## OP-ED How Education Affects Adolescent Health in Nigeria By Shannon Hardy

One-fifth of Nigerians are currently young adults between the ages of ten and nineteen. Although schooling is free, the majority of these young people will drop out by the ninth grade, and girls are even less likely than boys to complete secondary school. Unsurprisingly, almost twenty percent of Nigerian girls are married by their fifteenth birthdays and about one-tenth of adolescents are living with HIV. Both of these issues can be solved by improving upon sex education and education in general.

Most people in Nigeria are Christian or Muslim, and for religious reasons, they object to their daughters attending co-ed schools where their virtue may be compromised or where they may not be safe from sexual assault. Because few all girl secondary schools exist outside of the cities, many girls are forced to leave school early. The cost of books and uniforms for school is usually low and does not usually conflict with sending children to school. Parents are also reluctant to send their daughters to school when there is work to be done at home. Girls with school age siblings are much more likely to attend school than girls infant siblings.

When girls are unable finish their educations, they are more likely to get married at a young age usually to older men. As a result, these girls are likely to become sexually active and give birth before their bodies have matured, which leads to numerous health problems including higher rates of maternal and infant mortality.

Schools in Nigeria also lack a sex education curriculum, which makes it

unlikely that young people will learn about modern methods of birth control or many of the diseases that go along with unprotected sex. Because only eight percent of Nigerian women and forty-four percent of Nigerian men use a modern form of birth control, there are over 3 million people living with HIV just in Nigeria. A disproportionate amount of HIV infections and STDs occur in young adults due to the lack of sex education and many of them die from these illnesses. If they do not die, it is likely that they will develop some kind of chronic illness, which reduces their quality of life and ability to perform work. Contraceptives are available to people; however, many are not able to use them because they are too expensive, and use is complicated for women if their husbands forbid them to do so. It is considered honorable to have many children; additionally, the more children they have, the more people they will have to work for them. Since their husbands do not believe in birth control, the women cannot access it, which leaves them with no choice other than to continue to have unprotected sex, which can result in unwanted pregnancies and sexually transmitted diseases.

Adolescent health and sex education are important issues because they are widespread across third world countries. In many underdeveloped countries around the world, girls are less likely than boys to complete their education. Other countries also face the same high prevalence of HIV. If schools funded a sex education class for students, people would have more knowledge about modern methods of contraception and consequently, the rate of HIV, along with other sexually transmitted diseases would go down, as well as young or unwanted pregnancies. A huge factor in preventing many of these issues is to keep girls in

school as long as possible. While a girl is still in school, she is much less likely to get married and therefore is less likely to get pregnant at a young age or to contract an STD. If girls start families later, it would also lower the high birth rate of five live births per woman.

To improve the sex education and health of young people in Nigeria, the government could do several things.

- Provide better funding for schools and sex education within schools. If the government were to give more money to the education system, they could build more schools, which would mean more kids could attend class because these would be within walking distance of their homes. They would also be able to build more girls only schools. More parents would feel comfortable sending their daughters to girls' only schools and this could hopefully help keep girls in school longer and prevent child and adolescent marriages and pregnancies while reducing the chances of girls being sexually assaulted in schools. The government is not currently funding the building of more girls only schools because, in the past, when there has been an initiative to improve schooling, they are usually unable to get it in action and actually improve anything.
- Instruct schools to actually teach sex education in the curriculum. In Nigeria, most of the sex education is only abstinence; there is no learning about birth control methods or sexually transmitted diseases. Because the country is mostly Muslim and Christian; however, it would be difficult for schools to actually teach safe sex instead of abstinence. To help ease people into having

sex education taught in the curriculum, school officials should ask locals what topics they are comfortable having their children taught so that the lessons can be slowly incorporated into the school system.

Provide schools with free contraceptives, such as condoms. Most people do
not use a modern method of birth control so this would greatly improve
upon the existing conditions. This would help because many rural Nigerians
already are aware of many of the uses of modern birth controls and the cost
of these contraceptives is a large deterrent. Providing them for free would
make them much easier to access.

You can contribute to the educations of girls in rural African countries by donating to <a href="www.Camfed.org">www.Camfed.org</a> or to the Malala Fund, <a href="www.Malala.org">www.Malala.org</a>, which provides funding to the Centre for Girls' Education (CGE) in northern Nigeria to support hundreds of inand out-of-school girls through learning clubs held in spaces supplied by the local community.

Shannon Hardy is a freshman psychology and anthropology double major at East Carolina University. She will graduate May of 2019. After graduation she plans on attending medical school for psychiatry.