

## Promoting Adolescent Reproductive Health: Role of NGOS, Parental Care & Sex Education

Dr. E. Adenike Emeke  
Institute of Education  
University of Ibadan,

### **Abstract**

*Reproductive health care seeks to meet in male and female adolescents, the health needs associated with sexuality. This paper in taking a look at the reproductive health of adolescents, outlined the very positive roles the NGOs, parents and the school can play through appropriate sex education. The paper started off by giving seven reasons why the reproductive health of adolescents in Nigeria must be promoted. The paper reviewed the major UN conferences that have bearing with adolescent reproductive health and proffered actions that can be taken to achieve a number of strategic objectives based on the plans of action.*

*On the role of NGOS, the paper advocated that NGOs which are strong forces to be reckoned with in the area of programme development and promotion of adolescent reproductive health, should retain the gains of the past and strengthen the weaknesses of the present, in the area of promotion of adolescent reproductive health. Since parental care is sine-qua-non to every aspect of the adolescent's life, reproductive health inclusive, parents were implored to ensure that practices, which will not promote adolescent reproductive health, be reduced if not eliminated. Sex education should be seen as a whole area of interpersonal relations affecting human sexuality, and not just as a course emphasising solely the devices and methods of preventing pregnancies or avoiding STDs and STIs. This view of sex*

*education will make adolescents in and out of school benefit from sex education. The paper concludes on the note that everybody should come together to nurture adolescents and promote their reproductive health.*

**Key words:** *Adolescent reproductive health, reproductive health care, parental care, sex education.*

### **Introduction**

The human person right from conception when life begins through to death, when life ends, undergoes different stages of development. These developmental states are, to a large extent, clear and definite, and Erickson (1950) identified eight developmental-stages of life with the adolescence stage coming at about the median of the stages.

Up to the present moment, there is no one universal definition of adolescence. Biologically, it is defined as the period of progressive transition between childhood and adult life, which begins among females, with the onset of menstruation. Socially, adolescence period may commence early if menarche sets in early (even at age 9) for a female, and marriage follows soon after menarche, or long if for reasons such as education, a long period elapses between menarche and marriage. Chronologically, age definitions of adolescence vary widely - between 12 and 14 yrs as the lower limits, and 19-21 years as marking the end of the era of adolescence.

Though definitions may vary widely from the different perspectives, many workers in the field of adolescence study (Erickson, 1950; Hilgard, 1962; Emeke, 1977/1997 Papalia, 1989) are agreed on certain characteristics of the adolescence period. It is regarded as a period of storm and stress for the adolescent, a period of ambivalence and conflicts, a period of "explosion" in the various spheres of the life of the adolescent. The "explosion" can be in the cognitive area manifesting in ability to hypothesize, theorize and follow logical and philosophical arguments; it can be "explosion" in the affective domain resulting in increased heterosexual interests and inflammation of the sexual impulse and it can be "explosion" in the psychomotor sphere showing forth in athletic

pro prowess, increased agility and disdain for inactivity. The adolescence period is a period when guidance, counselling and an enriched family, school and social environment should be supportive of the adolescent, to enable him/her successfully cross the threshold of storm, stress, conflict and ambivalence into a stable and wholesome adulthood.

Adolescents are the most visible leaders of tomorrow, and a society that does not have them in adequate number may be jeopardizing its future. It is in the light of this jeopardy of the future, that there is an increased need now ever than before to promote adolescent reproductive health.

### **Why Promote Adolescent Reproductive Health in Nigeria**

There are a number of reasons why adolescent reproductive health must be promoted in Nigeria. Before a few amongst these reasons are highlighted, we must ask who an adolescent is. For the purpose of this paper, adolescents will be taken as youths of both sexes aged between 12 and 19 years. This age definition, to which this writer subscribes, was as reported by Makinwa - Adebusey (1991) discussed extensively at the Adolescent Fertility in Africa Seminar held in Lome in 1985. The Lome Seminar preferred this definition for easy identification of adolescents by policy makers, programme designers and implementors.

Some of the reasons for promoting adolescent reproductive health include:

- ◆ The sheer size of the adolescent population which commands attention. Today, about one in every five people in Nigeria is between the ages of 10 and 19, giving us about 26 million people. The projected number by the year 2000 is 38.2 million. Though, the population of adolescents when defined as population aged 12 - 19 years will be lower than the figure reported for the 10 - 19 year age group, similar rapid growth in size is expected.
- ◆ Younger people are becoming biologically mature at younger ages, and many of them are in the urban milieu that permits a greater deal of freedom from adult supervision.

- ◆ Nigeria, apart from having about 40 per cent youthful population structure has a tradition of early marriage. The 1981/82 Nigeria Fertility Survey revealed that more than four-fifths of females are married and in sexual unions by the time they attain the age of 19 years. The gains offered by increased opportunity for further formal education are eroded by pre-marital sex and abortions.
- ◆ Adolescent sexual impulse can be overwhelming and difficult for them to control. The urge to satisfy this impulse may lead to indiscriminate involvement in sexual activity exposing them to dangers and risks of infection.
- ◆ Early pregnancy and abortions are known to be a significant factor among school drop-outs particularly among females. The social repercussions of the above practise exemplified by increased instances of child abandonment, and abortions carried out to avoid the stigma often attached to pre-marital fertility; was graphically displayed by Makinwa (1981).
- ◆ The HIV -AIDS pandemic has not spared Nigeria. A 1993 WHO AIDS Surveillance Report put HIV -AIDS incidence among adolescents at over 45 per cent. The HIV-AIDS prevalence rate in Nigeria is 3.8 percent.
- ◆ Sexually transmitted diseases (STDs) and Reproductive Tract Infections (RTIs) are on the increase, and yet many adolescents are not aware of the relationship between casual sex and STDs, and HIV-AIDS infection (Nwagwu, 1991; Izuigo - Abanihe, 1993).

A closer look must be taken of adolescent reproductive health and all hands must be on deck to promote it.

It is probably in response to the fact that all hands must be on deck to promote adolescent reproductive health that the United Nations (UN) held a number of conferences, which focused partly or wholly on adolescent reproductive health. These conferences had major outcomes relating to adolescent reproductive health as enunciated in the next section.

### **Overview of Outcomes of United Nations Conferences as Related to Adolescent Reproductive Health.**

Adolescents like other people, have the right to enjoy the highest attainable standard of physical and mental health. Vital to their life, well being, and ability to participate in all areas of public and private life is the enjoyment of this right. This health right of the adolescent embraces their reproductive rights and their reproductive health.

The ICDP in Cairo, and the Beijing Conference in Beijing, China are clear, and without any controversy as to what should be regarded and defined as reproductive health. It is however sad to note that the considerations and deliberations at the Cairo and Beijing Conferences did not have all categories of adolescents as a point of focus. General statements were made, and certain provisions of the declarations such as reproductive health implying “... the right of men and women to affordable methods of fertility regulation of their choice”, “... *the right of access to appropriate health care services that will enable women go safely through pregnancy and childbirth ....*” “ *The right of couples and individuals to decide freely and responsibly the number, spacing and timing of their children ...*” etc. are definitely not referring to unmarried adolescents who form the greater percentage of the general adolescent population.

The conferences which, in other sections of their deliberations and declarations, decried forced and early marriage for adolescents (a prime way in which adolescents attain the marital status), premarital sex among adolescents, premature child bearing etc., will definitely be contradicting themselves in the provisions earlier referred to and which this writer argues cannot be referring to adolescents. I will therefore enumerate and project the outcomes, which can be extended and zeroed down to adolescents.

Reproductive health in the view of this writers, is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes. Implicit in this definition of reproductive health, is that adolescents have the right to be informed about their sexuality; be made aware of the potential risks and dangers

from varying sources of their reproductive system; be free from discriminatory and reproductive-based violence such as female genital mutilation, forced early marriage and early pregnancy; and have access to safe, effective, affordable and acceptable reproductive health care. Reproductive health care which refers to: (we can rely on the ICPD definition of)

*the constellation of methods, techniques and services that contribute to reproductive health and well-being through preventing and solving reproductive health problem ...*

**ICPD, 1994, pg 41**

Reproductive health care seeks to meet in the male and female adolescents, the health needs associated with sexuality. The conferences declared that program goals and the constellation of services go beyond conventional family planning and maternal child-health care.

The conferences brought out clearly and made fairly comprehensive declarations regarding reproductive rights, sexual health and sexual rights. Reproductive rights were conceived as embracing existing human rights, as contained in the declarations of the 1993 Vienna World Conference on Human Rights, but with particular reference to (as applicable to) adolescents

The conferences declared that full attention should be given in all countries, to meeting the educational and service needs of adolescents to enable them deal in a positive and responsible way with their sexuality. It is known that reproductive health eludes many people, including adolescents because of such factors as inadequate levels of knowledge about human sexuality, and inappropriate or poor quality reproductive health information and services. The spirit of the conferences is to ensure that adolescents enjoy the basic elements of sexual health, such as:

- ◆ A sexual life free from disease, injury, violence, disability, unnecessary pain, or risk of death.
- ◆ A sexual life free from fear, shame, guilt and false beliefs about sexuality.

- ◆ A mutually respectful and equitable gender relations.
- ◆ A reproductive and sexual conception, which has full respect for the physical integrity of the human body.
- ◆ the right to services and information that promote the attainment of the highest standard of reproductive health,
- ◆ the right to make decisions concerning reproduction free of discrimination, coercion and violence.
  
- ◆ Provision of necessary reproductive and sexual health information and services with full respect for confidentiality.

The conferences in their plans of actions urged all countries among other things to:

- ◆ Strive to make accessible through the primary health-care system, reproductive health to all individuals of all ages (adolescents inclusive), as soon as possible and no later than the year 2015.
- ◆ Design reproductive and sexual health care programmes to serve the needs of women and adolescent females. Also, that government and other organizations should take positive steps to include women at all levels of the health-care system.
- ◆ Redesign health information, services and training for health workers so that they are gender-sensitive and reflect the user perspectives with regard to interpersonal and communications skills. These services, information and training should adopt a holistic approach.
- ◆ Develop innovative programmes that will make information, counselling and services on sexual and reproductive health accessible to adolescents and adults. Programmes must reach men in their workplaces, at home and where they gather for recreation. Boys and other adolescents, with the support and guidance of their parents, and in line with the Convention on the Rights of the Child, should also be reached through schools, youth organizations and wherever they congregate.

- ◆ Governments should promote much greater community participation in reproductive and sexual health-care services by decentralizing the management of public health programmes and by forming partnerships with local non-governmental organizations and private health-care providers. All type of non-governmental organizations, including local women's groups, trade unions, cooperatives, youth programmes and religious groups, should be encouraged to become involved in the promotion of better reproductive and sexual health.
- ◆ Countries in transition from centrally managed to market economies where reproductive and sexual health is poor, and in some cases deteriorating, must themselves, without jeopardizing international support, give higher priority to reproductive and sexual health, by meeting the needs of their adolescents for better information and more choices in an urgent manner.
- ◆ Migrants and displaced persons in many parts of the world who may have limited access to and who may face specific serious threats to their reproductive and sexual health and right must be provided services sensitive to the needs of individuals and adolescents, and responsive to their often powerless situation, with particular attention to those who are victims of sexual violence.
- ◆ Sexually active adolescents will require special reproductive health information, counselling and will require special support from their families and communities.
- ◆ Adolescents must be fully involved in the planning, implementation and evaluation of information and services concerning them, with proper regard for parental guidance and responsibilities.
- ◆ Countries, with the support of the international community, should protect and promote the rights of adolescents to sexual and reproductive health education, information and care and greatly reduce the number of adolescent pregnancies.
- ◆ Countries should remove legal, regulatory and social barriers to sexual and reproductive health information and care for adolescents and must ensure that the programmes and attitude of health care providers



do not restrict the access of adolescents to the services and information they need. In doing so, services for adolescents must safeguard their rights to privacy, confidentiality, informed consent and respect.

As stated earlier, only the salient action recommendations or conference outcomes, and especially those that are relevant to or can be extended to adolescents have been highlighted in the section above.

The next focus is on the development of a plan of action for monitoring the implementation of the conference outcomes.

### **Plan of Action for Monitoring the Implementation of Outcomes in Nigeria**

#### ***Basis for Action***

Deliberations and declarations at conferences, workshops and seminars will remain dead and of no consequence if they do not translate into concrete implementation. It is also known, that many times, implementation of outcomes of conferences take off, but derail and/or are abandoned as a result of lack of or inadequate monitoring. It is therefore very important and necessary that an effective monitoring strategy be put in place. It is only through the mobilization of all sectors of society that significant progress can be achieved in all areas of conference outcomes. Governments at the local, state and national levels must be involved in ensuring that conference outcomes are implemented.

#### ***Strategic Objective***

To promote strategic monitoring in order to ensure effective implementation of outcomes of the conferences at local, state and national levels in Nigeria.

#### ***Actions to be Taken***

- (1) Set up Implementation Monitoring Task Force at local government level which should be headed by the Supervisory Councillor for health, at the State level by the Commissioner for Health and at the country or national level by the Minister of Health. The task force at each

level should map but monitoring strategies which should include:

- ◆ Regular scheduled and unscheduled visits to reproductive health care-giving centres for on the spot assessment of the appropriateness, quality and quantity of information, education and services given to adolescents on human sexuality, management and treatment of reproductive health conditions.
  - ◆ Call for periodic (probably monthly) reports from heads of health care-giving centres on reproductive health care programmes, and management and treatments given to adolescents on reproductive health conditions.
  - ◆ Scrutiny of records of treated cases of reproductive health conditions.
- (2) Coordination of the activities of the Implementation Task Force by the local government chairman at the local government level, by the Governor or Administrator at the State level and the President/ Head of State at the national level. This coordination would include the consideration of the reports of the heads of the task force at the different levels to measure implementation progress.
- (3) Regular (probably quarterly) meetings of all health supervisory councillors of the different local government areas at the instance of the State Commissioner for Health to consider implementation progress at State level, and similar meetings of all State Commissioners of Health at the instance of the Minister, to compare implementation efforts of each State of the federation, as well as to obtain an overall picture of implementation progress at the national level.
- (4) Collaborate with Trado-Medical Health Care Givers (TMHCGs). Since it is common knowledge that an appreciable number of Nigerians - adolescents inclusive patronize this category of health givers, both in the rural and urban centres, their involvement should start by sensitising them to conference outcomes on adolescent reproductive health, through discussions which should be well managed to remove or at least reduce to a large extent scepticism and suspicion. The

TMHCGs should thereafter be encouraged to accept formal training in the basic elements of reproductive health conditions; document cases treated and make referrals to bigger nearby hospitals. This will be in line with conference outcome on greater community participation in reproductive health care, formation of partnerships and cooperations with private health care personnel.

- (5) The Ministry of Women Affairs and the Federal Ministry of Health should work together in monitoring the effective implementation of programmes on adolescent reproductive and sexual health information, services and training for health workers using a holistic approach. The ministries should commission health curriculum developers and health workers using a holistic approach. The ministries should commission health curriculum developers and health tutors, like those who have gone through the evaluation and curriculum programme of the International Centre for Educational Evaluation (ICEE), University of Ibadan, to write course materials for the training and retraining of these health workers in the new desired direction. Training workshops should be organized at designated zones in the country, and video and written reports of these training workshops must be submitted to the organizing ministries through the State Ministries of Health. Certificates should be given for participation at the training workshops, and the possession of the certificate must be made a necessary prerequisite for practice, and a deadline (e.g. year 2015) be given as the year after which non-possession of the certificate will lead to prosecution.
- (6) Full-length plays, short drama sketches, folklore songs and contemporary music compositions focusing on issues of adolescent reproductive health such as dangers and consequences of premarital sex, abortion, sexually transmitted disease and infections (STDs and STIs including HIV/AIDS), forced marriage, early pregnancy, sexual violence and coercion, must be sponsored by local, State and national governments as innovative programmes that will make information on sexual and reproductive health accessible to adolescents in their workplaces, schools, youth organizations and wherever they are gathered. The plays, drama sketches, songs and music must be made

available to all radio and television stations for airing at appropriate and peak hearing and viewing slots for optimal results. The video and audio cassettes of the plays etc. must also be on sale as well as available at the lending sections of public libraries and Ministries of Information for organized viewing and hearing by schools, youth organizations and even individual adolescents.

- (7) Regarding outcomes dealing with provision of adequate and appropriate information to adolescents - sexually active and inert, the Federal Ministries of Health, Information and Education, working in conjunction with counterpart State Ministries, Polytechnics and Universities, media houses and acclaimed graphic artists, must develop booklets, pamphlets, posters, handbills, calendars (desk and wall calendars), stickers, cartoons and jingles carrying rich informative and educative contents on adolescent reproductive health. The informative and educative contents must be a mix-grill of pictorial and written information to cater for non-literate or poorly literate adolescents. These pamphlets, posters, etc. must be made available to schools, youth organizations, adolescent workplaces, youth organizers and handlers as well as strategic public places like billboards, cinema houses, restaurants and hotels for effective dissemination. Education and information can also be imparted and disseminated by religious and community leaders (Baale, Obis, Obas). These leaders must be encouraged to disseminate to adolescents, accurate, appropriate, and educative information on adolescent reproductive health.
- (8) On all outcomes with regard to provision of counselling services, governments, NGOs and other civil organizations must train more counsellors, employ existing ones into schools, hospitals, rural health centres and clinics, and direct them to give counselling services on reproductive health to adolescents. The counsellors should give periodic (monthly or quarterly) reports to the three tiers of government through appropriate linking organs on the number of adolescents counselled, nature of problem, counselling strategy (ies) employed, follow-up activities mounted or suggested, and results.

These will ensure the monitoring of the effective implementation of the counselling outcome.

- (9) On outcomes focusing on promotion of rights, and removal of legal, regulatory and social barriers, the Ministry of Justice must see that appropriate legislative insertions and declarations are made. This legislation must be made public, translated into major vernaculars and be worded in the language the average illiterate and poorly literate adolescent can understand. NGOs, parents, youth organizations and other civil groups should thereafter become pressure groups to see to the adherence to the legislation on adolescent reproductive health by all and sundry.
- (10) Funds must be made available for the implementation and effective monitoring of the implementation of conference outcomes on adolescent reproductive health. Government must be ready and be committed in this regard.

### **Role of NGOs, Parental Care and Sex Education in Promoting Adolescent Reproductive Health**

The last task in this paper is in defining the role which NGOs, and other members of the civil society can play in achieving sustainable development, i.e. to consider the roles of NGOs, parents and sex education in the promotion of adolescent reproductive health.

### **Roles of NGOs in Promoting Adolescent Reproductive Health**

Non-governmental organizations (NGOs) are strong forces to be reckoned with in the areas of programme development and promotion of adolescent reproductive health. A lot in this direction has been achieved by NGOs. For example, at the 1994 Cairo International Conference on Population and Development (ICPD), NGOs battled successfully, using strong language, for the elimination of coercive sexual practise, especially as regards women and adolescent girls. NGOs were primarily responsible for bringing up the issue of accountability of reproductive health providers in both international agencies and government. providers in both international agencies and government was infact developed at the 1994 ICPD, through the efforts of NGOs, and Dr. Nafis Sadik, Secretary

General of the ICPD could not help hailing this as a landmark of the conference and an important accomplishment, second only to the issue of gender equality.

NGOs like HERA (Health, Empowerment Rights and Accountability), CONNOHPD (Coalition of Nigeria NGOs on Health, Population and Development), SWAA (Society for Women and AIDs in Africa), IRRRAG (International Reproductive Rights Research Group), AFRH (Association for Family and Reproductive Health) etc., should act as autonomous watchdogs over both government and international agencies (public and private) to ensure compliance with world summit declarations and plans of action in the area of adolescents' reproductive health. Some NGOs like IRRRAG and SSRHRN (Social Science Reproductive Health Research Network) have conducted research into the status of adolescent reproductive health in urban and rural centres in Nigeria. An NGO like the ARFH conducts educative and informative programmes for youths. The AFRH's West African Youth Initiative Programme (WA YIP) has been a huge success. ARFH has also trained peer educators who will go into schools, youth organizations and workplaces to educate, inform and create awareness in fellow adolescents on the issue of adolescent reproductive health.

SWAAN (Society for Women and AIDS in Africa, Nigeria Chapter) is also carrying out intervention, awareness and counselling on prevention programmes among adolescents on HIV - AIDS and other sexually transmitted infections (STIs).

NGOs should plan carefully, the building of alliances with one another and with other movements and social actors. NGOs with leanings on health issues, should have as a major programme focus: reproductive health programmes, youth development and life planning education, training of health and community development workers, conduct of research to be followed by evaluation, and provision of quality clinical reproductive health services in prevention, diagnosis and treatment of reproductive tract infections (RTIs).

NGOs can and should come up with alternative forms of programmes, which will be pursued and made to work; so much so that government may even come to "borrow" the NGOs' Programme Plan

as has been the case in Bangladesh. NGOs should come up with reliable data on different aspects of adolescent reproductive health, standing at par with international agencies. NGOs in their planning, monitoring, evaluating, and sponsoring reports of findings in our national newspapers, will in great measure be promoting adolescents reproductive health.

NGOs depend mainly on donor agencies to carry out their functions and to this extent it will retard the promotion of adolescent reproductive health in the country. NGOs should develop alternative forms and sources of funds in order to come out of the ambit of donor agencies, and be free to conduct research or promote programmes they believe in as helpful to our adolescents, instead of dancing perpetually to the dictates of the donor agencies who as piper players dictate the tune always

NGOs should retain the gains of the past and strengthen the weaknesses of the present in the area of promotion of adolescent reproductive health.

### **Role of Parental Care in Promoting Adolescents Reproductive Health**

Parental care is sine-qua-non to every aspect of the adolescent life, reproductive health inclusive. The role that parental care plays in the life of the adolescent, and indeed in the life of people in general, cannot be over-emphasized.

Although the declaration on the Survival, Protection and Development of Children at the 1990 World Summit for Children made no definite statement on reproductive health, its declaration on the role of the family is of relevance to our consideration of the role of parents in promoting adolescent reproductive health. It declared that the family has the primary responsibility for the nurturing, and protection of children from infancy to adolescence. An extension of this nurturing and protection is to impart to the adolescent a wholesome heterosexual relationship, and give support to the adolescent if and when he/she gets into and faces the consequences of poor or negative reproductive health. For the full and harmonious development of their persons and wholesome reproductive health, adolescents should grow up in family environments, enriched with an atmosphere of love, happiness and understanding.

The family, the middle of life, and parental care must be present to help wholesome development. Parents themselves must be aware of what reproductive health stands for, and must be informative enough about its ramifications in order to help their adolescents. A lot of parents are not able to discuss and communicate generally with their children, and in particular on issues of sexuality which is to a large extent shrouded in secrecy in many cultures in Nigeria. Parents must break this jinx and come forth to discuss with their adolescents. They should update their own knowledge too, so as to be above the level of or at least at par with the knowledge their adolescents have garnered from peers, magazines, novels, informal discussions and the mass media. Parents must discuss intelligently with their adolescents and guide them wisely.

Family standards are an issue of importance in the consideration of parental care and promotion of adolescent sexuality. Family standards must not be so stringent that adolescents find them difficult to achieve. Parents must systematically impart to their children good family standards within reasonable limits and with love. The methodology employed by parents will go a long way in determining whether adolescents' reproductive health will be promoted positively or negatively. This will also determine whether adolescents will open up to their parents or not in matters of reproductive health. Studies (Makinwa-Adebusoye, 1991; Nwagwu, 1995, Emeke, 1996) have shown that in many cases, when adolescents become pregnant, procure abortions, contract reproductive tract infections, seek treatment and purchase drugs for cure, parents have no knowledge of such happenings in the lives of their adolescents. This picture must change, but parents have a lot more to do and give in to the bargain.

Parents should also not help to perpetuate the age long discriminations against the girl child in terms of her sexuality. Through parental care, practices that will not promote adolescent reproductive health such as female genital mutilation, sex abuse and harassment, rape, incest, early marriage, puberty circumcision, condoning of male promiscuity etc. should be reduced if not eliminated.



### **Role of Sex Education in Promoting Adolescent Reproductive Health**

Sex education is a term frequently used by many persons, but scarcely understood by many. It is a term that is very controversial, and yet very important in our daily life.

A reflection on the social and public health problems of our society such as, out-of-wedlock births, prostitution, indiscriminate use of contraceptives by female adolescents, and the increased rate of STDs, STIs and RTIs point to the fact that the Nigerian adolescents, in and out of school, need more information on family life and sex education, now more than before. Sex education includes all the educational measures, which inevitably come in some form into the experience of every normal human being. Sex education further stands for the protection, preservation, extension, improvement and development of the family based on accepted ethical ideas, (Udoh, 1981; Emeke, 1996; Nwajei, 1995). Sex education should be conceived of as a whole area of interpersonal relations as it affects human sexuality, and not just as a course emphasizing solely the devices and methods of preventing pregnancies or avoiding STDs and STIs.

Ignorance and misinformation have been found (Nwajei 1993) as the two major factors responsible for health problems emanating from sex. When adequate and accurate information is not available, the tendency is for people to accept misconception and misinformation for the truth. Adolescent reproductive health will definitely be promoted through the introduction of, implementation, monitoring and evaluation of formal sex education to adolescent in and out of school.

To begin with, adolescents should understand their own sexuality. The understanding of one's own sexuality can remove guilt feelings which are aroused by inadequate sex knowledge, and which can interfere with personal adjustment, sound mental health and a receptive mind.

Through sex education, adolescents will gain a good understanding and knowledge of human reproduction. The roles of genes, the formation of the male or female child, the growth of the embryo in the womb, cause of miscarriages or spontaneous abortions are all topics that feature in a

human reproduction lesson, which should be part of the curriculum on sex education.

Ability to make balanced moral decisions about one's own sexual behaviour can be obtained through the comprehensive and accurate information provided in a well planned - out sex education course. Through sex education, the consequences of prostitution, the evils of adultery such as shame, guilt and hurt, the situations of unmarried mothers, and meaning of sexual perversions are spelt out and made known to adolescents. Sex education therefore, provides adolescents with enough information to be able to make balanced moral decisions about their own sexual behaviour. Sex education will prepare adolescents to enjoy stable and harmonious sexual relationships when they become adults.

Although there has been strong advocacy for the introduction of sex education in schools, it has not gone beyond rhetorics in almost all the States of the Federation. Ondo State however, I understand, introduced something very akin to sex education - Family Life and Population Education - about 3-5 years ago. The issue of sex education should be tackled in the following ways:

#### **A Well-Defined Curriculum**

Up till the moment, there is no well-defined curriculum on sex education, and it is imperative that there is one. Curriculum developers in the Federal and State Ministries of Education should come together in collaboration with University experts, to draw up a curriculum on sex education. This curriculum should in fact evolve from contributions of people from all walks of life, and in this regard, a Curriculum Conference/Seminar very much akin to the 1969 Curriculum Conference, which gave rise, to the 6-3-3-4 policy on Education should be convened. The scope may not be as broad, but it should definitely not lack in depth. The inputs of parents, teachers, NGOs, education agencies and adolescents themselves into what should form the bedrock of the curriculum on sex education, can later be fine-tuned and refined by expert curriculum writers, for use in our educational system. This sex education curriculum, which is home-grown and Nigerian-culture conscious should in fact be launched with some fanfare to create awareness. It should also be made compulsory at

the different educational levels for which it is written. This sort of concrete step will take sex education beyond the rhetoric stage it is presently in.

### **Well Defined Implementation Strategy**

The implementation of the sex education curriculum should be:

- ◆ ensured through orientation seminars/workshops for teachers. There is no teacher now who can be referred to as a sex education teacher in the same way in which we can refer to social studies, integrated science, physics, history teachers etc. In view of this, teachers who will handle the subject - sex education should be given orientation seminars and workshops as was done- for continuous assessment in the presently executed National Policy on Education (NPE). The first crop of teachers for the seminars should be picked from among Biology, Integrated Science, Physical and Health Education teachers and the School Counsellors. These teachers can then train other teachers in their schools through staff seminars.
- ◆ monitored through the Ministry of Education. The sex education curriculum should be seen as part of the NPE Implementation Task Force, at the Federal, State and Local Government levels.

### **Long-Term Training**

Sex education should be included in the training programme of prospective teachers at all levels of teacher training. This will ensure that the new crop of teachers would have become knowledgeable in the context and methodology of sex education and would not have to depend on staff seminars, which might have been phased out, in the schools by the time the new sets get there. If this is done there will be no desperate need to continue the staff seminars after some time.

### **Writing and Production of Texts**

Textbooks, which are written in simple communicable language, produced in adequate quantity and at affordable cost should be developed by relevant writers using inter-disciplinary approach and produced by reputable publishing houses. The textbooks should take into consideration the current emphasis on non-gender discriminatory terminologies, phrases and diagrams.

### **Conclusion**

All institutions of society - governments, NGOs, parents and various civil organizations - should come together to nurture adolescents and promote their reproductive health.

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