

THE RELEVANCE OF FAMILY LIFE AND HIV/AIDS EDUCATION (FLHE) TO REPRODUCTIVE HEALTH NEEDS OF SECONDARY SCHOOL STUDENTS IN RIVERS STATE

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Abstract

Family Life and HIV/AIDS Education (FLHE) is a type of education that focuses on HIV/AIDS and other related topics, which enhance reproductive health. The study was carried out in some selected secondary schools in Rivers State, Nigeria. A total of 96 students (54 girls and 42 boys) took part in the study. From the findings, it was clear that respondents did not possess a clear concept of FLHE and reproductive health. Their knowledge on these issues was shallow. Respondents identified many reproductive health topics already in the carrier subjects to meet their needs but requested that these topics be treated in depth and in a practical way to enhance their understanding. Recommendations were offered. Such as a more detailed and practical treatment of contraceptive methods and other reproductive health topics should be given in schools to remove students' misconception and enhance their knowledge. Teachers and parents should be included in future surveys in order to obtain their attitude and knowledge levels on FLHE and Reproductive Health.

Introduction

Family life and HIV/AIDS Education (FLHE) is an educational process designed to create awareness and understanding of reproductive issues directly related to social, economic and cultural development of an individual, family and nation. It is designed to assist learners to make informal decisions of reproductive matters in order to contribute effectively towards the amelioration of socio-economic and cultural welfare of the individual, family, nation and the world at large.

Adolescence is a period of personal, physiological, social and emotional development. It is a critical time for developing health attitudes and behaviours, particularly with regards to sexuality and reproductive rights and responsibilities. Ladipo (2003) emphasizes that adolescents often exhibit some behaviours that have earned them such appellation as irrational deficient, lawless, disrespectful, unreasonable, rascals, over confident, devilish etc. he went further to say that it is a period during which the prospects for a healthy reproductive life can be compromised because of the engagement in practices that expose them to various social, sexual and reproductive problems.

The teenage years have many indispensable lessons for the youngsters. There is much all-round developments for them and this learning and development could be a source of pain for those around them and for them as well. However, the teenage years can be exciting and adventurous; but they will need the constant attention of thoughtful adults if they are to be successful in handling their problems. For instance, the pubescent boy (the lad in early adolescence, 12-14) and his pubescent counterpart (a girl of $\frac{11}{2}$ or a little later) need the constant close-up attention of adults around them at this critical stage of their lives. Adolescents need a lot of information to survive in a complex world.

The immediate incorporation of these emerging issues into the curriculum of FLHE in African sub-region is urgent. However, there is a need for a careful examination through an empirical research of what FLHE related issues adolescents have learnt, what their needs are to assist national programme to redesign or design FLHE curricula.

Experience has shown that one of the controversial and hotly contested areas of FLHE in most sub-Saharan Africa is sexuality and Reproductive Health in general.

For example, a nation-wide survey on female adolescent health and sexuality conducted in Kenyan schools in 1992 and edited by Youri (1993), revealed that 72% of the girls investigated did not have correct knowledge about the fertile days of the menstrual cycle and 81% did not know the origin of the bleeding during menstruation.

The same study discovered that although 93% knew that AIDS can be spread from one person to another, and that heterosexual vagina intercourse is the leading cause of AIDS transmission. Nearly half of the girls did not know that anal sex is an important root of transmission of HIV/AIDS and 84% thought mosquito bites could spread the infection.

In addition, only 35% of the respondents knew that condom use could prevent the transmission of HIV/AIDS and only 50% knew that multiple-sex partners is an important risk factor for contracting HIV/AIDS – a third (33%) of the girls thought that cleaning the vagina immediately after sexual intercourse reduces the risk of contracting HIV/AIDS.

There are still socio-cultural practices such as circumcision, traditional family planning techniques and child birth that show lack of information on these practices. Kisseka (1985) indicated that, in Nigeria, the liberal use of purgatives and enemas are often toxic and multiple skin incisions contribute to infection and tetanus.

A study by Araoye (1998) among Kenyan children revealed the sources of information on issues related to sexuality in which adolescents tend to be misinformed or were uninformed about sexuality and contraception. These sources included peers, magazines, television and the likes.

In the Demographic and Health Survey of Ghana (1993), it was reported that most of the women who were interviewed, who had had sexual intercourse in their teenage years said, they did this at age 16 and 17.

From these submissions and affirmations, adolescents boys and girls should know that it is possible to make decisions to take actions and to see results. Even very young boys and girls can and should understand that ideally they are borne out of a conscious, carefully thought out decision on the part of loving parents. The above review underscores the importance of introducing Reproductive Health into the (FLHE) curricular of secondary schools to assist adolescent boys that would delay sex and avoid other health implication.

Problem Statement

Lack of sexual health information and services places the adolescents at risk for pregnancy, abortion, sexually transmitted infections (STIs) and HIV/AIDS. Sex education must be a gradual thing and it must start at the beginning. The child will show interest in matters of sex all along the line, and when he does, he may not have to ask too many questions. The good father or teacher will tell the boy just what is enough to satisfy the boy for the moment. And the wise mother too, will deal with what she feels her little girl is ready for at this stage of her growth. Gradual and graded informal lessons are the means and thus, the child is slowly initiated into the mystery of sex in a pace and measure that are suited to his little mind.

Ladipo (2003) emphasizes that a major factor associated with poor reproductive health status in Nigeria is lack of awareness and knowledge of relevant reproductive health issues resulting from limited access to credible sources of information. He went further to explain that family life and HIV/AIDS education including sexuality education are not taught in the homes and in most secondary schools despite the fact that relevant curricular have been developed and approved for use in Nigerian secondary schools. Various stake-holders tend to withhold reproductive health and sexuality information from young people mainly as a result of negative traditional and socio-cultural beliefs. Adolescents and youths also lack knowledge of contraception and also use it inconsistently.

This work therefore studies the relevance health needs of secondary school students in some selected secondary schools in Rivers State, Nigeria.

Objectives

The purpose of this study is:

1. To equip individuals/adolescents with the knowledge, skill, attitudes and value required to understand and analyze the existing reproductive matters and the effects on the present and future wellbeing for themselves, families, communities and nations.
2. To enable individuals, families and communities, based on the critical analyzes of the above reproductive related issues affecting their lives, make rational and informal decisions, so as to respond to prevailing reproductive issues and to enhance their present and future welfare for sustainable development.

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3. To enable individuals, families and communities make rational and informal decisions based on the critical analyzes of the above reproductive matters.

Research Questions

In order to address the problem, the following questions were asked:

1. To what extent have students being exposed to Family Life and HIV/AIDS Education?
2. To what extent have students being exposed to Reproductive Health Education?
3. To ascertain the various subjects that appeal to student in the career subject.
4. To ascertain to what extent the students have being taught the various career subjects?
5. To ascertain the various subjects that should be included in the school Family Life and HIV/AIDS education.

Method

It is not feasible to reach all the secondary schools in Rivers State Nigeria, owing to financial and logistical constraints, a representative sample of the schools selected had to be used. In choosing these schools however, variables such as location, (rural and urban), ownership/school type were used as guides.

A total of 96 students (54 boys and 42 girls) ages ranging from 11 to 18 from JSS I to JSS 3 took part in the study

A questionnaire (Quantitative) research instrument was used to carryout this research work. Ninety six students from the selected schools were administered face to face questionnaire. The analysis of the survey was quantitatively done. The statistical method used is frequencies and percentages.

Data Analysis

Research Question 1: To what extent have students being exposed to Family Life and HIV/AIDS Education?

	Variables	No	%
a.	Improved quality of life	22	22.9
b.	Sex education	34	35.4
c.	Family planning	32	33.3
d.	Promotion of health	15	15.6
e.	All of the above	48	50

50% of the respondents indicated that Family Life HIV/AIDS Education included improved quality of Life, Sex Education, Family Planning and Promotion of health.

Another question asked was in which subjects is Family Life/HIV/AIDS Education taught in your school?

Research Question 2: To what extent have students being exposed to Reproductive Health Education?

Subjects	No. of students who indicated subjects taught	%
Home Sciences	66	68.75
Geography	45	46.88
Social Studies & Ethics	38	37.5
History	36	37.5
CRK	22	22.9
Biology	21	21.88

Respondents indicated that Family Life/HIV/AIDS education is taught in; Home Sciences, Geography, Social Studies and Ethics, History, Christian Religious Knowledge and Biology.

It is interesting to relate the identified Family Life/Reproductive Health Education career subjects in table two to the students' responses in Table 3.

Research Question 3: To ascertain the various subjects that appeal to student in the career subject?

FLHE career subjects	No. of students who indicated subjects taught	%	No. of students who indicated subjects taught	No. who like subjects best	%
Home Science	56	69	37	18	46%
Geography	35	47	70	27	38%
Social Studies/Ethics	30	40	65	37	58%
History	27	38	29	20	54%
CRK	12	23	36	25	69%
Biology	10	22	11	13	77%

When asked what subjects they take in school, 37 students stated Home Sciences, but of this only 46% claimed to like the subject best. Also while 35 students said they take Geography, only 38% liked Geography best. For Social Sciences/Ethics, 58% liked it best. History, 54% liked it best, while 69% and 77% liked Christian Religious Knowledge and Biology best.

In addition to these career subjects 39% students like English best, 28% liked Mathematics best, 37% liked Commerce best, 17% liked Chemistry best while 14% and 23% of them liked Physics and Agriculture best respectively.

Since there is a relationship between the level of seriousness a student attaches to the content of that subject, the rest of the subjects which students stated they liked best should be seriously considered as FLHE career subjects in addition to those already listed in Table 3.

The next question asked "what do you understand by Reproductive Health? Thirty eight (38%) indicated that Reproductive Health means producing healthy offspring, 18% indicated that it means to have healthy reproductive organs while 16% stated that it is the physical and emotional well-being of person. Other responses stated that reproductive health teaches fertility, body changes, family planning, the health of the mother and the child during pregnancy and after, quality of life, and how people relate to reproduction.

They were asked whether they have been taught the following topics in Family Life/HIV/AIDS Education, as shown in Table 4, 100% of the respondents confirmed that they have been taught about STDs, and equally high percentage (39%) stated that they have been taught about male and female reproductive organs 79% each confirmed that they have been taught Maternal and Child Health, and responsible parenthood. Seventy four (74%) each confirmed that they have been taught about courtship and marriage, and family planning, while 54% stated that they have been taught family size and welfare.

Research Question 4: To ascertain to what extent the students have being taught the various career subjects?

Topics	No. of students who indicated topics	%
Maternal and child health	60	62.5
Courtship and marriage	54	56.23
Family planning	56	58.33
Male and female reproductive organs	85	88.54
Family size	39	40.63
Responsible parenthood	58	60.42
STD/HIV/AIDS	96	100%

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Asked whether the Reproductive Health should be taught in schools, 99% of the students stated that reproductive health should be taught in schools because it will help them to cope with adolescent problems, create an awareness at the danger of pre-marital sex, to avoid diseases such as STD, HIV/AIDS. It will equip them to acquire the knowledge of FLHE for their present and future use, and for, responsible parenthood.

When asked what other Reproductive Health Topics should be taught in Family Life HIV/AIDS Education in their schools, 91% of them identified the following as essential to their reproductive health needs. Coping with adolescent problems and health, relationships between girls and girls, women and men, responsible parenthood, knowledge of family planning, sex education, family size and welfare.

Other areas identified included Courtship and Marriage, Family Life Education in School, and at home by parents, Fertility, Reproduction in the context of African culture. It is significant to note that 10% stated that the school, should teach reproductive health because friends can misinform them.

When students were asked whether gender issues should be taught to both boys and girls in school, 92% indicated various degrees of agreement. When asked whether teenage pregnancy should be taught to both boys and girls, 72% strongly agreed that it should be taught, while 25% agreed. Thus 97% demonstrated gender responsiveness. Similarly when asked whether family planning should be taught to secondary school girls only, 98% of the students disagreed. The same finding applies to the question whether boy-girl relationships should be taught to boys only.

As shown in Table 5, respondents indicated that they want the following additional topics to be included in the Family Life education curriculum to meet their Reproductive Health needs.

Research Question 5: To ascertain the various subjects that should be included in the school Family Life and HIV/AIDS education.

Topic identified	Percentage
Infertility and treatment	84%
STD/HIV/AIDS	98%
Sexual abuse	90%
Harmful practices	86%
Courtship and marriage	96%
Boy-girl relationships	87%
Male and female reproductive organs	94%
Child bearing and child care	83%
Family planning methods	89%
Abortion	77%
Circumcision	60%

Other responses included gender issues, (5) skills for self employment (4) effects of early marriage (3) and responsible parenthood. Even though no question was asked on the attitude of teachers towards the teaching of existing FLHE topics forty two (42) of the students made suggestions on how they expect teachers to handle the topics. One of them said “All the said topics should be deeply and well taught”. The other said, teachers should show more emphasizes on the topics and answer question frankly”. It is significant to note that these two students are from two different schools and are a boy and a girl.

Findings

1. Only 50% of the students respondents indicated that FLHE included improved quality of life, sex education, family planning and promotion of Health. It was clear that they have been taught these topics but they could not relate them to the term FLHE.
2. The knowledge of the students on reproductive health was shallow. Though they could not relate what they know to the term reproductive health, they seem to know between 5% to 35% about various topics that relate to reproductive health.

3. Between 38% and 77% of the students who take subjects identified as FLHE career subjects actually consider those subjects to be their best subjects. The highest interest were in C.R.K (69%) and Biology (77%).
4. There were 6 other subjects, English, Mathematics, Commerce, Chemistry and Agriculture in which between 14 to 39 students said they liked best, but these were not identified as career subjects.
5. One hundred percent (100%) of the students indicated that they have been taught STD/HIV/AIDS in FLHE. In addition to this, between 52% and 96% of the students indicated that they have been taught five(5) other topics that relate to FLHE. Thus, they have different degrees of information on these subjects.
6. Ninety-nine percent (99%) of the students agreed that Reproductive Health should be taught in schools because it will help them to cope with their adolescent problems and dangers related to pre-marital sex, STDs/HIV/AIDS, and knowledge of FLHE.
7. Between 83% to 98% of the students indicated that topics should be included into FLHE curriculum. These were identified as essential reproductive health needs. These are: STD/HIV/AIDS, courtship and marriage, male and female Reproductive organs, sexual abuse, family planning methods, boy-girl relationships, infertility and treatment, harmful practices and child bearing and child care. In addition, 77% and 60% added abortion and circumcision.
8. Both the girls and the boys (about 92%) demonstrated gender responsiveness and agreed that gender issues should be taught to both boys and girls.
9. Two of the students a boy and a girl from different schools suggested that they need their teachers to handle FLHE and Reproductive Health topics with gender depth and frankness.
10. The students indicated that FLHE is important and therefore, essential to their reproductive needs.

Conclusion

Reproductive Right Education is very vital in our educational institutions. This will create awareness to certain human rights that are already recognized in National laws; International human rights document and other consensus documents.

With the coming of puberty there will be manifest changes in our adolescent boys and girls. It is good to prepare our young ones by creating awareness of these changes. This sort of preparation must be the gradual outcome of a long-term education policy. It must not be a hush-hush crash-course. Facts are only the raw materials of education; it is the meaning and place and importance of these facts that are really significant.

A lump of mixed cement has just a shapeless mass, but the finished house has use and meaning. Similarly, a jumble of facts on reproductive health given to a group of adolescents might be just facts and nothing more. The adolescents is a person needing parents and the entire society, who are quietly firm, persistently patient and endlessly understanding.

Recommendations

1. The concept of Family Life and HIV/AIDS; Reproductive Health, Family Planning, harmful sexual practices and unprotected sex be clearly defined for secondary school adolescence in schools.
2. A more detailed and practical treatment of contraceptive methods and other reproductive health topics should be given in schools to remove students misconception and enhance their knowledge.
3. Teachers and parents should be included in future surveys in order to obtain their attitude and knowledge levels ON FLHE and Reproductive Health.
4. In future, specific questions relating to what the students have been taught in Reproductive Health should be asked.
5. A survey which could involve both Muslims and Christians should be conducted in order to obtain balanced views which might bring out clearly socio-cultural related views on FLHE. The current study reflected mainly Christians even though the students were picked at random.

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6. In-service training for serving teachers should be vigorously pursued to keep them abreast of emerging issues in FLHE and equip them with the skills of teaching FLHE.

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