Module 2: Evidence based approaches to sexuality education for adolescents - Adolescent health and development with a particular focus on sexual and reproductive health - Assignment

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Barriers to expanding and/or improving sexuality education in Nigeria

1. Sexuality Education is a sensitive issue

Due to the sensitive nature of sexuality education and the fear from parents and society that teaching it to young people could make them sexually adventurous create a barrier to its proper implementation.

2. Inadequate and/or Lack of Political will

The government of Nigeria through the Federal Ministry of Education has over the years shown commitment to roll out its implementation. However, this is not the case in many states of the federation, where in some places, no political will and in some areas, the committeemen is grossly inadequate. There is apathy and unwillingness on the part of some state governments to allow robust discussion and dialogue that will lead to policy reform for the proper take up of sexuality education.

3. Inadequate Human and Financial Resources

In many schools especially public schools, fewer teachers are providing teaching support to all the subjects. Adding sexuality education provides additional burden in an already overstretched environment. Funding related to sexuality education such as training of teachers, supply of instructional materials, effective monitoring and evaluation of its implementation is grossly inadequate from the part of government due to lack and/or inadequate political will, as explained above.

4. Donor Dependency

The Non Governmental Organizations providing technical and advocacy support to the implementation of sexuality education largely depend on International Development Partners, so also the HIV/AIDS unit of the Federal Ministry of Education. This is a barrier to the sustainability of sexuality education implementation in Nigeria.

5. Systemic problems within the education sector.

Challenges in integrating sexuality education into existing curriculum are still a barrier to its effective implementations. In many schools and settings, it is being taught as just sexuality education or HIV/AIDS and Family Life Education.

6. Inadequate capacity and knowledge of teaching staff

Experience has shown that many teachers are not properly trained and taught to handle sexuality education. Some could not respond to students questions as they relate to anatomy and physiology of human body. Some are not matured enough to handle sexuality issues.

7. Over crowded curricula

The curriculum is view by many as too large to be covered under the circumstances that there are many other curricula to also taught and couple with fewer trained staff.

8. Over blowing issues out of proportion by the Media

The media that is supposed to educate and enlighten the public and allay fears of the society, in the early time of introducing sexuality education in Nigeria had not only exaggerated its perceived negative effects, but added to the controversy and opposition by religious leaders.

9. Top bottom approach

The introduction of the sexuality education took the approach of top – down approach, federal government and NGOs more or less dumping it on the state governments that were not prepared and ready.

10. Opposition to the implementation by religious group

Many religious groups both Muslims and Christian have shown stiff opposition to the implementation of the sexuality curriculum due to perceived fear that it would create immorality among young people.

Overcoming the Barriers

Advocacy and Social Mobilisation and Consensus Building

The federal government in collaboration with NGOs and organised Media should intensify high level advocacy and social mobilisation across the federation to various relevant stakeholders. Groups like National and State Legislative Assemblies, Ministries of Finances, Executive Governors, Traditional and Religious Leaders as well as parents. Well tailored advocacy will lead to improved financial resources as well as building consensus on effective implementation of sexuality education.

Capacity Building and Provision of Sexual/Reproductive Health Services

More teachers need to be recruited and well trained to provide quality sexuality education as well as build a strategic monitoring and evaluation plan to be measuring performance and impact. Apart from teaching sexuality education, sexual/reproductive health services need to be available to ensure that young people have access to friendly services when in need, especially issues to do with sexuality transmitted infections including HIV/AIDS and coping with adolescent sexual health problems.

Assignment documents

1. <u>IPPF. From evidence to action: Advocating for comprehensive sexuality education.</u> <u>London: IPPF; 2009.</u>

- 2. <u>UNESCO</u>. <u>International Technical Guidance on Sexuality Education</u>. <u>Volume I. The rationale for sexuality education</u>. <u>Paris: UNESCO</u>; <u>2009</u>.
- 3. <u>UNESCO</u>. International Technical Guidance on Sexuality Education. Volume II. Topics and learning objectives. Paris: UNESCO; 2009.
- 4. <u>UNESCO</u>. Levers of Success. Case studies of national sexuality education programmes. Paris: UNESCO; 2010.