Establishing National Guidelines for Comprehensive Sexuality Education

Lessons and Inspiration from Nigeria

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TODAY, THE LARGEST GENERATION OF ADOLESCENTS THE WORLD HAS EVER SEEN—1.2 billion— is coming of age. As a global community, we must work to ensure their well-being and prepare them to assume adult roles and responsibilities in order to help them to develop their full potential and lead fulfilling lives. Unfortunately, their sexual and reproductive health is often taboo, neglected, or inadequately addressed. For this reason, educators, service providers, and health professionals in communities worldwide are advocating for young people to receive comprehensive sexuality education in order to help them become sexually healthy adults, practice safer sexual behaviors, and reduce unintended pregnancy and sexually transmitted diseases (STDs), including HIV.

In 1990, SIECUS convened the National Guidelines Task Force to develop the first framework for sexuality education in the United States. The next year, the resulting *Guidelines for Comprehensive Sexuality Education: Kindergarten-12th Grade* were published and over the next 13 years, have been reissued and updated twice. Since then, SIECUS has adapted these guidelines for Latino communities in the United States and

has helped colleagues in Russia, Brazil, and Nigeria do the same. Several other countries also adopted a similar guidelines model, among them Iceland, the Netherlands, and the Czech Republic.

This publication profiles SIECUS' experience in Nigeria, where we supported leading local organizations for adolescent health in a process to develop *The Guidelines for Comprehensive Sexuality Education for Nigeria*. In partnership with Action Health Incorporated, whose visionary leadership has advanced and promoted the health of Nigerian youth in numerous ways, we were able to help facilitate the process of developing a national framework for comprehensive sexuality education in the country. Today, the result of that process, Nigeria's *Family Life and HIV Education Curriculum*, is being implemented throughout the country school by school.

As comprehensive sexuality education becomes politicized in ever-increasing ways, Nigeria offers some good examples of preempting and addressing this opposition. Its greatest battle on this front, however, will be the President's Emergency Plan for AIDS Relief (PEPFAR), the Bush Administration's vehicle for exporting abstinence-only-until-marriage programs. There is already evidence of this in other countries in the region. For example, under the auspices of PEPFAR, the Bush Administration has undermined and reversed Uganda's comprehensive prevention approach, substantially replacing it with unproven abstinence-until-marriage programming.[1] As in the U.S., this ideological agenda has also been advanced by the public denigration of condoms as a means of pregnancy and disease prevention.[2] Nigeria, like Uganda, is a PEPFAR focus-country and advocates believe it can expect similar political and financial pressure to adopt abstinence-until-marriage programming as a condition of receiving U.S. aid.

We feel that this project is a model of success and hope, not only for Nigeria, but also for the region, which, in the era of HIV/AIDS, needs comprehensive sexuality education and sexual health promotion programs more than ever. And, we hope that this document is both an inspiration and a guide to those working for comprehensive sexuality education in their home countries, wherever that may be.

Nigeria: Potential for Progress

To understand what happened concerning sexuality education in Nigeria and how to apply these lessons in different places, it is important to understand more about Nigeria. Nigeria is burdened with many of the same problems other impoverished nations are fighting, making it a relevant model for other nations throughout the world and in Africa particularly.

Roughly 130 million people representing more than 250 different ethnic groups live in Nigeria, making Nigeria the most populous country in Sub-Saharan Africa. The population of Nigeria is predominantly rural, with only about 36% living in urban areas.[3] A small minority of Nigerians practice traditional African religious beliefs, and, of the remainder, roughly half are practicing Muslims, and slightly fewer than half are practicing Christians.

In 1999, Nigeria re-instituted a Constitution. The following year, Nigeria held its first democratic election in more than 15 years, marking a relatively successful and peaceful transition from 28 years of oppressive military rule to a burgeoning democracy. With this promising shift in the political climate, and with abundant human and natural resources, Nigeria is struggling to overcome widespread corruption, ethnic and religious conflict, bias in resources allocation, badly underdeveloped infrastructure, and human rights abuses. It ranks as one of the poorest countries in the world, at 151st out of 174 on the Human Development Index of the United Nations Development Programme. Nevertheless, Nigeria is considered by many development experts to be the keystone country of West Africa; if Nigeria prospers, that segment of the continent will likely benefit. Like so many of its neighbors, Nigeria has an up-hill battle to meet the needs of its people. With fully half the population under the age of 20, investing in young people and ensuring their health is a key to peace and progress.

A Portrait of Nigeria in Numbers

Total Population Size (in thousands, year 2003)[4]	124,009
GNI per capita (US$, 2002)[5]	$780
Life expectancy at birth (2000-2005)[6]	51.5
Illiteracy rate, adults ages 15 years and above (2000)[7]	36%
Health expenditures per capita (US$, 2000)[8]	$8
People ages 15–49 living with HIV/AIDS (2003)[9]	5.4%
Single females ages 15–19 who are sexually active[10]	10.2%
Women's average age at first marriage[11]	17
Females ages 15–19 who are currently married[12]	37%
Females who have given birth by age 20[13]	54%
Couples using condoms for family planning (2003)[14]	1.2%

Young People's Sexual and Reproductive Health

Young people in Nigeria, as in many other countries in Africa, are coming of age in a rapidly changing and complex era, and often find few resources and even fewer opportunities for each of them to reach their full potential.

These young people are facing serious threats to their sexual and reproductive health including high rates of teen pregnancy, high and rising rates of HIV infection and other STDs, early marriage for girls, and harmful traditional practices such as female genital cutting (or female genital mutilation). Failure to promote their sexual and reproductive health threatens their overall well-being, and, indeed, their lives, while undermining their

educational opportunities and, consequently, their economic opportunities. These ramifications serve to perpetuate the cycle of poverty and affect entire communities for generations to come.

In order to protect themselves, young people need information about their sexual and reproductive health *before* they are sexually active. In Nigeria, the median age at first intercourse for young women is just over 16 years, and roughly 37% of young women ages 15-19 are already married. These young people, if they are in school, would be students in junior and senior secondary school. By age 18, approximately 63% and by age 20, 80% of women have experienced intercourse.[15]

Many young people in Nigeria, as worldwide, are sexually active, but only 15% of women ages 15-49 are using some method of contraception, with only 7% using a modern method.[16] Although basic access to contraceptive supplies is a significant impediment to their actual use, education also has a major role to play in increasing usage. For example, contraceptive usage was found to be as low as 6% among men with no education but as high as 55% for men with post-secondary school education.[17]

Not using contraception puts young women at risk for unintended pregnancy as well as STDs. By the age of 20, roughly 46% of women nationally and about 70% of those in some regions have given birth.[18] Over 900,000 births to adolescents occur annually, and 150 out of every 1,000 women who give birth in Nigeria are 19 years old and younger. For these girls, pregnancy often leads to dropping out of school; in one study of 127 pregnant schoolgirls, 52% were expelled from school, 20% were too ashamed to return, 15% could not return because their parents refused to pay tuition, and 8% were forced to marry.[19] This extinguishing of their education dims their hopes for the future and increases their vulnerability to poverty.

Young women who seek to terminate a pregnancy for whatever reason—to stay in school, to avoid community or family disapproval—face grave health consequences. Abortion is illegal in Nigeria, and illegally induced abortion disproportionately harms

young girls; 80% of patients at Nigerian hospitals with abortion-related complications—including hemorrhage, secondary sterility, and death—are adolescent girls.[20] International Planned Parenthood Federation cites "inadequate access to information and services due to inadequate coverage of health care systems and lack of adequate and effective transport and communications systems, especially in suburban and rural areas" as leading reasons many adolescents die from complications from abortion. For young women, having adequate information to prevent unintended pregnancy may ultimately be a matter of life and death.

Preventing HIV infection is, of course, also a matter of life and death. Nigeria, like so many countries in Africa, is struggling under the complex and society-wide ramifications of the HIV/AIDS pandemic. While access to treatment is becoming increasingly available, it remains far from universally available to Nigerians living with AIDS. Currently, roughly 500,000 people in Nigeria are in desperate need of anti-retroviral therapy to prolong their lives, but fewer than 15,000 are receiving treatment.[21] In addition, treating HIV/AIDS at current rates of infection is an expensive solution to a public health crisis that few, if any, countries can afford. Effective prevention efforts, therefore, are crucial. Raising a generation of Nigerians who have the facts about HIV/AIDS and know how to protect themselves is critical to the survival of individuals and communities.

In this context, it became apparent to groups working with adolescents in Nigeria that comprehensive sexuality education was desperately needed. Like many societies, however, Nigeria has been described as having a "culture of silence" around sexuality.[22] Although young people get information about sex through informal channels such as their peers, their families, and the media, information received from these common sources is likely to be inaccurate or incomplete. The inclusion of reproductive health education and counseling programs in the secondary schools is vital to providing objective information to adolescents before—rather than after—they are likely to have their first sexual experiences. Although there are far too many young people in Nigeria who still lack access to schooling, the formal education system remains one of the most effective mechanisms for disseminating this life-saving information.

Comprehensive Sexuality Education

Learning about sexuality is a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy. Comprehensive sexuality education programs include age-appropriate, medically accurate information on a broad set of topics related to sexuality, including human development, reproductive health, relationships, body image, gender roles, abstinence, contraception, and STDs, including HIV/AIDS. They provide students with opportunities for developing skills—to help with tasks such as communication, decision making, and negotiation—as well as learning information. They promote gender equality, self-esteem, and respect for the rights of others.

Comprehensive school-based sexuality education that is appropriate to students' age, developmental level, and cultural background is an important part of the education program at every age. A comprehensive sexuality education program respects the diversity of values and beliefs represented in the community and will complement and augment the sexuality education that children receive from their families and communities.

International Support for Comprehensive Sexuality Education

Because comprehensive sexuality education provides young people with the information and skills they need to keep themselves healthy, it is a public health imperative. This type of programming is not only an effective public health intervention, it is also a fulfillment of human rights. The right to experience sexuality in health and safety is widely recognized as a fundamental human right because sexuality is an essential part of being a person. Access to comprehensive sexuality education is recognized as a human right in a wide variety of international documents, both as a right unto itself and as related to other rights. Failure to ensure access to comprehensive

sexuality education violates such widely recognized rights as the right to the highest attainable standard of health and the freedom of access to information.[23] Furthermore, investing in sexual and reproductive health, including comprehensive sexuality education programs, is inextricably linked with global development goals such as achieving gender equality, eradicating HIV/AIDS, and reducing poverty.

CONVENTION ON THE RIGHTS OF THE CHILD

The Convention on the Rights of the Child (The Child's Convention) is the first nearly universally ratified human rights treaty in history, and Nigeria has signed and agreed to follow it.[24] The Child's Convention guarantees each child, defined as any person under the age of 18, the freedom to seek, receive, and impart information and ideas of all kinds.[25] Censorship of vital health information, including sexual and reproductive health information, is contrary to this guarantee.

The Child's Convention requires education to be "directed to the development of the child's personality, talents, and mental and physical abilities to their fullest potential"[26] and responsive to their need to develop a positive self-image that will allow them to participate fully in their communities. By providing young people with medically accurate information about their reproductive health, along with addressing topics such as gender equality and body image, comprehensive sexuality education programs are a part of a necessary foundation for full, positive development into adulthood.

States (national governments) are also required to direct the education of the child at "the preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origins." By providing accurate information about gender and sexual orientation, comprehensive sexuality education and information is part of this. Parents, legal guardians, members of the extended family or community or other persons legally responsible for the child, as well as governments have a responsibility to respect, protect, and promote all the human rights of children. Therefore, governments have a responsibility to ensure that

all young people have access to comprehensive sexual and reproductive health information.

INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

In 1994, 179 governments, including Nigeria, agreed to the Programme of Action of the International Conference on Population and Development (ICPD), which addresses the sexual and reproductive rights of all people, recognizing the particular needs of adolescents. The ICPD explicitly supports comprehensive sexuality education: "information and services should be made available to adolescents to help them understand their sexuality and protect themselves from unwanted pregnancies, sexually transmitted diseases, and subsequent infertility. This should be combined with the education of young men to respect women's self-determination and to share responsibility with women in matters of sexuality and reproduction."[27]

Out of concern for young people's access to services, supplies, and information, these countries explicitly agreed that "countries must ensure that the programmes and attitudes of healthcare providers do not restrict the access of adolescents to appropriate services and the information they need, including [information] on sexually transmitted diseases and sexual abuse…these services must safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs." The countries that signed, including Nigeria, agreed to be responsible, with the support of the international community, for protecting and promoting the rights of adolescents to reproductive health education, information, and care.[28]

Other conferences and agreements have affirmed the needs of young people for information, counseling, and other high-quality sexual and reproductive health services, including the Beijing Platform for Action, the U.N. World Program of Action for Youth to the Year 2000 and Beyond, and the 2001 U.N. General Assembly Special Session on HIV/AIDS.

Guidelines for Comprehensive Sexuality Education

Comprehensive sexuality education can be provided in many settings: community centers, religious institutions, non-governmental organizations (NGOs), the workplace, and as part of other youth programming like sports clubs and scouting. Instituting comprehensive sexuality education programming through the public school system, however, ensures that the majority of young people receive quality programming. Under international law, young people have a right to this information, and the government has a reciprocal duty to ensure that they receive it. The public school system is the government's venue to reach many youth.[29]

The *Guidelines for Comprehensive Sexuality Education* are a framework that lay out the key concepts and topics that young people need to learn as well as age-appropriate messages for students at all levels of schooling. They are designed to help educators create new curriculum or evaluate existing curricula and resources.

The *Guidelines for Comprehensive Sexuality Education* can serve as the foundation for the development of new programming and evaluation of existing programming, but they can also serve as an advocacy tool to generate government and public support. The process of developing the *Guidelines* as well as the resulting document are an opportunity to educate policymakers, catch the attention of the media, and talk with community stakeholders before creating curricula. (This was certainly part of the process and our experience in Nigeria.) It is necessary for advocates to secure the support of the government and the public if comprehensive sexuality education is to find a permanent place in society. This process unifies and builds upon different efforts, experiences, and perspectives of many organizations and professionals working to support young people's health. It also allows colleagues, experts, and professionals to share information, insight, research, and resources. The process also helps to ensure that the curricula will be welcomed rather than opposed when they are introduced in the schools.

The Creation and Implementation of the Guidelines in Nigeria

In 1992, against a backdrop of international support and in the context of a dire sexual and reproductive health crisis centered on the spread of HIV, Action Health Incorporated (AHI) approached SIECUS at an international sexuality education forum in Cuernavaca, Mexico. Shortly after, collaborative work was undertaken to develop *Guidelines for Comprehensive Sexuality Education in Nigeria*. Three years later, in January 1995, SIECUS, in cooperation with AHI, conducted a two-week workshop aimed at building AHI's capacity to develop, plan, implement, and evaluate high-quality sexuality education programs for adolescents in Nigeria.

Forming a truly collaborative effort was the first challenge to ensuring mutual trust and respect among like-minded organizations and persons while maintaining a focus on the objective of bringing comprehensive sexuality education to the Nigerian public. SIECUS and AHI brought together a National Advisory Committee of key NGOs within the sexual and reproductive health sector in Nigeria: Association for Reproductive Health, the Nigerian Medical Association (NMA), the National Association of Nigerian Nurses & Midwives (NANNM), the Planned Parenthood Federation of Nigeria (PPFN), the World Health Organization—Nigeria, and the Society for Woman and AIDS of Africa—Nigeria (SWANN). This committee developed the format of a document, using the U.S. *Guidelines* as a model. By June 1995, this committee had written an initial draft of the *Guidelines for Comprehensive Sexuality Education in Nigeria* with SIECUS providing consultation on structure, content, and publication.

In October of 1995, the National Advisory Committee convened The National Guidelines Task Force, a larger coalition of key agencies and institutions working in the areas of adolescent health, education, and development. These organizations reflected the diversity of Nigeria in terms of geographic regions, religions, and socio-cultural groups. Importantly, the Task Force also included government agencies whose support and collaboration would be needed to create systemic policy and programmatic change. It convened in Lagos to

provide input in making the final draft culturally relevant to Nigeria's children and youth. The discussions at this important meeting were wide ranging, as the group considered and debated such controversial subjects as abortion, marriage, gender roles, and sexual orientation. Throughout the process, SIECUS worked in an advisory role and provided technical assistance and guidance based on our previous experiences.

After several rounds of reviews, the document was complete and officially published. On October 8, 1996, the *Guidelines for Comprehensive Sexuality Education in Nigeria* (*Guidelines in Nigeria*) were introduced to the Nigerian public in a ceremony attended by more than 400 people at the Nigerian Institute of International Affairs on Victoria Island in Lagos. This open approach to sexuality education was a first for Nigeria and it served to usher in a new openness about sexuality, young people, and the need for a country-wide strategy to address their sexual and reproductive health needs.

Since that time, more than 100 organizations nationwide have endorsed the *Guidelines in Nigeria* and are using them in their programming efforts.[30] Additionally, based on the work of the Task Force, the government in the Nigerian state of Lagos approved the introduction of comprehensive sexuality education in its secondary school curricula and created a committee to ensure that it is implemented.

Having genuine government commitment to comprehensive sexuality education is a triumph for young people's health, and the coalition in

THE NATIONAL GUIDELINES TASK FORCE IN NIGERIA

Action Health Incorporated
Adolescent Health & Information Project
Association for Reproductive and Family Health
Christian Health Association of Nigeria
Constitutional Rights Project
Federal Ministry of Education
Federal Ministry of Youth & Sports
Department of Youth Development
Girls' Power Initiative
National Association of Nigerian Nurses & Midwives
National Institute for Policy and Strategic Studies
National Parent Teacher Association of Nigeria
Nigerian Educational Research & Development Council
Nigerian Medical Association
Nigerian Union of Journalists
Planned Parenthood Federation of Nigeria
Society for Women & AIDS in Africa, Nigeria
United Nations Children's Fund

Nigeria secured approval, resources, and real action at high levels of government. The National Council of Education, Nigeria's highest policymaking body on education, approved a provision for the integration of comprehensive sexuality education in the public school curricula using the *Guidelines in Nigeria* as a framework. Following this success with the *Guidelines in Nigeria*, the National Council on Education approved a national sexuality education curriculum, entitled the *Family Life and HIV Education (FLHE) Curriculum*.

The Task Force has since expanded into a network of advocates working at the state level to implement the curriculum, translating the *Guidelines* into real lessons for Nigerian students. The difficult but effective work in Nigeria has also garnered the attention of international donors who are supplementing government funding. This additional funding is incredibly important because it allows advocates and educators to develop additional materials and continue to build understanding and support for comprehensive sexuality education.

Training a Network of Educators

While creating a curriculum is vital, it is equally important to make sure that there are qualified, informed individuals teaching it. In Nigeria, in order to successfully implement the *Guidelines*, we knew health professionals, educators, and community members required materials, training, and technical support. We began by training trainers—professionals who will then go on to train other educators—in order to create a sustainable foundation of expertise within Nigeria.

Since 1997, SIECUS has been involved in five separate trainings in Nigeria where experts in the field taught participants about key concepts and methodology of comprehensive sexuality education. They also delivered substantive information about the topics covered in comprehensive sexuality education, including reproductive health, human development, relationships, abstinence, HIV/AIDS, contraception, gender roles, and sexuality and the law. Participants also learned about the tasks involved in planning, implementing, and evaluating sexuality education training programs. Participants came to

understand that sexuality education must be adaptable over time and in different circumstances and as such they learned methods of developing sexuality education training curricula for various target groups. Finally, because these trainings were intended for professionals who would then train others to carry out the curriculum, participants practiced the skills required to effectively teach other educators.

The first training was held over two weeks in January 1997. This train-the-trainers style workshop specifically for the Society of Family Health (SFH), a local NGO, had 20 participants from nine regional states, including SFH executive staff and regional field workers. Its goal was to help participants incorporate sexuality education into their work of providing health products for maternal and child health, HIV/AIDS prevention, and family planning throughout Nigeria. James Shortridge, former SIECUS director of international programs and Nanette Ecker, director of the Global Institute for Training facilitated the event. Similar trainings were held in the spring of 1998 and 2002, reaching dozens of new master trainers.

In 2001, Smita Pamar, former SIECUS director of international programs and Coralie Meade Rodriguez, SIECUS information technology coordinator, along with CeCe Camacho and Frederica Stines from the International Women's Health Coalition, held a five day training for 15 participants. This training diverged a bit from the substantive material covered by prior efforts. Instead, this Information Technology (IT) Training focused on building the IT infrastructure, particularly web-based advocacy skills of coalition organizations. As information technology becomes an increasingly important tool for networking and advocacy in the reproductive health field, nowhere is there greater potential for the impact of IT to be felt than in Sub-Saharan Africa. With the proliferation of cyber cafes, Internet service providers, and a growing number of computer users, many communities can gain critical benefits from using IT to advance work in adolescent reproductive and sexual health. This IT training is an example of making the best use of available resources, understanding where young people are going for information, and building capacity for advocacy, education, and outreach.

Most recently, Konstance McCaffree returned to Nigeria to conduct a Training of Master Trainers from November 22 through December 4, 2004. This "booster training" brought together 33 participants. The professionals responsible for implementing the *FLHE Curriculum* from the departments of the State Ministry of Education as well as the program officer of the partnering non-governmental organization that would coordinate the program came from seven states. This training sought to enhance participants' skills in working with teachers charged with implementing the national sexuality education curriculum in Nigerian schools. In a final evaluation, one participant wrote, "I just wanted to formally thank you for a fabulous training programme on sexuality education. When I say that it exceeded our wildest expectations, I am not exaggerating. Rarely have I interacted with such a skilled, well orchestrated, and kind organization. Everyone was uniformly thrilled with the program, and I hope that this is only the first of several opportunities we'll have."

Feedback from Training Participants Training of Master Trainers November–December 2004

"The facilitator took time in ensuring that the participants were carried along. The practical sessions at school were significant; it afforded us the opportunity of knowing our strength and working on our weakness. The practical demonstrations and group participation were phenomenal."

"The training was highly participatory, ideas were shared freely and participants carried on well to achieve a common goal."

Facing Opposition

Wherever comprehensive sexuality education is introduced, its advocates face significant challenges, both practical and political. Nigeria has been no exception, and the successes of the advocates there provide many lessons for those seeking to implement comprehensive sexuality education in their own countries.

In most communities, there is a tension between concern for the health of young people and a

desire to maintain certain expectations, traditions, and beliefs. Champions for comprehensive sexuality education in Nigeria face a wide-range of opposition and resistance to their programs from many groups, including traditional and religious leaders, conservative parents, and even some educators. From the beginning, however, strong, broad-based coalitions have been successful in resisting the opposition that arises out of concern for the preservation of traditional values, nervousness about broaching the topic of sexuality, or ignorance of programming content.

In 1992, for example, conservative opposition published an article criticizing AHI that prompted the government to ban the organization from working in schools.[31] On the other hand, religious organizations that were opposed to AHI's work have since begun to invite AHI to make presentations to their adult and youth groups.[32] According to Adenike Esiet, executive director of AHI, "providing sexuality education and services to adolescents remains contentious in Nigeria, as in many other places, and is constantly challenged by those who believe that access to information will encourage adolescents to be sexually active…. all empirical evidence is to the contrary but a major task remains in clearing these misconceptions within the communities that we serve."[33] AHI has continued to do pioneering work in improving communication about sexual and reproductive health and rights, especially comprehensive sexuality education, among religious communities.[34] Their leadership provides one model for bridging ideologies and moving forward to address the health needs of young people.

In local communities, there is typically some resistance from parents when the sexuality education programming is introduced in a school. In Nigeria, Esiet explains, "parents want to protect their children from harm, and many of them genuinely believe that the way to do this is by withholding information about sexuality so that their children do not begin to experiment with sex prematurely. We help parents understand the importance of communicating openly and factually with their children. We encourage them to ask questions about the approaches we utilize at AHI, and many of them end up asking for help in communicating effectively with their children. Today, parents of the young people we serve have become our greatest allies. Apart from peers and publications, parents and school officials rank third as the most important source for referrals to our program."[35]

Resistance and opposition are often part and parcel of fulfilling the humanitarian and legal obligation of making sure that young people—indeed, all people—receive a medically accurate and comprehensive range of information to protect their lives and secure a brighter future. The work of advocates in Nigeria illustrates that progress can be made in spite of this opposition and even in the very face of it.

On-going Work Needed

Even once *Guidelines* are in place or sexuality education programs are established, formidable challenges to sustained success remain. Typically, the foremost obstacle is a lack of funding. Although inadequate resources are a problem for comprehensive sexual and reproductive health programs even in wealthy nations, it is particularly difficult to secure adequate funding in resource poor settings such as Nigeria and throughout Africa. As of 2004, only the government in the Nigerian state of Lagos had commenced classroom teaching of the *FLHE Curriculum*, largely due to a lack of financial resources. Several other Nigerian states find themselves in various stages and levels of implementation, but the lack of funds persists.[36] In many locales, students lack textbooks of all kinds, including health books. Lack of funding also prohibits the training of teachers, a keystone of providing quality education.

This lack of resources to secure a comprehensive approach to sexual health promotion is of particular concern given that Nigeria is one of the countries covered under PEPFAR, President Bush's strategy to tackle the HIV/AIDS pandemic in 15 key countries. A comprehensive approach to sexuality education has not been well regarded by the Bush Administration, in spite of the unequivocal support for this approach by every major public health entity around the globe. Advocates are concerned that the progress to date on implementing the *Guidelines* might be turned back as the present U.S. Administration doles out funds to a favored constituency that supports teaching only abstinence, marriage, and fidelity as preventative measures on HIV. More specifically, advocates worry that the indigenous movement toward comprehensive sexuality education may be

derailed as the government and organizations tow the abstinence-only-until-marriage line to secure desperately needed funds.

In addition to securing funding, on-going attention must be paid to the training of teachers. Master trainer Konstance McCaffree recommends that additional trainings be provided for administrators of programs who have not had previous teacher/facilitator training. She also recommends follow-up with training participants to determine exactly how they are implementing the skills learned and booster sessions to increase knowledge and give participants opportunities to practice skills.

School-based sexuality education programs must work in tandem with the full range of proven interventions, including activities such as peer education, mass media, social marketing, youth-friendly services, and policy dialogue.[37] Incorporating sexual health information into existing programs that provide services to youth is important for reaching all young people and reinforcing the information those in school receive from the curriculum. In addition to accurate information, young people need meaningful educational experiences and real options for their futures in order to make the best decisions for their sexual health. In an effort to secure these options, AHI has met with Education Ministry officials in Lagos to ensure that girls who become pregnant while still in school are not expelled.[38]

Nigeria's nationwide, comprehensive sexuality education program is still in the nascent phases. In an environment of poverty, widespread gender inequality, and significant threats to sexual and reproductive health, raising a generation of Nigerians who have a positive self-image around their sexuality, have the skills to build mutually respectful and caring relationships, and are empowered to make healthy decisions will take not only comprehensive sexuality education but also an on-going national commitment and the allocation of desperately needed resources.

Our own experiences with partners in Nigeria highlight the important role of collaboration in securing a world that ensures social justice and sexual rights. Moreover,

the process of creating *Guidelines for Nigeria*, and its significant outcomes for Nigeria's youth and future, is a model for wider replication.

Rights and health without borders is a vision worth working toward, and we believe that securing comprehensive sexuality education and information is a cornerstone of that vision.

Lessons Learned

The successful process in Nigeria can serve as a model for developing *Guidelines* and implementing comprehensive sexuality education for many countries worldwide. Here are some key lessons learned:

Draft Guidelines that are relevant to the population and culture: Guidelines outline potential curriculum in broad strokes, allowing for local tailoring of programs. Nonetheless, they must take into account numerous factors including culture, language, and tradition. This is important everywhere, but especially in an intensely diverse country such as Nigeria.

Maintain high-quality, accurate programming: While striving for sensitivity and attempting to garner community support, essential information and other components of high-quality education should not be sacrificed. It is important for advocates to know the facts about comprehensive sexuality education efficacy and to remember that comprehensive sexuality education has led to better health outcomes for young people in both developed and developing nations.

Build a strong, broad-based coalition to support comprehensive sexuality education: A coalition representing all of the relevant stakeholders, including young people themselves, will generate the most informed and relevant set of Guidelines. A broad coalition also helps to preempt opposition and makes a stronger case when facing opposition later. It is important to involve young people themselves in the advocacy effort

since they are most directly affected by educational decisions. In addition, many religious denominations have affirmed the need for sexuality education, both within their own faith community and in the public schools, and involving faith-based organizations early on encourages their support. Similarly, early involvement of government representatives sets the stage for government support down the road.

Anticipate opposition: Diminishing the impact of opposition to sexuality education requires the active engagement of all stakeholders. This will require sustained advocacy and education efforts at many levels.

For more detailed advice on developing Guidelines, please see *Developing Guidelines for Comprehensive Sexuality Education*, available from SIECUS online at http://www.siecus.org/pubs/guidelines/guideintl.pdf.

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[16] *Country Profile: Nigeria*, International Planned Parenthood Federation—Africa Region, accessed 10 June 2005, <http://www.ippf.org/UnmanagedFrame.aspx?ID=4203&ifHeight=1590&srcIF=http://ippfnet.ippf.org/pub/IPPF_Regions/classic/IPPF_Region.asp?Region=AR>. Modern methods of contraception include male and female condoms, oral contraceptives (birth control pills), and injectables. For more information, please see *Frequently Asked Questions on Contraception*, Family Health International, accessed 10 June 2005, <http://www.fhi.org/en/RH/FAQs/index.htm>. Those not using modern methods but still practicing some form of birth control use natural methods. This includes periodic abstinence, including the calendar (rhythm) method, cervical mucus (or ovulation) method, and basal body temperature method, as well as withdrawal (coitus interruptus). For more information, please see *Natural Methods of Family Planning FAQ*, Family Health International, accessed 10 June 2005, <http://www.fhi.org/en/RH/FAQs/natural_faq.htm>.

[17] Ibid.

[18] *Early Childbearing in Nigeria: a Continuing Challenge*, (Washington, DC: Alan Guttmacher, 2004).

[19] *The Facts about Adolescent Reproductive Health in Nigeria*.

[20] Ibid.

[21] "Nigeria: Patient fees preventing access to AIDS drugs, activists," *Reuters*, 13 June 2005, accessed 15 June 2005, <http://www.alertnet.org/thenews/newsdesk/IRIN/82e152543012fe73612a5612f11b82ac.htm>.

[22] *Enabling Access: Report of the Sexuality Education/Family Life Education Implementation Forum*, (Nigeria: Action Health Incorporated, 13 November 2003), accessed 10 June 2005, <http://www.actionhealthinc.org/publications/enablingaccess.pdf>.

[23] These rights are enshrined in numerous international agreements to which Nigeria is party, including the African Charter

on Human and Peoples' Rights (Banjul Charter), the International Covenant on Civil and Political Rights (ICCPR), International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the International Conference on Population & Development Programme of Action (ICPD; Cairo).

[24] Nigeria signed on 19 April 1991.

[25] Convention on the Rights of the Child, G.A. res. 44/25, annex, 44 U.N. GAOR Supp. (No. 49) at 167, U.N. Doc. A/44/49 (1989), entered into force Sept. 2, 1990, accessed 10 June 2005, <http://www1.umn.edu/humanrts/instree/k2crc.htm>.

[26] Ibid., article 29.

[27] Programme of Action of the International Conference on Population and Development, Cairo, Egypt, 5-13 September 1994, U.N. Doc.A/CONF.171/13/Rev.1 (1995), accessed 13 March 2005, <http://www.unfpa.org/icpd/icpd_poa.htm/>

[28] Ibid., para 7.46.

[29] For more information on the obligation of governments to provide sexuality education under international law, please see the section International Support for Comprehensive Sexuality Education.

[30] *Action Health Incorporated*, HORIZON Solutions Site (April 2003), accessed 5 June 2005, <http://www.solutions-site.org/artman/publish/article_45.shtml>.

[31] Adenike Esiet, *Building Support for Adolescent Health Education and Services in Nigeria: Reflections from the Experience of Action Health Incorporated* (AHI), May 8-10, 2002, accessed 6 June 2005 at <http://www.iwhc.org/resources/nikeesiet051002.cfm>.

[32] *Action Health Incorporated*.

[33] Esiet.

[34] For more information on AHI's work with religious communities, please see *Building Consensus for Family Life and HIV/AIDS Education in Schools*, accessed 10 June 2005, <http://www.actionhealthinc.org/publications/features/building_consensus.htm>.

[35] Ibid.

[36] AHI report to SIECUS 2004.

[37] James E. Rosen, Nancy J. Murray, and Scott Moreland, *Sexuality Education in Schools: The International Experience and Implications for Nigeria*, POLICY Working Paper Series No. 12, (Washington, DC: Futures Group, June 2004).

[38] Esiet.

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