

## ORIGINAL RESEARCH ARTICLE

# Adolescent Sexuality and Life Skills Education in Nigeria: To What Extent have Out-of-School Adolescents Been Reached?

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## Abstract

The introduction of school-based adolescent sexuality and life skills education in Nigeria's formal education sector raises the misgiving that out-of-school youths who constitute more than half of the youth population might be neglected. This study investigated the extent to which out-of-school adolescents have been reached with sexuality education in Nigeria. The study took place in the six geopolitical zones and the Federal Capital Territory Abuja, and involved out-of-school adolescents, Non-Governmental Organizations, and community leaders. The qualitative research approaches were employed. Most of the youths had been exposed to sexuality education through seminars, trainings and workshops organized by different organizations. However, states in the south were better served than those in the north. Sexually Transmitted Infections including HIV/AIDS prevention accounted for more than 40% of the content of sexuality and life skills education received by out-of-school adolescents. The programmes have impacted positively on adolescents' disposition and relationship with the opposite sex, knowledge and skill building. (*Afr J Reprod Health* 2015; 19[1]: 101-111).

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**Keywords:** Adolescents, sexually transmitted infections, non-governmental organizations, community leaders

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## Résumé

L'introduction de l'éducation de la sexualité des adolescents et les compétences de vie en milieu scolaire dans le secteur de l'éducation formelle du Nigeria soulève la crainte que les jeunes gens qui ne fréquentent pas l'école, et qui constituent plus de la moitié de la population des jeunes, pourraient être négligés. Cette étude a examiné jusqu'à quel point les adolescents qui ne fréquentent pas l'école ont été atteints par l'éducation sexuelle au Nigeria. L'étude a eu lieu dans les six zones géopolitiques et le Territoire de la capitale fédérale, Abuja. Elle a impliqué des adolescents qui ne fréquentent pas l'école, des organisations non gouvernementales et les dirigeants communautaires. Les approches de recherche qualitatives ont été employées. La plupart des jeunes avaient été exposés à l'éducation sexuelle à travers des séminaires, des formations et des ateliers organisés par différentes organisations. Toutefois, les États dans le sud ont été mieux servis que ceux du nord. Les infections sexuellement transmissibles, y compris la prévention du VIH / sida ont représenté plus de 40% de la teneur de l'éducation sexuelle et les compétences de vie reçues par les adolescents qui ne fréquentent pas l'école. Les programmes ont un impact positif sur la disposition et les relations des adolescents avec l'autre sexe, la connaissance et le développement des compétences. (*Afr J Reprod Health* 2015; 19[1]: 101-111).

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**Mots-clés:** adolescents, infections sexuellement transmissibles, organisations non-gouvernementales, dirigeants communautaires

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## Introduction

Adolescents, or that segment of the population aged 10-19 years, comprise 22% of the Nigerian population. Together with young adults aged 20-24 years, the population of young people age 10-24 in Nigeria rises to 32%<sup>1</sup>. There is ample evidence that this group is predisposed to antisocial behaviours especially unsafe sexual activities and drug abuse among others<sup>2,3</sup>. Hence,

the focus on various aspects of the development of adolescents and youth, particularly their sexual and reproductive health, has become a global phenomenon. This has been highlighted by several international conventions and agreements to which many national governments, including the Nigerian government, have expressed strong commitments. Besides, one of the objectives of the 2004 Nigerian National Population Policy is to increase the integration of adolescents and young

people into development efforts and effectively address their reproductive health and related needs<sup>4</sup>.

The period of adolescence is a phase in life when young people are particularly vulnerable to many risks, especially in relation to their sexuality; they often lack access to adequate information, counselling and services on issues crucial to their development needs<sup>5,1</sup>. At this stage, large proportions of young persons are in their most impressionist years when behaviour and character traits have not been fully formed; they reach sexual maturity before they develop mental and emotional maturity as well as the social skills needed to appreciate the consequences of their sexual activity<sup>6</sup>. This has resulted in several unmet needs among some young people due to poor understanding of the reproductive process<sup>7</sup>; others harbour misconceptions such as the belief that pregnancy cannot occur during first sexual episode<sup>8</sup>, and that use of contraceptives can cause infertility<sup>4</sup>. These give rise to tendencies such as sexual experimentation, casual and unprotected sex and willful submission to negative peer influences among adolescents.

This is typified in Nigeria by data which show that 21.5% of young people (ages 15-19) experienced their first sexual intercourse by age 15; about 30% are sexually active, 23% of females have begun childbearing, and about 33% have had high risky sexual intercourse in a year<sup>9</sup>. Young persons' involvement in these several risky sexual activities usually does not go without consequences. Researchers have observed that as part of the aftermaths of these risky behaviours, young people are disproportionately affected by reproductive morbidity including STI/HIV, unwanted pregnancies and their complications<sup>10,11</sup>. Young people, between the ages of 15 and 24, account for nearly half of the 3.1 million people currently living with HIV in Nigeria<sup>12</sup>. However, this broad statistic masks the huge variations in HIV prevalence and its impact among different subgroups of young Nigerians.

Until fairly recently, there was little or no formal sexual health education for young people in Nigeria and this has been a barrier to the reduction of STI and HIV rates, unwanted pregnancies and school drop-out<sup>13</sup>. The period between mid-1990

and early 2000 witnessed the emerging challenges of spread of HIV and AIDS and other STIs with all the attendant consequences. To curb the trend in the spread of HIV and AIDS and to promote pro-social behaviours, the Federal Ministry of Education (FMOE) in 2003 approved the infusion of Family Life and HIV/AIDS Education (FLHE) into the school curricula at the basic and secondary school levels and teacher-training institutions. To the proponents of this programme, the time was apt for the introduction of an organised body of knowledge in response to traditional posture of keeping "sealed lips" in sexual matters. In their arguments, the traditional stance has left many young people worse off as they seek to know beyond what have been given to them and ultimately develop unhealthy reproductive behaviours. The immediate consequence of this is that adolescents obtain such information from unreliable sources thereby leaving them misinformed, ignorant and non-empowered.

As laudable as the school-based strategy to adolescent sexuality in Nigeria is, the present government's approach may mean that out-of-school youth, encompassing adolescents and young adults 10-24 years who are not currently enrolled in any educational institution, and who did not graduate from either primary, secondary or tertiary levels of education, might be completely left out of sexuality and life skills education programme. This portends a great danger on many fronts. They constitute a vulnerable group with even greater and more complex reproductive health experiences and needs. For many of these adolescents, employment prospects and by implication the future, is gloomy<sup>14</sup>; some lack basic skills and are exposed to various reproductive health risks due to their tenuous economic activities<sup>1</sup>. For many developing countries, the percentage of out-of-school youth is extremely high.

In Nigeria, for instance, out-of-school youth (15-24 years) constituted 54.2 percent of the total youth population in 2003<sup>15</sup>. This implies that a considerable proportion of the youths are either not reached or are inadequately served by this body of knowledge. However, this is not to say that pockets of activities and services are not extended to some group of out-of-school youth in

some states or localities in the country. Hence, there is the need to answer questions with respect to the extent of coverage of sexuality educational services among out-of-schools, the methods of delivery and organizations involved, the content of sexuality and life skills education offered to out-of-school, and the effects and challenges facing sexuality and life skills education among out-of-school adolescents.

### ***Materials and methods***

The study population comprised out-of-school youths, community leaders and NGOs implementing sexuality education from across the six geopolitical zones of Nigeria and Abuja, the Federal Capital Territory (FCT). The research utilized the qualitative approaches of Focus Group Discussion (FGD) and Key Informant Interviews (KII).

FGD was organized among groups of out-of-school adolescents selected from three states in each of the six geo-political zones of the country. The purpose was to ascertain the coverage, perceptions and beliefs of out-of-school youths on sexuality and life skills education. In each geopolitical zone, two states were randomly selected, and one extra state was purposefully selected to ensure that the three states adequately reflect the peculiarities of the particular zone<sup>13</sup>. The states selected, by zone, included:

1. South-South Zone: Akwa-Ibom, Edo and Rivers States
2. South-East Zone: Ebonyi, Enugu and Imo States
3. South-West Zone: Ekiti, Lagos and Oyo States
4. North-Central Zone: Kwara, Niger and Plateau States
5. North-East Zone: Adamawa, Bauchi and Gombe States
6. North-West Zone: Kaduna, Katsina and Sokoto States

Abuja, the Federal Capital Territory, was also included as a separate category because of its peculiarities.

One FGD was conducted among out-of-school adolescents in each of the selected states resulting in 18 FGDs from the six political zones and 2 FGDs in the FCT making a total of 20 FGDs. In

each FGDs session, there were between 12-15 adolescents. In all, 248 discussants took part in FGD sessions across the six geopolitical zones and the FCT.

Key Informant Interviews (KIIs) were conducted non-governmental organizations and community leaders. These were selected to provide key information on the evolution, implementation and prospects of adolescent sexuality programme in the country. The selected key informants included at least one implementing NGO and one community leader per state. One knowledgeable officer was interviewed in each of the NGOs.

### **Results**

The findings of the study are presented according to themes covered in the FGDs with out-of-school adolescents and KIIs involving funding agencies, implementing NGOs and community leaders.

#### ***Extent of coverage among out-of-school adolescents***

About 60% of the twenty NGOs interviewed in the study have sexuality education activities targeted on out-of-school adolescents, among which were two of the biggest national NGOs whose activities cover the entire country. This implies that all states in the federation have programmes addressing out-of-school adolescents. However, the level of geographical coverage in each state varies considerably. The activities and support given by the NGOs to out-of-school sexuality programmes include production and distribution of IEC materials, mentoring of participants and groups, sensitization outreaches, provision of life skills/vocational training, counselling, blood testing, and supply of HIV testing kits and condoms.

On how many times they have been reached with sexuality education programme, almost half of the FGD participants ever reached claimed to have been involved many times, about one-fifth of them had been reached two times, and a quarter only once. Across participation categories, states like Adamawa, Imo, Lagos and Niger accounted for most of the discussants that had participated in sexuality and life skill programmes many times,

while Akwa-Ibom, Ekiti, Jigawa, and Oyo states stood out for those who had participated once.

The initial sources of sexuality and life skills education among out-of-school adolescents were hospitals/clinics/health centres, mentioned nineteen times, and church, which was mentioned 11 times. Other first sources of information include relatives, the media, internet, films/movies, friends and patent medicine dealers.

### ***Methods of Delivery and Organizations Involved***

Participants who claimed to have received instruction on sexuality from organizations were asked to describe the mode of delivery of the sexuality and life skill education activity they were exposed to. The majority of the respondents were exposed to sexuality and life skill education through seminar/training/workshops (mainly Lagos, Adamawa, Niger and Plateau), while about one-third were exposed through talk/drama/rally.

Organizations that provided sexuality education to out-of-school adolescents can be broadly classified into three namely: religious, government institutions (media, youth and health institutions), and non-governmental organizations. Religious institutions, primarily churches, accounted for more than one-fifth of involvement in life skill education in states like Oyo and Lagos in the southwest, Imo in the southeast and Plateau in the north-central; government institutions and agencies like NYSC, SACA and hospitals covered about one-third in sexuality related activities in Adamawa (northeast), Niger and Plateau (north-central) and Oyo (southwest); and non-governmental organizations accounted for close to half of organizations providing sexuality education and life skill information to out-of-school adolescents in Nigeria.

### ***Content of sexuality and life skills education offered to out-of-school adolescents***

Data on the content of the sexuality and life skill education programme that out-of-school youths were involved with indicate that HIV/AIDS and other STIs prevention dominated the list. Abstinence, which is closely related to prevention of HIV/AIDS and STIs, unwanted pregnancies

ranked second amongst issues out-of-school adolescents were exposed to. This is consistent with one of the cardinal objectives of introducing sexuality and life skills education. The above pattern is peculiar to Lagos and Oyo (south-west), Akwa Ibom (south-south), Imo (south-east) and Niger, Plateau and the FCT in the north-central axis of Nigeria. Other sexuality and life skills education issues that the youth were exposed to include: drug/alcohol use in Akwa-Ibom and Plateau, and life skills and use of contraceptives/family planning in Adamawa and Anambra states.

We further investigated the content of sexuality education offered to out-of-school adolescents *vis-a-vis* the FLHE curriculum for in-school adolescents, since there was no specific curriculum identified for out-of-school youths. The topics covered in the curriculum include: Human Development, Personal Skills, HIV Infection, Relationships and Society and Culture. The extent to which these topics were introduced to out-of-school adolescents by organizations across the geopolitical zones in Nigeria shows HIV Infection accounted for more than 40% of the topics taught to out-of-school adolescents. The themes covered under this topic were transmission of HIV/AIDS and other STIs, effects, prevention and control, premarital sex prevention, use of contraceptives and family planning. These topics were covered more in south-west (Lagos, Oyo and Ekiti) and north-central (Abuja, Niger and Plateau), followed by north-east (Adamawa and Gombe), south-south (Edo and Rivers) and south-east (Anambra, Ebonyi and Imo), and the least covered in northwest (Jigawa).

Personal skills accounted for about one-third of the contents covered by organizations that focused on out-of-school adolescents and topics covered included life skills, family life education and ignorance. These topics were covered more in the southwest (Lagos, Oyo and Ekiti), followed by north-central (Niger and Abuja) and northeast (Adamawa and Bauchi); least coverage was in south-south (Akwa-Ibom) and northwest (Sokoto); they were not mentioned in the southeast states. Society and culture accounted for more than one-tenth of the topics covered including themes such as family chores, social relationships and fashion.

These topics were taught only in one state each in the following zones: south-east (Enugu), north-east (Adamawa), south-south (Edo) and north-central (Niger). Topics on relationship accounted for about one-tenth of the content of sexuality education covered, and the topics included acknowledgment of one's gender and maturity. This was predominantly in Abuja, the FCT. Human Development was the least content covered by organizations targeting out-of-school adolescents. The topics treated included reproduction, blood groups and puberty in Jigawa (north-west), Ebonyi (south-south) and Gombe (north-east).

### **Community Support for Sexuality Education**

What has been the contribution of the community to sexuality and life skills education among out-of-schools? Key informant interviews with community leaders addressed this question. The Community leaders generally felt that they have made important contributions within the limit of their constraints. The contributions are generally non-financial and are undertaken within the context of community service, but are indicative of community approval of sexuality education. From Lagos comes the opinion:

*Oh Yes! We are working on it, we are training our young ones, our adolescents, our teenagers, our youths, the grown-ups; we are training them on these matters. Every month we have training to assist them to make good decisions about these issues. We are really contributing in our own corner.*

The same view was advanced from Imo:

*We help them in mobilizing, provide venue for lectures and announce it to the people.*

Some communities are already looking ahead for a period when they can take over the programme. For example, the community leader in Sokoto made this point clearly.

*The community will or has taken over the teaching of sexuality education and female reproduction. We also teach them to avoid drug*

*abuse and introduction of the drug that helps in reducing bleeding, cord removal and healthy mother and child. This is a three-in-one drug. We teach them to avoid drug abuse.*

How do various groups of person in the community feel about sexuality education? In seeking the views of community leaders, specific attention was drawn on adolescents, parents, religious and traditional institutions. One theme that was thrown up in the various contributions is that of conflict between the traditional and modern values. By extension, there is a marked difference in terms of values and dispositions of the youths and the older generation made up by the elders and parents. The first pointer to this came from Kaduna when a community leader opined:

*Well, when you look at it, and considering the cultural norms of the community, it is usually very difficult to accept any new thing that comes because the culture of the people is sometimes conservative. And we are living in a community whereby you see that when it comes to issues about sexuality they feel it's something that is restricted. So it has to take time before people change, and people are open to issues that have to do with sexual reproductive health of adolescents.*

The differences between the tradition and modern values as it relates to sexuality education at the community level were reiterated from Edo.

*Adolescent would like sexuality education but because they are still young they run the risk of experimentation. They might still want to try, to see if it is true or false. But there are some wise ones too that have the counselling from parents and from bigger relations, these ones will want to withdraw sexual activities. But the ones that just hear without extra counselling may find themselves involved... No parent would like his child spoilt. No parent...Religious leaders support sexuality education because they run it in their churches too. They support it. At times they have a programme like that where they talked about HIV/AIDS. At times they invite important personality to give talk.*

The leader from Ebonyi was more direct on the intergenerational culture conflict:

*The parents are so worried about the reckless manner in which their children live their lives; they need to be corrected through sitting them down and telling them about family life and all. Yes, yes the religious group are doing a lot, they are doing a lot in the sense that they are helping in promoting the moral values of the society in line with the doctrine of the Christian faith.*

Even though the adolescents seemed to be at the centre of the storm, they are seen as more knowledgeable and better informed than older people. The submission from Niger State is clear on this:

*This small boy you see (pointing at a little boy of about 4 years) that I asked to go away is smarter than you. If you tell the boy bring your hand I want to cut it, he will not agree with you. Everybody is clever, wise and aware that AIDS is real! If you come to me now and say do this, do that for prevention, there is no way I will not agree. This community is a straightforward community, this Bosso, we have the largest landmark; we don't have troubles and every village you enter they will tell you what you brought we will accept it.*

In other words, most communities are seen as ready for the needed change. This is reiterated by a community leader from Gombe:

*The adolescents feel okay but desired that the programmes should be televised from time to time. Parents too encouraged it but they are the main ones to educate their wards about this sexuality education. Religious leaders also support it, before prostitution was allowed as a job and prostitutes were seen in the community but now it is no more allowed; we do not allow it!*

The feeling of the adolescents is not unexpected across communities. They generally have a positive attitude towards sexuality and life

skills education. Two main submissions from Plateau and Lagos sum this positive feeling. In Plateau a community leader said:

*They are happy, don't you see them jumping up and down when they saw you people here. I don't know what you people always give them that when they see you people come they will be jumping and rushing to meet you.*

And in Lagos a similar view was expressed:

*They will be happy about it because what they don't know, they will be able to learn it, it will help them to be able to express themselves, to understand what is happening to them which they may not know without such education.*

Generally, the communities, regardless of religious leanings or affiliations, seem to have positive attitude towards sexuality and life skills education. Even though parents appeared to be skeptical at the beginning, with time they came to terms with the programme, as averred by a community leader from Oyo State:

*At the beginning some parents were skeptical about sexuality education activities but later on they understood. With increased awareness parents are now receptive.*

Lack of proper enlightenment was responsible for the initial skepticism of sexuality education by religious groups as suggested by a community leader from Ekiti:

*Religious groups didn't support the idea, especially the Pentecostal Churches. Also the traditionalists don't support the idea of extra marital affairs because the issue of virginity is so paramount to traditional marriage.*

There is now a growing acceptance of the programme as was noted by the community leader from Oyo:

*Both Christians and Muslims are very supportive. Both religions preach against premarital sex, so they encourage sexuality education, though they may give it other names.*

***Effect of Sexuality and life skills education among out-of-school adolescents***

Exposure to sexuality and life skills has had positive effects on out-of-school adolescents with respect to relationship with the opposite sex, empowerment with knowledge and skill building, and good attitudinal dispositions to the opposite sex. More than one-third of the out-of-school youth stated that sexuality and life skill education had increased their knowledge of HIV and other STI transmission, their effect, prevention and control as well as personal and environmental hygiene. Also, more than one-third of the respondents indicated that sexuality and life skills education had improved their attitudinal disposition to the opposite sex, such as abstaining from sexual relationship, better orientation and attitude toward women, and good and healthy sexual relationship with the opposite sex. More than one-quarter of the respondents averred that sexuality and life skills education helped to build their skills on contraceptive and family planning, sex negotiation and counselling others against pre-marital sex.

The view of an FGD discussant from Rivers state captures the assertions of many participants in various states on the knowledge advantage conferred by sexuality education among out-of-schools.

*I learnt that if you do something with girls you will collect (contract) disease. If you do bad thing, if you have sex, you will collect disease. So we have stopped doing it, and also tell our friends not to do it.*

A participant in Anambra put it this way:

*Yes, we have learned a lot from the sexuality education we get. They say is power. So we try and avoid the bad things we used to do. One has to run away from this ugly disease called AIDS. Nobody with it survives, hence Igbo term for it implies 'no cure until the victim ends in the grave.*

On favourable attitudinal dispositions to opposite sex, a respondent from Akwa-Ibom

asserted as follows:

*No oo! Our attitude to girls has changed. We do not see girls as those who will end up in the kitchen. We see girls like our fellow brothers. What a man can do she can also do. Sexuality education has indeed changed our traditional views about girls and life generally.*

A similar view was expressed in Imo state, where a participant indicated that:

*Sexuality education has given us a more positive orientation toward the opposite sex. It has taught us more positive attitudes instead of the custom that puts girls down. There are more girls in school now than boys, so the girls also know their rights and cannot be deceived easily as before.*

On skill acquisition, a female participant who retails on the street indicated that they were taught negotiation skills and assertiveness and that these skills have helped them to ward off advances from men who want to take advantage of them. Another discussant from Lagos, apparently describing how she was taught how to put on the condom, said:

*Yes, it has affected me positively, because when I heard of the programme and I went there they demonstrated how to use condom. The man brought out something like penis (penile object for demonstration during training) and taught us the correct way to use condom. They also taught us self esteem - how to carry ourselves well.*

On the parts of the implementing NGOs, there is a consensus that sexuality education among out-of-school adolescents has resulted in improvement in knowledge and awareness of sexuality and life skill issues amongst the out-of-school youth population. The activities of the NGOs among out-of-schools have also engendered continuous information dissemination by peer groups, behaviour modification and attitudinal change, and improved community acceptance of sexuality education.

**Challenges facing sexuality and life skills education among out-of-school adolescents**

From the FGDs among out-of-school adolescents, the challenges facing sexuality and life skills education among adolescents are quite enormous. These range from lack of consistency in the programme, non-use of local population/youths and community organizations to deliver sexuality education, to conflict with religious beliefs and culture. Other challenges included non-involvement of religious bodies in propagating sexuality knowledge and lack of youth-friendly facilities which adolescents could freely visit to obtain information and services, including testing for HIV and other STIs.

Implementing NGOs identified major challenges facing sexuality education for out-of-school adolescents to include: problems in reaching out to them, and stimulating their interest in sexuality education. Another important challenge articulated by implementing NGOs was the low knowledge base of this segment of the population and the need to address problems arising from their possession of multiple and oftentimes conflicting sources of information. A lot of educational intervention efforts go on simultaneously in various communities by different organizations. Some cities or communities tend to be saturated with programmes from rivalry organizations, whose intervention are not always consistent or complementary. How to sustain recorded successes and to prevent knowledge loss or replacement remains intractable given this setting. A huge challenge confronting out-of-school sexuality education in Nigeria is the lack of access to preventive reproductive health materials among out-of-school adolescents.

**Discussion**

Contrary to speculation in some quarters that out-of-school adolescents may be neglected in sexuality and life skills education relative to their in-school counterparts, this study has shown that out-of-school adolescents in Nigeria, have not been left out. Indeed, there is an indication that a sizable number of out-of-school adolescents in all

the states included in this study have been reached with some sexuality education programme. Among the FGDs conducted in this study, there was none where some participants had not received sexuality and life skills education from an organization. However, this should not give the misleading impression that all is well with out-of-school adolescent as regards sexuality education. It must be borne in mind that only one FGD was organized in each state; perhaps more FGDs would have given a better picture of the scope and coverage of the programme among this cohort of adolescents.

Reports on varied number of times the youth have been reached with sexuality education programme in different states suggests that out-of-school sexuality programmes are not evenly distributed or accessible in all the states, and that many adolescents in most of the states may not have been reached. In this regard, it is instructive that Lagos was the only state that organizes monthly programme for out-of-school youths, as reported by participants from the state.

There was a long list of first source of sexuality and life skills information. This finding indicates that a large number of out-of-school adolescents had some information on sexuality before they had a formal instruction on it. The accuracy of such information is another issue, which underscores the need to expose out-of-school adolescents with high quality sexuality instruction early. Such early exposure will forestall access to unwholesome information from other sources that may present them with inaccurate sexuality information<sup>1</sup>.

With regard to content of sexuality education, FGD participants identified several issues covered by sexuality education programmes across different zones. Although some level of similarity in the content of life skills education was easily identifiable, there are marked differences across zones probably reflective of the directive by the National Council of Education in 2002 that states are at liberty to implement FLHE in accordance with their socio-cultural peculiarities<sup>13</sup>. The findings generally show that states in north-central and south-west enjoyed the highest content-coverage, south-south and south-east was moderately covered, and north-east and north-west recorded the least coverage.

The findings of this study have revealed that out-of-school adolescents can learn skills that will impact their lives positively when well taught. For instance, a discussant reported learning appropriate condom use when it was demonstrated in the course of sexuality education programme. This is consistent with previous findings<sup>16</sup> which reported increase in knowledge of reproductive health amongst out-of-school in Ghana and Nigeria. Among the evidence of the benefits of sexuality education among out-of-school youths in Nigeria are increase in knowledge of gender-based violence, reduction in prevalence of physical violence and increase in the use of condom<sup>17,18</sup>.

The most basic difficulty experienced by NGOs undertaking life skills education among out-of-school adolescents is reaching out to and stimulating the interest of these adolescents in sexuality education. This is largely because they constitute a difficult captive audience, which due to their spread and busy schedule are difficult to recruit for programmes. Unlike in-school youth, out-of-school adolescents are very mobile as they struggle to live and sustain themselves. On the part of the recipients of out-of-school sexuality education in Nigeria, lack of access to preventive reproductive health materials tends to jeopardize the gains in awareness and knowledge enhancement conferred by the various programmes.

## **Conclusion and Recommendations**

Based on the findings of this study, it is concluded that virtually all the states in the federation have NGOs working among out-of-school adolescents, although the level of geographical coverage nationally and within each state varies considerably. This suggests that out-of-school sexuality programmes are not evenly obtainable or accessible in all the states and across the country. It is evident that many adolescents in most of the states may not have been reached. In terms of national coverage, states in the north-central and southwest zones reported the highest coverage of sexuality education among out-of-school adolescents; the south-south and southeast zones were moderately covered, while the northeast and northwest zones recorded the least coverage.

It is evident that current sexuality and life skill education among out-of-schools places much emphasis on HIV prevention issues. While this is understandable, other issues in the school-based FLHE curriculum deserve more attention among out-of-schools. Although sexuality and life skills education have had some positive impact on out-of-school adolescents where it is well implemented, it is still fraught with inconsistency in its contents and mode of delivery by the multiplicity of organizations involved in it. The mobile nature of out-of-school adolescents and the multiple and oftentimes conflicting sources of information pose additional challenges.

The following recommendations are proffered for improving the reach, coverage and quality of sexuality and life skills education for out-of-school adolescents in Nigeria.

1. Efforts should be made to ensure that sexuality and life skills education is accessible to out-of-school adolescents in all the states and local governments across the country. NGOs should cover to all parts of the state, not just select areas; the situation where many organizations work in the same location does not add value in the effort to extend sexuality education to all out-of-schools. Particular efforts should be made to reach street children commonly seen in major cities in Nigeria.
2. A harmonized national curriculum for out-of-school adolescents would be most welcome, as obtainable for in-school youths. This ensures standardization of the contents and depth of coverage of themes introduced to out-of-school throughout the country.
3. There is need for youth-friendly centers supported by local governments, organizations and communities where adolescents could access sexuality education and services, including testing and counseling for HIV, other STIs and family planning services.
4. The activities of the organizations working among out-of-school adolescents need to be coordinated for more efficiency and effectiveness. Currently, different NGOs and community-based organizations choose where they carry out their programmes, with little government input. This leads to duplication of

effort, saturation of activities in some areas and utter neglect of others, perhaps more remote and rural areas of the state. This problem is applicable among states as well as within states. The situation whereby implementing organizations show preference for particular states or areas within the state, whether or not such places have been covered or are being covered by other organizations, should be discouraged. There is therefore the need for a coordinating unit within a relevant ministry that will direct and monitor the activities of NGOs in the state.

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