In-School family life and HIV/AIDS education in Nigeria

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Introduction

The devastating impact of HIV/AIDS, the high rates of unintended pregnancy and the risk that these pregnancies may lead to unsafe abortion and early death are vital reasons for addressing adolescent needs for comprehensive family life and HIV/AIDS education in Nigeria. Young people have the highest rate of HIV infection, 5.6%; higher than the national rate of 4.4%, and 60% of new HIV infections occur among the 15-25 age group (NPC, 2004). Induced abortions are common among young women, and according to one study, 12% of unwanted pregnancies experienced by large numbers of young women end up in induced abortions (Henshaw SK et al, 1998; Makinwa-Adebusoye P, Singh S and Audam S, 1997).

A significant proportion of young people who are not yet sexually active can, however, benefit from comprehensive sexuality education. Sexuality education has proved effective in improving knowledge and reducing sexual risk behaviors, without causing an increase in sexual activity[2] among young people. Comprehensive Family Life and HIV/AIDS education (FLHE) for adolescents could positively impact on future behavior to raise the age at first sexual intercourse and age at first marriage, as well as change the course of the HIV/AIDS epidemic in Nigeria.

The Lagos State Ministry of Education in partnership with Action Health Incorporated (AHI)[3], commenced implementation of Family Life and HIV/AIDS Education (FLHE) in public Junior Secondary Schools (JSS)[4] in 2003. In the same year, a baseline survey of participating students and teachers was conducted in preparation for subsequent, annual quantitative evaluation of the FLHE. The subsequent quantitative surveys monitored changes, attributable to FLHE, in knowledge, attitudes and behavior that could minimize HIV infection, occurrence of early pregnancy and violation of bodily integrity[5]. A complimentary qualitative evaluation was added in 2007.

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[1] The author acknowledges the financial and material support of Action Health Incorporated, a youth-focused NGO and originator of the Family Life and HIV/AIDS Education in Lagos schools.

[2] The Guttmacher Institute conducted a survey among 12-19-year-olds in Burkina Faso, Ghana, Malawi and Uganda “with a goal of guiding programs, policies and investments aimed at improving adolescent sexual and reproductive health”. For more details, see Biddlecom A.E. et al. *Protecting the Next Generation in Sub-Saharan Africa: Learning from Adolescents to Prevent HIV and Unintended Pregnancy*. New York: Guttmacher Institute, 2007.

[3] The FLHE project of Action Health Incorporated is funded by the MacArthur Foundation

[4] Junior Secondary School follows upon completion of Primary School and lasts for three years. Students in JSS are, on average, aged between 10 to 14 years.

[5] Philliber Research Associates (PRA) of Accord, New York, USA, monitoring and evaluation consultants for the FLHE implementation in Lagos State.

This paper reports findings from qualitative evaluation of the FLHE conducted in 2007 and 2008[6].

Family Life and Health Education

FLHE topics in schools are integrated into two compulsory subjects; Integrated Science and Social Studies. To ensure success of the project, the originating NGO, AHI, has given specialized training on the content and effective teaching of the FLHE curriculum, as well as sensitivity to sexuality issues, to about 1,500 Integrated Science and Social Studies teachers in 304 public Junior Secondary Schools in Lagos State[7], south-west Nigeria.

The immediate objectives of the FLHE are:

- To assist individuals in having a clear and factual view of humanity[8]
- To provide information and decision-making skills for sexual health
- To affect present and future behavior on humanity
- To prevent the occurrence and spread of HIV/AIDS

Attainment of the immediate objectives will contribute in no small measure to influence the sexual behavior of recipients of the FLHE in a positive manner resulting, in future, in the attainment of the following ends:

- Increase in the age of first sexual intercourse
- Decrease in teenage pregnancy
- Decrease in prevalence of STIs and HIV/AIDS, and
- Increase in the age at first marriage

Qualitative evaluation

Twenty-one of the 25 participating schools in annual quantitative surveys were covered in the qualitative study. In-depth interviews, Focus Group Discussions (FGDs) and participant observation were the methods employed with the aim of determining students' attitudes to and understanding of key concepts and benefits of FLHE; gaining understanding of factors influencing students' sexual knowledge, attitude and practice; and ascertaining teachers' and students' perceived benefits of FLHE, awareness of sexual intercourse and teenage pregnancy and attitude to contraceptive use. The qualitative study also sought to throw light on reasons for reported (in quantitative surveys) low usage of contraception (condoms), ideal age to marry for the first time, and overall perception of FLHE. Teachers were also encouraged to suggest ways for improving the FLHE.

Given prevailing gender differentials in risk taking, perceived risk and preventive behavior (Lule, E, 2003), separate FGDs were held with groups of male and female students currently in the second year (JSS2) who have received FLHE for more than

[6] The author conducted the qualitative study as a consultant to Action Health Incorporated.
[7] Lagos has an estimated population of about 18 million people and it is the most cosmopolitan state in Nigeria.
[8] In this context, 'humanity' is a euphemism for 'sexuality' in deference to sensitivity of parents and guardians

a year, and first year students in Senior Secondary schools (SSS1) who received the complete FLHE curriculum during their three years in JSS. In addition, Integrated Science and Social Studies teachers who teach the FLHE curriculum participated in FGDs and in-depth interviews.

The 2007 study involved 180 students who participated in 18 FGDs made up of 9 male and 9 female groups. Each group had 10 students. Seventeen teachers participated in FGDs while 11 others were interviewed in depth. In 2008, 201 students participated in 20 Focus Group Discussions (FGDs) consisting 10 male and 10 female groups with 8-11 students in each group. Thirty-three teachers participated in FGDs and 5 others were interviewed in depth. During both years, principals and vice-principals of sampled schools demonstrated commitment to the implementation of the FLHE by their enthusiasm and prompt assistance in arranging suitable venues for FGDs and in-depth interviews.

Analysis of the qualitative data is based on the Health Belief Model, a widely used framework for understanding how individuals assess and interpret information on health threats (such as threat of contacting HIV or having an unwanted pregnancy) and move to preventive action (Janz and Becker, 1984). The model[9] postulates that 'health protective behaviors, including protected sex practices, result from a decision-making process through which individuals evaluate the severity of the threat, the degree to which they believe themselves susceptible to it, and the benefits and barriers they expect from adopting preventive behaviors' (W. Njogu and T. Castro Martin, 2006). Through FLHE, therefore, students are expected to become conversant with HIV/AIDS, readily identify available benefits of FLHE, resolve to adopt safer sex strategies (e.g. condom use, abstinence) and enunciate ideals (e.g. ideal age at first marriage) that indicate healthy sexual behavior in future.

While qualitative research methodologies utilized here are useful and efficient techniques for collecting data and information that can clarify emergent questions from analysis of quantitative data and findings can provide useful insights on how and why students behave the way they do, care should be taken in making generalizations; findings from this study pertain to the study schools, and may not be interpreted as representing the situation in all junior secondary schools in Lagos state.

Results

Teachers' response:

As exemplified by the following excerpts from their enthusiastic discussion of the Family Life and HIV/AIDS education in their schools, teachers consider it highly beneficial to students and parents:

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[9] The model has been criticized for failing to take into account structural and cultural factors, as well as the role of family and community in shaping people's perceptions and decisions (UNAIDS, 1999)

Things would have been much worse without it (FLHE).

Actually, it is a very good vision for government to introduce particular topics. It has reduced many things – the way the students misbehave relating to sexuality. Also, there is a low rate of pregnancy in secondary schools compared with before when the school is on break and before they resume, some of the students are already pregnant. Secondly, it cautions some students, I mean the rate at which HIV/AIDS is transmitted has reduced.

It has also increased parent – child communication. Through the PTA, we enlighten the parents to be closer to their children and to get them talking about themselves so that the parent will be able to give them a frank advice based on their experience. And as at now where there are topics on child molestation especially girl-child. In the past they (girls) won't feel right to come out and say it to you, but by the time they now know this, they are able to assert themselves, abstain and resist any sexual harassment from any opposite sex and they also feel free to discuss with their parents so that nobody will be harassing them.

Even in churches and mosques when they think talking about "penis" and "vagina" is an abomination, they now have said that we need to teach them. Because some of them tell me to get the (FLHE) curriculum for them because they want to increase the idea of abstinence in the (teaching) habit of the church/mosque

Actually, currently now, at NAFSAT (a Muslim group) that is what we are campaigning outside, led by Alhaja … in the head-quarters, for assistance from the governor (of Lagos State) and others so that they will spread the message for the awareness (teacher, Lagos Island)..

According to another teacher:

I think the education (FLHE) as a whole is very good. You know we are now in the era of computer, parents don't have time for their children, and most of these things…. they learnt it through their peer group and it might be of negative effect to these children, but their exposure to this topic earlier in life will prepare them for what they might come across in life…By the time they know about reproductive health, they know HIV, STDs, how these things come about, the disadvantages, what it can lead to…

Even as children who hawk (goods) or who trade as a way of helping their parents, they now know how to go about this business without getting themselves involved in things that will destroy their future.

So at times, these children, they transfer what they have learnt to their parents; that look mummy this, that, what their parents are ashamed to discuss with them at home they are able to discuss it. There are so many instances. I discover that mothers are not able to discuss; talking about sexuality; mothers are not able to discuss sexuality; parents shy away from talking to children about the advantages (and disadvantages), the dos and don'ts of these things, they just leave these children to their own to guide themselves which is not to good. But with this exposure they ask questions, they get answers they confide in their teachers, they are told to confide in their parents and trustworthy adults, not just anyhow adults and they are also told not to trust just anybody (Teacher, Education District III, Epe Zone).

Teachers also enthusiastically enumerate perceived benefits of FLHE:

As the teacher, I learn a lot of things from the textbooks, before…we attended the seminar on the FLHE; some parts of the body, may be the penis, the testicles and some others, I cannot open my mouth, I will be ashamed because of religion. But that seminar it has helped me a lot and when (I) am in their (students') midst (I) am not shy,…I will pronounce it the way (it) is supposed to be pronounced and they (students) learn a lot of things from these topics, like this sexual abstinence, a lot of things, the myths and the facts, a lot of things, what t hey need to know about the topic. (Teacher, District III, Epe Zone).

Students' response:

1. **Overall Benefits**:

Like the teachers, participating students were unanimous in their opinion that FLHE is highly beneficial. Discussion points such as "Do you consider these lessons/discussions useful? Are they beneficial to you?" invariably excited students who were very eager to contribute to a growing catalogue of ways in which they consider FLHE beneficial.

Students' perception of the benefits of FLHE varied according to their age and sex. For young girls, they become knowledgeable about the onset of menstruation. For example,

when you start your menstruation you will know what will happen….

even if our parents don't tell us, we know what to do since we've learnt it in school and we can take of ourselves
(Education District IV, Surulere zone, girls)

Another young girl stated:

it helps us to know how to cope with life from childhood to adulthood, learn more on sexual abuse and how to cope. It makes us to become someone in future saying no to sexual abuse. (Education District I, Agege zone, girl)

Older girls had different perspectives and discussed FLHE benefits in relation to gender relation, as follows:

it helps to say no especially when boys are asking…you know boys they put pressure on girls… the danger in that if you have sex you will be pregnant (Education District V, Ajeromi/Ifelodun zone, girls)

The following excerpts reveal subtle differences according to sex. Girls more readily connected benefits of FLHE with prevention of unwanted pregnancy as in the following excerpts:

In the area of unwanted pregnancy, it teaches us not to go into sexual intercourse; it teaches us to prevent ourselves not to get in contact with bad gangs, especially boys…

it prevents us from unwanted pregnancy that may … ruin somebody's life..

when we say "no" to sexual intercourse, it is "no". (Education District III, Epe zone, girls)

Additional comments of female students from other educational districts:

it helps so I can know how to prevent myself from AIDS
(Education District V, Ajeromi/Ifelodun zone, girls)

It will help us to know that (early) sexual intercourse is not good …to abstain from it (Education District IV, Mainland Zone).

Boys also mentioned unwanted pregnancy but more readily than girls, referred to the use of condoms for HIV/AIDS prevention.

According to several groups of boys:

…it makes us know that a girl can get pregnant at this young age…They (FLHE topics) are useful to us because if we have sexual intercourse it can make a girl pregnant .. and if our parent hears about this pregnancy, they may send us out of the house and disown us. (Education District III, Epe zone, boys)

…it has helped me to know more about AIDS. It has made me appreciate it to the level that I can talk to my peer about HIV/AIDS and tell them to stay away (Education District III, Epe zone,boys)

It (FLHE) let us know that anytime we have sex, we must use condoms
(Education District II, Ikorodu zone, boys)

According to another group of boys:

I gain… it teaches not to have sexual intercourse at my age…
(Education District I, Ifako Ijaiye zone, boys)
It teaches us about not forcing girls to have sex

It teaches us to stand up for what you believe in. It is very important.
(Education District IV, Mainland zone, boys)

It teaches us how to control (plan) our lives (Education District III, Lagos Island zone, boys)

… don't know that STD is existing before now, with FLHE we are now able to know
(Education District V, Badagry zone, boys)

It saves us from sexually transmitted diseases (Education District III, Epe zone, boys)

2. **Resolutions:**

As a result of knowledge gained from several years of FLHE, students signified their resolve to shun risky behavior and in discussing future aspirations they enunciated some of their resolutions as follows:

We will avoid having sex so that we won't have unwanted pregnancy (Education District IV, Surulere Zone, girls)

… teaching others that do not know , to know about it (FLHE).

I will not have sex now … (Education District II , Somolu zone, boys}

I will not get involved in sexual intercourse (Education District III, Epe zone, girls)

I won't walk at night and if I do I will mind the dress I wear.
(Education District V, Badagry zone, girls)

We will avoid having sex so that we won't have unwanted pregnancy (Education District IV, Surulere Zone, girls)

… teaching others that do not know , to know about it (FLHE).

I will not have sex now … (Education District II , Somolu zone, boys}

I will not get involved in sexual intercourse (Education District III, Epe zone, girls)

I won't walk at night and if I do I will mind the dress I wear.
(Education District V, Badagry zone, girls)

… teach other people (Education District V, Badagry zone, girls)

I made a resolution that I will not indulge in any sexual intercourse, but even if I do it which is not now, I will use condom (District V, Badagry Zone, boys)

I will abstain from sex until I am old enough to do so.
(Education District V, Badagry Zone, boys)

I made a resolution that I will abstain from sexual now…but when I am old enough to bear the responsibilities of wife and the child I can have sex.
(Education district I, Agege zone, boys)

I have made up my mind to get mature and to get married before I have sex (Education District V, Ajeromi Ifelodun, boys}

I decide to say no to sex; I have decided to keep myself (Education District III, Epe zone, girls)

To abstain from it (sexual intercourse) so my education will not be terminated.
(Education District V, Badagry zone, girls)

I have planned that I will never have sexual intercourse with any man except I am married (Education District I, Ifako/Ijaiye zone, girls)

3. Areas of Consensus

Besides individual resolutions, students reached consensus on these important attitudinal and behavioral issues, namely;

- ✓ Abstinence (A) and the use of condoms (C) to prevent HIV and unwanted pregnancy,
- ✓ Approval of contraceptive use
- ✓ Immodest dressing by girls is a cause of sexual harassment
- ✓ Preferred age at first marriage is over 20 years

Students' agreement on the need for abstinence and condom use was expressed in various ways, as exemplified below.

It (abstinence) prevents one from contacting sexually transmitted diseases (Education District III, Epe Zone, girls)

they (those who are sexually active) can use contraceptives, condom. (Education District I, Agege zone, girls)

We should abstain – sexual intercourse can cause HIV/AIDS and other sexually transmitted diseases (Education District V, Badagry zone, bs)

Preference for abstinence underlies students' frequent statement that sexual activity is 'not compulsory'.

There is also approval of contraceptive use among all FGD participants who agreed that students who are sexually active should 'do something' to protect themselves. One girl expressed this succinctly:

If they think having sex is compulsory to them, they should use precaution to avoid pregnancy and STIs. (Education District III, Epe zone, girls).

The contraceptive known to most students is the condom which most students identify by its trade mark name of "gold circle" and sometimes, in local parlance, "rubber". Only rarely (two groups of girls and boys in the first year of Senior Secondary School and who have had three years of FLHE in the JSS) mentioned the pill as another contraceptive. On condom use, one female student said:

people can protect themselves "by using gold circle" (Education District III, Lagos Island zone, girls).

Another issue on which students agree is condemnation of immodest dressing by girls. Most girls and boys condemned immodest dressing by girls which they regard as an open invitation to sexual assault. Excerpts below represent girls' concern about immodest dressing.

You cannot be forced (to have sexual intercourse); it is your decision. It depends on the way you are dressed that would make the person to be attracted and want to come closer to you and force you to have sex (Education District V, Ajeromi/Ifelodun zone, girls)

When you dress moderately, you won't be attracted to people when you are forced (who will force you) to have sex … (and) let your "No" be "No" (Education District IV, Surulere zone, girls)

The male viewpoint is presented by these boys who stated:

The girls normally wear mini skirts so the guys that are very bad when seeing the mini skirt, they may jack the girl and rape her (Education District V, Ajeromi/Ifelodun zone, boys)

When they (girls) wear short skirt and they are walking in a way that boys willl follow them; and so they can get raped (Education District III, Lagos Island zone, boys).

All participants regard education as an important preparation for life which should not be truncated by early marriage. Generally, the preferred age at first marriage is 20 years[10] and above as evidenced from pronouncements by several of the FGD participants who gave exact years when they would wish to get married.

It depends on the time of my course which I am going to be in the university. After … I finish my course then I can think of settling down. By then I should be 25 or 26 (Education District I, ,Agege zone, boys).

Marriage is not something that somebody sleeps and wakes up a (one) day and says he wants to marry. It involves planning. So you need to be old enough to have that experience. You plan ahead; you will even need advice from your parent, elderly ones (Education District V, .Badagry zone, boys)

And my friends will be laughing at me that I am too young for marriage. (Education District V, Badagry zone, boys)

…it (age at marriage) has to be twenty something, .. you would have finished your education'… without that you will not get a good job (Education District III, Epe zone, boys)

…after service[11]…it is our future, we need to learn a job to be able to cater for our family (Education District II, Agege zone, girls)

The age when (one) is having a good job and has finished his university (Education District III, Lagos Island zone, boys).

After our service. If you get married during your education, it will disturb your education. If you have the brain and you are talented there's no man that would be using you (Education District V, .Ajeromi/Ifelodun zone, girls)

After University. If you don't have money to go to University, you can go and learn a job and have the resources to take care of your family (Education District V, Ajeromi/Ifelodun zone, boys)

After university … their husbands will not be able to cheat on them, if they have their own jobs (Education District III, Epe zone, girls)

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[10] Some FGD participants observed that girls with unplanned pregnancies may have to marry at ages lower than 20.

[11] Reference is to the mandatory one year of national youth service which follows completion of tertiary education.

when they are physically fit- they have a job, house where they can care for their wife (Education District III, Epe zone, boys)

Areas of concern

The frequency with which the topic came up during student FGDs indicate that some sexually active youth do not use condoms because of some erroneous, yet believed, generalizations about the efficacy of condoms to protect against HIV and unwanted pregnancy. Thus, while students consider (as this study shows) that they are personally at risk of an unwanted pregnancy or of contracting HIV, they may rely on chance rather than taking preventive action by using a condom.

Examples of some of the **erroneous generalizations** about condoms are:

> *--- they (students) have heard that condoms can tear* (Education District III, Epe zone, girls).
>
> *The condom may burst during the sexual intercourse…*
> (Education District I, Agege zone, girls)
>
> …*some people don't know the meaning of condom, they say condom is useless* (Education District V, Badagry zone, girls)
>
> *I thought (know) it's a lie. They can be infected even by using condoms* (Education district V, Ajeromi/Ifelodun zone, girls)
>
> *… Most people think that condoms are some times open and some of them have holes. They are not 100% covered*
> (Education District V, Ajeromi/Ifelodun zone, girls)
>
> *They should abstain … because some condom may have some leakage.*

Some students were not sufficiently knowledgeable about HIV/AIDS. One of the reasons given when students were asked to suggest why some youth might engage in unprotected sex is that some youth do not know how one gets infected with HIV, while a few others believed that AIDS is not real. Another suggestion given for unprotected sex was that some boys believed that not all girls have AIDS; a true statement but how would one differentiate between girls without HIV and those who are HIV positive? These findings raise great concern because the necessary precursors of the decision to take precautions are belief of the reality of HIV/AIDS and their susceptibility to contracting the disease.

The following discussions reveal these erroneous beliefs.

> *AIDS can kill but HIV cannot kill* (Education District V, Badagry zone, girls)

Some people can have HIV by the mosquito.

(Facilitator: By mosquito?) and student continued*,*
someone that have HIV and the mosquito bite the person and the person that does not have HIV, the mosquito bite the person, the blood will be combine together and the person can actually get HIV (Education District IV, Mainland Zone, girls)

--- some don't believe in what the teacher teaches them; they don't believe AIDS is real (Education District III, Epe zone, boys).

Half of them don't believe in AIDS (Education District II, Ikorodu zone, boys)

some students think that it (Condom) doesn't work

(Facilitator: doesn't work?)
Yes, that AIDS does not exist at all.
(Education District II, Ikorodu zone, boys)

…*people don't think AIDS is real* (Education District II, Somolu zone, boys)

… some believe not all girls have HIV (Education District V, Badagry zone, boys)

A major **barrier to the use of condom** by young boys is the judgmental attitude of adults. A teacher noted correctly:

They (students) find it difficult to go to chemist to buy, do you know of any child going to a chemist to buy condom, people may have eyes on them. Even at home if you pour the bag and you find a condom, for parents that doesn't have awareness you will be thinking of something so the awareness is still very important. All of them know it that condom can be used but they wouldn't use it because of what people might think of them
(Education District II, Ikorodu zone, teacher)

According to a female student:

Some people feel that whenever they want to go and purchase it, someone accuses them that what do they want to use it for and the person will feel ashamed (District Epe zone, girls)

Male students expressed misgivings.
…*some … cannot go and buy it (condom) because they will be looking at them* (Education District IV, Mainland zone, boys)

Some may be shy, may be where it is sold, they may look at them as small children and they don't want to start indulging in bad things
(Education District V, Badagry zone, boys)

Maybe they will be afraid to buy the condom …because they (condom sellers) may go and tell their parents

It may be gossip (there may be gossip); (by) person selling it (condom) shame on you for doing something like that

Or maybe the person selling it (condom) may be the friend to his or her parent
(Education District III, Epe zone, boys)

If they go to the area where they are selling condom may be around their area (in their neighbourhood) and they see that somebody may see them and mock at them. (Education District IV, Surulere zone, boys)

Peer pressure is a major reason for early sexual debut. During FGDs, participants disclosed that they are aware that some youth engage in sexual intercourse because such youth would brag about their sexual exploits and goad others to do likewise. A boy recounts:

they talk about it ; I was with my elder friend … They talk about it …He asked him that have you had sex with anybody? He said no, I have not had sex before. His friend now told him that you are missing, and all kind of stuff. So he joined his friend. (Education District V, Ajeromi/Ifelodun zone, boys)

They (sexually experienced students) come and tell us that we are not enjoying. Those people that say we are not enjoying are not taking the Family Life (Family Life and HIV/AIDS Education) serious.

Other boys related similar experiences:

…friends; they may say that they have done sexual intercourse before and … maybe they start laughing at you that you have not done sexual intercourse

Some of the boys they have bad followers they will be asking their friends "have you ever have sex? If you say "no" they will say you should try it "that thing is very interesting. (Education District I, Agege zone, boys).

Discussion and Recommendations

Adolescence is the time when the foundations for sexuality, reproductive health and gender relations are laid, and they largely shape the transition from adolescence to adulthood (Caldwell, *et al*., 1998). At a time when the HIV/AIDS epidemic in Nigeria is widespread, adolescents are faced with challenges and risks. It is important not

only to enhance their awareness about unwanted pregnancy and HIV/AIDS, but also to prepare them to translate this knowledge into their personal experience by adopting right attitudes and behavior to safeguard their sexual health and ensure desirable adulthood.

The FLHE appears to meet these goals. Findings from qualitative evaluation, reported above, corroborate the major findings from the quantitative surveys; students exposed to the curriculum over time were more knowledgeable about sexuality and reproductive health issues than same-aged young people who did not receive the curriculum, students exposed to the family life curriculum for three years were significantly less likely to be sexually active than students who did not receive this education, boys in the first year of the Senior Secondary School who have had three years of exposure to the FLHE, compared to those who were not, reported they were less likely to pressure girls into having sexual intercourse, and girls in the first year of Senior Secondary School who were exposed to the curriculum compared to girls with no program exposure were more likely to report they had the ability to say no to boys in intimate situations.

Because the target recipients of the FLHE are youth in JSS who are mostly in the 12 to 14-year age bracket, there is a long lag period between receiving FLHE and adulthood when they can actualize their ideal age at marriage and other aspirations discussed above. Although not all students can attain future aspirations and ideals, by "catching them young", an appreciable number will, most likely, avoid premarital sex, use contraceptives, attain good sexual health and marry, for the first time, at ages above 20 years.

However, a lot remains to be done to correct students' misconceptions which are inimical to good sexual health. Despite relatively widespread AIDS awareness, some young persons persist in denying any risk and hold on to the belief that "AIDS is not real"., The fatalistic ones opined that HIV can be contacted through several other sources other than sexual intercourse, and thus consider condom use as a 'useless' exercise. Such beliefs delay or prevent the adoption of preventive behavior. This also applies to erroneous beliefs regarding pregnancy. Belief by some girls that only those who have begun menstruation can become pregnant poses the danger that those who are yet to menstruate may engage in unprotected sex.

Therefore, there is need to focus more on aspects of the FLHE curriculum that help young people to evaluate realistically their personal risk of becoming pregnant or contacting HIV. All illusions of invulnerability should be removed in order to bridge the gap between knowledge and behavioral change.

The documented barriers to youth's access to the condom need to be continuously addressed. Condoms need to be more widely available and not just in chemists and supermarkets but from public vending machines located where youth can be protected from prying eyes of sanctimonious adults.

In addition to high risks of HIV, teenage pregnancy and school drop out which are addressed by FLHE, Junior Secondary School students in Lagos state are further disadvantaged by extreme conditions of poverty. Hence, there is need to equip youth with skills for building future economic strategy in the same way as FLHE is providing them with a health strategy. Poverty, this study shows is responsible for sex for money among some older students.

While the Lagos state government and AHI can lay justifiable claim to a large degree of success in attaining the immediate objectives of the FLHE and a high probability of attaining the long term goals, additional actions are needed to improve the FLHE as currently taught in schools. It is also imperative to spread the FLHE beyond JSS to continue to SSS and extend to out-of-school youth as well as extend the curriculum to provide youth with an economic strategy to counter pervasive poverty.

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