

Policy Brief on Sexual Health Education in Young People in Nigeria



Executive Summary

- Young people in Nigeria currently face poor sexual health
 - According to the latest Nigeria HIV/AIDS Indicator and Impact Survey, over 300,000 young people were living with HIV in Nigeria in 2018¹
 - Among sexually experienced young people (15–24 years), 16% of females and 7% of males reported having STIs in the year prior to the 2018 Nigerian Demographic and Health survey¹
- Sexual health-related issues in young people have devastating consequences not only on individuals' lives, but also the Nigerian economy. For example, the investments necessary to manage the HIV epidemic in Nigeria were estimated at \$26 billion USD in 2020²
- Since its approval in 2002, the Family Life and HIV Education curriculum, a sexual health education programme, has been developed and adapted across Nigerian states with input from local stakeholders, in accordance with local values, religious context and cultural background³
 - The Family Life and HIV Education curriculum has the potential to improve sexual health-related outcomes for young people in Nigeria; however, it is currently implemented inconsistently across the country¹
 - In addition, in November 2022, the Minister for Education directed the council to remove Family Life and HIV Education from the Basic Education Curriculum⁴
- Results of a literature review demonstrate that well-designed and well-implemented school-based sexual health education can bring substantial benefits by improving young people's knowledge of sexual health, as well as healthy attitudes and self-efficacy
- The Nigerian government has voiced a commitment to improving the health and wellbeing of young people via multiple policies.⁵ To honour this commitment, the following recommendations should be implemented:
 - To commit to keeping Family Life and HIV Education in the Basic Education curriculum
 - To dedicate resources towards implementing the FLHE curriculum effectively and consistently across Nigeria

Young People in Nigeria have Poor Sexual Health

The majority of people living in Nigeria are young, with under 25 year-olds accounting for 62% of Nigerians.^{6, 7} Amongst young people, poor knowledge and practice of safe sexual behaviour are prevalent.⁸⁻¹¹ For instance, the latest survey on human immunodeficiency virus (HIV) knowledge in Nigeria showed that only 9.4% of adolescents had comprehensive HIV knowledge, but 93% perceived themselves not to be at risk of HIV.¹¹ Early sexual debut is also common: 14.5% of young women aged 18–24 years reported having their first sexual intercourse before the age of 15.¹²

Only **9.4%**
of adolescents had comprehensive
HIV knowledge¹¹

Inadequate health literacy is associated with higher levels of risky health behaviours and poorer health-seeking practices.¹ According to the latest Nigeria HIV/AIDS Indicator and Impact Survey, over 300,000 young people were living with HIV in Nigeria in 2018.¹ Importantly, young people are disproportionately impacted by the HIV epidemic.¹³

In the overall population, 90% of people living with HIV know their status, whereas only 45% of children living with HIV know their status.¹³ In addition, 86% of people living with HIV in the overall population receive antiretroviral therapy, and among these, 72% have a suppressed viral load.¹³ However, only 45% of children living with HIV who know their status receive antiretroviral therapy, and among these, only 31% have a suppressed viral load.¹³

Among sexually experienced young people (15–24 year-olds), 16% of females and 7% of males reported having sexually transmitted infections (STIs) in the prior year in the 2018 Nigerian Demographic and Health survey.¹ The birth rate among girls aged 15–19 is notable, at 75 per 1,000 girls.¹⁴ Pregnancy and childbirth can lead to grave consequences, with over 30% of deaths in Nigeria among female adolescents aged 15–19 years old being related to pregnancy and childbirth.¹⁵

Poor Sexual Health in Nigeria has Broader Economic Consequences

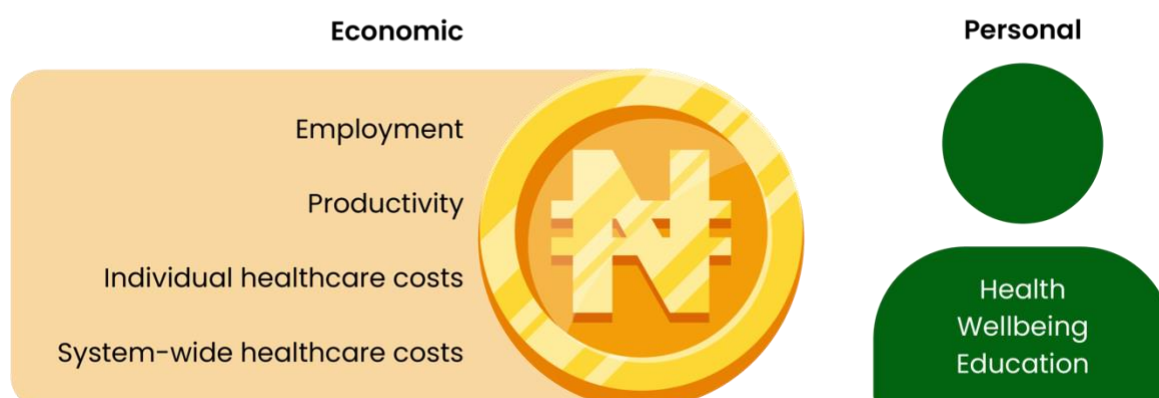
Whilst poor sexual health can impact individuals' lives both physically and emotionally, there are also broader economic consequences. Beyond direct costs of treatment, ill health results in loss of productivity, which in turn impacts their communities and ultimately the country's economy; for instance, in the World Health Organization (WHO) African Region, acquired immunodeficiency syndrome (AIDS) was responsible for 12% of the overall productivity losses.¹⁶

\$26 billion USD

Estimated investments to manage HIV epidemic in Nigeria in 2020²

Significant investment is also required by the Government to manage ill health; the investments necessary to manage the HIV epidemic in Nigeria were estimated at \$26 billion USD in 2020.² Other issues related to poor sexual health can also result in high direct and indirect costs. For instance, the lifetime opportunity cost related to adolescent pregnancy – i.e., the income that young mothers have to forego over their lifetime due to early pregnancy impacting their health and education – has been estimated to be as high as 26% of annual gross domestic product (GDP) in Nigeria.¹⁷ Over a one-year period across nine healthcare facilities in South West Nigeria, adolescents constituted over a quarter (31%) of recorded induced abortion complications, which also require public healthcare resources and funds.^{1,18}

Figure 1: Examples of Economic and Personal Consequences of Poor Sexual Health in Nigeria



Family Life and HIV Education Curriculum Aims to Prevent and Mitigate the Impact of Poor Sexual Health

The Family Life and HIV Education (FLHE) curriculum was approved by the National Council on Education in 2002 as the education sector's key response to preventing and mitigating the impact of HIV and other STIs among in-school young people in Nigeria.¹⁹ The principal five themes of FLHE are human

development, personal skills, HIV infection, relationships, and society and culture.³ Since its approval, the FLHE curriculum has been developed and adapted across Nigerian states with input from local stakeholders, in accordance with local values, religious context and cultural background.³

Purpose of the Policy Brief

In November 2022, the Minister for Education directed the council to remove FLHE from the Basic Education Curriculum.⁴ If implemented, this decision is feared to have adverse consequences on the health of young people in Nigeria.⁴

A literature review was conducted to explore the impact of sexual health education (SHE) on young people's health in Nigeria (and similar contexts) and the current state of FLHE implementation ([Figure 2](#)). The results of the review are presented in this policy brief to advocate the Government to retain and further improve the FLHE curriculum.

More detail about the methodology of the literature review can be found in the [Appendix](#).

“One unguarded moment for young people, especially when they don’t get it right in terms of their sexual and reproductive health, can actually cost them their lives. It doesn’t mean they will die immediately, but it can change the trajectory of what they could and might become.”

Isaiah Owolabi, Co-founder of Hacey Health Initiative²⁰

Results

Sexual Health Education Improves Young People's Sexual Health

SHE was associated with statistically significant improvements in at least one sexual health-related outcome across 94% (31/33) of the studies included in the literature review. Overall, the results showed that well-designed and well-implemented SHE can improve young people's knowledge of sexual health, as well as healthy attitudes and self-efficacy in this area. Improving these outcomes can in turn lead to better sexual health of

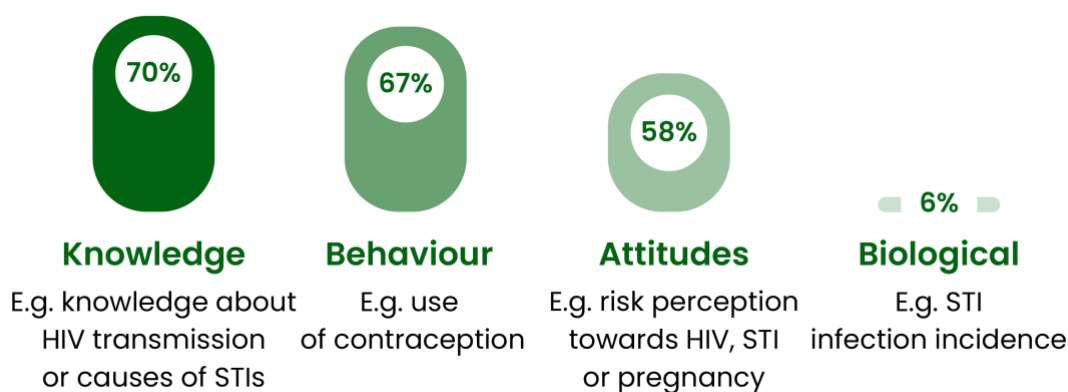
young people: for example, several studies have shown that improved knowledge can lead to reductions in risky behaviours and adolescent pregnancies.^{10, 21, 22}

94%

of studies reported a statistically significant improvement in at least one sexual health-related outcome

The literature review identified 35 publications reporting on 33 unique studies. Out of these, 21 studies were based in Nigeria. The sexual health-related outcomes captured in all studies included in the review were classified into four categories: knowledge, attitude, behaviour and biological outcomes.

Figure 2: The Percentage of Studies Included in the Review that Reported on the Impact of SHE on Different Types of Sexual Health Outcomes

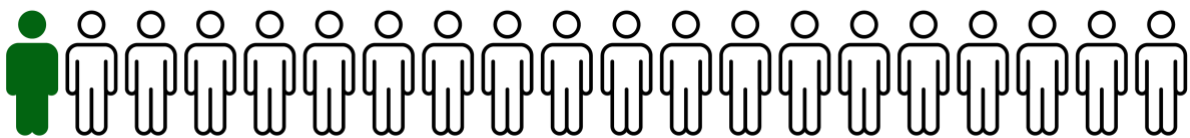


Schools are a Suitable Setting for Sexual Health Education

Whilst sexual health can be discussed in different settings, certain topics may not be discussed within families.^{23, 24} For example, a survey in Ebonyi State revealed that only ~1/20 (4.5%) of participants had ever discussed sex-related matters with a parent, and these discussions were sporadic and mostly triggered by unpleasant occurrences.²³ Parents also expressed that their capacity to discuss sex-related matters with adolescents was limited by lack of knowledge and restrictive religious and cultural norms.²³

In contrast, a recent study in Nigeria showed that schools were the optimal place to receive SHE: young adolescents who reported schools as their source of HIV information had a significantly greater likelihood of having comprehensive HIV knowledge compared with those who reported using other sources.¹¹ This highlights the importance of schools for delivering accurate health information to young people in a safe, culture-sensitive and structured manner.

Figure 3: Only ~1/20 Adolescents in Ebonyi State had Discussed Sex-Related Matters with a Parent²³



Young People Want to Learn More

Young people in Nigeria are aware of the devastating consequences that sexual health-related issues may have on their lives.^{20, 25} For example, articles have highlighted that young people in Nigeria want to improve their knowledge of sexual health and that they interact positively with SHE programmes.^{20, 26} This is consistent with the experience of Centre for Adolescent Health and Social Development in delivering educational interventions across Nigeria.

“This is a great pleasure for the students and an opportunity to address the concerns and questions of my colleagues to which they have been willing to get answers. I learnt so much, and my colleagues are happy about what they learnt.”

Student participant (Sexual and reproductive Health Intervention at the Centre for Mass Education, Bwari, Federal Capital Territory), Centre for Adolescent Health and Social Development

Family Life and HIV Education is Implemented Inconsistently Across Nigeria

Although the results of the literature review demonstrate the advantages and appetite for school-based SHE, there remains a need to improve FLHE implementation. In 2013, only four of Nigeria's 36 states had achieved a high level of FLHE implementation, whilst many states had fewer than 20% of schools participating.¹ In some states, key material from the FLHE curriculum has been removed.³

“Anyone who has interacted with this curriculum would know that it is set to provide the support and guidance adolescents and young people need to navigate through the changing phases of their lives <...> It is pertinent to mention that parents, teachers, traditional and religious leaders, policy makers and implementers across all states of the Federation were actively involved in the drafting of the content of the FLHE.”

Education as a Vaccine. Civil Society Statement in response to the Declaration by the Minister of Education on FLHE⁴



Conclusion

The Nigerian government has voiced a commitment to improving the health and wellbeing of young people via multiple policies developed in recent years:^{1, 5, 7, 27}

National Policy on the Health and Development of Adolescents and Young People in Nigeria 2020–2024:

Provides guidance to ensure that Nigeria's health system is adequately responsive to adolescent and young people's health

Adolescents and Young People Implementation Plan 2021–2025:

Discusses how the sexual health of adolescents and young people can be improved by engaging evidence-based and effective interventions

National Adolescent and Young People's Health and Development Monitoring and Evaluation Framework 2021–2025:

Presents the arrangements for the government to monitor interventions

The Federal Ministry of Health has also acknowledged that developing a policy that is fully supportive of young people's health and development and that respects, protects and fulfils their rights to health is one of the key responsibilities of the health sector.¹

The results of the literature review demonstrate that well-designed and well-implemented, school-based SHE can lay the necessary foundations for improvements in young people's sexual health knowledge, attitudes, behaviours and, ultimately, better health. FLHE has the potential to improve sexual health-related outcomes of young people in Nigeria, offering substantial long-term benefits to Nigeria's people and economy. However, the FLHE is currently implemented inconsistently across Nigeria and is under threat to be removed from the school curriculum.^{1, 4}

To honour the commitment of the Nigerian government to the health and wellbeing of young people, the Nigerian government should not only retain FLHE in the school curriculum but dedicate resources to further improve this programme.

Recommendations

Based on the evidence discussed in this brief, the Nigerian government should:

1

To commit to keeping FLHE in the Basic Education curriculum

2

To dedicate resources towards implementing the FLHE curriculum effectively and consistently across Nigeria

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Appendix

Literature Review Methodology:

- To gather relevant publications, MEDLINE, MEDLINE In-Process, MEDLINE Epub Ahead of Print and Embase were searched separately via the Ovid SP platform, and supplementary literature searches were conducted
- All prospective observational and interventional studies set in Nigeria, Ghana, Liberia, Uganda and Kenya that reported the impact of sexual health education on adolescents were included

Please contact Centre for Adolescent Health and Social Development for the detailed methodology of the literature review.

This policy brief was developed for the Centre for Adolescent Health and Social Development free-of-charge on a pro bono basis by Costello Medical (www.costellomedical.com).



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