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The Socio-Educational Challenges of Sexuality Education Programmes in Nigerian Homes and Schools: Implications for Counselling Profession

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Abstract

The sexual escapades of young ones in Nigeria have reached a spot where preventive and corrective strategies must be urgently implemented. Sexuality education is an educational programme designed to inculcate apposite and desirable sexual behaviours in students. It is a contentious programme in that there are advocates for and against the programme. Beside this, there are socio-educational challenges facing its successful execution in Nigeria. This paper attempts an elucidation of non-inclusion of the programme in schools, cultural belief barriers, parental attitude, and myth about disabled person's sexuality. It concludes with implication of these challenges on the counselling profession.

Introduction

The Nigerian educational system has passed through diverse developmental phases. The present unfolding events in the educational sector of the country have clearly demonstrated that we are at the crossroad phase. A nation's educational system at crossroad is yet to reach the Promised Land and therefore cannot fulfill educational objectives. A number of factors are responsible for the present state of educational programmes in Nigeria. While Gesinde (2002), Adepaju (2005), Adu (2005) identify anti-social behaviours such as non-school attendance, cultism, robbery, riots, examination malpractices, drug addiction, sex scandals, violent crimes and unsafe sexual activities, Ojerinde (2002) categorized Nigerian educational problems into demographic, economic/finance and political.

The existence of maladaptive behaviours in institutions of learning has its attendant effects. Evidence from the review of literature has not only confirmed the practices of unsafe sexual activities amongst students but has also established their consequences the students and educational programmes. For instance, Adebisi and Jibowu (2006) pointed out that adolescents' sexual behaviour in Nigeria is seriously going down the drain. Chikwem (2006) reiterated that prostitution houses and rings are now prevalence in institutions like University of Lagos, University of Benin, among the first, second and third generations' private and state universities. These prostitution houses are widely patronized by lecturers and highly connected individuals in the community.

A survey study conducted by Isangedighi (1994) in Mmaduakonam (2001) among 860 secondary school students (290 males and 570 females) between the ages of 16 to 18 from Anambra, Edo, Delta, Benue, Cross River, Imo and Lagos States revealed among other things that:

- (i) only 5.70% of the respondents reported that they were virgins;
- (ii) about 8.6% of the boys and 6.49% of the girls had their first sex experiences at or below the age of 10 years;
- (iii) majority of the respondents had experienced sex before their 16th birthdays;
- (iv) 57.19% of the sexually active male students had their fellow secondary school

students as sex partners;

- (v) about 40.29% of the males and 29.27% of the females were sure that their fathers knew that they were sexually active, while 43.53% of the boys and 44.28% of the girls were sure that their mothers were aware of their love affairs.

It is interesting to note that illicit sexual practices among students do not preclude students with disabilities. Osowole's (2004) study among 304 hearing impaired adolescents between the ages 10-22 years from Ibadan and Lagos showed that:

- (i) more than half of the respondents 58.2% reportedly have boy/girl friends with 44.1 having only one;
- (ii) 42.1% had sex before;
- (iii) age at first sexual intercourse ranged from 10-22 years with a large concentration (76.0%) in the 10-19 years age group with a mean age of 15 years;
- (iv) more than half had sex with only one person;
- (v) they had sex with fellow students, boy/girl friends, casual acquaintances, sugar daddies/mummies and commercial sex workers.

In a related study conducted by Ojo (2008) among 100 hearing impaired students of Federal College of Education (Special) Oyo, it was discovered that:

- (i) 27% of the respondents practiced abstinence while 73% did not;
- (ii) 28.33% of males claimed to be faithful to one partner while 71.6% were not faithful to their sex partners while 67.5% were not;
- (iii) 33.33% of the male respondents claimed to be using condom while 61.67% did not embrace the use of condom;
- (iv) 47.5% of the female respondents favoured the use of condom while 52.5% did not.

Inappropriate sexual behaviour, as evident from the above review of the literature, definitely has many aftermath effects. Mmduakonam (2001) pointed that adolescents who engage in sexual activities run the risk of contracting AIDS or venereal diseases, have unwanted pregnancies, which retard the adolescents progress. Similarly, Mburza (2006) maintained that sex has created and is still creating problems for many youths, their parents, and the entire society in the areas of unplanned marriage, abortion with resultant effects of death of promising girls. Teenage pregnancy, unsafe abortion, maternal death, complication, and sexually transmitted disease that continue to increase have resulted into the exit or dropout of students from schools (Okubango, 2000).

The devastating consequences of inappropriate sexual desires and practices among students calls for sober reflections and prompt actions of all and sundry. In an attempt to unearth a lasting solution to these sexually related problems of students, Ezenwa (2006) has identified one major problem confronting students. This is the management of sexuality in a sexually hostile environment. The society is characterized by socio-cultural beliefs and practices that prevent sexual expressions with fear of sexually transmitted diseases and forceful sexual gratification. This therefore suggests that assistance is required from significant others in their environment.

One major controversial strategy of managing sexual behaviours of pupils/students

is the introduction of sexuality education in the school curriculum. There are advocacy for and against this technique because of multi-various arguments. This write-up, however, favours the inclusion of sexuality education in the school curriculum in Nigeria. Premised on this, the discussion in this paper is centred on the concept of sexuality education, rationale, benefits, and challenges facing its inclusion in Nigerian schools. The paper concludes with the implication of these challenges on counselling profession.

The Concept and Rationale of Sexuality Education

Human sexuality according to Ikpe (2004) defines "the very essence of one's human including one's self image, being male or female, physical looks and reproductive capacity that is sexuality is a natural part of life". He added that it is about the way we are made, how we feel about ourselves, what roles we play in the society and how we procreate.

Sexuality education, on the other hand, is "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 aspects of human sexuality (Action Health Incorporated, 2003). Sexuality education could also be viewed, in the submission of Adepaju (2005), as the art of living by being able to reason, examine, and monitor oneself in clearly defined terms.

Adepaju (2005) has enumerated the rationale for the teaching of sexuality education in institution of learning. These include:

- taking responsibility for sexual health;
- building new morality and removing falsity among people
- preparing adolescent for adulthood roles;
- helping adolescents to achieve their full potentials and
- providing sexual knowledge that can serve as weapon against ignorance.

Sexuality education has a number of advantages when it is comprehensively implemented. Gesinde (2008) submitted that the benefits of sexuality education included the provision of information on human productive system, control of the spread of sexually transmitted diseases, reduction in the hazard associated with child delivery, and development of social skills. Avert (2009) asserted that skills development in sexuality education programme is directly linked to more general life-skills such as:

- being able to communicate, listen, negotiate, ask for and identify sources of help and advice;
- recognize pressures from other people and to resist them;
- dealing with challenging prejudice and being able to seek help from other adults-including parents, careers and professionals through the family, community and health and welfare services.

Challenges of Teaching Sexuality Education in Nigerian Schools

The socio-educational challenges confronting the attempt to make pupils/students sexually educated are too numerous. Until these challenges are addressed, the maximum

benefits derivable from the teaching of sexuality cannot be realized. Some of the challenges that this paper focuses its attention on include non-inclusion of sexuality education in the school curriculum, cultural belief barrier, parental attitude and myth about disabled persons sexuality.

- (a) ***Non-Inclusion of Sexuality Education in the School Curriculum:*** The first challenge is the non-inclusion of comprehensive sexuality education package in the Nigerian educational curriculum. Contrary to some peoples' belief, sexuality education has not been included in the Nigerian school curriculum (Falaye & Moronkola, 1999; Oladosu, 2004; Esere, 2006). The National Policy on Education has no specific policy statement on sexuality education in schools. What is presently in operation is the teaching of sexuality education topics in subjects like Biology/Health Science, Christian/Islamic studies, Social Studies and so on. Sexuality related topics in these subjects are not comprehensive and incomprehensive teaching would not attain the set objectives for sexuality education curriculum because they were not designed to do so.
- (b) ***Cultural Belief Barriers:*** The traditional beliefs about human sexuality, in the African context, do not permit open discussion of sex related matters. Sex to an average African is sacred and as such, public debate on it is prohibited. When there is the need for open discussion on sexual matters (such as sexual related problems between couples) the younger ones are sent out of the vicinity. Francis (2008) makes the sacredness of sex organs in African traditional belief poignant in this assertion:

Due to this understanding, sexual organs are treated with great reference. They are neither to be looked at nor touched, unless some definite discomfort or pain is felt in the area. Sexual organs are the gates of life and therefore are sacred. That Africans treat their sex organs with great reference is evident from the fact that they do not even use proper names of these parts when they talk about them. They normally, prefer the use of disguised nomenclature (p118).

The teaching of sexuality education centres on human sex organs. Topical issues on these sex organs are discussed openly during the process of teaching and information on the management and care for these organs is provided. Therefore, a culture that forbids open discussion on human sexual organs under whatever cloak indirectly hinders the teaching of sexuality education.

- (c) ***Parental Attitude:*** Attitudinal disposition towards sexuality education determines an individual participation in the programme. Positive attitude is, therefore, required for maximum involvement. Parents are expected to make significant contribution in the education of their children/wards. Sexuality education, in particular, requires collaborative efforts of the parents, teachers, and community.

Parents are supposed to be the first tutor of the children when it comes to sexual matters. The ability of the parents to do this is influenced by their attitudinal disposition

and cultural values. Cultural value or belief has direct influence on attitudinal disposition. This, therefore, implies that parents from cultural background that forbids open discussion of sexual matters would mostly have negative attitude towards the teaching of sexuality education. It is therefore not surprising that Ezenwa (2004) in Ezenwa (2006) study of the final year medical students of Ebonyi State University, Abakaliki, showed that none of the students ever received sex education from their parents. Apart from cultural belief and attitudinal disposition, Meillier (2002) posited that the following factors could thwart parents from discussing sex related issues with their children:

- ❖ some parents want to be helpful but are unsure of what, when, or how to discuss sexual matters;
- ❖ some believe they do not know enough, feel embarrassed or are not clear about their own sexual values and attitudes;
- ❖ many are concerned about how their children will feel discussing sex with them

Similarly, Parker (2009) asserted that daddies all over the world are struggling with the idea of teaching their children about sex. He submitted that it is not an easy topic, laden with risk and with a lot of unanswered questions such as: How much do we tell? Do we discuss on the clinical side of sex? Should we be teaching sex on the context of values? How do we know when a child is ready? Should we have one “birds and bees” discussion or do we give more information as children get older? Or do we leave the whole discussion to our child's health teachers in the school?

(d) ***Myth about Disabled Persons Sexuality:*** Sexuality education programme is expected to cater for all the pupils/students irrespective of their inherent abilities or disabilities. Consequently, sexuality education programme ought to incorporate the sexual needs of the disabled children. Disabled children are children are special children that require specialized education. There are a lot of myths and misconceptions about their sexual capabilities that can hamper them benefiting maximally from sexuality education programme or prevent curriculum planners or sexuality educators from designing a meaningful programme for them. Some of these myths and misconceptions according to Silverberg (2009) which have relevance to Nigerian situation include:

- people with disabilities and chronic illnesses are not sexual;
- people with disabilities and chronic illnesses are not desirable;
- there is a right way and a wrong way to have sex;
- people with disabilities and chronic conditions can't have “real” sex;
- people with disabilities are a bad choice for romantic partners;
- disabled people have more important things than sex to worry about;
- people with disabilities are not sexually adventurous;
- people in institutions shouldn't have sex;
- people with disabilities don't get sexually assaulted;
- people with disabilities don't need sex education.

These misconceptions about disabled person's sexuality could lead to neglect of the disabled persons by policy makers, parents, and teachers when it comes to designing a

corrective and preventive programmes for the citizens. They are not to be neglected because they live in an environment where they engage in sexual interactions with persons without disabilities.

Implications of Challenges on Counselling Profession

It is evident from the above discourse that challenges facing the teaching of sexuality education in Nigeria schools are multi-dimensional. These challenges have diverse implications for different professionals. The successful teaching of sexuality education is hinged on collaborative efforts of these professionals, parents and the entire community. The revelation from these challenges shows that the counselor is expected to play a significant role in the implementation of sexuality education programme. First of all, the counselor should strongly advocate in favour of the inclusion of sexuality education in the nation's school curriculum. Counsellors are trained to assist client's resolve socio-personal problems of which sexual misbehaviour or unsafe sexual act is not exempted. There is no gain saying in the fact that counselors in schools have diverse cases of sexual misadventure by the students. The inclusion of sexuality education would have incorporated the services of other professionals within and outside the schools settings. The non-inclusion of the programme in the school, on the other hand, implies that counselors are expected to seek the assistance or the involvement of other relevant professionals such as teachers, nurses, religious leaders, and so on in an attempt to combat sexual abnormalities.

Since most parents are reluctant or uncomfortable with discussing sexual related matters with their wards, counsellors are expected to organize a forum where parents would be educated or trained on assertiveness skills required for such a discussion. The assemblage of parents could be used to dispel inappropriate cultural beliefs about human sexuality, change negative attitudes of parents towards sexuality education, and debunk mysterious and illogical beliefs about disabled people's sexual capabilities. It is also imperative for Counselling Association of Nigeria (CASSON) to organize seminars, conferences and public lectures on sexuality education.

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