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From the Global North to the Global South: Comparing Sexuality Education in Mississippi and Nigeria[1]

Abstract Sexuality education is a controversial topic in diverse locations, but is crucial to reducing unwanted births as well as sexually transmitted infections, including HIV. Both Mississippi and Nigeria have above-average levels of adolescent fertility: the rate in Mississippi is 46.1, the third highest rate in the US, while in Nigeria it is 123, placing Nigeria among the top 15% of countries globally. In part because of these high rates, both places have relatively recent legislation mandating the provision of sexuality education. Although very different in many important ways, in both Mississippi and Nigeria discussions about adolescent sexuality are socially and politically fraught, making the adoption of such curricula unlikely. Based on interviews with key informants in Mississippi and in Nigeria, we analyze the strategies of proponents of comprehensive sexuality education as a means to understand how best to develop policies and programs to provide adolescent reproductive health in challenging settings.

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Introduction

Sexuality education is a controversial topic in diverse locations, but is crucial to helping reduce unwanted births as well as sexually transmitted infections, including HIV [1-3]. Both Mississippi and Nigeria have above-average levels of adolescent fertility. In Mississippi, the rate was 46.1 births per 1000 women aged 15-19 in 2012, the third highest in the United States. In Nigeria, the adolescent birth rate for 2006-10 was 123, among the highest 15% of countries globally [4]. The high levels of unprotected sex associated with these above-average birth rates lead to negative health outcomes in both locations. Mississippi has the highest rates of chlamydia and gonorrhea of any state in the United States, and young people bear the brunt of those infections, with three-quarters of chlamydia occurring among those aged 15-24, and two-thirds of gonorrhea among that same age group [5]. Nigeria has the largest annual number of adolescent maternal deaths of any country in the world [6]. There is thus a need for high quality, comprehensive sexuality education in both Mississippi and Nigeria.

Although very different in many important ways, we have chosen to compare Mississippi and Nigeria for three main reasons. First, because of the demonstrated need for better adolescent reproductive health in both places, which comprehensive sexuality education should facilitate. Second, because in both places, as in much of the rest of the world, discussions about adolescent sexuality are politically and socially fraught. There are debates about who has the authority to teach young people the skills necessary to become adults. Should it be parents, religious organizations, or schools? There are also concerns about what young people will do when presented with information about sex and how to prevent pregnancy and sexually transmitted infections – will they be more likely to have sex? Parents, religious leaders, and educators alike worry about how to raise morally grounded youth—even if there is variation in what that means—in an era of consumerism, increased sexualization of the media, and economic uncertainty. Third, against the odds, both places have relatively recent legislation that requires the provision of sexuality education.

Mississippi is of course a state, and Nigeria a country, but the opposition that proponents of sexuality education had to overcome in order to ensure the passage of the legislation/curriculum was and is very similar. We base our comparison on a series of semi-structured interviews conducted by the authors in Jackson, Mississippi and in Abuja and Lagos, Nigeria during 2014, combined with analysis of documents from government and nonprofit organizations.[2] Our respondents worked for government and nonprofit organizations, and represented both sides of the sexuality education debate in each country. In the analysis that follows, we identify the strategies that proponents of comprehensive sexuality education have used in both locations as a means to understand how best to develop policies and programs to improve adolescent reproductive health in challenging settings.

Background

For much of recent history, Mississippi has been one among a minority of American states that has not required sexuality, STI and/or HIV/AIDS education in schools, and in 1998, the Mississippi legislature

[2] Thus far, we have conducted a total of 40 interviews. Robinson, Shiffman, and Kunnuji will be in Nigeria conducting further interviews in October 2014.

even passed a bill establishing abstinence as the standard for sex education, should any be offered [7]. Despite numerous efforts by various legislators, only in 2011 did the legislature pass a law requiring every school district to adopt a sex education policy. Strong consensus among liberals and conservatives that teenage pregnancy was a problem helped spur action, and liberals conceded for the most part that some sexuality education was better than no sexuality education. The new law requires gender-separate classrooms, bans condom instruction and requires explicit parental permission for teenagers to participate [8]. It also counts abstinence-only curricula as sexuality education, so 81 of the state's 152 school districts have opted for an abstinence-only curriculum [8].

In Nigeria, it was not until the 1990s that consolidated action around sexuality education emerged. In 1992, the Lagos-based NGO Action Health International (AHI) formed a partnership with the Sexuality Information and Education Council of the United States (SIECUS), the main advocacy group for comprehensive sexuality education in the United States [9]. Under AHI's leadership, a coalition of NGOs, professional associations, donor organizations and federal ministries formed a task force, which helped write the 'Guidelines for Comprehensive Sexuality Education in Nigeria,' published by the Federal Ministry of Education in 1996 [9]. Based on these initial steps, in 2000 the Nigerian Educational Research and Development Council and AHI developed the National Comprehensive Sexuality Education Curriculum. Due to opposition from religious and other politically conservative groups, in 2002 changes were made to the national curriculum in order to ease its adoption at the state level [9]. Most importantly, the name was changed to the more euphemistic 'Family Life and HIV Education,' the curriculum was divided into distinct junior and secondary school content, and states were given permission to alter the curriculum to match their respective sociocultural contexts. Because of the leeway given to states, and the variation in support for the curriculum across states, the implementation of the curriculum has been uneven, with greater success in more urban, Christian areas than in the more rural, Muslim north.

Analysis[3]

Our goal is to identify how sexuality education came to be required in both contexts, with an eye to how proponents ensured the passage of legislation/curriculum in the first place, and what strategies they have used since to counter efforts to block the implementation of the curriculum. Considering the experiences of both Mississippi and Nigeria, we note three broad similarities. First, well-organized nonprofits connected into larger networks have played crucial roles. Second, and related, although external organizations are implicated in both locations, local actors have been the primary change agents. Third, in both locations, implementers bifurcated the curriculum to appease more conservative groups.

In Mississippi, the Women's Foundation of Mississippi, Mississippi First, and the Center for Mississippi Health Policy have advocated, done research, and helped to organize efforts at both the state and school district level. These organizations, and in particular the first two, are connected into broader national-level networks that have provided a variety of resources. The Planned Parenthood Federation

[3] Analysis is still preliminary at this point as we have not yet finished gathering data. The analysis, and paper, will be complete by the time of PAA in May 2015.

of America provided a lobbyist to help with the passage of the 2011 bill. Mississippi First has been involved in training teachers regarding the new curriculum. In Nigeria, the key organizations are AHI and to a somewhat lesser degree, the Association for Reproductive and Family Health. Both NGOs were founded in the 1990s, and have been actively involved in reproductive health issues since then. These organizations are connected to a number of international organizations, including several who have specific interests in sexuality education, SIECUS and the MacArthur Foundation.

Local actors have been the primary change agents in both Mississippi and Nigeria, and have helped ensure that the ultimate outcome is localized. In Mississippi, a long-standing, loosely-affiliated set of legislators and nonprofits has worked to improve the quality of sexuality education in Mississippi schools. They have met organized opposition most vehemently in the past 15 years in the form of a local, Christian OBGYN who has given voice to an alternative framing of the need for, and appropriate form of, sexuality education. In Nigeria, despite the involvement of international organizations, there are legitimate and vociferous domestic champions for sexuality education working both in the nonprofit sector as well as within government. They see sexuality education as a means to solve a distinctly Nigerian set of problems, particularly related to the rights and health of young women.

In both Mississippi and Nigeria, compromise has been necessary in order to ensure that some form of sexuality education was made available, and has taken the form of bifurcating the curriculum (as opposed to creating one curriculum that makes everyone happy). In Mississippi, school districts were given a choice of whether to adopt an abstinence-only curriculum or a so-called abstinence-"plus" curriculum, which includes information on contraception. Not surprisingly, more liberal school districts tended to choose the abstinence-plus option. However, because the US Department of Health and Human Services had funding available to train teachers on a comprehensive sexuality education curriculum, more districts than might have otherwise been expected to choose this option did so. In Nigeria, the more conservative, Muslim states in the north of the country altered key elements of the curriculum to make it more acceptable. In particular, everywhere where the word "sexuality" appeared in the original curriculum, they changed it to "humanity." In parallel, different versions of the online curriculum exist for the North and the South.[4] The version for the North features Aisha, and all the girls have their hair covered. The version for the South features Wunmi, and no headscarves.

There are also some notable differences. In Mississippi, both proponents and opponents of comprehensive sexuality education have used publically available data as well as generated their own in order to argue for the importance of their positions. In particular, the Center for Mississippi Health Policy worked with the University of Southern Mississippi to conduct a representative survey of parents about their position on sexuality education, which showed that the vast majority supported comprehensive sexuality education.[5] Both sides have used data for its "shock and awe" value, and there is a high degree of consensus that teen pregnancy is a "problem." Conservatives in particular have made use of the findings from a nonpartisan study that estimated the annual cost of teen births to

[4] See http://www.learningaboutliving.org/north vs. http://www.learningaboutliving.org/south.
[5] In Nigeria, the 2013 Demographic and Health Survey found that only 35% of women and 44% of men support teaching young people age 12-14 about condoms for HIV prevention [11].

Mississippi taxpayers to be $154.9 million due to lost tax revenue, medical care, public assistance, foster care and other expenses [10].

Discussion

The comparison of the adoption and implementation of sexuality education curriculum in Mississippi and Nigeria demonstrates the importance of local organizations to bringing about policy change. The ties from local organizations to outside organizations (national in the case of Mississippi and international in the case of Nigeria) proved instrumental to policy change, as well as implementation. But in both cases, local actors (organizational and otherwise) proved to be the definitive force in ensuring the adoption and implementation of curriculum. In addition, implementation has been eased in both contexts by conceding a good deal of ground on the content of the curriculum. Those who are more liberal believe that the curricular changes limit the potential positive impact of the curriculum. Across the board, the experiences of Mississippi and Nigeria with sexuality education demonstrate that policy change is possible, even in highly conservative contexts, but that it may require compromise on the part of proponents of comprehensive sexuality education.

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