

**THE CHALLENGES OF ADOLESCENT
SEXUALITY AND REPRODUCTIVE HEALTH IN NIGERIA**

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Abstract

Adolescent sexuality and reproductive health are important contemporary concerns especially for reproductive health problems such as unintended pregnancy maternal mortality and sexually transmitted disease, including AIDS. Adolescents have a higher prevalence of most reproductive health diseases because of lack of information and poor access to service. A study of young adults in tertiary educational institutions in Nigeria, this report is based, shows that adolescents engage in sexually activities for various reasons, the most prominent being peer pressure and economic gains. Their reproductive health practice relies on peer counsel and uses of common every day items for prevention of pregnancy, as abortifacient and self-medication for the treatment of infections. Two years of interactive intervention indicate that youths are willing to learn about reproductive health but facing challenges of peer pressure, economic pressure, institutional support to provide services, and general economic policy which push some to commercial sex. It is suggested that the issues include individual behavior, groups, and institutions and social and economic policies. The challenges include reaching the youths with sexuality and reproductive information and service, or motivating them to change behavior in the light of new information and awareness, more institutional support, and creating the social and economic climate, which will make the desired changes possible and sustainable.

THE CHALLENGES OF ADOLESCENT SEXUALITY AND REPRODUCTIVE HEALTH IN NIGERIA

Sexuality and reproductive health are topical issues in sociological discourse, and for the concern with reproductive health matters, including sexually transmitted diseases, STDs, and the Acquired Immune Deficiency Syndrome, AIDS. Youths are among the segments of the population whose sexuality and reproductive health practices are of particular interest. There is evidence in the literature that as a category, youths are known to be adventurous

and to engage in intense sexual activities (Moore and Rosenthal, 1993; Varga and Makubalo, 1996; De Gaston and Jensen, 1996; Lear, 1995, 1997). Part of the increasing interest also derives from the concern with reproductive health problems such as unintended pregnancy, maternal mortality, and sexually transmitted diseases, including HIV/AIDS (Ladipo, 1989; Anate, 1986; Shehu, 1992; Wall, 1998; Varga, 1997, 1999; Usman, 1997; Foreman, 1999). With reference to HIV/AIDS for example, recent data from UNAIDS, indicate that the incidence is much higher in youths than other segments of the population (UNAIDS, 1999). Data from the Nigerian AIDS control program show similar trends with the incidence in youths twice than of the older population (Federal govt. of Nigeria, 1999). Adolescent sexuality and reproductive health are therefore important, especially as part of efforts to redress the AIDS epidemic.

For present purposes, sexuality is defined as social expressions of one's social and biological being through mannerisms, mode of dress, interaction patterns, and physical intercourse. Adolescence is defined as a particular period, between puberty and adulthood. According to Caldwell, et al (1998:153), adolescence is a "postpubertal population younger than 20 years who have a distinct life style". Part of this acknowledged lifestyle-- some of it mere stereotypes-- is the penchant for adventure, peculiar attire, and language (Moore and Rosenthal, 1993).

As used here reproductive health refers to the whole array of counsel, information and services required and necessary for safe and healthy sexual expression. Along similar lines, the UN Conference on Population and Development recently defined reproductive health as:

a 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 and to its functions and Processes. [It] implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so (ICPD, 1994: 43).

This report is based on research and intervention activities on sexuality and reproductive practice of college and other tertiary educational institutions in Nigeria. The concerns over this segment are the same as other adolescents because, as Dana Lear (1997:5) has observed, the "college years may be viewed as an extension of adolescence...marked by sexual experimentation". The report is in six sections; the first

spells out the research agenda and its significance. Thereafter, attention turns to the changing political and economic context of adolescence and young people in Nigeria, the third section outlines the methodology and data sources, and the fourth presents the findings. The fifth section discusses the intervention activities, and the last examines the implications and the lessons learnt. It is anticipated that this report can be a usual tool in addressing the crucial theme of adolescent sexuality and reproductive health.

1.ADOLESCENT SEXUALITY AND REPRODUCTIVE HEALTH

Most of the attention on tertiary educational institutions, TEIs, in Nigeria has concentrated on contributions to labor force, industrial relations and funding (Ayandele, 1974; Ayu, 1985; Jega, 1994). Issues relating to how students live, including sexual relations, are seldom examined, even as the students and other young people are known to be a most sexually active population (Sai, 1995; Onifade, 1999; Moore and Rosenthal, 1993; Lear, 1995; Varaga and Makubalo, 1996).

Besides, the sexual and reproductive practices of students in TEIs have profound implications for other youths for who the former are role models. What practices the students engage in are likely to be replicated by other youths. It is, for instance, known that slang, mode of dress and hairstyles in these TEIs are rapidly copied by other youths (Ojiji and Eke, 1994).

Research Objectives

This report derives from a 1996 study of sexuality and reproductive health practices in four TEIs in central Nigeria (Alubo, 1997), which investigated the following issues:

1. Major issues the students worry about
2. Conceptions of sexuality and Patterns of sexual relationships, and reasons for these
3. What forms of relations were considered irresponsible
4. Opinions on multiple relationships and relations with married people
5. Forms of reproductive Health practices, and gender issues involved

Why Adolescent Sexuality is Important

Adolescence is a critical period of human development often characterized by confusion, mixed messages from the adult population, exuberance and a penchant for experimentation, especially with drugs, alcohol and sex. According to Moore and Rosenthal (1993:ix), "for most people, adolescence is a critical period in the upsurge of sex drives, the development of sexual values, and the initiation of sexual behavior".

There is consensus in the literature that adolescents engage in high risk sexual behaviors which predispose them to reproductive health problems. Indeed, as Dana Lear (1997:5) has noted "adolescents, and college students, are more likely to experiment sexually, often with multiple partners without using condoms on a regular basis". Oftentimes, however, adolescents engage in sexual activities with little information. Because sexuality education is not taught in schools in Nigeria, nor are there other formal ways of receiving information, what adolescents rely on colleagues. Such information is often inaccurate and does not provide the needed basis for informed decision making. Hence, as a group adolescents can be appropriately reached with sexuality and reproductive information, as well as services (Sai, 1995). There are therefore sufficient grounds for the concern over this segment which will succeed the present generation.

The concerns also stem from the high rates of reproductive health problems among adolescents. There is evidence in the literature that unintended pregnancy, maternal mortality and STDs are much higher among this segment than others (Usman, 1997; Harrison, 1997; Kissekka, 1992). There is therefore a need to reach the youths with sexuality and reproductive health information as part of efforts for their development and to resolve these reproductive health problems. Finally, youths-- as discussed more fully in section three below-- are a vulnerable section of the population which needs more protection, guidance and counseling.

2.ADOLESCENTS AND CHANGING SOCIAL, CULTURAL AND ECONOMIC CONTEXT IN NIGERIA

In Nigeria, as indeed most of Africa, the transition from one period of the life cycle to the other was traditionally marked by the prescribed rite of passage. These rites involve, above all else, the moral and behavioral code for the next phase of the lifecycle. The introduction

of Western education and Christianity has changed this. The latter frowned at such rites as pagan; while enrolment in school meant that most youths were no longer available. Furthermore, education made it possible to leave home (initially, there were only boarding secondary schools) early and freed the youths from the overbearing presence of the elders who had hitherto directed and sought to control their behavior. Education also brought with it new values about life, especially in relation to individual choice especially in love and marriage. These new values were different, and in many instances, contradictory to traditional ones. Consequently, values about prohibition of premarital sex, the power of the elders may, for example, not make much sense to the youth. More recently, the development of satellite broadcasting has widened the choice and given youths access to broader marketplace of competing and often contradictory values.

But the Nigerian youth also harbors some of the values and ideals of the traditional culture. In some sense then, the youth are confused, drawing simultaneously from many sources without completely identifying with any. The political and economic circumstances are also changing. Nigeria has progressed rapidly from an economy, which depended on primary products (cocoa, palm produce, and groundnuts), to a rich country and back to poverty. At the initial stage –post slave trade–it was primarily a source of raw materials as well as a sales outlet for manufactured goods (Williams, 1980; Onimode, 1983; Parfit and Reily, 1989). The emerging market of cash crops was externally driven.

This externally controlled economy was inherited at independence in 1960. For the first decade as a sovereign nation, Nigeria was a basically agrarian economy and relied on agricultural produce for its foreign exchange. Its economic policies reflected this agrarian base until the early 1970s when oil replaced agricultural produce as the foreign exchange earner. According to one estimate, Nigeria averaged \$25 billion annually between 1973-1980 (Parfit and Reiley, 1989:3). The oil wealth propelled enormous growth in all sectors of the economy, including rapid increases in the number of universities from 2 at independence to the current 44 (Fafunwa, 1997; Jega, 1997). However, the oil boom did not change the structure of the economy; worse the boom was short-lived.

The unabating crisis has constituted a major economic problem, to which recent governments in Nigeria (such as Babangida 1985-1993, Abacha/ Abubakar 1993- 1999, Obasanjo May 1999 to date) have responded by imposing austerity programs prescribed by

clubs of finance capital and the IMF and the World Bank. The thrust of Structural Adjustment Programs, SAP, has included currency devaluation, trade liberalization, removal of subsidy and commercialization of hitherto free or highly subsidized welfare services, privatization of public enterprises, and wage restraint measures (Federal Govt. of Nigeria, 1986,1989; Ohiorhenuan, 1989; Agbese, 1992).

With particular reference to TEIs, subsidized catering services were discontinued in the 1984/85 session, while a range of fees has been levied—driving up the cost of education. There is a general decline in per capita income from \$ 1000 in 1988 to \$ 260 in 1998, and a subsequent reclassification of Nigeria from middle to a low-income country. There is also widespread and rising levels of poverty in Nigeria. According to Raufu Mustapha (1999: 281), “the percentage of people living below the poverty line increased from 41% in 1992 to 80% in 1998”. It is within the context of this decline and the adjustments attendant on it that adolescent sexuality and reproductive health in TEIs is more appropriately understood.

3. METHODOLOGY AND DATA SOURCES

The four TEIs in which the study was conducted represent the broad categorizations into university, polytechnic, professional/special schools and preparatory school. To capture whatever variation typology might have on sexuality and reproductive health practices, some background of each type is in order.

The University of Jos started in November 1971 as a satellite campus of the University of Ibadan, and became autonomous in 1975. Located in Jos, a State capital as well as a major center of commercial activities in Central Nigeria. The university has a multi-campus structure in various part of the city and has eight colleges. It has a student enrollment of 10,000 regular students and another 2,000 on various sandwich programs.

School of Nursing Vom was established in 1938 as part of the health activities by the Sudan United Mission, SUM, which earlier founded the Vom Christian Hospital which initially absorbed the graduates of the school. The school is located in the semi rural community of Vom, about 45 kilometers from the state capital, and has an enrollment of 120. It offers training for the Registered Nurse qualification.

School of Preliminary Studies Keffi was established in 1977 to provide intensive post-secondary remedial education for university admission, and runs a basic course of one

academic year for those who already have the necessary credit requirements, and a remedial course of the same duration for others. It is located Keffi, only 30 minutes from Abuja, Nigeria's new capital, and has an enrollment of 2000.

Federal Polytechnic Nasarawa was established in 1983 to provide middle level labor force for the public and private sectors. The institution has a multi-campus structure in various parts of Nasarawa town, and an enrollment of 2500 students. It runs courses leading to the Ordinary National Diploma and Higher National Diploma (OND/HND) in Banking, Accountancy, Secretarial Studies Environmental Studies and Engineering, as well as remedial courses.

To explore the variation typology might have on sexual behavior, a sample was drawn from all four TEIs. The sample was drawn from students' enrollment registers and is distributed as follows: - University of Jos 1364, in School of Nursing Vom 104, School of Preliminary Studies Keffi 492 and Federal Polytechnic Nasarawa 550.

In depth interviews and focus group discussions were the main techniques of data collection. The interviews guide contained topics on the whole range of sexuality and reproductive health concerns, which formed the basis of interviews with the respondents. In each TEI, research assistants, who were students in the institutions, were trained in interviewing; listening, probing and note taking skills to enable them carry out the assignment. A total of 2510 (of the original 2560) students were interviewed; some declined to participate in the study. Designed to complement the interviews, the focus group discussion teased out issues in relations to three key variables of **sexuality, reproductive health and perceptions of both**. The rationale was to learn and understand what sexuality and reproductive health means to the respondents, rather than impose any *apriori* concepts on them (Cornwall and Jewkes, 1995; Pickering, 1988; Pope, 1995).

In order to include the spectrum of all clubs/ associations¹, the exact number of FGDs was not predetermined. There were twenty (8 in Jos, 2 in Vom, 5 in Nasarawa and 5 in Keffi) FGD sessions which included the broad spectrum of associations from the more ordinary to the more exclusive.

¹ For example, religious associations might range from the mainstream one like the Associations of Catholic students to the fundamentalist ones like the Deeper Life Students Association. In a similar way, secular associations might range from debating or Dramatic Society to more exclusive one, which levy thousands of Naira registration fees, or to secret cults.

The objectives of the study were carefully explained to the individual and group respondents. Both exercise their free will to participate or opt out. Some respondents opted for the second alternative for personal and religious reason. On the personal levels, the issues were considered an invasion of privacy, while on the religious discussing issues about sexuality was considered tantamount to a sin.

The FGD sessions were taped recorded and transcribed. They were analyzed by categorizing the various shades of opinion on each issue. Through this categorization, majority and minority opinions on the issues were established. Responses to the items on the individual respondents interview guides were coded and computer analyzed to generate frequency, percentages and averages. Through these descriptive statistics, the majority and minority positions were similarly established.

4.SUMMARY OF RESEARCH FINDINGS

Major Issues Respondents Worry About

Major Issues students worry about revolve around financial difficulties in buying books and sustenance to get through school. Other worries are the problems of water shortage in all TEIs except the University of Jos, academic challenges or the concerns over passing prescribed courses, maintaining the appropriate grade points, and whether they can graduate on time. There were also concerns about post graduation prospects for a career in current economic adversity. Security was mentioned in the school of nursing where respondents said there are rampant cases of rape; while in the university the concern was molestation and extortion by cult members some of who are armed. Sexuality and reproductive health are not mentioned among the major issues they worry about.

Sexuality and Patterns of Sexual Expression

While sexuality is conceived and understood differently by students, the dominant opinion is its reduction to intercourse. It is generally regarded as a normal process and natural course of life in the relationship between man and woman, and as proof that one has come of age.

Sexuality is expressed variously through mannerism, mode of dress, and exchange of gifts. Men are more loud, assertive and domineering in mannerism, while women tend to

be more gentle, soft-spoken and less gesticulative. Respondents understand that mode of dressing sends messages and would therefore choose their attire carefully depending on the message to be sent. Attires are described variously as enticing, seductive, and sexy. In general, girls wear makeup and ornaments, as well as dress to reveal their physical features; while boys wear boots and big shirts, which are usually left unbuttoned to show the muscles. This appearance is complemented by both by particular styles of walking, catwalk for the girls and confident strides for the boys. Sexuality is also expressed through the exchange of visits and gifts, letters and cards, holding hand, hugging and kissing openly. Except for a noticeable exuberance in the patterns of sexual expression in the preparatory school, there is no difference between the other TEIs. Responses were limited to heterosexual relations, although students in the university acknowledged the existence of clandestine homosexual and lesbian activities.

Modes of Sexual Expression Considered Irresponsible

Not all forms of sexual expression are considered proper. Across all four TEIs, heavy makeup, skimpy dresses [mini, tight jeans, exposing the breasts, body hugs] multi colored hair, as well as bare chest and wearing of earring by male hugging and kissing in the open, were considered irresponsible. The concern was that some were turning sexuality into "an open drama".

Patterns of Sexual Relationship

Students are involved in relationships with fellow students about 50%, lecturers and non-academic staff 15% in the institutions, and with outsiders 35%. Because of the predominance of female students in the School of Nursing, 85% of relationships are with outsiders. In some sense, this categorization is spurious because many respondents are involved with two or more groups simultaneously. Whereas relations with people on campus tend to develop spontaneously, those with outsiders often involve intermediaries, such as a professional "point man". There is complex relationship between outsiders and students involving private individuals, the business community and in government. Relationships with people outside is more pronounced in the School of Nursing, the university and the Polytechnic.

Reasons for relationships are affection, companionship, material benefits, peer pressure, marks/academic advancement, and coming of age. In the preparatory school there is particular emphasis on peer influence or "feeling among" as reasons for relationships. Whereas material benefit is important to both male and female respondents, the latter often engage in more outside relationships, including multiple partners, in its pursuit.

Perceptions of Sexuality, Respected and Despised Relationships

Sexual relation is seen as normal and natural. In all sexual relationships the majority (86.2%) perceives single partner as best, because it fosters more affection, and curbs the spread of STDs. However there are also pressures to "change flesh", and "sample as many as possible", and material considerations in the direction of multiple partners.

Relationship with multiple partners is despised, as is that with married partners. Girls who have multiple partners are called derogatory names, while male students in similar situation are hailed as popular. Other despised relationships are flings, one nightstands, or hit and run, cash and carry relationships.

Reproductive Health Practices

Respondents' reproductive health practices fall into four categories, namely personal hygiene, avoiding pregnancy, avoiding and treating STDS, and resolving unwanted pregnancy. To avoid STDs, respondents engage in a variety of practices: take antibiotics after sex, take salt and/or potash, while others simply try to urinate immediately after in the hope than any infection will be passed out before it has time to travel far. They also visit health personnel, go to chemist shops and use condoms. A few students mentioned intra uterine contraceptive device, IUCD and Depo Provera injections. In addition, there are varieties of folk methods through which everyday items such as antacid and washing detergent, lemon and water solution are used.

Others take spirits such as gin or whisky immediately after sexual contact in the belief that the hot drink will burn off the sperm. Many more practice abstinence as well as do-it-yourself procedures through which a variety of every day items such as *krest* (a popular brand) bitter lemon, blue, *Andrew's lever salt* [a brand of antacid] are used to avoid becoming pregnant. Furthermore, herbs, roots of papaya, guinea corn and **lele** (henna), gin

and other spirits and ink are used for abortions. All for institutions engage in these do-it-yourself procedures although consulting health personnel and going to the chemist are mentioned more frequently in the university and the polytechnic.

The majority of respondents agree that girls worry more about sexual health than boys. This is because they face more repercussions such as becoming pregnant, rejection by family, denial by the boy friend and fear that abortion may lead to other problems, including death.

Health information is obtained from the following sources: friends/peers, mass media: TV, books and magazines, lectures, health personnel. The same sources are used to solve sexually related health problem.

5. FOSTERING CHANGE THROUGH INTERVENTION ACTIVITIES

Setting the Intervention Agenda

The intervention was premised on a participatory and interactive orientation in which the issues to be addressed, and the methods for doing so were suggested by the participants. To proceed from the findings to intervention, a workshop was held with representatives of the respondents with a dual purpose of disseminating the research findings and to plan intervention activities. At the workshop which drew 45 participants from all four TEIs the core areas in need of intervention were identified as four broad themes, namely *Human Sexuality and Human Development, Personal Empowerment and Sexuality, Youths in a Changing World, and Adolescent Reproductive Health Issues*.

The analytical framework included the nature of the issue, manifestations, and implications for sexuality and reproductive health, what can be done and by whom. It also included actions to be taken by individual students, family, institutions, religious organization and government. There were four fortnightly interactions and a total of five meetings on each theme.

A Framework for intervention

The framework for intervention was conceived as part of overall conscientization, to assist adolescents in properly locating themselves within the social and political economic context of their time, as well as to acquaint them with the reproductive system and its functions.

The objective was to equip participants to face the challenges of adolescence, part of which includes the prevention of reproductive health problems even before they occur. Thus, the strategy was not addressed to any specific problem; rather it was anticipated to foster prevention, and thereby a reduction of high-risk sexual behavior and reproductive health practices. It also sought to unearth the structural origins of risk behavior and how these could be changed to reduce risks. Succinctly, the objective was for the adolescents to locate themselves within the total environment of their existence, re-examine and (hopefully) rediscover how these impact on their life, including sexual and reproductive health life.

The approach relied on information sharing and awareness creation by combining all strands of what Foreman et al (1999) have identified as *informative*, *supportive* and *social* messages. According to Foreman, the first builds on information and fear, similar to the strategy used by insurance companies, while the second is based on images of men and women about themselves. The third is similar to Feldman et al's model, and "depends on deep rooted social change" (Foreman et al, 1999:35). The messages were comprehensive and had the potential to at once interdict, challenge and reaffirm (Obbo,1995) existing values and practices in general, and with reference to sexuality and reproductive health practices in particular.

Each of the four themes was used as basis for health education over a two-year period. The themes of **Human sexuality and human development** **Personal Empowerment and sexual behavior** were addressed in the first year, while **Youths in a changing world and adolescent reproductive health** were addressed in the second year. There was a specially commissioned paper on each theme, (Adelakun, 1998; Ojiji, 1998; Egwu, 1998; Alubo, 1998) which, along with other materials¹ constituted the base for more comprehension of the situation as well as an analysis of what can be done.

Accordingly, all activities were woven around the themes, with workshops with peer educators as the major mechanism. In addition, there was one general occasion for each theme during which the entire school was invited. This general session, usually interactive workshop, or public lecture, were complemented with other public occasions organized by any of the clubs such as annual dinner or debates.

Peer Educator Strategy

To ensure participation of the same group of students, and for purposes of continuity, existing students clubs and associations were the major vehicles for intervention. Members of the clubs were trained as peer educator/counselors and junior leaders through whom others, within and outside the club could receive information, and counsel.

The collaborating associations in the preliminary school were the Sociological Students Association and Literature Students Association, SOSA, LISA. These associations draw membership from a cross section of the students' population, because virtually every one offers one of the two subjects. In the university, the Association of Students in Economics, Business Economics, Management and Allied Studies, AISEC, National Sociological and Anthropological Students Association, NSASA, and Young Catholic Students, YCS were the collaborating clubs. In the polytechnic, the collaborating association is **Rotaract**. The Nigerian Nurses and Midwives Students Association which covers the entire 200 students in the school was the collaborating association in the school of Nursing.

Each association appointed 30-40 members for training and participation in intervention activities as youth leaders/counselors and peer educators for other club members and other students. The logic was to intervene through the same sources upon which the students depend for information. Each peer educator was required to share information with clubs and association, in the hostels as well as in the classrooms. They were required to keep dairies of their activities who they spoke with the nature of the interaction, response, and issues that emerged.

These notes were reviewed at each session, discussed and issues addressed. These issues would then form part of the agenda for the next round of peer outreach activities. Thus, what the issues are, and their ramifications, what messages derive(s) from them, were negotiated collectively. Thereafter, the audience was divided into syndicate groups to further discuss the issues in terms of what the message is; what can be done and by who; and what the obstacles there are, and how they can be overcome. Facilitators assisted each work group in the process. At the end of each session, specific sets of issues would be identified as outreach assignments. Participants had a generous supply of IEC materials for the outreach activities. From

the dairies and reports from participants at the subsequent meetings issues were further discussed. The process was therefore one of continuous education and re-education and realignment to the issues from the participants.

Specifically designed IEC Materials

Specific health education messages were developed from the interactions in the first year of the project. These messages enabled a wider reach as well as to integrate the themes into simple messages. Through posters, tee shirts and stickers, messages about responsible sexual decisions, and STD/AIDS prevention were developed. The poster addressed what youths need to know about sexuality, while the tee shirts carried message of responsible behavior and avoiding AIDS through prevention. Some of the messages were " I take responsible decisions about my personal life...ask me" was inscribed on one set of tee shirts; and " **The best solutions to AIDS is prevention...Don't Take Chances**" on the other. The stickers carried the following messages: - " **Avoid Social Accidents: Don't take chances in Sexual Matters**"; " **Take informed decisions about your sex life now to avoid any future regrets**"; and " **Protect yourself and your partner against STD and AIDS...It's the right thing to do**".

Health education messages were complemented by short plays on recurrent themes such as peer and economic pressure, and gender and responsibility in reproductive health matters. Furthermore, a song which highlights issues about youthful exuberance which must now be mediated by new consciousness about the future and about avoiding sexually transmitted diseases in general, and Acquired Immune Deficiency Syndrome in particular was composed by one of the participants and used for intervention.

Addressing Sexuality and Human Development

The primary objective here was to foster a better understanding of sexuality and reproductive health as part of the natural process of human development. Thus, basic sociological concepts like mores, norms, socialization, social structure and power; gender

relations and social institutions, sexuality and the media were covered in the background paper (Adelakun, 1998).

The major issues on Human Sexuality and Development identified were restricted understanding of sexuality to intercourse, lack of information on development of the human body as well as the implications of sexual activities. In the last regard, the following were specifically identified: STDs, Pregnancy, and the impact of these on future carriers and roles.

Participants identified the crucial roles of family, school and religious organizations play in sexual relations. It was suggested that the family's lack of incorporation of sexual matters in the socialization process leaves the youth little alternative than to learnt from their colleagues. Some families were also said to pamper their children or raise expectations that may not be fulfilled, while others are economically incapable of meeting the needs of their children; all these factors may lead to particular type of sexual relations.

Solutions suggested are more comprehensive socialization processes in the family, school and the religious institutions, which incorporate sexuality, and more appreciation of the situation of parents by, adolescents, more, counseling services. Participants also identified key agents who have crucial roles to play to bring about change as the following: - the **individual** to be him/herself and be contented, seek information from professional sources; **clubs and associations** to help in sharing and disseminating information; **parents** to provide material needs for, and give sexuality education to their children at home; **institutions** to provide opportunities for the teaching of sexuality education. Major obstacles to the desired change are peer pressure, economic pressure, and the general materialism in society which places undue emphasis on what one has or can get rather than who one is or wants to be. Furthermore, some institutions either insist on sticking to tradition in doing "things they way they have always been done".

Addressing Sexuality and Assertiveness

Building on the previous, this second theme introduced how socialization and social structure influence the individual's being, including sexual relations, the concepts of the self, self esteem, values, assertiveness, peer group and peer pressure (Ojiji, 1998).

Participants identified the core issues in assertiveness as involving: - discovering who you are and what you want in life, self esteem, knowing what one's values are and abiding by them, peer pressure and how to withstand this, impact of religion, culture and "modernity" on values and how these impact on sexuality.

It was generally agreed that peer and economic pressure were the two most important factors influencing students' sexual behavior. The first manifests in pressures to prove to him/herself that "*I too can do it' or ' to belong*"; while the latter is facilitated by pressures of self-sponsorship.

More public fora such as lectures, symposia, counseling were suggested. It was further suggested that parents should provide the necessary material support for, and give sexuality education to their children; clubs, religious organizations to assist in sharing information and in upholding values about being ready for sex, and prevent "*social accidents*", as pregnancy and STDs are called. More self-restraint, being one's own person, more religious values, more public awareness of socially harmful conduct and better security in TEI were suggested as ways of addressing these.

Three broad categories of obstacles which stand in the way of safe sex and healthier reproductive health practices. Participants indicated that they were under pressures especially that some flaunt possessions such as color TV, video equipment and automobiles some of which might have been acquired from sugar daddies. In addition, students on self-sponsorship are compelled to trade in merchandise, while others make themselves available. Some parents are known to encourage their daughters to engage in sexual activities for material gain with admonitions such as "*don't you see your mate?*" or "*you are too big to be asking your parents for pocket money*".

The second set of obstacles relates to gender dynamics in which male partners show little concern about the reproductive health of their female partners. The general feeling is that the girls "*have learnt all the tricks*" and ought to know how to take care of themselves. The third set of obstacles is the general thinking that sex was private matter and should be publicly discussed. For the participants the challenge is one of demystifying sex and reaching every one with accurate information about sexuality and reproductive health.

Youths in Changing World

This theme is premised on the general notion that youths are vulnerable socially and particularly economically, the background paper situated these issues in changing social and political economic context (Egwu, 1998). Specific issues addressed were changing cultural context and adolescence, impact of structural adjustment on all facets of youth life, and globalization and new values.

Unlike in the past when adolescence, or puberty, was marked by specific rite of passage, urbanization, Christianity and western education have combined, as earlier noted, to change this (Caldwell, et al 1998).

The implementation of adjustment have led to the discontinuation of subsidized, indeed any university organized, catering facilities, commercialization of hostel accommodation, and imposition of levies on a range of hitherto free services such as intra and inter campus transportation, and medical services. In addition to these direct impacts on higher education, these changes on the campus are against of the background of general inflation, retrenchment—of parents and others- and the general economy down turn with up to 80 percent of the population living below the poverty line at 1998 (Mustapha, 1999:281).

Nigerian youths are also subjected to the growing influence of globalization.

Through satellite broadcasting and other media outlets, Western consumption patterns habits and tastes and other values are being imbibed by Nigerian youths. With particular reference to sexual orientation for instance, “the virtue of freedom which range from freedom to contract and dissolve marriages, freedom to disregard the family authority system, and freedom to choose one’s own sexual orientation which in that context means [includes] to either be bi-sexual, gay or lesbian” (Egwu, 1998:17). These values are believed to sustained the emerging philosophy of “use what I got to get what I need” and encouraging and sustaining the sex trade as well as other acts youths engage in to attempts to emulate their Western peers.

There was general consensus the growing poverty occasioned by SAP, and withdrawal of subsidies on higher education has made it more difficult for youths to get through schools; consequently, many resort to sex trade for self sustenance. This problem is traced to an uncaring government, corruption and materialism, and emergent youth ideology of the end justifies the means. Democratic government, which would respond to

the needs of the people, as well as build a stronger economy, was suggested as solution. Value reorientation away from materialism, moral instruction in the family, school and places of worship, more involvement of youths in policy, especially those directly affecting them, were also suggested.

The major obstacles to the proposed changes entrenched national and international interests who profiteer from adjustment, insincere and corrupt government, ignorance and illiteracy of large proportion of the Nigerian people, political instability and military rule. Participants extensively discussed the impact of the economic crisis in general and structural adjustment in particular, on youth sexuality as an issue.

Promotion of more national culture, strengthening the economy and less dependence, employment creation, more welfare services for students in TEIs and political stability for consistent policy response to globalization, selective control of imported films and high tariffs on pornographic materials as solutions were suggested. However, Political instability/military rule, corruption, uncaring government, western pressure to sustain structural adjustment, corruption, absence of appealing local alternatives to western films were identified as obstacles to desired changes.

Adolescent Reproductive Health Issues

This theme covered major issues in adolescent reproductive health practices as unearthed from the research. It also drew on research elsewhere in Nigeria, which indicate that adolescents are sexually active but are often "extremely uninformed about their reproductive systems. This ignorance, more often than not, leads them to take risks which can lead to long term damage to their sexual and reproductive health" or even death (Madunagu, 1998:10).

With this practical orientation of avoiding risks, the intervention activities focussed on safe sex, avoiding pregnancy, abortions, dealing with STDS, including HIV/AIDS, and how gender relations and other structural issues impact on these. There was general consensus that youths rely on each other for information on reproductive health matters. This reliance means that any reproductive health problems are resolved within the peer system. Typically, one adolescent would confide in his/her colleague about a problem, the colleague would either suggest a solution, or some other colleague who "knows" how to

resolve the problems. Thus, reproductive health problems are all addressed by drawing on the knowledge base on experienced colleagues.

According to participants, the problem exists because of adolescent's general lack of "scientific" information on sexuality and reproductive matters. In addition to absence of proper counseling by family and the TEIs, participants indicated that a combination of fear, shyness, lack of money prevents people from seeking proper medical attention for reproductive health problems.

The economic and peer pressures youths face often exercises such a strong influence as to blind them to consequences of sexual activities. Cultural and religious mores are also regularly used to deny the youths access to reproductive health information and service. Other obstacles are parental complicity in adolescents sexuality also takes the form of signing contracts with prostitution rings which recruits young girls to Europe, particularly Italy (Ofuoko, 1999). The general impression is that many of the current problems are due to a seeming abandonment of the youth by the government.

According to participants the present situation can be reversed if the following groups act in concert. Individuals should acquire more knowledge about sexuality and reproductive matters, strive to practice what they have learnt, and have access to reproductive health services. Individuals also need assertiveness training, and should learnt to be content with what they have.

It was suggested that the family should open up and provide sexuality education to their children. Families should also desist from current practices such as early marriage, female circumcision and as well as resist pressure of exploiting their children for material gain. TEI should incorporate sexuality education into the school curriculum as well as provide counseling services. According to participants, the institution needs to encourage students to attend the school clinics by making them more "user friendly". Finally, it was suggested that the government should pay more attention to the problems of the youths such as school fees, feeding in TEIs, as well as employment.

Impact of the Intervention Activities in the TEIs:

Participants paid glowing tributes to the intervention activities in the annual reviews, and indicated that they had hitherto been deprived of sexuality information. This is because sex

is a taboo subject in the family, while limited to biology classes in schools. Within religious organizations, however, sexuality is discussed but only in terms of what Christine Obbo (1995) calls interdict message: thou shall not, or it being sinful outside marriage.

Participants talked about a new awareness and an “eye opener”. Students indicated that they have become generally more informed about sexuality and reproductive health, as revealed in such anecdotes such as the following: - *"it opened my eyes"*; *"I will now be more careful"*. *"I don't want to die of AIDS and must not freak around any more"*. With specific reference to assertiveness there anecdotes such as *"if you don't stand for nothing you die for nothing"*; *"I owe no body any apologies for saying no"*; *"I have to be me"*. There were also more explicit anecdotes about past sexual activities and how the new information would now guide what they do in the future.

However, there were also reactions like *"I gotta to do what I gotta do"*; *"I can't help it"*, particularly with reference to abstinence, or in the students' language, *"no do"* as the best precaution. Among this group, the impression is that what will be will be and therefore no need to take any precautions. One of them expressed this graphically, *"we all must die of something, so what's special about AIDS?"* In addition, the more religiously inclined students refused to be drawn into *"immorality"*, and would therefore not discuss sexuality.

Impact in the Communities:

In the broader community, the project also made some impact, as a result of which it was invited to participate in the 1998 AIDS Day activities in the neighboring town of Bauchi. The project coordinator was also invited to a television program in Jos, Youth Forum, a 30 minutes discussion which focused on the 1998 AIDS day theme "**Force for Change: World AIDS campaign with Young People**"; and to write a radio talk show on AIDS in 1998. Finally, the project has established links with other NGOs involved in reproductive health, including religious organizations, in central Nigeria.

6. THE LESSONS AND POLICY IMPLICATIONS

These series of participatory processes show that Nigerian youths face several challenges, and they seem to have a clear understanding of these challenges, as well as how to remedy them. The challenges include the following:

- Youths are faced with diverse and often contradictory values and messages
- Youths have little access to formal channels of sexuality and reproductive health information, forcing them to rely on peers for information and reproductive health practices.
- Sexuality and reproductive health practices are influenced by several interrelated factors, significant among which are access to information, peer pressure and economic pressure.
- The challenges therefore encompass issues of *individual behavior, group and values, institutional support and societal factors* .

For each set of challenges, participants had clear ideas about its nature, what changes are desired, obstacles to such changes. Participants also specified roles for every component of society: - the individual, family, religious institutions, and the polity.

As shown in the foregoing, many of the issues which exert a determining influence, are outside the control of the adolescents. The lesson is therefore is that focussing on youth behavior is only one aspect of the equation. Why the behavior occurs, and the circumstances which promote and sustain them are also important. And hence, a situation of protracted economic crisis manifest in unemployment, high inflation, and general policy thrust of divestment of welfare services, the desired changes become more difficult to achieve. This is eloquently illustrated by growing sex trade to Europe in which parents are active brokers in establishing liaisons for their daughters. More poignantly, the political economic reality (such as the recent introduction of tuition fees in the universities) seems to impose limits on what can be achieved. There is a need to build alliance with others: youth and other groups, institutions (TEIs, family religious groups) political and other structures and dialogue with Nigeria's new democratic legislation. It is therefore crucial to incorporate individuals, groups and institutions and policies on education, welfare and youth development into adolescent reproductive health policy. Often, reproductive health policy and intervention have concentrated on the first two domains. But outside these broader issues, intervention efforts would barely go beyond the symptoms. The challenge then is not only one of reaching the youths with sexuality and reproductive information and service, or motivating the youths to change

behavior in the light of new information and awareness, but also in creating the social and economic circumstances, which make the needed change possible and sustainable.

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