Review Article

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Commitment, Concessions and Compromise. Experiences of building support for and addressing resistance to sexuality education from Nigeria

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Abstract: Despite the international, regional and national commitments to sexuality education and the evidence of its effectiveness, progress on national implementation of sexuality education has been slow for a variety of reasons. The obstacles to comprehensive sexuality education are well documented and commonly experienced, yet the knowledge base of successful strategies to deal with resistance remain limited. This study evaluated Nigeria's experience in creating an enabling environment for and addressing backlash to the Family Life and HIV Education (FLHE) programme; the findings reveal that FLHE supporters used both proactive and reactive strategies, whilst also making concessions and compromises to ensure the acceptance of the programme in various states of the country. These practical examples from Nigeria may inspire other countries in the planning, implementation and scale-up phases of their own CSE programmes, especially in settings where socio-cultural barriers pose challenges.

Keywords: Sexuality education; Family Life and HIV Education; Nigeria; young people; adolescents; sexual health; reproductive health

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1 Introduction

Over the past two decades, the evidence base for comprehensive sexuality education (CSE) has grown significantly in relation to its effectiveness in improving sexual and reproductive health (SRH) for young people. International recognition of its importance has, in turn, led to the wide availability of tools to plan, monitor and evaluate CSE programmes, as well as the inclusion of CSE in national plans of action for young people's health and rights. [1] Whilst progress has been made in some regions and countries, it has stalled in many others. Many factors contribute to this, though commonly there is deep-seated discomfort with adolescent sexuality and resistance from a variety of stakeholders. Policy-makers and community leaders, concerned about public support, are often reticent to push for CSE, whilst teachers are often unprepared or unwilling to discuss sensitive topics in the classroom, or are uncomfortable in doing so. Within family settings, many parents find it difficult to acknowledge that their children become sexual beings as they move through adolescence, and fear that sexuality education can contribute to early sexual activity. [1] Although these are widespread and common challenges, evidence on successful strategies that build community support for and address resistance to CSE is limited.

In 2003, Nigeria adopted a new national sexuality education curriculum in response to the growing HIV epidemic and committed to scaling it up country-wide. After one year of implementation, FLHE was operational in approximately half of Nigeria's states and, by 2011, in all thirty-six. [2] Despite tremendous challenges - including a widespread perception that FLHE is incompatible with traditional and religious values - as well as significant trade-offs, Nigeria has emerged as one of a small, but

growing, number of countries that have sustained and scaled-up a national sexuality education programme.

This study draws on Nigeria's experience in adopting and implementing FLHE and contributes to a series of case studies commissioned by the World Health Organization (WHO) on lessons learned by governments and non-governmental organizations (NGOs) on building support for sexuality education and dealing with resistance. This study does not present the overall evidence base for CSE. Nor does it provide a full history of FLHE's adoption or evaluate the coverage, quality or impact of FLHE, all of which are adequately addressed in existing published literature. [3-6] Instead, this study focuses on the environment within which FLHE has been implemented and specifically addresses the following two research questions:

1. How was an enabling environment created for the scale-up and sustainability of FLHE?
2. How has resistance and backlash to FLHE been addressed?

2 Methods

A literature review and key informant interviews were used to collect data for this study. The search for literature was conducted using Google Scholar, PubMed and EBSCOhost using the key search terms in Table 1. To be included, literature had to directly address the study's research questions and cover the time period leading up to the adoption and/or implementation of FLHE (1/1/2002 - 31/12/2018).

An initial fifty-five publications were selected following a review of titles; the abstracts of all fifty-five were reviewed and eight papers were determined to meet the inclusion criteria. Separately, authors also requested and reviewed documentation from Action Health Incorporated (AHI), Association for Reproductive and Family Health (ARFH), and from the Federal Ministry of Health and Federal Ministry of Education in Nigeria. A total of 11 papers were received from these non-governmental and governmental agencies that met the inclusion criteria. In total, 19 papers were reviewed for the study (see Table 2).

Table 1: Key search terms

("family relations"[MeSH Terms] OR ("family"[All Fields] AND "relations"[All Fields]) OR "family relations"[All Fields] OR ("family"[All Fields] AND "life"[All Fields]) OR "family life"[All Fields]) AND ("HIV/AIDS Res Treat"[Journal] OR "HIV AIDS (Auckl)"[Journal] OR "hiv/aids"[All Fields]) AND ("education"[Subheading] OR "education"[All Fields] OR "educational status"[MeSH Terms] OR ("educational"[All Fields] AND "status"[All Fields]) OR "educational status"[All Fields] OR "education"[All Fields] OR "education"[MeSH Terms]) AND ("nigeria"[MeSH Terms] OR "nigeria"[All Fields]).

From the initial review of the literature and policy documents, typologies were identified by the authors and refined throughout the analysis. Relevant information from each document was drawn out as supporting evidence for each of the typologies and tabled for ease of reference.

After completing the literature review, an interview guide for key informant interviews was developed to address the main research questions and the gaps in knowledge gained from the literature review. The guide included questions regarding the process of designing the FLHE, including how socio-cultural contexts and communities' concerns were taken into account. Further questions were also asked about resistance faced by the curriculum developers and implementers, and how this was addressed.

Key informant interviews were conducted with five individuals involved in FLHE's adoption and implementation from the outset. They represented the following organisations: AHI, ARFH, United Nations Population Fund (UNFPA), Nigerian Educational Research and Development Council (NERDC), and MacArthur Foundation, Africa. These organisations were identified in consultation with the Federal Ministry of Education (FMoE) as being key players in the country. The civil society organisations interviewed were also members of the National Guidelines Taskforce at the time of interview. Key informants were interviewed over the phone between September 2017 to March 2018; each interview lasted approximately 45 minutes. All key informants provided verbal consent and their anonymity was assured by the interviewer.

Narrative analysis was utilised to analyse the key informant interview data, using the study's research questions as the primary lines of enquiry. A code book was developed and the data were assessed to extract key themes related to the two research questions. Findings from the literature review were compared, triangulated and synthesized with the findings from the interviews.

The National Code of Health Research Ethics, section B(d) exempts some studies from oversight by the National Health Research Ethics Committee (NHREC) if they aim to produce information leading to improvement in the delivery of procedures, programmes and services. Given that the FLHE was already being implemented and the study

Table 2: Peer reviewed and grey literature reviewed

1. Udegbe BI, Fayehun F, Isiugo-Abanihe UC, Nwagwu W, Isiugo-Abanihe I, Nwokocha E. Evaluation of the Implementation of Family Life and HIV Education Programme in Nigeria. Afr J Reprod Health. 2015 Jun;19(2):79–93. [cited 2017 Oct 24] Available from: http://www.ncbi.nlm.nih.gov/pubmed/26506660
2. Nwokocha E, Isiugo-Abanihe I, Omololu F, Isiugo-Abanihe U, Udegbe B. Implementation of Family Life and HIV/AIDS Education in Nigerian Schools: A Qualitative Study on Scope, Delivery and Challenges. Afr J Reprod Health. 2015 Jun;19(2):63–78. [cited 2017 Oct 24] Available from: http://www.ncbi.nlm.nih.gov/pubmed/26506659
3. Esiet AO, Esiet U, Philliber S, Philliber WW. Changes in knowledge and attitudes among junior secondary students exposed to the family life and HIV education curriculum in Lagos State, Nigeria. Afr J Reprod Health. 2009 Sep;13(3):37–46.
4. Kunnuji MO, Robinson RS, Shawar YR, Shiffman J. Variable Implementation of Sexuality Education in Three Nigerian States. Stud Fam Plann. 2017 Dec;48(4):359–76.
5. Dlamini N, Okoro F, Ekhosuehi UO, Esiet A, Lowik AJ, Metcalfe K. Empowering teachers to change youth practices: evaluating teacher delivery and responses to the FLHE programme in Edo State, Nigeria. Afr J Reprod Health. 2012 Jun;16(2):87–102.
6. Huaynoca S, Chandra-Mouli V, Yaqub Jr N, Marie Denno D. Scaling up comprehensive sexuality education in Nigeria: From national policy to nationwide application. Sex Education. Taylor & Francis; 2014. pp. 191–209.
7. Orji EO, Esimai OA. Introduction of sex education into Nigerian schools: the parents', teachers' and students' perspectives. J Obstet Gynaecol. 2003 Mar;23(2):185–8.
8. Isiugo-Abanihe UC, Olajide R, Nwokocha E, Fayehun F, Okunola R, Akingbade R. Adolescent Sexuality and Life Skills Education in Nigeria: To What Extent have Out-of-School Adolescents Been Reached? Afr J Reprod Health. 2015 Mar;19(1):101–11.
9. Report of Global Fund Supported Phase 1 Family Life and HIV Education Implementation in Nigeria, 2013, Association for Reproductive and Family Health (ARPH)
10. Susan Y. Wood and Deborah Rogow. Can Sexuality Education Advance Gender Equality and Strengthen Education Overall? Learnings from Nigeria's Family Life and HIV Education Program. New York: International Women's Health Coalition; 2015.
11. Family Life and Emerging Issues Curriculum: Training Guide for Colleges of Education in Nigeria, 2009, Action Health Incorporated (AHI)
12. Family Life and HIV Education Curriculum for Junior Secondary Schools in Nigeria, 2003. National Education Research and Development Council NERDC)
13. National Reproductive Health, HIV & AIDS Prevention and Care Project through the NYSC: Manual for Training Peer Educators, 2008. United Nations Children's Funds (UNICEF) with technical input from Association of Reproductive and Family Health (ARFH) and Society for Family Health (SFH).
14. National Family Life and HIV Education: Teachers' Guide in Basic Science and Technology, 2006. Nigerian Educational Research and Development Council (NERDC).
15. A handbook on adolescent reproductive health and HIV/AIDS education for trained teachers on FLHE, 2006. HIV Unit Federal Ministry of Education.
16. Family Life and HIV Education Curriculum. Action Health Incorporated. 2nd ed. AHI; 2014.
17. Training of Trainers for Family Life and HIV Education: Training Slides for the North, 2010. Association for Reproductive and Family Health (ARFH).
18. Guidelines for Comprehensive Sexuality Education in NIgeria. 1996.
19. Action Health Incorporated Foundation for a healthy adulthood: Lessons from School-based Family Life and HIV Education curriculum implementation in Lagos. Action Health Incorporated and Lagos State Ministry of Education; 2010.

aimed to produce information about its implementation, it was deemed exempt from ethics committee oversight; a letter to this effect was issued by the NHREC.

3 Findings

The FLHE curriculum aims to 'foster the acquisition of factual information; formation of positive attitudes, beliefs and values; and the development of skills to cope with the biological, psychological, socio-cultural and spiritual aspects of human living.' [7] Following its adoption in 2003, it has been implemented in junior second-

ary, and secondary schools in the basic science, physical and health education, and social studies courses. [8, 9] Educators who deliver the curriculum receive pre-service training from colleges and teacher training institutions with support from the National Commission for Colleges of Education and the Universal Basic Education Commission, and in some states, in-service training is provided by NGOs.

3.1 How was an enabling environment created for the scale-up and sustainability of FLHE?

During the adoption and implementation of FLHE in Nigeria, the government and its partners employed numerous strategies (Table 3) to create an enabling environment and build support. Many of these strategies served to 'plough ground' in states where resistance to FLHE was anticipated. This was done for example, through the inclusion of 'gatekeepers' and the adaptation of the curriculum to the local context. In states where there was already a degree of support for sexuality education, other strategies ensured that the introduction of FLHE built on existing structures and networks for the health and rights of young people.

3.1.1 Identifying a relevant and acceptable entry point

In 1999, Nigeria held a National Conference on Adolescent Reproductive Health to review progress against the 1994 International Conference on Population and Development (ICPD) Programme of Action. The conference revealed slow progress against various targets, including a pressing need to address the sexual and reproductive health of young people across Nigeria.[1] [10, key informant B] Evidence at the time indicated that 16.2 per cent of 15 to 19 year old adolescent girls were sexually active and approximately 11 per cent of adolescent girls had begun child bearing by the age of fifteen. [11] Nigeria also reported having the largest number of adolescent maternal deaths in the world. [11] At the same time, the HIV epidemic in the country was having a disproportionate impact on young people; approximately 60 per cent of all new HIV infections were among young people aged 15 to 24 years. [7, 11] Adolescents had low knowledge of the health risks of unprotected sexual activity, with 30 per cent and 25 per cent of boys and girls aged 15 to 19, respectively, reporting not knowing how to avoid HIV. [11]

The 1999 Conference's focus on adolescents and the newly-available data illustrating sexual and reproductive health challenges, opened the door for the adoption of a new sexuality education programme, which had been advocated for by NGOs from across Nigeria for a number of years. [2, key informant C] It was the entry point for bringing political, religious, traditional and community leaders on board and advocating for a large-scale, government-led response. It was also agreed that the education sector was a sensible and viable platform for such a response, given the large proportion of adolescents who were in school. [2]

3.1.2 Building on existing policies and programmes

Supporters of sexuality education leveraged existing policies and programmes from both inside and outside of Nigeria to legitimize and institutionalize FLHE. Within Nigeria, selected components of sexuality education had been included in teacher training curricula since the 1970s. The 1988 Nigerian Population Policy highlighted the causes and consequences of rapid population growth and provided information for the education sector's response. [5, 12] Around the same time, school-based behaviour change programmes – largely funded by the MacArthur Foundation – began to emerge and, by the end of the twentieth century, twenty-four states reported having some kind of sexuality education programme. [5] Examples of these programmes include the Population and Family Life Education Programme implemented nationally by NERDC from 1988 [13]; the Integrated Family Life Education Project implemented in Nembe, Bayelsa State, South-south region from 1996; and ARFH's Expanded Life Planning education Programme implemented in Oyo State, South-West region from 1998 [14, 15]. The results of these smaller-scale interventions in various states were encouraging, providing evidence to back up advocacy for

1 Nigeria is a large and diverse country. These national averages mask substantial in-country differences.

Table 3: Strategies used to create an enabling environment for national scale-up of FLHE in Nigeria

– Identifying a relevant and acceptable entry point
– Building on existing policies and programmes for legitimacy
– Tailoring the curricula to respond to sensitivities
– Crafting a diverse network of allies
– Engaging directly with gatekeepers
– Using monitoring data to course correct and demonstrate success

adopting and implementing a national CSE curriculum. [Key informants C, E]

At the regional level, Nigeria's FMoE and NERDC contributed to the development of principles for population education programmes in Africa, a process led by UNESCO in the mid 1980s. [5] These principles highlighted the valuable contributions that sexuality education makes to adolescent health and socioeconomic development - a message later reiterated at the landmark ICPD.

3.1.3 Tailoring the curricula to respond to sensitivities

Tailoring international standards for sexuality education to the country's specific social, cultural and religious context became an important part of building support for FLHE at an early stage. Efforts were made during the curriculum development process to understand sensitivities to sexuality education. [4, 7, key informants A, B, D] Through curriculum pre-tests and consultative meetings across the country, AHI and ARFH identified that topics such as sexual activity, contraception, child marriage and female genital mutilation were widely considered to be too sensitive to be discussed with adolescents. One key informant summarized these sentiments as: *'Don't talk about sex with youth…it's an abomination. Avoid using some words in describing the body or sexual intercourse…'*. [Key informant A]. Opposition to topics related to sexual activity emanated from various religious institutions, too, many of which supported an abstinence-only approach. [Key informant C] For example, in Enugu State (Christian-majority) and Kano State (Muslim-majority), religious leaders led outspoken opposition to the inclusion of information about condoms in FLHE. [Key informant C]

Recognizing these potential barriers, the National Council of Education allowed individual states to adapt the national FLHE curriculum to fit their specific contexts. [Key informant C] In response, some states conducted their own exercises to understand local needs and sensitivities. [Key informant B] The Lagos State Ministry of Education, for example, conducted stakeholder planning meetings and a needs assessment in twenty-five public junior secondary schools in 2002, and used these results to contextualize the content of the state's FLHE curriculum and its corresponding teaching-learning materials. [8] In Kano State, meanwhile, a specific curriculum called Islamiyya was proposed by Adolescent Health and Information Projects (AHIP), in collaboration with an expert in Sharia Law, to accommodate the directives of Islam. [2]

In addition to allowing for content adaptation, the National Council of Education asked individual states to decide how to integrate the FLHE curriculum into their education timetables. Many states chose to integrate it into social studies, basic/integrated science and biology subjects. [7] Other states, meanwhile, included FLHE in classes on home management/economics, physical and health education, civic education, health science, economics, government, and Christian and Islamic religious knowledge. Jigawa State, for example, integrated FLHE into government and Islamic religious knowledge subjects. [2, 16]

3.1.4 Crafting a diverse network of allies

Existing government and civil society supporters of FLHE engaged with others in government, civil society and international organizations to create a network of allies [Table 4], which proved crucial for designing, implementing and scaling up the programme in a nimble and responsive manner [Key informants B and C]. These efforts began in 1995, when AHI secured financial support from the MacArthur Foundation to form a National Guidelines Task Force. This group of twenty-three allied organizations[2] worked together to adapt sexuality education guidelines from the United States of America to the Nigerian context. The result of this process was the *Guidelines for Comprehensive Sexuality Education (CSE) in Nigeria*, published in 1996. Using the Guidelines, the Task Force secured endorsements for the adoption of a national sexuality education programme in Nigeria from over seventy NGOs.[3] The Task Force's work also prompted the development of teacher-centred guidelines and tools, and the integration of content on sexuality education into pre-service and in-service teacher training provided by the National Council on Education. This collaborative development process pro-

2 Planned Parenthood Federation of Nigeria; National Association of Nigerian Nurses and Midwives; Nigerian Union of Journalists; Adolescent Health and Information Project; Christian Health Association of Nigeria; Constitutional Rights Project; Action Health Incorporated; Association for Reproductive and Family Health; Women in Nigeria; Society for Women and AIDS in Africa, Nigeria; Plateau State Bureau for Information; National Parents Teachers Association; National Institute for Policy and Strategic Studies; Girls Power Initiative; Federal Ministry of Education; United Nations Children's Fund; World Health Organisation, Nigeria Office; Women's Health and Action Research Center; African Research Konsultancy; University of Lagos; Nigerian Educational Research and Development Council; Nigerian Medical Association; Citizen Communications.

3 See page 84 of the *Guidelines for Comprehensive Sexuality Education* in Nigeria for the full list of endorsing NGOs available here: https://hivhealthclearinghouse.unesco.org/sites/default/files/resources/bie_nigerian_guidelines_siecus.pdf

vided the foundation for FLHE's eventual adoption and implementation, in large part because it was achieved through consensus and the buy-in of a diverse range of stakeholders. Likewise, it allowed the credibility, authority, and potential for reach and sustainability offered by a government-led programme to be complemented with the flexibility, adaptability, and specific expertise of NGOs. [6, key informant C]

Meanwhile, international organizations supported the efforts of civil society partners, bringing international credibility to the process. As one key informant described:

Table 4: Network of stakeholders involved in FLHE's adoption, implementation, and scale-up

Key Players		Roles and contributions
Government	Federal and State Ministries of Education National and State AIDS Control Agency National Council on Education National Education Resource Development Council (NERDC) Universal Basic Education Commission	– Created an enabling policy environment by issuing a national mandate for integration of sexuality education. – Developed and approved a national curriculum, implementation framework, and teacher-centred guidelines and tools. – Conducted pre-service training and ongoing supervision of student teachers. – Monitoring and evaluation – ensured routine monitoring and review; organized annual forums for reporting with federal and state Ministries of Education (MoEs) and allied stakeholders.
National NGOs	Action Health, Inc Association for Reproductive and Family Health Awareness Research Foundation Girls Power Initiative HIV Prevention for Rural Youth	– Led advocacy campaigns for policy and programme development. – Supported the curriculum development process. – Provided in-service teacher training on the FLHE curriculum and on-going support to schools. – Built evidence to sustain support for FLHE.
International NGOs	International Women's Health Coalition (IWHC) PRA Health Sciences1 Sexuality Information and Education Council of the United States (SIECUS)	– Provided capacity building for the training of Master Trainers. – Supported an impact evaluation of FLHE
International partners	David and Lucile Packard Foundation Ford Foundation The Global Fund to Fight AIDS, Tuberculosis and Malaria UNFPA UNICEF DFID MacArthur Foundation World Bank	– Supported advocacy campaigns for policy and programme development. – Provided financial support for implementation and scale-up of FLHE. – Facilitated partnerships and learning exchanges between grantees for ongoing learning.

1 The organisation's identity has changed to 'ICON' since their involvement with FLHE in Nigeria.

'...although NGOs were doing fantastic work, they did not have the 'power' to produce national documents. UNFPA stepped in to help. UNFPA organized meetings between the NGOs and NERDC to foster discussions on developing a national curriculum for CSE in Nigeria...' [Key informant E]

After the adoption of FLHE, government - civil society partnerships were also seen at the state level, where Project Advisory and Advocacy Committees (PAACs) were formed to advocate for and inform FLHE's implementation; the PAACs included key political figures (typically governors' wives), education commissioners, traditional and religious leaders, and young people. [7, 17, key informant B] Similarly, Project Implementation Teams (PITs) were established at the state level to facilitate the implementation of FLHE; the PITs included representatives from state MoH HIV departments, State Universal Basic Education Boards, NGOs, Parent Teacher Associations, the All Nigeria Conference of Principals of Secondary Schools, and State Agencies for the Control of AIDS. [4]

Funders also played an important role in the process. The MacArthur Foundation, for example, was supportive of the programme's emphasis on HIV, which aligned with their own priorities. [Key informants A, B, C] This alignment encouraged the Foundation to support the expansion of the programme in a subset of states in the South-West, North-Central, and South-South zones of Nigeria. [Key informant C] Later, the Global Fund awarded a grant to ARFH and the FMoE to scale up this programme across all of Nigeria's 36 states. [4, key informant B]

3.1.5 Engaging directly with gatekeepers to build positive public opinion

At all levels, efforts were made to engage a variety of stakeholders to foster positive public opinion about FLHE. At the national level, sensitization meetings were conducted with the Education Minister, as well as with religious, political and traditional leaders, to orient them on the objectives and content of FLHE and secure their support. [4, 5] Likewise, at the community level, similar meetings were organized by government-civil society partnerships.

In Nigeria's second-largest city, Kano, for example, the partners organized workshops with ulamas (Islamic scholars) to build support by discussing the importance of addressing HIV. [2] Between 2003 and 2011, the ulamas and the local chiefs in Kano expressed the view that parts of the curriculum were culturally inappropriate and objected to its implementation; some such opponents adopted intimidation tactics by disrupting teacher training workshops, speaking out against FLHE on radio programmes, attempting to have various NGOs outlawed, and, in one instance, provoking action against FLHE advocates. [2] To respond to this backlash and resistance, the Ministry of Education and ARFH organized workshops in 2011 and 2012 with the ulamas to directly address their concerns about the curriculum; whilst this process led to the removal of illustrations including those of reproductive organs, such modifications made the curriculum more acceptable to these gatekeepers. [2]

Other examples of engaging with gatekeepers can be found from the South-West zone and Lagos. In the South-West zone, the partners organized community meetings to create awareness about the objectives and content of FLHE. One key informant described that during one of these meetings, '*...community members expressed their concerns about how no one was talking to their children about these issues...[which] essentially formed the basis on which we were able to begin sexuality education programmes in the South-Western region of the country....*' [Key informant A]. In Lagos, the partners organized a tour, during which representatives from the Ministries of Education, Health, Youth Development and Gender met with communities to discuss sexuality education. [Key informant C] Additionally, the Lagos Ministry of Education together with AHI organized a series of meetings with PTAs, Community Development Agencies, the National Union of Teachers, the Conference of Secondary Schools Principals and Primary School Headmasters, religious leaders, and even artists. [8, Key informant D] These meetings were used to share information about the purpose and content of FLHE; address parents' concerns about FLHE; facilitate communication between parents and children regarding sexuality, HIV, and relationships; and identify supporters and even possibly champions among religious and community leaders. [2, 8]

3.1.6 Using monitoring data to course-correct and demonstrate success

Because of the sensitive nature of sexuality education in Nigeria, supporters of the newly-developed FLHE put great emphasis on monitoring to ensure that they could quickly identify issues and modify the programme accordingly, as well as demonstrate success when it occurred. Findings from early monitoring and evaluation efforts led to improvements on a number of aspects of the programme. For example, a number of early assessments revealed that the curriculum was too difficult for many teachers to deliver effectively and, at the same time, pointed to the need for further funding for FLHE. In response, the cur-

riculum was standardised and simplified. Additionally, the programme's supporters engaged donors to ensure sustained funding to implement and scale-up the programme over time. [4, 18] Later on, a pilot test of teacher training in ten states indicated the need for appropriate budgetary allocations. [4] On the basis of these findings, NGOs started advocating for the inclusion of FLHE in state budgets to ensure adequate funding [8]. In Lagos, another assessment of FLHE's implementation indicated a need to modify the teacher training approach and materials. As such, additional interactive teaching methods were integrated into the training protocols and teaching aids, and a trainers' resource manual and week-by-week instruction scheme were developed. [8] Finally, later assessments of FLHE demonstrated uneven quality in the implementation of the programme and dilution of the curriculum. In response, the FMoE issued national implementation guidelines in 2008. [6]

With regard to demonstrating success, the data from ongoing monitoring and periodic evaluations were also used to demonstrate the programme's impact on the knowledge and attitudes of young people. For example, a three-year study in Lagos found that adolescents' knowledge on a range of SRH topics, including HIV, had improved after exposure to FLHE. It also found that the adolescents demonstrated more gender equitable attitudes and intentions; for example, boys reported less likelihood of pressuring girls to have sex and girls reported greater confidence to refuse unwanted sex. [3, 8] These results were presented to the state government and were disseminated at conferences and meetings throughout the country.

3.2 How has the resistance and backlash to FLHE been addressed?

Resistance to FLHE on religious, social, and/or cultural grounds was noted as a major challenge to scale-up by all stakeholders, from teachers and school administrators to NGOs and government agencies. [8] As such, the programme had to devise and use a variety of strategies to deal with resistance, before and after it occurred, including making compromises; proactively sensitizing members of the media; and directly confronting backlash and scare tactics used by opposition groups [Table 5].

Table 5: Strategies used to deal with resistance to FLHE

- Making compromises to avoid complete rejection of the programme
- Sensitizing the media
- Confronting misinformation and scare tactics

3.2.1 Making compromises to avoid complete rejection of FLHE

In 2002, soon after the design and initial roll-out of FLHE, controversy arose over the programme's name and the content of its curricula during consultative meetings with stakeholders. Politicians, religious leaders and parents perceived the then-title of the programme, 'Comprehensive Sexuality Education,' to mean 'how to have sex', and accused the curriculum of being too explicit. In response to these protests, the FMoE changed the programme's name from 'CSE' to 'FLHE'. [4, 5, 9, key informant C] Additionally, the FMoE worked with a range of stakeholders through a consultative process to adapt the curriculum's content by removing information on topics such as condoms, contraception and masturbation. [Key informants A, C] Table 6 presents the differences between the proposed CSE curriculum and the approved FLHE curriculum.

Additionally, as described previously, each state was permitted to modify the national curriculum to be contextually appropriate. [Key informant D] In Kano, for example, a wide range of material was removed, including illustrations of reproductive organs. [Key informant A] In Niger, the 'C' in a module on the 'ABC's' ('Abstinence, Be faithful, Condom use') was changed from 'Condom use' to 'Conduct'. [2] In Enugu, information on condoms was removed from the curriculum completely. [Key informant A] In some Northern states, additional language was modified, such as replacing the word 'sexuality' with humanity.' [Key informant D]

3.2.2 Proactively sensitizing the media

Media emerged early on as a tool of those opposed to FLHE in Nigeria even before its adoption. In 2002, for example, the *Weekly Trust* national newspaper published the following:

> *'A new-fangled and potentially controversial sexuality education curriculum…is being proposed…A draft copy of the curriculum… contains significant portions that fester with the pus of reckless moral indiscretion which can outrage the sensibilities of parents, teachers [and] moralists of all shades.'* [19]

In many parts of the country, other inflammatory newspaper articles and radio programmes criticized the curriculum and accused FLHE of 'sexualizing' children. [Key

Table 6: Comparison of proposed CSE curriculum and the approved FLHE curriculum

Proposed CSE curriculum in Nigeria[1]		**Approved FLHE curriculum**[2]		**Differences**
Module/ Theme	**Topics**	**Module/ Theme**	**Topics**	
Relationships	Families Friendships Love Dating Marriage and commitments Parenting	Relationships	Families Friendships Love Relationship with larger society	Dating relationships, marriage and parenting were removed from the curriculum
Human development	Reproductive anatomy and physiology Reproduction Puberty Body image	Human development	Puberty Body image	Anatomy and physiology of the human body and reproduction were removed from the curriculum
Personal skills	Values Self-esteem Goal-setting Decision making, I & II Communication Assertiveness Negotiation Finding help	Personal skills	Values Self-esteem Goal-setting Decision making Communication Assertiveness Negotiation Finding help	No difference in this module.
Sexual behaviour	Sexuality throughout life Sexual identity and orientation Masturbation Shared sexual behaviour Abstinence Human sexual response Fantasy Sexual dysfunction	HIV Infection	STI/HIV/AIDS Abstinence Body Abuse	To convert most of the curriculum to abstinence-only, topics including contraceptives, abortion and masturbation, were removed. Sexual behaviour and sexual health were both compressed into a section dealing with HIV Infection.
Sexual health	Reproductive health Sexually transmitted infections Contraception Abortion Drug abuse Sexual abuse			
Sexuality, Society and Culture	Sexuality within the larger society Sexuality and society Gender roles Diversity Sexuality and the law Sexuality and religion Sexuality and the Arts Sexuality and the media	Society and Culture	Humanity and society Gender roles Humanity and the law Humanity and religion Humanity and diversity Humanity and the Arts Humanity and the media	Although similar key concepts were taught, the word 'sexuality' was replaced with the word 'humanity' throughout the module.

1 Action Health Incorporated. Comprehensive Sexuality Education, Trainers' Resource Manual. 1st Edition. Lagos, Nigeria: Action Health Incorporated, Nigeria; 2003. 354 p.

2 NERDC. National Family Life and HIV Education Curriculum for Junior Secondary Schools in Nigeria. UBE, FMoE A, editor. Abuja, Nigeria: NERDC; 2003. 59 p.

informants B, C] In Kano, for example, an imam used media to argue that teachers were telling children how to have sex. [Key informant C] In 2017, a lawyer from Lagos published several articles alleging that FLHE had corrupted primary and secondary school curricula and that it aimed to sexualise unsuspected school pupils; he also asserted that 'promotion of teen safe–sex in schools is unconstitutional in Nigeria.' [20]

Recognizing the important role of media in either fostering support for sexuality education or stimulating resistance, the network of NGOs that supported FLHE trained media personnel to enhance positive reporting. AHI, for example, developed media briefing kits and coordinated orientation workshops for journalists. [8] Likewise, state ministries of education organized training and information-sharing activities with members of the media to shape public discourse around FLHE. [8] These workshops proved useful in cultivating support amongst various media outlets, many of which were subsequently eager to disseminate accurate information about the FLHE curricula and its implementation [Key informant D].

3.2.3 Directly confronting misinformation and scare tactics

In some cases, it was determined necessary to directly confront misinformation and scare tactics through evidence-based advocacy. [8] Throughout the country, for example, PAACs and other FLHE proponents organized community meetings during which they conducted educational sessions to dispel misinformation about FLHE and share information on its content and its positive impact in Nigeria and in other countries. [Key informants A, B] Similarly, in Kano, as described earlier in this paper, supporters of FLHE directly confronted an imam who argued that teachers were telling children how to have sex through an advocacy meeting with parents and other community members. [2, key informants A, B] NGOs such as ARFH and AHI were involved in efforts to dispel myths about FLHE across the country. In Oyo State, for example, ARFH organized community dialogues to ensure that the communities were informed and, nationally, AHI advocated for the use of evidence. [Key informant B]

4 Discussion and implications

This study focused on the context within which the FLHE was adopted, introduced and implemented, in an effort to understand what was done to create an enabling environment for the programme's scale up and sustainability and to address resistance and backlash. Whilst our research questions made a distinction between strategies used to build an 'enabling environment' and those used to 'counter resistance,' the findings indicate that many, if not all, of these strategies serve a dual purpose. Many 'enabling environment' strategies also, in fact, proactively mitigated resistance and backlash by leveraging existing support from networks and structures; closing 'avenues of resistance' by cultivating support amongst groups traditionally opposed to sexuality education; and allowing for a tailored, rather than a uniform, approach to scale up that took into account the cultural and religious diversity in Nigeria. On the other hand, the strategies for 'countering resistance' - whilst reactive - provided new opportunities to build support where none existed, ploughing new ground and generating new supporters, particularly amongst media professionals, in order to then contribute to a more enabling environment for FLHE.

Experiences documented from Nigeria mirror strategies used in a range of diverse contexts around the world. For example, the use of a pressing health issue as an 'entry point' (in Nigeria's case, HIV) to demonstrate the need for sexuality education was also used to advocate for Udaan, an adolescent education programme in Jharkhand, India. [21] In Pakistan, likewise, attending to social, cultural, and religious sensitivities and engaging the media were noted as critical strategies to the success of Aahung's and Rutgers Pakistan's life skills-based education programmes. [22] Additionally, the involvement of a diverse, multi-sectoral network of government and civil-society partners and the engagement of gatekeepers was important in the development of the 'Preventing through Education' ministerial declaration made by thirty ministers of health and twenty-six ministers of education in Latin American and the Caribbean in 2008 and in the affirmation of the 'Eastern and Southern Africa Commitment on sexuality education and sexual and reproductive health services for adolescents and young people' in 2013. [23 – 26] A recent status report published by UNESCO on comprehensive sexuality education reaffirms that, globally, the inclusion of a multitude of stakeholders - from parents and educators to political and religious leaders - has been key in ensuring the acceptance of CSE. [27]

In Nigeria, reaching consensus with a range of stakeholders required making concessions on a number of major tenets of the originally-proposed curriculum and, arguably, diluted FLHE to the extent that it no longer aligned with internationally accepted standards for CSE. However, the rationale behind Nigeria's approach - i.e.,

that it is better to have some form of sexuality education in place than nothing at all - has led to FLHE's sustainability over more than fifteen years. This stands in contrast to countries such as Egypt and Uganda that have adopted all-or-nothing approaches to sexuality education and, as a consequence, have seen the suspension of sexuality education in its entirety in the face of resistance. [28 - 30]

Nigeria's approach has yielded opportunities even in the most conservative of states and opened doors for civil society-led sexuality education programmes, many of which cover the content gaps noted in the FLHE curriculum. In 2003, UNICEF and partners initiated a programme that covers content excluded from FLHE on pregnancy prevention and sexually transmitted infections. [31] In 2009, a programme called Family Life and Emerging Health Issues Education was developed in Lagos to prepare future teachers to discuss a range of sexuality education issues, including contraception, safe sex and abortion. [32] At the federal level in Nigeria, recent policy initiatives demonstrate the government's continued interest in improving the content and quality of FLHE. The Nigeria Family Planning Blueprint 2020 - 2024, National Policy on the Health and Development of Adolescents and Young People 2021 - 2025, and National Monitoring and Evaluation plan for Adolescent and Young People's Health in Nigeria 2021 - 2025 all include strengthening FLHE as an important component for advancing young people's health. [33 – 35]

5 Limitations

In the interest of focusing on a national sexuality education programme, this study focused on the FLHE and did not address the numerous other, smaller-scale sexuality education programmes that have been implemented in parts of Nigeria during the same time period. Further, the study did not examine how Nigeria has built support and overcome resistance in other areas, such as safe abortion care and HIV prevention and care for key populations. As noted in the introduction, the study did not present the overall evidence base for CSE, provide a full history of FLHE's adoption, or evaluate the coverage, quality or impact of FLHE on students' knowledge, attitudes, behaviours, or health outcomes, as these issues are adequately addressed elsewhere. Finally, the analysis did not include the views of other stakeholders, such as teachers' associations, community leaders, and students who directly and indirectly influenced the implementation of FLHE. However, the thorough literature review and incorporation of the perspectives of key stakeholders through key informant interviews allowed for a nuanced assessment of the processes used by supporters of the programme.

6 Conclusion

Nigeria's journey is illustrative of the complexities inherent in the adoption and implementation of sexuality education in a context with diverse views and perspectives. No path is linear - political priorities shift; budgets change; opposition arises. Anticipating and addressing such challenges from the outset may be a crucial key in achieving scale-up and sustainability. Nigeria's proactive strategies that created support for CSE and its reactive strategies for dealing with resistance have resulted in the sustained implementation of FLHE for more than fifteen years. There are surely lessons to be drawn that will inform other countries' approaches to designing, implementing and scaling up their sexuality education programmes, including in conservative communities. Some of these strategies also have potentially negative consequences, and these need to be acknowledged and taken into account, ensuring that there is room to address them in a progressive manner over time.

Acronyms

AHI - Action Health Incorporated
AHIP - Adolescent Health and Information Project
ARFH - Association for Reproductive and Family Health
CSE - comprehensive sexuality education
FLHE - Family Life and HIV Education
FMoE - Federal Ministry of Education
FMoH - Federal Ministry of Health
ICPD - International Conference on Population and Development
NGO - non-governmental organisation
NERDC - Nigerian Educational Research and Development Council
NPC - National Population Commission
PAAC - Project Advisory and Advocacy Committees
SRH - sexual and reproductive health
UNFPA - United Nations Population Fund
WHO - World Health Organisation

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Conflict of interest

The authors state no conflict of interest.

Informed consent

Informed consent has been obtained from all individuals included in this study.

Ethical approval

The research related to human use has been complied with all the relevant national regulations, institutional policies and in accordance with the tenets of the Helsinki Declaration, and the exemption from ethics committee oversight has been granted by the National Health Research Ethics Committee.

Data availability statement

The datasets generated and analysed through interviews during the current study are not publicly available due to the need to protect respondents' confidentiality. They are held by the first author in secure files.

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