



HIV PREVENTION FOR RURAL YOUTH (HP4RY) NIGERIA

Overview of Results from Baseline Research

Funded by: Global Health Research Initiative, Canada
A coalition of agencies: CIHR, IDRC, CIDA, PHAC



Principal Investigators

Prof Eleanor Maticka-Tyndale, Prof Andrew Onokerhoraye Mrs Adenike Esiet

Co-Investigators

Dr. Uzo Anucha

Dr. Robert Arnold

Dr. Nombuso Dlamini

Dr. Kokunre Eghafona

Dr. Uyi Oni Ekhosuehi

Dr. Isaac Luginaah

Prof. Friday Okonofua

Dr. Felicia Okoro

Dr. Francisca Omorodion

Participating Institutions

University of Windsor

Action Health Incorporated

Centre for Population & Environmental Development

University of Benin

Ministry of Education, Edo State

HP4RY GOAL

To develop and use research evidence to build and evaluate HIV prevention for rural youth delivered through schools and communities in Edo State.

In schools: to build on and deliver FLHE

In communities: to train Corpers in community sensitization & mobilization to address local HIV vulnerabilities.

Components of HP4RY

- Research – including evaluation of programming
- Knowledge Translation – incorporating what is learned in research into FLHE and community mobilization
- Knowledge Mobilization – Delivering FLHE and community mobilization programming
- Capacity Building

Research Design

$$10 \text{ LGAs} \begin{cases} 1 \text{ FLHE + Community} \\ 1 \text{ FLHE} \\ 1 \text{ Delayed FLHE} \end{cases} = 30 \text{ JSS \& communities}$$

Data Collection:	Pre 2008	-----	1 st post 2010	-----	2 nd post 2011	
FLHE+	✓		train	✓		
FLHE	✓		train	✓		
Delay	✓		✓		✓	train

- Questionnaires completed by all students and 3-5 teachers
- Focus group discussions with students and interviews with teachers in 9 schools
- Brief ethnographies in 10 FLHE + Community sites

Site Selection

- Selection Criteria
 - Communities <20,000 population with JSS
 - Teachers not trained in FLHE & no HIV programming
 - Gov't teachers in ≥ 1 FLHE carrier subject
 - Accessible by car
 - Willing to participate
- Challenges
 - Many schools without gov't teachers
 - Accessibility difficult in some communities, especially in rainy season
 - 97 visited to obtain sample of 30

Data Collection & Capture

- Instruments pilot tested
- Cascade model to train 5 permanent staff & 10 RA
- Data Collection by 2 survey teams, 1 interview team (2M, 2F each) -- Oct 2008 & Feb 2009
- In each Junior Secondary School:
 - Photo ID cards for longitudinal followup
 - Surveys administered to all students & 2-5 teachers
 - In 9 schools, FGDs and Interviews conducted
- Data Capture
 - Surveys scanned into statistical database
 - Interviews transcribed and loaded into qualitative software
- Challenges: transport, inaccurate information, technology

Data Analysis

- Descriptive analysis & beginning causal modeling of student and teacher surveys
- Thematic analysis of interviews and focus groups
- **Challenges:**
 - Poor internet connectivity precluded e-training and supervision of data analysis in Benin
 - 163 invalid student IDs -- students lost to longitudinal sample
 - 30% students answered factual questions about sexual experiences inconsistently
 - Transcriptions did not meet software requirements

Brief Ethnographies

- Recruited and trained 36 RAs
- Conducted brief ethnographies in 10 communities
- Brief ethnographies completed April 17

Challenges:

Recruitment

Supervision



Research Results Schools & Teachers

Profile of 30 Schools

- 45-340 students
- Student/teacher ratio ranged from 11 to 102 students per teacher
- All had at least 1 govt teacher in English, Integrated Science and/or Social Studies
- 1 boys only, remainder coeducational

Profile of Teachers Completing Surveys

- 88 teachers completed surveys
- Predominately Male
- Catholic = Pentecostal; majority Christian
- Predominately Bini, Esan, or Owan-Ora
- Most are experienced teachers
 - Primarily 40 years and older
 - Approximately 60% teaching JSS & at current school for 3-9 years
- $\frac{3}{4}$ are government employed
- relatively evenly spread over the 3 carrier subjects

HIV and AIDS Teaching

- None of the schools delivered FLHE
- Scarce resources for teaching about HIV & AIDS:
 - Teacher reference books 15% have
 - Student books 7% have
 - Scheme or plan of work 28% have
- Most common approaches:
 - classroom teaching
 - school assemblies
- Students not directly involved in learning (e.g. creating school displays, competitions, debates, using drama or music)

HIV and AIDS Teaching (Con't)

- 84% feel education about sex should begin in JSS1
- Most see both parents and teachers as appropriate sex educators
- Over $\frac{3}{4}$ report teaching sex education
 - Just over $\frac{1}{2}$ have taught 'how to' resist sex and that condoms protect
 - Fewer have taught how to avoid sex with an adult

Barriers to Teaching about Sex and HIV/AIDS

- Main Barriers reported by teachers include:
 - Lack of Training
 - Lack of Time
 - Discomfort
 - Shy Students

Attitudes Facilitate Teaching

- ALL agreed that *'The more information we give young people about HIV/AIDS the better'*
- Most agreed that
 - Students are old enough
 - Parents are not resistant to the subject matter

Teachers' Knowledge

- Good understanding/knowledge of HIV/AIDS
- On average teachers scored 79% on 10-item knowledge measure, with no significant difference associated with gender, years teaching, subject taught, or teacher status.

HOWEVER... disconcerting %s of teachers did not recognize that

- Not having sex helps keep you safe from HIV/AIDS (40%)
- You can get HIV/AIDS from someone that you know very well (26%)

Teachers' Own Experiences and Risk Perception

- Few teachers know someone who has HIV or has died of AIDS
- Approximately 90% felt there was no or only a small chance that they could get AIDS (more females than males)



Teachers' Beliefs about Sexual Activity From Qualitative Interviews

Profile of Teachers from Interviews

- 9 Different Schools (2-3 Teachers interviewed/school)
- 22 Teachers in total
- majority of the teachers are male
- Average of 12 years teaching; average 5 years teaching at the same school
- Principal, Guidance Councilor, English, Social Studies, or Integrated Science

Waiting until Marriage

- 17 teachers believed youth should wait until marriage before they engage in sexual intercourse
- 3 teachers believed that although it is desirable to wait, it is unrealistic

Reasons Students Should Wait Until Marriage:

- 9 Teachers stated to avoid disease
- 7 Teachers stated for religious reasons
- 5 Teachers stated for economic/financial reasons

Sexual Reality of Youth

Although most teachers believe that students should wait until marriage...

- 19 Teachers believed that boys were not waiting
- 18 Teachers believed that girls were not waiting

Beliefs about the Role of the School and the Teacher

- 10 Teachers believed the school had done very little to assist students in waiting
- 17-18 Teachers stated that they have spoken to their students about waiting

Beliefs about Condoms

- Boys

- 3 teachers believe the majority of boys use condoms
- 6 teachers believe some but not many use condoms
- 8 teachers believe they do not use condoms
- 3 teachers are unsure if they use condoms

- Girls

- 3 teachers believe they use condoms
- 8 teachers believe some use condoms
- 6 teachers believe they do not use condoms
- 3 teachers are unsure if they use condoms

Beliefs Why Students Do Not Use Condoms

- 6 teachers believe they do not use because they do not derive as much satisfaction when using a condom
- 5 teachers believe they do not use because they do not have knowledge about condoms
- 2-3 teachers believe they do not use because of the cost and/or availability of condoms

Teaching about Condoms

- 12 teachers believe that the advantages of condom use should be taught to students

- 4-5 teachers are against teaching about condoms

“Condom is not meant for children, but for adult...if you are telling them to use condom you are indirectly telling them to have sex.”

Teaching about Condoms

- 4 teachers that do not agree about pre-marriage intercourse still believe it is necessary to teach about condoms because

“Condom is advisable when you cannot guide against your urge”

At least 14 of the 22 teachers stated that students should be advised to use condoms as a preventative measure

Teaching about Condoms

- 7 teachers who responded that they had taught about condoms, stated that they told students if they were going to engage in sex, they should wear a condom
- 5-6 teachers who responded that they had NOT taught about condoms, claimed that it was either because of their religious affiliations or that condoms were not part of the curriculum

Role of the School

- 10 teachers stated that neither sex education nor HIV/AIDS were taught in their schools; they mentioned that these are not in the curriculum
 - lack of materials, resources, and training make it difficult to properly teach students
- 7 teachers believe that parents would like the school to teach youth about sex and HIV/AIDS
- 7 teachers believe that parents would NOT like the school to teach youth about sex and HIV/AIDS
- 11 teachers believe that school should call for a Parent Teacher Association (PTA) to address parent's concerns

Role of the Teachers

- 16 teachers stated that they have not talked to parents about sexual health/HIV/AIDS because there is no 'forum' for it
- 17-18 teachers stated that they have spoken to students about waiting until marriage
- 8 teachers reported having no difficulties in teaching students sexual health = waiting until marriage

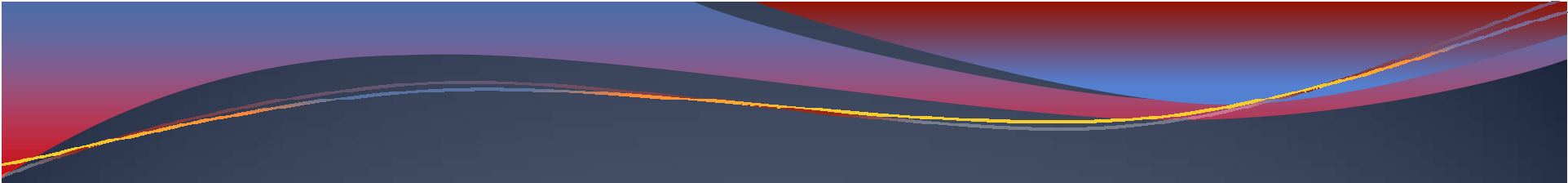
What Teachers Think about HIV/AIDS

- The most important things for students to know about HIV/AIDS:
 - AIDS is real
 - The need for abstinence
 - Proper education about HIV/AIDS and its implications
 - Ensuring that students understand how it is contracted
- 17 teachers reported that abstinence was the best method of prevention

What Teachers Think about HIV/AIDS

- For some teachers abstinence was expressed as a religious duty, and if HIV/AIDS was contracted it was expressed as a sort of punishment for engaging in premarital sex

Consider the following quotation:



First of all the most important way of preventing HIV/AIDS is through sex. The students should be taught about the law of God that said fornication is a sin that is one. They should equally be taught that having sexual intercourse will make them contract HIV/AIDS that is a ticket to the other world, thy kingdom come that by the time they get there God will equally punish them by throwing them in hell fire. This one should be emphasized. Then here, they will not see their loved ones again because HIV is not curable, they will die a painful and shameful death and their ambition to become doctors and lawyers will be truncated.



What are your thoughts?

Tying it Together

- Although 17 teachers would like to see students wait until after marriage to engage in sex, they tend to agree that students are not waiting (approximately 18-19 teachers believe this). 10 teachers stated that their school had done nothing to try to teach students about waiting until marriage; while 13 teachers agreed it was necessary to educate and advise about the importance of waiting

Tying it Together

- Since 18-19 teachers agree that youth are partaking in premarital sex, about 12-14 teachers believe it is necessary that the schools should emphasize the pros of condom usage to try to curb teen pregnancies, STIs, and HIV/AIDS.
 - There were about 4-5 teachers that were completely against condoms, and similarly 4 that were against, but believed in the necessity to educate for protection

Tying it Together

- Although not all teachers agree with condoms, majority agree that it is necessary to educate in the name of prevention.
- It becomes difficult to educate about sexual health and HIV/AIDS, however, because teachers do not have the proper education to do so efficiently; they also lack materials, resources, as well as an effective, progressive, and endorsed curriculum around sexual education and HIV/AIDS



STUDENTS

4423 students completed surveys

36 focus groups were held with; 18 with boys, 18 with girls; approximately 5 students in each group

Profile of Students

- Slightly more boys (56%) than girls (44%)
- Most 13-15 years old
- Relatively evenly divided JSS 1, 2, and 3
- 3 Dominant ethnic groups: Esan Akoko Edo, Bini
- Most Christian
- 70% live with both parents; 24% with only 1 parent

Information and Communication

- Sources of information about HIV and AIDS:
 - Almost all get information from radio or television followed by other media
 - 35% from teachers
 - 27% from parents
- Who talk to about sex and HIV/AIDS:
 - 25-30% have talked to teachers or peer educators
 - But <20% have talked to them about condoms
 - Evenly split about whether they should or should not talk to a teacher if they are worried about HIV/AIDS

Awareness and Risk

- Very few knew of anyone who was infected or who had died of AIDS
- 3 questions about risk perception
 - What are your chances of getting HIV/AIDS: 70% DK
 - Do you think you can get ...: 26% unsure, 55% no
 - Do you think you can get ... from sex; 25% unsure; 40% no

In focus group discussions, those who felt they were at no risk said it was because they were too young or not engaged in sex; those who felt they were at risk said they could get it by having sex or sharing sharps with someone who was infected.

Knowledge and Beliefs

Sizable percent endorse beliefs supporting sex during adolescence

- Girls will be barren if don't have sex 41%
- Boys damage bodies of no sex for long time 33%
- STDs go away on their own 27%

These beliefs were not mentioned in focus group discussions as reasons for engaging in sex.

Those who endorse these beliefs are more likely to report that they have engaged in sexual intercourse.

Knowledge and Beliefs (Con't)

More students respond correctly than incorrectly to questions about HIV transmission, BUT $\geq 40\%$ respond that they DK

- That you can prevent infection through
 - abstinence
 - being faithful to one partner
 - using condoms
- That you can get infected in sex with someone you know well
- That you cannot get infected through
 - sharing clothes
 - mosquitoes
 - shaking hands with someone infected

Knowledge was best – you can get infected by

- sharing sharps, needles (63%)
- sharing blades in circumcision (50%)

Same portrait of knowledge from focus group discussions.

Summative Knowledge Score

- Average correct answers was 35%
- Boys scored higher than girls (43% vs 25%)
- JSS 3 students scored higher than JSS 1 (39% vs 30%)
- There was no significant difference in knowledge between students who did and did not have sexual intercourse experience.

Perception of Readiness to Engage in Sex

- 1/4- 1/3 endorsed statements suggesting they feel they were 'ready' to engage in sexual activity:
 - I am old enough
 - I cannot say no
 - Boys my age shouldn't wait
 - Girls my age shouldn't wait
- BUT nearly 1/2 said they would have sex if they liked someone

In FGDs both boys and girls spoke of being too young or not ready for sex with JSS 3s using messages of morality more than JSS 1s. Girls felt it wasn't fair that those who have sex get gifts.

Girls' Rights

- Although $>1/2$ agreed that girls have right to refuse sex
- When the questions were more specific, the % endorsing rights decreased
 - 26% agreed that a girl can't refuse her BF
 - Only 19% agreed that accepting a gift doesn't mean a girl should be willing to have sex
 - And 26% that a boy should be willing to have sex

Those who endorsed rights were less likely to report sexual intercourse experience

In FGDs it was clear that rights were endorsed in principal, but when specifics were talked about, rights were not upheld.

Pressure to Engage in Sex

Questions were asked about a variety of external (friends, gifts, adults) and internal (desire, not knowing how to refuse) pressures to engage in sex

- Reports of pressure ranged from 13% getting gifts for sex to 34% having experienced pressure from physical desires
- More girls reported pressure than boys as did those with sexual experience than those without

In FGDs JSS3 boys & girls spoke of bodily desires as the most prominent reason for not abstaining and the desire for gifts as a dominant pressure on girls. Both mothers and friends were seen as either those who contributed to the pressure to engage in sex or as those who helped resist pressure.

Peers' Sexual Activity

- Girls were more likely than boys to say they didn't know how many of the boys or girls in their class were sexually active.
- More boys than girls think that at least a few boys & girls in their class are sexually active

In FGDs, perceptions of peers' sexual activity was spoken of as an important influence. Youth wanted to be like their peers and felt they would be ostracized &/or miss out if they weren't.

Sexual Experience

- 50% boys and 38% girls have engaged in sexual intercourse
- 32% of boys and 23% of girls expect to engage in sex in the next year
 - 50% with experience expect sex in next year vs only 8% without experience
- Boys started at younger ages than girls and had younger first partners
- Those with sexual experience
 - Are not necessarily currently 'active' - 28% boys and 19% girls in past 3 months
 - Most recent partner was fellow JSS student, with girls also having SSS partners
 - $\leq 10\%$ experienced pregnancy and 10-14% used something to prevent pg

Factors Associated with Youth Experience

Youth with sexual experience, compared to those without

- Older
- Lower knowledge scores
- Endorsed attitudes supportive of engaging in sex (I'm old enough, cannot say no, my age shouldn't wait, etc.)
- Less likely to endorse rights to refuse or should wait
- Reported more external pressure to engage in sex
- Reported more communication with others about sex and HIV/AIDS

In FGDs there was wide endorsement of waiting with much comment on the negative consequences of not waiting (especially for girls). There was also much discussion of the difficulties of abstaining, conveying the sense that it was a 'good idea' but not one the youth were likely to follow.

Condoms

- <20% have talked to teachers or peer educators about condoms
- 44% know condoms can help protect
- Readiness to use condoms
 - The majority felt
 - You should use – *In FGDs: prevent pg & HIV but sex less enjoyable and you might want to get pg.*
 - Girls have a right to insist on use – *In FGD: boy will think she is HIV*
 - Following questions nearly 50% unsure, remainder nearly evenly split yes/no
 - Can talk to BF/GF – *In FGD: easy to talk.*
 - Using condom is wrong – *In FGD: we are too young.*
 - Can make sure we use a condom
 - Over 55% not sure if they have enough money for a condom and 17% say they do not

Focus Group Discussions of Condoms

It was difficult to get students to talk about condoms – especially girls. When they did speak, concern was expressed that they were too young to know about condoms and that if young people know about them it would encourage them to be sexually active.

They knew condoms prevent pregnancy and HIV and learned this from TV, films, friends (bad friends), and parents.

Most often they said they didn't talk about, nor did anyone talk to them about condoms. They felt youth should be over 18yrs of age (or over 20 yrs) before they learned about condoms.

Condom Use

- Approximately 1/3 have used (boys=girls)
- 25% girls, 32% boys used a condom at last sex
- >60% reported never using a condom in the past year
- *In FGD: Felt it would be easy for a BF/GF to talk about condoms. If a partner didn't want to use a condom, sex should be refused; however, boys & girls both said a girl usually would 'give in' & have sex anyway.*



What do you think?

Summary

- Many students are uncertain about factors that influence HIV infection or protection with overall knowledge scores very low.
- Both in response to survey questions & in FGDs, students spoke of being too young to be involved in sex and especially to know about condoms. However, they also spoke of pressures from friends and potentially parents to be sexually active (from parents it was to produce a child).
- A relatively high percentage of youth have engaged in sex. Those who have are more likely to endorse attitudes consistent with sexual activity and to have lower levels of knowledge.
- JSS students in Edo State had lower scores on knowledge and higher scores on endorsing attitudes consistent with sexual activity than did JSS 1 students in Lagos surveyed in 2004.