



Réseau Ouest et Centre Africain de Recherche en Education  
Educational Research Network for West And Central Africa

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**HIV/AIDS and the Education Sector in Nigeria :  
review of policy and research documents**

**ERNWACA – Nigeria**

with the support of IIEP

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## EXECUTIVE SUMMARY

This literature review on HIV/AIDS and education in Nigeria has been undertaken in preparation for a regional workshop on *'Education Research Response to HIV/AIDS'* scheduled for Bamako in June 2004. The aim of the workshop is to identify research gaps and develop the framework for a transnational study on HIV/AIDS and education in selected ERNWACA member countries.

The documents reviewed were gathered mainly in Lagos and Abuja, Nigeria from various government agencies and ministries, NGOs, donor agencies and individual researchers working on HIV/AIDS. Additional information was sourced from the Internet. Although a reasonable amount of literature exists on HIV/AIDS in Nigeria, relatively little deals specifically with education.

Findings on HIV/AIDS and education in Nigeria include:

- ✂ The prevalence rate of HIV/AIDS among Nigeria's 120 million population has increased from 1.8% in 1988 to 5.8% in 2001;
- ✂ The prevalence rate for the age group most affected, 20 – 24 year olds, is 6.5%;
- ✂ The country has shifted from its initial health-focused responses to HIV/AIDS in the 1980s, to preventive education responses in the 1990s;
- ✂ One significant response of the education sector to HIV/AIDS is the infusion of Family Life Education and HIV/AIDS issues into the school curricula at the basic and secondary school levels and teacher training institutions as well as the use of non-formal strategies, notably peer education. The latter extends to out-of-school youths.

Problems and challenges encumbering the HIV/AIDS interventions and programmes in Nigeria include:

- ✂ Paucity of data and information and limited research and studies on the prevalence and impact of HIV/AIDS on different aspects of education. Available data to date are predominantly derived by estimation from sentinel sero-prevalence surveys.
- ✂ Low capacity of educators and education personnel to deal with issues of HIV/AIDS.
- ✂ Poor coordination of programmes and intervention responses to HIV/AIDS and education.
- ✂ Poor monitoring and evaluation of programmes and interventions.

The authors of this review make relevant recommendations, in line with these challenges.

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## ACRONYMS

AHI	Action Health Incorporated
AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Control And Prevention Project
ARFH	Association for Reproductive And Family Health
CBO	Community Based Organisation
CSW	Commercial Sex Worker
DFID	Department for International Development
ED	Editor
ERNWACA	Educational Research Network For West And Central Africa
FCT	Federal Capital Territory (Abuja)
FHI	Family Health International
FLHE	Family Life And HIV/AIDS Education
FME	Federal Ministry of Education
FMOH	Federal Ministry of Health
FSW	Female Sex Worker
HCW	Health Care Worker
HEAP	HIV/AIDS Emergency Action Plan
HIV	Human Immuno-deficiency Virus
ILO	International Labour Organisation
IWHC	International Women's Health Coalition
LACA	Local Government Action Committee On Aids
LGA	Local Government Area
NACA	National Action Committee On Aids
NARHS	National HIV/AIDS and Reproductive Health Survey
NERDC	Nigerian Educational Research And Development Council
NGOs	Non-Governmental Organisations
NIEPA	National Institute For Educational Planning And Administration
NIMR	Nigerian Institute of Medical Research
NMA	Nigerian Medical Association

NYAP	Nigeria Youth AIDS Programme
NYSC	National Youth Service Corps
OVC	Orphans And Vulnerable Children
PABA	People Affected by AIDS
PCA	Presidential Council On AIDS
PLWHA	People Living with HIV/AIDS
PPFN	Planned Parenthood Federation of Nigeria
SACA	State Action Committee on AIDS
SFH	Society for Family Health
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
SWAAN	Society For Women And AIDS in Nigeria
UNAIDS	United Nations Programme On AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling And Testing

## 1. INTRODUCTION

The World Bank (2000) succinctly described the problem that prompted this study:

*'HIV/AIDS is wiping out the development gains of a generation. The high prevalence countries cannot expect to gain any development momentum until the epidemic is brought under control'*

When HIV/AIDS was first diagnosed in Nigeria in the early 1980s, the country embarked on health-focussed initiatives to combat the epidemic. However, the rapid and alarming spread of the epidemic which saw the prevalence rate rise from 1.8% in 1998 to 5.8% in 2001 caused the government to shift to mechanisms and strategies to prevent the spread, mitigate its consequences and provide care and support for people living with or affected by AIDS. In this regard, education was identified as the critical means for achieving behaviour change in and out of the classroom.

The first national workshop on HIV/AIDS and education was held in Abuja, Nigeria in June 2002 organised by UNESCO and the Federal Ministry of Education with support from UNAIDS and DFID. The aim of the workshop was to identify appropriate preventive education responses to HIV/AIDS challenges in Nigeria. As a demonstration of its commitment to addressing HIV/AIDS on the continent, Nigeria hosted the OAU special summit on HIV/AIDS in June 2001 during which the Abuja declaration was made. The declaration of commitment by the United Nations General Assembly Special Session of June 2001 emphasized a multi-sector approach in which preventive HIV/AIDS education and empowerment of youth are important strategies.

It is against this background that this literature review on HIV/AIDS and education was undertaken. The aim is to review existing policy and strategy documents and research reports on the topic, identify research gaps, and contribute to the development of the conceptual framework for national and transnational studies on HIV/AIDS and education in selected ERNWACA member countries. Over *fifty* documents were reviewed.

## 2. NIGERIA AND ITS EDUCATIONAL INSTITUTIONS

Nigeria is a federal state with a population of approximately 120 million inhabitants in 36 states and the federal capital territory (FCT) of Abuja. Some cities in Nigeria, like Lagos and Kano, are densely populated with populations well over 15 million. Geographically, using the natural boundary of river Niger and Benue, Nigeria could be divided into three major parts, the North, the Southwest and the Southeast. There are over 200 ethnic groups in Nigeria. Nigeria obtained independence in 1960. Until 1999, when the 4<sup>th</sup> democratically elected government was sworn in, Nigeria hardly experienced stable governance. Nigeria is the 5<sup>th</sup> largest petroleum-oil producing country in the world. Beyond petroleum, Nigeria is equally rich in quite a number of mineral and natural resources. Given its naturally endowed human and material resources, Nigeria could hardly be labelled a poor nation, yet many of its citizenry tend to be suffering poverty.

Nigeria practices the 6-3-3-4 Education System: 6 years of *primary education*, 3 years of *Junior Secondary School*, 3 years of *Senior Secondary School* and 4 years of *tertiary education*. Table 1 below provides enrolment statistics for Nigerian tertiary institutions between 1991 and 1996 and for primary and secondary schools between 1999 and 2002.

**Table 1: Numbers of Nigerian educational institutions and enrolment figures, 1991 – 2002**

Institution type	Number		Enrolment	
	1991/92	1995/96	1999	2002
Universities	31	216 200	36	253 121
Polytechnics	36	60 085	45	140953
Colleges of education	51	70 613	62	89247
<i>z</i>				
Secondary schools	6 292	3 717 185	6 844	4,866,420
Primary schools	49 326	17 907 010	50 518	19,342,657

*Sources: Ejiogu, A.M. (1986), Federal Office of Statistics (2001), Federal Ministry of Education (2003)*

### 3. OVERVIEW OF HIV/AIDS PREVALENCE

Since the early 1990s, Nigeria has established an HIV sentinel surveillance system with the active collaboration of the World Health Organization. The first round of HIV sentinel surveillance in Nigeria was conducted in 1991 in 9 states. Subsequent surveys were carried out in 1993 and 1995, covering 17 and 21 states respectively. The samples used in these surveys were pregnant women attending antenatal clinics, patients with sexually transmitted diseases, patients with tuberculosis and female sex workers. Based on the results of these surveys, the following findings were made:

Percentage of 15-49 population that was HIV +	5.8%
Lowest State Prevalence	1.0%
Highest State Prevalence [Benue]	<b>15.0% - 21.0%</b>
Prevalence in age group most affected: 20-24yrs	6.5%
Estimated population that was HIV+ in 2002	3.47 million people
Estimated decrease in life expectancy in 2002 due to HIV	4.5 years
Estimated number of deaths due to AIDS by 2002	1.4 million
Number of AIDS orphans in 2002	847,000

### 4. NATIONAL HIV/AIDS AND EDUCATION POLICY AND STRATEGY

Nigeria has passed through several phases in her response to the epidemic. The stages include an initial period of denial; a largely medical response; a public health response; and now a multi-sectoral response that focuses on prevention, treatment and impact mitigation interventions. The National Expert Advisory Committee on AIDS (NEACA) was initially responsible for the health response. In 1988, the National AIDS and STDs Control Programme (NASCP) replaced the advisory committee. NASCP still exists and is presently responsible for the health sector's response to HIV/AIDS. Subsequently, the President established the Presidential Council on AIDS (PCA) and the National Action Committee on AIDS (NACA).

Nigeria, in revising HIV/AIDS policy, recognised the importance of a multi-sectoral approach to control the epidemic and its effects. Consequently, NACA is comprised of representatives from: The Presidency, Federal Ministry of Health, Federal Ministry of Education, Federal Ministry of Youth and Sports, Federal Ministry of Finance, and other relevant Federal, state and local

parastatals as well NGOs and international organisations working on HIV/AIDS in Nigeria. The government also acknowledged the need for all Nigerians to accept responsibility for the prevention of HIV transmission and for the care and support of those infected and affected by the virus. The policy identifies the importance of upholding and protecting the rights of people living with or affected by HIV/AIDS, addresses the vulnerability of certain social groups including women and children to the HIV/AIDS epidemic, and develops appropriate measures to the debilitating effect of the epidemic.

A 3-year HIV/AIDS Emergency Action Plan (HEAP) was formulated in 2001 and is now being implemented. NACA is responsible for coordinating the execution of the HEAP. The overall goal of the HIV/AIDS policy is to control the spread of HIV/AIDS in Nigeria, and to mitigate its impact to the point where it is no longer of public health, social and economic concern.

## **5. IMPACT ON THE EDUCATION AND RELATED SECTORS**

According to Clement (2002), 'there is a growing awareness of the magnitude of the impact of HIV/AIDS on the various segments of the population most at risk.' However, intervention programs for in-school youths have met with several challenges such as lack of political will, funds, motivation, facilities and sustainability issues. Consequently, very few studies appeared to have been conducted on the impact of the epidemic on the Nigerian populace. One of the few studies that appeared most relevant is the study on the '*Impact of AIDS in Benue State: Implications for Rural Livelihoods*'. Findings from this study are reported in the Annex of Document Summaries.

Efforts to measure impact have begun in one or two states. Charles et al. (2002) further noted with satisfaction that the work is being undertaken, not in isolation but in concert with interventions and processes meant to improve general basic education provision and to ensure progress towards the attainment of the Education for All (EFA) goals.

## **5.1 Impact on Educational Policy, Management and Financing**

**Federal Ministry of Education (2002): *National Sexuality Education Curriculum for Upper Primary School, Junior Secondary School, Senior Secondary School, Tertiary Institutions***  
Abuja: Nigerian Educational Research and Development Council

According to the former Minister of Health, Prof. 'Beko Ransome-Kuti [1999], '*Over 60% of patients presented at Nigerian hospitals with abortion complications are adolescent girls, abortion complications account for 72% of all deaths among young girls under the age of 19 years and 50% of the deaths in Nigeria's maternal mortality rate are adolescent girls, due to illegal abortion. Of 127 pregnant schoolgirls, 52% were expelled from school. 20% were too ashamed to return, 15% would not return because their parents refused to pay tuition, and 8% were forced to marry. One of these alternatives is to give knowledge about sexuality to young people so that they can take responsibility for their actions. Allowing them to live and act in sexual ignorance is destructive to them and society. The problem of AIDS affects all aspects of the life of young people. They bear the greatest brunt of the disease and its spread is most rapid among them. They are therefore at the centre of the epidemic.*'

Consequently, at the 46<sup>th</sup> Session of the National Council on Education in March 1999, approval was given for the incorporation of Sexuality Education into the national school curriculum. So, the Nigerian Educational Research and Development Council [NERDC] collaborated with other government agencies, NGOs and UN agencies to develop a curriculum on Sexuality Education which is considered critical in helping young people with the acquisition of adequate knowledge, skills and responsible attitudes needed to prevent and reduce sexually transmitted infections (STI) including HIV/AIDS.

In Nasarawa state, for instance, the Ministry of Education, in partnership with UNFPA, strongly promotes family life education and adolescent reproductive health throughout the school system. This program is being implemented at two levels, by incorporating relevant subject matter into the school curriculum and training teachers. In the long term, the program aims to have anti-AIDS clubs and health clubs to sustain prevention efforts. Peer education training is also being planned (Adamu et al., 2001).

## **5.2 Impact on Teaching and Learning**

Based on an empirical study, Federal Ministry of Health [2002] *speculated* that HIV/AIDS could have the following impacts on the education system:

- ~~///~~ Decrease in supply of teachers;
- ~~///~~ Increase in the training costs for teachers;
- ~~///~~ Less public funding for schools;
- ~~///~~ Drop in school enrolment, especially for girls;
- ~~///~~ Loss of financial, material and emotional support for orphans towards successful schooling.

Albeit, there is a dire need to conduct an empirical study to ascertain these speculations. Only such factual information could serve to evolve lasting panacea to this debilitating scourge.

### ***5.3 Impact of HIV/AIDS Interventions in Secondary Schools***

The baseline and impact surveys used questionnaires administered to over 2,000 students to assess the impact of the HIV/AIDS prevention project in secondary schools. Some of the major findings were: Students exposed to training from Corps members and peer educators were better informed than other students on ways of contacting HIV/AIDS, passing on the virus and reducing the risk of becoming infected with HIV/AIDS virus; 5.6% of students have ever been tested for HIV or the AIDS virus, while only 62.0% of those that have never been tested would want to be tested; students exposed to the peer education training showed better attitudes towards people living with HIV/AIDS (PLWHA). The study concluded that the NYSC peer educator programme is having a positive impact in reducing the rate of HIV/AIDS spread in the country (Federal Office of Statistics, 2003).

### ***5.4 Impact on Women and Girls [Gender Related Issues]***

According to UNAIDS Updates [1999], 55% of those infected with HIV/AIDS in sub-Saharan Africa are women. Out of this population, 15-19 year old girls are the most vulnerable. The same report highlighted the plight of girls in the fight against the epidemic with the pathetic remark of a young girl from Cote d'Ivoire:

*'I'm often afraid when men say they prefer 'plain flesh' contacts;  
but it can be so difficult to resist when one has pressing needs. So  
I just surrender, praying that God should protect me'*

This is apparently true of many Nigerian girls too. However, we are yet to get valid empirical reports to date, to confirm these speculations.

### **5.5 Impact on Social and Economic Development**

*'The impact of the epidemic on the social and economic development of Nigeria has been substantial. It has contributed to the present decrease in life expectancy; increased the number of deaths of young adults; increased the number of orphans in the country; increased the cost of achieving developmental goals and increased the level of poverty in the country. It threatens to cause even worse socio-economic problems if the epidemic is allowed to further escalate'* (Federal Government of Nigeria, 2003).

### **5.6 Special Information on Orphans and other At-risk Populations**

Nnamdi-Okagbue, R, et al. (2003): *Orphans and Vulnerable Children Assessment in Four States of Nigeria*. Nnamdi-Okagbue et al. (2003) commenced an assessment study of four states in Nigeria (namely Lagos, Anambra, Osun, Ebonyi) using qualitative and quantitative data collection procedures. Data analysis is ongoing. The Benue study summarized in the Annex also featured some information of the impact of the epidemic on orphans. Apart from this, the only other information obtained on orphans was the projection made by UNAIDS in a study conducted in Nigeria. In the report, it was projected as follows:

Adult AIDS cases	158,598
Adult AIDS death	139,282
Orphans by Parental AIDS death < 15 years	183,601
Cumulative AIDS Orphans from 1986-1998	610,540

**Source:** *Federal Ministry of Health (1999): National HIV/AIDS Fact Sheet.*

In a rapid assessment study conducted by Family Health International in Kano state, it was found that there were more than 2,000 AIDS orphans in six metropolitan Local Government Areas (Ekong, et al., 2001).

### ***5.7 Impact of Adverts on Students Sexual Behaviours***

This study assessed the impact of advertisements on Secondary School students' (ages 11-19) choices and sexual activities bearing in mind the HIV/AIDS scourge in Nigeria. In his findings, Smah (2003) reported that 96.3% of respondents reported that the media had influence on their use of drugs; 69.4% reported increased sexual activities due to media appeal; 67.3% had knowledge of HIV/AIDS and its consequences. Though 51.5% reported being aware of the implications of unprotected sex, 73.6% of the respondents never used condoms during sexual interaction.

### ***5.8 The Worst Hit State: Benue State***

In the 1999 and 2001 national antenatal HIV sero-prevalence survey, Benue state recorded the highest state infection rates: 16.8% (1999) and 13.5% (2001). Benue state is often described as Nigeria's food basket with over 70% of its population listing agriculture as their main source of income. Concerns about the impact of HIV/AIDS on the agricultural sector have led BNARDA to request support from the British Department for International Development (DFID) to carry out an impact assessment study. By providing a better understanding of the HIV/AIDS epidemic in Benue State and its impact on individual households and entire communities, it was hoped that the study would help strengthen Benue's response to HIV/AIDS. Some of the *finding* were: The household listing included a total of 4478 households, 1058 of which were chronically ill household members (550 between 20-45 years of age) and 2186 have reported recent deaths, of which 805 were adult deaths between ages 20-45 over the past five years; 34% of total households in the study reported having orphans. A total of 374 orphans lived in 169 households, an average of 2.2 orphans per household. In 60% of the cases it concerns more than 1 orphan. Factors that contribute to the progression of the epidemic include cultural practices promoting free-for-all sex; early age of first sexual activity; high levels of promiscuity; inferior status of women; migrant labour and commercial sex work; high rates of sexually transmitted infections (STI); low availability and acceptance of condoms.

## **5.9 Research Methodologies used to Study Impact**

For the Benue State study, which is about the only true impact study in the lot reported in this review, a workshop was held at the beginning of the study to inform stakeholders of the objectives and proposed methodology. Halfway through the study a progress report was given. This was repeated towards the end of the study, when a group of stakeholders participated in an analysis workshop of the study's preliminary results. For official approval, a study proposal was submitted to the Ethical committee of the ministry of health in Benue State in July 2002. Before the start of the study, the leadership of the selected LGAs and wards were contacted. The purpose of the study and the methods were explained before requesting permission. Generally, the *proxy indicators approach* was used in this study. This involved the use of known symptoms of HIV/AIDS as parameters for determining the number, scope and impact of the epidemic. Other related impact studies reported used qualitative approaches, such as focus group discussion and interview, much more than the traditional quantitative approach.

## **6. RESPONSE OF THE EDUCATION SECTOR**

### **6.1 Summary of Responses**

The highlights of the Education Sector's Response to HIV/AIDS in Nigeria are summarised in the UNESCO, Abuja (2003) publication Education in the Context of HIV/AIDS: A Resource Book:

- ✍ Development of a National Strategic Action Plan in line with the country's HIV/AIDS Emergency Action Plan (HEAP);
- ✍ Establishment of a critical mass within the Federal Ministry of Education;
- ✍ Infusion of Family Life Education and HIV/AIDS issues into curricula of schools and teacher training institutions;
- ✍ Use of non-formal strategies (Peer Education, Anti-AIDS Clubs, Drama, Art, Youth Dialogues, Music, Comic Books, Posters, etc.);
- ✍ Periodic sensitisation, mobilisation and awareness campaigns;
- ✍ Establishment of HIV/AIDS desks at parastatals under the Federal Ministry of Education;
- ✍ Useful collaborations with NGOs, Civil Society Organisations, Donor Agencies;
- ✍ Establishment of HIV/AIDS Preventive Education Unit at National Teachers Institute, Kaduna.

## **6.2 Actors and Actions**

With the firm belief that effective response to the HIV/AIDS epidemic is the responsibility of all, different stakeholders have embarked on numerous actions to combat the problem. A few examples will suffice:

- ✍ The Federal Ministry of Education has a fully-fledged HIV/AIDS Unit which supervises and coordinates all HIV/AIDS activities in all the country's schools.
- ✍ The **Nigerian Educational Research and Development Council** produced in 2002 the National Sexuality Education Curriculum which has since been introduced in primary and secondary schools in the country.
- ✍ State and Local governments have all also embarked on numerous programmes to address HIV/AIDS. For example, in December 1999, the Lagos State Government inaugurated its HIV/AIDS Foundation. Among activities carried out by its workgroups are: Training-of-Trainers (TOT) workshops in secondary schools to integrate HIV/AIDS into school curriculum, training of counsellors and training of barbers and cosmetologists.
- ✍ The National Youth Service Corps (NYSC), in collaboration with UNICEF in 2002 introduced a Peer Education Programme termed "Empowering Youth Through Young People." The objective was to reach new graduates of universities serving the one-year compulsory NYSC Programme with reproductive health and HIV/AIDS messages and also train some of them to be trainers of peer educators in and out of schools.
- ✍ Many NGOs, such as Society for Women and Aids in Nigeria (SWAAN), and Society for Family International have also been active in outreach programmes, peer-education programmes, setting up of youth counselling centres, promoting behavioural change through radio and television programmes, promoting condom use, etc.
- ✍ Faith-based organizations (Christian and Muslim) have also embarked upon youth-centred activities aimed at raising awareness among youth and counselling them on HIV/AIDS, drug abuse and reproductive health issues.
- ✍ Finally, various educational institutions (primary, secondary and tertiary) have put in place programmes aimed at combating the HIV/AIDS epidemic (e.g. counselling, peer education, discussions, awareness campaigns, Parents Forum, etc.).

## **6.3 Assessment of the Response**

Since the Education-focussed responses to HIV/AIDS in Nigeria are relatively new, it is too early to evaluate their effectiveness. However, the few evaluations that have been carried out suggest that, while the preventive activities embarked on so far have succeeded in providing useful information and raising awareness about HIV/AIDS, they have been less successful in bringing about behavioral changes that could lead to risk reduction practices. Neither have they led to

better attitudes towards PLWA [Society for Family Health (2003) and Population Services International et al. (2003)].

#### ***6.4 Research Methodologies and Data Used to Study Responses***

Many of the studies and reports used quantitative (structured questionnaires) and qualitative (interviews) methods [e.g. Omoregie et al. (2003)]. Other methods included:

- ~~///~~ focus group discussions;
- ~~///~~ person-to-person participatory information-sharing techniques by peer facilitators;
- ~~///~~ seminars;
- ~~///~~ youth friendly mediums of communication (e.g. songs, drama, rap sessions, quiz competition);
- ~~///~~ radio and television discussion and drama programmes.

Through these methods, researches and programme officials were able to gather useful data and observe reactions to the intervention activities being executed.

### **7. THE WAY FORWARD**

#### ***7.1 What is Lacking for Effective Response***

The government, at the national, state and local levels, hardly showed tangible financial commitment to the fight against HIV/AIDS in Nigeria. Even when policies and laws were made to address the HIV/AIDS scourge, such policies were hardly backed with adequate budget; and where budgets were available, funds were hardly released at the end of the day. Consequently, more than 80% of the studies and responses against HIV/AIDS in Nigeria to date were sponsored by bilateral and international agencies like USAID, UNICEF, UNESCO, DFID, UNAIDS WHO, etc. This ought to change if we must get better results in our fight against HIV/AIDS.

#### ***7.2 Analysis of Research Gaps***

Most of the data used in the studies reviewed were predominantly estimates and opinions. This puts to question the reliability and validity of the findings and the interpretations thereof. There is, therefore, a dire need for a factual assessment of the status and scope of HIV/AIDS in the

country. Furthermore, the impact of the HIV epidemic on the education sector was sparsely addressed in the studies reviewed. There is clearly a yawning research gap in this area in Nigeria.

### ***7.3 Proposed Research Themes for national and transnational studies***

- ~~///~~ Establish a truly empirical baseline data, the necessary and sure foundation for all subsequent evidence based interventions;
- ~~///~~ Research and establish the impact of the epidemic on all elements and segments of the education sector;
- ~~///~~ Carry out more research on policy implementation, by State, Local Government Areas and Ministry budget lines;
- ~~///~~ Evolve pragmatic interventions to arrest and significantly reduce the spread of HIV/AIDS in the education sector [Window of Hope];
- ~~///~~ Identify and address all religious and socio-cultural barriers to mitigating the impact of HIV/AIDS on the education sector.

### ***7.4 Recommendations for policy and action***

From the literature reviewed, it can be concluded that awareness and knowledge about HIV/AIDS in Nigeria is at a reasonable level. As Oke et al. (2001) rightly observed that it is pathetic that though there is generally high level of awareness of HIV/AIDS among the population, there is a very low level of response in terms of behaviour change.

Date currently available is speculative and the impact of HIV/AIDS on the education sector is scarcely studied. This may be due to the late response of the Education Sector to the HIV saga. To ameliorate this situation, the following recommendations are made:

- ~~///~~ Carrying out more research and studies on prevalence and impact among populations in schools and institutions;
- ~~///~~ Greater sensitisation and involvement of pupils, students, teachers and other school personnel in different aspects of HIV/AIDS preventive education;
- ~~///~~ Education towards altering current negative attitude to voluntary HIV testing;
- ~~///~~ Behaviour change and modification interventions towards use of condom and other risk reduction practices;
- ~~///~~ Provision of more counselling and treatment centres in schools, institutions and youth centres.
- ~~///~~ Extending of Peer Education programmes to cover schools in all States of the Federation;

- ~~///~~ Involving other relevant adolescent and youth groups in peer education programmes, (e.g. school youth clubs, faith-based youth groups, community youth groups, student union groups, youth trade groups, etc.);
- ~~///~~ Education and advocacy on stigmatisation of PLWHA and on how to relate better with them;
- ~~///~~ Coordination, supervision, monitoring and evaluation of the implementation and effectiveness of preventive education activities already undertaken or that are ongoing;
- ~~///~~ Build-up the capacity of educators and educational personnel to manage HIV/AIDS preventive educational activities and of researchers to research the issue;
- ~~///~~ Sustain advocacy among all stakeholders to maintain the political and popular will and to ensure adequate funding and support for preventive education activities.

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## A N N E X

### **HIV/AIDS policy and research Document Summaries**

Organized by theme:

- 1/ **HIV/AIDS prevalence in Nigeria** (*7 documents*)
- 2/ **National policy and strategy** (*3 documents*)
- 3/ **Impact on education** (*9 documents*)
- 4/ **Education sector response** (*33 documents*)

## 1/ HIV/AIDS PREVALENCE IN NIGERIA

### 1.1 Federal Ministry of Health (1999): Summary Findings from the 1999 HIV/SYPHILIS Sentinel Sero-prevalence Survey in Nigeria

This document summarises the findings from the 1999 HIV/SYPHILIS Sentinel Sero-prevalence Survey in Nigeria. The *findings* of the survey include the following:

- ✍ Despite efforts to contain the HIV/AIDS epidemic, HIV prevalence rates within Nigeria continue to increase at an alarming rate.
- ✍ Nigeria ranks second within Sub-Saharan Africa for the number of HIV infected adults.
- ✍ Nigeria's overall national HIV prevalence is 5.4% but youth within the 20-24 age range showed a much higher prevalence rate (4.2-9.7%).
- ✍ Zonal prevalence rates in youth (20-24 years) range from 3.6% in the North East to 9.5% in the North Central.
- ✍ Prevalence rates in hotspot states range from 7.0% in Lagos and Taraba States to 21% in Benue State.

The document then discusses the significance of the prevalence rates for the country as a whole, communities, families and individual Nigerians. It *recommends* that planners and policy makers should use the survey findings to:

- ✍ Increase awareness of the prevalence of HIV in Nigeria.
- ✍ Increase understanding of the economic and social impact of HIV on Nigerian society and its relevance for policy design.
- ✍ Ensure that young people are aware of the risks of HIV and are empowered to make informed choices.
- ✍ Mobilise human and financial resources towards HIV prevention by increasing understanding of the economic case for prevention.
- ✍ Involve all sectors in the design of HIV prevention programmes to stem the predicted exponential growth of the epidemic.

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### 1.2 Federal Ministry of Health (1999): National HIV/AIDS Fact Sheet

Since the early 1990s, Nigeria has established an HIV Sentinel surveillance system with the active collaboration of the World Health Organization. The first round of HIV sentinel surveillance in Nigeria was conducted in 1991 in 9 states. Subsequent surveys carried out in 1993 and in 1995 covered 17 states and 21 states respectively. The sentinel populations used in these surveys were pregnant women attending ante-natal clinics, patients with sexually transmitted diseases, patients with tuberculosis and female sex workers. Based on the results of these surveys, it was estimated that adult HIV prevalence was 1.8% in 1990, 3.8% in 1994 and 4.5% in 1995.

The fact sheet is an epidemiological leaflet containing the current trend of reported AIDS cases, previous HIV sentinel results and projections. Some of the UNAIDS projections for 1998 are:

Adult AIDS cases	158,598
Adult AIDS death	139,282
Orphans by Parental AIDS death < 15 years	183,601
<b>Cumulative AIDS Orphans from 1986-1998</b>	<b>610,540</b>

The purpose of the report is to publicize the magnitude, trends and distribution of the HIV epidemic in Nigeria in order to facilitate strategic planning for the prevention and amelioration of HIV/AIDS' spread.

**1.3 Idigbe, E. O. et al. (eds) (2003): Nigeria's Contributions to Regional and Global Meetings on HIV/AIDS/STIs from 1986 to 2003. Lagos: Nigerian Institute of Medical Research (NIMR)**

This document is a compendium of 365 Abstracts on HIV/AIDS in Nigeria obtained from papers presented at international conferences from 1986 to 2003. It contains rich data and information that have been gathered by biomedical and behavioural scientists to estimate the current and future human, social and economic impacts of the epidemic. Although most of the abstracts deal with health-related HIV/AIDS issues, some address the impact of the epidemic on education. The data presented serve as useful information for evidence-based intervention and as a source for advocacy and efficient mobilization for resources.

**1.4 Federal Ministry of Health (2001). A Technical Report on the 2001 National HIV/Syphilis Sentinel Survey among Pregnant Women attending Ante-natal Clinics in Nigeria**

This sero-prevalence surveillance study was conducted in 2001 to (i) monitor the trend of HIV/Syphilis infection in the country, (ii) estimate the current prevalence rates of the infections among women attending antenatal clinics and (iii) provide information for advocacy, and planning and monitoring of interventions.

A Central Management Committee (CMC) was set up to manage the survey. The Committee consisted of representatives from the National Action Committee on AIDS (NACA), Federal Ministry of Health, State Ministries of Health, Non-Governmental Organizations, People Living with HIV/AIDS (PLWHA), UN Agencies in Nigeria, Bilateral Organizations, the U.S. Centre for Disease Control and Prevention, other Development Partners, Tertiary Educational Institutions and Health Institutions.

Manuals and protocols on all aspects of the survey were produced and circulated to all members of the CMC and the State Survey teams. The manuals covered the training of field workers, supervision of staff and procedures, laboratory techniques, recruitment of clients, handling of samples, maintenance of cold chain, storage of samples, and quality control.

Using an unlinked anonymous method as specified in the protocol, aliquots of venous blood were collected from 24, 243 pregnant women attending antenatal clinics in 85 sites in the 36 states and

the Federal Capital Tertiary (FCT). Collected samples were initially tested for syphilis at the site by RPR and later in the state central laboratory by TPHA. Pregnant women who tested positive for syphilis were treated with procaine penicillin. Thereafter, the samples were stripped of their identifiers and recorded to carry only the name of the state, the site and age. Samples were then separated and stored for transportation to the State Central Laboratory. Laboratory scientists, specially trained for the survey, conducted HIV testing using Capillus and GENIE II kits for (HIV 1 and 2). They further tested for syphilis using TPHA. All state test results were documented in a specially designed Data Collection Form. All negative and positive samples were stored at  $-20^{\circ}\text{C}$  for onward transportation to the National Reference Laboratory in Abuja for quality assurance. Filter paper plots were also collected as back up for central quality assurance in case of loss or degeneration of samples. A questionnaire was administered to field workers and patients alike to investigate recruitment errors, confidentiality and ethical issues around the recruitment of clients in each site.

The result of the survey showed a national median prevalence rate of 5.8% among women aged 15-49 years attending antenatal clinic in this survey. The specific values ranged from 1.0% in Geidam, Yobe State to 13.6% in Achi, Enugu State.

The age specific prevalence rates were highest for the age group 25-29 years at 6.3%, followed by 6.0% for age group 20-24 year and 5.9% for 15-19 years. A total of 3.1 million adults aged 15-49 years are estimated to be living with the HIV virus in Nigeria by the end of 2001.

The results of the 2001 exercise revealed that, generally, the country still has a good opportunity to hold the HIV/AIDS epidemic from exploding to unmanageable level. Furthermore, there is considerable evidence of rapid spread in rural areas in most zones, implying that more attention must be paid to grass root preventive intervention activities through general and effective decentralizations of prevention and control activities.

It is recommended that the results should be immediately adapted to inform decision making on the implementation of the multi-sectoral response, sectoral program planning and interventions. It was also recommended that the national multi-sectoral response must pay more attention to interventions relating to in-school and out-of-school youths.

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#### **1.5 Idigbe, E. O. et al. (eds) (2000): HIV/AIDS In Nigeria: Bibliography Report. Lagos. Nigerian Institute of Medical Research**

As part of the National HIV/AIDS Database Project, the Nigerian Institute of Medical Research, in collaboration with the Federal Ministry of Health and UNAIDS Nigeria embarked on the development of a Bibliographic Database on HIV/AIDS in Nigeria. This was done through retrieval and collation of all published and documented data on HIV/AIDS in the country. The materials were sourced from various Libraries, educational institutions, research institutes, private sector establishments, government, as well as non-governmental organizations in all the states of the federation and the Federal Capital Territory. The contents of this bibliography were classified into five main areas:

- /// Basic Science
- /// Clinical Science
- /// Epidemiology, Prevention and Public Health
- /// Social Science
- /// Rights, Politics, Commitment and Action.

The production of this bibliography showed the existence of substantial information on various aspects of HIV/AIDS in Nigeria and that with proper planning such information could be collated. The collation of these materials is essential to help prevent duplication of research activities, thus saving valuable time and resources, as well as provide relevant data and information on HIV/AIDS.

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#### 1.6 **Federal Ministry of Health (2003): National HIV/AIDS and Reproductive Health Survey (NARHS) Nigeria 2003**

This document gives the results of a national survey conducted in March 2003, involving 10,090 respondents [comprising of both males and females with age range of 15 – 64 years]. The objective of the survey was to assess knowledge of HIV/AIDS preventive behaviour, sexually transmitted diseases, HIV voluntary counselling and testing, stigmatisation and discrimination against persons living with HIV/AIDS, maternal health, sexual behaviour and on general reproductive health issues.

With regard to HIV/AIDS, some of the *findings* of the survey were:

- /// Awareness of HIV/AIDS is generally high in both urban and rural areas, and between males and females and all age groups;
- /// Knowledge about HIV prevention and transmission is only fair with only 59% knowing all the four main transmission routes;
- /// 76% of males compared with 55% of females have heard of condoms;
- /// 6% of females and 8% of males reported having taken an HIV test;
- /// Majority of respondents do not desire an HIV test because they think it is not necessary;
- /// 60% of male respondents compared to 48% of females were willing to take care of family members living with AIDS, respondents were less willing to associate with non-family members infected with HIV;
- /// A significant proportion of respondents perceived media, Federal Government, State and Local Governments, NGOs/CBOs, and community leaders as supportive of HIV/AIDS activities in the country;
- /// About 75% of the respondents considered radio, television and print media acceptable for communicating health messages to the public.

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## 1.7 Federal Ministry of Health (2002): HIV / AIDS in Nigeria: Overview of the epidemic

This document gives the most salient indicators and impact implications of HIV/AIDS in Nigeria. The key HIV/AIDS indicators in Nigeria are the following:

Population of Nigeria in 2002	120 million
Percentage of 15-49 population that were HIV +	5.80%
Lowest State Prevalence	1.00%
Highest State Prevalence	15.00%
Prevalence in age group most affected: 20-24yrs	6.50%
Estimated Population people that were HIV+ in 2002	3.47 million
Estimated decrease in life expectancy in 2002 due to HIV	4.5 years
Estimated number of deaths due to AIDS by 2002	1.4 million
Number of AIDS orphans in 2002	847,000

The document noted the implications of the above findings for different socio-economic sectors of the country. Specifically on Education, the document speculated that there would be:

- ~~///~~ a decrease in supply of teachers;
- ~~///~~ an increase in the training costs for teachers;
- ~~///~~ reduced public funds available for schools;
- ~~///~~ a drop in school enrolment, especially for girls;
- ~~///~~ loss of financial, material and emotional support for orphans towards successful schooling.

## 2/ NATIONAL POLICY AND STRATEGY

### 2.1 Federal Government Of Nigeria: National Policy On HIV/AIDS [2003]

Nigeria has passed through several phases in her response to the epidemic. The stages included an initial period of denial; a largely medical response; a public health response; and now a multi-sectoral response that focuses on prevention, treatment and impact mitigation interventions. The health response was initially made up of the National Expert Advisory Committee on AIDS (NEACA). In 1988, the advisory board was replaced by the National AIDS and STDs Control Programme (NASCP). NASCP still exists and is presently responsible for the health sector's response to HIV/AIDS. Subsequently, the President established a Presidential Council on AIDS (PCA) and the National Action Committee on AIDS (NACA).

In 1997, the Government of the Federal Republic of Nigeria, through the Federal Ministry of Health, adopted the first National policy on HIV/AIDS and STI. The policy was designed to limit the spread of HIV/AIDS in the country. However, it was at a time when the magnitude and impact of the disease was not completely recognised. For this reason, some essential components that are now known to be necessary to control the spread and the impact of the epidemic were not

adequately addressed. The resultant effect is that the HIV prevalence rate continued to rise; the number of AIDS-related deaths increased and its impact on the country worsened.

It was against this background that the Federal Government of Nigeria [FGN] developed a new approach to the epidemic, this time, ensuring that all sectors of the economy that are affected by the epidemic are involved in the planning, implementation and evaluation of the country's response to the epidemic. The approach involved strategies to prevent further HIV/AIDS transmission, provide care and support for the people living with HIV/AIDS and mitigate the social and economic impact of HIV/AIDS on the country.

Nigeria, in revising the HIV/AIDS policy, now recognised the importance of a multi-sectoral approach to control the epidemic and its effects; acknowledged that all Nigerians must together accept responsibility for prevention of HIV transmission and the care and support of those infected and affected by the virus. The policy identifies the importance of upholding and protecting the rights of all Nigerians including people living with or affected by HIV/AIDS; addresses the vulnerability of certain social groups including women and children to the HIV/AIDS epidemic; and develops appropriate measures to ensure that all these relevant issues are addressed.

The impact of the epidemic on the social and economic development of Nigeria has been substantial. It has contributed to the present decrease in life expectancy; increased the number of deaths of young adults; increased the number of orphans in the country; increased the cost of achieving developmental goals and increased the level of poverty in the country. It threatens to cause even worse socio-economic problems if the epidemic is allowed to further escalate.

A 3-year HIV/AIDS Emergency Action Plan (HEAP) was formulated in 2001 and is now being implemented. Within the context of the HEAP, some issues were identified which could limit the impact of the country's response to the HIV/AIDS epidemic. These include:

- /// Socio-cultural barriers to proven methods of HIV prevention;
- /// The subjugation and subordination of woman in the country;
- /// A lack of appropriate sex/family life education available in social and educational institutions;
- /// The high prevalence and poor treatment practices for sexually transmitted infection;
- /// Stigma and discrimination shown to persons living with and affected by HIV/AIDS;
- /// Lack of access to effective treatment;
- /// Poor co-ordination of HIV/AIDS preventive and care and support activities in the country;
- /// Lack of technical capacity to manage HIV preventive initiatives.

The overall goal of the HIV/AIDS policy is to control the spread of HIV/AIDS in Nigeria, and to mitigate its impact to the point where it is no longer of public health, social and economic concern. In order to achieve the overall goal, a number of *specific objectives* must be achieved. To this end, the Federal Government of Nigeria has committed itself to:

- i. promote a national multi-sectoral and multi-disciplinary response to the epidemic;
- ii. increase awareness and sensitisation and foster behaviour change among the general population about HIV/AIDS;
- iii. improve national understanding of the principle that all persons must accept responsibility for prevention of HIV transmission and the provision of care and support for those infected and affected;
- iv. provide cost-effective care and support for those infected;
- v. protect the rights of those infected HIV/AIDS as guaranteed under the constitution and laws of the Republic;
- vi. remove all possible barriers to HIV/AIDS prevention and control;
- vii. empower people infected and affected by HIV/AIDS through training, counselling, and education to cope with their circumstance;
- viii. develop standards and guidelines that lead to the institutionalisation of best practices;
- ix. stimulate research, and monitoring and evaluation of programmes.

The main *strategies* that will be used to achieve the overall goal will include:

- ~~///~~ promotion of safe sexual behaviour;
- ~~///~~ Appropriate use of condoms;
- ~~///~~ Prevention of HIV/AIDS transmission through blood and blood products;
- ~~///~~ Voluntary counselling and testing;
- ~~///~~ Prevention of mother to-child transmission;
- ~~///~~ Early treatment of sexually transmitted infections (STI);
- ~~///~~ Youth-focused interventions;
- ~~///~~ provision of clinical management of diseases and access to care for all;
- ~~///~~ Provision of home-based-care;
- ~~///~~ Treatment of opportunistic infections (OI);
- ~~///~~ Provision of access to anti-retroviral therapy;
- ~~///~~ Care of orphans and vulnerable children;
- ~~///~~ Support for the people affected by HIV/AIDS;
- ~~///~~ certification of traditional healers and other health practitioners;
- ~~///~~ Greater public enlightenment focusing on the removal of socio-cultural barriers, informational barriers, and systemic barriers;
- ~~///~~ Improvement in the general public's base knowledge regarding the HIV/AIDS epidemic and towards the catalysing of community-based responses to HIV/AIDS.

The constitution of a permanent statutory body which shall assume principal responsibility for the definition of the HIV AIDS policy; guide the multi-sectoral response to the HIV/AIDS epidemic; build up the in-country capacity to plan, implement and monitor HIV/AIDS programs; and monitor and evaluate the progress and impact of the country's response to the epidemic. All tiers of Government in collaboration with non-governmental organizations (NGOs), community based organisation (CBOs), faith-based organisations (FBOs), the private commercial sector, bilateral and multilateral and multilateral partners, and other international agencies are contributing in various ways towards the national response especially through the implementation of the HIV/AIDS Emergency Action Plan (HEAP) jointly developed by all stakeholders and launched by the President of the Federal Republic of Nigeria in April 2001.

The policy further recognises that the HIV/AIDS epidemic significantly undermines the education sector's universal basic education goal by:

- /// increasing the cost and the time needed to achieve the target of education for all;
- /// increasing the number of teachers to be trained to reach the goal;
- /// decreasing the turnout of students who are able to take adequate advantage of increased educational opportunities.

Consequently the government plans to protect this sector in the following ways:

- /// The various arms of Government of Nigeria will ensure the availability of youth friendly information and health services that will reduce the vulnerability of youth to HIV/AIDS;
- /// Integrate HIV/AIDS education into the curricula of formal schools beginning at the primary level;
- /// Produce and disseminate appropriate HIV-related IEC material targeted towards the youth;
- /// Develop HIV/AIDS peer education programs for in-school and out-of-school youth;
- /// Promote safe sex in tertiary institutions through IEC that promotes sexual abstinence, mutual fidelity and the use of condoms.

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## 2.2 Federal Government of Nigeria (2002) HIV/AIDS Emergency Action Plan (HEAP)

With the establishment of the presidential council on AIDS (PCA) and the formation of the multi-sectoral and multi-disciplinary National Action Committee on AIDS (NACA), the President and his ministers have joined together with the private sector in promoting a proactive approach to the development of a reasoned and realistic HIV/AIDS program of control and prevention. The Interim HIV/AIDS Emergency Action Plan (HEAP) developed as a response strategy to the HIV/AIDS epidemic identifies over two hundred activities that the Federal Government of Nigeria intends to pursue from 2001 to 2004. Most activities under the HEAP are conceived as short-term, high impact interventions. The HEAP will therefore serve as an important testing ground for deriving best practices, coordinating strategies and high impact responses and as a bridge to the definition of a longer-term vision for the future.

NACA is responsible for coordinating the timely and effective execution of the HEAP. As such, NACA's role is to ensure that those entities responsible for the implementation of each specific activity receive the financial, organizational, and human resources support required to undertake and complete assigned activities in a multi-sectoral environment. At the same time, NACA will encourage all partners in this effort to view the HEAP as a framework of national and nationwide coordination of a unified effort. In defining the breadth and depth of the HEAP's framework for implementation, NACA, supported by the Government of Nigeria and by its development partners, facilitates an extensive process of programme formulation whose elements include a situation analysis, extensive consultations with national and international professionals in both the public and private sectors and the identification and mobilization of resources.

The HEAP's Guiding Principles and Strategies are:

1. Promote a national multi-sectoral and multi-disciplinary mobilization of HIV/AIDS prevention;

2. Increase awareness and sensitisation among the general population and strategically targeted stakeholders;
3. Promote behaviour change in both low and high-risk population;
4. Promote a national understanding and acceptance of the principle that all persons must accept responsibility for prevention of HIV transmission;
5. Promote a national understanding and acceptance of the principle that all communities and all persons must accept responsibility for providing care and support for those infected and affected by HIV/AIDS;
6. Ensure that communities are empowered to design and initiate community-specific action plans;
7. Remove human resource, financial, cultural and informational barriers to HIV/AIDS prevention;
8. Ensure that the nation's law and policies complement and assist the Government of Nigeria's resolve to remove all barriers to an effective and proactive approach to the mitigation of HIV/AIDS impact on Nigeria;
9. Develop and implement a multi-sectoral, multi-disciplinary institutional framework and legal machinery for HIV/AIDS prevention;
10. Develop standards and guidelines leading to the institutionalisation of best practices in care giving and support to people infected by HIV/AIDS;
11. Implement the activities off the HEAP using a decentralised and participatory approach;
12. Mitigate the effect of AIDS by: providing affordable and accessible drugs; encouraging counselling to those infected and affected by AIDS; providing financial assistance to AIDS Orphans; and providing micro-credit facilities to people infected and affected with HIV/AIDS;
13. Empower people infected and affected by AIDS;
14. Form networks and contribute HIV/AIDS planning and programming at National, state, local government and communities levels;
15. Ensure that the HIV/AIDS surveillance system is effective in providing accurate, periodic and timely information;
16. Stimulate research, documentation and research networks on HIV/AIDS in Nigeria;
17. Recognize and initiate a proactive and aggressive response to gender issues.

HEAP is built around two strategic components: *CREATION OF AN ENABLING ENVIRONMENT* and *SPECIFIC HIV/AIDS INTERVENTIONS*.

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### **2.3 Fagbulu, Amiel M. (ed.) (2003): A Handbook of Information on Basic Education in Nigeria. Abuja: Federal Ministry of Education**

This handbook, which contains lots of statistical data and other information on pre-primary, primary and secondary school education, is the result of a baseline exercise that was carried out in 2001. Some of the information contained in the handbook are: Population figures (6 year – 15 year olds); pre-primary and primary education data; post-primary education data; teacher statistics; other statistics (e.g. federal government expenditure on education, school infrastructure etc.).

It is certainly a useful guide towards knowing the number of pupils/students, patterns of enrolment, school retention and dropout rates in schools in Nigeria. This basic information on schools, students and teachers will be of immense benefit to those working on the impact of HIV/AIDS on different aspects of education in the country.

### 3/ IMPACT ON EDUCATION

#### 3.1 Smah, S. (2003). Media Amplification of HIV/AIDS Risks Among Secondary School Students in Jos, Nigeria in Nigeria's Contributions to Regional and Global Meetings on HIV/AIDS/STIs 1986 - 2003 Lagos: NIMR

**Background:** Mass media channels of advertisement (TV, radio, billboards, etc.) instead of reducing the risks of HIV/AIDS infection among youths, tend to amplify them via the portrayal of enticing sexual appeals in messages on drugs, alcohol and HIV/AIDS. This study assessed the impact of such advertisements on Secondary School Students' (ages 11-19) choices and sexual activities bearing in mind the HIV/AIDS scourge in Nigeria.

**Methods:** A stratified random sampling technique was employed to generate data on the impact of mass media advertisement among 681 students in two Secondary Schools X and Y. "Drop and pick" and "Supervisory" approaches were adopted in administering close and open ended questionnaire sets. Data were analysed by descriptive statistics.

**Results:** Alcohol and tobacco were the most frequently (27%) advertised products, with beer and cigarette-related substances being the most conspicuously displayed on billboards around home and school. 96.3% of respondents reported that the media had influence on their use of drugs and 69.4% reported increased sexual activities due to media appeals. 64.5% and 67.3% had knowledge of HIV/AIDS and its consequences respectively, 51.5% of them reported being aware of the implications of unprotected sex, and 73.6% never used condoms.

**Conclusion:** Media messages can be used to emphasise greater risks of unrelenting, unprotected sex than the temporary pleasures that ultimately bring permanent pains and sorrows of sex mediated by drug and alcohol consumption.

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#### 3.2 Nnamdi-Okagbue, R, et al. (2003): Orphans and Vulnerable Children Assessment in Four States of Nigeria: The Process, in Nigeria's Contributions to Regional and Global Meetings on HIV/AIDS/STIs 1986 - 2003 Lagos: NIMR

**Background:** Situational assessment analysis is an essential element in any project design. Findings from the assessment are used for the development and implementation of interventions. Family Health International (FHI), Nigeria has been providing support to a number of local NGOs to provide care and support to people living and affected by HIV/AIDS. As part of FHI comprehensive programming in Nigeria, an orphan and vulnerable children assessment was conducted to gather information for the design and implementation of OVC projects in four states in Nigeria.

**Methodology:** Four States (Lagos, Anambra, Osun, Ebonyi) where FHI is implementing prevention and care and support programs were selected for the assessment. The study methodology comprised of qualitative and quantitative data collection. The quantitative data collection used a standardized questionnaire developed while the qualitative data collection involved key informant interviews and focus group discussions. The process started with literature review proposal development, tools development, pre-testing and translation into local languages. A 3-day training of trainers was conducted for the consultants, with selection and training of local research team done at state level. The team comprising of the consultants, research assistants and stakeholders participated in the data collection. A 2-day post-assessment debriefing was then held to enable the team members share their experiences and lessons learnt. The data analysis is presently ongoing.

**Lessons learned:** There is need to ensure flexibility and readiness to adapt to local reality during fieldwork. There is need for a local definition of the key terms in community based project design.

**Conclusion:** The findings of the assessment will be used for the design of interventions, which will help address the needs of the children and will also provide baseline for monitoring and evaluation of the well being of families over time.

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### 3.3 Federal Office of Statistics (2003) Baseline and Impact Survey Of NYSC Peer Educator Programme for Schools in Seven Pilot States. Abuja, Nigeria: UNICEF

As part of activities by UNICEF to reduce the alarming rate of HIV/AIDS spread in Nigeria, UNICEF collaborated with the National Youth Service Corps (NYSC) Directorate, and the Association for Reproductive and Family Health (ARFH) to train 1,382 Youth Service Corps members in 7 pilot states. The latter thereafter trained students, called peer educators, in post-primary institutions.

This baseline and impact survey used questionnaires administered to over 2,000 students to assess the impact of the HIV/AIDS prevention project in secondary schools. Some of the major findings were:

- ☞ Students exposed to training from Corps members and peer educators were better informed than other students on ways of contacting HIV/AIDS, passing on the virus and reducing the risk of becoming infected with HIV/AIDS virus.
- ☞ 5.6% of students have ever been tested for HIV or the AIDS virus, while only 62.0% of those that have never been tested would want to be tested.
- ☞ Students exposed to the peer education training showed better attitudes towards people living with HIV/AIDS (PLWHA).

The study concluded that the NYSC peer educator programme is having a positive impact in reducing the rate of HIV/AIDS spread in the country. It recommended that the programme be extended to more, if not all, states of the Federation.

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### 3.4 **Royal Tropical Institute, Amsterdam (2003): Impact Of Aids In Benue State: Implications for Rural Livelihoods - Draft report [June 2003]**

Nigeria is a federal state with a population of approximately 120 million inhabitants in 36 states and the federal capital territory (FCT) of Abuja. This study focuses on the state of Benue located in north central Nigeria. In the 1999 and 2001 national antenatal HIV seroprevalence survey, Benue state recorded the highest state infection rates: 16.8% (1999) and 13.5% (2001). The high HIV rates in Benue will no doubt adversely affect individual lives as well as state development. Benue state is often described as Nigeria's food basket with over 70% of its population listing agriculture as their main source of income. Concerns about the impact of HIV/AIDS on the agricultural sector have led BNARDA to request support from the British Development for international Development (DFID) to carry out an impact assessment study. By providing a better understanding of the HIV/AIDS epidemic in Benue State and its impact on individual households and entire communities, this study will help strengthen Benue's response to HIV/AIDS.

The *objectives* of the study were:

- ✍ Analyse the current and possible future impact of HIV/AIDS on rural livelihoods in Benue state.
- ✍ Determine the size of the shock, the epidemiology of HIV/AIDS, and the impact on Benue's demography. How many households are affected by this shock, and which households or subgroup of households are most vulnerable.
- ✍ Address the factors that make some households more vulnerable to the impact of the epidemic than others. Which specific livelihood strategies play a role? Do gender differences play a role?
- ✍ Assess the effects (impact) of illness and death on the livelihoods of individuals and households (and to lesser extent, communities) and how they cope with it. How do households replace lost labour, how do they pay for extra medical expenses or funeral costs? Are they stigmatised and what are the consequences? Which strategies leave households impacted (human, financial, physical, natural, social, political) by illness and death? How are their social networks affected?
- ✍ Assess the outcome of the ways in which people try to cope with chronic illness and death?

#### ***Methodology***

A workshop was held at start of the study to inform stakeholders of the objectives and proposed methodology. Halfway through the study a progress report was given. This was repeated towards the end of the study, when a group of stakeholders participated in an analysis workshop of the study's preliminary results. For official approval, a study proposal was submitted to the Ethical committee of the ministry of health in Benue State in July 2002. Before the start of the study, the leadership of the selected LGAs and wards were contacted. The purpose of the study and the methods were explained before requesting permission.

#### ***Findings:***

- ✍ Factors that contribute to the progression of the epidemic include: early age of first sexual activity; high levels of promiscuity; inferior status of women; migrant labour and

commercial sex work; high rates of sexually transmitted infections (STI); low availability and acceptance of condoms.

- ✂ The household listing included a total of 4478 households, 1058 of which were chronically ill household members (550 between 20-45 years of age) and 2186 have reported recent deaths, of which 805 were adult deaths between ages 20-45 over the past five years.
- ✂ Illness or death affected 44% of the Idoma households, 14% of the Igede households and 11% of the Tiv households.
- ✂ 34% of total households in the study reported having orphans. A total of 374 orphans lived in 169 households, an average of 2.2 orphans per household. In 60% of the cases it concerns more than 1 orphan 43% of the orphans did not live in the current household before they became orphaned. 89% of the orphans are one-parent orphans, of which, in 75% of the cases it was the father who passed away.
- ✂ 83% of the orphans go to school and only 8% of them are engaged in economic activities. For 46 cases (34.1%) HIV/AIDS was either mentioned directly or at least two AIDS-related symptoms were mentioned.
- ✂ When we apply a less conservative definition and also include those with one HIV/AIDS symptoms, 52% of the total households experiencing chronic illness or death are now HIV-affected.

The *proxy indicators* all seem to indicate the same trend: more deaths and more orphans since the beginning of the 1990s. The PRA researchers noted that there was a strong hesitance among the villagers to talk about AIDS. The situation was one of denial of a highly stigmatised problem.

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### 3.5 Oke, O. et al. (2001): Lagos State, Nigeria: Report of Rapid Assessment in Selected Local Government Areas [LGAs]. Lagos: Family Health International

Family Health International (FHI), Nigeria conducted a rapid assessment in Lagos state [and four other states] as part of the process of redesigning its ongoing IMPACT (Implementing AIDS Prevention and Care Project) being funded by the United State Agency for International Development (USAID). The overall goal of the redesign is the development of comprehensive programs in key risk areas for both prevention and care. The *objectives* of the assessment, which was conducted in three local governments - *Epe, Ikeja* and *Lagos Mainland* - from 5<sup>th</sup> November 2000, were to:

- ?? Identify risk setting and behaviours;
- ?? Identify risk groups;
- ?? Identify potential implementing partners, networks and structures for prevention and care and support of People Living With HIV/AIDS (PLHA);
- ?? Identify health and social welfare systems and structures;
- ?? Assess the political environment for HIV/AIDS/STI programming.

#### **Major findings:**

- ?? Lagos is the most populous and urbanized state in Nigeria with over 15 million inhabitants. Some of the *risk settings* are: motor parks, bars/nightclubs/hotels, tertiary institutions and secondary institutions.

- ?? Among the high risk and vulnerable populations found are transport workers, Female Sex Workers (FSWs), drug users, youths in school, area boys, boy/girls and youth out of school, apprentices, traders etc.
- ?? There is a state response to HIV/AIDS epidemic with the establishment of the multi-sectoral Lagos state HIV/AIDS foundation, which represents the State Action Committee on AIDS [SACA].
- ?? The state is dotted with ad-hoc enlightenment campaigns for youth on several areas of reproductive health. However, nobody is coordinating or monitoring these activities.
- ?? There is generally high level of awareness of HIV/AIDS among the population but a very low level of response in terms of behaviour change.
- ?? There is a limited comprehensive care and support program for PLHA, which is compounded by the inadequate capacity of health care workers. There is only one PLHA support group identified in the whole state. Only very few NGOs participate in caring for orphans and other vulnerable children (OVC).
- ?? Stigmatisation and discrimination against PLHA are still very strong.
- ?? There are 931 public primary and 371 public secondary schools in Lagos state. Only few of these schools have counsellors. In addition, there are 1,214 and 114 privately owned nursery/primary and secondary schools respectively. There are 8 public tertiary institutions in the state, including satellite campuses of several other universities. The state is divided into 20 Local Education Districts (LEDs), staffed by guidance counsellors who supervise special programs including HIV/AIDS.
- ?? Ministry of Education runs yearly training program for teachers on incorporation of family health/population education issues into the curricula of selected school subjects. Since 1998 and with facilitation from the Nigerian Educational Research and Development Council (NERDC), eight teachers per local Education District (84teachers) were trained per year.

**Recommendations:**

- ?? Expand the scope and scale of on-going prevention projects to begin comprehensive HIV/AIDS programming in Lagos State;
- ?? Initiate care and support project with linkages to government structures, STI and clinical services;
- ?? Increase and strengthen strategies for reaching youth and expand the scope of unions' involvement in HIV/AIDS interventions;
- ?? Continue to dialogue with religious bodies to encourage faith-based programmes.

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**3.6 Oke,O. et al (2001): Anambra State, Nigeria: Report of Rapid Assessment in Selected Local Government Areas [LGAs]. Lagos: Family Health International**

The assessment, which followed the pattern and purpose as that of Lagos State, was conducted in three LGAs- *Onitsha North*, *Onitsha South* and *Awka South* (where the state capital is located)- from November 8-11,2000. The study was aimed at establishing a synergy of efforts for a greater impact to ensure the links between prevention and care.

### ***Methodology***

It involved the initial desk assessment and interview of key informants as well as government officials at the state and local government level; non-governmental organizations; key institutions; and key health care workers in major health facilities. A key informant interview guide was developed and used for this purpose.

### ***Findings:***

- ✂ Anambra state presents a massive risk setting for HIV/AIDS/STI programming. Onitsha, one of its major cities, harbours one of the largest markets in the West African sub-region. Traders from across the sub-region visit Onitsha on a daily basis to do business. This has inevitably resulted in a boom in both trucking activities and sex trade.
- ✂ High-risk and vulnerable population commonly seen in the state are transport workers, sex workers, traders, youth and low-income women.
- ✂ The level of risk perception among the general population is very low, markedly among both in- and out-of-school youth.
- ✂ The abhorrence of the Catholic faith toward the use of condoms may constitute a major constraint to prevention programming among the populace. It is a major hindrance to condom promotion among health care providers.
- ✂ The state government has not made any funds available for HIV/AIDS/STI programming in the five years.
- ✂ There is a general lack of quality STI service in the three LGA.
- ✂ The Ministry of Education [MOE] has not had a specific program on HIV/AIDS prevention and care. It has however been involved in health-related projects such as family planning and reproductive health education. The MOE is also collaborating with UNFPA in training guidance counsellors in 86 schools on adolescent and reproductive health. There are 41 public primary school and 19 secondary schools in Awka-South LGA. Those interviewed recommended that HIV/AIDS be integrated into existing curriculum such as health education and social studies.
- ✂ Awka is the capital of Anambra state. It has a large population of civil servants and a huge population of tertiary school students. There are three identified NGOs working in Awka south: the Society for Women and AIDS in Nigeria [SWAAN], Anambra state branch; Community Health and Development for Africa (COHEDA); and the Development Initiative and Processes (DIP). Established in 1991 at the onset of the creation of Anambra state, SWAAN/Anambra has 20 volunteer members working to provide in-school youth with HIV/AIDS/STI preventive education. Community health Education and Development in Africa (COHEDA) has been conducting ad-hoc HIV/AIDS awareness among youth, women and church groups. They have received funding from UNDP for training traditional birth attendants. DIP was formed in February 2000 in response to the AIDS epidemic. The organization has initiated orientation and awareness-raising sessions with LGAs, school and unions. DIP is made up of professionals volunteering their time. Many of its members are teachers and lecturers at the university. They see their strength in working with youth by developing peer education approaches and innovative communication strategies.

### ***Recommendations include:***

- ✂ The three LGAs visited should implement comprehensive HIV/AIDS prevention and care programming in close collaboration with FHI and state government.
- ✂ Integrate HIV/AIDS programming into key state-wide programs of unions and associations.

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### **3.7 Adamu, I. et al. (2001): Taraba State, Nigeria: Report of Rapid Assessment in Selected Local Government Areas [LGAs]. Lagos: Family Health International**

Family Health International (FHI), Nigeria, conducted a rapid assessment in Taraba state as part of the process of redesigning its ongoing IMPACT (Implementing AIDS prevention and care) project being funded by the United States Agency for International Development (USAID). The assessment was conducted by a six-person team in four local governments of Jalingo, Gassol, Lau and Zing in Taraba state and Kaltungo, LGA in neighbouring Gombe state from December 8-12, 2000. The objectives of the assessment were to identify risk groups, risk setting and behaviours, health and social welfare systems and structures. It was also to identify potential partners and assess the political environment for HIV/AIDS/STI programming for prevention, care and support of people living with HIV/AIDS (PLHA). The team interviewed key informants from the state public service and the local government authorities.

#### ***Major findings:***

- ?? Sexual activities are heightened on market days.
- ?? There is widespread transfusion of unscreened blood in Gassol LGA.
- ?? Only a few NGOs/CBOs are involved in HIV/AIDS programming.
- ?? Youths, transport workers, FSWs and woman are at high risk of HIV infection.

Taraba state, with 60,000 square kilometres of land area and a population of about two million was carved out of the old Gongola state in 1991. The state has 16 LGAs. It is bounded on the northeast by Adamawa State and on the west and southwest by Plateau and Benue states. On its eastern border lies the republic of Cameroon. The people of the state are predominantly farmers and petty traders. Taraba state Government's HIV/AIDS program is anchored in the Ministry of Health. It has conducted only a few awareness and public enlightenment programs. The NGOs involved in HIV/AIDS work in the state include the Taraba state branch of the Society for Women and AIDS in Nigeria (SWAAN) and the Fellowship of Christian Students (FCS). The Ministry of education has no specific programme on HIV/AIDS but there has been collaboration with the FCS to raise awareness in schools.

There are 1,260 government-owned primary schools and 152 government-owned secondary schools in the state. The risk settings include market places, truck stops and schools. High-risk populations identified were FSWs, truck drivers and migrant traders while youth constitute the vulnerable population.

#### ***Recommendations:***

- /// Focus comprehensive programming in the three LGAs of Gassol Zing and Jalingo where most HIV positive cases in the state come from.
- /// Integrate HIV/AIDS programmes into the activities of statewide unions and associations.

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3.8 **Ekong, E. et al (2001): Kano State, Nigeria: Report of Rapid Assessment in Selected Local Government Areas [LGAs].** Lagos: Family Health International

Family Health International (FHI), Nigeria, as part of its effort to redesign its ongoing IMPACT project funded by the United States Agency for International Development (USAID), conducted two waves of rapid assessments. A five-member team from FHI visited Kano from November 28 through December 5, 2000 to conduct a rapid assessment of the HIV/AIDS situation and the opportunities for programming. The team visited government officials at the state level and in three local government areas – Nassarawa, Tarauni and Fagge. It also visited non-governmental organizations (NGOs); religious institutions; PLHA; and key health workers in major health facilities. A key informant interview guide was used for the assessment. In all, a total of 85 key informants were interviewed individually or in groups.

**Findings:**

- ✂ Kano is a major risk setting with a number of high-risk populations.
- ✂ The state's risk factors include a large population; diverse ethnic populations; poverty; low literacy; youth unemployment; trading culture; AIDS denial amongst the population; high divorce rate and frequent remarriage by divorcees; drug abuse; use of un-sterilized skin-piercing implements; male youth gangs; the de-boarding of secondary school students, and itinerant youth.
- ✂ The following risk settings were identified: mobile markets where there is a lot of sexual networking in transport parks, brothels, military and police barracks.
- ✂ About half of those interviewed knew someone who had died of AIDS.
- ✂ A recent study showed there were more than 2,000 AIDS orphans in six metropolitan LGAs.
- ✂ Government expressed willingness at the state and LGA levels to fight the epidemic is not matched with corresponding financial support. The HIV/AIDS budget at the state level is paltry and hardly ever released. None of the LGAs visited had ever had a separate budget for HIV/AIDS.
- ✂ National policy on AIDS has not been seen in the LGAs visited and none of the key informants in the LGAs knew about the National Action Committee on AIDS (NACA).
- ✂ The introduction of the Sharia legal code has driven female sex workers (FSW) underground.
- ✂ There were ongoing NGO-driven interventions targeting in-school youth, women in adult literacy schools and PLHA through community home-based care.
- ✂ While most informants agreed that collaboration was imperative as AIDS is real, they pointed out that all interventions must conform to the culture and religious practice of the people of Kano state.
- ✂ The support/endorsement of traditional and religious institutions are critical to the success of any HIV/AIDS intervention in Kano.
- ✂ HIV/AIDS need to be integrated into key statewide programs of unions and associations.
- ✂ Risk factors in Kano state that contribute to the spread of HIV are large population size; cosmopolitan urban centres; poverty; illiteracy, especially in rural settings; youth unemployment. In addition, the de-boarding of secondary schools in Kano state in 1998 was identified as an important risk factor for contributing to the spread of the virus. De-

boarding was found to be associated with a high incidence of itinerancy and truancy in the youth population.

- ✂ The current state government's response to HIV/AIDS in Kano state can best be described as a health sector response.
- ✂ The state Action Committee on AIDS (SACA) was not yet in place and several health sector functionaries were not fully aware of the activities of NACA.
- ✂ The state government does not have a separate budget line for HIV/AIDS.
- ✂ It was also observed that state functionaries and NGOs were mutually suspicious of each other when programming for HIV/AIDS. For instance, the ministries of health and education were especially bureaucratic in giving permission for NGO interventions.

***Recommendations:***

- ✂ HIV/AIDS needs to be integrated into the key statewide programmes of unions and associations;
- ✂ Orphans and vulnerable children should form a major component of any care and support initiative.

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**3.9 Adamu, I. et al. (2001): Nasarawa State, Nigeria: Report of Rapid Assessment in Selected Local Government Areas [LGAs]. Lagos: Family Health International**

Based on the FHI desk assessment of high-risk areas, Nasarawa state was identified as one of the states for rapid assessment. A seven-member team visited Nasarawa state in November 2000 to carry out a rapid assessment of the HIV/AIDS situation there. The objectives of the assessment were to: identify risk setting and behaviours; risk populations; potential implementing partners, networks and structures for prevention, care and support; and health and social welfare systems and structures. The LGAs visited include Akwanga, Nasarawa Eggon, Keffi and Lafia. At the state level, the team met with government officials in the ministries of health, women's affairs, information, youth and sports, and education.

***Findings:***

- ✂ There was an increase in HIV-positive cases according to hospital data.
- ✂ The implementation of Sharia law in some neighbouring states was perceived to have influenced the influx of sex workers into Nasarawa state. The proximity of the state to the Federal Capital Territory has complicated the HIV/AIDS situation in the state.
- ✂ It was discovered that the Government of Nasarawa state actively supports and endorses Dr. Jeremiah Abalaka's claims of having a cure for HIV/AIDS. Abalaka is a Nigeria surgeon with wide claims of curing HIV/AIDS. The state refers PLHA to Dr. Jeremiah Abalaka for care and support.
- ✂ Youth are at high risk and need to be reached through community effort and integration of HIV/AIDS education into the school-based curriculum. The state has also successfully linked a local NGO in its intervention activities and hopes to involve more NGOs in its multi-sectoral approach to HIV programming.
- ✂ The ministry of education has been involved in general health promotion talk in schools throughout the state with a total of 133 secondary schools, 28 private secondary schools, 4 tertiary schools and 4 vocational training schools.

✍ In partnership with UNFPA, the ministry of education strongly promotes family life education and adolescent reproductive health throughout the school system. This program is being implemented at two levels, by incorporating relevant subject matter into the school curriculum and training teachers. In the long term, the program aims to have anti-AIDS clubs and health clubs to sustain prevention efforts. Peer education training is also being planned.

**Recommendations:**

- ✍ The Assessment Team recommends further clarification of the State's support for experimental therapies before any comprehensive prevention and care programming can be considered;
- ✍ Once State level advocacy is completed, it will still be necessary to mobilise and raise the level of public awareness regarding HIV risk behaviours.

#### **4/ EDUCATION SECTOR RESPONSES**

**4.1 Ezeveli, Evelyn; Williams E; and Akinsete, I. (1990): AIDS Awareness and Sexual Experience Among Secondary and Tertiary Female Students in Lagos, Nigeria. in Nigeria's Contributions to Regional and Global Meetings on HIV/AIDS/STIs 1986 – 2003**

**Objectives:** To determine AIDS awareness and sexual experience of girls in secondary and tertiary institutions in Lagos.

**Methods:** 500 female students between the ages of 10-31 years randomly selected from five secondary and five tertiary institutions were interviewed using a structured questionnaire to determine AIDS knowledge and attitude as well as sexual experience.

**Results:** 85% of the respondents fell within the age group 15-25 years with the same proportion derived from middle-class homes. Though 98.5% had heard about AIDS, only 40% knew how AIDS can be transmitted. Of those interviewed, 70% did not know that a healthy looking person can transmit HIV. 70% of the respondents view AIDS as a disease of foreigners while 40% believed that AIDS does not exist in Nigeria. 99% claimed that girls in their age groups were sexually active with multiple sexual partners. A high degree of keenness and interest for involvement in AIDS prevention campaigns was expressed by 80% of those sampled.

**Conclusion:** There is need to provide young people with appropriate and adequate information on AIDS since most of them are sexually active and are already engaged in high risk sexual behaviour. The introduction of sex education addressing AIDS/STD and the establishment of anti-AIDS clubs will provide a useful and timely intervention for AIDS prevention and control for students in schools.

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4.2 **Uwakwe, Charles B. U. (1991). Trends in Nigerian University Students' Heterosexual Behaviours: Counselling Implications in the Age of Aids, in Nigeria's Contributions to Regional and Global Meetings on HIV/AIDS/STIs 1986 – 2003**

**Objective:** To determine with the use of a locally standardized KABP instrument, trends and patterns of heterosexual behaviours of Nigerian University students and how this has been influenced by the AIDS scourge.

**Methods:** Adopted for this study was a 3-stage cluster sampling strategy that took geographical location, academic discipline and sex into cognisance. A locally adapted and validated KABP questionnaire for young people was used to elicit the data that was statistically analysed to test the hypotheses.

**Results:** The results indicate that patterns of heterosexual behaviour among the subjects do not reveal any precautionary measures with due consideration of the present AIDS problem. They still engage in hazardous and health compromising heterosexual behaviours irrespective of their geographical location, course of study or sex.

**Discussion and Conclusion:** Sexuality education and AIDS counselling prevention and control programmes should be intensified for young people in Nigerian colleges and universities.

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4.3 **Fawole, Olu; Asuzu, M.C.; Oduntan, S.O. (1998): A School-based AIDS Education Programme for Secondary School Students in Ibadan, Nigeria: A Review of Effectiveness, in Nigeria's Contributions to Regional and Global Meetings on HIV/AIDS/STIs 1986 – 2003**

**Background:** In Nigeria young people are becoming sexually active at an increasingly earlier age. They are therefore at risk of contacting sexually transmitted diseases, including HIV.

**Objective:** To evaluate the efficacy of a school based education programme on the knowledge, attitude and sexual risk behaviours of secondary school students.

**Methods:** The knowledge, attitude and sexual risk behaviours of 223 students who received a comprehensive health education intervention (consisting of lectures, film shows, role-plays, stories, songs, debates and essays) were compared with 217 controls.

**Results:** At post-test, intervention students exhibited greater knowledge about HIV/AIDS transmission and prevention ( $P < 0.05$ ). Intervention students were less likely to feel AIDS is a whiteman's disease and were more likely to be tolerant of people living with the disease ( $P < 0.05$ ). After the intervention, the mean number of reported sexual partners among the experimental students significantly decreased from 1.51 to 1.06 while it increased from 1.3 to 1.39 among the controls. Among the intervention students there was also an increase in the consistent use of condom and the use of the condom during their sexual intercourse. Students can

benefit from specific education programmes that transmit important information necessary to prevent risky behaviour and improve knowledge and attitudes on HIV/AIDS.

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#### **4.4 Mansara, A. et al. (1992). A Participatory Research Action Model to Foster AIDS Preventive Behaviours Among Female University Students Nigeria, in Nigeria's Contributions to Regional and Global Meetings on HIV/AIDS/STIs 1986 – 2003**

**Purpose:** To design, implement, and evaluate a participatory peer group support and education program that fosters STD, HIV preventive behaviours among female university students.

**Methods:** Focus group discussions on dating, partner communication, sexual decision-making and STD/HIV were conducted with female students at the University of Ibadan. Findings were utilized to develop a KABP instrument that was recently administered to 600 University women. Focus group members participated in the finalization of the instrument and the administration of the survey.

**Results:** Findings from focus group discussions reveal that most female students are sexually active, are knowledgeable about STDs but confused about HIV transmission and feel they have little influence over their male partner's use of condoms. Although their self-perception of risk is not high, the students are however highly motivated to put into place mechanisms such as a Campus Women's Alliance for increasing the level of AIDS awareness and reducing risk behaviours among their peer. Results from the focus groups and the KABP survey will be discussed with members of the target group who will then take the lead in organizing STD/HIV prevention and activities for the university community and determining the objectives and structure of the organizational body.

**Conclusion:** Results indicate that university women are at risk for STD/HIV and enlisting their participation in data collection and intervention may be important in developing and sustaining appropriate STD/HIV prevention programmes. The experiences gained from implementing this participatory research action model will be compiled into a manual that will be disseminated together with the research findings, to other universities for potential programme replication.

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#### **4.5 Mershak, P.B.D; E.R. Udanyi, J. Garland. (2000): Integrated AIDS Education Among Students and Churches in Northern Nigeria: The Fellowship of Christian Students (FCS) Experience. in Nigeria's Contributions to Regional and Global Meetings on HIV/AIDS/STIs 1986 – 2003**

**Issues:** Nigeria's 2<sup>nd</sup> ranking in AIDS infected people in sub-Saharan Africa had deeply touched the Fellowship of Christian Students (FCS) whose 42 years of work among the Youth necessitated its response to the epidemic through the Aid for AIDS/Design for the Family Project.

**Description:** The project is integrated HIV/AIDS and drug abuse education based in schools (primary, post-primary and post-secondary and churches,) while targeting the Youth and the Family. The project reaches out via Training of Trainers (TOT) workshops on HIV/AIDS, STDs

and Seminars on drug abuse, positive parenting, enjoy your marriage and life skills with emphasis on positive peer pressure (PPP) at all levels. The project aims at effective AIDS prevention among ages 15-19 years and provides related information to families, individuals and government for further action. Before now, target beneficiaries of this project were confused on the use of condoms and the practice of abstinence. However, their response has been overwhelmingly encouraging.

**Conclusion:** Apart from the structure of the organization (F.C.S.) that facilitates training workshops as scheduled and with effective grass roots results, it is clear that children and youths ages 5-19 present a “Window Of Hope” For an AIDS-free generation. Besides, the HIV/AIDS problem is only a symptom while the root problem is the failure of the marriage institution and loss of Christian and traditional moral values. Thus, an AIDS education programme must address the issues of parenting, marriage and moral values if they are to be truly effective both in the short-run and in the long run.

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#### 4.6 **Adedimeji, A.: Perceptions of HIV/AIDS Infection and Condom Use Among Undergraduates in a Nigerian University, in Nigeria’s Contributions to Regional and Global Meetings on HIV/AIDS/STIs 1986 – 2003**

**Background:** Current Statistics shows that the HIV/AIDS epidemic in Nigeria has assumed alarming proportions. Those worst hit are age 15-49 years and of whom about 2.6 million are already positive. In spite of the current efforts to reduce the rate of infection many Nigerians do not appear to consider the epidemic a serious problem and are therefore not taking enough precautionary measures to avoid infections.

**Methods:** The study utilized both quantitative and qualitative methods to investigate the preventive measures adopted by undergraduates aged 20-25 years toward avoiding HIV/AIDS infection. Specifically the study investigated practices related to condom use among those who are sexually active within the last four months. A total of 500 males and females were interviewed on the campus of the University of Ibadan, Nigeria.

**Results:** Although low level of awareness and ignorance have been attributed as being mainly responsible for the spread of the infection, the findings reveal that there is a 100% awareness rate among respondents. Emerging evidence also shows that even among those who are aware of the consequences of infection no serious preventive efforts are taken toward avoiding infections. For instance, while almost all those interviewed acknowledged the efficacy of the condom as a barrier method for infection, *less than* 20% of males and 5% of female mentioned, but did not use a condom in a sexual encounter with someone they are meeting for the first time. Only 5% actually used a condom in such an encounter. In addition, out of all those who are sexually active, less than 20% acknowledged exposure to the infection. A large number of respondents (75%) believed in their ‘invincibility’ to these infections.

**Conclusions:** The poor attitudes to precautionary measures portend a lot of dangers for the country’s efforts toward reducing/eradicating the HIV/AIDS epidemic. These results show that a lot still needs to be done in designing programs that would assure behaviour modification among the target population.

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4.7 **Iwere, N et al. (1997). Three-Pronged Approach to School-Based HIV/AIDS/STDs Prevention Programme by Community Life Project. in Nigeria's Contributions to Regional and Global Meetings on HIV/AIDS/STIs 1986 – 2003**

School-based HIV/AIDS and STDs prevention initiative by Community Life Project (CLP) involves the provision of information on HIV/AIDS, STD and drug abuse to youths in school through person-to-person participatory information sharing techniques by peer facilitators. The programme under-scores the relationship between STDs, HIV/AIDS and drug abuse through participatory exercises, group work and film shows. These activities are reinforced through youths friendly medium of communication such as songs, drama, rap sessions, discussion and quiz competitions. CLP school-based programme uses a three-pronged approach. First, working with the teachers in order to ensure sustainability. Secondly, working with the students as peer facilitators who finally replicate the same activities in all the arms of the classes ensuring that every pupil in the school participates in the education session and finally with the parents through the Parents-Teachers Association to ensure that even at home the AIDS information can be reinforced by parents.

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4.8 **Hubley, J. (1993) Development of Printed Education Material for Prevention And Control of Sexually Transmitted Diseases in Oyo State, Nigeria. in Nigeria's Contributions to Regional and Global Meetings on HIV/AIDS/STIs 1986 – 2003**

**Objective:** To develop print material for targeted health education on STD prevention control during a one week workshop.

**Methods:** A multi-disciplinary group of 19 participants including artists, health workers, health educators and researchers came together for one week to develop a range of printed materials for use in the STD control programme of Oyo State, Nigeria. Target groups are STD patients, young people, men, women, sex workers and the general public. The process of production began with focus group discussions with target groups. Prototype materials including leaflets, posters and bumper stickers with messages in English and Yoruba Language as well as a picture story book were designed and then pre-tested during visits to colleges, bars, artisan workshops, street markets and lorry parks.

**Results:** A large number of pre-tested health education material on STD prevention was produced for finalization as camera-ready art work for printing.

**Conclusion:** The workshop approach as compared to engaging health education consultants for a longer term has advantages in quickly mobilizing expertise and skills of local resource persons, artists and field staff for a multi-disciplinary analysis of health education needs of an STD control programme and for creation of wide-range of ideas and designs for education material. Output quality depends highly on careful selection of participants, sufficient time for retesting and adjustments and collaboration of high quality artists and after the workshop to ensure well finished art work.

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4.9 **Federal Ministry of Education (2002): National Sexuality Education Curriculum for Upper Primary School, Junior Secondary School, Senior Secondary School, Tertiary Institutions Abuja: Nigerian Educational Research and Development Council**

At the 46<sup>th</sup> Session of the National Council on Education in March 1999, approval was given for the incorporation of Sexuality Education into the national school curriculum. Consequently, the Nigerian Educational Research and Development Council [NERDC] collaborated with other government agencies, NGOs and UN agencies to develop a curriculum on Sexuality Education which is considered as critical to helping young people with the acquisition of adequate knowledge, skills and responsible attitudes in order to prevent and reduce sexually transmitted infections (STI) including HIV/AIDS. The curriculum which is structured in such a way that it provides a framework for the acquisition of knowledge of human sexuality and family living from childhood to adulthood is organised around six themes. These are:

- ✍ Human Development;
- ✍ Personal Skills;
- ✍ Sexual Health;
- ✍ Relationships;
- ✍ Sexual Behaviour;
- ✍ Society and Culture.

Each theme covers knowledge, attitudes and the necessary skills that are age-appropriate.

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4.10 **Onemtein, Amadi, et al. (2001). Religion and the Reproductive Health Behaviour of Youth in Lagos, Nigeria, in Nigeria's Contributions to Regional and Global Meetings on HIV/AIDS/STIs 1986 – 2003**

**Issues/Objectives:** Assess the level of exposure of youth within the religious environment in Lagos to reproductive health problems; Assess the extent to which religious institutions currently meet the needs of youth for adequate and reliable counselling services about reproductive health and sexuality.

**Method:** The study was conducted by Nigeria Youth AIDS Programme (NYAP) in selected churches and mosques. Questionnaires were administered to 105 Muslim youth, 42 Muslim leaders, 43 Christian youth and 197 Christian leaders.

**Results/discussion:** Youth engage in sex at younger ages today than in the past. They are favourably disposed to premarital sex as they recommended lower ages for the commencement of sex than marriage. Though youth claim to have a lot of respect for the opinion of their religious leaders yet they ranked low for sources of information on reproductive health. Both youth and religious leaders are of the opinion that religious institutions should discuss various issues including sexual relationships and emotional matters with youth, yet only a small proportion of youth acknowledged having actually discussed such matters with their religious leaders. The leaders of the two religions acknowledged deficiency in communicating reproductive health

issues among youth in their religious environment and their need of skills. Teenage pregnancy ranked highest as the identified most common reproductive health problem in the religious environment. Both Christian and Muslim leaders acknowledged this.

**Conclusion:** Beyond lip service, concrete avenues should be provided within the churches and mosques to improve counselling services, and also provide adequate information on the causes and consequences of reproductive health issues. There is need to train religious leaders, parents and counsellors to be equipped to handle the problem of HIV/AIDS and other youth reproductive health needs without any inhibition or fear of moral reproach or lack of confidentiality on the part of the young persons.

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#### 4.11 **National Institute for Educational Planning and Administration (2003): Accelerating the education sector response to HIV/AIDS in Nigeria**

This document reports on two seminars that were held in Abuja and Ondo, Nigeria in June 2003 by the Federal Government and selected state governments. These seminars were developed within the framework of an ambitious but urgently needed initiative to accelerate the Education Sector Response to HIV/AIDS in sub-Saharan Africa.

Proposed actions to accelerate the education response to HIV/AIDS in Nigeria included the following:

- ?? *Development of management capacity:* Strengthen the FME HIV/AIDS Unit, NERDC and NIEPA, together with HIV/AIDS Units within State Ministries of Education.
  - ?? *Planning and impact mitigation:* accelerate the collection, analysis and use of data, and inclusion of HIV/AIDS specific indicators.
  - ?? *Prevention:* implement the Family Life and HIV/AIDS Education (FLHE) curriculum, developed by NERDC, at primary and secondary levels.
  - ?? *Ensuring education access for orphans and vulnerable children (OVC) Policy:* develop, in conjunction with the Ministry of Labour and other stakeholders, a national policy on HIV/AIDS in the education sector, and support its dissemination, adoption and adaptation at state level, including the development of workplace policy informed by the ILO Code of Practice on HIV/AIDS.
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#### 4.12 **Musa, O.I., Akande, T.M., Olatinwo, A.W. (2003): Attitude and perception of students in tertiary institutions toward pre-marital HIV screening in Ilorin, Nigeria. Nigeria Medical Practitioner Vol. 44 No. 4, 2003**

One of the earliest controversies on the subject of AIDS epidemic was the testing of persons to determine their serological status. This descriptive study was conducted among 400 students in 3 tertiary institutions in Ilorin to determine their views and opinion on routine HIV screening for couples who intend to marry. The response rate was 90% and majority of the respondents agreed that pre-marital HIV screening is necessary for all couples (85%) and has a lot of advantages (89.4%). Over a half of the students supported the enforcement of the test, 154 (42.8%) were

against the enforcement, and less than a quarter of the total respondents were willing to undergo HIV screening before their marriage.

A higher proportion of students who agreed that pre-marital HIV screening is necessary for couples were in support of its enforcement and were willing to undergo the screening as against those who believed that the test is unnecessary and hence were not willing to undergo the test. This observation is statistically significant at  $P < 0.05$ . The fear of positive result, stigmatisation and societal discrimination were major disadvantages of pre-marital HIV screening listed by the students, while violation of personal rights and absence of treatment plan for people testing positive were reasons given against its enforcement.

Making the screening free for couples, public enlightenment and maintaining confidentiality were suggested by the students as ways of ensuring good implementation of pre-marital HIV screening. Information and educational measures on HIV prevention and control should focus on pre-marital counselling and HIV screening for intending couples.

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4.13 **Ayankogbe, O.O; B.D. Omotola, V.A. Inem, O.A. Ahmed and O.U. Manafa. (2003): Knowledge, attitudes, beliefs and behavioural practices for creating awareness about HIV/AIDS in Lagos State, Nigeria. Nigerian Medical Practitioner, Vol. 44. No. 1**

**Background:** The number of people in the world living with HIV is estimated to be 40 million, with 23.3 million in sub-Saharan Africa. New infections with HIV are occurring at the rate of almost 16,000 every day and 6 million every year. The majority of those infections occur in people under age 25. In Nigeria, national prevalence of HIV in 1999 was 5.4% and an estimated 2.6 million Nigerians age 15-49 were infected. In 2001, the prevalence was 5.8% In Lagos state it was 7.4% in 2001.

**Objectives:** This study was to determine the knowledge, attitude, belief and practices of the people of Lagos State concerning HIV/AIDS.

**Methodology:** 6,144 persons aged 18 years and above were sampled from 116 wards randomly selected from the 20 Local Government Areas in the state. Pre-test and semi-structured questionnaires were administered on these persons.

**Results:** 96% of the respondents affirmed that they had heard of HIV/AIDS prior to the study. 73.7% got information on HIV from radio/TV while 28.3% got from friends. In spite of the significant representation of students in the sample population (20%), only 4.5% got informed in schools. Also, only 4.6% got information from health facilities. Sexual relationship was rightly identified as a major route of HIV infection by 79.5% of the respondents. Only 30.4% of the sampled respondents will relate to PLWA as normal human beings. 93.2% of the sampled population believed that AIDS is real and exists in Nigeria. Only 38.4% of the respondents use condoms regularly. It is concluded that radio and television are a potent tool of dissemination of information on HIV/AIDS. There is little awareness creation among in-school secondary school students.

**Conclusion and recommendations:** Behaviour change interventions should focus on condom use and other risk reduction practices. Stigma reduction activities towards PLWA should be intensified.

#### 4.14 **Anochie, Ifeoma and Nkanginieme, K.E. (2003): Attitude of health care workers to routine HIV screening, in Nigerian Medical Practitioner, Vol. 43 No. 4**

The attitude of the health care worker (HCW) to routine HIV screening was assessed, using anonymous questionnaires, among 185 respondents (93 males and 92 females) at the University of Port Harcourt Teaching Hospital. The age range was 23-50 years. The respondents comprised of doctors 42.2%, nurses 17.8%, laboratory technicians 17.5%, clerical officers 9.2%, pharmacists 6.5%, physiotherapists 2.7%, radiographers 2.7%, and ward maids 1.6%.

One hundred and thirty two (71.4%) respondents recommended routine HIV screening for HCWs. Fewer doctors (56.4%) recommended routine HIV screening compared to the other HCWs. However, only 29.2% of respondents have had HIV testing done, and this was voluntary in 11.1% of respondents. The reasons for refusing routine HIV screening included psychological trauma, not necessary, high cost of and lack of anti-retroviral drugs, infringement on human right, fear of positive screening and victimization at work if positive.

Education of the populace including the HCW's is recommended to alter their current negative attitude to voluntary HIV testing.

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#### 4.15 **The National Youth Service Corps (NYSC) 2003: Answers to Questions on HIV/AIDS, Abuja, Nigeria: UNICEF**

This booklet attempts to provide answers to some of the questions adolescents and young people are asking about HIV and AIDS. Using simple approach and language, it explains some of the following:

- ☞ What HIV and AIDS mean;
- ☞ The various ways in which the virus is passed from one person to another;
- ☞ How it affects one's health;
- ☞ What can be done to prevent the entry;
- ☞ How we can help to reduce the spread;
- ☞ How we can be of help to people living with HIV/AIDS.

The booklet is a tool in the hands of corps members trained through the NYSC Reproductive Health and HIV/AIDS Prevention Project to act as peer educators in colleges and secondary schools. The information provided assists them tremendously as they train and mentor young peer educators in schools and conduct HIV/AIDS related activities in the communities. The booklet is also of great use to the generality of adolescents and young people in Nigeria who are prone to the HIV/AIDS epidemic.

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#### 4.16 **Family Health International: Final Report for the AIDSCAP Program in Nigeria April 1992 to July 1997**

In 1992, in response to the government of Nigeria's request for assistance to stop a potentially explosive AIDS epidemic, Family Health International's AIDS Control and Prevention Project (AIDSCAP) implemented a program to prevent the sexual transmission of HIV in Nigeria. AIDSCAP focused on empowering the country's public and private sectors to implement sustainable, effective AIDS prevention programs.

##### ***Specific Planned Outputs included:***

- ✂ A system of NGOs with the technical and managerial capacity to conduct effective AIDS prevention programmes
- ✂ Improved behaviour change communication activities
- ✂ A strengthened condom distribution system reaching target populations
- ✂ Improved STI treatment and prevention services for target populations and
- ✂ A strengthened policy environment conducive to effective AIDS prevention.

***Primary target populations*** consisted of commercial sex workers and their clients, and transportation workers. ***Secondary target populations*** included university and other post-secondary students, urban, employed men, and market women and girls.

At the end of AIDSCAP's five-year program, planned outputs have been achieved. However, ***more work needs to be done in the following areas:***

- ✂ Training of NGO staff in additional technical, managerial and marketing skills and also on gender issues in program design and implementation;
- ✂ Extending prevention activities to individuals in geographic or social proximity to current target populations, e.g. to students of secondary schools, as well as out of school youth;
- ✂ Making future AIDS prevention activities more relevant to women by offering training in areas befitting women's needs, such as small-business management and vocational skills;
- ✂ Development of an effective management information and feedback system to NGOs;
- ✂ Provision of process-level data with concomitant training in how to analyse and utilize this information, to enable in-house staff and NGOs to tailor program activities to Nigeria's ever-changing political, economic, and social environments.

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#### 4.17 **Clement, O. (2002). Overcoming the Challenges of HIV/AIDS Programming for In-School Youths in Africa: The Nigerian Experience, in Nigeria's Contributions to Regional and Global Meetings on HIV/AIDS/STIs 1986 – 2003**

***Issues:*** There has been a growing awareness of the magnitude of the impact of HIV/AIDS vis-à-vis the segments of the population most at risk. Intervention programs for in-school youths have met with several challenges such as lack of political will, funds, motivation, facilities and sustainability issues.

**Description:** The HOPE worldwide Nigeria's HIV/AIDS prevention program for In-school youths in six tertiary Institutions in Lagos State, Nigeria is sponsored by United States Agency for International Development (USAID) through Family Health International (FHI). The project took cognisance of the fact that both School Authorities and Students have to work together to be effective. A project Advisory Committee made up of key officers of the student union government and office of the Deans of Student Affairs was constituted. The committee provided the political will needed to effectively reach the students. Through the committee, students were identified, selected and trained as Peer Health Educators (PHEs). In each school the PHEs were constituted into Anti-AIDS clubs and their club activities supported. The schools also donated space for the establishment of resource centres that also served as meeting point for the PHEs. The Committee also established linkages with other organizations where the students were referred for VCT, STI treatment care and support (as the case may be). The project targeted 50,000 students through one-on-one education.

**Lessons learned:** Implementing in-school youth HIV/AIDS projects with school authorities helped in making the schools identify with the project.

**Recommendation:** This approach is recommended for adaptation or adoption by HIV intervention programme directors worldwide.

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#### 4.18 **Adetunji, J.O. et al. (2001). Peer Education Among Out-of-School Youths in Sagamu, Nigeria in Nigeria's Contributions to Regional and Global Meetings on HIV/AIDS/STIs 1986 – 2003**

**Issues:** Adolescents and youths learn better from their peers and frequently confide reproductive health problems in their friends rather than adults (even their parents). This project aimed at equipping youths with the right skills to assist their peers.

**Project:** The Sagamu Community centre had been implementing an STD/AIDS project in the last three and a half years (3 – years). The youth component of the project aimed at developing responsible and healthy youths and one of the strategies for achieving this was by training peer educators among youths out of school. The training programme, which was supported by the Department for International Development [DFID] incorporated training on all aspects of family life and sexuality education including goal setting, values clarification, using a standard family life planning manual, and the Stepping Stones manual. Data for the study was collected from records of activity sheets, peer educators meetings and clinic records.

**Results:** A total of 60 youths (30 male, 30 female) apprentices from 10 organizations were trained. Their ages ranged from 15-25 years with a mean age of 18 years. About 50% of trained peer educators made the expected monthly returns of their activities. Peer educators were able to make an average of 3,500 person contacts per month. They also distributed an average of 500 condoms per month at their places of work. Attrition rate of PE was however high, at rate of 50% of those who commenced the programme.

### **Findings:**

- ✍ Peer Educators can achieve much more than community health and social workers in bringing about an increase in knowledge and behaviour change among peers;
  - ✍ There is a need for continuous training and re-training in view of the high attrition rate;
  - ✍ Youth peer educators were found to be highly committed and ready to learn and teach their peers;
  - ✍ There is a need to continually involve the youths in planning, implementing, monitoring and evaluation of project activities.
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#### **4.19 Development Research and Projects Centre (2001): Dialogue With Nigerian NGOs Working on Reproductive Health & Reproductive Rights. Kano: DRPC**

NGO Networks for health is an innovative 5-year global health partnership created to meet the growing demand for reproductive health and rights service and information. The Networks' partners are – the Adventist Development and Relief Agency; CARE; Program For Appropriate Technology In Health; PLAN International; and Save The Children/US.

The project was designed to:

- ✍ improve the capacity of the partners and their collaborating non-governmental organizations (NGO);
- ✍ provide quality family planning, reproductive health, child survival, and HIV/AIDS information and service to the needy populations they serve;
- ✍ identify, document and disseminate the experiences and lessons from partnerships among women's NGO networks as they endeavoured to meet the needs of beneficiaries.

### **Methodology**

In 1999 NGO Networks for health embarked on a documentation project of women's reproductive health and rights networks in Nigeria. Between 1999 and 2002, Networks team members, along with local consultants, covered the length and breadth of Nigeria women's NGOs. A participatory research methodology was adopted whereby interviews were held and questionnaires were administered to networks; their individual NGO membership; and beneficiaries. The end result of the documentation study is the work entitled: "*Women's NGO Networks in Nigeria: providing Reproductive Health Information and Service; promoting Reproductive Rights*" published by USAID in 2001. While carrying out the data collection phase in 1999, the Networks team gave the undertaking that the final report will be shared with all the groups interviewed in order to accord them an opportunity to make input, comments and responses. Dissemination workshops were therefore proposed which would provide a forum for dialogue with key stakeholders from whom data was collected.

### **Findings:**

- ✍ It was noted that the media sensationalized rather than educated the population on HIV/AIDS issues. A recent article which carried a banner heading '*HIV is 419*' was cited as evidence of this type of journalism.
- ✍ Participants also noted that the ministry of education in states such as Bauchi, Kano, Katsina, and Kebbi have been very supportive of NGO programs in the area of youth focused HIV/AIDS prevention. Youth clubs have been identified, counselling units have

been strengthened and World AIDS Day has been celebrated in schools with the Ministry's permission.

☞ The participants also noted the rising cases of AIDS-related orphans in the region.

☞ It was also noted that young infected girls try to spread the infection in vengeance against the men that infected them with the virus.

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#### **4.20 National Guidelines Task Force (1996): Guidelines for Comprehensive Sexuality Education in Nigeria: School Age To Young Adulthood. Abuja: National Guidelines Task Force**

It is traditional to protect adolescents from receiving education on sexual matters in the false belief that ignorance will encourage chastity; yet, the terrible results of unprotected sexual activities among adolescents is glaring and devastating. The one most visible result is the high rate of unwanted teenage pregnancies. Focus group discussion with young people in Nigeria revealed that no one had taught them formally about sex. They got their information from peers, news magazine and biology classes. Although we deny information to young people about sexuality, boys and girls inevitably mix freely at school and play at a stage of development when the sexual drive is intense.

Over 60% of patients presenting at Nigerian hospitals with abortion complications are adolescent girls, abortion complications account for 72% of all deaths among young girls under the age of 19 years and 50% of the deaths in Nigeria's maternal mortality rate are adolescent girls, due to illegal abortion. Of 127 pregnant schoolgirls, 52% were expelled from school. 20% were too ashamed to return, 15% would not return because their parents refused to pay tuition, and 8% were forced to marry. One of these alternatives is to give knowledge about sexuality to young people so that they can take responsibility for their actions. Allowing them to live and act in sexual ignorance is destructive to them and society. The problem of AIDS affects all aspects of the life of young people. They bear the greatest brunt of the disease and its spread is most rapid among them. They are therefore at the centre of the epidemic.

Although we see sexuality around us everyday, sexuality education and services for adolescents remain controversial issues in Nigeria. Surveys conducted nationally show that parents, who ought to be the primary sexuality educators of their children and communicate to them, specific values about sexuality, play the least role in this area. Schools too, provide little or no sexuality education for young people, leaving their equally, misinformed peers as the primary source of information on these issues.

A great number of school principals and teachers do not feel comfortable speaking about sexuality, even in biology classes. This is often due to the fact that most teachers did not receive training in this subject, as well as the overbearing influence of culture and religion which makes any such open discussion of sexuality a taboo in the private arena, parents and many adults prefer to believe that access to sexuality education will encourage adolescents to become sexually active. Meanwhile, available data from the WHO-commissioned study on this issue shows there is no evidence to prove that sexuality education leads to earlier or increased sexual activity among young people.

Fortunately, many more Nigerians are beginning to realise that if the problems of unwanted teenage pregnancy, STD/HIV/AIDS and sexual abuse are to be effectively addressed, it is important that all people develop accurate, rational and responsible attitudes and behaviour towards issues around sexuality.

These guidelines, therefore, are a comprehensive model designed to promote and facilitate the development of comprehensive sexuality education programmes nation-wide. The guidelines provide a framework for developing comprehensive sexuality education curricula, textbooks, and programmes as well as for evaluating programmes. These guidelines are not a curriculum or a textbook. It is a framework to create a new programme or improve on existing programmes.

Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Sexuality education addresses the biological, socio-cultural, psychological, and spiritual dimensions of sexuality. *The primary goal of sexuality education is the promotion of sexual health.*

### **Key Concepts and Topics Highlighted in the Guidelines**

#### **Key Concept 1: Human Development**

Reproductive Anatomy and Physiology  
Reproduction  
Puberty  
Body Image  
Sexual Identity and Orientation

#### **Key Concept 4: Sexual Behaviour**

Sexuality Throughout Life  
Masturbation  
Shared Sexual behaviour  
Abstinence  
Human Sexual Response  
Fantasy  
Sexual Dysfunction

#### **Key Concept 2: Relationships**

Families  
Friendship  
Love  
Dating  
Marriage and Life Commitments  
Parenting  
Relationship within the larger Society

#### **Key Concept 5: Sexual Health**

Contraception  
Abortion  
Sexually Transmitted Diseases HIV/AIDS  
Sexual Abuse  
Reproductive Health

#### **Key Concept 3: Personal Skills**

Values  
Self-esteem  
Goal-setting  
Decision-making  
Communication  
Assertiveness  
Negotiation  
Finding Help

#### **Key Concept 6: Society and Culture**

Sexuality and Society  
Gender Roles  
Sexuality and the Law  
Sexuality and Religion  
Diversity  
Sexuality and the Arts  
Sexuality and the Media

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#### **4.21 Society for Women and AIDS in Africa, Nigeria [SWAAN] (2004): Increasing Awareness of HIV/AIDS/STI Among in-school Youth in Nigeria – A MacArthur Foundation Project**

In 2002, the Society for Women and AIDS In Africa, Nigeria (SWAN), requested funding from the John D. and Catherine T. Macarthur Foundation to continue its efforts to increase awareness of HIV/AIDS/STI among in-school youth between the ages of 10-19 in seven states of Nigeria, namely: Anambra, Borno, Edo, Kaduna, Kano, Osun and Oyo.

##### ***Objectives:***

- ✍ Increase HIV/AIDS/STI awareness by 50% among in-school Youth between 10-19 years within a period of one year;
- ✍ Increase and provide information and skills of peer health educators (PHEs), necessary for training peers;
- ✍ Increase number of PHE trained per state by 50% within one year;
- ✍ Increase number of schools with Anti –Aids club by 50% within one year.

##### ***Methodology***

Five new schools were to be chosen in each of the states and in each of these schools, ten peer health educators (PHEs) were to be trained.

##### ***Findings/Outcomes:***

- ✍ 400 in-school youths were trained and anti-AIDS club members in these schools were sworn in;
- ✍ 40 schools were reached with awareness on HIV/AIDS/STI;
- ✍ Cases of Teenage pregnancies, HIV/AIDS/STI were reduced among in-school youths in these schools;
- ✍ Acknowledged materials were distributed to target groups at outreach programmes;
- ✍ Promises were made by some school authorities to mark the world AIDS day each year to keep the activities of the anti-AIDS clubs sustained;
- ✍ By 2001, an average of 23,192 youths were reached in 40 Local Government Areas in these states. In 2002, over 3,760 additional youths were reached, bringing the total number of youths reached to 26,952.

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#### **4.22 SWAAN Newsletter (2002): SWAAN, Benue Establishes Adolescent Youth-Friendly Centre**

The youths are one of SWAAN's major target groups. They need adequate information and guidance to develop emotionally, psychologically and socially. It is against this background that on 16 February 2001, Action Health Incorporated (AHI) visited SWAAN Benue and other NGOs that work with youths. SWAAN, Benue was selected by AHI as the implementing NGO for adolescent youth-friendly health services project in Makurdi town of Benue State.

The 2<sup>nd</sup> advocacy seminar was held 26-27 July 2001 with AHI/ UNICEF in collaboration with SWAAN Benue. With the training of other members and the purchase of some games for the youth, the activities at the youth-friendly centre commenced fully as both in and out of school youths trooped in to receive information on sexual and reproductive health as well as HIV/AIDS.

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#### 4.23 **Federal Ministry Of Health (2002): National Guidelines For HIV/AIDS Voluntary Counselling & Testing**

Voluntary Counselling and testing (VCT) is the process by which an individual undergoes counselling to enable him/her make an informed decision or choice about being tested for HIV. It is entirely voluntary and confidential. The aim of VCT is to promote behaviour change and to serve as an entry point to care and support services. Establishing VCT service involves three steps:

- ✍ Assessment Phase;
- ✍ Design Phase;
- ✍ Implementation Phase.

##### **Methodology**

- ✍ *Registration and Client Flow:* When patients or clients request VCT, whether in a health facility or in a stand-alone site, they should be referred to the VCT desk. The receptionist should be trained to explain procedures to the clients and how long they may wait.
- ✍ *Waiting Period:* All VCT sites should endeavour to provide same-day or even same-hour results to clients.
- ✍ *Informed Decisions-Making:* In both stand-alone VCT sites and those integrated within health facilities, clients should be helped to understand the importance of HIV-Testing. Even if recommended by the health worker, clients may decline an HIV test.
- ✍ *Informed Consent:* VCT sites should endeavour to document that all persons being tested have voluntarily and freely consented to being tested.
- ✍ *Confidentiality and Anonymity:* It is essential that confidentiality be maintained when conducting HIV-tests of any type.
- ✍ *Confidentiality Procedures:* VCT sites, especially those located within health centres and hospitals, should ensure that clients requesting VCT services are not readily identified by the public or by other patients using the health centres by the fact that they have requested VCT.
- ✍ *Disclosure of VCT Result:* In general, HIV test results should be disclosed only to the client.
- ✍ *Written Results:* VCT site should not provide written results. In general, voluntary counselling and Testing Sites and Centres should not be used for mandatory testing, such as for pre-employment, insurance, educational or travel-related testing. The focus in VCT site should be to help persons make better decisions about their sexual behaviour and reduce the risks of HIV transmission.
- ✍ *Confidential Record-Keeping:* Clients' records must be stored securely. Only personnel with direct responsibility for clients' medical condition should have access to the records.
- ✍ *Minimum Age:* Anyone 18 years of age and above requesting VCT should be considered able to give full, informed consent. Young people under 18 who are married, pregnant, parents, engaged in behaviour that puts them at risk or are child sex workers should be

considered 'mature minors' who can give consent for VCT. It is highly recommended that testing of minors under 18 who are not mature minors, especially those under 15, should be done with the knowledge and participation of their parents or guardians.

~~///~~ *Persons of Unsound Mind:* Persons who request VCT services but are found to be of unsound should be offered counselling but not testing. This includes persons under the influence of alcohol or illegal drugs and persons who are mentally impaired.

~~///~~ *Partner Notification:* All VCT clients, both HIV-positive and HIV-negative, should be strongly encouraged to inform their sexual partners of their test results and the legal implications of infecting their partners.

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#### 4.24 **Society For Women And Aids In Africa [SWAAN] (2001): HIV/AIDS Prevention, Counselling and Home Based care, among poorly educated Women in Nigeria (Ford Foundation Project)**

In March 2001, the Ford Foundation approved a grant to the Society for Women and AIDS in Africa (Nigeria) for continued support for HIV/AIDS prevention, Counselling and Home Based care, among poorly educated women in Nigeria, especially those living with HIV/AIDS.

The following activities were covered by the grant:

- ?? Outreach activities;
- ?? Workshops and meetings;
- ?? Salaries and honoraria;
- ?? Administration and networking;
- ?? Documentation and publication.

#### **Methodology:**

- ?? Identify five women groups and five men groups per state in both rural and urban settings;
- ?? Conduct IEC activities twice in the year with each of the identified groups;
- ?? Create HIV/AIDS awareness among women and men groups;
- ?? Inform, educate and communicate with the identified groups, basic facts of HIV/AIDS/STIs;
- ?? Explain the effects of HIV/AIDS/STIs especially on women and men in prevention and control activities;
- ?? Sensitise women and men on prevention, safe sexual practices and behavioural change;
- ?? Empower women to make informed decisions;
- ?? Highlight socio-cultural and behavioural practices that enhance spread of HIV/AIDS/STIs;
- ?? Encourage women and men to relate with, care for and support People Living with HIV and AIDS;
- ?? Discourage rumours, myths and correct misconceptions on causes, mode of spread and treatment of HIV/AIDS/STIs;
- ?? Distribute IEC materials to target groups.

**Findings:**

- ?? An average of 58,905 men, women and youths were reached in SWAAN state branches in their local government areas and those reached were in the 23–68 years age bracket;
- ?? A total of 135,257 IEC materials were distributed to our target groups, through SWAAN branches in the report year;
- ?? IEC materials were also given out on request to our collaborators, networking members, private and public institutions of higher learning and other smaller NGOs;
- ?? In most cases, SWAAN members were invited to facilitate on such programmes;
- ?? SWAAN state branches recorded a large turnout of women and men who actively participated in the programme and promised to discuss issues raised in the IEC sessions with their family members and give their children a sound moral discipline;
- ?? Introduction and demonstration of proper use of both female and male condoms;
- ?? Follow-up visits were made by SWAAN AIDS committee members in some states, to some groups in order to provide technical support;
- ?? Posters and stickers were pasted in strategic places in some private shops and public places in SWAAN state branches;
- ?? PLWH/A formed association to support themselves;
- ?? In some of the women groups reached, some members of SWAAN were uncomfortable discussing HIV/AIDS/STI issues; they were bounded by grips of tradition and so find it unacceptable that their health is their right;
- ?? Men were interested in having HIV test to confirm their status only if the services are free;
- ?? Prevalence rate of HIV in some local government areas were found to be higher than that of the entire states;
- ?? In some states, the infected are isolated or taken to the village (rural setting) to die;
- ?? Illiterate women still have misconceptions about the causes and treatment of HIV/AIDS/STIs;
- ?? Women are more willing to go for HIV test in some SWAAN branches;
- ?? 8 clients were counselled by SWAAN through the hotline telephone at the National Office while over 1,376 were counselled through referrals in the report year.

**Constraints:**

- ?? How to link discussions to the bible to get target groups acceptance and reception;
- ?? How to translate IEC talks into local languages to be well understood. This is a communication problem due largely to the multiple dialects spoken in some states;
- ?? SWAAN members were not welcome in some of the men factories visited;
- ?? Reluctance of some traders to leave their shops for IEC activities slightly affected turn out of audience;
- ?? SWAAN's inability to provide support to clients who are concerned with access to anti-retroviral drugs at affordable rates;
- ?? Unwillingness of some of the clients to join support groups for fear of meeting someone known to them or one who knows them.

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#### 4.25 Lagos State Government (2002). Lagos State HIV/AIDS Control Workplan

Lagos State is the commercial nerve-centre of Nigeria. It has a population estimated at between 10-12million persons. Out of a total of 20,044 blood samples from hospital donors screened in our hospitals between January 1996 and September 1998, 1,214 were HIV positive giving a prevalence of 6.06% among hospital blood donors. Consequently the Executive Governor of Lagos State, Senate Bola Ahmed Tinubu inaugurated the Lagos State HIV/AIDS Foundation (LSHAF) on December 1, 1999. The LSHAF is an autonomous agency created and mandated to handle all matters relating to HIV/AIDS in Lagos State.

##### **Objectives:**

- ✍ To ensure that HIV/AIDS is the shared responsibility of the uninfected individual and Government, that the uninfected remains in that state of health.
- ✍ To ensure that it is the responsibility of the infected person to take adequate precautions with the support of Government and communities against infecting others.
- ✍ To put in place appropriate information, education and communication facilities and prevention programmes required for the promotion of positive behavioural changes by all citizens of Lagos State.
- ✍ To provide and facilitate the co-ordination of care and support for all Persons Living with AIDS (PLWA) and the prevention of HIV / AIDS in Lagos State.
- ✍ To ensure the enacting of appropriate legislation in Lagos State to complement the other measures indicated in the National Policy toward the prevention and control of HIV / AIDS transmission.
- ✍ To promote collaboration and cooperation between sectors and with the international community and agencies in all aspects of HIV/AIDS/STIs control.
- ✍ To develop an HIV / AIDS information system in Lagos State.
- ✍ To serve as a resource group of experts on HIV / AIDS in Lagos State.
- ✍ To organize and participate in Local/International seminars, Congresses and Workshops as required for the effective implementation of the Programme.
- ✍ To promote, prepare and publish journals, pamphlets or memoranda that may be considered useful in support of these objectives.

##### **Methodology:**

- ✍ Six Workgroups were created to address the issue: Information, Education and Communication Work Group; Voluntary Counselling and Testing Work Group; Primary Health, Care and Support Work Group; Resource Work Group; Blood/blood products Work Group; Justice and Human Rights Work Group;
- ✍ TOT in secondary schools to integrate HIV/AIDS education into the school curriculum;
- ✍ Training of counsellors;
- ✍ Training of barbers/cosmetologists as TOT trainers for their various Local Governments.

##### **Findings:**

- ✍ Those at risk in Lagos State include: Commercial sex workers (34.2% in Nigeria); STD. patients (15.1% in Nigeria); Children born to HIV infected mother (4.5% in Nigeria); Long Distance Lorry Drivers; Migrant Workers; Interstate travellers; The Youth, especially between the ages of 15 and 24 years; The military, paramilitary etc.;

✍ The factors influencing the spread of HIV/AIDS in Lagos State include: Poverty; Lack of safe sexual behaviour; Inadequacies of S.T.D. prevention, diagnosis and management; Stigmatisation; Blood safety; inadequate youth targeting; Inadequate youth care and support; Inadequate health facilities/training of health personnel; Rights knowledge and enforcement inadequacies etc.

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#### 4.26 Charles, Hubert et al. (eds.) (2002). *Education Sector's Response to HIV/AIDS In Nigeria*. Abuja, Nigeria: UNESCO

The first national workshop on HIV/AIDS and Education was held in Abuja, Nigeria, from 9 – 13 June 2002, organized by UNESCO and Federal Ministry of Education with support from UNAIDS and DFID, the Workshop brought together a total of 150 Education Boards, the donor community, non-governmental and civil society organisations in Nigeria with the aim of identifying preventive education response to the HIV/AIDS challenges in Nigeria.

During the workshop various efforts on HIV/AIDS and education were discussed and assessed. Best practice in other Africa countries as well as interventions by NGOs/CBOs in Nigeria in HIV/AIDS prevention were reviewed. Recommendations for education strategies to be used in the Nigerian situation and appropriate management structure for all tiers of government on HIV/AIDS and education were developed. Training needs, essential materials and methods for establishing links between HIV/AIDS and education in lead educational institutions were also identified. The workshop also identified roles to be played by different tiers of government and other stakeholder.

HIV/AIDS poses a major management challenge to education as issues of enrolment, dropout and transition rates, quality and output will be adversely affected because the system is at risk. And as long as behaviour change cannot be achieved in a dysfunctional environment in which discipline and role models are lacking, education system must not only proffer solutions but must be seen as tackling the problem.

The objectives of the workshop were achieved through seven major presentations, six group discussions and interactive plenary sessions. The interactive discussions led to the adoption of a communiqué with eleven recommendations and the development of a Framework for Action on HIV/AIDS and Education in Nigeria.

With the Workshop on HIV/AIDS and Education and with this publication which issues out of it, UNESCO, UNAIDS and the Federal Ministry of Education signalled their commitment to assist Nigerian educators to move from the periphery to the centre of the international effort to ensure that the impact of HIV/AIDS on the delivery of education services is known, understood and considered within the framework of education planning and reform.

The report notes with some satisfaction, that work has already started in one or two states regarding measuring impact. Importantly, this work is being undertaken, not in isolation but in concert with interventions and processes meant to improve general basic education provision and to ensure progress towards the attainment of the Education for All (EFA) goals.

Review papers by Eburn Delano, Sabo Indabawa and Olusola Adara suggest that recognition of the place of preventive education at the formal and non-formal levels, is not entirely new in Nigeria. They do, however, show that much more needs to be done to have preventive strategies take their rightful place in the range of responses to HIV/AIDS.

A key element in UNESCO's strategies support for country capacity building in this important area is the provision of opportunities to assess regional and international experiences with preventive education. In this context, the report includes an excellent summary of global initiatives presented by Iron Schenker of the IBE.

Schenker pays particular attention to the research being undertaken in the UN and in Europe and hints strongly that Educational interventions must be based solidly on theoretical and research considerations.

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#### **4.27 National Youth Service Corps [NYSC] (2002): Empowering Youths Through Young People. Abuja: UNICEF**

The document describes a project started in January 2002 that was conceived to reach youths graduating from the country's universities and tertiary institutions during their compulsory one-year national service programme. The objective is to reach the youth corps members with reproductive health and HIV/AIDS messages and also train some of them to be trainers of peer educators in and out of schools.

##### ***Findings:***

- ~~///~~ Early preparations for the project and timely sharing of information with NYSC State Directors facilities smooth adjustments to training schedules and logistics.
- ~~///~~ The commitment and vision of the NYSC Federal/State/Camp Directors, the skills and commitment of the trainers and strong partners are essential for success.
- ~~///~~ Contrary to fears, youth, in this case corp members, are very receptive to projects addressing RH and HIV/AIDS issues and are willing to help address these challenges in their communities.
- ~~///~~ A multi-sectoral approach has great potential to deal with the epidemic in a holistic way, because a project has to be owned and driven by all sectors.  
Genuine partnership is the key to successful multi-sectoral initiatives, where each partner has something to offer and something to gain.

##### ***Key Challenges:***

- ?? Developing a mechanism to ensure adequate and continued support to train corps members for community based activities.
- ?? Involving NYSC officials in the 36 States and the Federal Capital Territory at the planning stages.
- ?? Monitoring, evaluation and supervision in all the 36 states and the FCT.
- ?? Sustaining advocacy among stakeholders to ensure funding and full integration of the project into the NYSC Scheme.

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4.28 **Society for Family Health (2003): An outcome Evaluation of Entertainment-Education Shows in Higher Institutions in Nigeria in Annotated Bibliography of Research Reports January 2001–June 2003**

**Objective**

A direct marketing company was contracted by SFH for the purpose of organizing musical events with educational and entertainment contents on the prevention of HIV/AIDS and other STIs in Higher institutions. The main objective of the evaluation undertaken in 2002 in six higher education institutions was to find out the effect of the entertainment-educational events on audience knowledge of HIV and risk reduction strategies.

**Methodology**

The quasi-experimental design was adopted. Two similar groups of students were compared before and after each event.

**Findings**

On the whole, there appeared to be no significant difference between pre and post-event groups. There was also no evidence that the shows were able to stimulate people to engage in interpersonal communication about HIV/AIDS with partners, spouses and peers as a prelude to behaviour change. There appeared to be no significant difference between pre and post event groups on selected key knowledge factors. Some students, however, reported acquiring new knowledge from the shows.

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4.29 **UNESCO (2003). “HIV/AIDS Preventive Education in Nigeria” in Education in the Context of HIV/AIDS: A Resource Book. Abuja, Nigeria: UNESCO**

The article highlights the sero-prevalence of HIV/AIDS in Nigeria, as well as the national and education sector’s efforts in the area of preventive education.

**Prevalence:**

- ~~LES~~ National sero-prevalence of 1.8% in 1988 rose to 5.8% in 2001;
- ~~LES~~ Higher prevalence rate of 6.8% is found among 15–49 age groups.

**Education Sector’s Responses to HIV/AIDS**

The rapid and alarming spread of the epidemic made the government to focus on mechanisms and strategies to prevent the spread, mitigate its consequences and provide care and support for PLWAS and PABAS. In this regard, education was identified as the critical means of achieving behaviour change in and out of the classroom. Highlights of the Education Sector’s Response to HIV/AIDS include the following:-

- ~~LES~~ Development of a National Strategic Action Plan in line with HEAP;
- ~~LES~~ Establishment of the critical mass within the Federal Ministry of Education;
- ~~LES~~ Infusion of Family Life Education and HIV/AIDS issues into curricula of schools and teacher training institutions;

- ☞ Use of non-formal strategies (Peer Education, Anti-AIDS Clubs, Drama, Art, Youth Dialogues, Music, Comic Books);
- ☞ Periodic sensitisation, mobilization and awareness campaigns;
- ☞ Establishment of HIV/AIDS desks at parastatals under the Federal Ministry of Education;
- ☞ Useful collaborations with NGOs, Civil Society Organizations, Donor Agencies;
- ☞ Establishment of HIV/AIDS Preventive Education Unit at National Teachers Institute, Kaduna.

### **Challenges**

Although the nationwide awareness and mobilization of the populace is improving steadily, some problems remain, e.g.

- ☞ Sectoral interventions are slow and too far between;
- ☞ NGOs are moving into schools and institutions in an uncoordinated way;
- ☞ The Education Sector lacks adequate information, data, impact studies, researches, etc to enable it intervene effectively.

### **Recommendations:**

- ☞ Building the capacity of educators and educationists in information and knowledge to handle HIV/AIDS prevention, mitigation, care and support programmes;
- ☞ Prioritisation of interventions, mobilization of all resources, effective planning and coordination of programmes as well as monitoring and evaluation of all the implementation stages;
- ☞ Improving the information databank on HIV/AIDS; and
- ☞ Conducting impact studies and researches.

#### **4.30 Omoregie, Godpower et al (editors) (2003): Sexual and Reproductive Health Behaviour of Students of Tertiary Institutions in Nigeria. Abuja, Nigeria: Research Department, Society for Family Health**

##### **Objective**

The main objectives were to investigate the sexual behaviour of students and highlight aspects likely to increase vulnerability to HIV infection. It is hoped that the information can also be used to underpin evidence-based interventions.

##### **Methodology**

The study utilizes both quantitative (structured questionnaire) and qualitative (focus groups and in depth interviews) approaches to obtain data from 1448 from students equally selected from six tertiary institutions and purposively to cover Nigeria's three main divisions: South West (Lagos); South East (Enugu) and North (Zaria). Data were collected in August 2001 using trained interviewers.

##### **Findings**

While most of the students have had sex, a fair minority had never done so. In Lagos, however, only 48% had had sex compared to 67% in Zaria and 77% in Enugu. Multiple partnering was common. The proportion of sexually active students with multiple partners in the past two months preceding the survey ranged from 13% in Lagos to 27% in Enugu. In all three sites, a

higher proportion of males than females reported having multiple partners. Specifically for men, the highest proportion was in Zaria and Enugu where 30% and 37% respectively had multiple partners. Male and female students who had multiple partners did so for contrasting reasons. For most men, multiple partnering and serial relationships were perceived to be ego boosting and status enhancing. In contrast, women who have multiple partners often do so for financial gains. Sexual exchange in the form of transactional sex was found to be prevalent on all campuses. Other women seduced lecturers or are coerced by lecturers into engaging in sex for marks. Others offer sex to fellow students to have their assignments and course work done for them.

Some students believe that AIDS is curable: 5% in Enugu, 17% in Zaria and 22% in Lagos. In all, 12% of university students do not know that a healthy-looking person can be HIV positive. There was evidence of high level of stigma and discrimination with some students stating that if they knew that their roommate had HIV, they 'would pack their things and leave the room.

Students with boyfriends or girlfriends were asked whether they used condoms during their last sex. The highest level of usage was in Enugu (74%), followed by Lagos (66%) and Zaria (51%). Students were more likely to use condoms with casual partners than with long-standing partners who were often trusted. The findings show that some girls get offended when men ask that condoms be used, apparently because it may be misconstrued as being 'loose'. Those who reported using condoms did so for dual protection against HIV/STIs and pregnancy.

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#### 4.31 **Charles, Hubert, et al (editors) (2003): Education in the context of HIV/AIDS: A Resource Book. Abuja, Nigeria: UNESCO**

This resource book has been put together by a multi-disciplinary team of experts under the aegis of UNESCO Abuja (Nigeria). The main objective of the document is to provide answers and suggestions that would guide the relevant sectors, government ministries and other stakeholders in conducting activities that will decelerate the spread of HIV/AIDS in the country. The resource book discusses the following:

- ~~///~~ The national and the education sector's effort in the area of preventive education;
- ~~///~~ The process of developing a national curriculum for Family Life and HIV/AIDS;
- ~~///~~ Insights into the possible roles of institutions responsible for accreditation of courses, as well as teacher preparation;
- ~~///~~ The various non-formal education activities at the disposal of non-formal facilitators concerned with AIDS prevention among out-of-school-youth and adults;
- ~~///~~ Language issues in preventive education, especially in view, of the multilingual and heterogeneous nature of the country;
- ~~///~~ The roles and responsibilities of the civil societies in the struggle against HIV/AIDS;
- ~~///~~ The research agenda on HIV/AIDS and the need to embark on appropriate data collection efforts and impact studies;
- ~~///~~ Counselling and psychological tips for counsellors and teachers.

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4.32 **Population Services International, The Society for Family Health, Action Aid, Nigeria and Crwn Agents (2003): Promoting Sexual & Reproductive Health And HIV/AIDS Reduction (PSRHH) In Nigeria Abuja, Nigeria: NACA, DFID and USAID**

This report focuses on the activities of the PSRHH Programme in the year 2002.

**Objectives and outputs:**

- ☞ Increased knowledge and attitudes conducive to safer sexual and family planning practices;
- ☞ Conduct of mid-mass media campaigns & special events to disseminate key HIV/FP messages to youth, high-risk group, & general population;
- ☞ Improved enabling environment for PSRHH BC programmes;
- ☞ Evaluation on SFH communication/distribution activities, documenting lessons learned and highlighting what works and doesn't work.

**Methodology:**

- ☞ *Develop and implement comprehensive Behaviour Change Communication (BCC) strategy.* The 2002 northern and southern radio dramas went on air in 4 languages over 44 radio stations nationwide.
- ☞ *Develop and implement follow-up campaign (using print, radio, or TV media).* The 30 edits were aired through 37 TV stations across the country during the last quarter of 2002 in collaboration with NACA. Radio versions of the same commercial were produced using Femi and Fati. Photographs of them were also taken and used in the production of billboard materials. There are ten boards each in Abuja and Lagos while the remaining states of the federation were allocated 5 boards each. Bus stickers 979,000) and exercise books (20,000) and one page 2003 calendars (149,000) were also produced using the same photographs and message.
- ☞ *Subcontract with Tequila to implement tertiary institution events (100% HIV messages).* All 24 shows were held with minor hitches in only two of them. The night rave could not hold at the Ondo state polytechnic, Owo because of the activities of cult members. Participants at each show averaged about 200 persons for an estimated total of 48,000.
- ☞ *Engage with government and Civil Society -* Action Aid contracted an external consultant from Uganda and three local consultants to work together with the PSRHH advocacy team to conduct this policy environment mapping study during November. The Action Aid Deputy Director provided support in the development of the mapping framework. The study focused on key stakeholders at the national level and also visited the 6 community pilot sites in Enugu, Lagos, Jos, Maiduguri, Kano, and the FCT Abuja.

**Findings/Outcomes:**

- ☞ It was obvious from the group discussions from all sites that students felt that a follow-up mechanism was needed to ensure that Tequila's messages were sustained long after they have left.
- ☞ It could be argued that for many of the students the event made very little impact on their views concerning the risky nature of multiple partnering. However it did significantly

impact their knowledge on the risk associated with having sex with commercial sex workers.

- ✂ The road shows (which include street drama, question and answers and condom demonstration) were well received by many of the respondents as a means of communicating HIV messages. However, there were no significant differences between those who attended Group Africa and those who did not, on the following indicators: knowledge and beliefs of the audience about HIV, their personal risk perception of HIV, self efficacy to use condoms and efficacy of HIV risk reduction strategies.
- ✂ Only 27% could recall the campaign. 82% and 50% recalled the message on “AIDS is real” and “ its has no cure “ The lesson learnt here was not to include too many messages in a single campaign.
- ✂ Some of the findings for this mapping are outlined below: A lot of the impediments to behaviour change for targeted communities (sex workers and their clients and young people) were more of practice and belief system than absence of policies. Traditional and religious institutions have strong roles in maintaining belief systems. Formal policy development processes tend to emanate from the centre. The existing policies are poorly disseminated, and most are not translated to workable plans of action/

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#### 4.33 UNESCO (2002) UNESCO Abuja Initiative On HIV/AIDS Preventive Education. Abuja, Nigeria: UNESCO

##### ***Background***

United Nations Educational, Scientific and Cultural Organisation (UNESCO) is mandated to contribute to peace and security in the world by promoting collaboration among nations through education, science, culture and communication in order to further universal respect for justice, rule of law and human rights and fundamental freedoms. In line with this, UNESCO identifies the fight against HIV/AIDS as fundamental to it achieving its goals. UNESCO’s overall mission in the global fight against HIV/AIDS, in line with the overall aims of the UN is to “support communities and countries to reduce risk and vulnerability to infection, to save lives and alleviate human suffering, and to lessen the epidemics overall impact on development.” Within this general framework, UNESCO’s key mission in Nigeria will be to engage in advocacy, information sharing about the epidemic, capacity building to reduce risk, and lessening of the institutional impact of the epidemic, through intensified preventive education.

##### ***Objective***

The overall goal of UNESCO’s strategic plan of Action for HIV/AIDS preventive education in Nigeria is to reduce the spread of infection by providing preventive education to school-based youth and to offer technical support to the institutions most relevant to the education of adults using appropriate resources in its areas of competence: education, science, culture and communication. In this regard, its core tasks include:

- ✂ Consolidating UNESCO’s in-house capacity;
- ✂ Advocacy at all levels;
- ✂ Empowering of journalists;
- ✂ Facilitation of study/reflection among education personnel regarding prevention strategies;

- ~~///~~ Customising and delivering the message using cultural resources;
- ~~///~~ Preventing risky behaviour;
- ~~///~~ Teacher Training for more effective preventive education;
- ~~///~~ Gender Mainstreaming;
- ~~///~~ Technical support to the Federal Ministry of Education;
- ~~///~~ Research and Evaluation.

This strategic plan is the first in demonstrating UNESCO's seriousness in tackling the HIV/AIDS epidemic in Nigeria. An indication of the success of UNESCO's activity in this regard will be at least 40% reduction in the spread of HIV/AIDS amongst adolescents in Nigeria.