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/improving sexuality education in Nigeria

1. The conservative and religious nature of Nigeria's society where parents and other traditional gatekeepers regard sexual matters as taboos.
2. Lack of a social environment that is supportive of school based sexuality education and its practitioners.
3. Lack of space for sexuality education within an already overcrowded education curriculum for schools.
4. Other challenges include the fact that while suitable teaching and learning materials exist they are not available in sufficient quantity; the fact that information on growing up and sexual maturation is not examinable; and that there is a lack of continuity of staff within the Ministry of Education.
5. The most significant challenge that continues to threaten the implementation of sexuality education is the widespread, yet unfounded, belief that sexuality and HIV education encourages children and young people to experiment with sexual activity.
6. Lack of knowledge on the part of stakeholders, together with fear of adverse social and political repercussions, has been so strong in some States in northwest Nigeria that the state governments decided to rename the curriculum 'School Health Education Programme'. Some religious leaders are particularly vociferous in their opposition to school-based delivery of sexuality education and continue to push for further dilution of its content.
7. Limited access and utilization of integrated sexual and reproductive health and services.
8. No concerted efforts to develop human capacities to handle sexuality issues in a gender sensitive and culturally compliant manner.

Overcoming barriers to sexuality education in Nigeria

Sexuality education is a sensitive issue in Nigeria and is most likely to be effectively introduced and implemented when sufficient political will exists to support it. This will require ongoing sensitization, advocacy and consensus building activities to overcome resistance and to create and sustain support from parents, school administrators, religious leaders and state governments.

The name and delivery mechanisms for sexuality education need to be selected with care and be sensitive to community concerns.

There is also the need to address the systemic problems of teacher shortages, limited teaching resources and crowded curricula, which inevitably can lead to the prioritization of subjects that are examined over those that are not.

Multisectoral partnership needs to be built between the education and health sectors and between state governments and civil society organizations.

Also addressing parent-teacher forums, responding to fears and concerns about sexuality education teaching and promoting parent-child communication on sexuality, HIV and relationship issues.

Efforts must be made to establish sustainable and equitably distributed youth-friendly, gender sensitive services in public/private health institutions including youth centers within the limits of available resources particularly for rural, urban and other under-served communities. The content, effectiveness and implementation of services provided must be based on current international, national and state standards.

Assignment documents

1. IPPF. From evidence to action: Advocating for comprehensive sexuality education. London: IPPF; 2009.
2. UNESCO. International Technical Guidance on Sexuality Education. Volume I. The rationale for sexuality education. Paris: UNESCO; 2009.
3. UNESCO. International Technical Guidance on Sexuality Education. Volume II. Topics and learning objectives. Paris: UNESCO; 2009.
4. UNESCO. Levers of Success. Case studies of national sexuality education programmes. Paris: UNESCO; 2010.