of HIV infection and other negative reproductive health issues among young Nigerians. As data reveal, about 300,000 new infections occur annually, with people in the 15-24 age group contributing 60% of this figure<sup>19</sup>.

Arising from the consensus in the literature that a large majority of Nigerian families fail to give sex education to young people<sup>9,16,17,18,20</sup>, the introduction to Family Life HIV Education in schools is an important response by the government. The idea of school-based sexuality education is to infuse life skills and reproductive health information into the school curriculum for the benefit of adolescents most of whom are students<sup>14</sup>. This study is an attempt at

understanding the patterns of FLHE implementation across states and geopolitical zones in Nigeria, as well as the factors responsible for observed patterns. Such an analysis is apt in a profoundly multicultural society like Nigeria with over 385 ethnic groups<sup>21</sup> and a characteristically youthful population most of whom exhibit potentially hazardous exuberance<sup>22</sup>.

### *Theoretical perspective*

The study is anchored on Structural Functionalist, Rational Choice and Differential Association Theories. Structural Functionalism views the society as a system made up of interrelated parts that interact on the basis of a common value system. Each agency or subsystem is seen as functional and contributes to the survival of the entire system. Thus, an enlightened and healthy population would more likely contribute to growth and development of various sectors of the community than would a vulnerable citizenry. As a corollary, the malfunctioning of any of the parts affects others and the entire system. Functionalism conceives society as a self-regulating system that relies on some prerequisites for actualisation of order and latent maintenance<sup>23,24</sup>. Thus, a functioning society is one in which a greater number of its citizens is able to overcome the limitations that may undermine access to Maslow's basic necessities of life, particularly self-actualization and self-esteem. Nigeria for instance, is characterized by dysfunction occasioned by lack of basic needs, breakdown of law and order, ignorance and high incidence of avoidable deaths<sup>25,26</sup>.

Nigeria negates the Structural Functionalist's view of society as a summation of unified, ordered and contributory sub-systems<sup>27</sup>. The reality of the Nigerian situation is manifest in government insensitivity, dis-consensus at different levels of individual and group relations, lack of motivation to make meaningful contributions to the maintenance of the system as a whole. Indeed, Ekeh's (1983) conclusions on primordial and civic publics are recurring behavioural decimal, in the country, wherein peoples are guided by traditional sentiments and cleavages rather than the zeal to contribute to the common good through adjustments to changing

taste and fashion<sup>28</sup>. Apparent governmental failure in economic, infrastructural and human development including civic enlightenment on critical health issues such as reproduction and sexuality, for the most part, explains high rate of ignorance, exposure to early and risky sexual behaviour, morbidity and deaths.

Rational Choice Theory conceives individuals as able to weigh the advantages and demerits of an intended action before taking such action which ought to be directed at ends or goals<sup>29</sup>. As such, actors have the capacity to make choices among alternatives within the context of available resources and prevailing conditions. However, such ability must be considered relative to a prospective actor's level of awareness about the efficacy of these alternatives in dealing with a particular condition. Clearly, three choices are readily identifiable with regard to sexuality education among adolescents particularly school-based FLHE – (a) not undertaking that activity due to likely bottlenecks such as fear that such orientation will expose young people to early sex in their quest to experiment on the lessons<sup>1,14</sup> and uncertainty about community acceptability among others; (b) embarking on the project just for its sake (haphazardly) with little or no impact; and (c) implementing universal FLHE with well defined framework and assessment tools to measure progress and impact. Implicit in the perspective is the assumption that the acting individual, group or society chooses a course of action on the basis of its overriding benefits against its costs.

Consequently, the theory makes meaning only when it is established that an actor understands the nitty-gritty of available choices and therefore possesses the capacity to genuinely assess the options. For instance, an uninformed person or agency may perceive sexuality education among adolescents generally and FLHE in particular to have damaging effect and could account for promiscuity embedded in exploration with its concomitant implications such as unwanted pregnancy, abortion, Sexually Transmitted Infections (STIs) and deaths. On the contrary, UNESCO (2009) noted that packaging holistic and accurate sexual and reproductive health information for young people will

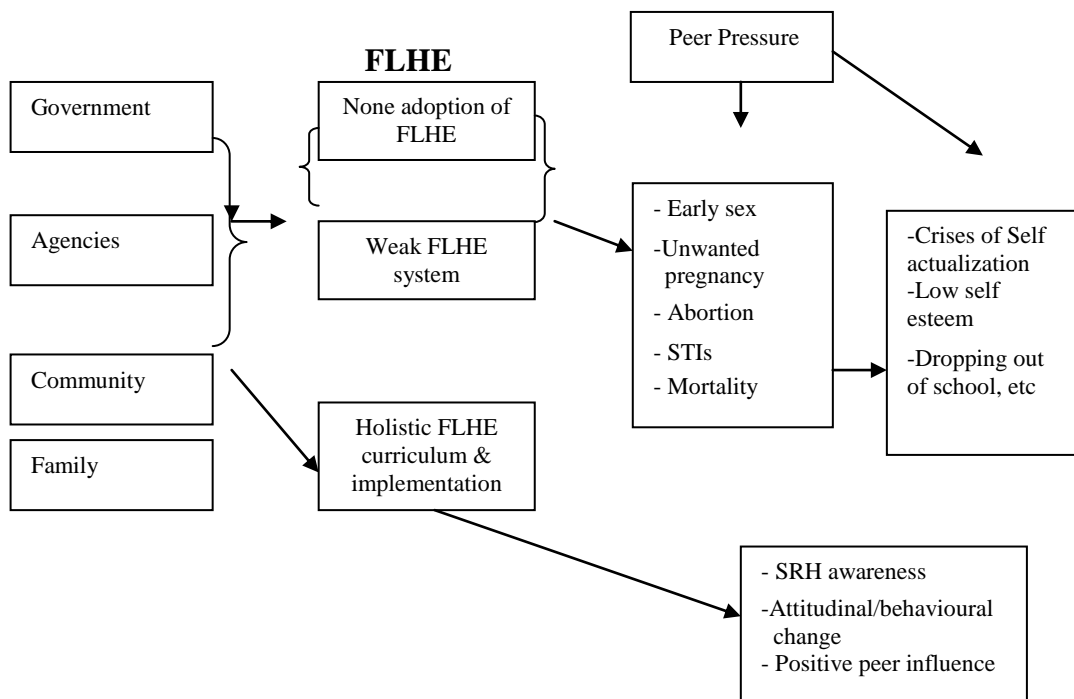
predispose them to develop attitudes that support appropriate behaviour<sup>30</sup>.

Differential Association Theory, which is a social learning perspective, views human behaviour, including sexuality, as learned<sup>31,32</sup>. Just like approved behaviours, anti-normative behaviours are learned through consistent interaction with other persons especially in social contexts<sup>27</sup>. Deviation from sexual norms among adolescents as a result of non-sexuality education in families occasioned by silence among parents and 'significant others' serves as an underlying factor for negative peer influence both for in-school and out-of-school adolescents in Nigeria. In what follows, we present a conceptual framework that further elucidates the interaction among variables.

Figure 1, which is a diagrammatic synthesis of the three theories indicates that undertaking FLHE as a project in a particular context could be driven by government, agencies and community as separate entities or in collaboration. These sub-units of society could also undermine and/or withhold efforts at adopting FLHE as a strategy towards sexuality education for young people arising from perception of uncertainty about the possible impact, fear of reactions from religious and cultural groups among others. These agents could also support the adoption of FLHE for its sake, just to be perceived as keying into global currents on youth development without necessarily achieving significant impact. Indeed, in contexts where FLHE is not adopted or marked by gross weakness characterized by lack of political will that negatively impact funding and sustainability, a large majority of adolescents engage in early and risky sexual encounters. The framework also links negative peer pressure to consequential reproductive health behaviour outcomes such as pregnancy, morbidity and mortality among others.

The consequences of childhood sexual debut and continual coitus include unplanned and unwanted pregnancies, recourse to abortion usually procured from quacks, STIs and deaths. Figure 1 shows that the further negative effects include dropping out of school, stigma, low self-esteem and crises of self-actualization among others. However, sub-systems such as government,

**Figure 1:** Conceptual Framework



agencies, the community and family could synergize to institutionalize implementation of a holistic FLHE curriculum necessary for Sexual and Reproductive Health awareness and concomitant attitudinal and behavioural change among young people, particularly adolescents.

**Materials and Methods**

The study was conducted between March and April 2013, and employed the qualitative approaches of Focus Group Discussions (FGDs) and In-depth Interviews (IDIs). The sample comprised three states selected from each of the six geopolitical zones of the country. In each geopolitical zone, two states were randomly selected, and one extra state was purposefully chosen to ensure that, together, the three states fairly represent the social and cultural realities of the zone. The states selected by zones are: 1. North-Central zone, Kwara, Niger and Plateau; 2. North-East zone, Adamawa, Bauchi and Gombe; 3. North-West zone, Kaduna, Katsina and Sokoto; 4. South-East zone, Ebonyi, Enugu and Imo; 5.

South-South zone, Akwa Ibom, Edo and Rivers, and 6. South-West zone, Ekiti, Lagos and Oyo. In all, 18 states were selected, in addition to Abuja Federal Capital Territory.

**Data Collection and Analysis**

Data collection was undertaken purely using the qualitative technique. FGDs were conducted to collect data on perspectives of students on implementation, content and effect of FLHE instruction. In each State, four implementing schools were purposely selected as follows: (a) one urban public school; (b) one private school; (c) one rural public school; and (d) one religious school. One FGD was conducted in each of the four selected schools among students who have been instructed in FLHE (SS1-SS3 depending on classes that have undergone the course). This yielded 12 FGDs in each zone, 72 for the six zones, and four in the FCT, for a total of 76 FGDs among in-school adolescents. The composition of each FGD ranged from six to twelve participants, comprising homogenous groups with respect to

age, class and sex. In addition, IDIs were conducted among 76 FLHE Coordinators in sampled schools in order to elicit detailed information on FLHE implementation in their schools.

Ethical considerations were emphasized throughout fieldwork. First, permission was sought from the State Ministries of Education and Principals of individual schools. Next, the consent of students and FLHE coordinators was sought prior to their participation in the study; the right to withdraw at any point or withhold information perceived to impinge on their privacy was fully acknowledged and respected. In addition, their confidentiality was guaranteed to the extent that information would never be traced to these subjects. Data analysis involved the use of Atlas-Ti analytical software. The procedure began with the translation and transcription of tape recordings of IDIs and FGDs. Thereafter, coding was done following the thematic variables identified from specific study objectives as they relate with responses from participants and respondents.

## Results

### *Extent or Scope of Classroom Teaching of FLHE*

Extent of classroom teaching of FLHE refers to the classes or class levels where FLHE instruction is introduced in the school system, or the scope of coverage of FLHE in schools. Family Life and HIV/AIDS Education was reported to be taught in all schools visited, with the exception of Sokoto State where none of the schools visited was found to be teaching it. However, it is clear from the results that there is no uniformity with respect to classes or levels where FLHE was being taught. While some schools teach FLHE in all classes, others teach it at only the senior secondary or junior secondary school levels.

Several patterns in classroom teaching of FLHE are identifiable across the country. A large majority of the students reported that FLHE is taught between JSS-1 and SSS-3. The main reason noted by the discussants for having FLHE taught at all the levels is that the issues affect all and sundry. This view captures what most participants stated:

*... all the classes are being taught about sexuality, because nowadays everyone even small children understand what sex is all about; sexuality and family health education is taught in almost every class, but it is just that the content is different. For instance, the way they teach JSS students is different from how the teaching of JSS students is done. For us in SSS the issues are deeper and focuses on the way we are supposed to protect ourselves from all the consequences related to sex and sexuality. But in JSS1 they just teach them the basic issues.*

However, a few others stated specifically that the teaching of FLHE takes place in JSS1- JSS3 which the students identified as necessary at young age to be able to handle issues related to sexuality and reproductive health early:

*This is because we have to start learning it when we are young so that when we become adults it won't be a new thing to us... to take care of ourselves later in life*

Perhaps, due to young people's early sexual debut and in line with cultural practice that allows early marriage in some Nigerian communities, some young people are exposed to FLHE as early as in primary schools. An FGD participant in Enugu State stated:

*...it starts from the JSS 1 and even primary school with focus on sexual and reproductive health. For girls in particular we are taught the whole thing we need to know as young people. Then when you get to a higher class like JSS3 they still emphasize more on it.*

Similar response was elicited from FGD in a rural school in Gombe state where the students stated that "it is taught from primary 6 to JSS 2". On the other hand, in Ekiti and Jigawa, some urban and rural private and public schools reported the teaching of FLHE only in Senior Secondary Schools. Generally, the patterns are relatively similar with regard to the level of school system

covered, with students in most state public schools reporting that FLHE is taught from JSS to SSS. However, while in pockets of schools in both Enugu and Gombe States, teaching starts from Primary 6 mainly in private and rural schools, in Ekiti and Jigawa schools the teaching of FLHE takes place only in SSS to show that even within states, there are variations.

Table 1 shows that variation in implementation classes is observed both within and across states; in more than half of the states, implementation was carried out in all classes in at least one out of the four schools visited per state. Essentially, there were marked differences in the levels or classes targeted for implementation within most states. In many of the states, each of the four schools visited focused on a different level. For instance, in Bauchi State one of the four schools taught FLHE in JSS1 and SS1, the second school focused on JSS classes only, and the third and last on SS classes only. Unlike Plateau State schools that reported implementation only at JSS classes, information from Gombe, Niger and Lagos showed lack of consistency in the level at which different schools in these states implemented the FLHE. Table 1 reveals a wide range of variations in implementation within and across states without a clear urban-rural or private-public-religious difference in the classes where FLHE instruction takes place.

Despite the observed inconsistencies, an interesting pattern that seems to have emerged is that close to half of the schools were implementing in all secondary school classes - from JSS1 to SS3, which is obtainable mostly in states in the southern part of the country than those in the North. Furthermore, the data suggests that more schools in the North implemented only at the Senior Secondary (SS) classes than those in the South, with the exception of Kwara and the Federal Capital Territory (FCT) where most schools taught FLHE in all classes. Findings show that in Jigawa State, FLHE was taught in SSS1 and SSS2 in both rural and urban schools. In Plateau, whereas the curriculum was implemented at JSS in the urban public school, FLHE was taught JSS and SSS in rural, urban religious and urban private schools.

The reason for the choice of particular classes for the implementation of FLHE in different states was not always driven by policy or curriculum guidelines. Responses of the coordinators suggest that individual schools did what was most convenient for them based on availability of staff, time and space for instruction and other socio-cultural factors. For instance, in Ebonyi State, the scarcity of trained FLHE teachers was identified as one reason why schools sometimes concentrate effort in JSS 3 and SS3. One of the FLHE coordinators noted:

*We taught almost all the classes from JSS I to SS III. However, what we teach in these classes varies. We address them almost the same way, but our focus is mainly on SS 3 and JSS 3 which are transitional classes... if we do not have enough manpower (teachers), what we do is to concentrate on these classes because we believe that within a short time those people will leave school.*

In Kwara State, the reasons given for concentrating effort in the junior classes was based on the teacher's perception that students in those classes were at the age where they experienced puberty challenges. Similarly, in Enugu, where implementation at the Junior Secondary school level was prevalent, this was guided by the discretion of teachers of each school. This seems to imply that the decision to extend limited FLHE information to students in SS classes, most likely during school assembly, was due to inadequate resources needed to conduct full lessons in all classes. This suggests that this is a gap that needs to be filled by providing enough trained FLHE teachers that will systematically carry out instruction on FLHE throughout the school curriculum. Despite the lack of uniformity observed in the level of coverage as shown in Table 1, there is sufficient evidence that the majority of the schools carried out implementation of FLHE in Junior Secondary classes, especially among states in the South.

**Table 1:** Classes receiving FLHE Instruction in the four school-types visited per State

Zones	State	Classes where FLHE is taught in the 4 school-types visited			
		Urban Public	Urban Private	Religious	Rural
FCT	Abuja	ALL	-	-	-
North East	Bauchi	JSS1 & SS1	JSS1-JSS3	SS1-SS3	SS1-SS3
	Adamawa	SS1-SS3	SS1-SS3	JSS1 & SS1	SS1-SS3
North West	Gombe	ALL	JSS1 & SS1	JSS 1- SS2	SS2
	Jigawa	SS1 – SS2	ALL	SS1 – SS2	-
North Central	Kaduna	JSS1- JSS3			JSS1- JSS3
	Kwara	JSS2	JSS2- SS2	JSS 1 – JSS 3	JSS 1 - JSS 3
South East	Niger	SS 1 – SS3	ALL	SS1 – SS2	JSS2 – JSS3
	Plateau	JSS1- JSS3	JSS1- JSS3	JSS1- JSS3	JSS1-JSS3
South West	Enugu	JSS1 – JSS3	JSS1- SS2	JSS1 – JSS3	JSS1 – JSS3
	Ebonyi	ALL	JSS1-JSS3	JSS1-JSS3	JSS1-JSS3
South South	Imo	JSS1-JSS3	SS1 - SS2	ALL	ALL
	Lagos	SS1- SS3	JSS 1- JSS 3	JSS2 – JSS3	ALL
South South	Ekiti	ALL	-	ALL	ALL
	Oyo	JSS 1 – SS3	JSS 1- JSS3	ALL	ALL
	Akwa Ibom	ALL	ALL	ALL	SS1-SS3
	Rivers	JSS1	JSS1- JSS3	JSS1- JSS3	SS1 – SS2
	Edo	JSS1	JSS2 & JSS3	JSS2	JSS1-JSS3

\*Source: ISERT Field data

Schools from states in the North, on the other hand, mostly implemented in SSS classes as indicated by the data from Adamawa, Gombe, Bauchi, Jigawa, Kwara and Niger States. This variation has implications for the outcome of implementation and impact of FLHE in those states.

### **Depth of FLHE teaching**

The depth of FLHE teaching was analyzed using three indices – what the students were taught, how they were taught, and what they know in relation to sexuality and life skills education. In terms of how the teaching of FLHE takes place, three main approaches were identified by the study participants – Classroom, Assembly talk and Sensitization by organizations. Results show that use of Assembly talk as a medium of communicating sexuality and life skills education is common to all the zones even though variations exist on days, places and resource persons. Some of the participants in different states noted among others that:

*Most of the time they (referring to the school management) present topics in the*

*assembly about sexuality and life education while sometimes all the students are gathered in a place for the same purpose (Bauchi FGD: Public School).*

*...every Friday they come to this hall to give us morale lesson about education life, HIV, STDs, abortion, different types of diseases that we are not supposed to contract. (Edo FGD: Religious School).*

*On Thursdays we have moral instructions, our principal normally tells how male and female students should interact in and outside school without getting involved in sex or immoral acts generally. (Imo FGD: Rural School).*

*... every Wednesday we have Assembly Talk on sex education by our school FLHE coordinator. (Lagos FGD: Urban Public School).*

*It is only on assembly days like Monday, Wednesday and Fridays that we are given Talks on sexuality and related topics (Plateau FGD: Urban Public School).*

The common feature of these views is that specific days are designated for Assembly Talk on sexuality and life skills education. This suggests acceptance of sexuality education programmes by school authorities, attempts at ownership and sustainability of these programmes after initial training by organizations and agencies and expanding opportunities for more access to life-saving information since limited time may be available for formal classroom teaching. The main outcome of the willingness by school management to embrace public sensitization of young people on sexuality which hitherto would have been conceived as a taboo is that it serves as a mechanism for demystification of myths and stigma surrounding sexual discourse especially among young people in virtually all Nigerian groups<sup>1</sup>. Discussants identified some inconsistencies:

*We are given sexuality education only when we have somebody to educate us on that; like earlier this term, a Youth Corper came to educate us on HIV/AIDS and how to avoid it and life planning generally on the assembly ground during one of our morning devotions. (Rivers FGD: Rural School).*

*I would say we rarely received sexuality education through what we are told in the Assembly because they normally preach Christ and not about sexuality and related issues. It is only when we have visitors like Youth Corpers who take permission from the school authority that the issues are presented to us. (Imo FGD: Urban Public School).*

*Assembly holds once a week in the school, but the principal only talks about SE and FLHE once in a while. (Gombe FGD: Urban Public School).*

On one hand, these views suggest indictment on the school management and on the other the craving among students to have more of Assembly Talks on sexuality issues. In a way, the above scenario indicates that some level of outcomes has been achieved particularly with regard to willingness and interest shown by the

students to engage in sexuality discourse.

Examining the involvement of organizations in sexuality and life skills education, findings indicate that this mode of teaching is common to all geo-political zones with only eleven schools out of the total number, representing 16%, visited reporting non-involvement of organizations in the teaching of FLHE. Indeed, apart from NC where all the schools visited reported organizational involvement, the remaining five zones and the Federal Capital Territory (FCT) had few schools reporting non-organizational involvement in FLHE teaching.

A large majority (84%) of the schools visited stated that organizations are involved in sexuality and life skills education teaching. Organization mentioned by the students in different locations include AIDS Prevention Initiative in Nigeria (APIN), World Health Organization (WHO), Action Health Incorporated (AHI), Scripture Union (SU), National Youth Service Corps (NYSC), National Agency for Food Drug Administration and Control (NAFDAC), and CisHAN among others. Of these agencies, the NYSC was mostly identified by students in all locations and indeed in some places, it was the only organization mentioned.

*The Corps members usually come to tell us something about Family Life Education. (Kwara FGD: rural school).*

*Corps members do come to tell us about life. No other organizations come to tell us about life apart of NYSC members. Indeed, it is only the corps members that come to teach us about life skills. (Jigawa FGD: Urban Private School).*

*Corp members from the NYSC ... they teach us what HIV/AIDS is, Drug abuse and its effect (Gombe FGD: Religious School).*

On the whole, the NYSC was identified as the single most available source of organizational information to students. The continued relevance of the Corps members in FLHE teaching in Nigerian secondary schools, and at times the only source of such education, suggests that school personnel with requisite competences in sexuality



education are lacking. Were the contrary the case, corps members visiting these schools would have been for the purposes of exchange and symbiosis meant to reinforce sexuality knowledge between the two groups. Thus, gaps exist when these Corpers either complement what is taught or are the only sources of sexuality and life skills education.

In all the states and schools visited, FLHE topics were infused into existing subjects and there was no reported case of having it taught as a separate subject. Eleven subjects containing sexuality and family life issues included Social studies, Basic/Integrated science, Biology, Home management or Economics, Physical and Health Education, Civic Education, Health science, Christian Religious Knowledge, Economics, Government and Islamic Religious Knowledge. In most states, social studies, basic/integrated science and biology are the subjects in which FLHE topics were included. In Jigawa State, the topic is also in Government and Islamic Religious Knowledge. Notwithstanding these variations, there is a consensus that sexuality and life skills education has been beneficial to students across the country as represented by selected states.

*Due to the awareness created by sex education, we have been able to outline the different factors that lead to premarital sex, such knowledge has enabled us to create a sort of resistance against those factors such that when they come up, we already know. (Akwa-Ibom: FGD- Urban Private School).*

*Madam, (referring to the facilitator) due sexuality education, I am no longer involved in premarital sex and would not contract HIV from any girl. So, I do not intend to abstain from sex until I marry. In fact, my wife to be will get tested for HIV/AIDS before I have affairs with her. (Akwa-Ibom: FGD-Rural School).*

*I have learnt that premarital sex is not good, it can destroy your future. For example, if now I get pregnant, I might stop going to school and will automatically feel inferior to my mates*

*in school. (Akwa-Ibom: FGD-Religious School).*

*It has affected me. Because since I now know in case I want to practice it, I will know the consequences, even the boy bribe me with money, bribe me with gifts am know the consequences that if you get sex education, you would be able to get pregnant and for that not to be done you have to shift yourself away from that because if you do it you will damage your life. For that you don't have to do it. (Edo: FGD- Urban Private School).*

*I have learnt how to prevent myself from sex in this environment where a lot of youths are involved in sexual relationships as if it is the normal thing to do. Through sex education, I have learnt that prevention is better than to get cured of diseases. (Rivers: FGD-Rural School).*

*I now know the dangers in premarital sex such as contracting sexually transmitted diseases, becoming pregnant and seeking abortion. At times such unwanted pregnancies end up in deaths resulting from abortions. So, after being taught about all those things, I have decided to abstain from sex until marriage. (Enugu: FGD - Religious School).*

*We use to keep girlfriend before but for now we do not keep girl friends. Until normal times come, now I am afraid because it can destroy me. (Adamawa: FGD-Religious School).*

*The first time when we are not aware of this programme on how to abstain ourselves from sexual intercourse, we have female girlfriends and we like to do something together until they taught us the effects and how to abstain ourselves from what we do with female in the past. (Bauchi: FGD-Urban Private School).*

*We learned that we should stop having sex all over places with people because we can contact HIV/AIDS to our system.*

*(Kaduna: FGD in-school urban public).*

*We now know what to do to keep clean during menstruation. (Plateau: FGD-Religious School).*

Most female FGD participants across the zones and states identified cleanliness especially during the menstrual period as the most important effect of FLHE on them.

### **FLHE Delivery**

Quality of classroom teaching of FLHE was assessed by teachers' delivery particularly with regard to their comfort level in teaching subjects related to reproductive organs and responses to clarifications sought by students on certain issues. Group discussions across schools in selected states revealed both high and low comfort levels. We begin with responses that described teachers as relatively comfortable teaching sexuality and life skills education:

*Here we are given the full lectures on every part of human body and she (teacher) also made us understand body signs necessary to avoid dangers that could ruin our lives... she taught us almost everything. (Akwa-Ibom FGD-Urban Private School).*

*The teachers are very comfortable and are not embarrassed at the teaching of the subject. Lagos. (FGD-Religious School).*

*...they are very comfortable, only if some students asked useless questions. They might feel embarrassed. (Edo FGD-Religious School).*

*...they are free and nobody is embarrassed. They draw the pennies and female vagina and tell us the function of each part. (Adamawa FGD-Religious School).*

The teachers that these students identified as shy were not comfortable teaching sexuality and life skills education particularly to students of opposite

sex. The participants noted:

*The teachers are shy and concentrate on the guys because he is also a man. (Niger: FGD-Urban Private School).*

*Our biology teacher is a woman but she is not too free with us as young ladies... she used to be shy. (Gombe: FGD-Religious School).*

The implication of shyness in this context is that aside the content of curriculum, the delivery is poor leaving gaps in FLHE knowledge. The further consequence is that assuming such school was designated as having had intervention, such assumption will mislead considering that the students would have received incomplete exposure to sexuality and life skills education. Literature has consistently shown that peers take up the responsibility of educating their colleagues in the event of failure of families and educational institutions to discharge this role effectively.

In terms of access to Information, Education and Communication (IEC) materials to complement classroom teaching of FLHE, several participants in different geopolitical zones of the country stated that IEC materials were not available for them to use outside what was taught in classroom irrespective of whether teacher are competent or not. Some of them noted:

*Apart from the textbook we are using there is no other pamphlet that is given to us. (Enugu: Religious School)*

*(Chorus): No we don't any access to other materials. (Enugu: Urban Public School)*

*No we don't have information not even book from our schools here. (Plateau: Religious School)*

*We don't have materials to read from our schools. (Plateau: Rural School)*

*I have not seen any materials on this topic, only in my school note. (Plateau:*

**Urban Public School)**

*No. there is no access to any materials. (Niger: Urban Private School)*

*We have only one text book in the whole school... that is all we have. (Jigawa: Rural School)*

*We only depend on our teacher. We don't have access to any other materials... we don't even have internet or anything as such. (Jigawa: Urban Public School)*

*Our school does not have these materials, we only have access to internet, so we browse for some of the information we need. (Gombe: Urban Private School)*

On the other hand, availability of IEC materials was reported by students in other places. We note that even in states where such availability is claimed, some schools and students still do not have access to these materials. Indeed, availability of IEC depended mainly on projects implemented by organizations and agencies; both federal and state governments in Nigeria focus on curricula and place less emphasis on other materials.

*We have materials like handbills, posters and books that we can read with examples and learn from them. (Rivers: Religious School).*

*Yes! (All participants) have access to the materials... We have materials on how to abstain from sex... on the use of Condom. (Ekiti: Urban Private School). We have textbook on HIV given to us by the school. (Sokoto: Urban Public School).*

*We have other materials like "Stop it", "Zip up" and other materials. (Adamawa: Urban Public School).*

*The government and some NGOS and agencies like SACA is collaborating with corpers and their leave days we see bodies like NHIS...Society for family*

*health, NACA and even Nigerian Medical association on the leaflets this means they are the ones funding it. (Adamawa: Religious School).*

*There are materials on FLH E which were not provided by the school authority but through the Non Governmental organization (NGOs) such as State Agency and Action committee on AIDS (SACA). (Ekiti: Religious School).*

**Challenges of FLHE teaching**

Responses from 29 participants in 19 FGDs in all the zones except Northwest indicated that incorporating sexuality and life skill topics into other subjects is one of the major challenges in teaching it in schools. The participants suggested that it should be a compulsory and separate subject. Expressing their opinion on this, these participants said:

*Sex education should be a separate subject. I think it should be a separate subject from biology. The government should try and remove it from other subjects and keep it as a separate subject and get special teachers for this subject to emphasize on the aspect. (Akwa Ibom: Urban private school).*

*I think Health Education/Family Life/HIV/AIDS should be taught as separate subjects so that people will know how to plan their families and also know about HIV. (Rivers urban private school).*

*What if it can be added as a subject? Let it be a course so that they will teach us and will write exams, and added to school curriculum. (Adamawa: urban public school).*

Another major limitation identified by students in relation to FLHE teaching is lack of materials. In 21 of the FGDs lack of IEC materials was mentioned as a barrier to effective teaching of sexuality and life skill. The participants suggested that more IEC materials should be made available

to schools and accessible to students. Discussions reveal that lack of or insufficiency of IEC materials is a major hindrance to effective implementation of sexuality and life skill education among in-school adolescents. This opinion was expressed across the different zones and states.

*The way we are being taught should be with practical e.g. pictures and posters. (Lagos: FGD- urban private).*

*I think the school authority should introduce flyers or anything that would inform us deeply for us to home and read. When one are in some kind of situation it could be consulted...reading such will enable us see the disadvantages of some intended acts, and that way help us avoid dangerous behaviours. (Akwa Ibom: FDG- Rural public).*

*... the teachers should come to the class to teach us and also bring materials to teach so that we can picture very well what we are being thought. (Niger: FGD- rural)*

*I suggest the government help with material that can be use to teach us more. (Kaduna: FGD-urban public).*

Some of the FLHE teachers corroborated the position of the students:

*I think non-availability of material is a big challenge. The materials to say the least are not sufficient to enable teachers adequately prepare for effective delivery of FLHE to students. (From Akwa Ibom State)*

*The major problem is finance to acquire materials because to gather students one needs to give them some material to draw their attention. Indeed, materials and equipment for proper learning are not available. (From Niger State)*

In addition, FGD discussants stated that lack of or poorly trained personnel for class classroom

teaching, health clubs and peer education programmes is a barrier to effective teaching of sexuality and life skill in schools. Participants in 24 FGD sections across the six zones suggested that more teaching personnel be engaged to teach sexuality and life skills in classroom or as peer educators.

*Let government send more people that can teach this thing better and with practical. You know so many people in the world learn more from what they see. So it's only when you see that you can believe because "seeing is believing". Even though it is photograph that we can see. (Rivers: FGD - Rural school).*

Participants observed that lack of teachers who are trained in sexuality and life skill education hindered learning for students. Admittedly, students may not know if their teachers have undergone any formal training, but the need for qualified teachers was mentioned in 23 FGDs. This indicates that more teachers need to be trained and the quality of training should be upgraded and monitored. Trained teachers according to the participants will be able to use words that are suitable for the different categories of adolescents in order to prevent possible negative effect on students. The following are typical submissions from participants.

*I think the government should be careful when employing the teachers or the people who go out to do this awareness campaign. Because the way some people create awareness about this thing definitely makes the teenagers to fall deeper into it. I think, this awareness should also be monitored so that the teachers use the right procedure to create this awareness to us, so that we may be able to learn instead of falling deeper. With that, we will be able to overcome this sex of a thing and plan our future. (Akwa Ibom: Urban private).*

*We need people like the ISERT research team to be coming to our*

*school from time to time to enlighten the counselors or the school authority, giving them more knowledge about the FLHE and to put the topics under FLHE into actions. (Ekiti: FGD - Religious school).*

*I suggest the government introduce more training sections for our teachers so that they improve their knowledge and teach us very well. (Kaduna: FGD - Urban public school).*

*Some of the FLHE teachers interviewed identified challenges in classroom teaching of FLHE:  
For now the only problem is that of lack of understanding of English language by the students ... (From Jigawa State)*

*... One of my experiences is that though the students do well, understanding of English language is one big problem I face; the students hardly understand the language and would require that statements are translated into Hausa language. If one fails to explain in Hausa, the next time you come to class it would be discovered that everything they were taught is lost (From Gombe State).*

*The students are shy. What I have observed in them is that they are shy, each time you mention some organs, they bent their heads, laughed or smiled. Sometimes, when they are asked a question they refused to speak (From Sokoto State)*

## Discussion and Recommendations

The main lesson to draw from observed issues regarding sexuality and life skills education in Nigeria is the essence of multi-sectoral response to FLHE implementation among in-school adolescents in the country. Synergizing efforts has become even more critical in view of the pervasive consequences of sexual and reproductive health

ignorance among young people in Nigeria many of whom are sexually active<sup>7,14,33</sup>. The burden of sexuality information for adolescents, which is transferred to schools due to failure of families to adequately take up this responsibility, would most likely be lifted through a meaningful and consistent triangulation of classroom teaching, assembly talk and sensitization by organizations. These multiple sources will reinforce both the merit of such education and interest of the students; our persuasion in suggesting this combination derives from the likely peculiar ingredients that each offers. That way, the deficiencies of one method could be covered by the strength of others.

There is apparent lack of uniformity in FLHE implementation within and across states and geopolitical zones in the country due to various factors. Ordinarily, state level inconsistencies may be conceived as gaps. However, we note that the level of the school system covered should be a function of what exists in settings particularly for this kind of assessment that covers different types of schools. Indeed, these would have been obvious gaps had the choice of level of system to be covered based on haphazardness or convenience rather than idiosyncrasies. We maintain that it would be counter-productive for every school in a state to begin the teaching of FLHE at the same level irrespective of their peculiarities. Hence, where necessary policies should be designed to recognize these differences and allow for adaptation that will reflect contextual needs.

In all locations, the NYSC was identified as a major resource for FLHE implementation. The continued relevance of the Corps members in FLHE teaching in Nigerian secondary schools, (indeed in many schools they are the only source of such education), suggests that school personnel with requisite competences in sexuality education are lacking. This group will become even more useful for effective implementation of FLHE when sexuality and life skills education is made an integral/mainstream component of orientation course for youth Corps members rather than optional in view of the enormity of their contributions to educating secondary school students on the issues. Therefore, making it optional would mean that some of these corps

members, most of whom were neither taught FLHE as secondary school students nor undergraduates, would be deficient in issues of sexuality. Apart from the fact that these corps members will themselves be educated, such initiative would make for continuity of this programme against the lacuna and, in some cases, relapse that herald the exit of corps members at the end of the service year.

As observed by the ISERT Report, the attempt at dealing with the issue of FLHE teacher-attrition through the introduction of a general studies course on FLHE to NCE curriculum though laudable does not address the issue fully<sup>34</sup>. It is clear that the majority of graduates of colleges of education in Nigeria, who are the beneficiaries of such training, end up in primary schools where the need is not as urgent. Therefore, extending FLHE instruction to education faculties in universities that actually train secondary school teachers, in addition to the current programme in colleges of education, is a sure way to both sustainability and coverage.

Although sexuality and life skill education is infused into existing subjects and that having it as a separate subject may increase the workload of students, it may be necessary to give it some level of consideration to facilitate coverage and quality of learning for in-school adolescents. This view is based on the assumption that without making sexuality and life skills issues an examinable school subject, students would not give it deserved attention irrespective of its importance for healthy living. Making it a stand-alone subject would impact positively on the problem of lack of supply of teaching materials which comes top on the list of challenges mentioned in all the schools visited. As a corollary, the quest for good performance in the subject will motivate schools and individual students to make extra efforts towards sourcing for relevant materials that would enhance their knowledge of relevant issues.

Funding was identified as a major impediment to implementation in most schools irrespective of location and ownership type. However, the reasons suggested for the need of finance varied, ranging from money to purchase materials, to provision of incentives for both students and teachers involved in FLHE. The

problem of communicating sexuality issues was identified by some FLHE coordinators, especially from the northern part of the country. It was clear that many FLHE Coordinators, especially from schools in the North, experienced different types of problems relating to inadequate knowledge of the English language and how to deal with shyness of students when listening to some contents of FLHE. It was noted that despite the barriers, it was important to some of the coordinators that FLHE information content be communicated appropriately to students without any adulteration. These challenges reinforce the relationship between location and the nature of problems encountered in FLHE implementation and, by implication, the need to adopt contextualized solutions.

The import of the entire scenario is that sexuality and life skills education has benefitted students that had access to it, even if moderately. This implies that if well implemented across the country, appreciable level of attitudinal and behavioural change would be recorded among adolescents in Nigeria. This cohort of young people has not only been embedded in characteristic ignorance related to sexuality issues but also constitute a high percentage of persons living with HIV/AIDS in Nigeria<sup>19</sup>.

## Conclusion

This study has revealed that all the schools visited for data collection are involved in FLHE in one form or the other, suggesting a high level of acceptance among school authorities in Nigeria. The implication of this widespread acceptability of FLHE irrespective of cultural, ethnic and religious diversities is the realization of the dangers inherent in young people's sexual reproductive health activities within the context of ignorance and experimentation. In a country where a large majority of adolescents are denied sexuality education at home as part of the 'culture of silence', FLHE surely becomes a viable option to fill the gap. Yet, this research has shown that most of the schools are unable to implement the FLHE curriculum effectively due to challenges related to delivery, personnel, materials and time among others. Consequently, schools end up selecting

what is most convenient to be implemented rather than the needful, as a reflection of resource unavailability that pervades the system.

Although the knowledge of the FLHE issues is fairly high among students, the government has not demonstrated sufficient political will at ownership and sustainability of the programme. The extent to which sexuality education can be maintained in the schools without external support is doubtful. For instance, the program is driven by external funding with little government or school ownership. In addition, the number of teachers trained to deliver FLHE is inadequate and the use of Corps members is hampered by the fact that only a relative small number of them opt for FLHE training during their one-month camp orientation. Consequently, some schools are left completely without trained FLHE teachers.

Generally, students' responses in all locations indicate that FLHE has been beneficial in creating some levels of awareness which hitherto were not the case. This therefore supposes that students in Nigeria are receptive to change when necessary and would readily adjust to appropriate policy framework that prioritizes their welfare and social wellbeing. The Nigerian government has a duty to amplify these benefits in space and quality by demonstrating convincing commitment, away from politicization and paying mere lip-service to such a critical phenomenon.

## References

- Nwokocha, EE. and Taiwo, P. "Sexuality Education among Neglected Adolescents: the Case of Out-school Female House-helpers". *International Journal of Sociology of the Family*, 2012; 38(2).
- National Population Commission (NPC) [Nigeria] and ICF Macro. *Nigeria Demographic and Health Survey 2013*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International, 2014.
- Tade, O. Recruitment and Abuse of Trafficked Children in South-West Nigeria. *African Security Review*, 2014; 23(3), 1-19.
- Population Reference Bureau. *World Population Data Sheet*. Washington: Population Reference Bureau, 2011.
- Population Reference Bureau. *World Population Data Sheet*. Washington: Population Reference Bureau, 2010.
- Okafor, E. Child Labor Dynamics and Implications for Sustainable Development in Nigeria. *Journal of Sustainable Development in Africa*, 2010; 12(5), 8-21.
- Isiugo-Abanihe, UC. "Adolescents' Sexuality and Sexual Behaviour: What we Know and do not Know". In F. Okonofua and R. Imade (eds.) *Identifying Priorities for Research and Documentation on Adolescent Sexual Reproductive Health in Nigeria*, pp. 27-37. Benin City: WHARC, 2011.
- Isiugo-Abanihe UC, Erinosh O, Ushie B, Aderinto A, Sunmola G, Joseph R. Age of sexual debut and patterns of sexual behaviour in two local government areas in southern Nigeria, *African Journal of Reproductive Health*, 2012; 16(4):81-94.
- Nwokocha, EE. "Adolescents' socioeconomic and cultural vulnerability to HIV/AIDS and other STDs: research needs and priorities". In F.E. Okonofua and R. Imade (eds.) *Identifying Priorities for Research and Documentation on Adolescent Sexual Reproductive Health in Nigeria*, pp 55-63. Benin City: WHARC, 2011.
- Okonofua, F. "Why Research and Why Research Priority Setting in Adolescent Sexual and Reproductive Health?" In F.E. Okonofua and R. Imade (eds.) *Identifying Priorities for Research and Documentation on Adolescent Sexual Reproductive Health in Nigeria*, pp. 27-37. Benin City: WHARC, 2011.
- Erinosh, Layi. Socio-economic determinants of adolescent reproductive health: A recurring dilemma, in F.E. Okonofua and R. Imade (eds.), *Identifying Priorities for Research and Documentation on Adolescent Sexual and Reproductive Health in Nigeria*, pp. 38-47. Benin City: WHARC, 2011.
- Hindin, JM. and Falusi, AO. 'Adolescent sexual and reproductive health in developing countries: an overview of trends and interventions'. *International Perspectives on Sexuality and Reproductive Health*, 2009; 35(2):58-62.
- Mberu, BU. "Protection before the Harm: The case of Condom use at the onset of Premarital Sexual Relationship among Youths in Nigeria". *African Population Studies*, 2008; 23(1): 57-83.
- Nwokocha, EE. "Factors influencing sex-education for in-school adolescents in Ibadan, Nigeria" *Ibadan Journal of the Social Sciences*, 2010; 8(1).
- Utomo, IO. and McDonald, P. 'Adolescent reproductive health in Indonesia: contested values and policy inaction'. *Studies in Family Planning*, 2009; 40(2): 133-146.
- Sauvain-Durgerdi, C.; Gakou B.; Berthe F.; Dieng, A.W.; Ritschard, G. and Lerch, M. "The Start of the Sexual Transition in Mali: Risks and Opportunities". *Studies in Family Planning*, 2008; 39(4): 263-280.
- Bankole, A.; Biddlecom, A.; Guiella, G.; Singh, S. and Zulu, E. "Sexual Behavior, Knowledge and Information Sources of very Young Adolescents in Four sub-Saharan African Countries". *African Journal of Reproductive Health*, 2007; 11(3): 28-43.
- Henslin, JM. *Sociology: A Down-to-Earth Approach (eight edition)*. Boston: Pearson, 2007.
- NACA and UNAIDS. *Women, Girls and HIV in Nigeria*, Abuja, Nigeria: NACA/UNAIDS, 2011.
- Madunagu, B. *Women's Health and Empowerment:*

- Speeches, Essays and Lectures*. Calabar: Clear Lines pub, 2007.
21. Otite, O. 'Nigeria peoples and their cultures'. In HI. Ajaegbu; BJ. St. Mathew-Daniel and OE. Uya (eds). *Nigeria: A People United, A Future Assured*, Vol.1, 2000
  22. Nwokocha, EE. "Youth culture in Nigeria: An Epoch Change in Mores and Behaviour". In AS. Jegede, AO. Olutayo, OO. Omololu and BE. Owumi (eds.) *People and Cultures of Nigeria*. Ibadan: Samlad, 2012.
  23. Macionis, JJ. and Plummer, K. *Sociology: A Global Introduction*, Third Edition. Essex: Pearson, 2005.
  24. Haralambos, M., Holborn, M. and Heald, R. *Sociology: Themes and Perspectives*, Sixth Edition. London: HarperCollins, 2004.
  25. Nwokocha, EE. "Widowers' accounts of maternal mortality among women of low socioeconomic status in Nigeria". *African Journal of Reproductive Health*, 2012; 16(3): 101-117.
  26. Nwokocha, EE. and Awomoyi, AO. "Factors influencing mothers' role in convulsion treatment among under-five children in Ibadan, Nigeria". *World Health and Population*, 2009; 11(2): 15-29.
  27. Ritzer, G. *Sociological Theory, Seventh Edition*. Boston: McGraw-Hill, 2008.
  28. Ekeh, P. *Colonialism and Social Structure*. An Inaugural Lecture Delivered at the University of Ibadan, on 5<sup>th</sup> June 1980. Ibadan: University of Ibadan, 1983.
  29. Friedman, D. and Hechter, M. "The Contribution of Rational Choice Theory to Macrosociological Research". *Sociological Theory*, 1988; 6:201-218
  30. UNESCO. *International Guidelines on Sexuality Education: An Evidence Informed Approach to Sex Relationships and HIV/STI Education*. Paris: UNESCO, 2009.
  31. Pfohl, S. *Images of Deviance and Social Control: A Sociological History, second edition*. New York: McGraw-Hill, 1994.
  32. Opara, AI. *Criminology and Penology*. Owerri: Cel-Bez, 1998.
  33. Fawole, B. Overview of current adolescent sexual and reproductive health and rights statistics in Nigeria and identifying gaps, in F. E. Okonofua and R. Imade (eds.), *Identifying Priorities for Research and Documentation on Adolescent Sexual and Reproductive Health in Nigeria*, pp. 12-26. Benin City: WHARC, 2011.
  34. Ibadan Social and Evaluation Research Team (ISERT). *Evaluating the Implementation of Sexuality and Life skills Education among In-school and Out-of-school Adolescents in Nigeria*. Ford Foundation, Lagos, 20.