

HIV Prevention for Rural Youth (HP4RY) Nigeria



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HP4RY Team

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Action Health Incorporated

University of Benin

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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 Family Life and HIV Education (FLHE), a Ministry approved curriculum for Junior Secondary Schools

In communities: to use the National Youth Service Corps (Corpers) to build AIDS Competent Communities (ACC)

Order of Presentations

- Background
- Using Schools to Combat Youth Vulnerability to HIV in Nigeria
- Use of National Youth Service Corps to Raise AIDS Competence of Rural Communities in Edo State, Nigeria
- 6 month Impact Evaluation of School- and Community-based Initiatives to Reduce Youth Vulnerability to HIV Infection in Nigeria

Components of HP4RY

- Capacity Building
- Research and evaluation
- Knowledge Translation – incorporating what is learned in research into FLHE and ACC
- Knowledge Mobilization – Delivering FLHE and ACC

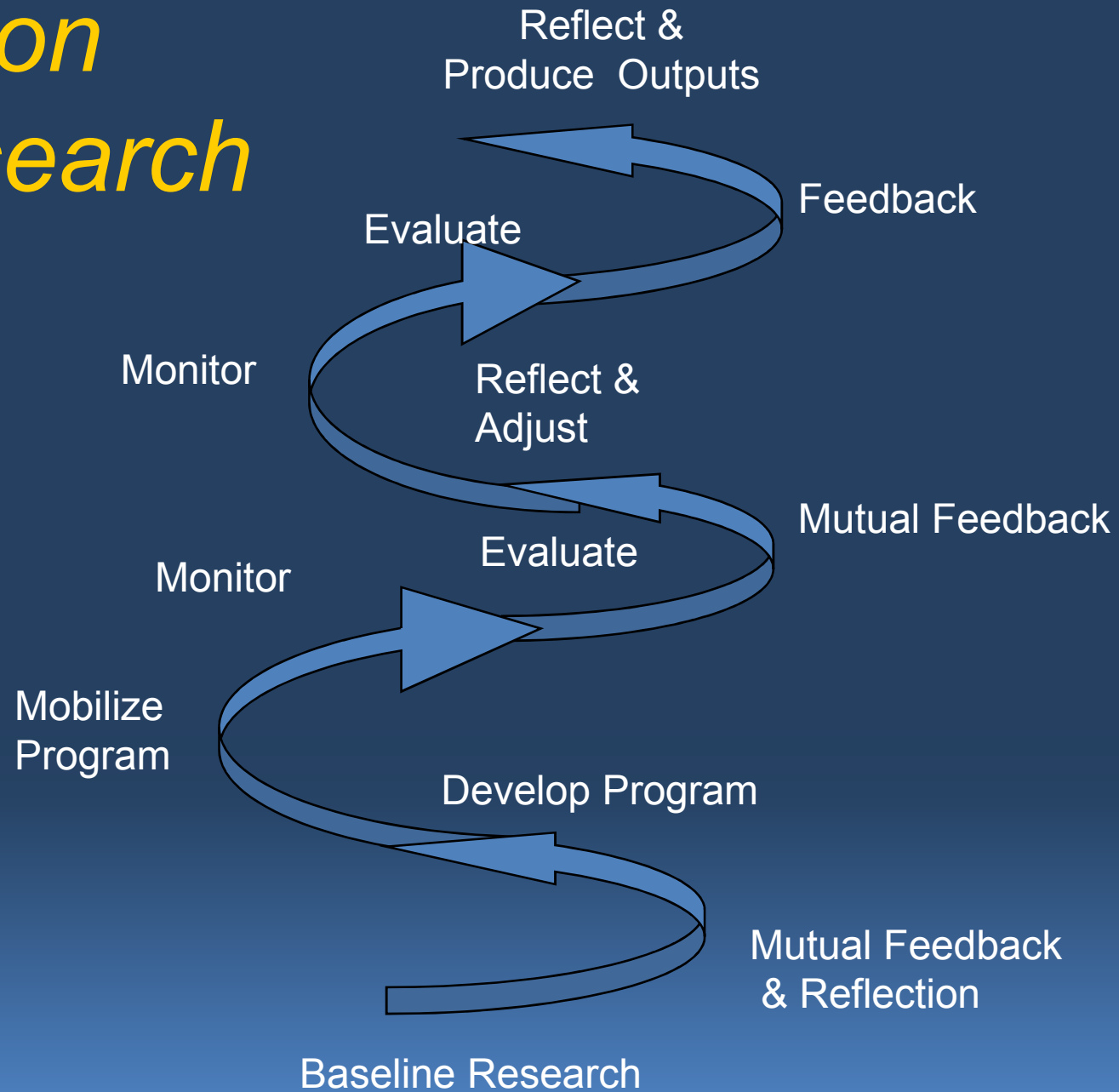
Capacity Building Approach

- Prioritize Nigeria over Canada
- Focus on graduate students & recent grads
- Instructional
 - Bridge to SWIN
 - Workshops
 - Training offered by other organizations
- Learning by doing
- Mentoring and partnering

Theoretical Frameworks that Guide the Research & Knowledge Translation

- Social Ecological Model that places youth within the context of families, schools & communities
- Sexual Scripting Theory to guide understanding of & messaging for youth sexuality
- AIDS Competent Communities framework to guide community programming
- Focus on local ownership & sustainability

Action Research



Research Design

Cluster Randomized Control Design



Data collection	Pre-2008	1st post-2010	2nd post-2011
FLHE+C	✓	Train T+C	✓	C C	✓
FLHE	✓	Train T	✓		✓
Delay	✓		✓		✓ Train T

Surveys, Focus Group Discussions , In-depth Interviews & Brief Ethnographies

Site Selection Criteria

- JSS in communities <20,000 population
- At least 25 km apart
- Teachers not trained in FLHE & no HIV programming in community
- Gov't teachers in ≥ 1 FLHE carrier subject
- Willing to participate

Data Collection, Capture & Analysis in Schools

- Instruments pilot tested in 1 school
- Data Collection by gender balanced teams, 2 for surveys, 1 for interviews
- In each Junior Secondary School:
 - Photo ID cards for longitudinal followup
 - Surveys administered to all learners & 3-5 teachers
 - In 9-10 schools, 4 FGDs with learners, & 3 teachers Interviewed
- Data Capture
 - Surveys scanned into statistical database
 - Interviews & reflective notes transcribed and loaded into N6 software
- Data Analysis by staff and team members in Can & Nig
 - Surveys using SPSS
 - Qualitative using N6

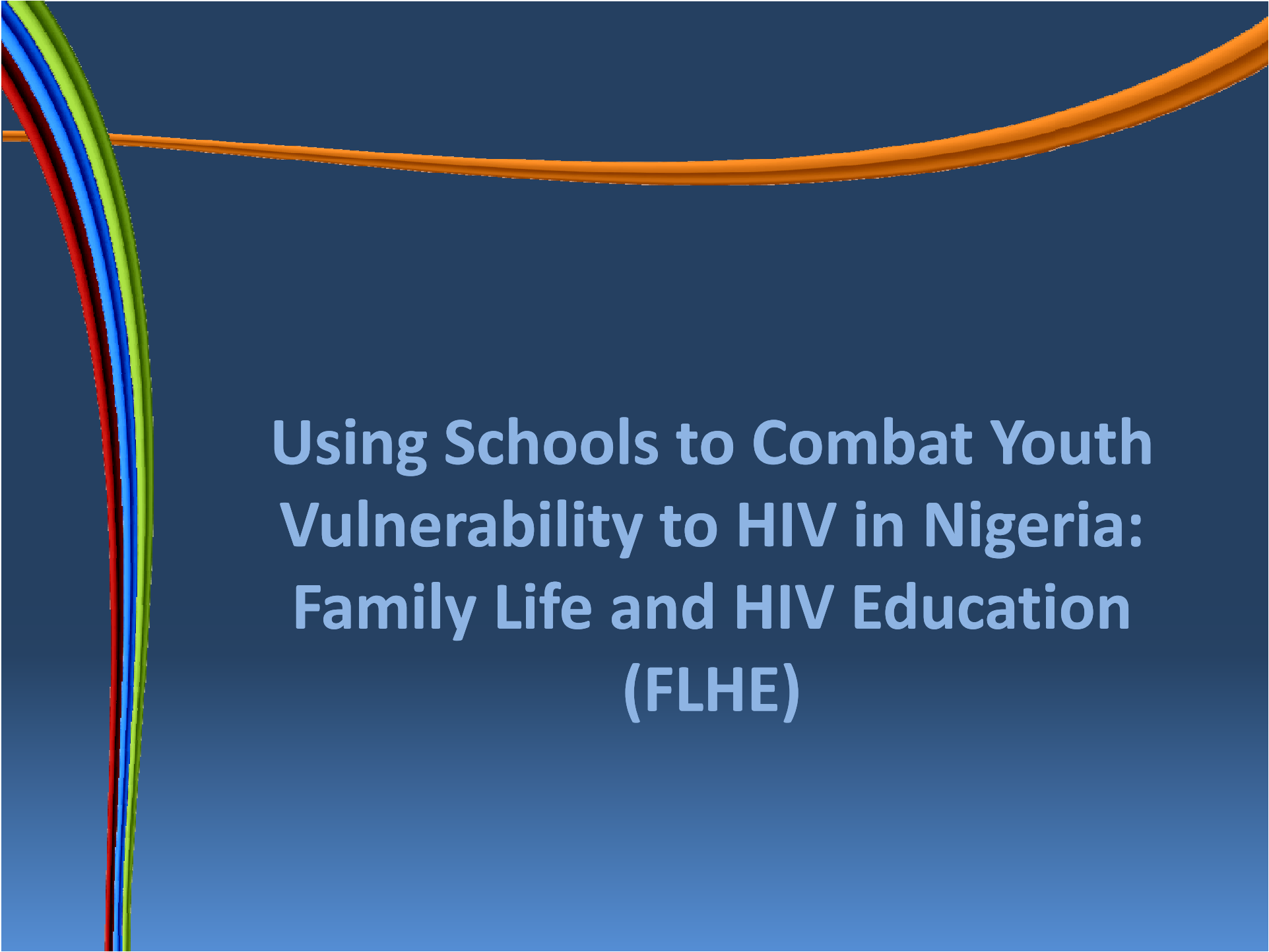
Brief Ethnographies in 10 Communities

- 3 research assistants from each community was trained in brief ethnographic methods
- March –April 2009 conducted brief ethnographies
- Data transcribed & analyzed using N6
- Knowledge translation to AIDS Competent Community model

Knowledge Translation & Exchange to Stakeholders

Results of baseline research were reported back to communities and state organizations, who then responded to findings:

- April 2009 meeting with state organizations working in HIV/AIDS, youth programming and community development
- July 2009 – 3 meetings held at Senatorial District level with about 10 representatives from each community

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Using Schools to Combat Youth Vulnerability to HIV in Nigeria: Family Life and HIV Education (FLHE)

Training for FLHE

- Ministry based, step-down training model
- 21 schools trained; 10 to be trained in 2011
- 21 principals; 63 teachers; 17 counselors; peer educators
- Length of training
 - Principals 2 days
 - Teachers 2 weeks
 - Counselors 6 days
 - PE 6 days
- Parent orientation

Teacher/G&C Training content

- Anatomy & Human Reproduction
- Gender
- Sexual Orientation
- HIV/AIDS issues
- Rights, Laws & Advocacy

Teacher/G&C training focus

- Review of materials available for teaching support
- Use of Schemes of Work, Infusion
- Use of question boxes and clubs
- G&C – practice counseling
- Teachers – practice teaching

What Happened in the Schools After Training

Resources and Teaching about H/A Increased where Teachers were trained

% of Teachers Reporting Resources and Lessons Taught

	Pre	Post	
		Delay	FLHE
N=	88	23	56
Resources In School			
Teacher Ref Books	13	28	60***
Student Books	5	29	39*
Scheme of Work	26	56	79***
Lessons about H/A >3 times this year in			
School Assemblies	38	33	57**
Classroom teaching	38	22	66***
Classroom displays	26	25	39*
School Displays	11	15	24
Using drama or music	4	13	15

*p<.05

** p< .01

*** p<.001

Barriers to teaching lowered & Attitudes improved

% of Teachers Reporting Absence of Barriers & Supportive Attitudes

	Pre	Post	
		Delay	FLHE
N=	88	23	56
With respect to teaching about sexuality and HIV/AIDS			
There <u>is</u> enough time	45	71	47**
I am comfortable teaching this	47	40	73**
I have enough training	12	19	35**
Students are <u>not</u> too shy	44	19	60***
Attitudes			
H/A <u>is</u> as big a problem as claimed	71	55	87**
Teaching condoms protect does <u>not</u> encourage sexual activity	15	25	34**

** p< .01 *** p<.001

In Sum, Teachers learned

Ways to talk to students about sexuality and HIV/AIDS

“I was able to now bring in sex education...the awareness generally...that HIV is real and does not show on the face and sexual intercourse is the major way that you can really contact it”

Conclusions

- Training in FLHE led to more teaching about sexuality and HIV/AIDS in classrooms & school assemblies, but not the use of participatory methods
- Trained teachers were more comfortable, saw fewer barriers, and had more positive attitudes but felt more pressed for time to do the teaching

UNIBEN Health Education Dept.

- Family Life and Sex Education course existed before FLHE
- In 2002 NUC recommended introduction of HIV education in the General Studies department

New Developments

- With UNIBEN part of the HP4RY project more HIV content has been introduced into the Family Life and Sex Education course
- Two sets of students have taken the course
- Where do we go now:
Looking at making this course university-wide as part of General Studies.

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Use of National Youth Service Corps to Raise AIDS Competence of Rural Communities

Objective

To develop & deliver community-based interventions based on

- Research findings
- Bottom-up approach
- ACC model

With the goal of

- Community ownership
- Sustainability

Some Lessons Learned from Brief Ethnographies

- Brief ethnographies highlighted socio-cultural practices, attitudes, and risky behaviors that expose individuals to HIV infection.
- How HIV/AIDS is talked about:
 - *HIV is punishment for sin.*
 - *HIV is a night disease used in witchcraft to punish others.*
- Identified spaces and people for programming
 - Churches, mosques, schools, marketplaces, bars, biker stands, soccer field, barbering & hair salons....

Ethnographic Research → Knowledge Translation to ACC Model

ACC Model components:

- Raising awareness and building knowledge
- Building solidarity
- Empowerment and self assertiveness
- Building bonds and support for HIV prevention activities
- Bridging human and social capital

HP4RY provided trained Corpers & seed funds to mobilize communities around the ACC model

Knowledge Mobilization & Monitoring of Community Activities

- 10-20 Corpers recruited from 3 successive cohorts (total=40)
- 1 week training in youth sexuality & building AIDS Competent Communities
- Placed in teams of 2 in 10 communities
- Produced monthly reports & diaries
- Monthly visits & frequent phone contact with field coordinator
- Continuous knowledge translation using reports, diaries, & field observations against ACC model

Corpers' Strategies for building AIDS Competent Communities

- Formed groups of in- and out-of school youth from different quarters and villages
- House to house visits
- Dialogue through drama and debate, songs and poems
- Organizing soccer and dance groups
- Enlightenment campaigns: Public rallies, seminars and talks
- Training youth on proper use of condom
- Providing training for alternative income generating activity (one community)
- With community support – building Youth Centres

Indicators of Raising Awareness and Building Knowledge

- Increased comfort in talking about sex and HIV/AIDS
- Increased knowledge about HIV/AIDS
- Misconceptions about sex, condom and HIV/AIDS started changing.
- Elders, adults and youth engaged in dialogue and discussions on HIV/AIDS

Indicators of Building Solidarity Amongst the Populations

- Solidarity with Elders:
 - Land donated by community leaders, council of elders and chiefs for youth centers
- Solidarity among youth:
 - Production of culturally sensitive IEC materials
 - Building youth friendly centers
 - Designed and posted billboards carrying HIV messages in communities

Indicators of Building Solidarity Amongst the Populations (continued)

- Solidarity with other stakeholders:
 - Stakeholders facilitating seminars and talks.
 - Worked with testing centers to document the number of persons tested.
 - Collaborated with other NGOs to provide HIV Counseling and Testing. (HCT)

Indicators of Empowerment and Self Assertiveness

- Increased demand to be tested and actual testing
- Increased condom demand and sales
- Promoting the practice of one razor blade/needle for one client
- Increased parent-child communication on sex, sexuality and HIV/AIDS
- Acquiring vocational skills as against use of sex as a survival strategy

Indicators of Building Bonds and Support for HIV Prevention Activities

- Increased adult recognition of youth sexuality.
- More PLWHAs disclosing status and seeking help.
- High attendance at Corper initiated public activities.
- Networking with PET programs at Local government area council levels.

Indicators of Bridging Human and Social Capital

- Involvement of local public and private organizations (e.g. health centers & patent medicine dealers) in HIV-related initiatives.
- Churches and mosques invite Corpers and youth to talk to their congregation about HIV/AIDS and prevention
- Field coordinator initiated programs:
 - GHAIN to provide HCT for several communities
 - Society of Family Health and Family Health International to provide condoms to youth.
- Team Member initiated program:
 - Lift Above Poverty Organization (LAPO) to provide funds/loans to women and girls for business start-ups to replace 'transactional sex.'

Challenges Corpers face in the community programming

- Language barriers
- Culture shock
- Using little to achieve much
- Security
- Health issues (e.g. sand flies, lack of modern health care in communities)

Conclusion

Message from a Corper:

Apart from the fact that this is a study, we're touching lives. It's not just the priests and pastors that do it. I really want to say, 'God bless you for conceiving such an idea.' It gives me joy to see people empowered with right information. The relevance of our lives is hinged on this unequivocal credence that Man is here for the sake of other men.

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**6 month Impact Evaluation of a
School- and Community-based
Initiatives to Reduce Youth
Vulnerability to HIV Infection in
Nigeria**

Basis of Presentation

- Pre and 6 months post surveys and focus groups with all students in participating schools
- Comparison of learners in DELAY, FLHE, and FLHE+Comm schools using longitudinal sample of 1409 JSS learners

Program and Communication

Analysis of Variance (ANOVA) for **change scores**

	Boys			Girls		
	Delay	FLHE	FLHE+C	Delay	FLHE	FLHE+C
Program in School	-0.10	1.08		0.19	0.27	0.87
Talk to Teachers & PEs	-0.23	0.47	1.16	-0.02	0.39	0.99
H/A talk in Community	0.86			0.44	0.73	

negative score means pre higher than post

Significant differences between mean scores within each gender group at $p < .05$

Knowledge and Myths

Analysis of Variance (ANOVA) for change scores

	Boys			Girls		
	Delay	FLHE	FLHE+C	Delay	FLHE	FLHE+C
Knowledge		-1.87		0.86	0.71	1.05
Reject Myths	0.71	1.04	1.07	0.11	0.22	0.31

negative score means pre higher than post

Significant differences between mean scores within each gender group at $p < .05$

In Focus Groups

Boys & girls had a good grasp of how to stay safe:

“We can prevent HIV /AIDS by not sharing sharp objects like razor” (boys)

“The best way is to abstain from sex” (boys)

“Abstain from sex, be faithful to your partner and use condom” (girls)

Attitudes

ONE-WAY ANOVA for change scores

Boys & Girls run separately

	Boys			Girls		
	Delay	FLHE	FLHE+C	Delay	FLHE	FLHE+C
Not 'ready' for sex	0.04	0.29		0.21		
Pro condoms	-0.04	0.30		0.34		

negative score means pre higher than post

Significant differences between mean scores within each gender group at $p < .05$

Sexual and Condom use Behaviors

Percentages in 6 Month Post
Boys & Girls run separately

	Boys			Girls		
	Delay	FLHE	FLHE+C	Delay	FLHE	FLHE+C
Have never engaged in sex	67%	71%	77%	92%		
Used condom last intercourse	26%			21%	44%	

Significant differences between mean scores within each gender group at $p < .05$

In focus groups students also said they wanted to learn:

- How to avoid boys, sex, going out at night
- How to use a condom
- How to know the difference between someone who has HIV and those that do not
- When someone is forcing you to have sex, how to prevent it
- How to be tested for HIV

Conclusions

6 months into the programs, statistically significant gains from FLHE and in some areas further gains from Community Program :

- Presence of HIV/AIDS teaching in school activities
- More communication about H/A in schools and communities
- More knowledge and rejection of myths
- Improved attitudes toward delaying sex & using condoms
- Boys delaying sexual initiation
- Girls using condoms

Next steps

- Final data collection to reflect effects of programming after it's been in place for 18 months begins Feb 21, 2011.
- Continue analyzing the data
- Examine literature & other research to facilitate broader understanding of the findings.
- Train principals, teachers, G&C and PE in 'delay' schools
- Finish the Corper program
- DOCUMENT LESSONS LEARNED AND PACKAGE THE PROGRAMS

THANK YOU

- Team members and partners
- Staff of HP4RY
- Research Assistants
- Corpers
- School Principals, Community leaders and community members
- Teachers and students
- Our funding agencies in the GHRI

