BUILDING CONSENSUS

For Family Life & HIV/AIDS Education in Schools

FAITHBASED DIALOGUE

Report of the National Consultative Forum with Religious Leaders on Education Sector Response to Adolescent Sexual and Reproductive Health and Rights

9th - 10th March, 2004, Kaduna, Nigeria
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### List of Acronyms

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<tr>
<td>ACD</td>
<td>Anglican Communion Diocese</td>
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<td>AHI</td>
<td>Action Health Incorporated</td>
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<td>ARH</td>
<td>Adolescent Reproductive Health</td>
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<td>CBOs</td>
<td>Community Based Organisations</td>
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<td>ECWA</td>
<td>Evangelical Church of West Africa</td>
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<td>ESS</td>
<td>Education Support Services</td>
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<td>FBOs</td>
<td>Faith Based Organisations</td>
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<td>FCT</td>
<td>Federal Capital Territory</td>
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<td>Family Life HIV/AIDS Education</td>
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<td>FME</td>
<td>Federal Ministry of Education</td>
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<td>FMOH</td>
<td>Federal Ministry of Health</td>
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<td>HEAP</td>
<td>HIV/AIDS Emergency Action Plan</td>
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<td>HIV/AIDS</td>
<td>Human Immune Deficiency Virus/ Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>JNI</td>
<td>Jama’a atu Nasril Islam</td>
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<tr>
<td>NACA</td>
<td>National Action Committee on HIV/AIDS</td>
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<tr>
<td>NASFAT</td>
<td>Nasrulahi Fati Society of Nigeria</td>
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<tr>
<td>NBTE</td>
<td>National Board for Technical Education</td>
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<td>NCCE</td>
<td>National Commission for Colleges of Education</td>
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<td>NCE</td>
<td>National Council on Education</td>
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<td>NCNE</td>
<td>National Commission for Non-formal Education</td>
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<td>NERDC</td>
<td>Nigeria Education Research and Development Council</td>
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<td>NIEPA</td>
<td>National Institute for Educational Planning and Administration</td>
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<td>Nomadic and Mass Education Commission</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>National Teachers Institute</td>
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<td>PLWHA</td>
<td>People Living with HIV/AIDS</td>
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<td>POP</td>
<td>Population</td>
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<td>Population Education Programme</td>
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<td>Population/Family Life Education</td>
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<td>Parent Teachers Association</td>
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<td>SAGEN</td>
<td>Strategy for the Acceleration of Girls – Education in Nigeria</td>
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<td>SMOE</td>
<td>State Ministry of Education</td>
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<td>TEKAN</td>
<td>Taraya Ekkilisiya Krist A. Nigeria</td>
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<tr>
<td>UBE</td>
<td>Universal Basic Education</td>
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<td>UNESCO</td>
<td>United Nations Education Scientific and Cultural Organisation</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>USAID</td>
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ACKNOWLEDGEMENTS

The Consultative Forum with Religious Leaders on Adolescent Sexual and Reproductive Health and Rights is a very historic initiative following from an earlier forum with stakeholders in September, 2003. At the 2003 forum, stakeholders called on the Federal Ministry of Education to convene this forum with religious leaders so as to carry them along in all programmes relating to Education Sector response to Adolescent Sexual and Reproductive Health and Rights. The Federal Ministry of Education took on the challenge in collaboration with The POLICY Project and Action Health Incorporated.

Our special thanks to the Honourable Minister of Education, Prof. Fabian N. C. Osuji for ensuring the meeting took place earnestly. Also special thanks to the Minister of State for Education Hajia Binta Musa, the Permanent Secretary Mallam Ibrahim Talba and the Director, Educational Support Services Alhaji I. K. Zaifada for their unalloyed support for the forum.

We are grateful to all the religious institutions and personalities that attended the occasion especially Alhaji (Dr) Lateef Adegbite, Secretary – General, Supreme Council for Islamic Affairs and Revered Prof. Cornelius Olowola, President ECWA/ TEKAN for their insightful comments and urge for unity amongst faiths especially as it relates to ensuring access to life enhancing information for young people in Nigeria.

We must commend specially the HIV/ AIDS Unit of the Federal Ministry of Education, ably co-ordinated by Mrs. E. M. Oyinloye, for a total commitment to ensuring that education sector play a pivotal role in preventing and mitigating the impact of HIV/ AIDS especially on young people in Nigeria. We also appreciate the efforts of Mrs. Z. U. Momodu, H. O. Ogunsina, C. P. Maina and Mr. J. A. Ameh for making the programme a success.

We also thank The POLICY Project/ USAID for supporting this process both technically and financially. We cannot overlook the outstanding work of Ms. Charity Ibeawuchi, Ms. Tessy Effa, Ms. Tessy Ochuo and Ms. Mary Arigo in ensuring the success of the forum.

We are very grateful to all the resource persons especially Mallam Ibrahim Yousouf Bauci, Rev. Canon O. T. Adesokan, Dr. Tunde Segun, Mr. Sola Adara and Mrs. E. M. Oyinloye. We thank the Nigeria Educational Research and Development Council for the commitment and support to this initiative.

Finally, we appreciate the efforts of our colleagues in AHI especially Dr. Uwem U. Esiet, for technical inputs and facilitation of the forum and Ms. Chieme Nduke and Ms. Netu Ilavbare who rappoteured at the forum.
Providing young people in the Nigerian Education System access to information and skills that will enable them respond responsibly to their sexual and reproductive health has been an ongoing discussion since the '80s. Clearly two response approaches have been identified viz: Curricular and Co-Curricular. Seemingly, a lot of efforts are ongoing through the co-curricular approach especially by civil society organizations. Three significant national efforts had been adopted for the curricular approach viz the Population Education Programme (POP-ED), the Population Family Life Education Programme (POP/FLE) and the Family Life/ HIV/AIDS Programme (previously Comprehensive Sexuality Education Programme). The first two programmes met with limited success due to various reasons. The third and final initiative though was explicitly ensured by the National Council on Education (NCE) from 1999 to date suffered a major setback in 2002 when concerns were raised over the name and content information of the curricula particularly those to be used at the Primary and Junior Secondary school levels. This led the NCE in 2002 to urge all states to implement the Family Life Education within culturally acceptable socio-cultural peculiarities and that this was not an examinable subject.

Ever since then steps had been taken by the Nigerian Educational Research and Development Council (NERDC) to review and field-test the curriculum nationally. Despite, these efforts some resistance to the introduction of the curricular persisted. The core of this resistance were from organizations who subscribe to both the Islamic and Christian faith. It was therefore expedient to get the leadership of both Islamic and Christian faith to share insights on what they were comfortable with in terms of content and delivery methodology at each level of the educational system, including possible roles for Faith – Based Organizations (FBOs) in the implementation of the curriculum. The theme of the World Population Day for 2003 Adolescent Sexual and Reproductive Health and Rights provided an opportunity to commence dialogue on the curriculum and other key adolescent sexual and reproductive health issues with critical stakeholders including faith based organizations.

This report is a synthesis of what happened when faith based leaders met to reflect on issues of adolescent sexual and reproductive health and rights, including reviewing the Family Life HIV/AIDS Education curricula. It is satisfying to note that all religious faiths, institutions and leaders affirm support for our young people to receive education and counseling on sexuality from the parents, religious leaders and schools. What is clear is that they all want to keep condoms and contraceptives out of the school. We respect their views and accept this position and a firm commitment was made to ensure the well-being and positive development of the young people including through the use of a curriculum that is widely accepted to all stakeholders.

At the end of the consultation with the religious leaders some challenges were identified including:

1. How to build the capacity of parents as primary sexuality educators of children.
2. How to identify God fearing teachers to facilitate the teaching of the curriculum.
3. How to develop Teachers Guide and other appropriate instructional materials for the teachers.
4. How to integrate religious leaders into the implementation framework especially classroom delivery of Family Life HIV/AIDS Education.
5. How to scale up the implementation of the curriculum so that over the next twenty four to thirty six (24 – 36) months, all students in the Nigerian Education System will be reached.
6. How to monitor and sustain the programme.
A very brief but engaging opening ceremony was held. Opening prayers were given by Alhaji Ali Kaita, Shettima Katsina representing JNI and Rev. (Prof.) C. Olowola President of ECWA/ TEKAN. Mrs. E. M. Oyinloye gave the Welcome Address on behalf of the Federal Ministry of Education. Highlights of her address include:

- Adolescents are a very important segment of the population, and they are the leaders of tomorrow.
- HIV/ AIDS is real and that adolescents and young adults are disproportionately affected.
- Federal Government is interested in the health and well-being of adolescents and young people.
- Federal Government is also working to reduce the spread of HIV/ AIDS as well as provide care and support for people living with HIV/ AIDS and those affected.
- The Federal Government has put in place both structural and programmatic mechanisms to tackle HIV/ AIDS including NACA and HEAP.
- THE Family Life HIV/ AIDS Education Curriculum has been developed and reviewed as appropriate.
- Capacity building of professionals and staff in the educational sector are being conducted.

The main thrust of the forum is to seek support and commitment of the religious leaders in the improvement of adolescent sexual and reproductive health through the implementation of the Family Life HIV/ AIDS Education Curriculum. She concluded by stating the objectives of the forum which are to:

- Update religious leaders knowledge on adolescent sexual and reproductive health and rights in Nigeria.
- Articulate faith based perspective on adolescent sexual and reproductive health and rights in Nigeria.
- Familiarize religious leaders with the reviewed Family Life HIV/ AIDS Education Curriculum.
- Seek support of religious leaders to reach a consensus and agree on how to provide young people with access to information on their sexuality and life skills as well as actions to actualize these.

This was followed by a brief self-introductions by participants.
Five technical experts were invited to make presentations. Summaries of each presentation made are as follows:-

(1) **Islam and Adolescent Sexual and Reproductive Health and Rights**
This presentation was made by Mallam Yousoof Ibrahim Bauci. Highlights of the presentation include:
- Islam condones, accepts and approves of sexuality education.
- Enjoined everyone to read about Prophet Lukman.
- Koran urges young men to marry if they are able, otherwise they are to fast.
- Islam abhors homosexuality and lesbianism.
- Follow the ways of Allah to address the scourge of HIV/AIDS.
- Called for a review of FLHE curriculum by the forum so as to remove unacceptable words and content.
- Believes that the Family Life HIV/AIDS Education Curriculum as may be further reviewed at this meeting should be implemented in all schools.
- Religious leaders should be involved in its implementation.

In conclusion, he posited some questions as follows:
- How do we ensure that instructors of this programme are God fearing people.
- All materials used must be culturally and religiously appropriate.

(2) **Christianity and Adolescent Sexual and Reproductive Health and Rights**
This presentation was made by Rev. Canon O. T. Adesokan. Highlights of the presentation include:
- Union between Adam and Eve marked the beginning of Human Sexuality.
- Human Sexuality is from God therefore abuse or neglect of it is not appropriate.
- Acquiring knowledge and skills on human sexuality is a tool for saving young people and keeping them healthy for marriage.
- Defined the following terms: adolescent, sex, sexuality.
- Sexuality education underpins the right of an adolescent to good sexual reproductive health.
- The right to education and life forms the basis for the teaching of Family Life HIV/AIDS Education curriculum.
- Christianity supports the teaching of sexuality education by God fearing people.
- We need to empower young people with proper and biblical methods of sexual expression including abstinence until marriage.
- Describes the curriculum as a vaccine against HIV/AIDS.

He posited the following as challenges:
- There is need for urgency, therefore create a fast track approach.
- Training of Master Trainers that will expedite delivery. Ensure inclusion of Colleges of Theology in the programme.
- Mobilize the support of Education Administrators, Principals and School Heads for the curriculum implementation.
- Mobilise the support of school inspectors and the inspectorate division of the Ministry of Education for effective monitoring and supervision.

He concluded that the adolescents will listen, learn and live.
(3) **Overview of Adolescent Sexual and Reproductive Health including HIV/ AIDS and Implications for Nigeria**

This presentation was made by Dr. Tunde Segun, the focal person, Adolescent Reproductive Health, Federal Ministry of Health. Highlights of the presentation include:

- Definitions of key terms such as sexual health, reproductive health, sexual rights, reproductive rights, adolescence.
- Identification of Adolescent Sexual and Reproductive Health and Right issues such as teenage pregnancy, abortion, HIV/AIDS, sexual violence.
- Discussed common myths around providing sexuality education to young people.
- Identified critical actions in the provision of sexuality education to young people.
- Gave an insight on the essential components of youth-friendly services.
- Gave an effective programmatic framework for young adults.
- Presented justification for sexuality education from the Bible e.g. Hosea 4: 6, Proverbs 2:10, 2nd Chronicles 1: 10 – 12, 1st Samuel 2:3.
- Identified some sexual and reproductive health rights case studies from the Bible.
- Suggested roles for religious leaders.

In conclusion, he posited that: “Together all the stakeholders can make a difference in the life and future of our young people in Nigeria”.

(4) **Education Sector Response to HIV/ AIDS**

This presentation was made by Mrs. E. M. Oyinloye. Highlights of her presentation include:

- The Nigerian demographic situation.
- The HIV/AIDS situation in Nigeria.
- Adolescent sexual and reproductive health status in Nigeria.
- Reasons for and consequences of poor adolescent sexual and reproductive health rights situation.
- Roles of Education Sector
- National Action Plan
- The Family Life HIV/AIDS Education Programme.

The achievements to date highlighted include:

- Establishment of HIV/AIDS Unit at Federal Ministry of Education
- Critical Mass of the Education Response comprising relevant federal parastatals e.g. NERDC, NCCE, NBTE, NCNE, UBE, NIEPA, NINLAN, NMEC.
- Establishment of HIV/AIDS Unit at State Ministries of Education.
- Appointment of Desk Officers at State Ministries of Education
- Development of National Strategic Plan of Action.
- Co-ordination mechanism set up.
- Periodic meeting and sharing of best practices.
The National Action Plan essentially comprises:
- Curricular and co-curricular approaches
- Collaboration and partnership with civil society, development partners, donors and other ministries.

(5) **The Family Life and HIV/AIDS Education Curriculum**

This presentation was made by Mr O. A. Adara, Director Special Project Centre, Nigerian Educational Research and Development Council. Highlights of his presentation include:
- Historical background to the evolution of Family Life HIV/AIDS Education.
- Policy/International covenants basis for the work
- The Family Life HIV/AIDS Education curriculum are empowering in context.
- The Family Life HIV/AIDS Education curriculum is culturally and religiously sensitive.
- Curriculum development and review process was consultative, participatory and nationwide including field testing.
- The curriculum can serve multiple approaches e.g. formal, non–formal and extra curricula.
- Curriculum is organized around themes.
- Curriculum is spirally developed.
- Curriculum affirms abstinence.
- Identified some roles for religious leaders.

He concluded by positing that religious leaders should lead in knowledge and understanding of HIV prevention, clarification of myths, counseling, praying and impacting caring doctrines to adherents/followers.
MATTERS ARISING

All the presentations generated comments and clarifications. Several of the issues that were raised were on the curriculum and teaching modalities for which clarifications were provided and where necessary issues were noted for further action. Issues raised include:

- Integrating religious teachings into society and culture themes
- Re-ordering the themes such that society and culture takes precedence over other themes as religion is situated within this theme.
- Identify God-fearing teachers to provide instructions using the curriculum.
- Using age long methodology of passing on virtuous instructions from parents to children.
- How do we ensure that society’s needs are not more emphasized than the needs of the individual.
- Consider expanding the curricula provision to include other Family Health Matters e.g. Malaria, Tuberculosis, Typhoid etc.
- What of issues of antiretroviral drugs and care and support for people living with HIV/AIDS.
- There is a call for urgency.
- There is need to avoid hypocrisy and provide factual information.
- Women’s liberation is to fight for equal human rights including the right to education for women.
- Gender inequality must be addressed.
- Open discussion of sexuality issues does not lead to experimentation rather it demystifies and eliminates curiosity.
- Behaviour change can only be at personal level.
- Religious leaders must resolve to work together and the start-up must begin from points of convergence.
- The word sexuality may have a transcendental structural meaning at the religious level.
- Competency of teachers should be emphasized. Capacity building can help in this regard.
- Consider establishments of more single sex schools?
- Spirituality should be further integrated in the curriculum.
- Consider greater stakeholder involvement in the curriculum implementation.
- Is this teaching desirable in the primary school as most children at this level are not in the adolescent years?
- Sexuality education is imperative. The questions are when and how it is to be taught.
- Definition of adolescent rights so as to make the understanding holistic.
- Unprotected sexual intercourse?? What is the safety net there? Is it the condom? It is not acceptable.
- Greater involvement of Parent Teachers Association is solicited.
- The curriculum does not address how to cope with HIV positive children.
- Religious input should not be limited to Islam and Christianity but must take cognizance of traditional religions, cultural values and ethics.
- FBO should step up their efforts in HIV/AIDS and go beyond existing boundaries e.g. Mobilize resources to provide antiretrovirals and care and support for the members.
- Simplify the curriculum and mobilize parents, families and community involvement during implementation.
- The curriculum should address also sexual harassment, cult pressures and not only sexual transmission of HIV/AIDS.
- Overt condom promotion encourages promiscuity.
- How do we relate Family Life/ HIV/ AIDS Education to POP/ FLE
- How do we reach out – of – school youth?
- Are the summary results authentic?
• State level data should be disseminated to religious leaders, PTA and other stakeholders so as to mobilize support.
• Factors driving both lowest and highest prevalence of HIV/AIDS should be identified.
• Adequate attention should be paid to the university students and community.
• How do we ensure sustainability of the Family Life HIV/AIDS education programme.
• A lot of pre-testing of teaching materials so as to ensure cultural appropriateness.
• An implementation update forum for religious leaders need to be established and sustained.
• There is a need for scriptural verses to support each topic.
• How do we ensure that the intention of teachers are okay.

The response to the issues raised include:

• A further review of the curriculum at primary and junior secondary levels will be undertaken by the NERDC to allay the fears expressed.

• Co-curricula roles assigned to the religious leaders is because essentially they operate outside the school system.

• Concerns on roles of religious knowledge teachers will be addressed.

• The contention arising from the inclusion of masturbation as a topic will be resolved and all areas recommended for deletion will be reviewed.

• There are no sexual health and sexual behaviour themes at the primary level. However, only the HIV infection is retained at that level.

• The reviewed curriculum has received commendation from UNESCO in Geneva.
**GROUP WORK**

Three groups were established. Group I and II were exclusive to the religious leaders and their representatives. Group III was a group created for non-religious leaders who were either active or passive observers. The active observers were resource persons at the forum and passive observers were non religious leaders and non-resource persons.

The questions for group I and II were as follows:

1. Religious leaders should identify issues they are comfortable with and decide how this can be delivered.
2. Religious leaders should identify issues they are not comfortable with and decide how this can be delivered.
3. Religious leaders should decide what minimum information should be delivered in the school system.
4. What roles can the religious leaders play in the delivery.

The Group III questions were:

1. Identify roles of religious leaders.
2. Enumerate the roles of the school
3. Provide suggestions on the teachers guide.
4. Provide suggestions on teacher selection criteria
GROUP ONE

Question 1:

Introduction – The group appreciate the need for the teaching of family and reproductive health in school, using the developed curriculum, aiming at addressing reproduction and family health issues within schools, homes among Adolescent (school pupils).

Observation:- Page 1 “Introductory Page:- In presenting the parts of the body God as the creator of all human body should be stressed. The word like penis and vagina should be deleted. The family should also be introduced, since conception starts from the family.

(2) The word genitals is too early for the lower primary. Rather the word whole body be used.
(3) Parents should always come first before any other groups in the society.
(4) Media programmes should be viewed from both positive and negative implications.
(5) The phrase unprotected sex, be replaced with sexual intercourse.
(6) Scriptural references should be provided from both religious bodies to back up certain contents of the curriculum (detail of areas, see package).
(7) Other details observation are noted in the curriculum.

Suggestion For Delivery

(i) Parents:-
- Parents as primary educators should be empowered or educated to deliver adolescent sexual reproductive health.
- There should be regular PTA interaction and feedback on sexuality and family health education.

(ii) Teachers:-
- Recruit and train existing teachers from other of subject areas to teach Family and Reproductive Health Education. Those subject teachers to include: social studies, integrated science, religious studies, general studies, Counseling staff.
- Sexuality health and family life teachers should be equipped with a good knowledge of religious and cultural values of the people.
- And to respect these values in communicating these education.
- Regular PTA interaction on ASRH.

(iii) FBOs
- Incorporate FBO’s into all levels of the curriculum development and its implementation in both parochial and public schools.
- FBO’s should work with ASRH educators/ co-ordinators, during training/ workshops etc.

Minimum:-
- Graphic details are to be expunged.
- The reference/input of FBO’s to the content of the curriculum should be the minimum. The curriculum reflecting all inputs/ references.
- The standard and content of the existing curriculum can also be supplied to the senior schools. FBOs must be involved in any development of future curriculum i.e. for Tertiary Institutions.
Articulations:

- FBOs must be part of ASRH implementation and delivery.
- Integrate ASRH in all religious activities e.g. Jummat, Sunday services and Godly values must be stressed.
- FBOs should be part of the monitoring and execution of the curriculum.
- All FBOs should locally carry out an ongoing programmes on counseling, care and support for both the infected and affected.
GROUP TWO

A1 - Comfortable Issues

1. Inclusion of religious values in the Junior Primary school curriculum is desirable as fear of God must be stressed while Bible/ Quran should be included in the material.
2. Decent dressing should be included to check body abuse at the primary school level.
3. Friendship across religious lines should be encouraged.
4. Stigmatisation of people living with HIV/ AIDS is included under HIV/ INFECTION THEME 3. Objectives, contents, activities, materials and evaluation were formulated for it. And so also biblical and quaranic verses were formulated for the support of PLWHA.

A2 – Uncomfortable

1. Teaching and showing of charts and pictures of unique (reproductive) parts of male and female at lower primary school is not desirable.
2. Posters of Female Genital Mutilation under materials for Theme 3 HIV infection should be expunged for being irrelevant to the mental age of pupils at the lower primary school.
3. Sculpture and moulding under society and culture should be expunged for religious reasons and replaced with pictures.
4. Relationships – Theme 4 should include greed for factors that mar friendship.
5. Theme 5 Society and Culture for upper primary should include emphasis on religious tolerance and decent dressing. Both have activities drawn for them e.g. formation of peace movement club in school to promote tolerance.
6. Violence and types must be emphasized under society and culture at the upper primary school.
7. At the Junior Secondary Level – Theme I Human Development – under activities should reflect discussion on evil effects of bleaching.
8. Stigmatisation against PLWHA at the Junior Level desirable.

B. Suggestion For Delivery Of Information

1. Head teachers and principals should be sensitized to enlist their support.
2. Advocacy to target parents through Parents Teachers Association.
3. Peer education programme very relevant.
4. Morning assemblies can be used to disseminate information on FLHE.
5. Debating activities are also good for delivery.
6. Lectures during school celebrations like prize giving, founders day etc.
7. Pilot teachers must be trained and equipped with adequate teaching and learning materials while effective monitoring must be included.
8. The training should focus on advocacy so as to target the out of school audience.

C. Minimum That All Schools Must Deliver In Terms Of Information

(1) We recommend the dictates of the curriculum as amended by consensus.
(2) Morning assemblies should reflect FLHE.
(3) Weekly moral instructions must be promoted.
(4) Religious societies must be promoted.
D. **Additional Roles Religious Leaders Can Play**

1. Organise seminars and workshops on HIV/ AIDS awareness for congregation members.
2. Leadership training programmes for youths should include FLHE awareness.
3. Preachings should reflect Family Life HIV/ AIDS Education.
   a. Prayers and exaltation in the morning during the general assembly.
   b. School should organize moral instruction by both religion once a week.

Suggestions for improving the curriculum include:

(1) Society and Culture

Page 81,
Identify cultural norms and sins against God.

Page 1
Human Development: 2 should be cancelled after nose. Buttock should be written.

Page 2
No. 2 wearing clean and decent clothes.

Personal Skills
Theme 2

2 Column 2 include
- fear of God

Page 11
Item 2 = Power Point 2
Include breast etc

Page 12 last Wearing clean and descent clothes

Relationships
Page 15 Column 2
- 2 add church/ mosque members

Page 16
Column 2
- Church/ Mosque
- Column 2 include love them

Page 18 - content
Column 2
- Fear of God
- Column 4 = show Bible/ Quoran

Page 21 – Column 1
Item 4 – Pregnancy at puberty
Page 30
Column 2 (3a)
Possession of toys change to
(a) Playing materials
(b) Food sharing

Page 32
Column 4 No. 1
Female genital mutilation chat

Page 35 – Item 7 last
Ref to biblical/ koranic injunction e.g. Hebrew 13:3
Hadith – Be merciful to those on earth so that the owner of the earth will be merciful unto you.

Column 2 – include (8)
Contents stigmatization
Activity (3) evil effect against PLWHA

Column (4) Teaching and learning materials showing films depicting stigmatization e.g. Breaking the silence
Column (5) Evaluation: mention effects of stigmatization

Page 39 – Column 2 - add greed to the last

Page 42 – Content Core – include tolerance, descent dressing
Activities – sporting activities between members of both religion e.g. football or formation of peace movement club.
Evaluation – pupils should mention importance of peaceful co-existence.

Page 44 – Column 1 contents
Remove sculptures replace it with pictures
Delete moulding with clay

Page 45 – column 4 – type of violence
Domestic  )
Religious  )
Ethnic  ) Violence
Communal  )

Activities
Discussion on evil effects of violence

Page 48 No. 5 – Discussion on evil effects of bleaching

Page 74 – create item 7
Discuss stigmatization/ discrimination
Discuss contents
Sources and nature on discrimination
Effects of stigmatization

Activities/film show/role play
Evaluate—mention sources of discrimination
**GROUP THREE**

**Role Of Religious Leaders**

- Endorse and promote the curriculum
- Sensitize members of their congregation about FLHE curriculum
- Parents should be encouraged to support its teaching
- Needs to study the curriculum in-depth and support each theme/topic with relevant scriptural (Biblical/Quoranic) references.
- Religious leaders should adopt and adapt the FLHE curricular for their use in the non-formal education programme through the medium of their Sunday school/Quaranic school and general preaching/teaching.

**The Role Of The School**

- Before the teaching of FLHE Curriculum in a school, a warrant statement such as is contained in the introduction to the curriculum should be presented to the PTA at a regular meeting.
- The curriculum should be made accessible to parents and interested public.
- Identified scriptural reference for each lesson should be applied.
- The school authority should have equitable criteria for selecting teachers to attend FLHE training.
- A school based training should be subsequently organized for all teachers and members of staff.
- Students should be encouraged to give feedback on teachers efficiency and effectiveness.
- Students Anti-HIV/AIDS clubs/societies should be organized in every institution.
- The activities of other existing clubs in every institution should be designed to have FLHE content.
- School authority should put in place safe, reliable and just mechanisms for students fears and complains related to body abuse and sexual harassment by teachers, peers and the general public.
- Relevant scriptural references should be indicated under the teaching and learning material column of the existing FLHE Curriculum.

**On Teachers Guide**

1. Appropriate Teachers Guide for each level should be developed.
2. The Teachers should make deliberate and effective use of scriptural references provided for each theme/topic in the FLHE curriculum.
3. The Teachers Guide to be developed, must make teachers resourceful in the delivery of FLHE curriculum.
4. The Teachers Guide should stress the use student centred approaches in the delivery of FLHE topics.

5. All instructional materials on the FLHE must be culturally and religiously acceptable.

6. The segment on ‘Society and Culture’ in the FLHE curriculum should be taught first as the basis for treating the various themes and topics.

7. The Teachers Guide should have a section for likely questions and answers based on issues that students are likely to raise.

GENERAL STATEMENT

The religious leaders and parents should see the FLHE curriculum as educational tool meant for use by the teacher. In view of this, existing terminology and words in the curriculum are for the consumption/ consideration of adult teachers and not directly for students.
**Consensus Statement**

The Federal Ministry of Education in collaboration with POLICY Project and Action Health Incorporated (AHI) has organised a consultative forum for religious leaders on Education Sector Response to Adolescent Sexual and Reproductive Health and Rights which extensively discussed and reviewed the recently revised curriculum on Family Life and HIV/AIDS Education to be used in primary and junior secondary schools in Nigeria. The forum was held in Kaduna between the 9th – 10th of March 2004, and it drew forty-seven participants from the Christian and Islamic faiths.

The two-day forum had included focused papers from officials of the Federal Ministry of Education, who are also responsible for making educational policies for the country, religious leaders and representative of the Federal Ministry of Health. These presentations generated robust and frank discussions. They have also allowed the participants to give detailed scrutiny of the revised curriculum in small group sessions. It is the outcome of these activities that we summarize and present as our consensus statement; and it runs as follows:

We give thanks to God Almighty for giving us the opportunity to participate in these discussions, which will ultimately deal with what our children will be taught henceforth.

We must show appreciation to the Federal Ministry of Education, the Honourable Minister Professor Fabian N.C. Osuji, and the supporting bodies and all stakeholders who have considered it important to organise and participate in a forum like this.

1. Participants see the urgent need for commitment to Family Life and HIV/AIDS Education (FLHE) as means of preventing HIV infections, pre-marital and extra marital sex, unwanted pregnancies, maternal morbidity and mortality, as well as elimination of all forms of discrimination against women;

2. Taking cognizance of the fact that most Nigerians are religious, the execution of all programmes, policies and actions relating to FLHE must incorporate religious and good cultural values;

3. We have accepted that the draft curriculum, as corrected at this forum, can be the credible means of achieving good Family Life and HIV/AIDS Education.

4. The promotion of the use of condoms and the use of terms unprotected or safer sex was condemned and is to be removed from all programmes and educational materials;

5. That workshops be organised by the government and faith-based representatives in all states to safely extend the revised curriculum to teachers and secondary schools as well as guidance counsellors and PTAs;

6. The place of parents as primary educators in all issues relating to FLHE must be emphasized. Parents and the family are also the first refuge to children who are victims of child abuse, hence parents should be empowered to give age-appropriate sexuality education;

7. Participants demanded that God be extolled and religious values be given due consideration throughout the curriculum and in this connection, they have accepted the responsibility to supply relevant scriptural quotations for use in the curriculum;

8. When dealing with issues of rights, the curriculum must also recognise the rights of parents and the rights of children;
9. The government and our law makers should be careful when implementing international covenants and must ensure that the religious and socio-cultural values of our people are upheld and respected;

10. Appropriate legislations re-focussing our voice of censorships should be enacted in order to curb media excesses of promoting sex, sins and violence as well as enact codes of decent dressing that will not dismantle the religious and good values of our communities and Nigeria as a whole;

11. Religious leaders commit themselves to use their various fora (churches and mosques) to establish on-going activities relating to FLHE in the local settings using appropriately trained educators;

That the federal government should establish a committee, of religious leaders to monitor the implementation of the curriculum as revised.

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4. Adamu Aliyu  
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5. Imam Abdullah Akinbode  
Nasrulahi Fati Society of Nigeria

6. Mohammed K. D. Kassim  
Interfaith HIV/AIDS Council of Nigeria

**For Christian Faith:**

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ECWA National/TEKAN

2. Sr. (Dr.) Anastasia Njoku  
Catholic Secretariat of Nigeria

3. Rev. Raphael Opawoye  
Pentecostal Fellowship of Nigeria

4. Dr. D. A. Gbadebo  
Nigerian Baptist Convention

5. Pastor Laide Adenuga  
Redeemed Christian Church of God

Interfaith HIV/AIDS Council of Nigeria.
Closing Plenary

This session was jointly presided over by Alhaji (Dr.) Lateef Adegbite and Sis (Dr.) Anastasia Njoku.

Alhaji (Dr.) Adegbite in his remarks highlighted the following:

• Appreciated the Hon. Minister for Education and other Federal Ministry of Education officials for convening this meeting.

• Noted with satisfaction all that has transpired at the forum.

• Urged that governments at all levels should be granted roles.

• Urged that report / outcome document of this meeting should be forwarded to the National Council on Education for necessary action.

• The role of the media should be appreciated and supported.

• Wants special attention to be paid to how this subject will be integrated and taught so as to reflect the importance.

• Feels strongly that this subject should not be a non-scoring subject as there is the need for students to take it seriously.

• In the implementation of all International treaties and covenants, religious and socio-cultural values should be considered greatly.

• Assured that religious leaders are taking the lead in HIV/AIDS prevention and impact mitigation especially through the work of Interfaith Council on HIV/AIDS.

• Called for further efforts on the part of religious leaders including supporting research and providing care and support for PLWHA, intensify counseling and develop specific religious community based programmes/interventions.

• Concluded by praying for God’s blessings in addressing the HIV/AIDS Scourge.

Sister (Dr.) Anastasia in her remarks highlighted the followings:

• Appreciate the organizers especially the facilitation process that enabled religious leaders discuss openly, highlight areas of disagreement and reach a consensus on the way forward. Thus the consensus statement is a document they all are proud of.

• They are all looking forward to the implementation of the curriculum as amended.

• Believes that for Nigeria to change for the better, religious leaders have a pivotal role to play.
ANNEXES

Annex A: Programme of Events
Annex B: List of Participants
Annex C: Presentations
Programme of Events

**DAY ONE: 9th MARCH 2004**

09.00am – 09.30am  
Opening Plenary  
- Opening Prayers  
- Welcome Address by Mr. E. M. Oyinloye  
- Goodwill Messages  
- Self Introduction by Participants

9.30am – 10.30am  
First Technical Session: Islam and Adolescent Sexual and Reproductive Health and Rights By Mallam Yousoof Bauci  
Discussion

10.30am – 11.00am  
Tea Break

11.00am – 12.00noon  
Second Technical Session: Christianity and Adolescent Sexual and Reproductive Health and Rights By Rev. Canon O. T. Adesokan  
Discussion

12.00 noon – 1.00 pm  
Third Technical Session: Overview of Adolescent Sexual and Reproductive Health, including HIV/ AIDS and Implications for Nigeria by Dr. Tunde Segun  
Discussion

1.00 pm – 2.00 pm  
Lunch

2.00 pm – 3.00pm  
Fourth Technical Session: Education Sector Response to HIV/ AIDS Education Curriculum By Mrs. E. M. Oyinloye  
Discussion

3.00 pm – 4.00 pm  
Fifth Technical Session: The Family Life and HIV/ AIDS Education Curriculum By O. A. Adara  
Discussion

4.00 pm – 4.30 pm  
Tea Break

4.30 pm – 5.30 pm  
Group Work
DAY TWO: 10TH MARCH 2004

9.00 am – 10.30 am  Group Presentation in Plenary
10.30 am – 11.00 am  Tea Break
11.00 am – 12.00 noon  Building Consensus
12.00 noon – 1.00 pm  Presentation of Consensus Statement in Plenary
1.00 pm – 2.00 pm  Lunch
2.00 pm – 3.00 pm  Adoption of Consensus Statement and Closing
3.00 pm  Departure
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1. CONCEPT PAPER ON CHRISTIANITY AND ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS
PRESEN TED BY EDUCATION SECRETARY
DIOCESE OF ABUJA (ANGLICAN COMMUNION)
REVD CANON OLUSEGUN ‘TOYIN ADESOKAN NCE, B.Ed, M.Ed, FNAPHER, Dip. Th.

PREAMBLE:

The second part of the Gloria in the Christian worship states that, “as it was in the beginning, is now and shall be for ever”, Amen.

God, in the story of creation (in the beginning), had blessed man with knowledge to have dominion over other creatures this is a right as God’s own people. Man was wonderfully made in God’s own image in both male and female. Adam and Eve (Gen.1: 27 & 28) Their union was sacred and special (Gen 2:21-25). Jesus Christ makes reference to this in Matt.19: 4-6 when he says…at the beginning the creator made them male and female…”

This is the beginning of human sexuality that God made, one of the greatest gifts of humanity that he made sacred. Being such a divine gift from God, the abuse of it or withholding facts that could make it sacred becomes an even greater offense against God. God taught Adam and Eve, first social institution God created, everything to know but they fell because of disobedience and misinformation. Disobedience by breaking God’s instruction not to eat from the tree of the knowledge of good and evil which they ate (Gen. 2:17) and misinformation because Satan came to impart wrong knowledge that made them offend God. “Is now and shall be for ever’ means God is still in the business instructing and informing but Satan on the other hand in the business of confusing and misinforming.

We commend the initiative of the Federal Ministry of Education to have a curriculum that will impart knowledge into the adolescents in schools and all people to know about Family Life and HIV/AIDS. We salute the NERDC who developed the curriculum in collaboration with the initiator (FME), Universal Basic Education (UBE) and Action Health Incorporation (AHI). May God bless you all? Amen.

Knowledge is power. The power to safe our adolescents from social maladies such as fornication, pre-marital sex, teenage pregnancy, homosexuality, bestiality, promiscuity, rape, STDS and of course HIV. Preservation of life is a task that must be done.

Going through the curricula for the Junior Primary, Senior Primary and Junior Secondary Schools, we perceive the acquiring of sexual and reproductive knowledge and skills that the adolescents need as a right for saving themselves sexually and make them healthy before and after the marriage. So, we are happy to be part of this monumental occasion.

The topic we are here to share is the same topic of “Adolescent Sexual and Reproductive Health and Rights in Christian Perspective” Let us ponder awhile to answer the following questions that will form our guidelines:
(i) Who is an adolescent and what are the challenges of the adolescence period?

(ii) What is sexuality?

(iii) What is Reproductive Health?

(i) What are the rights of adolescent to sexuality and reproductive health?

(ii) What are the attitude of Christians to the teaching of Family Life and HIV/AIDS Education?

(iii) What is the Christian (Biblical) support for implementation of FLHE Curriculum?

**Adolescent and the Challenges of the Period:**

Ebun Delano et al. in their book on Life Planning Education: A handbook for Teachers in Junior and Senior Secondary Schools describe the period of adolescence (10 – 19 years) as a very turbulent period, the period of psychosexual development between the onset of sexual maturation (puberty) and early adulthood, during which young people define their own identity, gender and relationships with other people. This is a period of transition from childhood to adulthood. In girls, the period begins at about 10-12 years of age and in boys, it begins at about 12-14 years of age and ends at about 19 years of age.

The adolescents are in a period of physical, psychological and social changes. This period, it is important that adolescents understand sexuality, not only in biological term, but also emotionally as this physical act does not always have a happy ending. They are faced at this period with different reproductive health issues like getting pregnant, dropping out of school and falling into devilish groups and gangs. This is effect of denial of their rights.

The challenges of this period make it imperative for adolescents to have access to accurate, appropriate and realistic sexual and reproductive health information as a right to prepare them for the present and future life activities. By and large, after acquiring the knowledge and the life skills, the adolescent again would be able to make responsible decision based on accurate information. They deserve a right to communication.

**Sex and Sexuality**

There is difference between sex and sexuality. Sexuality is how an individual thinks, feels and acts about his or her own body and that of others. Whereas, sex refers to whether we are born male or female. Sex can also mean an act of sexual intercourse that is an expression of love and intimacy between mature men and women.

In Nigeria today, adolescents are exposed to sex as their right instead of sexuality. Hence, the need for a curriculum to correct the mentality.

**Rights of adolescents to Sexuality and Reproductive Health**

The ability to express one’s sexuality is a right God has given with instructions. Exercising of such rights in a positive way is however enriching and delighting. It is a display of sexual fantasies in a godly way and at a stage one is ready for responsibilities of parenthood.

It is the right of the adolescent to have access to Reproductive Health, which are 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 system. The adolescent period is a stage in which they identify and claim their rights such as the right to life, right to join
associations, right to identity, right to communication, right to privacy, right to recreation and leisure, right to education,
right to good health, freedom from discrimination, protection against exploitation and inhumane treatment, right for
special care under special difficult circumstance, right to good nutrition and right to shelter.

By and large, the rights to education and right to life form the basis of the acceptance of Family Life and HIV/AIDS
Education Curriculum for the teaching of the subject is fundamental to the adolescents’ existence.

Attitudes of Christians to the teaching of Family Life and HIV/AIDS Education
Let me state it categorically here that Christians stance has not changed concerning teaching of adolescents and
other Christians Family Life and HIV/AIDS Education so far they are handled by competent and godly teachers want
to recollect one of the resolutions/Nigerian covenant of the Congress on Christian Ethics in Nigeria in 1997; says
and I quote “We believe the family is the first and most important social institution God created. Therefore, we
pledge to develop and maintain our families according to the principles of God’s word, which prescribe marriage of
one man to one woman for life. We will practice faithfulness and fidelity by forsaking fornication, adultery, homosexuality
and all other forms of sexual abuse. We further pledge to rear our children in the fear and admonition of the Lord”. How do we go about this? The Bible says my people perish for lack of wisdom. How do they know when they are
not taught? Do we want to wait to see them burnt by fire before we make necessary correction? No!
The Christians all over believe in the authority of the Holy Scripture – Bible especially as to the love of God and love
of ones neighbours as oneself (Matt.22; 36-40) The implementation of the Family Life and HIV/AIDS Education
Curriculum where sexuality and reproductive Health and right of adolescent will afford them the opportunity to
cultivate healthy attitude about HIV/AIDS. They will know that

*Respectable people can catch HIV
*There is no need to feel bad. HIV can come from an unfaithful partner,
even if you are being faithful yourself.
*It is not who you are, rich, poor, educated or uneducated, young or old but what you do, that
puts you in danger of AIDS.
*A person with AIDS should be treated like any other person with an illness.
*AIDS is a disease not a punishment and persons living with HIV/AIDS
should be treated with care and respect; caring and supporting people with HIV helps to stop HIV
spreading because care and support helps people with HIV.

Another closer perspective in support of the FLHE is the exposure and eradication of unhealthy attitude. For
example, a taboo that AIDS is caused by witchcraft. Adolescents will be equipped that AIDS is caused by HIV, a
tiny germ and when adolescent stay away from sex and when matured people stay faithfully with their partners they
do not get AIDS, so witches do not cause AIDS.

Again, the idea that only bad people catch HIV may not be all truth. What about someone who is raped? Or
someone who has had an infected blood transfusion in hospital or babies bore with AIDS or a faithful wife who is
infected by her unfaithful husband or a faithful husband who is infected by his unfaithful wife? Are these people bad?

Biblical Support to Family Life and HIV/AIDS Education
Before we say anything on the Christian support or the Biblical reference of the right of adolescents to Family Life
and HIV/AIDS Education, an explanation of what Family Life will be beneficial. Family Life education is the preparation
of adolescents for responsible citizenry, parenthood and person in his own capacity. Family Life Education has
become an imperative phenomenon in the present day Nigeria where the adolescents both male and female constantly have close contact either in schools, neighbourhood, at work, at play or sports level.

Christian injunction support godly activity that can give hope of eternal life and make one to keep himself pure (I John 3:3) That is why Paul advised the disciples to engage in things that are pure, right, noble…”(Phil.4:8)

Knowledge and skill acquisition will enable adolescents run away from all appearances of evil. Teaching the adolescents that an unhealthy close association with opposite sex is called lust and that the Bible warns that lust is sin and all lusts will be judged by God.

FLHE exposes adolescents to improve themselves in virtues and activities that are expected of a Christian girl or boy keeping himself busy meaningfully will help. They should know that the devil finds work for idle hands.

However, it is the Christian perspective to lead the adolescents by their own right to:

1. Discover the opposite sex and their sexuality so that they can understand that God created the gift of sexuality and to know the Biblical standards of proper sexual expression.

2. Know that their body belongs to their future spouse so keep it clean and undefiled.

3. Abstain from sexual expression before marriage and outside marriage which requires learning how to stand-alone against many temptations and pressures.

4. Understand and recognize that God made them male and female different from each other.

5. To be aware that God is happy when they use their bodies the way He designed them (sacred) and is unhappy when they use them differently than He designed them

6. Understand the wonders of the private parts and that it is only when they grow into adulthood and ready for adulthood responsibilities to be a father or a mother that they can use the parts for sex which gives pleasure and creates babies.

7. Understand the dangers and consequences associated with having sex when one is not ripe for it or doing it before marriage.

8. Understand basic information about HIV/AIDS including its dangers, the way it is passed from one person to another and the myths about HIV/AIDS.

9. Know how to avoid AIDS and yet interact with and take care of people living with HIV/AIDS.

10. Feel safe and comfortable to learn and discuss sexuality and HIV/AIDS.

11. Make a commitment not to become sexually active until marriage

Conclusion:

The Christians believe that children are a gift from God (Gen.33: 5, Ps.127: 3-5, Isa.8: 18) By and large, like all gifts from God, they are sacred trusts which are given to us to nurture for His honour and glory (Prov.22: 6, Mk.10: 13-15) Therefore, we believe that it is our collective responsibility to train our children in the fear and admonition of the Lord (Deut.6: 7,Prov.13: 24, 22:6, Eph.6: 4, Itim.3: 4) It is only in this way, not only will our children rise up and call us blessed (Prov.31:28) but we will ensure that there will be a future generation of godly Nigerians.

The Family Life and HIV/AIDS curriculum for adolescents has come as a window of Hope for Nigeria to combat criminal and anti-social behaviours. You will know the truth and the truth will set you free.
This FLHE curriculum can be best described as another vaccine to prevent STDs and HIV/AIDS because the contents are simply imparting knowledge, wisdom and skills in waiting for sex until marriage and after marriage faithfulness inside it.

Let us collectively and prayerfully join hands for the implementation so that our adolescents will accord Mrs. Jean Garland R.N, LISTEN, LEARN AND LIVE

**Recommendations**

To make an effective delivery of FLHE, the Government should, as a matter of urgency, do the following:

1. Training of a core of Super Trainers to train teachers in schools.

2. Organise seminar for Schools’ Heads, Head teachers and Principals to arouse their interest.

3. Establish in all schools, female and male Peer Educators – Youth friendly club.

4. Educate the Inspectors and LIEs on monitoring strategies and supervise delivery of FLHE.

Thank you for listening and God bless you all.

**REFERENCES**


5. The Oyo State Expanded Life Planning Education (ELPE) Project 1999


2. CONCEPT PAPER ON RELIGIOUS LEADERS FORUM ON ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS TITLED: “ISLAM AND ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS” BY YOUSOOF IBRAHEEM BAUCI

The Honourable Minister of Education, ably represented by the Assistant Chief Programme Officer, The Coordinator of this meeting, Mrs. Oyinloye
Dr. Esiet of the AHI,
Other members of the High Table,
Members/ Participants,
Fellow Resource Persons,
Distinguished invited guests,
Members of the press,
Ladies and Gentlemen.

May I once again convey my sincere appreciation to the Coordinator, Mrs. Oyinloye and Dr. Esiet for giving me another opportunity to address this august gathering. If the Federal Ministry of Education fails to bring out a workable curriculum on Adolescent Sexual Education, with the brains invited to meet for the next two days, then nothing more tangible can be produced. The religious leaders gathered here this morning, are a national representation of knowledgeable and experienced personalities capable of evolving an acceptable and lasting curriculum for our young children, both in schools and outside schools.

WHY CHANGE IN NAMES AND TITLES?

My main worry is the regular changing of the title of this curriculum. When we were invited in September 2003, the title was SEXUALITY EDUCATION CURRICULUM. Today, it has been changed to NATIONAL FAMILY LIFE. These sudden changes make most religious leaders suspicious of government’s intentions. I would rather we have a permanent title for the curriculum once and for all. It was for the same reason that the Federal Government kept changing the name of NATIONAL BIRTH CONTROL to:

(a) Family Planning
(b) Planned Parenthood Federation
(c) Population Education
(d) Child Spacing etc.

Why play with words in order to confuse the masses of this country?
EMPHASIS ON HIV/ AIDS

Why emphasize on HIV/ AIDS instead of other child-killer diseases such as malaria, polio, measles, etc? Is it because foreign governments are sending billions of dollars for HIV/ AIDS? Maybe that is why many HIV/ AIDS NGOs are being established across the country. HIV/AIDS is not the highest killer in Africa. False statistics have been offered just in order to bring Nigerians, and indeed Africans, to their knees. The advertisement for the use of condoms has aggravated promiscuity. For commercial purposes, emphasis is placed on buying condoms rather than abstention from illegal sexual intercourse.

THE POSITION OF ISLAM

Islam is the only religion that teaches Sexual Education to all followers, irrespective of age or sex, but with the SHARIA rules and regulations to guide this teaching. Family Health teaching starts from:

a. The Family Unit
b. Family Relationship
c. The Institution of Marriage
d. The Essence of Procreation
e. The History of Generations
f. Love and Togetherness among all Human beings

ADULTERY/ FORNICATION

The first step towards prevention of all sexually transmitted infections is the avoidance of adultery/ fornication. If spouses keep to this rule, AIDS and other related diseases would not have spread the world over. “Do not come near Zina”, the Qua’an says. But our government prefers to advocate for any illegal sex through the use of condoms. This is unacceptable in Islam.

THE INSTITUTION OF MARRIAGE

It is the only way to save the world from health hazards. That was why the prophet of Islam said “Oh you group of young men! If you can afford it, let each of you get married. For those who cannot afford, revert to frequent fasting because fasting reduces the urge for sex” (Hadith).

CHILD TRAINING

The Qur’an has supplied a special chapter for training the child, not only sexually, but in all aspects of living. (Refer to Sakuratul-Lukman in the Qur’an).

WRONG APPROACH

Europe introduced two policies that failed woefully in their faces. These policies are:

1. Birth Control
2. Women’s Liberation
Have they succeeded? The answer is NO. If so, why should we adopt policies that are bound to fail? The first mistake was the making of Birth Control a National Policy instead of a personal policy. Also, the so-called emancipation of women has ushered in the following in the world:

1. Family Planning
2. Excessive promiscuity
3. Love of the sensate
4. Pornography
5. Homosexuality/ Lesbianism
6. Prostitution
7. Poor children to children
8. Illegitimacy
9. Ungodliness, etc

The AIDS virus was invented to be spread among the so-called under-developed countries.

EFFECTS

All publicities geared towards reducing births and HIV/ AIDS have failed. Instead, with all the billions of dollars being pumped into the country, the disease is in the increase and birth is in the increase.

SOLUTION

- More religious advocating
- Measures to stop all enslavement of women in the name of “liberation”
- Going back to respect of family values
- Emphasize on GOOD CONDUCT not GOOD CONDOM
- Division of labour between men and women
- The banning of pornographic materials
- Attitudinal changes in media houses the world over
- Religious instructions in all schools
- Promulgation of laws on decency, etc.

Thank you and God bless.