YOUNG PEOPLE AT RISK OF HIV/AIDS IN EDO STATE: WHAT SHOULD WE DO?

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Brief Policy Paper by

Centre for Population and Environmental Development, CPED

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Preface

This policy brief is part of the on-going research and policy linkage of the Centre for Population and Environmental Development (CPED) on the research theme titled “Health including HIV/AIDS and Development in Nigeria” in the current Strategic Plan (2010-2014) of the Centre. This policy brief which is based on the main outcome of an action project on HIV prevention for rural youth in Edo State outlines some of the key findings and policy implications. The policy brief is designed to inform policy makers and other stakeholders involved in activities to improve reproductive health in Edo State.

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The 2008 National HIV Sero-Prevalence Sentinel Survey indicated that the HIV prevalent rate for Edo State was 6.2% making the State the 14th in the 36 States of Nigeria. The report also showed that the prevalence rate among the youth was also higher than any age group in most states - including Edo State. This indicated then that something urgent needed to be done to address young vulnerability. It was within this context that HP4RY was conceived in 2008. HP4RY means: HIV Prevention for Rural Youth. This was a 4-year programme that was executed in Edo State Nigeria and funded by a grant from the Global Health Research Initiative, Canada to a team of Canadians and Nigerians led by Professor Andrew Onokerhoraye of University of Benin and Centre for Population and Environmental Development and Professor Eleanor Maticka-Tyndale of the University of Windsor. The project involved research, capacity building and knowledge translation and was developed within the thematic area of Prevention and Control of Pandemics, focusing specifically on HIV/AIDS. The goal of HIV Prevention for Rural Youth (HP4RY) was to develop and use research evidence to build and evaluate HIV prevention for youth delivered through schools and communities. The programme took a social ecological approach to prevention that placed individual risk of acquiring HIV within the context of interpersonal networks, community and larger social and cultural
contexts. It designed research-based programmes and built research capacity using local resources and infrastructures to facilitate sustainability and wide-scale implementation and used an Action Research model that incorporated into the research process the sharing and translation of knowledge into programmatic and policy actions.

Thirty rural communities in Edo State, Nigeria were the locus of the research with results used in consultation with local educationists to enhance the existing Family Life and HIV Education programme targeting Junior Secondary School students and to provide in-service and pre-service training to teachers and future teachers in programme delivery. Research results were used in consultation with communities to establish strategies to enhance their AIDS competence and reduce youth vulnerability to HIV infection. Youth who have just completed university and were participating in the National Youth Service Corps were used to train and mobilize to communities in developing and implementing these strategies.

The research and evaluation of the school and community programming answered two questions:

- How was youth vulnerability and risk situated within individual, interpersonal and community dynamics?
- To what degree can school- and community-based interventions separately, and in combination, contribute to reducing youth risk and vulnerability?
Capacity building used a phased-in approach that strengthens local resources and builds research networks and partnerships. Team members bring together Nigerians and Canadians and include academic researchers from 4 universities, two NGO partners, and representation from the State Ministry of Education.
OBJECTIVES OF PROGRAMME

The specific objectives of the programme, as outlined in the proposal, addressed the development and translation of knowledge and capacity building as follows:

1. Knowledge Development: Development of research evidence related to:
   1.1. Identification of multi-level factors, their interactions, and pathways of influence that contributed to the vulnerability to (or resilience against) HIV infection among junior secondary school age girls and boys in Edo State.
   1.2. The comparative impact of school-based and school-plus-community-based initiatives to reduce youth vulnerability to HIV in Edo State.

2. Knowledge Translation:
   2.1. Translation of research evidence to programme elements for school- and community-programming.
   2.2. Development and dissemination to researchers, NGOs and GOs within and beyond Nigeria of Lessons Learned and Models for developing combined community-school programmes to address youth vulnerability to HIV infection.

3. Capacity Building:
   3.1. Increased capacity to conduct and partner in research among students, graduates, and faculty at the University of Benin as well as staff of partner NGOs.
3.2. Enhanced capacity of SWIN at the University of Benin and the African Regional Sexuality Resource Centre (ARSRC) at Action Health Incorporated to provide training in research related to sexual health.

3.3. Strengthened capacity of Nigerian and Canadian team members in north-south action research partnerships.

WHAT WAS DONE
Three schools were selected from 10 local government areas (LGA) that represent the diversity of ethnic groups and geographical locations in Edo State. One school in each LGA was randomly assigned to each of two early and one delayed intervention arm. The first intervention arm includes 10 schools whose teachers received in-service training in delivery of the Family Life and HIV Education (FLHE) programme in July-August, 2009. The second arm includes 10 schools that received the same training and had Youth Corpers located within the community and trained to work with the community to enhance recognition of sources of youth vulnerability and to mobilize the community toward reducing vulnerability to HIV among youth. The 10 schools in the third arm received training in July-August, 2011 and so were labelled delayed Schools.

All 30 schools participated in three waves of data collection. In each wave, all students in the Junior Secondary School and 3-5 teachers were invited to complete surveys. In addition, in a random sample of
9-10 schools (1 from each LGA), students participate in sex and grade segregated focus group discussions (4 focus groups/school) and teachers participate in in-depth interviews. The first wave of data collection was completed in early February 2009. Results from this wave served two purposes. First, they were used to create enhancements to the FLHE programme, teacher training, and community programming, insuring that their content addresses locally relevant issues and vulnerabilities. Second, these results become the baseline against which results from later waves were compared. The second and third waves provided evaluation data to assess the impact of the school only and the school plus community programming. The survey also involved teachers in the project schools. Over 4000 students as well as over 70 teachers took part in the survey in each wave of data collection.

OUTCOMES FROM THE PROJECT THAT ADDRESS YOUTH VULNERABILITY

Learners in schools with FLHE, compared to those in schools that do not yet have FLHE programming have:

- Greater Knowledge in HIV/AIDS related issues
- Report exposure to information about HIV and AIDS through various school sources such as texts, teachers, school friends;
• Report communication with diverse others (parents, teachers, friends, peer educators) on various sexuality issues;
• Respond to factual questions about HIV/AIDS correctly and reject myths. This is accentuated for learners in communities with programming and is confirmed by their discussions in focus groups.
• Say a girl can refuse a boyfriend who wants to have sex.

Additionally,

• FLHE delivered in JSS produces desirable changes in knowledge, attitudes and behaviours associated with HIV risk.
• This is especially the case for girls.
• When a community programme to raise AIDS Competence was added, there were more and stronger results, especially for boys.
• Although acceptance of condoms improves with FLHE+C, condom use does not.

Although the presence of FLHE in schools on its own did not have an influence in the following areas, when FLHE schools were located in communities that had Corpers delivering community programming, more learners than those in FLHE-only or control schools:
Were aware of the presence of AIDS in their community through knowledge of people who had died of AIDS;
Endorsed HIV testing;
Were using strategies to avoid sexual activity such as helping friends to avoid situations or themselves avoiding situations or places where they knew sex was likely to occur;
Reported they were not yet ready for sex;
Have better knowledge about condom use as a preventive strategy against HIV/AIDS, (although this is not fully supported by results from the longitudinal data);
Reported condom use if they were girls.

Teachers who took part in the project reported a variety of gains from their FLHE training. In particular, teachers who received FLHE training, compared to those who have not reported:

Access to resource materials such as texts and schemes of work for teaching about HIV and AIDS;
Using classroom instruction, school assemblies and school displays for teaching about HIV and AIDS but have not increased use of more interactive teaching methods;
Discussing this teaching in staff meetings;
Teaching learners how to resist sex and that condoms protect against HIV, although most express reservations about teaching about condoms with only a decrease in the number of
teachers expressing such reservations in communities with Community Corper programming;

- Teachers’ knowledge related to FLHE topics was high before training and improved further over the course of training. After training, the average grade on the knowledge examination was 92%.
- Teachers identified fewer obstructions to teaching about sexuality after training than they did before. At the end of training there were more teachers who said they were comfortable, that they had enough time that these lessons were important, and that students were old enough.
- Following training, teachers were more competent in delivering guidance and counselling to students who came with problems in the area of sexuality.
- Following training, all teachers (100%) said they would always include messages of abstaining and caring for people affected and infected when teaching about HIV and AIDS and there was also an increase in those who would advise students to get tested. A high percentage of teachers (over 90%) said they would always advise students who were not abstaining to use condoms and stay with one partner.
LESSONS/GAINS FROM HP4RY COLLABORATION
Dealing with the Vulnerability of young people in Edo State have a lot of lesson to learn from the success story of HP4RY in view of the lessons and gains from the project as found below:

- The partnership produced better resources for the fight against HIV/AIDS since resources from the North and South were merged to achieve what success that was recorded in the project.
- HP4RY built local capacity thereby living behind in Nigeria young people who were more competent and willing to work in the area of HIV/AIDS thereby enhancing the resource base of Edo State and indeed Nigeria.
- Community person contributed immensely to the success of HP4RY through encouragement and support for Youth Corpers.
- Promoted evidence-based programming and policy-making since research showed state of the act in the programme especially areas where attentions were needed.
- The programme promoted participatory collaboration by involving all stakeholders and better resources.
- Nigerian collaboration with donors must emphasize local capacity building using local resources.
- Evidence-based programming and policy-making should be promoted by all levels of
government and nongovernment organizations.

- Programme made effective use of Youth Corpers especially in dealing with the vulnerability of young people who were out of school. This has never been the case since youth in school most time seemed to have more access to information than their out-of-school counterpart.

POLICY RECOMMENDATIONS
In view of the enormous benefits and success from HP4RY, a programme for the young, this write up recommended the following:

- Nigeria must continue to seek for international partners in the fight against HIV/AIDS. The government in conjunction with the international bodies concerned should ensure that more projects like HP4RY are funded especially in order to get to the grassroots.
- Continue expanding delivery of the FLHE programme in Secondary Schools in Nigeria.
- Mobilization towards delivery of programming in communities using the AIDS Competent Community model targeted at young persons.
- Nigeria must increase funding for the HIV/AIDS response especially for the young people.
• Public-private partnerships are essential to bring HIV/AIDS interventions to more people
• Deployment of Youth Corpers to communities specifically to deal with HIV/AIDS programming since youth are more at home with them
• The State must recognize the place of the community in the fight against HIV/AIDS by using a Bottom–up approach rather than a top-down syndrome.
• All teachers should be made to mainstream HIV/AIDS teaching into all subjects in all primary and secondary schools.
• Develop a policy shift that recognizes condom education as part of the FLHE curriculum