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HEALTH EDUCATIONAL NEEDS ASSESSMENT AND CURRICULUM DEVELOPMENT FOR FORMAL ADOLESCENT EDUCATION IN HUMAN SEXUALITY AND FAMILY LIFE *

By

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ABSTRACT

The experiences from various social and health service centres in Nigeria indicate a rising incidence of sex-related disorders among our youths. Evidence suggest that at the basis of these problems are both ignorance on the part of the youths as well as other deficiences in adolescent youth development caused by the current industrial development in the country, with is attendant effect on the stability of family life and the erstwhile established (traditional) child upbringing patterns. This study assesses the programme developed over the proceeding 4 years by the authors in response to the above problems in adolescent development in Nigeria. It shows that the present programme meets 88.7% of the sex educational needs of these youths studied, this being 92.5% of all those who answered this particular question in the study. The historical development of the curriculum, programme format, course content and other findings of the study are presented and discussed. Based on the findings, recommendations are made towards the development of locally relevant sex education programmes for the Nigerian and other sociologically similar groups of youths.

Introduction

The adolescents in any human community are a relatively very healthy segment of the population, physically speaking. However, the process of adolescence can be very tumultous and stressful, especially for children with poor family backgrounds and who have no other adequate social support system. The normal parent-child generation gap is also worsened by industrialisation, and such circumstances further dis-stabilises the family, with resultant psycho-sexual problems[1]. All these conditions are prevalent in the present situation in Nigeria.

In recent times, the rising incidence and social awareness of these psychosexual problems among the youths has given rise to repeated calls

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for formal sex and/or family life education as a preventive measure against these growing problems. Alongside these calls, there has been observations of concern about pornographic approaches to the provision of these services[2]. To our knowledge, there has been no prior attempt locally to determine what these adolescents would wish to be taught in these areas, the extent to which this sexual knowledge is already being sought or gained by the adolescents, or how best this knowledge may be imparted in order to achieve the desired end of healthy outcomes.

Based on our clinical experiences of the rising incidence of sexually transmitted diseases among secondary school students in our sexually transmitted diseases clinic, we started to give a school-based programme of education for the youths on these diseases and their prevention. With the trends of questions, and the youth's suggestions at the evaluation of the programme, we have expanded it to cover new areas and topics in adolescence, health, human love, sexuality and family life, as the students indicate. This study presents the 3rd in the series of this programme's evaluation. The response shows no new areas of teaching needed by, but still uncovered for, the students. We therefore decided to present it for a wider audience for the benefit of those who may wish to run such a programme, especially for the school-based programmes currently being advocated in this country.

The programme, study instrument and methods

This programme runs as a three day programme. Each of the three days consists of four, 30 minutes talk-demonstrations and 1 to 2 hour seminar (question and answer) session as shown in Table 1. It was held as an optional social service to students of secondary schools class 3 and above. It also accommodated other adolescents and young adults who wished to attend it. Their teachers, youth organisers and parents who wished to attend it were also free to attend. The lectures were given by invited speakers who were professionals in the areas of clinical psychology, guidance and counselling, child health and community medicine/public health. The seminar (question and answer) sessions were held with the additional help of resource persons who covered the different socio-economic and religious value backgrounds of the youths. The role of the latter group of persons was, as responsible parents and teachers, to help situate the factual knowledge of the lectures into the children's value-bases as may be desired (i.e. asked for) by the students in the question and answer sessions. The programme evaluated in this study was run on three consecutive Saturdays during the school year in late 1987.

The instrument used in this study was a questionnaire containing a mixture of entirely open as well as semi-structured but open-ended questions. It had been developed and pretested in the previous years' seminars for construct and test retest reliability. The pre-congress study was

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done by issuing the questionnaires to each new candidate at their registration on their first day of attendance at the congress. Each person filled the questionnaire privately, getting desired clarifications from the organisers as the case may be. The post-congress questionnaire was administered only to those who attended on the last day of the congress. The name of the subject was requested on each questionnaire so as to help in a possible pre-and post-congress answer matching. However, this was indicated both on the questionnaire and verbally to be optional, a fact thought necessary in order to help in eliciting valid and honest answers from the subjects. As it turned out, most of the students gave their names in both questionnaires but most of the adults did not.

Results:

The attendance at the 1987 adolescent youth congress was according to the register, 186, 223 and 206 on the lst, 2nd and 3rd days of the congress respectively. Not all those who attended each day put their names on the register. On the whole, 363 persons filled the pre-congress questionnaire (293 secondary school students and 70 others). This indicated that at least that number attended the congress at least for 1 day. Also 131 persons (97 students and 34 others) filled the post-congress questionnaire, indicating the number of people who stayed till the end of the 3rd day of the congress. A random count at the peak of each of the 3 days of the congress estimates that between 450 and 500 people must have attended the congress either for a day's programme, or the three full days. The computer analysis of the post-congress data however showed that only 20% of those who stayed till the end listened to all the lectures and participated in all the 3 seminar sessions. Of the 363 subjects' pre-congress questionnaires received, 97 secondary school student's questionnaires were matchable with the post-congress one, while 270 of them were properly completed. These properly completed and/or matchable questionnaires were the basis of the analysis presented here.

Table 1 shows the summary of the congress substantive programme with the 30-minute lecture topics as developed from previous years' evaluations. Tables 2 to 7 show the socio-demographic characteristics of the children in the study, as well as other data sought in the pre- or post-intervention questionnaires.

Apart from the human sources of information regarding sexuality shown in Table 5, the following sources of information on sexuality had been used or are being used by some of the children in the percentages shown against them in regard of the 75 questionnaires in which it was answered. Other formal/public sex educational programmes 24%. Textbooks on sexuality and/or family life 9%, pornographic literature 37%, sex movies 3%, Night clubs (0%), a combination of pornographic sources 8%, and multiple standard/formal sources 7%. Tables 8 and 9 show the evaluation of the

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Table 1: Schedule and topics of the youth programme on adolescence, health, human love, sexuality and family life education.

Block 1: Adolescent (Youth) Development and health

Lecture 1: The nature and importance of youth.
Lecture 2: Normal developmental milestones and stresses of adolescence.
Lecture 3: Adolescent youth crisis; drug and self abuse
Lecture 4: The human family; its structure and importance in human health and well being.

Seminar Session 1; questions and answers.

Block 2: Human love and sexuality

Lecture 1: Human love and friendship: the four loves: erotic, filial, platonic and agapic loves.
Lecture 2: Human sexuality.
Lecture 3: Normal sexual behaviour; abnormal and "alternative" sexual orientations and behaviours; sex abuse.
Lecture 4: Sexually transmitted diseases; causes and prevention

Seminar Session 2; questions and answers.

Block 3: Family Life

Lecture 1: Parental role in normal adolescent development; the wider social support system.
Lecture 2: Courtship and preparation for stable married life.
Lecture 3: Responsible parenthood and fertility awareness; population science, family planning, birth control, contraception and natural fertility regulation.
Lecture 4: Family life dynamics for health and stability.

Seminar Session 3; questions and answers.

Table 2: Age and sex distribution of the secondary school children in the study (Pre-congress questionnaire data).

Age (yrs)	Male	Female	Sex Not given	Total	Percentage
13	8	2	0	10	3.7
14	20	1	0	21	7.8
15	38	15	0	53	19.6
16	29	38	0	67	24.8
17	40	28	0	68	25.2
18	24	18	1	43	15.9
19	2	2	0	2	0.7
Over 20	2	0	0	2	0.7
Total	164	105	1	270	100

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Table 3: Religious or ideological value background/affiliations of the students.

Religion/Ideology	Number	Percentage
Christianity	180	66.7
Islam	90	33.3
Traditional African Religion	0	0.0
Atheist	0	0.0
Secular humanism	0	0.0
Total	270	100.0

Table 4: Answer to the question, have you ever discussed sex with anybody?

Answer	Male	Female	Missing Sex	Total	Percentage
Yes	69	59	1	129	47.8
No	93	46	0	139	51.5
Not answered	2	0	0	2	0.7
Total	164	105	1	270	100.0

Table 5: People with whom the youths have discussed sex

Person	Male	Female	Sex not given	Total No.	Percentage
Never discuss sex	93	46	0	139	51.5
Mates	23	14	0	37	13.7
Boy/Girl friend	29	2	1	32	11.9
Mother	1	26	0	27	10
Teacher	8	10	0	18	6.7
Brother/Sister	5	7	0	12	4.4
Father	2	0	0	2	0.7
Others	1	0	0	1	0.4
Missing	2	0	0	2	0.7
Total	146	105	1	270	100.0

congress presentation and its content in terms of the coverage of the children's felt needs for sex education. A total of 88.7% of the children said that all or most of their needs in sex education were met by the programme while 4.1% of the children did not answer the question. Of the 7(7.2%) who said that few or none of their needs were met, 6 were boys, while the only girl among them said that only some of her needs were met. These children however did not indicate the requested further areas they felt should be treated as had been the case in the past years.

In the suggestion section of the questionnaire, four recommendations featured, expressed in different ways. These were: (1) That this or similar

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seminars should be organised also for parents, newly married and older singles preparing for marriage. (2) That the lectures should not last more than 30 minutes each. (apparently some speakers overshot their time).

Table 6: Ever discussed menstruation, and with whom (for girls only)

Others (Teacher, friends etc)	Number	Percentage
Mother	63	60
Others (Teacher, friends etc)	19	18.1
Relative	7	6.7
Father	1	0.9
Never discussed it	15	14.3
Total	105	100.0

Table 7: Persons preferred by the children for adolescent sex education (Post congress questionnaire)

Person preferred	No.	Percentage
Parent	77	79.4
Teacher	10	10.3
Health worker	5	5.1
Religions leaders	3	3.1
Mass media	2	2.1
Any others	0	0.0
Total	97	100.0

Table 8: Quality of the congress organisation and presentation

Valuation	Male	Female	Total	Percentage
Very good/interesting	40	44	84	86.6
Good	8	0	8	8.2
Just alright	1	1	2	2.1
Not interesting	2	0	2	2.1
Very uninteresting/bad	0	0	0	0.0
Question not answered	1	0	1	1.0
Total	52	45	97	100.0

Table 9: Lecture content in relation to students felt-need for sex education.

Level of needs met	Male	Female	Total	Percentage
Question not answered	4	0	4	4.1
Meets all needs	20	21	41	42.3
Meets most needs	22	23	45	46.4
Meets some/few needs only	4	1	5	5.1
Total	52	45	97	100.0

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(3) That plenty of time should be allowed for the seminar (questions and answers) sessions so as to exhaust all the questions that the children may have, and (4) that snacks and refreshments should be provided during each days (break) period. On the question about the most valued topics of the lectures, the children's top 4 topics were sexually transmitted diseases, drug abuse, courtship, and sex abuse. The teacher's and parent's top 4 topics were human sexuality, the nature of adolescence, family life dynamics and the approaches and methods of family planning. The adults mentioned as valuable and important, the seminar's specific provision for multiple but free value bases as covered by the resource persons in the seminar, so as to help the participants situate the knowledge within a practical framework of their chosen value background for its healthy utilisation.

Discussion

Formal sex education has become, in our modern society, a very emotive and often controversial topic all over the world, even though it is not really anything new. Some sex and family life education is contained in the adult initiation rites of most cultures of antiquity. The difference between these traditional and the modern sex/family life education programmes is that the former were given within the common (uniform) cultural value background of the people taking part in it. The problem of modern sex education programmes would therefore seem to be the adoption of single value background for them in a multiple value society. A recent study of secondary school teachers' attitudes to the introduction of modern sex education in schools showed the same common pattern of ambivalence, some extreme advocacy as well as frank opposition, in a good number of the teachers[3].

World-wide, two patterns of adolescent sex and family life education have emerged[4]. These are the "value feee" sex education, administered within the singular secular humanist ideology and value background, and those administered under a single (often religious) value background. Progressively, value-based public sex education programmes are being administered under a multiple but free-value atmosphery[5]. The value bases covered in these programmes are usually those indicated by the children. Rather than denying the importance of human value in life and health as the "value free" ones do, these programmes acknowledge them, explore them, and leave them bare for the maturing individuals to make a responsible use of them in their life and sexuality.

In this programme, we used the multiple but free value (rather than "value free") atmosphere. Every ideological, socio-cultural and religious value-base represented among the students were covered so as to enable them to fit the knowledge gained within the same functional life practices of each child. Other value bases were also touched upon so as to cover all social options in the wider community. The second feature of this

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programme is its content development according to the needful knowledge areas indicated by the students, rather than by what, as professionals, we think that the children should learn about. In this regard, it is worth while to observe that there are no new areas indicated to be covered by the students in this study.

It would seem from the rate and the persons with whom the children have ever had sexual matters discussed, that not much of this is coming formally from the parents as might be expected. This is however a world-wide experience[4, 5]. This may in part explain why some of the children's main sources of information on sex are peers and pornographic sources. This is of course the basis of the advocacy for formal sex education programmes all over the world in spite of anybody's fears about them. The fact that the adolescents would prefer to get this knowledge from their parents as shown in Table 7 is probably the reason that some of them called for similar programmes to be run for parents. This reinforces the well asserted fact that parents are the best people to give sex-education to their children for the best results thereof. Its advantage would seem to be that such often emotionally sensitive knowledge is given within a common value-base which ordinarily will ensure its appropriate and healthy application eventually.

Surprisingly, the students did not rate health workers as high as we might expect on the priority list (e.g. compared with teachers) for imparting sex-education knowledge. This probably indicates that sex-education is not so readily associated with health as we might think.

It would seem to us that the way to avoid value confusion in formal sex-education in the transitional and mixed cultures of the developing countries such as Nigeria, would be to ascertain the value bases of all the children in the programme and to cover them all in such a programme. We have done this in the development of this programme. It not only is possible, but the adult population that attended, identified it as a very valuable aspect of the congress. Having arrived at this apparently full and satisfactory programme, it would next be necessary to evaluate its subsequent outcome in relation to the psycho-social (especially the sex-related) disease indices of the children who benefitted from it as compared to those who did not.

It would appear to us that as Calderone[4] indicated, sex education should produce positive effects on the beneficiaries of such a programme, i.e. the children, their parents, family and the society at large. Some of the indices of these positive effects may include family stability, prevention/control of sexually transmitted diseases, teenage pregnancies, abortions or divorce, etc. These outcomes are expected to be evaluated in the future continuation of this programme.

In the absence of a similarly locally developed and tested formal sex education programme as yet, we would like to recommend this format and

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topic content to all those who would like to run formal sex education programmes in the developing countries. This applies also to the programmes now being advocated or developed for our schools in Nigeria. They would do well to be run as open programmes (like school sports) in which, apart from the content expert who discusses the scientific facts of the topics, there are other resource persons from all the children's value backgrounds to practically discuss and situate the application of the knowledge into the children's personal and freely chosen value backgrounds, for healthful usage subsequently. This would seem to be the one way to prevent value indoctrination by the prevailing and often controversial single value programmes around the world of either the "free value" (secular humanist) or the single (often religious) value programmes. Our school populations in Nigeria, as in many parts of the world, now consists of people with diverse strong values, and who demand respect for those values in educational areas in which these values are important. The type of programme described here would seem most adequate in preventing controversy in formal sex education which has obviously become necessary in these countries.

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REFERENCES:

1. Willcox R. R. (1972) A world wide view of venereal diseases.
Br. J. Vener Dis, 48: 163 - 75.

2. Department of Psychology, University of Ibadan (1988)
Youth and pornography: proceedings of a national seminar pp. 6-8.

3. Akintayo D. (1988) An assessment of secondary school teachers knowledge, attitudes and perceptions of sex education. MPH dissertation, Dept. of Preventive of Social Medicine, University of Ibadan.

4. Calderone M.S. (1976). Education for sexuality. In: Comprehensive textbook of psychiatry Vol. 2, 2nd Ed. Freedman AM, Kaplan HI & Sadock BJ (eds). The Williams & Williams Co. Baltimore.

5. Klaus H., Bryan L.M., Bryant ML, Fagan MU, Harrigan MB. & Kearns F (1988)
Fertility awareness/NFP for adolescents and their families: report of multisite pilot project. Inter Rev. Nat. Fam Plan. Hum. Life Issues 12; 2: 149 - 168.