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GUIDELINES FOR COMPREHENSIVE SEXUALITY EDUCATION IN NIGERIA

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Nike O. Esiet, Action Health Incorporated's (AHI) Project Director, coordinated this adaptation project. The Nigerian guidelines resulted from her vision to improve access to comprehensive sexuality education for young people in our country. She also served as the general editor and worked long hours to ensure the project's successful completion.

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FOREWORD

It is traditional to protect adolescents from receiving education on sexual matters in the false belief that ignorance will encourage chastity; yet, the terrible results of unprotected sexual activity among adolescents is glaring and devastating. The one most visible result is the high rate of unwanted teenage pregnancies.

Focus group discussion with young people in Nigeria revealed that no one had taught them formally about sex. They got their information from peers, news magazine and biology classes. While a high percentage of them believed they should not engage in premarital sex, 24% to 46% of them were sexually active, perhaps due to mixed messages they received from peers, parents and society. 22% of young girls questioned stated that their first experience of sex was through rape or was one in which they were forced to have sex.

Although we deny information to young people about sexuality, boys and girls inevitably mix freely at school and play at a stage of development when the sexual drive is intense. It should therefore be no surprise that 2 out of every 5 secondary school girls have had at least one previous pregnancy, 150 out of every 1000 women who give birth are 19 years old and under, over 60% of patients presenting at Nigerian hospitals with abortion complications are adolescent girls, abortion complications account for 72% of all deaths among young girls under the age of 19 years and 50% of the deaths in Nigeria's high maternal mortality rate are adolescent girls, due to illegal abortion. Of 127 pregnant school girls, 52% were expelled from school. 20% were too ashamed to return, 15% would not return because their parents refused to pay tuition, and 8% were forced to marry.

Social structures that permit such extensive destruction of young lives when there are safe and humane alternatives must be questioned. One of these alternatives is to give knowledge about sexuality to young people so that they can take responsibility for their actions. Allowing them to live and act in sexual ignorance is destructive to them and society. This is what this book is about.

The problem of AIDS affects all aspects of the life of young people; they bear the greatest brunt of the disease and its spread is most rapid among them. They are therefore at the center of the epidemic. To tackle the disease effectively, their social environment must be transformed so that they can form relationships between themselves and their peers, parents and teachers, the health services and religious groups in order that they can acquire appropriate knowledge, life skills and attitudes. The young bring to this situation, sharp and engaging minds, eager to absorb new knowledge, a readiness to challenge accepted norms and press vigorously for change - a situation for which adults are often unprepared. They therefore perceive the young as the problem rather than seeing the need to change their own attitudes and seize the opportunity which the situation presents for social transformation.

I will end with quotes from what a group of young people said at a meeting convened by UNICEF and WHO in 1993, to tell the organisations what was really happening concerning the needs and problems of young people in the areas of health and development and what should be done about them. They said,

there is a 'global' lack of information about sexuality; governments and churches fail to convey the right messages to young people; there is a lack of communication with parents, especially about sex, HIV and AIDS. One of them said, "When I took condoms home from an AIDS education meeting to my brothers whom I knew were

sexually active, my mother shouted at me that I was trying to teach them what they did not know"; "Parents preach one thing and do another" – many of them are not good role models;

to solve the identified problems, young people should be involved in making policy and in planning the strategies to solve them;

family life education should be organised by youths and targeted at youths;

youths infected with HIV and AIDS should be counseled and cared for by their peers;

we would like to see communication between parents and their children improve; teachers and health workers trained to have warm and welcoming attitudes and religious leaders mobilised to discuss issues of sexuality and the use of condoms with young people.

The guidelines in this book incorporate most of these principles. Those who compiled these guidelines are pioneers in providing care for adolescents in Nigeria. They have rightly taken advantage of the experience from other countries in writing it. This book will mature as experience in this area grows among our people, and the true nature of solutions to the problems of our youth begin to unfold.

Prof. Olikoye Ransome-Kuti

Former Minister of Health,
Federal Republic of Nigeria

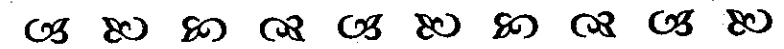
LIST OF ACRONYMS

AHI	Action Health Incorporated
AIDS	Acquired Immune Deficiency Syndrome
ARFH	Association for Reproductive and Family Health
AWV	Association of Women Volunteers
CEDPA	Centre for Development and Population Activities
FOMWAN	Federation of Muslim Women's Association of Nigeria
FPIA	Family Planning International Assistance
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IUCD	Intrauterine Contraceptive Device
JHU/PCS	John Hopkins University/Population Communication Services
NANNM	National Association of Nigerian Nurses and Midwives
NCPEA	National Council for Population and Environmental Activities
NERDC	Nigerian Educational Research and Development Council
NMA	Nigeria Medical Association
NYAP	National Youth AIDS Programme
ODA	Overseas Development Agency
POP/FLE	Population and Family Life Education
PPFN	Planned Parenthood Federation of Nigeria
PSI	Population Services International
SIECUS	Sexuality Information and Education Council of the United States
STD	Sexually Transmitted Disease
SWAAN	Society for Women and AIDS in Africa, Nigeria
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Fund for Women
US	United States of America
USAID	United States Agency for International Development
WHO	World Health Organisation

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Introduction



56% of Nigeria's population is below 20 years.

Median age at first sexual intercourse for girls is 16.

Teenagers account for 80% of unsafe abortion complications.

60% of youths do not know pregnancy is possible at first intercourse.

Although we see sexuality around us everyday, sexuality education and services for adolescents remain controversial issues in Nigeria. Surveys conducted nationally show that parents, who ought to be the primary sexuality educators of their children and communicate to them, specific values about sexuality, play the least role in this area. Schools too, provide little or no sexuality education for young people, leaving their equally misinformed peers as the primary source of information on these issues.

The discrepancy between what ought to be and the reality of the population occurs for different reasons. In both the public and private arena, taboo and prejudice exist against issues of sexuality and these reactions undermine the possibilities for implementing sexuality education programmes. In the public arena, a great number of school principals and teachers do not feel comfortable speaking about sexuality, even in biology classes. This is often due to the fact that most teachers did not receive training in this subject, as well as the overbearing influence of culture and religion which makes any such open discussion of sexuality a taboo. In the private arena, parents and many adults prefer to believe that access to sexuality education will encourage adolescents to become sexually active. Meanwhile, available data from the WHO-commissioned study on this issue shows there is no evidence to prove that sexuality education leads to earlier or increased sexual activity among young people. In fact, the 1994 International Conference on Population and Development (ICPD) para 7:37 states that *support should be given to integral sexuality education and services for young people with the support and guidance of their parents and in line with the Convention on the Rights of the Child.*

Fortunately, many more Nigerians are beginning to realise that if the problems of unwanted teenage pregnancy, STD/HIV/AIDS and sexual abuse are to be effectively addressed, it is important that all people develop accurate, rational and responsible attitudes and behaviour towards issues around sexuality.

Over the years, there have been initiatives by the Federal Government, Donor Agencies and Non-Governmental Organisations to address these issues. Government through the Federal Ministry of Education parastatal, the Nigerian Educational Research and Development Council (NERDC), has been involved in school-based population and family life

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education (POP/FLE) programming, using curriculum and instructional package development as well as teacher training. The Federal Ministry of Health and Social Services has been working to promote these issues through its Department of Community Development and Population Activities, the Health Education Branch, the National AIDS and STDs Control Programme and the Maternal and Child Health Unit. Only recently, the National Council on Health approved the Adolescent Health Policy for Nigeria. The Federal Ministry of Information has also contributed immensely to promoting adolescent health education, especially through the Population Information and Communication Branch.

Notable among the United Nations agencies, bilateral agencies and donor organisations that have supported the implementation of programmes on these issues in the country are the WHO, UNFPA, UNICEF, UNIFEM, ODA, USAID and its subcontractors (Pathfinder International, FPIA, JHU/PCS, PSI, CEDPA, AIDSCAP, AFRICARE), The Ford Foundation, The John D. and Catherine T. MacArthur Foundation, International Women's Health Coalition, Advocates for Youth, Ashoka Innovators For The Public and the Global Fund for Women.

Non-governmental organisations too, have played a major role to complement government efforts. NGOs initiatives aimed at improving adolescent sexual health and development include the programmes of the Planned Parenthood Federation of Nigeria (PPFN), involving advocacy among policy makers, family life education programming within schools and religious organisations and service delivery; Association for Reproductive and Family Health's (ARFH) activities focusing on training and service provision in Ibadan and eight other community-based organisations and; Action Health Incorporated's (AHI) activities directed at raising public awareness and advocating for adolescent sexuality education as well as in-school peer education programming. Other front-line NGOs working on these issues include the Federation of Muslim Women's Association of Nigeria (FOMWAN), Society for Women and AIDS Nigeria (SWAAN), National Council for Population and Environmental Activities (NCPEA), Aba Women Volunteers (AWV), Nigeria Medical Association (NMA), National Association of Nigerian Nurses and Midwives (NANNM) and the National Youth AIDS Programme (NYAP).

However, there is still a wide gap between the information and services youths ought to have and what is actually delivered to them. Addressing the sexual health needs of youths requires a comprehensive approach, beginning with a universal sexuality education that is relevant to their needs. At present in Nigeria, there is a lack of written material detailing standards for providing sexuality education; that is why these guidelines are timely.

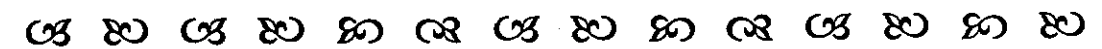
The guidelines are a comprehensive model designed to promote and facilitate the development of comprehensive sexuality education programmes nation-wide. Because they encompass the key components of a broad definition of sexuality, the guidelines provide a framework for developing comprehensive sexuality education curricula, textbooks, and programmes as well as for evaluating existing programmes.

Introduction

THESE GUIDELINES ARE NOT A CURRICULUM OR A TEXTBOOK. They are a framework to create a new programme or improve on existing programmes. They provide a starting point for curriculum development at the local level, or may guide state policy makers and local school boards in evaluating existing or proposed programmes. Classroom teachers may use them to provide a theoretical basis for daily programmes. They can also be used in teacher preparation or in-service training.

These guidelines present a comprehensive approach to sexuality education. The presentation of these issues is based on a carefully constructed, scoped and sequenced approach to the delivery of comprehensive sexuality education. Specific contents have meaning only in the context of the total guidelines, and should not be used out of context to illustrate the guidelines.

Nigerian Guidelines' Development Process



Work on the original U.S. Guidelines for Sexuality Education began in 1990 by the Sexuality Information and Education Council of the United States (SIECUS) with the co-operation of a forum composed of professional leaders in the field of health and education, and representatives of national organisations. The American initiative began to address why the abundance of sexuality education programmes in the U.S. existed without the presence of adequate direction and lack of reliable, easily accessible information in this field. The forum of representatives worked extensively in developing multiple revisions of these guidelines, resulting in the published document in July 1991.

The seed of the Nigerian project was sown when Action Health Incorporated (AHI) became familiar with this document at a forum sponsored by the MacArthur Foundation on *Communicating Sexuality Education* in Cuernavaca, Mexico, in 1992. AHI believed that this work would be helpful to the Nigerian populace, who share many similar life aspects and deficiencies as people in the US regarding sexuality information. It however recognised that there are as many differences between the two cultures as there are commonalities. Therefore, work had to be done to adapt the document to the needs of the Nigerian populace with the objective of producing an authentic Nigerian document.

From 1992, through participation at meetings, seminars and conferences, AHI began advocating the need for a national guidelines document for promoting sexuality education in Nigeria. In January 1995, following a Professional Sexuality Educator's Training Workshop organised by AHI in collaboration with SIECUS and funding from the International Women's Health Coalition (IWHC) in Lagos, AHI started a local networking process of soliciting for collaboration between it and other leading NGOs interested in adolescent reproductive health and sexuality.

By March 1995, a National Advisory Committee had been constituted, consisting of the following organisations: Action Health Incorporated (AHI), Association for Reproductive & Family Health (ARFH), National Association of Nigerian Nurses & Midwives (NANNM), Nigerian Medical Association (NMA), Planned Parenthood Federation of Nigeria (PPFN), Society for Women Against AIDS Nigeria (SWAAN) and World Health Organisation (WHO), Nigeria Office. The committee's mandate was to develop a document outlining Guidelines for Comprehensive Sexuality Education in Nigeria, using the US Guidelines as a working document. The John D. and Catherine T. MacArthur Foundation financed this collaboration while SIECUS provided the technical assistance needed.

The first adaptation undertaken by the National Advisory Committee involved extensive and detailed revisions of the structure and assumptions of the US Guidelines based on their understanding of the prevalent needs within the Nigerian socio-cultural setting. Reference was made to values, attitudes, knowledge, behaviours, as well as the disposition of various cultures to sexuality issues in Nigeria. Their work was completed by June 1995.

After the first adaptation, over 25 organisations and individuals (listed on the front cover) many of whom are leaders in the health education and medical fields of Nigeria, were invited to form the National Task Force.

Because sexuality education is a very controversial issue, occasioned by differences based on religious and socio-cultural groupings, provision was made for diverse representation based on these differences and the geographical location of NGOs and individuals, in the constitution of the National Task Force.

The Task Force then met in September 1995, in Ogere, Ogun State, to discuss and revise the first draft. The group was unanimous in its support for the initiative and the contributions they made greatly enriched the second draft.

Early in 1996, Task Force members were again asked to review the changes incorporated into the second draft for comments, evaluation and then give their approval. By June 1996, a final compilation meeting was held, to review and harmonise the contributions received from Task Force members. After this meeting, the final draft was completed and the document ready for printing and distribution to the more than 100 organisations working on adolescent health and development issues in Nigeria. These organisations have indicated their support for using the *Guidelines for Comprehensive Sexuality Education in Nigeria*. (See a partial listing of these organisations on the inside back cover.)

It is understandable that with each revision, new questions will arise and the Guidelines will have to be enhanced. This initial resource is a useful tool for educators and all those directly or indirectly working with children and adolescents. It also provides the opportunity to broaden the space and discussion in defence of every child and adolescent's right to be sexually educated, and thus able to envision a better quality of life and health for all citizens.

Sexuality Education: Goals and Values



Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Sexuality education addresses the biological, socio-cultural, psychological, and spiritual dimensions of sexuality from (1) the cognitive domain, (2) the affective domain, and (3) the behavioural domain, including the skills to communicate effectively and make responsible decisions.

The primary goal of sexuality education is the promotion of sexual health. In 1975, the World Health Organisation defined sexual health as "the integration of the physical, emotional, intellectual, and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love... every person has a right to receive sexual information and to consider accepting sexual relationships for pleasure as well as for procreation."

Sexuality education seeks to:

- assist individuals in having a clear and factual view of sexuality;
- provide them with information and skills about taking care of their sexual health, and
- help them acquire skills to make decisions now and in the future.

The life behaviours presented in Table 1 represent the desired outcomes of a sexuality education programme for Nigerian youths.

These guidelines are based on four primary goals for sexuality education:

Information: Provision of accurate information about human sexuality, including: 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 diseases.

Attitudes, Values and Insights: Provision of opportunities for individuals to question, explore and assess their sexual attitudes in order to develop their own values, to enhance self-esteem and to develop insights concerning relationships with members of both sexes, and understand their obligations and responsibilities to others.

Relationships and Interpersonal Skills: Development of interpersonal skills, including communication, decision-making, assertiveness and refusal skills, as well as the ability to create satisfying relationships. Sexuality education programmes should enable individuals to fully understand their sexuality and help them develop the capacity for caring, supportive, non-coercive, and mutually pleasurable and sexual relationships.

Responsibility: Exercise of responsibility regarding sexual relationships, including addressing abstinence, how to resist pressures to become prematurely involved in sexual intercourse and encouraging the use of contraception and other sexual health measures. Sexuality education should be a central component of programmes designed to reduce the prevalence of sexually-related medical problems, including teenage pregnancies, sexually transmitted diseases including HIV infection, and sexual abuse.

Table 1. Life Behaviours of a Sexually Healthy Person

The goal of a comprehensive sexuality education programme is to facilitate sexual health. After learning the six key concepts and associated topics, subconcepts and developmental messages, at an appropriate age, the individual will demonstrate certain life behaviours.

A sexually healthy person will:**Human Development**

- Appreciate one's body.
- Seek further information about reproduction as needed.
- Affirm that human development includes sexual development, that may or may not include reproduction or genital sexual experience.
- Interact with both sexes in respectful and responsible ways.
- Affirm one's sexual orientation and respect the sexual orientation of others.

Relationships

- Recognise relationship as basis for human interaction.
- Express love and intimacy in responsible ways.
- Develop and maintain meaningful relationships.
- Avoid exploitative or manipulative relationships.
- Make informed choices about family options and lifestyles.
- Exhibit skills that enhance personal relationships.

Personal Skills

- Identify and live according to one's values.
- Take responsibility for one's behaviour.
- Practice effective decision-making.
- Communicate with family, peers and partners effectively.

Sexual Behaviour

- Enjoy and express one's sexuality throughout life.
- Express one's sexuality in ways congruent with one's values.
- Discriminate between life-enhancing sexual behaviours and those that are harmful to self and/or others.
- Express one's sexuality while respecting the rights of others.
- Seek new information to enhance one's sexuality.
- Engage in sexual relations that are characterised by honesty, equity and responsibility.

Sexual Health

- Use contraception effectively to avoid unwanted pregnancy.
- Prevent sexual abuse.
- Seek early pre-natal care.
- Take precaution against contracting or transmitting a sexually transmitted disease, including HIV.
- Practice health-promoting behaviours such as regular check-ups, breast and testicular self-examination, and early identification of potential problems.

Society and Culture

- Demonstrate tolerance for people with different sexual values and lifestyles.
- Exercise democratic responsibility to influence legislation dealing with sexual issues.
- Assess the impact of family, cultural, religious, media, and societal messages on one's thoughts, feelings, values, and behaviours related to sexuality.
- Promote the rights of all people to accurate sexuality information.
- Avoid behaviours that exhibit prejudice and bigotry.
- Reject stereotypes about the sexuality of diverse populations.
- Educate others about sexuality.

These guidelines are based on specific values related to human sexuality. The Task Force has developed these guidelines to be consistent with values that reflect the beliefs of most communities in a pluralistic society. Each community will need to review these values to be sure that the programme is consistent with community norms and diversity.

Values inherent in the guidelines include:

- Sexuality is a natural and healthy part of living.
- All persons have sexual identity.
- Sexuality involves physical, ethical, spiritual, psychological, and emotional dimensions.
- Every person is entitled to dignity and self-worth.
- Individuals express their sexuality in varied ways.
- In a pluralistic society like Nigeria, people should recognise the diversity of values and beliefs about sexuality.
- Sexual relationships should never be coercive or exploitative.
- Persons are entitled to love and care.
- All sexual decisions have effects or consequences.
- All persons have the right and the obligation to make responsible sexual choices.
- Individuals and the society benefit when children are able to discuss sexuality with their parents and/or other trusted adults.
- Young people learn about their sexuality as a natural process of achieving sexual maturity.
- Premature involvement in sexual behaviours poses risks.
- Abstaining from sexual intercourse is the most effective method of preventing pregnancy and STD/HIV/AIDS.
- Young people who are involved in sexual relationships need access to information about health care services.

The Guidelines: Structure and Utilisation



The guidelines answer several basic questions that educators, policy makers and others must address when they design or evaluate a sound, comprehensive approach to sexuality education. For example:

- What key concepts should be taught in sexuality education?
- What are the components of each major concept?
- At what ages or developmental levels should specific information be taught?
- Does the existing programme cover the appropriate content?

Guidelines Components: The guidelines provide an organisational framework of the knowledge of human sexuality and family living within four developmental levels from childhood through adulthood. The guidelines reflect an idealised model of a comprehensive approach to sexuality education.

The guidelines are organised into six concepts. Each key concept has associated life behaviours, topics, subconcepts, and age-appropriate developmental messages.

Key Concepts: Six key concepts represent the most general knowledge about human sexuality and family living. The key concepts encompass the components of the broad definition of sexuality. Table 2 presents the six key concepts.

Life Behaviours: Several life behaviours, or those desired actions that represent outcomes of instruction, were generated for each key concept. The behaviours reflect optional actions of individuals either following instruction or during adulthood.

Topics: Each key concept has specific topic areas. A topical outline for a comprehensive sexuality education programme can be generated by listing the key concepts with their associated topics. Table 3 presents such an outline.

Table 2. The Six Key Concepts in a Comprehensive Sexuality Education Programme.

Key Concept 1: Human Development

- Human development is characterised by the interrelationship between physical, emotional, social, spiritual, cultural and intellectual growth.

Key Concept 2: Relationships

- Relationships play a central role throughout our lives.

Key Concept 3: Personal Skills

- Healthy sexuality requires the development and use of specific personal and interpersonal skills.

Key Concept 4: Sexual Behaviour

- Sexuality is central to being human and individuals express their sexuality in a variety of ways.

Key Concept 5: Sexual Health

- The promotion of sexual health requires specific information and attitudes to avoid unwanted consequences of sexual behaviour.

Key Concept 6: Society and Culture

- Social and cultural environments shape the way individuals learn about and express their sexuality.

Subconcepts: Each key concept was further delineated into subconcepts connected to each specific topic.

Developmental Messages: The important content appropriate for different age groups was identified for each subconcept. These developmental messages are defined at the level when they should first be discussed. A message cited for an early developmental level is not listed again. The guidelines assume all developmental messages, once introduced, will be reinforced repeatedly at different levels through formal and informal settings. This also means that if a programme begins at an upper level, such as the adolescent level, the writers need to incorporate learning activities that either reinforce or introduce the previous developmental messages.

The levels reflect four stages of development:

- Level 1:** childhood, ages 6 through 8;
- Level 2:** preadolescence, ages 9 through 12;
- Level 3:** adolescence, ages 13 through 17;
- Level 4:** young adult, ages 18 through 24;

Implementation: The guidelines provide a framework for the development of new sexuality programmes or for the evaluation of existing ones. Because they are intended for national use, the Guidelines can serve only as a "starting point" or prototype for designing local programmes or curricula.

Table 3: Key Concepts and Topics in a Comprehensive Sexuality Education Programme

Key Concept 1: Human Development

- Reproductive Anatomy and Physiology
- Reproduction
- Puberty
- Body Image
- Sexual Identity and Orientation

Key Concept 2: Relationships

- Families
- Friendship
- Love
- Dating
- Marriage and Life Commitments
- Parenting
- Relationship within the Larger Society

Key Concept 3: Personal Skills

- Values
- Self-esteem
- Goal-setting
- Decision-making
- Communication
- Assertiveness
- Negotiation
- Finding Help

Key Concept 4: Sexual Behaviour

- Sexuality Throughout Life
- Masturbation
- Shared Sexual Behaviour
- Abstinence
- Human Sexual Response
- Fantasy
- Sexual Dysfunction

Key Concept 5: Sexual Health

- Contraception
- Abortion
- Sexually Transmitted Diseases/HIV/AIDS
- Sexual Abuse
- Reproductive Health

Key Concept 6: Society and Culture

- Sexuality and Society
- Gender Roles
- Sexuality and the Law
- Sexuality and Religion
- Diversity
- Sexuality and the Arts
- Sexuality and the Media

The characteristics of the local situation determine the exact content of the local curriculum. Community attitudes, developmental differences in children, local socio-economic influences, parent expectations, students needs and expectations, and religious and other cultural perspectives must be paramount in the design of the local sexuality education programme. These local factors influence for example, whether a developmental message is placed at the developmental level suggested by the guidelines, at an earlier or later level.

Strategies to implement a sexuality education programme are beyond the scope of this document.

Assumptions: There are several assumptions that underlie the guidelines:

(1) The National Task Force believes that sexuality education should be offered as part of an overall comprehensive health education programme. Sexuality education can best address the broadest range of issues in the context of health promotion and disease prevention. Comprehensive health education programmes should seek to integrate these guidelines into the overall health education initiative.

(2) Sexuality education should only be taught by specially trained personnel (social workers, nurses, doctors, etc.) Professionals responsible for sexuality education must receive specialised training in human sexuality, including the philosophy and methodology of sexuality education. Ideally, such personnel should graduate from academic courses or programmes in schools of higher learning that provide the professional with the most time-intensive and rich training. At minimum, trained personnel should have undergone extensive in-service courses, continuing education classes, or intensive seminars.

(3) The community must be involved in the development and implementation of the programme. Sexuality education programmes must be carefully developed to recognise the diversity of values and beliefs represented in the community. Parents, teachers, administrators, community and religious leaders, and students should all be involved.

(4) All children and youth will benefit from comprehensive sexuality education, regardless of gender, ethnicity, community and disability. These guidelines form the basis of a programme for individuals in communities across Nigeria. They must of course, be adapted to reflect the specific issues and concerns of each community and its culture. They must also be adapted to the special needs of the learners.

(5) The Task Force strongly endorses the value of addressing all three learning domains – cognitive, affective and behavioural – in the sexuality education programme. Sexuality education programmes are most effective when individuals not only receive information, but have the opportunity to explore without undue risk to themselves, their own values and attitudes and develop or strengthen social skills.

A wide variety of programme activities foster learning: lectures, role plays, music, drama, simulations, individual and group research, field trips, and group exercises. The Task Force believes that local conditions largely influence the nature of the local programmes; therefore, it chose not to suggest how each subconcept and developmental message should be addressed by using the learning domain approach. Local educators need to determine the instructional strategies and related activities.

These guidelines are only a beginning. They represent the first national approach to specify information and comprehensive guidelines that will truly help Nigerian children of the 21st century become sexually healthy and happy adults.

HUMAN DEVELOPMENT



Human Development is characterised by the inter-relationship between physical, emotional, social, spiritual, cultural and intellectual growth.

Human Development Life Behaviours:

Having learned the Human Development subconcepts at the appropriate age, the learner will be able to:

- ✓ Appreciate one's body.
- ✓ Seek further information about reproduction as needed.
- ✓ Affirm that human development includes sexual development, which may or may not include reproduction or genital sexual experience.
- ✓ Interact with both genders in respectful and appropriate ways.
- ✓ Affirm one's sexual orientation and respect the sexual orientation of others.

Developmental Levels:

- Level 1:** childhood, ages 6 through 8;
- Level 2:** preadolescence, ages 9 through 12;
- Level 3:** adolescence, ages 13 through 17;
- Level 4:** young adult, ages 18 through 24;

Topic 1: Reproductive Anatomy and Physiology

Subconcept: The human body has the capability to reproduce as well as give and receive sexual pleasure.

Developmental Messages:

Level 1

- Each body part has a correct name and a specific function.

- A person's genitals, reproductive organs, and genes determine whether the person is male or female.
- Boys and men have penis, scrotum and testicles.
- Girls and women have vulva, clitoris, vagina, uterus, ovaries and breasts.
- Girls and boys have body parts, which when touched, make them feel good.

Level 2

- The maturation of external and internal reproductive organs occurs during puberty.
- At puberty, boys begin to ejaculate and girls begin to menstruate.

Level 3

- The sexual response system differs from the reproductive system.
- Some of the reproductive organs provide pleasure as well as reproductive capability.
- Sexual differentiation occurs early in pre-natal development.
- Chromosomes determine whether a developing foetus will be male or female
- For both sexes, chromosomes influence growth and development as well as sexual and reproductive function.

Level 4

- A woman's ability to menstruate and reproduce ceases at menopause; a man can usually reproduce throughout his life.
- Both men and women can experience sexual pleasure throughout their lives.
- Most people enjoy giving and receiving sexual pleasure.

Topic 2: Reproduction

Subconcept: Most people have both the capability and ability to choose to reproduce

Developmental Messages:

Level 1

- Reproduction requires both man and woman.
- Men and women have reproductive organs that enable them to have children.
- Reproduction ensures continuity of the human race.

Not all men and women can or decide to have babies.

Men and women who abstain from sexual intercourse cannot have babies.

When a woman is pregnant, the foetus grows inside the uterus in her body.

Babies usually come out of a woman through an opening called the vagina.

Some babies are born by an operation called a Caesarean Section.

Women have breasts that can produce milk for babies.

Sexual intercourse occurs when a man places his erect penis inside a woman's vagina.

Level 2

A woman who does not have sexual intercourse cannot get pregnant

Whenever sexual intercourse occurs, it is possible for the woman to become pregnant.

There are means of having sexual intercourse without causing pregnancy.

Men and women who decide not to have babies can use pregnant preventive means called contraceptives.

Condoms used as contraceptive also prevents STD/HIV/AIDS

The union of a sperm with an egg is called conception or fertilisation.

The foetus begins to develop at fertilisation.

Sperm determines the sex of a baby.

Level 3

People should use contraceptives during sexual intercourse, to avoid pregnancy.

Conception is most likely to occur midway between a woman's menstrual periods.

It is difficult to predict ovulation accurately.

Ovulation can occur any time during the month; therefore, a woman may become pregnant at any time.

When a girl matures and begins to menstruate, she can become pregnant if she has sexual intercourse

When a boy produces sperm and can ejaculate, he can cause pregnancy if he has sexual intercourse with a woman.

An important first sign of pregnancy is a missed menstrual period.

During pregnancy, the foetus develops during a nine-month cycle that ends at birth.

Level 4

- Sexual intercourse provides pleasure.
- Conception unites the genetic material of a man and a woman.
- Menopause is when a woman's reproductive capacity ceases.
- Some people are unable to reproduce due to physiological reasons.
- Medical procedures can help some people with fertility problems.
- People who cannot reproduce can choose to adopt children.
- New reproductive technologies, such as artificial insemination, in vitro fertilisation, as well as surrogate motherhood allow people with fertility problems to have children, although some religions do not support these methods as a way to bear children.

Topic 3: Puberty

Subconcept: Puberty is a universally experienced transition from childhood to adulthood that is characterised by physical and emotional changes.

Developmental Messages:

Level 1

- Bodies change as children grow older.
- People are able to have babies only after they have reached puberty.

Level 2

- Puberty begins and ends at different ages for people.
- Most changes in puberty are similar for boys and girls.
- Girls often begin pubertal changes before boys.
- Early adolescents often feel uncomfortable, clumsy, and/or self-conscious because of the rapid changes in their bodies.
- The sexual and reproductive systems mature during puberty.
- During puberty, many people begin to develop sexual and romantic feelings.

Level 3

- Some people will not reach full puberty until their middle or late teens.

Topic 4: Body Image

Subconcept: People's image of their bodies affect their feelings and behaviours.

Developmental Messages:

Level 1

- Individual bodies are of different sizes, shapes and colours.
- Male and female bodies are equally special.
- Differences make us unique.
- The way a body looks naturally (skin colour, hair, eye colour, shape) is mainly inherited from a person's parents and grandparents.
- All bodies are special, including those that are disabled.
- Good health habits, such as diet and exercise, can improve the way a person looks and feels.
- Each person should be proud of the special qualities of his/her own body.

Level 2

- A person's appearance is determined by heredity, environment, and health habits.
- The media portrays beautiful people, but most people do not fit these images.
- The value of a person should not be determined by his/her appearance.

Level 3

- Bodies grow and change during puberty.
- The size and shape of the penis or breasts does not affect reproductive ability or the ability to be a good sexual partner.
- The size and shape of a person's body may affect how others feel about and behave towards that person.
- People with physical disabilities have the same feelings, needs, and desires as people without disabilities.

- Physical attractiveness should not be a major factor in choosing friends or dating partners.

Level 4

- Physical appearance is only one of the factors that attract one person to another.
- A person who accepts and feels good about his or her body will seem more likeable and attractive to others.

Topic 5: Sexual Identity and Orientation

Subconcept: As young people grow and develop, they begin to feel romantically and sexually attracted to other people.

Development Messages:

Level 1

- Everyone is born a boy or a girl.
- Boys and girls grow up to be men and women.
- Human beings experience different kinds of loving.

Level 2

- Sexual orientation refers to whether a person is heterosexual, homosexual or bisexual.
- A bisexual person is attracted to men and women.
- It is not known why a person has or develops a particular sexual orientation.
- Most men and women are heterosexual, which means they will be attracted to and fall in love with someone of the opposite sex.
- Some men and women are homosexual, which means they will be attracted to and fall in love with someone of the same sex.
- Homosexuals are also known as gay when they are men and lesbian when they are women.
- Some individuals, communities and religions are intolerant of homosexual behaviour.

Level 3

- Theories about what determines sexual orientation, include physical factors such as genetics and pre-natal influences, socio-cultural influence, psychological factors, and a combination of all these factors.

- Many young people have fantasies and dreams with the same gender, but they may mainly feel attracted to the other gender.
- Some young people have fantasies and dreams with the other gender but they mainly feel attracted to their own gender.
- It is common for people to feel some attraction towards both men and women.
- A small percentage of people in every culture and society will be homosexual.
- It can be difficult to understand one's sexual orientation.
- People can and do change their sexual behaviour.

Level 4

- Sexual orientation is determined by a person's attractions, fantasies, and behaviour.
- One's understanding and identification of one's sexual orientation may change during life.
- Young people who have questions about their sexual orientation should consult a trusted and knowledgeable adult.
- Sexuality educators, counsellors and physicians, may offer support for young people who have concerns about their sexual orientation.

RELATIONSHIPS

Relationships play a central role throughout our lives.

Relationships Life Behaviours:

Having learned the Relationships subconcepts, at the appropriate age, the learner will be able to:

- ✓ Express love and intimacy in responsible ways.
- ✓ Develop and maintain meaningful relationships.
- ✓ Avoid exploitative or manipulative relationships.
- ✓ Make informed choices about family options and lifestyles.
- ✓ Exhibit skills that enhance personal relationships.

Developmental Levels

- | |
|---|
| <p>Level 1: childhood, ages 6 through 8;</p> <p>Level 2: preadolescence, ages 9 through 12;</p> <p>Level 3: adolescence, ages 13 through 17;</p> <p>Level 4: young adult, ages 18 through 24;</p> |
|---|

Topic 1: Families

Subconcept: People are raised in families and most live in families.

Developmental Messages:**Level 1**

- A family consists of two or more people who care for one another in many ways.
- There are different kinds of families.
- Children may live with one parent, two biological parents, two married parents, adoptive parents, grandparents, friends or other combinations of adults and children.
- Every family member has a role and individual needs.
- Individual family units change over time.

Relationships

- Families have rules to help people live together and develop.
- Family members take care of each other.
- All the members can show love for each other in many ways.
- Families teach values to children.
- When there is an addition to a family, some changes occur for family members.

Level 2

- Family members have rights and responsibilities.
- Adult family members usually decide the child's rights and responsibilities.
- However, children have rights that must be respected by the adults in the family.
- Families help children to distinguish between positive and negative values.
- Members of a family love each other, they sometimes disagree but continue to love one another.
- Families provide emotional, psychological, moral and other support to members.
- Families change when birth, adoption, divorce, separation, death, movement, or illness occurs for family members.
- Change in a family may make its members happy or sad.
- Communication in families is important.
- Raising a child is one of the most important jobs of a family.
- People with disabilities can form families and have children.
- People in families can move away, but they are still members of that family.
- Families play an important role in personality development.

Level 3

- Family members are also individuals, each with a unique personality.
- The responsibilities of family members may change as they grow older.
- As children become more independent, they become more responsible for themselves and others.
- Teen-age marks the beginning of the process of developing independence.
- Love, co-operation and mutual respect are necessary for good family functioning.
- Family relationships may become difficult when the family structure is changed.
- Families sometimes need counselling to function well.
- Conflicts often occur between parents and children, especially during adolescence.

- Adolescents begin to feel attraction and affection to other people outside their immediate family.
- Relationships between parents and children often change as they grow older.

Level 4

- When a family crisis occurs, family members need to support each other.
- One purpose of the family is to help its members reach their fullest potential.
- Community support systems and relevant professionals can assist families with problems.
- Many aspects of family life have changed during the past several decades.

Topic 2: Friendship

Subconcept: Friendships are important throughout life.

Developmental Messages:

Level 1

- People can have many friends.
- There are different types of friends.
- Friends spend time together and get to know each other well.
- Friendship depends on honesty.
- Friends can feel angry with each other.
- Friends sometimes hurt each other's feelings.
- Friends forgive each other.
- Friends share feelings with each other.
- Friends can help each other.
- Friends can be either male or female.

Level 2

- Friendships are necessary for people to feel good about themselves.
- Many skills are needed to begin, continue and keep friendships.
- There may be need to end a friendship.

Level 3

- Young people benefit from interacting with many friends of both genders.
- Group activities allow teenagers to learn about others and to make better choice of friends.
- Friendship can sometimes lead to sexual relationship.

Level 4

- Friendship sometimes evolves into romantic relationship.
- This romantic relationship may end in lifelong partnership.

Topic 3: Love

Subconcept: Loving relationships of many types are important throughout life.

Developmental Messages:

Level 1

- Love means having deep and warm feelings about oneself and others.
- Love involves happiness and responsibilities.
- There are many different types of love.
- People express love differently to their parents, families, and friends.
- People experience loving relationships throughout their lives.

Level 2

- There are many different ways to express love for another person.
- Liking yourself enhances loving relationships.
- People are capable of giving and receiving love.

Level 3

- Love is not the same as sexual involvement or attraction.
- The feelings of "falling in love" may not necessarily mean true love in continuing a relationship.
- In a love relationship, people respect and encourage each other to develop as individuals.
- "First love" may often be one of life's most intense memorable experiences.

- It is sometimes difficult to know for sure if you are in love.

Level 4

- Love is the basis of happy and enduring relationships.
- Love requires continuous nurturing.
- Love is reciprocal and is based on trust and honesty.

Topic 4: Dating

Subconcept: Dating enables people to experience companionship

Developmental Messages:

Level 1

- When two people meet at a specific time or place for leisure, it is often called dating.
- When children become teenagers, they spend more time with their friends and may begin to date and visit.
- Sometimes, single parents date.

Level 2

- Teenagers and adults could have romantic relationships.
- Before people commit themselves to a relationship, they are usually friends, spend time together and know one another well.
- Parents should consider the age when children can begin visiting and dating.

Level 3

- Dating includes sharing recreational activities, learning about new things and practising social skills.
- When people of different genders spend a lot of time together alone, they are more likely to become sexually involved.
- People date for different reasons such as companionship, experience sharing, friendship and love.
- Readiness and interest in dating vary among individuals.
- When dating involves expenses, either partner or both can pay.

- Paying for a date does not entitle one to any type of sexual activity.

Level 4

- Dating can be a way to learn about other people, about romantic and sexual feelings and expressions, and about what it is like to be in a love relationship.
- There does not have to be prescribed gender roles for dating partners.
- Dating relationships are enhanced by honesty and openness.
- One dating partner may not be able to meet all the needs of the other partner.
- Responsibility for the quality of the relationship is shared by both dating partners.

Topic 5: Marriage and Lifetime Commitments

Subconcept: Marriage is a legal commitment that two people make to share their lives and family responsibilities.

Developmental Messages:

Level 1

- Two people decide to marry or make a lifetime commitment to each other because they love each other and want to share their lives together.
- Most men and women will marry.
- Some couples who love each other live together in the same house before getting married.
- Most people who marry intend it to be a lifelong relationship.
- People who are married may get divorced when they decide they do not want to live with each other anymore.
- People sometimes do have children whether they are married or unmarried.
- When parents divorce, children may live with one or both of them.
- Divorce is usually difficult for parents and for children.
- After a divorce, parents and children continue their lives in new ways and may become happy again.
- Marriage may be between a man and one or more women.
- Some men do marry more than one wife.
- Some women marry more than one man in their lifetime.

Level 2

- In our country, people usually choose the person they want to marry.
- In some cultures, some parents choose the marriage partners for their children.
- In different cultures in Nigeria, there are different values about marriage, divorce, living together and parenthood.
- Most married women and men work outside of the home, even after their children are born.
- Children are not to blame for their parents' divorce.
- Children may not be able to get their separated or divorced parents back together regardless of how much they want it to happen.
- Children dealing with separation or divorce may need to talk with an adult about their feelings.

Level 3

- Marriage is a legal contract between a man and a woman.
- Marriage is considered a commitment by a man and a woman to love one another, live together, raise children, help and support one another.
- Married couples and committed partners must decide how to share the roles and responsibilities in their lives.
- Divorce is the legal ending of a marriage.
- In a divorce, decisions about the family, including custody of children and financial resources, may be decided by the couple or the legal system.
- In some religions, marriage is considered a lifelong commitment with divorce prohibited.
- Teenagers who marry are more likely to divorce than couples who marry when they are older.
- Marriage and lifetime commitments require characteristics such as friendship, shared values, commitment, similar interests and goals, mutual support, respect, honesty and sexual attraction.
- When couples marry, they decide when they want to have children and how many.

Level 4

- Marriage and lifetime commitments can be challenging.
- Relationships may change with parenthood.
- Love changes over the course of a marriage or other committed relationship.
- When married couples/parents have difficulty in their relationship, they can seek counselling.

- When a married couple divorces, there are several options for the custody of young children.
- When two people are contemplating marriage, they need to be realistic, honest with one another, and accept the partner as a person.
- People's needs often change as they grow and as their family develops.

Topic 6: Parenting

Subconcept: Parenting can be one of life's most rewarding responsibilities.

Developmental Messages:

Level 1

- Children usually live with their parents.
- A child may not always live with either or both parents.
- People who have or adopt children are responsible for taking care of them.
- Most people want to be parents, but not all parents are biological parents.
- Parenting is an adult job.
- Parenting can be a wonderful experience.
- Parenting is a lot of work.
- Parents who adopt children may love their children as much as biological parents.

Level 2

- Adults become parents in several ways.
- People who decide to have children need to provide for them.
- Children need a home, food, clothing, time and education.
- Children need adults to help them grow and develop.
- Men and women have important parental responsibilities.
- People need resources, information and skills in order to be good parents.
- Parents sometimes may not be able to do a good job of parenting because they are having difficulties in their own lives.

Level 3

- It can be difficult to balance job and parenting responsibilities.
- It is rewarding to raise a happy child.
- Children of different ages require different types of parenting.
- Parenting methods vary among cultures, but all parents must provide for their children's development.
- People and community support-systems can help parents to be better parents or deal with problems.
- It is extremely difficult to be a teenage parent.
- For teenagers, parenting responsibilities can interrupt schooling, employment plans, social and family life.
- The children of teenage parents often have more problems than the children of adults.
- Teenagers can manage their parenting responsibilities with the support of their families and community services.

Level 4

- Deciding not to be a parent may be difficult because of societal pressure to have and raise children.
- Infants and children are dependent on their parents for their well-being and growth.
- As children grow, the nature of the parent/child relationship changes.
- Parenting a child with special needs can be especially challenging and rewarding.
- Single parenting can be difficult.

Topic 7: Relationships Within The Larger Society

Subconcept: People live and interact with other members of the society outside their family.

Developmental Messages:

Level 1

- There are usually many visitors coming into the house.
- Visitors may be family members, close friends or strangers.
- Not all visitors to a home are to be trusted.

- It is better for children not to accept gifts (i.e. sweets, ice cream, etc.) from strangers.
- Young people become acquainted with other children in their schools.
- Young people may be influenced positively or negatively by members of their class, teachers and other children in the school.
- It is better for young people to tell their parents and guardians about their new friends.
- It is always better when parents and children discuss as friends.
- Other people such as friends, neighbours, teachers, family members or strangers do not have the right to touch a young person's genitals or sexual organs.
- Children should report to their parents if their genitals or sexual organs are touched by anybody.

Level 2

- Young people should make parents and trusted adults their guide in their relationship with others.
- It is common to have people who are not family members staying with us in our homes for a long time.
- We relate with many people in the society, however, not everyone we meet is a trusted friend.

Level 3

- Not all gifts are without obligations.
- It is always better not to seek favours.
- The different people we interact with may have different values and expectations.
- Some people we meet at airports, railway stations, crowded buses and other public places may have ulterior motives.

Level 4

- Not everyone you meet is to be trusted, therefore, always set your limits to prevent exploitation.
- Young people should always maintain their self-respect and self-esteem.
- Bosses and colleagues in the workplace may have desires and expectations from us that extend beyond the requirements of our schedule of duty.
- Administrative behaviour at work and in school recognises cordiality and politeness, but this should not lead to exploitation either on the part of the young adult, the boss, teacher or colleague.

PERSONAL SKILLS



Healthy Sexuality requires the development and use of specific personal and interpersonal skills.

Personal Skills Life Behaviours:

Having learned the Personal Skills subconcepts at the appropriate age, the learner will be able to:

- ✓ Identify and live according to one's values.
- ✓ Take responsibility for one's behaviour.
- ✓ Practice effective decision-making
- ✓ Communicate effectively with family, peers and partners.

Developmental Levels:

- Level 1:** childhood, ages 6 through 8;
- Level 2:** preadolescence, ages 9 through 12;
- Level 3:** adolescence, ages 13 through 17;
- Level 4:** young adult, ages 18 through 24;

Topic 1: Values

Subconcept: Values guide our behaviour and give purpose and direction to our lives.

Developmental Messages:

Level 1

- Values are strong feelings or beliefs that societies have about important issues.
- Individuals and families may have different values.

Level 2

- Values help people decide how to behave and interact with others.
- Most parents want their children to develop values similar to their values.
- Members of the same family may have different values.
- Children receive most of their values from parents, other family members, community, cultural and religious teachings, the media and from peers.
- Friends may have different values.

Level 3

- Values should be freely chosen after the alternatives and their consequences are evaluated.
- Values are an important part of people's lives.
- People who try to behave according to their values feel good about themselves.
- A person who behaves contrary to his or her own values may feel guilty or uncomfortable.
- Values influence a person's most important decisions about friends, sexual relationships, parenting, education, work and money.

Level 4

- People who feel strongly about their values often share and affirm them publicly.
- To behave according to one's values can be difficult, but usually results in feelings of pride.
- It is important to know the consequences of behaving according to or against one's values.
- Relationships are usually stronger if the two people share similar values.
- Parents teach and model values to children.

Topic 2: Self-esteem

Subconcept: The way we feel about ourselves influences what we do with our lives.

Developmental Messages:

Level 1

- Each individual has unique qualities and special strengths.
- It is all right to feel good about oneself.

Level 2

- A person's self-esteem is linked to tradition, socio-economic and cultural aspects of his/her environment.
- A stable and loving family positively influences one's self-esteem.
- The way we feel about ourselves influences the way others feel about us.
- Some people come from a less supportive environment.
- Low self-esteem can make decision-making difficult.

Level 3

- With love and support any person can feel valued and special.
- When young people feel unimportant they may experience difficulty making decisions that may affect their future.

Level 4

- Working can contribute a great deal to self-esteem.
- The way young people feel about themselves has a great deal to do with how they express themselves through activities and work.
- Frustrating situations can lead to the development of low self-esteem.

Topic 3: Goal- Setting

Subconcept: Goal-setting is an extremely important part of life planning process.

Developmental Messages:

Level 1

- Everyone should set goals for his/her life.
- Goal-setting provides a guide for our decision-making.
- There is a relationship between one's values and future goals
- It is easier to accomplish goals if you take one step at a time.
- Decisions made now can affect future goals.
- Goal-setting gives meaning and direction for one's activities.

Level 2

- Know exactly what you set out to achieve.
- Set limits to have your goals achieved.
- Be determined to achieve your set goals.
- Energy should be directed towards achieving one's goals.
- Sometimes one can take a wrong turn and get a little lost, but do not be discouraged— you can always adjust your course!

Level 3

- Goal-setting helps to clarify your values.
- Goal-setting is an individual responsibility.
- Achievement of goal increases self-esteem.
- There could be difficulty with the concept of "future" and this can affect goal-setting.
- Many people find it difficult to set goals for the future.

Level 4

- Goal-setting involves making decisions and taking risks.
- Making informed choices, reduces risk-taking and enhances achievement of goals.
- A sense of accomplishment comes from achieving set goals.
- There are societal rewards for the achievement of goals.

Topic 4: Decision-making

Subconcept: Making responsible decisions about sexuality is important because those decisions can affect not only ourselves, but others.

Developmental Messages:

Level 1

- Everybody has to make decisions.
- Small children make many decisions such as what clothes to wear, toys to play with, or who to have as friends.
- All decisions have consequences – good and bad.

- Decision-making is a skill that can be improved.
- Children need help from adults to make some decisions.

Level 2

- To make a good decision means that one must consider all the possible consequences – good and bad – and choose the action that one believes will have the best outcome.
- Individuals are responsible for the consequences of their decisions.
- Decisions often have more options than seem obvious at first.
- Friends often try to influence each other's decisions.
- Many decisions affect other people.
- Parents and other adults can help children with decisions.
- People make decisions in different ways: by impulse, by making the same decision friends make, by putting off making a decision, by letting someone else decide, and by testing the choices.

Level 3

- People should carefully evaluate the consequences, advantages and disadvantages of each possible choice when they make a major decision.
- Some young people face difficult decisions about sexuality, including whether to have a sexual relationship and the limits on the relationship.
- To make wise decisions, people need adequate information about each choice.
- Once a decision is made, there may be barriers to implementing the decision.
- Barriers to acting on a decision can often be overcome with careful planning.
- Evaluating past decisions can help individuals learn from their own experiences and not repeat mistakes.
- The best decision is usually one that is consistent with one's values and does not involve risking one's health or breaking the law.
- Decisions about sexuality are sometimes difficult because of sexual feelings, pressures and conflicting messages from partners, friends and society.
- Decisions about sexuality can affect one's future health and life plans.
- It is wise to establish sexual limits before one is in a sexual situation.
- Teenagers who decide to have unprotected sexual intercourse must recognise the inherent risk of unwanted pregnancy, STDs and HIV infection.
- Alcohol and other drugs often interfere with good decision-making.

- Talking to a close friend, parent, or counsellor during the decision-making process can be helpful.
- **Level 4**
- Teenagers and adults make decisions that result in positive and negative consequences.
- Some decisions have legal implications
- Decisions about sexual relationships continue throughout life.

Topic 5: Communication

Subconcept: Communication includes sharing information, feelings, and attitudes with one another.

Developmental Messages:

Level 1

- There are many different forms of communication including verbal, non-verbal, sign and written.
- Communication is necessary in human relationships.

Level 2

- Sometimes when two people talk, they do not understand each other.
- People often communicate their feelings with non-verbal messages.
- Many of the disagreements in families and among friends occur because of poor and/or inappropriate communication.
- People can learn to communicate more effectively.
- Words related to sexuality that may be appropriate with friends may not be appropriate at school, home, or work.

Level 3

- Communication requires careful listening and clear speaking by both people.
- It is best to use messages that begin with "I" to indicate the person is speaking for himself/herself.
- Men and women in our society may communicate differently; this may cause miscommunication.

- Communication can be improved by: (a) listening well, (b) making eye contact, (c) stating feelings, (d) trying to understand the other person's point of view, (e) offering possible solutions to problems, and (f) giving possible non-verbal messages such as a smile or touch.
- There are other behaviours that impair communication such as (a) not listening, (b) yelling or talking loudly, (c) blaming, criticising or name-calling, (d) making the other person feel guilty, (e) giving negative non-verbal messages, such as frowning or scowling, (f) interrupting, and (g) abuse of alcohol/drugs.
- Verbal and non-verbal communication do not always convey the same message.
- Words can have different meanings depending on the person, gender, cultural background, and situation.
- People are often uncomfortable discussing sexuality in an open manner.
- Talking openly about sexuality becomes easier with practice.
- Good communication about sexuality enhances relationships.

Level 4

- Good communication is essential to personal and work relationships.
- Communication can be enhanced by being sure that the other person's feelings and meanings are understood.
- Communication about sexual feelings, desires and limits improves sexual relationships.

Topic 6: Assertiveness

Subconcept: Assertiveness is communicating feelings and needs, while respecting the rights of others.

Developmental Messages:

Level 1

- Everyone, including children, has rights.
- It is all right to tell trusted people about one's feelings and needs.
- Asking is the first step to having needs met.
- Children sometimes have to do things they do not want to do because their parents say so.

Level 2

- Being assertive means speaking up for what one wants or saying how one feels.
- Assertiveness is different from aggressiveness; aggressiveness interferes with the rights of others.
- Being assertive includes repeating ones' position, taking the offensive, offering a compromise, refusing further discussion and walking away.
- Being assertive does not ensure that people will always get what they want.

Level 3

- In the past, females in our society were taught not to be assertive.
- Today, girls and boys, women and men can be assertive.
- In some cultures, asking directly for what one wants is still considered impolite or inappropriate.
- People have the right to (a) say how they feel even if others disagree, (b) refuse a request, and (c) expect to be treated fairly and not be intimidated.
- Sometimes, people must choose between actions they believe are best or their friends' actions.
- Behaviours that help people be more assertive include: (a) being honest, (b) being direct, (c) being spontaneous in communicating feelings and needs as they come up instead of waiting, (d) using assertive body language, (e) speaking up for oneself and (f) taking responsibility for one's feelings and needs.
- Behaviour that is viewed as aggressive in one culture may be viewed as assertive and appropriate in other cultures.
- Being assertive in sexual situations may be especially difficult.
- People always have the right to refuse any person's request for any type of sexual behaviour.
- Failure to be assertive may cause one to feel angry and, as a result, act aggressively at some future time.

Level 4

- Sexual partners need to communicate clearly about their needs and limits.
- Successful adults are often assertive in their personal and work relationships.

Topic 7: Negotiation

Subconcept: Negotiation allows people to solve a problem or resolve a conflict amicably.

Developmental Messages:

Level 3

- Negotiation is a way to get one's needs met without using guilt, anger, or intimidation.
- Negotiation requires giving and taking on the part of both persons.
- Negotiation works best when a problem or conflict is addressed in its early stages.
- Good negotiation can enhance relationships.
- There are many different negotiation techniques.
- Effective negotiation requires certain skills, such as (a) listening, (b) careful observation of the other person, (c) use of positive body language, (d) good verbal communication, (e) imagining oneself in the other person's position, (f) identifying all the options in a situation, and (g) reaching a mutual agreement.
- Teenagers who date need to learn to negotiate decisions about sexual behaviours and limits.

Level 4

- Many relationships and sexual concerns can be resolved through negotiation.
- To negotiate, one must decide what trade-offs can be accepted and what issues cannot be compromised.

Topic 8: Finding Help

Subconcept: People with problems can seek help from family, friends, and/or a professional

Developmental Messages:

Level 1

- Friends and family members usually try to help one another.
- If parents cannot help, one could ask a friend's parent, teacher, clergy, or another trusted adult.

Level 2

- Children may be able to help someone who has a problem.
- Sometimes the best help comes from someone who is a good listener.
- There are community agencies and people that can provide help.
- Asking for help is usually a wise decision.
- Problems with alcohol, drugs, money, violence, and abuse are examples of problems that some families face.
- Sometimes things happen in families that require professional help.

Level 3

- Teenagers sometimes need to talk with adults other than their parents.
- People who can help others include counsellors, religious leaders, health/mental health practitioners, teachers and specialised institutions.
- It is often difficult for people to admit they need help.
- Some agencies provide services for teenagers that do not require parental permission, are confidential and cost little or no money.
- Teenagers need to learn where they can go for help.
- The local health facilities can refer people to agencies for help on specific problems and issues.
- Before seeking a community service, one needs to think about what questions to ask.

Level 4

- When confronted with a difficult situation one could sometimes solve the problem by oneself.
- Sometimes parents and other adults could be consulted while other times professional help could be sought.
- The ability to decide on which option to take is an indication of one's maturity.



SEXUAL BEHAVIOUR



Sexuality is central to being human and individuals express their sexuality in a variety of ways.

Sexual Behaviour Life Behaviours:

Having learned the Sexual Behaviour subconcepts at the appropriate age, the learner will be able to:

- ✓ Express one's sexuality in ways congruent with and in accordance to the law of the land.
- ✓ Discriminate between life-enhancing sexual behaviours and those that are harmful to self and/or others.
- ✓ Express one's sexuality while respecting the rights of others.
- ✓ Seek new information to enhance one's sexuality.
- ✓ Engage in sexual relations that are characterised by honesty, equity and responsibility.

Developmental Levels:

- Level 1:** childhood, ages 6 through 8;
- Level 2:** preadolescence, ages 9 through 12;
- Level 3:** adolescence, ages 13 through 17;
- Level 4:** young adult, ages 18 through 24;

Topic 1: Sexuality Throughout Life

Subconcept: Sexuality is a natural and healthy part of life.

Developmental Messages:

Level 1

- It is natural to touch parts of one's body.
- Most children are curious about their bodies.

Level 2

- All people are sexual beings.
- Children become more curious about their sexuality as they become older.
- Exploring feelings about sexuality is common.
- Children should be encouraged to talk to their parents and other trusted adults about sexuality.

Level 3

- Sexual feelings, fantasies, and desires are natural.
- Sexual feelings, fantasies, and desires occur in all stages of life.

Level 4

- Healthy sexuality enhances total well-being.
- Sexuality is positive when expressed in a sharing, enhancing, and non-exploitative way.
- Sexuality is one component of total well-being to be expressed in harmony with other life needs.
- Sexuality has biological, social, psychological, spiritual, ethical and cultural dimensions.
- Sexuality is an integral, joyful, and natural part of being human.
- Nigerian society largely tends to equate sexual functioning with reproductive ability.
- The traditional gender roles about sexuality in our society are becoming more flexible.
- Middle age may result in some changes in physiological sexual responses, but most men and women still desire sexual contact and remain orgasmic.
- People who are sexually active in middle age, have less decline in sexual expression as they age.
- Elderly people who are sexually active and have intimate relationships are often happier than peers without those relationships.
- Barriers to sexual fulfilment in later life are often more psychological than physical.

Topic 2: Masturbation

Subconcept: Masturbation is one way human beings express their sexuality.

Developmental Messages:

Level 1

- Touching and rubbing one's own genitals is called masturbation.
- Some boys and girls masturbate, others do not.
- Masturbation should be done in a private place.

Level 2

- Masturbation is a way a person experiences sexual pleasure.
- Many boys and girls who masturbate for sexual pleasure begin during puberty.
- Some boys and girls never masturbate.
- Masturbation does not usually cause physical or mental harm.

Level 3

- How often a person masturbates varies for every individual.
- A person worried about masturbation might talk to a trusted adult.
- Many people have masturbated at sometime in their lives.
- Masturbation, either alone or with a partner, is one way people can enjoy and express their sexuality without the risk of pregnancy or STD/HIV/AIDS.
- There are many negative myths about masturbation.
- Some religious groups oppose masturbation.

Level 4

- People who are single, married, or in committed relationships may masturbate.

Topic 3: Shared Sexual Behaviour

Subconcept: Individuals express their sexuality with a partner in diverse ways.

Developmental Messages:

Level 1

- Adults often kiss, hug, touch and engage in other sexual behaviour with one another to show care.

Level 2

- Couples have different ways to show care for each other.
- Caring for one another usually involves more than sexual intercourse.

Level 3

- When two people express their sexual feelings together, they usually give and receive pleasure.
- A person has the right to refuse any sexual behaviour.
- Some sexual expressions, such as exhibitionism, voyeurism, and homosexuality, are prohibited by law and disapproved of by certain religious and cultural groups.
- People with disabilities have sexual feelings and the same needs as all people for love, affection, and physical intimacy.
- Homosexual, bisexual, and heterosexual people are alike except for their sexual attraction and approach.
- Homosexual and bisexual people are often mistreated, called hurtful names, or denied their rights because of their sexual orientation.
- Some people are afraid to admit they are homosexual because they fear they will be mistreated.

Level 4

- Sexual relationships are enhanced when a couple communicates with each other about what forms of sexual behaviour they like or dislike.
- For most people, sharing sexual experience with a partner is the most satisfying way to express sexuality.
- Couples and individuals need to decide how to express their sexual feelings.

- Some common sexual behaviours shared by partners include kissing, touching, caressing, massage, sharing erotic literature or art, bathing/showering together, and sexual intercourse.
- There are many sexual behaviours that are pleasurable that do not put an individual at risk of an unwanted pregnancy, STD/HIV/AIDS.
- Individuals are responsible for their own sexual pleasure.

Topic 4: Abstinence

Subconcept: Abstinence from sexual intercourse is the most effective method of preventing pregnancy and STD/HIV/AIDS.

Developmental Messages:

Level 1

- Children are not ready for sexual intercourse.

Level 2

- Young teenagers are usually not mature enough for a sexual relationship that includes intercourse.

Level 3

- Abstinence from sexual intercourse when it is strictly practiced, is the best method of preventing pregnancy and STD/HIV/AIDS.
- Teenagers who date need to set limits in their relationship.
- People need to respect sexual limits set by their partners.
- There are many ways to give and receive sexual pleasure without sexual intercourse.
- Teenagers considering sexual intercourse should be encouraged to talk to a parent or other trusted adult about their decision, contraception and disease prevention.
- Most adults believe teenagers should not have sexual intercourse.
- Many teenagers may also not be ready for the emotional demands of a sexual relationship.
- Some religions believe that sexual intercourse should only occur in marriage.
- Abstinence from intercourse has benefits for teenagers.
- Teenagers who have had sexual intercourse can choose to be abstinent.

Level 4

- Many Nigerian young adults have had sexual intercourse and many have not.
- Young adults in romantic relationships can express their sexual feelings without engaging in sexual intercourse.
- Many adults experience periods of abstinence.

Topic 5: Human Sexual Response

Subconcept: Male and female bodies respond both similarly and differently to sexual stimulation.

Developmental Messages:

Level 1

- Male and female bodies respond alike when touched.
- Both boys and girls may discover that their bodies feel good when touched.

Level 2

- Human beings have a natural physical response to sexual stimulation.

Level 3

- Boys and girls become capable of more complete response to sexual stimulation during adolescence and adulthood.
- Men and women may be sexually aroused by thoughts, feelings, sights, smells, sounds and touches.
- Sexual response is experienced differently by individuals.
- Sexual response varies from experience to experience throughout life.

Level 4

- Orgasm is an intense pleasurable release of sexual feeling or tension experienced at the peak of sexual arousal.
- Most women need clitoral stimulation to reach orgasm.
- Female genital mutilation (female circumcision) reduces or eliminates clitoral stimulation and sexual pleasures.
- Women often need more time than men to achieve orgasm with a partner.



- Orgasm does not affect the reproductive ability of women.
- Most couples do not experience simultaneous orgasm during sexual intercourse.
- Not all individuals achieve orgasm.
- As two sexual partners become more familiar and more comfortable with each other, the nature of their sexual responses may change and may become more rewarding.
- Men and women have the capacity to respond sexually throughout life.
- Some people believe in the use of certain herbs and food additives as aphrodisiacs to improve their sexual performance and pleasure.
- Some aphrodisiacs, such as *Ko gida ko mota*, which are inserted into the vagina could be harmful.

Topic 6: Fantasy

Subconcept: Sexual fantasies are common.

Developmental Messages:

Level 2

- Many people experience sexual thoughts called fantasies.

Level 3

- Fantasies are one type of sexual expression.
- People may fantasise while they are alone or with a partner.

Level 4

- Some people use erotic photographs, movies or literature to enhance their sexual fantasies when alone or with a partner.
- Some sexual fantasies involve mysterious or forbidden things.
- Many people's sexual fantasies include behaviours not actually acted upon.
- Sexual fantasies that involve harming oneself or another person should never be acted upon.

Topic 7: Sexual Dysfunction

Subconcept: Sexual dysfunction is the inability to express or enjoy sexuality.

Developmental Messages:

Level 3

- The way a person feels about self and sexuality affects his/her ability to function sexually.
- Some people have sexual dysfunctions which may inhibit sexual pleasure.

Level 4

- Common sexual dysfunctions include lack of desire, inadequate lubrication, erectile difficulties, difficulties with attaining orgasm and sexually-related pain.
- Most sexual dysfunctions can be treated through therapy with a specially trained professional.
- What is perceived as sexual dysfunctions varies among individuals and cultures.
- Sexual dysfunctions may result from guilt, fear, anger, anxiety, medical problems, or relationship difficulties.
- Some sexual dysfunctions may indicate undiagnosed medical problems.
- For some couples, honest communication can solve sexual problems.
- At one time or another, nearly everyone will experience a sexual concern or dysfunction.
- A person concerned about sexual functioning can talk to a trusted adult or health professional.

SEXUAL HEALTH



The promotion of sexual health requires specific information and attitudes to avoid unwanted consequences of sexual behaviour.

Sexual Health Life Behaviours:

Having learned the Sexual Health subconcepts at the appropriate age, the learner will be able to:

- ✓ Use contraception effectively to avoid unwanted pregnancy.
- ✓ Prevent and resist sexual abuse.
- ✓ Act consistently with one's convictions in dealing with an unwanted pregnancy.
- ✓ Seek early pre-natal care.
- ✓ Avoid contracting a sexually transmitted infection, including HIV.
- ✓ Practice health-promoting behaviours such as regular check-ups, breast and testicular self-examination, and early identification of potential problems.

Developmental Levels:

- Level 1:** childhood, ages 6 through 8;
- Level 2:** preadolescence, ages 9 through 12;
- Level 3:** adolescence, ages 13 through 17;
- Level 4:** young adult, ages 18 through 24.

Topic 1: Contraception

Subconcept: Contraception enables people to have sexual intercourse without the fear of unwanted pregnancy.

Developmental Messages:

Level 1

- All children should only be born when they are wanted.

- Some people have children and others do not.
- Each family should decide how many children it can realistically support.

Level 2

- Some religions teach that contraception is desirable; while others do not approve of it.
- Abstinence, when it is strictly practiced, is the most effective form of contraception.
- A man and woman can use contraception to prevent pregnancy.
- It is not advisable for children to have sexual intercourse.
- Decisions about having children are based on religious beliefs, traditions, income and personal wishes.

Level 3

- There are different methods of contraception.
- Abstinence and natural family planning are methods of contraception that are always available and free.
- Contraceptives are available in chemists, supermarkets, shops and clinics.
- Some contraceptives require a visit to a health provider and a prescription.
- Each contraceptive method has advantages and disadvantages.
- Some contraceptive methods are more effective than others.
- Temporary methods of contraception, when discontinued do not prevent future pregnancy.
- Some of the temporary methods of contraception (especially injectibles) may cause a delay in return to fertility.
- Sterilisation is a permanent method of contraception.
- Young people who are considering sexual intercourse should be encouraged to talk to a parent, peer educator, or health professional about their decision and contraception.
- There are ways a sexual partner can help with each method of contraception.
- It is important to talk to one's partner about using contraception.
- Individuals should take responsibility for contraception themselves if they are unable to talk about it with a partner.
- Some methods of contraception that effectively prevent pregnancy such as the IUCD/pill, do not help prevent the transmission of STD/HIV/AIDS.
- Couples who want to avoid pregnancy and STD/HIV/AIDS can use a condom along with another effective contraceptive method.

Level 4

- A person whose religious teachings prohibit contraception may have to decide between those religious teachings, the desire for sexual intercourse and the risk of unwanted pregnancy or STD/HIV/AIDS.
- When choosing a contraceptive method, people must weigh its advantages and disadvantages against the risk of unwanted pregnancy and/or STD/HIV/AIDS.
- People should choose a method that they will use effectively and consistently.
- People can find creative and sensual ways of integrating contraception into their sexual relationship.

Topic 2: Abortion

Subconcept: When a woman becomes pregnant and she does not want the pregnancy, she should seek medical counselling and advice.

Developmental Messages:

Level 1

- Sometimes, women become pregnant when they are unable or not ready to care for a child.

Level 2

- Some health and social conditions make pregnancy unsafe for a woman.
- Abortion, which can be spontaneous or induced, is the termination of pregnancy before 24 weeks.
- Abortion, by law in Nigeria, is only allowed to save the life of the woman (strictly to save).
- Any form of abortion is risky to life, however, abortions performed under sterile conditions by a trained medical personnel, is relatively safer.
- Abortion is not a method of contraception.
- Anyone with abortion-related complications should seek medical advice.
- After an abortion, it is important for one to prevent re-occurrence by practising abstinence or using contraception.

Level 3

- Some people believe that abortion is morally wrong; others believe that a woman has a right to choose abortion.
- People's beliefs about abortion are based on their religious, cultural, and family values.
- Deciding whether or not to have an abortion could be difficult.
- Nobody should force a woman to have an abortion.
- Teenagers with an unwanted pregnancy should talk with their parents, religious leaders, health providers, or other trusted adults.

Level 4

- The right of a woman to have abortion is a controversial issue in Nigeria.
- Men should accept responsibility for their sexual actions.
- Some health professionals support the right of a woman to either carry a pregnancy to term or not.

Topic 3: Sexually Transmitted Diseases including HIV

Subconcept: Sexually transmitted diseases including HIV can be avoided by individual preventive behaviour.

Development Messages:**Level 1**

- Sexually transmitted diseases and HIV are caused by small organisms such as bacteria and viruses.
- A small number of children are born with HIV and some other STDs from an infected mother.
- People who do not engage in certain behaviours do not get STD/HIV/AIDS.
- Teenagers and adults are most at risk of contracting HIV and sexually transmitted diseases during unprotected sexual intercourse.
- There are other risk factors for HIV infection.
- Some untreated STDs can cause serious health risk such as infertility.
- A person cannot become infected with HIV by being around someone who is infected or has AIDS.

Level 2

- STDs include diseases such as gonorrhoea, syphilis, AIDS, chlamydia, genital warts, herpes, candidiasis, trichomoniasis, etc.
- HIV infection leads to a disease called AIDS
- To have AIDS means that HIV has done enough damage to the body defence mechanism that certain serious diseases have been acquired.

Level 3

- HIV is most commonly passed during sexual contact, but can also be passed by sharing drug injection equipment, from an infected mother to her foetus in the uterus, during birth, and during breast-feeding.
- Organisms causing AIDS are usually found in the semen, vaginal fluids, and blood of an infected person.
- STD/HIV can be transmitted even if the infected person does not have signs of infection.
- Anyone, regardless of age or sexual orientation, can contract STD/HIV/AIDS if he or she practices high-risk behaviour.
- A person can have more than one STD at a time and can contract an STD more than once.
- HIV is not spread by casual, social and family contact or by insects.
- One should discuss concerns about STD/HIV/AIDS with any sexual partner.
- Abstinence from sexual intercourse and not sharing drug injection equipment are the surest ways to avoid STD/HIV/AIDS.
- An uninfected couple can avoid STD/HIV/AIDS by practising mutual monogamy and not sharing drug injection equipment/sharp object.
- A person can become infected with HIV if he/she is transfused with HIV-infected blood.
- All blood meant for transfusion must be screened for HIV.
- Sexual behaviour such as masturbation and hugging that do not involve exposure to semen, vaginal fluids, or blood pose no risk for STD/HIV/AIDS.
- Proper use of lubricated condoms with a tip, along with spermicides, can greatly reduce, but not eliminate the chance of getting STD/HIV/AIDS.
- One cannot determine who has STD/HIV by just looking at the person.
- The only sure way to know if someone is infected with STD/HIV is from testing and a medical examination.
- The symptoms of STD/HIV are sometimes hidden, absent, or unnoticed, especially in women.
- The major symptoms of most STDs include genital discharge, sores on the genitals, abdominal pain, painful urination, skin changes, genital itching, and flu-like symptoms.

- The first symptoms of HIV/AIDS are similar to common minor illnesses and include tiredness, swollen lymph glands, fever, loss of appetite and weight, diarrhoea and night sweats.
- It sometimes takes several years after becoming infected with HIV before symptoms of AIDS appear.
- Teenagers who become infected with HIV will probably not develop AIDS until their 20s.
- Persons suspecting that they have STD/HIV infection should stop having sexual intercourse, using drugs, promptly go to a doctor, and refer sexual partners to a doctor.
- Public STD/HIV/AIDS clinics, private doctors, family planning clinics, and hospitals are places for STD/HIV/AIDS counselling and medical care.
- Communities should explore having support groups for HIV-infected persons, persons with AIDS, and individuals having genital ulcer diseases.
- Most STDs can be cured with proper medical care.
- There is no cure for HIV infection, AIDS, and genital herpes, although medications are now available which lessen symptoms and slow the development of the disease.
- Professional counselling and support can be helpful for persons infected with STD/HIV.
- Teenagers can get confidential testing and treatment for STD/HIV/AIDS.
- Some health institutions have anonymous testing for HIV infection.
- Sexual partners can re-infect each other with an STD unless both get proper treatment.
- Persons infected with STD/HIV should encourage their partners to seek medical care.
- People who have an STD, HIV infection, or AIDS need the support of family, friends and community.
- Some persons infected with STD/HIV can live satisfying and productive lives

Level 4

- One can help fight STD/HIV/AIDS by serving as an accurate source of STD/HIV/AIDS information, by being a responsible role model and promoting healthy peer norms.

Topic 4: Sexual Abuse

Subconcept: Sexual abuse can and should be prevented, stopped or resisted.

Developmental Messages:

Level 1

- A person's body belongs to him or her.

- Everyone, including children, has the right to tell others not to touch their body when they do not want to be touched.
- There are good reasons for some adults to look at or touch children's bodies, such as a doctor examining a child or a parent giving a child a bath.
- No person should touch a child's sexual organs except for health reasons.
- Sexual abuse occurs when an older, stronger or more powerful person looks at or touches a child's genitals for no legitimate reason.
- Female genital mutilation such as female circumcision is a form of sexual abuse.
- A person who is sexually abusing a child may tell the child to keep the behaviour secret.
- If unwanted or uncomfortable touching happens, the child should tell a trusted adult.
- If a stranger tries to get a child to go with him/her, the child should leave quickly and report to a parent(s), teacher, neighbour, or other trusted adult.
- A child is never at fault if a person touches him/her in a way that is wrong or uncomfortable.
- Most adults and adolescents would never abuse children.
- Both boys and girls can be sexually abused.
- Sexual intercourse should only occur between consenting adults.

Level 2

- Professionals at schools and in the community can help children who are sexually abused.
- Sexual abuse is very common even though many people do not want to talk about it.
- Sexual abuse is most often committed by someone known to the child.
- Parents and their children cannot share sexual pleasure.
- In some societies sexual pleasure between blood relations is a taboo.
- Rape occurs when a person forces another to have any type of intimate sexual contact.

Level 3

- Teenagers can be sexually abused by adults.
- Rape can occur with physical or psychological force.
- The victim often knows the rapist.
- Men can be raped.
- People who are raped are never at fault for the rape.
- Date rape is common.

- It is never appropriate to force someone to have any kind of sexual behaviour.
- Rape is a crime.
- A person who is raped must decide whether to report to the police or not.
- People can help protect themselves against the possibility of rape by avoiding alcohol and other drugs that impair decision-making, and by developing assertiveness skills.
- Not all rapes can be prevented.
- Sexual harassment is unsolicited sexual advances on a helpless and unwilling individual.
- Every teenager is vulnerable to sexual harassment.
- Sexual harassment can take place at school, work place, homes and in the community.
- Rape can lead to unwanted pregnancy.
- There is no social, religious and health reasons for Female Genital Mutilation.
- Teenagers and young adults should resist Female Genital Mutilation.

Level 4

- An investigation of rape and the trial can be difficult experiences for the victim.
- Communities should explore special resources that can assist victims of rape and all other forms of sexual abuse
- Victims of rape and sexual abuse should seek prompt medical attention.
- Many sexual abusers might have been abused as children.
- People who are sexually abused may suffer serious emotional problems and usually need support and treatment.
- Relevant professionals should be empathetic to sexual abuse victims.

Topic 5: Reproductive Health

Subconcept: Men and women of all ages must care for their reproductive health to assure optimum attainment of their physical, social and mental well-being.

Developmental Messages:

Level 1

- Girls and boys need to care for their bodies during childhood and adolescence.
- Like other body parts, the genitals need care.

- Boys have two testicles; absence of one should be reported to the parent or medical practitioner.

Level 2

- A pregnant woman must take extra care of her health with moderate exercise, good food, and frequent visits to her health practitioner.
- Some drugs can affect one's future ability to have healthy children.
- Birth defects may cause lifetime health or developmental problems.

Level 3

- Traditional incisions (e.g. gishiri cuts and female circumcision) should be avoided.
- A girl should keep her genitals clean and healthy.
- After a girl's breasts have developed, she needs to examine them each month using the correct breast self-examination procedure.
- A boy should keep his genitals clean, healthy and free from injury.
- When a boy's genital begins to grow, he needs to examine them regularly, using the correct testicular self-examination procedure.
- Drug use during adolescence can be especially dangerous to a boy or girl's future reproductive capability.
- STD/HIV/AIDS can result in foetal and infant damage or death.
- Men and women are advised to be examined for STD/HIV/AIDS prior to sexual relationship.
- When a woman decides to try to become pregnant or becomes pregnant, she should begin a programme of routine pre-natal care, follow guidelines for healthy pre-natal nutrition, and avoid all dangerous drugs for her own health and that of the foetus.
- If a woman suspects she is pregnant, she should consult a health practitioner.
- Whether a woman decides to terminate the pregnancy or carry it to term, early discussions and care are important.
- Childbirth is a natural process that is usually safe for the mother and the baby.
- Childbirth can be unsafe when conducted by untrained hands.
- The father can be with the mother during labour and delivery.
- Breast feeding is the best way to feed the baby and should start as soon as baby is born.
- Breast feeding should last at least up to six months.
- Pregnant teenagers need special medical care and support.
- Regardless of the mother's or father's age, health status, diet or genetic background, some babies are born with medical problems or die in infancy.

- Parents whose baby dies should seek special counselling to help them manage their grief.
- Some genetic disorders can cause birth defects and other health problems such as sickle cell.
- Young men and women should find out if there are genetic disorders in their families.
- Boys and girls should seek genetic counselling before marriage.
- Most teaching/specialist hospitals have genetic counsellors who can help people with family genetic disorders make decisions about having children.

Level 4

- Some women with serious diseases may decide not to continue a pregnancy because of the risk to the foetus or to themselves.
- Couples with genetic disorders or infertility problems and desire to have children have several medical options.
- Pregnant women and their partners can consider many options for delivering a baby.
- Women and men in the workplace should be informed regarding any environmental hazards that could harm their reproductive systems and the precautions necessary to avoid such hazards.
- Miscarriages may result from a maternal infection, but most often occur because of genetic abnormalities in the foetus.
- Women and couples who unsuccessfully attempt to become pregnant can seek infertility counselling, diagnosis and treatment at hospitals.

SOCIETY AND CULTURE



Social and cultural environments shape the way individuals learn about and express their sexuality

Society & Culture Life Behaviours:

Having learned the Society and Culture subconcepts at the appropriate age, the learner will be able to:

- ✓ Demonstrate tolerance for people with different sexual values and lifestyles.
- ✓ Exercise democratic responsibility to influence legislation dealing with sexual issues.
- ✓ Assess the impact of family, cultural, religious, media, and societal messages on one's thoughts, feelings, values, and behaviours related to sexuality.
- ✓ Promote the rights of all people to accurate sexuality information.
- ✓ Avoid behaviours that exhibit prejudice and bigotry.
- ✓ Reject stereotypes about the sexuality of diverse populations.
- ✓ Educate others about sexuality.

Developmental Levels:

- Level 1:** childhood, ages 6 through 8;
- Level 2:** preadolescence, ages 9 through 12;
- Level 3:** adolescence, ages 13 through 17;
- Level 4:** young adult, ages 18 through 24;

Topic 1: Sexuality and Society

Subconcept: Society influences what people believe and how they feel about sexuality.

Developmental Messages:

Level 1

- Children receive messages from an early age about different sexual expressions within their culture.

Level 2

- Every culture communicates norms and taboos about sexuality.

Level 3

- In Nigeria, there are people from many different cultural backgrounds and a wide range of views about sexuality.
- In a pluralistic society like Nigeria, the individual's right to hold different opinions is guaranteed under the constitution.
- Societal messages about sexuality are often confusing and may be contradictory within the same cultural setting.
- Individuals need to examine messages received from different sources and establish guidelines for their own behaviour.

Level 4

- In most schools, there are unwritten norms about sexuality.
- It is important to understand the diversity of views and beliefs about sexuality.
- Due to the diversity people need to communicate their views to their friends and partners in order to negotiate behaviours that are acceptable.

Topic 2: Gender Roles

Subconcept: Each culture teaches what it is to be a male or female.

Developmental Messages:

Level 1

- Everyone is born male or female.
- Boys and girls grow up to be men and women.
- There are no jobs that are only for boys or only for girls.
- Both mothers and fathers play important roles as parents.
- Boys and girls have many similarities and a few differences.
- It is a stereotype to think that all boys should be alike or that all girls should be alike.

- All jobs and careers should be equally open to men and women.

Level 2

- Boys and girls share similar capabilities, characteristics, and goals, although as individuals, they are unique.
- Boys and girls receive messages from their families, schools, friends, the media and society about how they should behave.
- People often expect boys and girls to behave in a set pattern stereotypically.
- Girls and boys can be friends and respect each other.
- Often, girls and sometimes boys receive unequal or negative treatment because of their gender.
- Certain laws and rules protect women's and men's rights.

Level 3

- Attitudes about proper behaviours for men and women differ among individuals, families, cultures and religions.
- Accepting gender role stereotypes can limit a person's life.
- Young women should be given the same opportunities as young men.
- Laws protect a young woman's or young man's right to participate equally in athletic activities.
- Both boys and girls may begin to show romantic interest in other persons during puberty.
- There are double standards about sexual practices.

Level 4

- Individuals are capable of making their own choices about appropriate roles for themselves as men and women.
- Gender role stereotypes are harmful to both men and women.
- Some people are denied equal treatment on the basis of gender, even though laws prohibit this.
- Gender role stereotypes can lead to such problems as low aspirations, limited career and job choice, sexual violence, date rape and stress-related illnesses.

Topic 3: Sexuality and the Law

Subconcept: Certain laws govern sexual and reproductive rights.

Developmental Messages:

Level 1

- Children are not expected to have sexual relationships.

Level 2

- It is illegal for an adult to force, trick or manipulate a child into having a sexual relationship.

Level 3

- In Nigeria, abortion is currently illegal except when the life of the mother is threatened.
- Minors may obtain contraception without parental consent.
- In Nigeria, the age of consent for sexual intercourse varies from one part of the country to another. The age of consent for sexual intercourse as provided for in the criminal code is 14 for boys and 16 for girls unless she is married.
- In Nigeria rape is illegal.
- Incest is not covered by either criminal or penal code in Nigeria perhaps because certain ethnic groups permit marriage between cousins.
- Sexual activity between father and daughter is illegal, as it is perceived as an infringement on the daughter's sexual rights.

Level 4

- There are laws that restrict some types of sexual behaviours.
- In Nigeria public behaviours such as exhibitionism and voyeurism are viewed as unlawful acts.
- Child prostitution is illegal in Nigeria.
- Obscene materials are defined as those describing or showing sexual acts in order to cause excitement and may be in the form of books, films etc. Public display of obscene materials is a punishable offence in Nigeria.

- People have different view points of what is obscene.
- Child pornography is illegal.
- Law enforcement agencies are not sensitive to sexual rights violation such as domestic violence, sexual harassment, female genital mutilation, rape etc. and should therefore, increase their efforts in this direction.
- Law enforcement agencies do not adequately enforce and combat violations of sexual rights, and should, therefore, increase their efforts in this direction.
- The judicial system cannot deal effectively with violations of sexual rights where laws are inadequate.
- Individuals can cause improvement in the administration of justice as it relates to sexuality through advocacy and consent to social action.

Topic 4: Sexuality and Religion

Subconcept: Religious views about sexuality affect people's sexual attitudes.

Developmental Messages:

Level 1

- Religion teaches people how to behave, to love each other, not to hurt others, and what is right or wrong.
- Some families go to a church, mosque, shrine or other centres to worship; some families do not.
- Different religions may teach similar or different values.

Level 2

- Many religions teach that sexual intercourse should only occur in marriage.

Level 3

- Religious views influence attitudes towards sexuality and sexual behaviour.
- Some religions acknowledge that human beings are sexual beings, and that their sexuality is positive.
- Teenagers and adults may experience conflicts if they have been raised in a religion that does not fully accept sexuality.
- Religious values play an important role in sexual decision-making.

Level 4

- Some people continue to respect their religious teachings and traditions, but believe that some of these views do not apply to them.
- Partners with different religious beliefs may have more difficulty in their sexual relationship.
- Religious leaders contest many issues related to sexuality and reproduction.

Topic 5: Diversity

Subconcept: Our society has a diversity of sexual attitudes and behaviour; some people are unfairly discriminated against because of the way they express their sexuality.

Developmental Messages:

Level 1

- There are many differences among individuals in the way they think, act, look and live.
- Talking about differences helps people to improve their understanding of each other.
- Generalising the behaviour of all members of a group is stereotyping.
- All people should receive fair and equal treatment.
- People who are different are often treated negatively or unequally.

Level 2

- People are sometimes discriminated against for factors which include gender, appearance, sexual orientation, family structure and living arrangements.
- Discrimination has negative consequences for the individual, group and society.
- Discrimination can lead to lower self-esteem, unequal opportunities, and physical and emotional problems.
- Discrimination limits a society's ability to use the full potential of its members.

Level 3

- There are laws, policies, and procedures meant to help victims of discrimination.
- People should try to understand and appreciate diversity and the uniqueness of individuals.

Level 4

- Learning about other cultures helps to appreciate and understand cultural diversity.
- People should speak out when they encounter discrimination.

Topic 6: Sexuality and the Arts

Subconcept: Erotic images are a common theme in art.

Developmental Messages:

Level 1

- Sexual images are depicted in music, art, drama, and literature.

Level 2

- Some religions frown at how art depicts sexuality

Level 3

- Erotic images in art reflect society's views about sexuality and help people appreciate sexuality.

Level 4

- The nature of sexual images in art has changed through time.
- Art with sexual images in one culture may be considered to be obscene in another cultural context.
- Some people try to regulate or eliminate sexual images in art.
- There is no evidence that erotic images in the arts cause inappropriate sexual behaviour.

Topic 7: Sexuality and the Media

Subconcept: The media has a profound effect on sexual information, values, and behaviour.

Developmental Messages:

Level 1

- Some of what is on television, in the movies, in books and magazines, and on radio are facts and some are not.
- Some television advertisements try to make people and things look different or better than they really are.
- Some television programmes and movies are not appropriate for young children.

Level 2

- People can refuse to watch and/or listen to anything that offends them.
- No one really looks as perfect in real life as certain models, musicians, pop stars, sport stars, actors and actresses appear in the media.
- The media often presents an unrealistic image of what it means to be male or female, to be in love, and what parenthood and marriage are like.
- The media can influence peoples' values and attitudes.

Level 3

- Often, the media may not portray positive aspects of sexuality.
- Some television shows and movies provide positive models of relationships and sexuality.
- Real relationships require more effort than is often portrayed in the media.
- Younger children need help to deal with negative media influences.

Level 4

- Communicating one's reactions to the media about the portrayal of sexual issues can be effective in eliminating gender role stereotype.

PARENT-CHILD COMMUNICATION ABOUT SEXUALITY

PREAMBLE

The family has been recognized as the basic unit of the society. Whatever an individual becomes is moulded by the interactive process within the family. Therefore, it is the principal responsibility of parents to help their children understand the concept of sexuality and to communicate with them at every stage of development.

Communication is the process of giving, receiving and understanding messages. It is about exchanging ideas, understanding, listening, expressing oneself, talking, using body language, facial expression and a host of other behaviours. Sexuality, which begins at birth, means the total behaviour of who we are as human beings.

Therefore, parents should have a thorough understanding of who we are as human beings, why we manifest certain behaviours at different stages of development and use this knowledge to assist their children go through life successfully.

THE NEED FOR PARENT-CHILD COMMUNICATION

Parent-child communication is very essential as far as sexuality is concerned. This is because sexuality begins at birth and the first contact with the child is the parents. This makes it paramount for parents to help their young ones start life with a very solid foundation.

Unfortunately, it has been found that in present day Nigeria, parents are yet to live up to expectation as far as communication on sexuality with their children is concerned.

Worldwide, parents have always expressed their inadequacy to discuss the explicit issues of sexuality with their children. In Nigeria, parents have also expressed similar inhibition which can be attributed to cultural and religious beliefs and practices. Children for now learn from a variety of sources such as friends.

Analysis of the game on sources of sexual learning for a group of 20 adolescent peer promoters indicated that 90% received their first information about sexuality, which turned out to be incorrect from their friends while the remaining 10% first learnt about sex from the media. None of the participants claimed to have learnt anything from their parents. This shows that there is a wide gap which if not filled, will predispose young ones to social, psychological and health problems.

Although some studies showed that parents may be less successful providing factual information than the schools, it is at home that children first begin to absorb and form the attitudes and values that will shape their sexual behaviour as they grow into adults.

Adolescence is a turbulent period characterized by confusion and weak decision-making skills. At this critical period of development, parental support and appropriate intervention will be desirable for providing factual information on all the physical, emotional and social changes associated with the adolescent period and how to successfully cope with these changes.

REQUIREMENTS FOR EFFECTIVE PARENT-CHILD COMMUNICATION

1. Parents need to understand that they are the primary sex educators of their children and accept this as an important responsibility.
2. Parents should be empowered to provide effective sexuality education through regular, informal and formal training to assist them understand:
 - their sexual attitudes and to recall their own education about sexuality.
 - the physical, social and emotional development of children.
 - the concept of human sexuality and sexual health.
 - and clarify their values about sexuality.
 - communication skills as they affect sexuality education.
 - how to handle sexuality issues in the family.
3. Children should be born wanted, loved, and properly catered for. Parents' natural actions of display of affection will teach the children about love, trust, bonding and relationships.
4. There should be good rapport and interaction within the family. This will encourage children to ask questions freely as well as to share their experiences and feeling with parents.

CONTENT OF SEXUALITY EDUCATION

Sexuality education is not the same as teaching young people how to make love. Rather it involves helping young people have a thorough understanding of who they are as boys or girls right from birth as well as to assist them cope effectively with the physical, emotional and social changes at each stage of development.

The level of communication in the home will depend to a great extent on the stage of development of the child. This National Guideline for Comprehensive Sexuality has provided parents with information on what key concepts to teach in sexuality education, the components of each major concept and at what ages or developmental level specific information should be taught.

Apart from using this guidelines for content identification, parents should respond positively to questions raised by their children.

TIPS FOR PARENTS

- Sexuality as well as sexuality education is a continuous process. It occurs through a life time.
- You have already begun your child's sexuality education. Actions such as display of affection will teach your child about love, trust, bonding and relationships.
- Silence about sexuality conveys a wrong message.
- It is better in the long run to be honest in discussing sexuality education.
- Use teachable moments.
- No question is wrong. Encourage your child to ask you questions. Reward them, never punish them for asking.
- Nobody can be a perfect parent at all times.
- Its okay to be nervous or embarrassed when talking to your child. It is more important that you do it anyway. You can tell your child how you feel. There are some institutions in Nigeria that can provide support for parents in this regard.
- Remember how you learned about sexuality. If your parent did not talk with you, its probably hard to talk about it with your child.
- You can not tell your child too much. What they do not understand now, they will understand later.
- If you do not know how to answer your child's question, admit it and then try to find the answer together.
- Use correct names for the reproductive organs.
- Ensure that your body language, tone of voice and facial expressions support what you say with words.
- Try to build their self esteem.

TIPS FOR YOUNG PEOPLE

- See your parents as your friends and confidant
- Be ready to accept your parent's guidance.
- Seek advice from parents and not from peer group members
- Be patient and appreciate the fact that freedom will be acquired over time.
- Show good example to the younger ones.

BIBLIOGRAPHY

- Action Health Incorporated, (1994.) "Making Decisions About Sex, Drugs and Your Health." *Growing Up*, 2:3
- Action Health Incorporated, (1995). "Abstinence and Sexual Intercourse." *Growing Up*, 3:4
- Adebajo, C. O. (1992). "Female Circumcision and Other Practices Dangerous To Women's Health", *Women's Health Issues in Nigeria*. Zaria: Tamaza.
- Advocates For Youth. (1995, May). *Adolescent Sexuality in Nigeria: The Facts*. Washington DC: Advocates For Youth.
- Akingba, J. B., Adeniyi, O., (1987). *Human Reproduction (Sex Biology), Population Education Monograph 2*. Population Education Programme, Lagos: Nigerian Educational Research and Development Council.
- Barth, R. D. (1993). *Reducing The Risk: Building Skills To Prevent Pregnancy, STD & HIV*. Santa Cruz: ETR Associates.
- Barker, G. K., Rich, S. (1992). "Influences on Adolescent Sexuality in Nigeria and Kenya: Findings from Recent Focus Group Discussions", *Studies in Family Planning* 23, 3:199-210.
- Bell, R. et al. (1988). *Changing Bodies, Changing Lives*. New York: Vintage Books.
- Bingham, M.; Stryker, S.; Neufeldt, S. A. (1995). *Things Will Be Different For My Daughter: A Practical Guide to Building Her Self-Esteem and Self-Reliance, From Infancy Through the Teen Years*. New York: Penguin Books.
- Branden, N. (1994). *The Six Pillars of Self-Esteem*. New York: Bantam Books.
- Brandrup-Lukanow, A., Mansour S., Hawkins, K. (1992). Adolescent Sexual and Reproductive Health. *Report of the Workshop, CIE, Paris. 8-11 July 1991*. Paris, Centre International de L'Enfance, 96p.
- Cassell, C. (1987). *Straight From The Heart: How To Talk to Your Teenagers About Love and Sex*. New York: Simon and Schuster Inc.
- Centre for Population Options. (1990). *Factsheet on Parent-Child Communication About Sexuality*. Washington DC.
- Centre for Population Options. (1992). *Adolescents And Unsafe Abortion in Developing Countries: A Preventable Tragedy*. Washington DC.
- Centre for Population Options. (1992). *Adolescent Fertility in Sub-Sahara Africa: Strategies for A New Generation*. Washington DC.

Bibliography

- Chen, L.C. (Ed.), Germain, A., Sen, G. (1994). *Population Policies Reconsidered, Health, Empowerment and Rights*. Boston: Harvard University Press.
- Debold, E.; Wilson, M.; Malavé, I. (1994). *Mother Daughter Revolution, From Good Girls To Great Women*. New York: Bantam Books.
- Delano, E., Olokode, F. (1994). *Questions Young People Ask on Sexuality*. Ibadan: Spectrum Books Limited.
- DeVault, C. (1989). *Taking Chances With Sex*. Santa Cruz: Network Publications.
- Elchones, M. (1989). *Why Can't Anyone Hear Me?, A Guide For Surviving Adolescence*. California: Monroe Press.
- Elium, J., Elium, D. (1994). *Raising A Daughter: Parents and the Awakening of A Healthy Woman*. California: Celestial Arts.
- Esiet, 'N. (1996, May 28.). "Teenage Pregnancy: A New Killer." *The Guardian*. 12, 6,409: 27
- Federal Ministry of Health and Social Services, Federal Government of Nigeria. (1994). *Nigeria Country Report for the International Conference on Population and Development. Cairo '94*. Lagos: Federal Ministry of Health, 20.
- Federal Office of Statistics. (1992). *Nigeria Demography and Health Survey, 1990*. Columbia MD: DHS, IRD/Macro International.
- Feyisetan, B., Pebley, A. R. (1989). "Premarital Sexuality in Urban Nigeria", *Studies in Family Planning*. 20, 6: 343-354.
- Fiedler, J. Fiedler, H. (1990). *Be Smart About Sex: Facts For Young People*. New Jersey: Enslow Publishers, Inc.
- Francoeur, Robert T. (1991). *Becoming A Sexual Person*, New York: Macmillan Publishing Company.
- Garcia, C. R. Rosenfeld, D. L. (1977). Adolescent Sexuality, *Human Fertility: The Regulation of Reproduction*. Philadelphia: F. A. Davis: 47-57.
- Germain, A., Kyte, R. (1995). *The Cairo Consensus: The Right Agenda for the Right Time*. New York: International Women's Health Coalition.
- Girls' Power Initiative. (1995, July-September). Nigerian Adolescents Allege Sexual Harassment By Relatives. *Girls' Power*. Calabar, 1:3
- Gyepi-Garbrah, B., Centre for Population Studies (Harvard University). (1985). *Adolescent Fertility in Nigeria*. Boston MA.: The Pathfinder Fund.
- Hacker, S. S.; Hacker, R. (1993). *What Every Teenager Really Wants To Know About Sex*. New York: Carroll & Graf Publishers, Inc.

Bibliography

- Haffner, D. W. (1990). *Sex Education 2000: A Call To Action*. New York: Sexuality Information and Education Council of the United States.
- Howard, M. (1988). *How To Help Your Teenager Postpone Sexual Involvement*. New York: Continuum Publishing Company.
- Hyde, J. S. (1994). *Understanding Human Sexuality*. New York: McGraw-Hill, Inc.
- International Centre for Adolescent Fertility. (1991). "It Won't Happen to Me" STD and Adolescents. *Passages* 11:1
- International Planned Parenthood Federation. (1992, Oct.). Adolescents 'Forgotten' in the HIV Epidemic. *Open File*.
- International Planned Parenthood Federation, Africa Region. (1995, Oct.). Sexuality and Reproductive Health Needs of Young People. *Africa Link*, Nairobi.
- John Hopkins University/Population Communication Services. (1996). *Family Life Education: A Curriculum for Youth Trainers* Lagos: The United States Agency for International Development (USAID).
- Ledray, L. E. (1994). *Recovering From Rape*. New York: Henry Holt and Company Inc.
- Madaras, L. Madaras, A. (1983). *The What's Happening To My Body? Book For Girls*. New York: Newmarket Press.
- Madaras, L. Saavedra, D. (1984). *The What's Happening To My Body? Book For Boys*. New York: Newmarket Press.
- Makinwa-Adebusoye, P. (1992). Sexual Behaviour, Reproductive Knowledge and Contraceptive Use Among Young Urban Nigerians. *International Family Planning Perspectives* 18:67-69.
- Makinwa-Adebusoye, P. K., (1991). *Adolescent Reproductive Behaviour in Nigeria: A Study of Five Cities*. Ibadan: Nigerian Institute of Social and Economic Research (NISER), Monograph Series No. 3.
- National AIDS/STD Control Programme. (1996). *AIDS Cases Reporting Profile: A Decade of the Nigerian Experience (1986 - 1995)*. Lagos: Federal Ministry of Health.
- National AIDS/STD Control Programme; Nigeria Medical Association (1992). *Handbook on HIV Infection and AIDS For Health Workers*. Lagos: FMH/NMA.
- National Commission for Women. (1995). *Nigeria Country Report for the Fourth World Conference on Women: Beijing '95*. Abuja.
- National Population Commission. (1992). *The National Population Figure*. Lagos: Federal Ministry of National Planning.

Bibliography

- Nichols, D., Ladipo, O. A., Paxman, J., Olorin, E. O., (1986). Sexual Behaviour, Contraceptive Practice and Reproductive Health Among Nigerian Adolescents. *Studies in Family Planning* 17, 2:100-106.
- Nigerian Educational Research and Development Council, (1988). *Human Reproduction (Sex Biology), Population Education Self-Learning Module 9 for Secondary School Teachers in Nigeria*. Lagos: Dept. of Population Education, Nigerian Educational Research and Development Council.
- Odujinrin, O. M. T. (1991). Sexual Activity, Contraceptive Practice and Abortion Among Adolescents in Lagos, Nigeria. *International Journal of Gynaecology and Obstetrics*. 34:365.
- Odujinrin, O. M. T., Akinkuade, F. O. (1991). Adolescents AIDS Knowledge, Attitude and Beliefs About Preventive Practices in Nigeria. *European Journal of Epidemiology*. 7, (2): 129.
- Okonofua, F., (1991). Clinical Consequences of Unsafe and Induced Abortion and Their Management in Nigeria. *Critical Issues in Reproductive Health and Population*. Population Council, New York.
- Oronsaye, A. U., Odiase, G. I. (1983). Attitudes Toward Abortion and Contraception Among Nigerian Secondary School Girls. *International Journal of Gynaecology and Obstetrics* 21:423 - 426.
- Quackenbush, M.; Nelson, M.; Clark, K. (1988). *The AIDS Challenge: Prevention Education For Young People*. Santa Cruz: Network Publications.
- Ratner, M., Chamlin, S. (1987). *Straight Talk, Sexuality Education for Parents and Kids 4 - 7*, Ontario: Penguin Books.
- Richie-Adewusi, F. (1992). *Their Tomorrow Today: A Practical Approach To Coping With Adolescence*. Lagos: Centre Stage Paperback Books.
- Scott, S. (1986). *How To Say No And Keep Your Friends: Peer Pressure Reversal For Teens and Pre-teens*. Massachusetts: Human Resource Development Press, Inc.
- Sexuality Information and Education Council of the United States. (1991). *Guidelines for Comprehensive Sexuality Education*. New York.
- Stark, E. (1993). *Everything You Need To Know About Sexual Abuse*. New York: The Rosen Publishing Group, Inc.
- Uwalaka, M. I. (1991, Aug.). *Baby Mothers: The Scourge of Teenage Pregnancy*. B.Sc. Research Project, Lagos. Dept. of Mass Communication, University of Lagos.
- Warshaw, R. (1994). *I Never Called it Rape, The Ms. Report on Recognising, Fighting and Surviving Date and Acquaintance Rape*. New York: HarperCollins Publishers, Inc.

Bibliography

- Whatley, J., Thin, N., Reynolds, B., Blackwell, A. (1989, Dec.) Problems of Adolescents' Sexuality. *Journal of the Royal Society of Medicine*: 82 (12), 732 - 4.
- Williams, D. L. (1989). *My Values, My Choices: A Student's Thoughtbook*. Minnesota: Search Institute.
- Wilson, P. M. (1991). *When Sex Is the Subject: Attitudes and Answers for Young Children*. Santa Cruz: Network Publications.
- Women's Global Network For Reproductive Rights. (1992). Pregnant Teenagers: No Time To Be Young. *Report of the Mortality and Morbidity Campaign*. Amsterdam :13
- Women's Global Network For Reproductive Rights. (1992). Teenage Pregnancy: A Collective Problem. *Report of the Mortality and Morbidity Campaign*. Amsterdam: 14
- World Health Organisation. (1989). *The Reproductive Health of Adolescents: A Strategy for Action*. Geneva
- World Health Organisation, (1992, Dec.) *A Study of the Sexual Experiences of Young People in Eleven African Countries: The Narrative Research Method*. Geneva: World Health Organisation, Adolescent Health Programme.
- Zeidenstein, S., Moore, K. (Ed.) (1996). *Learning About Sexuality: A Practical Beginning* New York: The Population Council/International Women's Health Coalition.

GLOSSARY

- Abortion** The termination of a pregnancy and the expulsion of the foetus before it is sufficiently developed to survive outside the uterus; may be spontaneous or induced by human intervention.
- Abstinence (sexual)** Not engaging in sexual activity.
- Acquired Immune Deficiency Syndrome (AIDS)** Lethal infection of the human immunodeficiency virus (HIV) which damages the body's immune system, leaving it incapable of fighting off opportunistic infections and certain cancers; transmitted by infected semen, body fluids and blood.
- Adolescence** That period of psychosexual development between the onset of sexual maturation (puberty) and early adulthood, during which young people define their self-identity, sex roles, and relationships with other persons; period between the ages of 10 and 19 years.
- Affective (Domain)** That part of field of thought, knowledge or activity that affects outward expression of human feelings.
- Aphrodisiacs** Any chemical, drug, herb, drink, or scent alleged to increase sexual interest, desire or response.
- Arousal** To stimulate sexually (body or sexual organs).
- Artificial Insemination** Introduction of fresh or frozen semen into the vaginal canal by any means other than sexual intercourse in order to produce a pregnancy.
- Assertiveness** The willingness to stand up for oneself without anxiety, treat oneself with respect in all human encounters and without denying the rights of others:
- Bisexual** A person who has some sexual contact with both males and females or is erotically and/or affectionally oriented to both men and women.
- Candidiasis** Infection of the sexual organs, rectum, or mouth caused by an excessive growth of naturally occurring yeast-like fungus, *Candida*; infected males usually have no symptoms; infected females have a vaginal discharge with a yeast-like odour.
- Cesarean Section** Surgical procedure in which a baby is removed from the uterus through an incision in the abdominal wall because vaginal delivery is not medically advisable or possible.
- Child Prostitution** Soliciting the services of persons under the age of 18 years to engage in sexual acts for economic or material gains. (see minor)
- Communication** The process of giving, receiving and understanding messages. It is about exchanging ideas, understanding, listening, expressing oneself, talking, using body language, facial expression and a host of other behaviours.
- Community** The people living in one place, district or country considered as a whole; group of people of the same religion, race, occupation, etc.
- Concept** Idea underlying something; general notion.
- Counselling** Healthy supportive assistance to a person to solve a problem, or guide in decision-making.
- Culture** Customs, arts, social institutions of a particular group or people.
- Date Rape** Use of psychological and/or physical coercion to pressure or force an unwilling partner into sexual intimacy and/or intercourse in a dating or courting relationship.
- Dating** Appointment to meet a person at a particular time; meeting with a person of the opposite sex for the purpose of socialisation.
- Decision-making** The process of making up one's mind about an issue.

Developmental Level Corresponding age of learning to the individual child's age and development.

Discrimination Treating a person or group of persons differently from others (usually worse).

Divorce Legally end a marriage between a man and a woman.

Domain Field of thought, knowledge or activity.

Domestic Violence Use of strong physical, verbal and/or emotional force to take advantage of, or control another member of the family.

Ejaculation In the male, the expulsion or release of seminal fluid usually during orgasm, following the emission phase when mytonic contraction in the prostate and seminal vesicles build up pressure on the seminal fluid.

Equity Fairness; right judgment.

Eroticism The art of producing sexually explicit material celebrating mutuality, consent, and sexual pleasure, as distinct from art in pornography which is regarded as sexist, depersonalising, and degrading sexually explicit material.

Exhibitionism The public exposure of one's genitals in order to achieve sexual arousal and satisfaction.

Falling in love Deep affection, attraction, emotional feelings, and intimacy felt by a person towards another, not necessarily of the opposite gender; may or may not involve sexual intercourse or end in marriage.

Family Life Of attitudes and skills related to dating, marriage, parenthood, and family health.

Female Genital Mutilation A number of traditional operations that involve cutting away parts of the female external genitalia or other injury to the female genitals, whether for cultural or any other non-therapeutic reasons.

Fertilisation The union of sperm and ovum, resulting in conception.

Fertility State and condition of being able to reproduce.

First Love Initial emotional feelings, infatuation, and attraction usually felt by a young person towards a person of the opposite or same gender; usually not matured, but of significance as it is the onset of love and/or romantic relationships.

Foetus In humans, the term used to refer to the unborn offspring from the third month after conception until birth.

Gay A male homosexual.

Gender The state of being male or female; one's personal, social, and/or legal status as a male or a female.

Gender Identity The psychological sense or internalised conviction that one is a male or a female.

Gender Role A cluster of socially defined expectations that people of one gender are expected to fulfill; combination of everything one does indicating to others and to oneself the extent to which one's gender identity is male or female; the public expression of one's gender identity.

Genetics Information about the unit in a chromosome (gene) which controls heredity.

Genitals The sexual or reproductive organs.

Gishiri Cut A local episiotomy performed during prolonged obstructed labour, to widen the perineum to aid delivery. It is performed by traditional birth attendants and *Wanzamis*. Presenting parts like the bladder and rectum are sometimes slashed, leading to Vesico-Vaginal Fistulae and Recto-Vaginal Fistulae.

Goal-setting Setting targets for one's life to be met through one's efforts.

Gonorrhoea Common sexually transmitted bacterial infection of the vagina, penis, rectum, throat, and/or eyes caused by the bacterium *Neisseria gonorrhoea*; many infected females and 5% to 20% of infected males show no early

symptoms; male symptoms include painful urination, penile discharge, swollen glands, and/or sore throat.

Health Education Programme focusing on all aspects of health, including all factors that contribute to the well-being of a person. Focuses on the totality human being, and not merely on factors leading to ill-health.

Herpes Sexually transmitted, incurable viral infection characterised by intermittent, mildly painful outbreaks of open sores or blisters at the site of infection in the sexual organs, during which the individual is infectious; caused by *Herpes Simplex II* virus.

Heterosexual A person who is sexually attracted to, or engages in sexual activity with persons of the other gender.

HIV Human immunodeficiency virus; the virus that causes AIDS.

Homosexual A person who is sexually attracted to, or engages in sexual activity with members of his or her own gender.

Human Development The continuous growth in the anatomy, physiology, emotional, psychological, spiritual and intellectual aspects of the human being, beginning from conception and terminating at death.

Human Sexual Response (Sexual Response Cycle) Feeling when sexually aroused until orgasm; the way the body responds; 4 phases - excitement, plateau, orgasm and resolution.

Human Sexuality The experiential combination of one's biological sex and psychological gender, co-extensive with one's gendered personality as a male or female. It includes all the feelings, thoughts and behaviours of being male or female.

Hymen A fold of skin or thin membrane that may partially cover the vaginal opening.

In vitro Fertilisation A technique in which ovum is fertilised with a sperm in a culture medium artificially for two days, and then transferred to the uterus of the woman to bypass her blocked fallopian tubes. It may also be transferred to a surrogate mother if the ovum donor does not wish to or cannot carry a gestation full term.

Incest Sexual contact or activity between two persons of close kinship, or blood relatives, for whom such intimacy is forbidden by custom, law and/or religious tradition.

Infertility Inability to conceive and carry a foetus to term and delivery.

Intercourse (sexual) Sexual activity in which the penis is inserted into the vagina; coitus.

Interpersonal Skills Ability to relate with all persons.

Intrauterine Contraceptive Device (IUCD) Plastic device, sometimes containing metal or a hormone, inserted into the uterine cavity and left there; it appears to speed up transport of the ovum through the fallopian tube and prevent implantation of a fertilised ovum.

Lesbian A female homosexual.

Life Behaviours Traits exhibited by an individual regarding sexuality and career issues, owing to training, the lack of it, or other extraneous factors.

Life Planning Developing the skills for good communication, decision-making, assertiveness, goal-setting, and other tough issues children are confronted with as they are growing up (drugs, sexual behaviour, pregnancy and health). Involves sexuality and career education with the goal of motivating adolescents to delay parenthood until they achieve their educational and vocational goals.

Marriage Legal union between a man and a woman as husband and wife.

Masturbation Self-stimulation of the genitals by touch or pressure, usually with the hands, to produce sexual arousal, and with orgasm as a common but not inevitable or necessary outcome.

Menopause The natural and gradual cessation of menstruation in a woman, usually between ages 45 and 60 years.

Menstruation Physiological process whereby the disintegrating inner lining of the uterus is shed and expelled from the uterus, generally occurring about once a month in women; also known as menses or period; the fourth phase of the menstrual cycle.

Minor Legal term for a child under the age of 18 years, for whom decisions are purportedly being made.

Miscarriage Spontaneous, premature loss of a foetus from the womb before it is viable, as a result of natural causes (not medical intervention)

Negotiation Process of arranging, settling something or trying to reach an agreement by discussion.

Orgasm Intensive, reflexive, physiological, and pleasurable release of sexual tension, following sexual stimulation and the build up of sexual arousal in intercourse, oral sex or masturbation.

Ovulation Release of one or more ova from the ovary; the second phase of the menstrual cycle, followed about fourteen days later by the onset of the next menstrual flow if the ovum is not fertilised.

Parenthood State of being a parent.

Parenting Art of being a parent.

Peer For any individual, other people of about the same age and standing in the community; equals or colleagues.

Pills Birth-control pills that are taken to prevent ovulation, and conception; contain oestrogen and progesterone. Some pills are however used in

emergency situations for preventing pregnancy after intercourse has occurred.

Pluralistic Society Society in which a number of groups of different races, ethnic backgrounds, political or religious beliefs co-exist peacefully.

Pornography Writings, pictures, images or films, that depict erotic behaviour with the intent of sexually arousing the reader or viewer; such portrayals are usually considered depersonalising and degrading.

Prenatal Before birth.

Puberty Transitional biological stage marking the end of childhood and the start of adolescence; the period of time during which the body matures and achieves reproductive capacity; usually between 10-16 years, sometimes earlier or later in some people.

Rape Forcible sexual relations with an individual without that person's consent; other sexual intimacies or contact forced on one person by another, using either physical force, the threat of physical force, coercion, and/or a weapon.

Refusal Skills Ability to ward off unsolicited sexual advances (e.g. saying 'no').

Religion Particular system of faith and worship based on certain spiritual beliefs.

Reproductive Health State of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system, its functions and process; ability to have satisfying and safe sex life, capability to reproduce and freedom to decide if, and when and how often to do so.

Reproductive System That part of human physiology that is responsible for reproduction; in the woman, e.g. ovary, fallopian tube, uterus, vulva; in the man, e.g. scrotum, penis, testis, vas deferens, epididymis, seminal vesicle.

Romantic Relationship Intimate, loving, caring,

emotional and affectionate friendship or contact between two persons; may or may not involve sexual intercourse, or end in marriage.

Self-Esteem The disposition to experience oneself as competent to cope with the basic challenges of life and as worthy of happiness, recognise and exercise one's bill of rights.

Sexual Abuse When one adult forces another adult or a child to have sexual intercourse or perform other sexual acts against their will.

Sexual Attitude Outward expression of one's feelings about sexual issues.

Sexual Behaviour Behaviour that produces arousal and increases the chances of orgasm; such sexual acts exhibited by persons (e.g. heterosexuality or homosexuality)

Sexual Being (Human) Capable of feelings, though may or may not be expressed.

Sexual Development The maturing of the emotional, physiological, physical and sensual make-up of a person.

Sexual Differentiation Determination of the sex of a person by the sex chromosomes during fertilisation. Information is passed on to the various body organs, giving them instructions on how to differentiate in the course of development.

Sexual Dysfunction Condition in which a person does not function as the average healthy person would be expected to in terms of sexual desire, sexual arousal, or orgasm; desire phase difficulties include lack of desire, desire conflicts, and sexual aversion; arousal difficulties include inhibited sexual arousal, erectile difficulty, and lack of vaginal lubrication; orgasm phase difficulties include inhibited orgasm and early (premature) ejaculation; vaginal spasms and dyspareunia (painful intercourse) are also included under this term.

Sexual Expression The outward exhibition or acting of one's sexual desires, feelings.

Sexual Fantasies Sexual thoughts; a safe way to explore sexual feelings; mental images that are usually pleasant and unrestrained by reality.

Sexual Fulfilment Satisfaction experienced by persons after arousal and/or orgasm.

Sexual Harassment Unwanted imposition of sexual requirements in the context of a relationship of unequal power; any unwelcome or unsolicited sexual advance, request for sexual favours, or other verbal or physical conduct of a sexual nature whose acceptance or rejection is explicitly or implicitly used as a condition for employment, recognition, promotion or academic grades.

Sexual Information Messages received by persons which address issues surrounding human sexuality.

Sexual Maturity (See sexual development)

Sexual Orientation A person's erotic and emotional orientation towards persons of his or her own gender, or of persons of the other gender.

Sexual Partners Persons who have sexual contacts between them.

Sexual Pleasure Excitement felt by persons in close or intimate relationships involving sexual acts.

Sexual Relationship That which involves sexual acts.

Sexual Response (See Human Sexual Response)

Sexual Rights Ability to express one's sexuality in a positively enriching way; the exercise of such rights.

Sexual Stimulation Arousal of the sensual parts of the human body to produce excitement (e.g. breasts, vagina, back, feet, penis, ears)

Sexual Violence (See Sexual Abuse)

Sexually Transmitted Disease Anyone of a variety of diseases which are transmitted primarily

by sexual contact, including gonorrhoea, syphilis, chlamydia, venereal warts, non-gonococcal urethritis, trichomoniasis, herpes, candidiasis, pubic lice, and AIDS.

Single Parenting A situation whereby only one parent brings up a child due to marriage break-up or having a child out of wedlock.

Society System whereby people live together in organised communities; social way of living; with shared customs, laws, etc.

Stereotype A generalisation about a group of people (e.g. men) that distinguishes them from others (e.g. women).

Sterilisation A surgical procedure that makes a person unable to reproduce; available for men (vasectomy), and for women (tubal ligation).

Surrogate Motherhood A situation in which a woman volunteers (may be paid) to gestate a foetus (through artificial insemination or In vitro fertilisation) for a woman who cannot bear her own child.

Syphilis A sexually transmitted disease that may affect all systems of the body, including the brain if left untreated, initial bacterial infection is characterised by painless chancres.

Teenage Pregnancy Pregnancy to a girl between 13-19 years of age.

Trichomoniasis A sexually transmitted disease caused by a flagellate parasite, resulting in a burning, itching, a frothy, thin, foul-smelling vaginal discharge, and sometimes in urethritis for an infected male.

Unintended/Unwanted Pregnancy Conception as a result of lack of information about contraceptives, its inappropriate use and non-usage; resulting from forced sexual intercourse (rape).

Values Moral or professional standards of behaviour; principles.

Voyeurism A sexual variation, in which the person derives sexual pleasure from watching other people in the nude, or engage in sexual behaviour; also called *Scoptophilla* and *Peeing Tomism*.

Organisations Supporting Sexuality Education in Nigeria

The following organisations have indicated their interest in ensuring that young people have access to comprehensive sexuality education in Nigeria:

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| Action Health Incorporated | National Parent Teacher Association of Nigeria |
| Adolescent Health and Information Project | National Task Force on Vesico-Vaginal Fistula |
| African AIDS Research Network | National Teachers Institute |
| African Network for the Prevention and Protection Against Child Abuse and Neglect | National Youth Council of Nigeria |
| Amnesty International, Nigerian Section | Nigeria Network of Non-Governmental Organisations |
| Association for Development Options in Nigeria | Nigeria Opportunities Industrialisation Centre |
| Association for Reproductive and Family Health | Nigeria Union of Journalists |
| Association of Women Volunteers | Nigeria Union of Teachers |
| Centre for Development and Population Activities | Nigerian Anthropological and Sociological Association |
| Centre for Health Sciences Training, Research and Development | Nigerian Association of Non-Governmental Organisations on Health |
| Centre for Population and Health Research | Nigerian Educational Research and Development Council |
| Christian Health Association of Nigeria | Nigerian Girls Guide Association |
| Coalition of Nigerian NGOs on Health, Population and Development | Nigerian Institute of Social & Economic Research |
| Community Health Association | Nigerian Medical Association |
| Constitutional Rights Project | Nigerian Psychological Association |
| Empowerment and Action Research Centre | Nigerian Red Cross Society |
| Family Health Organisation | Nigerian Youth AIDS Programme |
| Federation of Female Nurses and Midwives of Nigeria | Overseas Development Administration |
| Food Basket Foundation International | Paediatric Association of Nigeria |
| Girls Power Initiative | Pathfinder International |
| Grassroots Health Organisation of Nigeria | Planned Parenthood Federation of Nigeria |
| Health and Education Action Foundation | Society Against the Spread of AIDS |
| Human Rights Africa | Society for AIDS Prevention |
| Inter-African Committee on Harmful Traditional Practices | Society for Women and AIDS in Africa, Nigeria |
| International Board on Books for Young People, Nigerian Chapter | Society of Obstetricians and Gynaecologists of Nigeria |
| International Reproductive Rights Research Action Group, Nigeria | Spinal Cord Injuries Association of Nigeria |
| John Hopkins University/Population Communication Services | United Nations Children's Fund |
| League for Moral Pre-Womanhood | United Nations Fund for Women |
| Legal Research and Resource Development Centre | Women for Independence, Self-Sufficiency and Economic Advancement |
| Medical Women's Association of Nigeria | Women in Nigeria |
| National Association for the Promotion of Adolescent Health & Development | Women Justice Program |
| National Association of Nigerian Nurses and Midwives | Women, Law and Development Centre |
| National Council of Muslim Youth Organisations | Women's Empowerment Movement |
| National Council of Women's Societies | Women's Health and Action Research Centre |
| National Institute for Policy and Strategic Studies | Women's Health Organisation of Nigeria |
| | Women's Research & Documentation Centre |
| | World Health Organisation, Nigeria Office |
| | World Organisation for Early Childhood Education |
| | Young Women's Christian Association |