

# Sexual and Reproductive Health in (Nigeria) Africa: Issues, Debate and Approaches

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## ABSTRACT

Human reproductive health is still at risk in Nigeria. In response to the problem, the Federal Government of Nigeria launched National Reproductive Health Policy in 2001 to serve as the framework to base reproductive health strategies and interventions. Despite this, the country is far from achieving its set target. Several factors have been identified as the elements behind this challenge. One of such factors is cultural and religious belief. Religions have been

known to have influenced people on beliefs of various kinds, especially on the issue of human sexuality and reproduction. There are two main religions in Nigeria – Christianity and Islam. Their doctrines on sexual and reproductive health have been challenging. This paper sets out to map out these religious perspectives in the light of contemporary and practical relevance based on a sound philosophical understanding. This approach is important in order to bridge the communication gap between cultural/religious community and the public health intervention workforce, so as to create a synergy towards effective action. Moreover, the paper argues that silence on sexual matters should no longer be held as a virtue since traditional norms have lost their capacity to modernity.

**Keywords:** Reproductive Health, Ethics, Sex Education, Islam, Christianity, Nigeria

## INTRODUCTION

Rapid rise in adolescents' sexual activities is emerging as a public health concern. Studies have shown that about 16 million girls of ages 15 and 19 years give birth every year mostly in low and middle income countries; and about 3 million girls of the same age bracket undergo unsafe abortion every year (Aji et al, 2013). In Nigeria 2013 data set have indicated that 15.5% of people aged 15-24 have had sexual intercourse before their fifteenth birthday and 16.3% of people aged 15-49 have had sexual intercourse with more than one partner in the last one year, of that number only 64.5% reportedly used condom (NACA, 2014). This shows significant increase in sexual activity in the country based on 2007 data set whereby 9.8% had sexual intercourse before their fifteenth birthday and 10.4% had sexual intercourse with more than one partner in a 12 month cycle (NACA, 2014). Report has also indicated that average age for sexual debut in Nigeria is 15 years for female and 16 for male, with national fertility rate of 122 births per 1000 female adolescent aged 15-19 years (Cortez et al, 2015).

A study conducted among secondary school students in Nigeria reveals that between 26% and 40% have had sexual intercourse (Esiet et al, 2009). The same study also found that “approximately a quarter of the sexually experienced girls who are in school report they have been pregnant” (Esiet et al, 2009, p.38). There is the general concern that sexual promiscuity is on the rise in Nigeria. HIV/AIDS and other venereal diseases are also raising concerns regarding sexual activity. In 2003, the Nigerian Federal Ministry of Health estimated that “3,300,000 people between the ages of 15 and 49” were HIV/AIDS carriers (Esiet et al, 2009, p.38). The 2014 report that 3,229,757 people are HIV/AIDS carriers as at 2013 shows that the phenomenon has not changed significantly over the last decade (NACA, 2014). United Nations Population Fund (UNFPA) reports that:

Every minute, a woman in the developing world dies from treatable complications of pregnancy or child birth. Every minute, a family is devastated. The lives of surviving children are put at risk. Communities suffer. And for every woman who dies, as many as 20 are seriously harmed by fistula or other injuries of childbearing (UNFPA, 2013).

The UNFPA (2013) reports further notes that “the fertility level in Nigerian is quite high (total fertility rate; TFR is 5.7) which implies that an average Nigerian woman will bear approximately six children in her lifetime.” The country’s population census of 2006 gave an annual growth rate figure of 3.2 percent. On the basis of this, the UNFPA argues that a low level of family planning utilization has contributed significantly to fertility pattern and population growth rate in Nigeria. John Lekan Oyefara (2011) reports that:

In a study among senior secondary school students in Eastern Nigeria, it was discovered that only 36 percent of these teenagers had an accurate understanding of the fertile period; about 60 percent gave an incorrect answer, while 5 percent did not respond. In addition, of 1,655 students who provided information on their sexual activity, 40 percent said they have had intercourse (p.29).

In 2011 The World Bank notes that the contraceptive prevalence rate among women from 15 to 49 in Nigerian is 14.6 percent (The World Bank, 2011). The Nigerian HIV/AIDS and Reproductive Health Survey (NARHS) of 2003 found only 2% of women in North-Eastern Nigeria using modern contraceptive. Traditional norms of most Nigerian cultures demands premarital sexual abstinence but these norms are changing rapidly. There is balance of opinions among researchers that adolescent engage in high risk sexual behaviours that expose them to negative sexual and reproductive health indices such as unplanned pregnancies, unsafe abortions, early childbirth, sexually transmitted diseases and death (Aji et al, 2013). It was for this reason that National Reproductive Health Policy 2001 was developed to tackle this problem but as it turns out the programme has been hampered by outdated and incomplete information of sexual and reproductive knowledge, attitudes, and behavior among Nigerians (Slap et al, 2003).

Interest in human sexuality is almost as old as man. Yet it has remained an area of much speculation and controversy. This has prompted the biologists to undertake researches into it, with the intention to give it scientific interpretation which would be less speculative and more exact. Interestingly, as noted by Bertrand Russell (2004), “sex, more than any other element of human life, is still viewed by many, perhaps by most, in an irrational way” (p.103). Some philosophers have contemplated that sexuality could become a threat to human rationality. Immanuel Kant (1986), in particular, had argued long ago that “sexuality exposes mankind to the danger of equality with the beast” (p.76). This suspicion has remained virtually the same, and even heightened, as debates and

discourses around sexual and reproductive health are dominated by social conservatives and clerics. This group contends that those who believe in comprehensive sex education, LGBT rights, sexual and reproductive freedom are immoral and stand in contravention to God's command as represented in religious teachings.

To this end, this paper studies the teachings of the two major religions in Nigeria (Islam and Christianity) and examines how they have contributed to sexual and reproductive health in the country. It maps out the issues that have contributed to undermine effective the country's National Reproductive Health Policy. The paper emphasizes the need for comprehensive sexual and reproductive health education in the light of contemporary studies and practical relevance. Finally, the paper indicates how religions, particularly Islam and Christianity, can contribute positively to sexual and reproductive health within the context of the country's National Reproductive Health Policy.

### CONCEPTUAL ISSUES AND CLARIFICATIONS

In discussing sexual and reproductive health ethics, it may be helpful to consider some conceptual issues involved in it. As a rule, reproductive health is not merely concern with childbirth but it involves sexual expression. All reproductive health issues are necessarily connected with sexuality. In fact, World Health Organization rightly notes, "human reproduction generally requires sexuality activity" (WHO, 2006, p.4).

If reproduction is tied to sexuality, what does it mean to say that a behavior is sexual? Many people describe sexual intercourse as "love making". Some believe that behavior is sexual when it involves bodily contact with another which arouses pleasurable feelings. Barbara Mackinnon has argued that such a view does not connote sufficient meaning of the term "sexual". According to her, defining sexuality in terms of pleasurable bodily contact denies sexual status to masturbation and pornography as well as erotic communication at distance which may not require a second party; yet it presumes to much because "not all kisses or caresses are sexual, even though they are physical and can be pleasurable" (Mackinnon, 1998, p.189). B. Ron (2012) also argues that "sexuality is not just an intense way of expressing affection for another person." Mackinnon obviously argues that sexual behavior is not necessarily bodily in nature. There are some who reach sexual heights by merely looking at a picture, imagining a scene and so on. However, as a rule, a person is not merely an anatomical expression or bundle of mental events but it is psychosomatically constituted. So it appears unlikely that we would have experience sexual interest if we were probably without bodies. It seems that the body is very sexually significant.

If sexual activity is bodily significant, then our definition of sexuality as pleasurable arouses of erotic dimension is insufficient. The human body involves a lot of issues which seems unconnected to sexuality. For example, the human body is recognized as a fundamental element of the human rights. The human body has also been described, in Christian theology, as the abode of the "Holy Spirit" – a religious element. Medical science also recognizes the human body as fundamental to wellness and disease. All these dimensions have significant connections with sexuality and reproductive health. An understanding of these connections laid the groundwork for a comprehensive definition of human sexuality which includes its relationship to health outcomes. For this reason, the International Conference on Population and Development (ICPD), held in Cairo in 1994, defined reproductive health as: "A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its function and processes" (UNFPA, 2004, p.45). The ICPD further states that:

Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so. Implication in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice (UNFPA, 2004, p.45).

WHO (2006) notes that reproductive healthcare is defined to include sexual health, “the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases.” To this end, ICPD urges governments to open access to abortion services and “regulation of fertility” in addition to a host of other sexual and reproductive services.

Mairiga et al (2007) note that ICPD report was criticized by a handful of participants notably the religious groups. This seems to underscore a parallel comprehension of sexual and reproductive health by international development agencies on the one hand and the religious institutions on the other hand. As Dorcas Akintunde and J. K. Ayantayo (2005) rightly note, many people tend to ignore the place of religion in understanding human sexuality. Indeed, as I have noted earlier, sexuality is a bodily activity, yet the human body is a fundamental element which involves a lot of issues including the religious. However, I shall also note that some of the religious beliefs involving human sexuality are not only inconsistent but are repugnant to human sanity and are sometimes based on outright ignorance regarding the issues.

## SEXUALITY AND RELIGION

What does sexual and reproductive health mean in a religious context? How religion does influences our understanding of human sexuality? What specific contradictions exist between religious beliefs and factual knowledge regarding human sexuality? How do religious institutions contribute to promote sexual and reproductive health? How religious fundamentalism does contributes to sexual intolerance? How do religions understand sexual and reproductive rights?

Some symbolic representations of human sexuality, even in scientific circles, communicate spiritual essences. For example, ♀ ♂ used to represent male and female sexuality have deep roots in religion and spirituality. The bloodshed during the deflowering of a virgin girl was usually interpreted in spiritual terms in ancient African society. Even today, virginity is viewed in many religious as a sign of spiritual piety and moral uprightness. The religious scholar, B. Ron, argues that there is close link between sexual immorality and idolatry (Ron, 2012). Islam forbids sexual activity during Ramadan fast. Sexual abstinence is required for some spiritual initiations; just as sexual copulation with embodied spirit is required in another. In ancient Annang culture and religion, an individual could not commence sexual activity with his wife unless certain rituals were performed. Circumcision, whether for the Jews or the Africans, was interpreted in religious terms. In many religions, sexuality is considered sacred and secret, not open to public discussion. Akintunde and Ayantayo (2005) note that in Yoruba culture and religion “the belief is that any couple that has sex in the afternoon will give birth to an albino child” – so sex was viewed as a nocturnal activity. The poem, *Angle of Death*, in stanza eight suggests that sexual copulation is a nocturnal activity.

... When shall man resume love making  
The only soothing balm of nightfall  
The only solvent of our quarrels  
Our mats are anxious of the night wrestling  
Which they rattle in applause. (Ibanga, 2012, p14).

## ISLAMIC TEACHINGS ON SEXUAL AND REPRODUCTIVE HEALTH

Mairiga et al (2007) argue that “most of the components of reproductive health are not new to Islam and the Muslims. Even though you find differences in understanding and interpretations but the point is clear, that the components of reproductive health and rights are enshrined in Islamic jurisprudence hundreds of years before the Cairo Conference” (p.99). They argue that some Islamic scholars and philosophers, such as Al-Ghazali, had written treatise on the subject. Their works, expectedly, rest on Islamic teachings on sexuality. Now what does Islam teaches regarding sexual and reproductive health? The teaching of Islam is captured in the Sharia, which is the heart of Islamic religion and it indicates the path set before humanity by Allah. However, “it [sharia] does not only deals with matters of religious rituals but also regulates every aspect of political, social and private life” (Schenker, 2000, p.79).

Islam is a very rigid patriarchal system. Islam links sex to reproduction and restrict sexual intercourse to penis in vagina. Oral as well as anal sex is disapproved. J. G. Schenker (2000) notes that Islam “gives strong and unequivocal emphasis to high fertility,” and its polygamous social structure support high fertility. Regarding contraception and birth control, the Quran teaches that children are gift from Allah “and many Moslems believe that it is their religious duty to multiply and populate the earth”; however, due to the socio-economic status of most Muslim communities, “the later Hanafi Jurists found it quite permissible to avoid pregnancy (even without the spouse’ consent) in situation and circumstances that militate against properly raising a child in a manner that would do honour to the prophet” (Schenker, 2000, p.84). In regard to assisted reproduction, Islam does not only encourage fertility treatment but regards it as a duty.

Islam also allows IVF but only on the condition that it should not involve a third party but only the husband and wife (Ali, 2004; Inhorn, 2006). On the basis of this, donation of ovum, sperm and embryo as well as surrogacy is strictly condemned. However, attitude of Islamic scholars towards abortion is controversial. According to Kristina Hug (2006), the majority opinions through the ages “have accepted the morality of abortion either before the fortieth day or the fourth month of pregnancy” (p.111). Although a minority belief indicates that ensoulment occurs forty days after conception, it is generally accepted by majority of Muslims scholars that ensoulment takes place 120 days after conception (Hug, 2006). Since the embryo is not regarded as a moral person in its first trimester, Islam (controversially) allows regulated abortion.

## CHRISTIAN TEACHINGS ON SEXUAL AND REPRODUCTIVE HEALTH

The Christian world is evenly divided on the subject of human sexuality, thereby making it a very controversial issue in the religion. In a bid to pull the church away from such a pleasurable yet controversial issue, Mel White (2006) makes the following assertion: “The Bible is a book about God; the Bible is not a book about human sexuality” (p.6). However, it should be observed that the Bible is annotated with several sexual icons. For example, the Song of Solomon is replete with sexual imagery. Now, what does Christianity teaches regarding sexual and reproductive health? Some Christian scholars and philosophers, such as Thomas Aquinas, have written treatise on the subject. Their views are based on the bible which is the heart of Christian religion. However, it is important to note that the Christian world is divided into two main groups – Catholic and Protestant – and their views on sexual and reproductive health are sharply opposed to each other. Yet within

each of the denominations, there is further split of opinions. (In this paper I am highlighting only some of those views which are commonly held by the two main groups).

On the one hand, the Catholic Church teaches that sex is solely for the purpose of reproduction, and that sexual pleasure is a metabolic by-product of the reproductive process called sexuality. In other words, a morally justified sex is that which is opened to fertilization. It is on this basis that the Catholic Church condemns all forms of contraceptive practices (Brom, 2016; Paul, 2016). However, the Catholic Church relaxes towards birth control which does not involve use of contraceptives. Their argument is that use of contraceptives constitutes a direct breach of the divine charge: “multiply and fill the earth”. Moreover, the Catholic Church strongly condemns assisted reproduction such as IVF and surrogacy. In 1956, Pope Pius XII declared that IVF is totally immoral, unlawful and unacceptable (Congregation, 2016). Schenker (2000) notes that “the church argues that IVF separates human procreation from sexual intercourse” (p.85). Furthermore, the Catholic Church rejects abortion on any ground except done to abort a fetus generated as a result of rape or incest which she claims poses a threat to the mother’s wellbeing (Saunders, 2016; Catechism, 2016). Their argument is that conception marks the beginning of life for any human being as such the fetus is a human being with the full regalia of rights to life and dignity (Catechism, 2016).

On the other hand, the Protestant movement agrees with some of the views of the Catholic Church. For example, the Protestant Christian community accepts Catholic’s view on abortion but with slight modification such as: allowing abortion for reasons other than those accepted by the Catholic Church. However, the protestant church permits birth control practices. The Lambert Conference and the Anglican Bishops in 1958 approved birth control practices (Anglican Communion, 2016). The Methodist Conference in 1939 allowed the practice of contraception (Boggan, 2015). The World Council of Churches in 1961 committed itself to cooperate with the United Nations (UN) in demographic tasks (Schenker, 1988). In 1979 the Episcopal Church issued a report declaring that the “purpose of human sexuality are to contribute to human welfare, pleasure, family procreation, social order and a more abundant quality of life for all” – a report that, as Schenker (2000) has noted, signals attitudinal change. In fact, the Protestant community clearly rejects the view that the sole purpose of sex is procreation – hence the Episcopal declaration.

## **KEY AREAS TO FOCUS IN THE DEBATE ON SEXUAL AND REPRODUCTIVE HEALTH IN NIGERIA**

From our discussion above, we have seen the areas which the religions under review pose challenges to the comprehensive implementation of the country’s National Reproductive Health Policy. Some of the issues involve include total or partial rejection of abortion, condemnation of the use of contraceptives, disapproval of IVF, surrogacy and related medical culture. These have pose a big challenge to birth and population control, undermines assisted reproduction and fertility treatments, and affects the woman’s right to children by choice, right to her privacy and personal autonomy as well as right to access safe sex and reproductive facilities. These (religious) attitudes have exposed the woman, man, children and family health to grave danger. It poses a threat particularly to the woman sexual and reproductive health. And it also exposes the society to the danger of insecurities which arises from street urchins, for example, many of whom are products of failed sexual and reproductive system. In this section, I am presenting three areas of sexual and reproductive health that the views of the religions are steep and fundamental.

**Abortion:** One of the areas which religious belief poses a challenge is abortion. According to some religious views, the embryo has a moral right to life which abortion supposedly violates. The argument that the embryo has a moral right to life is founded on a more fundamental notion that the fetus is a human person with full moral status as you and I (Noonan, 1994). Those who oppose abortion argue that it involves deliberate killing of the embryo which, according to them, has a moral right to life which must be protected. The argument that the fetus has moral right to life is further based on the notion that the embryo has intrinsic value and worth which abortion voids (Teo & Calbreath, 2006).

The belief that the embryo is a human person with right to life has led some ethicists to describe abortion and related medical culture as condemnable act of wanton destruction of the embryo: immoral, unjust and an act of aggression, even murder against the unborn and radically an unethical act that is evil (Iroegbu, 2005). It is worth noting that various religions have opinions about the stage in development which the embryo is said to possess moral right to life. All world religions, except Christianity, seem to have accepted the fact that the embryo does not “yet” have a moral right to life. Robert Boomsma (2004) notes that a consensus has not been reach within the Christian community on whether or not the embryo has any right to life. On the other hand, those who support abortion argue to the fact that the fetus is not a human person with a moral right to life. And since the embryo is not a human person, ascribing a right to life to it is no more a right to life given to any other tissue in the body (Warren, 1994). There is also the intermediate position which ascribes moral right to life to the embryo at some point of vitality (Brody, 1994).

**Contraception:** Another area in which religious belief works against sexual and reproductive health is in the area of contraception. The issues raised under contraception are similar to natural law arguments used against abortion. The argument is that contraceptive sex works by preventing fertilization, thereby preventing a human being from forming at all.

Contraceptives prevent human being from forming at all whereas terminating of pregnancy prevents the fetus from becoming a human being. Both are abortion of the humanization process which begins at the point when the sperm is released from the testicles and accomplished at the point of conception in the fallopian tube, then realized at birth. In other words, contraceptives and condoms prevent God from creating man (Ibanga, 2012, p.135).

As a corollary, it is argued that contraception is not respecting the nature and purpose of sexual intercourse – which is procreation. In other words, every time an individual use contraceptives and condoms he contradicts the natural law, which according to Aquinas, ordained sex as a procreative activity only. Also, Janet Smith (2010) argues that the contraceptives do not only work against babies, which she describes as “a natural and good outcome of sexual intercourse”; but that they also work against the uniting and bonding of sexual partners. In other words, contraceptive sex undermines the essence of sexual intercourse.

**In Vitro Fertilization:** One other area which religious belief poses a challenge is in the area of use of the in vitro fertilization (IVF) technology. Those who oppose IVF argue that the process involves many interventions and deliberate manipulations of the embryo. The belief is that the embryo or fetus has personal dignity that should be protected. This belief is based on a more fundamental notion that the embryo is a human person with full moral status. And since, for them, the embryo is a human person with full moral status; it now

argues that as human persons, it should not be used as means to an end – which includes anything apart from preservation of the embryo. This is based on Kant's notion of human dignity. According to Kant (1986), using human beings as means to achieve an end puts humans at a par with mere objects – thereby undermining their personal dignity. Furthermore, Adrian Teo and Donald Calbreath (2006) argue that “the embryo is a human person of intrinsic worth based solely on Almighty God's absolute valuation of the being” (p.185). Their view is founded on a further position that the embryo carries with it the “image of God”. Teo and Calbreath view is corroborated by Nicanor Austriaco (2008) that “human dignity is grounded in the truth that the human being is made in the image and likeness of God” (p.9). Also, it has been argued that the value and dignity of the human person is intrinsically given. Since, for the opponents of IVF, the embryo is a person, involving the embryo in IVF processes amount to devaluation of the embryo and an undermining of its personal dignity and moral worth. This view, it should be observed, sees human worth, value and dignity as biological entities of individual human beings.

On the other hand, those who support IVF argue that the embryo does not worth an iota of dignity that is usually ascribed to human persons. This position is founded on the fact that the embryo is not a human person at all – consequently it does not have rights and dignity. For example, both Mary Warren and Judith Thomson argue that the fetus is not a person from conception. Thomson (1994) in particular avers that “a newly fertilized ovum, a newly implanted clump of cells, is no more a person than an acorn is an oak tree” (p.283). Consequently, Warren (1994) argues that the fetus is “not the sort of entity to which it is proper to ascribe full moral rights” (p.302). In other words, human beings are said to possess dignity by the fact of being humans. It follows that if the embryos are not human persons with full moral status then the fetus does not have dignity at all.

## **SEXUAL AND REPRODUCTIVE HEALTH AWARENESS**

Public knowledge on sexual and reproductive health has serious interpretations for the various religions of the world. In ancient and traditional African society, sex and everything connected to it was shrouded in secrecy. For example, the traditional Yoruba society like many traditional societies view sexual activity in nocturnal terms. The Islamic scholar, Yusuf Al-Qaradawi, argues that Islam demand secrecy and privacy for sexual issues: “Islam teaches very strongly that sexual acts are to remain a matter of strict privacy, not to be discussed with other persons” (Walker, 2012). That is to say, Islam forbids open discussion on matter relating to sex. In Christianity, many theologians and bible scholars, such as Evang. I. F. Umoh, have argued that sexuality is a sacred act which the bible teaches should be kept out of public discourse. Evang. I. F. Umoh, in particular, argues that sexual immorality is on the increase today because of the public permissibility of sexual topics (Umoh, 2009). A study conducted in southern Nigeria by Briggs et al (2015) observes that religious communities, particularly those deemed conservative, argue that “sex is not something that would be discussed freely and openly in community setting” (p.45). Many bible passages, written by St. Paul, Ephesians 5:32, for example, often refer to sexuality as a “mystery”. On the other hand, however, some clerics, such as Evang. Orji O. Orji, argue that making sexuality a topic for public discourse is not only in tandem with bible teachings but can contribute to enlighten the Christian with regard to sexuality generally (Orji, 2009). Despite this, the group called Advocating for Youth initiatives a project “The Muslim Youth Project” to create public awareness on sexual and reproductive issue which they believe shall benefit rather harms the Muslim youth (Advocate for Youth, 2013).



As a result of these beliefs about sexuality, the various religions have generally, at least historically, kept their adherents in the dark regarding the most pleasurable aspect of human reality. All kinds of sexual and reproductive ills have been perpetrated in the name of religion: From sexual part mutilations to genitals cleansing and all kinds of religious taboos. I have observed that, recently many Pentecostal organizations in Nigeria, commonly refers to as "Prayer Houses", seem to have taken over the role of midwives from medical experts. Hence, instead of telling pregnant members to see their doctors, many pastors have demanded sundry fasting, even dry fasting, from these vulnerable ones. These therefore have contributed to high morbidity and mortality rate in the country, and has further foster in the individuals, sometimes societies, that they need more prayer houses rather than medical centers. I have also observed occasions which some midwives and nurses who patronize these beliefs and notions do advise those in need of prenatal and post-natal care to put more faith in these religious facilities than in the scientifically tested systems.

Fair enough, however, medical services are not limited to the somatic and empirical procedures conducted by the biomedical scientist; there is also the psychological and metaphysical aspects which some of the religions help to balance. I am not saying the religious teacher should substitute the doctor, after all some clerics are stark illiterate with regards to reproductive health, but there are some metaphysical-counseling things the religious teachers do of which the medical scientist is a stark illiterate. However, I condemn in its entirety the various spiritual tortures which some religions subject their adherents – who may need sexual and reproductive health assistance. Perhaps, Mel White was right when he asserted that the bible is not a book about human sexuality. Although the bible makes some notations concerning sexuality, but it is dangerously limited when it comes to expert knowledge on sexual and reproductive health. The religious texts should not replace scientific texts on sexual and reproductive health. But it can compliment it only to the extent of its usefulness. After all, the bible has had it rough with factual knowledge.

There is need to emphasize the need for comprehensive sexual and reproductive health education which should come on all fronts. Akintunde and Ayantayo (2005) rightly argue that "sexual education should start from the home, as the home is the first school for a child or an individual. A child who has been tutored at home on sexual parts of the body and effects of early exposure to sex would not go out on an exploration spree, in an attempt to satisfy his/her sexual urge." Child-marriage (which I interpret as pedophilia and infanticide) should be strongly discouraged, and the religious teachers should be exposed to the knowledge of its dangers. Moreover, citizens should not cultivate policy of silence in regards to sexual matters, even though we were brought up in official ignorance and without sex education. Citizens should discard official ignorance by now, and seek after actual knowledge. Russell (2004) avers ignorance on matter as important as sex is a serious danger. Russell also told us, no man can pass as educated who has heard only one side on questions as to which the public is divided. So opinion should be formed on this issue, not by allowing only one side to be heard.

Apart from that, the study in Borno State, Nigeria, indicates that religious leaders are not carried along with regards to reproductive health as was envisioned in the country's National Reproductive Health Policy 2001 (Mairiga et al, 2007). The study quoted one Islamic scholar thus:

I used to see some of these organizations in the television paying courtesy visits to some government officials e.g commissioner of health, or campaign for immunization. We see then far, far away i.e. not coming near us (Mairiga et al, 2007, p.99).

Orji (2009) rightly notes that it is worrisome that the issue of sex is being shield away from the religious circles. In the traditional Nigerian society a large segment of the population depends on religious leaders for guidance on many aspects of life including health. No doubt the religious teachers may hold reservations about contraceptives and sex education but there is need to factor-in the religious perspectives. As the Borno study has indicated “If they [health experts] will take time to understand these basic beliefs of our communities, I believe their work will be much easier for them” (Mairiga et al, 2007, p.102). Frankly, knowledge of some of these basic beliefs which the cultural and religious communities depend may not be enough to base a professional relationship with the religious teachers. Many of the religious teachers are indeed ignorant about the whole concept of sexual and reproductive health in the context of National Reproductive Health Policy. Hence, there is the need to enlighten the religious teachers first given the enormous influence they assert on these communities, and for the reason that some clerics were utterly ignorant about the modern conception of sexual and reproductive health, as revealed by the some “studies” (Mairiga et al, 2007; Briggs et al, 2015).

## CONCLUSION

The purpose of this research was to map out some grey areas which have undermined sexual and reproductive health in Nigeria. This study is therefore important to those in the public health and intervention workforce to understand. From the above notations, we can see that there is considerable ignorance among religious teachers regarding reproductive health. This emphasizes the need for sex and reproductive health education in the society, especially in the cultural and religious communities – such must not be limited to formal school setting. Government can organize workshops for religious teachers that will include enlightening them about the various modern concepts in its reproductive health policies and the reasons behind such unfamiliar inclusion. Since the religious leaders usually have tremendous influence on their members; it may help to expand public awareness on sexual and reproductive health issues through this channel.

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