
Sexuality Education for the Adolescents

Human sexuality encompasses the sexual knowledge, beliefs, attitudes, values and behaviours of individual. It deals with the anatomy, physiology, and biochemistry of the sexual response system; with roles, identity, and personality; with individual thoughts, feelings, behaviours, and relationships. It addresses ethical, spiritual, and moral concerns, and group and cultural variations. It invokes humour, joy, interest and caution. It is an integral part of humanity, often colouring many human thoughts and behaviour (Moronkola and Oso, 2001; Haffner, 1990 and Nass, Libby and Fisher, 1981). One of the primary misconceptions that society holds about human sexuality is that it means the drive to have sexual intercourse. While this may be part of the truth regarding sexuality, it is not the whole truth. Human sexuality has many facets. Having a physical sexual relationship may be one facet of our sexuality, but it is not the only one or even the most compelling or important. Sexuality is, in fact, very much a social phenomenon (Way, 1982), in that all of us are social creatures who seek and enjoy "friendship, warmth, approved affection, and social outlets" (Edwards and Elkins, 1988).

According to Moronkola (1995), sexuality connotes different things to different people. It can be seen as an act of reproduction, an avenue/process of sharing love between two lovers in communication, pleasure and or enjoyment. Among young people, it may connote exploration and fulfillment of uncontrollable sexual drives.

An understanding of sexuality begins with looking at how the social and sexual self develops. These two facets of the total self must be examined in conjunction with one another, for sexuality is not something that develops in social from other aspects of identity (Edwards and Elkins, 1988). Indeed, most of what are considered as appropriate sexual behaviour are learnt so that man behave in socially acceptable ways.

Adolescence follows puberty and often brings with it conflicts between children and parents or caregivers. This is because, as humans advance into adolescence, physical changes are often matched by new cognitive abilities and a desire to achieve greater independence from the family unit. The desire for independence usually manifests itself in a number of different ways. One is that adolescents may want to dress to their own tastes, wear unconventional clothes and

hairstyles that may annoy or alarm their parents. Another way is that they often begin to place great importance on having their own friends and ideas, sometimes purposefully different from what parents's desire. The influence of peers in particular seems to threaten parental influence. Both the parents and adolescents may experience the strain of this period in physical and emotional development of the adolescents. Parents may fear that their child will be hurt or that deeply held cultural or religious values will be sacrificed while on the other side of the equation, the youth may be primarily concerned with developing an identity separate from their parents and also experiencing rapidly developing physical, emotional, and cognitive development (Dacey, 1986).

The health of young people across nations of the world, including Nigeria connotes the future of the world. Therefore the society has the obligation to address the educational and health needs of young people more critical than before. The apparent well-being of young people tends to undermine the important issues regarding their health. Equipping young people to make good decisions and act in their own best interest will protect them (Federal Ministry of Health, 1999). Adolescence is a period of transition from childhood to adulthood often characterised with confusion, hatred, disobedience fear, peer pressure, risky behaviour on the part of adolescents. The society often times feel helpless and quite unable to cope or understand the adolescents.

Adolescents need sexuality education because studies have shown that they have poor reproductive health knowledge, constitute a significant proportion of Nigeria population, are sexually active, practice unsafe sex, procure unsafe abortions, lack access to youth friendly reproductive health services (Uwakwe, Moronkola & Ogundiran, 2001; Araoye & Fakeye , 1998, National AIDS Control Programme 1996, Federal Ministry of Health and Social Services, 1994 and Makinwa-Adebusoye, 1992).

What is Sexuality Education?

What does sexuality education connotes for the adolescents? What type of information is provided and why? What goals do parents, caregivers and professionals have when they teach adolescents about human sexuality?

Sexuality education encompass many things not just the provision of information about the basic facts of life, reproduction, and sexual intercourse. Comprehensive sexuality education addresses the biological, socio-cultural, psychological, and spiritual dimensions of sexuality (Haffner, 1990). Nigerian Educational Research and Development Council (2001) wrote that comprehensive sexuality education is a planned process of education fostering the acquisition of factual information, information of positive attitudes, belief, values as well as development of skills to

cope with the biological, psychological, socio-cultural and spiritual aspects of human sexuality. According to the Sex Information and Education Council of the United States (SIECUS), comprehensive sexuality education should address:

- Facts, data and information about sexuality
- Feelings, values and attitudes towards sexuality
- The skills to communicate effectively and to make decisions on sexuality (Haffner, 1990).

The goals of comprehensive sexuality education are :

- **Provide Information:** All people have the right to accurate information about human growth and development, human reproduction, anatomy, physiology, masturbation, family life, pregnancy, childbirth, parenthood, sexual response, sexual orientation, contraception, abortion, sexual abuse, HIV/AIDS, and other sexually transmitted infections and diseases.
- **Develop Issues:** Sexuality education gives people the opportunity to question, explore, and assess attitude, values and insights about human sexuality. The goals of this exploration are to help young people understand family, religious and cultural values, develop their own values, increase their self-esteem, develop insights about relationships with members of both genders and understand their responsibilities to others.
- **Develop Interpersonal skills:** Sexuality education can help young people develop skills in communication, decision-making, assertiveness, peer refusal skills and the ability to create satisfying relationships.
- **Develop responsibility:** Providing sexuality education helps young people to develop their concept of responsibility and to exercise that responsibility in sexual relationships. This is achieved by providing information about and helping young people to consider abstinence, resist pressure to become prematurely involved in sexual intercourse, properly use contraception and take other health measures to prevent sexually-related medical problems (such as teenage pregnancy and sexually transmitted diseases) and to resist sexual exploitation or abuse (Haffner, 1990).

Considering the list above, it becomes clear that a great deal of information about sexuality, relationships, and the self needs to be communicated to the adolescents. Thus sexuality education is not achieved in a series of lectures that take place when children are approaching or experiencing puberty. Sexuality education is a life-long process and should begin as early in a child's life as possible.

Nigerian Educational Research and Development Council (2001) wrote that the main goal of sexuality education is the promotion of sexual health by providing learners with opportunities to: develop a positive and factual view of sexuality, acquire the information and skills they need to take care of their sexual health, including preventing HIV/AIDS, respect and value themselves and others and acquire the skills needed to make healthy decisions about their sexual health and behaviour.

What is the rationale for Sexuality Education?

Among the adolescents is the consciousness of the need to engage in premarital sex. The media using very strong advertisements fuels this consciousness. This kind of climate is also charged with pornographic materials on the Internet as well as encouraging (sexy) musical themes by popular musicians. These, constitute a sexually perverted environment to the youth (Anikweze, 1997). Furthermore, the cultural norms are breaking down with its attendant problems such as lack of regard for the preservation of virginity, no respect for the views of the elders probably resulting from the fact that the elders who are supposed to be shining examples for the youth are also shirking in this respect and also the misconceptions among the adults on what sexuality is. This is a problem as the adults will pass across to the youth what they know coupled with the cultural belief that sexuality is not to be discussed openly or with the children (Onwuamanam, 1983).

We must help young people develop a positive sense of their own sexuality through opportunities giving to them to consider all aspects of sexuality, to ask important questions and to understand that there are adults who support them in this exercise. Adolescents must be made also to understand that understanding the facet of one's sexuality is a lifelong process (Nigerian Educational Research and Development Council, 2001). However, due to the overload of the school curriculum all attempts of providing sexuality education in Nigeria will only succeed when it is done under health education and taught by a qualified N.C.E. or degree holder in Health Education. It therefore means that Health Education (incorporating Sexuality Education) must be taught as a school subject in Nigeria and Africa schools by professional health teachers.

Lessons Learnt

From the aforementioned, various issues have been raised which are necessary for promoting a strengthened family life later in life. Based on these issues are these lessons learnt:

Adolescents are a vulnerable group that need comprehensive sexuality education.

and as a result should be interested in knowing what their children are being taught on sexuality for reinforcement. This could be fostered through a strong and working Parents Teachers Associations.

- It has become imperative that the current Nigerian school Family Life Education curriculum should be comprehensive and Sexuality education Curriculum be incorporated under health education as a subject. This will go a long way to strengthen what parents and other caregivers are taught at home. The health education teachers have the best professional preparation to teach sexuality education.
- Sexuality education based on its scope should be taught first as a component of health education as a school subject taught by a health education trained teacher and handled secondarily through multidisciplinary approach. This will ensure that all aspects are adequately catered for.
- Approach to sexuality education among the adolescents should not be judgemental, rather it should be empathic to attain its desired goal.
- Resuscitation of cultural values and norms are essential at homes, the society and all levels of education.
- Non-governmental organisations must be encouraged to provide sexuality education to adolescents generally but specifically to out of school adolescents.

Conclusion

The need for sexuality education as well as the difficulties involved in discussing with adolescents/youth has been highlighted. Yet, it is highly important to discuss it openly and frankly if we agree that adolescents will mature and one day be adults functioning in the community. They have a right to be fully and accurately informed about what sexuality means, what responsibilities are involved and what unique pleasures, joys and pain this aspect of life can bring. Their special needs therefore had to be put into considerations while giving them sexuality education. Parents, health teachers, other teachers, school guidance counsellors, health workers, religious Organisations, non-governmental organisations as well as other groups that might need to be incorporated as the need arises, must be sensitive to sexuality education needs of the adolescents.

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