SEXUALITY EDUCATION IN NIGERIA: ISSUES AND CONCERNS

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Abstract
Sexuality education is one of the major public health interventions prepared to achieve optimal sexuality and reproductive health in a population. Sexuality education helps in improving knowledge, positive attitudes and empowering adolescents with skills in navigating sexual demands. The paper reviewed the efforts of Action Health Inc. (AHI), the Nigerian Educational Research and Development Council (NERDC), and the United Nations Educational, Scientific, and Cultural Organization (UNESCO) to localise the sexuality education programme in Nigeria. It further examined issues about whose responsibility it is to provide sexuality education and which program is more effective. The paper recommends that parents should initiate sexuality communication with their children at an appropriate age, teachers should encourage learners to be confident in asking questions related to sexuality, and curriculum developers should spell out the roles and responsibilities of parents, schoolteachers, community leaders and other stakeholders, among others.

Keywords: Sexuality Education, Issues and concerns.

Introduction
In a Nigerian society, sexuality education has become one of the most controversial topics of discussion among students, parents, teachers and other stakeholders across diverse religious and cultural backgrounds. Many students, parents and teachers perceive the concept as taboo, making it an offensive and uncomfortable learning experience. This was noted by Njoku and Uwaoma (2001), who stated that matters of sex are not openly discussed by African parents, nor does the school instruct formally on the issue. Similarly, Madam Ransome-Kuti stated that African traditional culture values protecting adolescents from receiving education on sexual matters because it could discourage chastity (AHI, 1996). Furthermore, Miller (2023) observed African parents who wish to discuss sexuality with their children use proverbs, myths, and stories for communication and also employ proverbial terms for body parts. She further noted that this creates fear and more curiosity to disprove them when peradventure they fall victim to the myths and yet nothing happens.
Though sexuality is not openly discussed in most Nigerian communities, however it is an underlying activity that is commonly displayed at publicly celebrated festivals. Similarly, movie dramas, music, and product advertisements glamorise sexuality, even though open discussion about it is strongly disapproved of. In a study on the prevalence of sexual promiscuity among female undergraduates in Imo State, the result revealed that 79% of the respondents agreed that sexual promiscuity is prevalent among female undergraduates (Okafor & Duru, 2010). In another study on patterns of risky sexual behaviour and associated factors among undergraduates in Rivers State, it was reported that more than half of the respondents (52.0%) had either a boyfriend or girlfriend, and 52.0% had at some time engaged in sexual activity, with the average age at first sexual encounter ranging from 13 to 22 years (Imaledo et al., 2012). According to the findings of a study on the sexual behaviour of undergraduates in southwestern Nigeria, the results indicated that 63% had engaged in sexual activity, and 43% had engaged in sexual activity with their partners; 90% frequently

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engaged in handholding, 39.5% kissed, 58% hugged, and 52.5% carried (Omoteso, 2018). Furthermore, Ajayi (2024), in Ilorin-based research, reported that in-school adolescents commonly engage in transactional sex (giving or taking money or gifts in exchange for sex), oral sex (blowjobs or licking vagina), sex without the use of a condom, and keeping multiple sexual partners. These are perceived as a result of poor knowledge, attitude and skills in sexual and reproductive health-related matters.

Sexuality education equips adolescents with knowledge and skills related to sexual and reproductive health and provides information on accessing health services (Kungu, 2023). It also aids adolescents in making thoughtful and intentional choices sexually, which will result in fewer unwanted pregnancies, less sexually transmitted disease, and stronger relationships (Tesema, Tamirat, & Tadele, 2020). It provides adolescents with age-appropriate, medically accurate, and culturally pertinent knowledge, addressing their enquiries around sex and relationships without subjecting them to shame or judgement (Healthy TeenNetwork, 2024). Sex education seeks to instruct individuals on how to manage issues related to sex, sexuality, and sexual health through multiple channels, including educational institutions, community organisations, and healthcare facilities (StudySmart, 2022).

Sexuality Education in Nigeria

In response to the increasing prevalence of risky sexuality behaviours, family life health education was first institutionalised in Nigeria, as noted by UNESCO (2023), by Action Health Incorporated (AHI) through its collaboration with the Sexuality Information and Education Council of the United States (SEICUS). The AHI developed its first guidelines for comprehensive sexuality education in Nigeria, adapted from the 1990 edition of the SEICUS comprehensive sexuality education guidelines, in 1996, which aimed to provide care for the Nigerian adolescents due to the observed failure of parents, religious institutions and governments to convey the right education to the vulnerable youths (AHI, 1996). The AHI guideline contained six concepts, each having specific topic areas; these concepts are

a. Human Development
b. Relationships
c. Personal Skills
d. Sexual Behaviour
e. Sexual Health
f. Society and Culture

However, the National Council on Education in 1999, through a multi-sectoral collaboration with NGOs and international agencies, formally approved a policy to integrate sexuality education into the curriculum for use in Nigerian schools in 2001 (UNESCO, 2014). The curriculum was comprehensive sexuality education-based, which included accurate and meaningful content not only on contraception but also on other topics, such as sexual abuse, gender roles, female genital mutilation, sexual orientation, masturbation, and abortion related to young people's sexual health and rights (Susan & Deborah, 2015). The curriculum was developed and advocated to encourage its implementation nationwide at the grassroot level; however, it was faced with religious opposition in the Northern Nigeria states (UNESCO, 2014). As a result, its content was renamed the Family Life and HIV/AIDS Education (FLHE) curriculum for primary, secondary, and tertiary levels of education in Nigeria in 2004 (NERDC, 2004). The content of the curriculum was diluted to abstienece-only, omitting issues on contraception, masturbation, abortion, sexual diversity and other contentious topics (Shiffman, Kunnuji, Shawar, & Robinson, 2018). Similarly, Susan et al. (2015) noted that the explicit reference to sexuality was deleted, and additional language about HIV was inserted, with a focus on abstinence as the best way to prevent sexual transmission. Importantly, content about contraception, abortion, masturbation, and sexual orientation was largely

deleted from the curriculum for use in junior secondary schools, the locus of implementation. However, the 2020-24 National Policy on the Health and Development of Adolescents and Young People in Nigeria appealed to Ministries of Education to review and revise the Family Life and HIV Education curriculum to ensure that it responds to the changing needs of adolescents and young people and conforms to global best practices in CSE curriculum design and delivery, targeting 75% of students in upper primary and secondary school (private and public sector) to be provided with school-based family life and HIV education by 2024; increasing the proportion of adolescents and young people (15-24 years) who have comprehensive knowledge of HIV transmission to at least 80% by 2024; and for at least 80% of early adolescent girls (10-14 years) and 67% of early adolescent boys (age 10-14 years) to have adequate knowledge regarding menstruation and menstrual hygiene management by 2024 (UNESCO, 2023). However, the curriculum still retained the six themes of the AHI (1996) guidelines, each covering knowledge, attitudes and necessary skills that are age-appropriate, but the main goal of FLHE is the promotion of preventive education by providing learners with opportunities:

- To develop a positive and factual view of self
- To acquire the information and skills they need to take care of their health, including preventing HIV/AIDS
- To respect and value themselves and others, and
- To acquire the skills needed to make healthy decisions about their sexual health and behaviour (NERDC, 2004).

Abah (2013) observed that the FLHE curriculum was developed to equip young people with the capacity to handle issues such as negotiation, assertiveness, coping with peer pressure; attitudes such as compassion, self-esteem, and tolerance; and adequate knowledge about HIV transmission

In 2005, the Federal Ministry of Education initiated a National Policy on HIV & AIDS for the education sector in Nigeria, which provided guidelines for the establishment of good practice for the protection, care and support of learners, teachers and other significant stakeholders (FMOE, 2005). In 2006, the NERDC developed teachers' guides on FLHE with the aim of guiding teachers in the teaching of the FLHE concepts in the carrier subjects, which were mathematics, English studies, social studies, physical and health education, basic science and technology, agriculture, cultural and creative arts, Hausa, Igbo and Yoruba (NERDC, 2006). In 2007, the relevant issues and topics from the curricula were further mainstreamed into specific subjects such as social studies, physical and health education, basic science, and English studies in junior secondary schools levels 1-3, indicating various degrees of incorporation, and was completed in 2009 (UNESCO, 2023). Nwokocha, Isiugo-Abanihe, Omololu, Isiugo-Abanihe and Udegbe (2015) reported that FLHE topics were infused into existing subjects, which were social studies, basic/integrated science, biology, home management or economics, physical and health education, civic education, health science, Christian religious knowledge, economics, government and Islamic religious knowledge.

The implementation of the FLHE curriculum started in 2004 after the training of teachers teaching the carrier subjects and educational administrators on methodologies and content (Abah, 2013). Similarly, Udegbe et al. (2015) reported that the curriculum started out in less than eight states in 2004; however, the use of the FLHE curriculum spread to 34 out of 36 states in the country by 2008. UNESCO (2023) observed that Family Life and HIV Education was to be mainstreamed into various carrier subjects, depending on the particular issue covered by 2009. Furthermore, Udegbe et al. (2015) noted that the FLHE curriculum is available for primary, secondary and tertiary levels; however, its implementation is concentrated at the junior secondary level. However, Nwokocha et al. (2015) reported that some schools teach FLHE in all classes; others teach it only at the senior secondary or junior secondary school levels.

Statewide adoption of the FLHE curriculum was observed, though there was considerable variation among states and within schools in terms of methodology, content and quality of teaching. In Nwokocha et al.'s (2015) study on the scope, delivery and challenges of FLHE implementation within states and across geopolitical zones in Nigeria, it was reported that family life and HIV/AIDS education was taught in all schools, except in Sokoto State, where none of the schools visited was found to be teaching it. Furthermore, there was no uniformity with respect to classes or levels where FLHE was being taught. This is similar to Udegbe et al.'s (2015) findings, which reported that only 29% of the states had adopted the programme within a year of the directive on the introduction of FLHE. In terms of how the teaching of FLHE takes place, Nwokocha et al. (2015) identified classroom, assembly talk and sensitisation by organisations as three main approaches employed as a medium of communicating sexuality and life skills education in the states.

In 2020, the Executive Secretary of NERDC stated that the Family Life and HIV/AIDS curriculum was changed to Family Life and Health Education to cover all aspects of family health instead of covering only HIV/AIDS education, and the Council has begun the process of infusing Family Life Health Education (FLHE) into four carrier subjects: English, National Values, Basic Sciences and Health Education into the Basic and Senior Secondary Education curricula in Nigeria (NERDC, 2025). However, the Minister of Education, Mallam Adamu Adamu, was reported to have ordered the Nigerian Educational Research and Development Council (NERDC)'s Executive Secretary to remove sex education from the basic education curriculum, arguing that sex education should be left in the hands of parents and religious institutions and not be taught in schools in a manner that would further corrupt little children who are already having access to phones and technologies (Idoko, 2022).

Relevant theoretical framework in Sexuality Education Development in Nigeria

In establishing justification for the development of sexuality education in Nigeria, social constructivist theory and the health belief model are used. The two theories identified pointed to a dire need for adapting sexuality education to Nigerian culture. The theories revealed the social perception and public health action of Nigerian-based health and educational agencies and stakeholders in streamlining and scaling up sexuality education in Nigeria. Below are the elements of the theories and their relevance to sexuality education development in Nigeria.

Proponents of the Health Belief Model argued that a person's likelihood for health behaviour is assumed to be related to how effective they perceive a programme to be, how likely they think they are to experience a health issue, and the confidence they have in their ability to make a change, among others (Alyafei & Easton-Carr, 2024). The perceived susceptibility element of the theory emphasizes that the national government would not have initiated a sexuality programme if not for the fact that the population are getting at risk of contracting HIV/AIDS and other sexually transmitted infections. Reports of STI disease spread have been discussed in other sections. The perceived benefits also emphasize that the national family life and HIV/AIDS program was initiated because it is perceived that it would empower adolescents with necessary sexuality knowledge, improve their attitude and empower the adolescents with skills in making healthy sexually related decisions.

Lev Vygotsky's social constructivism theory views knowledge as something children have in partnership with other students, teachers, and peers (Nickerson, 2024). This implies that adolescents receive sexuality knowledge from peers at school, friends in the community, elder siblings, parents and teachers. It also pointed to the adoption of sexual skills, knowledge and attitudes from social networking sites as it is relative in the 21st century. Social constructivism perceived learning as a social process, which views knowledge as being acquired through social interaction with other social elements, which could be initiated in the classroom by the teacher formally or by the inherent social environment obtainable in schools.

Students exchange sexual experiences among themselves, initiate gists on the latest dating among their peers, share sexual health care services among themselves and relate sexual attitudes they observed from others. Social constructivism also views cultural context as a major influence on knowledge construction. This explains the peculiar nature of considering open discussion of sexuality among students as culturally wrong and encouraging safe sex through condom use among in-school students as a taboo in Nigerian society. Teachers and parents are also observed to advocate for total abstinence until marriage for their children, thereby preserving the culture of chastity and religious growth among adolescents.

Sexuality Education: Teachers' or Parents' role

In spite of the identified benefits and government efforts in providing leadership in quality sexuality education, the concern of whose responsibility it is to teach adolescents remains a major challenge. Several studies have associated parent-adolescent sexual communication with lower risky behaviours; however, many parents are observed to be conservative and unskilled in educating their children on sexuality education, based on factors ranging from cultural beliefs to religious constraints, which makes many parents consider sexuality communication as a taboo or an invitation to sexual promiscuity (Ngwira, Rashid, Kadzakumanja, & Kamwaza, 2025). Some parents were reported to shun their children and refuse to have sensitive conversations with their children because it is perceived to be an inappropriate conversation. Other impeding factors include lack of the mother's awareness regarding the school role, the busy schedule of the mother and the generation gap, which makes the adolescents prefer to discuss puberty issues with their peers instead of their parents due to perceived divergent beliefs and social perception (Mirzaee, Pouredalati, Ahmadi, & Ghazaznfarpour, 2021).

Reports have noted major sources of sexuality among adolescents; peers and friends take the lead ahead of parents and schools. As a case in point, Malek, Abbasi Shokoohi, Faghihi, Bina, and Shafiee-Kandjani (2010) enumerated a hierarchical order of sources of sexuality-related information as immediate friends and peers, then pictures, magazines, and books, then audiovisual (CDs, foreign movies, satellite programmes, and the Internet), then school trainings, then physicians, clergy, and counselling centres, then family (parents and siblings), and lastly close family members. Similarly, Mirzaee et al. (2021) claimed that communication through cyberspace and peers were major sources of sexuality information. However, Sooki, Shariati, Chaman, Khosravi, Effatpanah, and Keramat (2016) established that female adolescents enquired about information on puberty, menarche, and menstruation from their mothers.

Various studies have emphasised the necessity of including sexuality education in school curricula, reiterating schools' responsibility to prepare their students for healthy and fulfilling adult lives. It is the teachers' role to provide quality education, which sexuality education is a part of. Parents don't teach mathematics and English; students learn them at schools, so sexuality education should not be different. Similar statement was made by Olagunju (2019), who held that sexuality education should be mandatory, medically accurate and taught throughout students' school years just like mathematics and the English language. It is argued that parents are not well equipped with necessary teaching aids and methodology to teach sexuality education effectively. Adegboye (2022) observed that a school setting provides an appropriate avenue for the dissemination of information and skills that might facilitate effective communication, decision-making skills, and prevention of risky behaviours. However, Choobe and Yangailo (2024) identified access to resources, support from school management on the teaching of CSE to pupils, and traditional and religious values as leading to discomfort among teachers in teaching comprehensive sexuality education.

Sexuality Education: Which approach is more effective?

According to KFF (2018), abstinence-only and comprehensive sex education are two main approaches towards sex education, which was further divided to include abstinence-plus sex education. According to Musa (2020), abstinence-only (until marriage or sexual risk avoidance programs), teaches that abstinence as the only accepted behaviour; it limits sex content and omits controversial topics such as abortion, masturbation and sexual orientation while strictly opposing abortion but may support adoption instead. Abstinence-only education usually excludes any information about the effectiveness of contraception to prevent unintended pregnancy and sexually transmitted infections (KFF, 2018). While abstinence plus education is quite similar to abstinence -centred education, it further explores the context and meanings involved in sex. It discusses STDs and contraception and acknowledges that adolescents are sexually active but promotes strict abstinence and frowns on all forms of premarital and extramarital sexual activities (KFF, 2018; Musa, 2020). Comprehensive sex education provides information about abstinence and safe sex practices, including contraception and condom use (KFF, 2018). Furthermore, it encourages the use of condoms for risk reduction in case of extramarital and premarital sexual activities and helps young people explore their own values, goals and options. According to Esha (2021), abstinence-plus is considered similar to comprehensive sexual education but teaches both contraception use and abstinence as responsible choices. It also expands on different ways to practise safe sex and often discusses the importance of consent.

Comprehensive sex education, however, promotes increased condom use, reduced frequency of unprotected sex and appreciation of gender and sexual diversity (American Academy of Pediatrics, 2024).

Scholars have presented varied arguments on the effectiveness of the forms of sex education in promoting sexual and reproductive health among adolescents. BBC (2014) reported that researchers from Yale and Columbia Universities who studied 12,000 adolescents found that teenagers who pledged abstinence were six times more likely to have oral sex than teens that abstained from intercourse without a pledge. Furthermore, Esha (2021) reported that the state abstinence-only education in the United States shows no change in teen pregnancy and STIs; rather, it presents an increasing association between regulated abstinence policies and higher rates of teen births, pregnancies, and chlamydia infections. Hall (2020), in an interview study with Oklahoma University students, found that abstinence-only education is not effective in the prevention of STIs among students. Furthermore, Teen Health Mississippi (2021) reported that teen pregnancy rates and sexually transmitted infections (STIs) are on the rise in Mississippi after 10 years of employing an abstinence-only education approach.

Conclusions and Recommendation

Having examined various evidences and reports in the paper, it is obvious that a well-structured and culturally sensitive sexuality education in Nigeria is the only potent tool for achieving optimal reproductive and family health. Furthermore, addressing and specifying the roles of teachers and parents in the conduct of the sexuality education program is essential for its effectiveness.

Based on the discussions in the paper, it is felt pertinent to make the following recommendations:

Parents are advised to initiate sexuality communication with their children at an appropriate age and in an appropriate environment. Parents should be open to learning sexuality development in order to present accurate information to their children, though the teens are not likely to respond well to a lengthy lecture or too many direct questions. However, parents should not shy away from this responsibility; they should make their expectations and opinions clear.

Similarly, teachers should be culturally sensitive and should also provide students with a safe space which encourages learners to be optimistic and confident to ask questions and express themselves. Teachers should encourage students to seek advice from a trustworthy family member. Furthermore, curriculum developers should spell out the roles and responsibilities of parents, schoolteachers, community leaders and other stakeholders.

References

Abah, R. C. (2013). The universal basic education programme and the family life HIV education in Nigeria. *International Journal of Development and Sustainability, 2*(2), 766–776.

Action Health Incorporated. (2003). *Comprehensive sexuality education: Trainers' resource manual*. Lagos, Nigeria: Author.

Adegboye, M. (2022, March 21). The roles school play in sex education. HACEY. https://hacey.org/the-roles-school-play-in-sex-education/

Ajayi, F. A. (2024). *Knowledge, pattern of and willingness to abstain from high risk sexual behaviours among in-school adolescents in Ilorin metropolis* (Unpublished dissertation). Ilorin, Nigeria.

American Academy of Pediatrics. (2024, February 15). The importance of access to comprehensive sex education. https://www.aap.org/en/patient-care/adolescent-sexual-health/equitable-access-to-sexual-and-reproductive-health-care-for-all-youth/the-importance-of-access-to-comprehensive-s exuality-education/

Choobe, M., & Yangailo, T. (2024). Factors affecting the teaching of comprehensive sexuality education among secondary school teachers. *Population and Economics, 8*(3), 46–69. https://doi.org/10.3897/popecon.8.e112256

Esha, M. (2021). Effectiveness and impact of abstinence-only programming in the United States.*TheUndergraduate Journal of Public Health, 5*. https://doi.org/10.3998/ujph.17872072.0005.015

Healthy Teen Network. (2024, April 16). Sex education is essential (sex ed for all talking points). https://www.healthyteennetwork.org/news/sex-education-is-essential/

Idoko, C. (2022, ovember 3). FG orders NERDC to remove sex education from basic education curriculum. *Nigerian Tribune*. https://tribuneonlineng.com/fg-orders-nerdc-to-remove-sex-education-from-basic-educati on-curriculum/

KFF. (2018, June 1). Abstinence education programs: Definition, funding, and impact on teen sexual behavior. https://www.kff.org/womens-health-policy/fact-sheet/abstinence-education-programs-defi nition-funding-and-impact-on-teen-sexual-behavior/

Kungu, I. T. (2023). An assessment of the necessity of sexual education for adolescents. *Eurasian Experiment Journal of Humanities and Social Sciences, 4*(2), 5–8.

Malek, A., Abbasi Shokoohi, H., Faghihi, A. N., Bina, M., & Shafiee-Kandjani, A. R. (2010). A study on the sources of sexual knowledge acquisition among high school students in northwest Iran. *Archives of Iranian Medicine, 13*(6), 537–542.

Miller, P. T. (2023). Exploring challenges and strategies in advocating for comprehensive sexuality education in Nigeria. *British Journal of Education, 11*(13), 1–24.

Mirzaee, F., Pouredalati, M., Ahmadi, A., & Ghazaznfarpour, M. (2021). Barriers to puberty talk between mothers and daughters: A qualitative study. *Revista Brasileira de Ginecologia e Obstetrícia, 43*(5), 362–367. https://doi.org/10.1055/s-0041-1729148

Musa, A. (2020). Sex education in Nigeria: Attitude of secondary school adolescents and the role of parents and stakeholders. *Open Journal of Educational Development, 1*(1), 1–30. https://doi.org/10.52417/ojed.v1i1.60

Nigerian Educational Research and Development Council. (2025, April 15). NERDC infuses FLHE curricula into basic and senior secondary education. https://nerdc.gov.ng/content_manager/nerdc_infuses_flhe_curriculum.html

Ngwira, F. F., Rashid, S., Kadzakumanja, G., & Kamwaza, M. (2025). Barriers to effective parent-adolescent communication on sexuality in rural Southern Malawi. *African Journal of Reproductive Health, 29*(4), 120–130. https://doi.org/10.29063/ajrh2025/v29i4.11

Nwokocha, E., Isiugo-Abanihe, I., Omololu, F., Isiugo-Abanihe, U., & Udegbe, B. (2015). Implementation of family life and HIV/AIDS education in Nigerian schools: A qualitative study on scope, delivery and challenges. *African Journal of Reproductive Health, 19*(2), 63–78.

Okafor, H. C., & Duru, N. E. (2010). Sexual promiscuity among female undergraduates in tertiary institutions in Imo State: An issue for healthy living. *Edo Journal of Counselling, 3*(1). https://doi.org/10.4314/ejc.v3i1.52687

Shiffman, J., Kunnuji, M., Shawar, Y. R., & Robinson, R. S. (2018). International norms and the politics of sexuality education in Nigeria. *Globalization and Health, 14*(63). https://doi.org/10.1186/s12992-018-0377-2

Studysmarter. (2022, November 2). Sex education: Definition, facts & types. https://www.studysmarter.co.uk/explanations/social-studies/social-identity-in-the-us/sex- education/

Sooki, Z., Shariati, M., Chaman, R., Khosravi, A., Effatpanah, M., & Keramat, A. (2016). The role of mother in informing girls about puberty: A meta-analysis study. *Nursing and Midwifery Studies, 5*(1), e30360. https://doi.org/10.17795/nmsjournal30360

Susan, Y. W., & Deborah, R. (2015). *Can sexuality education advance gender equality and strengthen education overall? Learning from Nigeria's family life and HIV education program*. New York, NY: International Women's Health Coalition.

Teen Health Mississippi. (2021, January 20). What is abstinence-plus sex education vs. abstinence-only educati on?

https://teenhealthms.org/blog/what-is-abstinence-plus-sex-education-vs-abstinence-only-e ducation/

Tesema, D., Tamirat, M., & Tadele, A. (2020). Sexual behaviors and its association with life skills among school adolescents of Mettu town, South West Ethiopia: A school-based cross-sectional study. *SAGE Open Medicine, 8*, 2050312120940545. https://doi.org/10.1177/2050312120940545

UNESCO. (2023, March 17). Comprehensive sexuality education. https://education-profiles.org/sub-saharan-africa/nigeria/~comprehensive-sexuality-educa tion