



An Action Research to Reduce the Vulnerability of AYP to HIV Infection in Selected LGAs in Akwa-Ibom State

Institute of Public Health, OAU, Ife

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Overview of interventions carried out in Akwa-Ibom State

- Five broad groups of interventions were carried out in Akwa Ibom State
 - Parental communication interventions
 - Peer to peer interventions
 - Facilitator driven interventions
 - Non-traditional condom outlets interventions
 - Social media intervention

Parental Communication change ideas

Change idea	Objective of Change idea	Duration of intervention
<i>Item Uwem</i>	To educate guardians on sex education / HIV and gender communication on sex education between guardians and their female AYPS	

Peer to Peer Interventions

Change idea	Objective of Change idea	Duration of intervention
Babes Alive Focused-HTS initiative (BAFHI)	To Reach AYP with HTS services in the community	

Facilitator Driven Interventions

Change Idea	Objective of Change Idea	Duration
AYP Cell Meetings:	To educate AYPs through cell meetings on risk reduction, STI, HIV and Life skills	
Community Rights and Gender (CRG) focus on make involvement	To Improve males perception against sexual violence and GBV	

Non-Traditional Condom Outlets Interventions

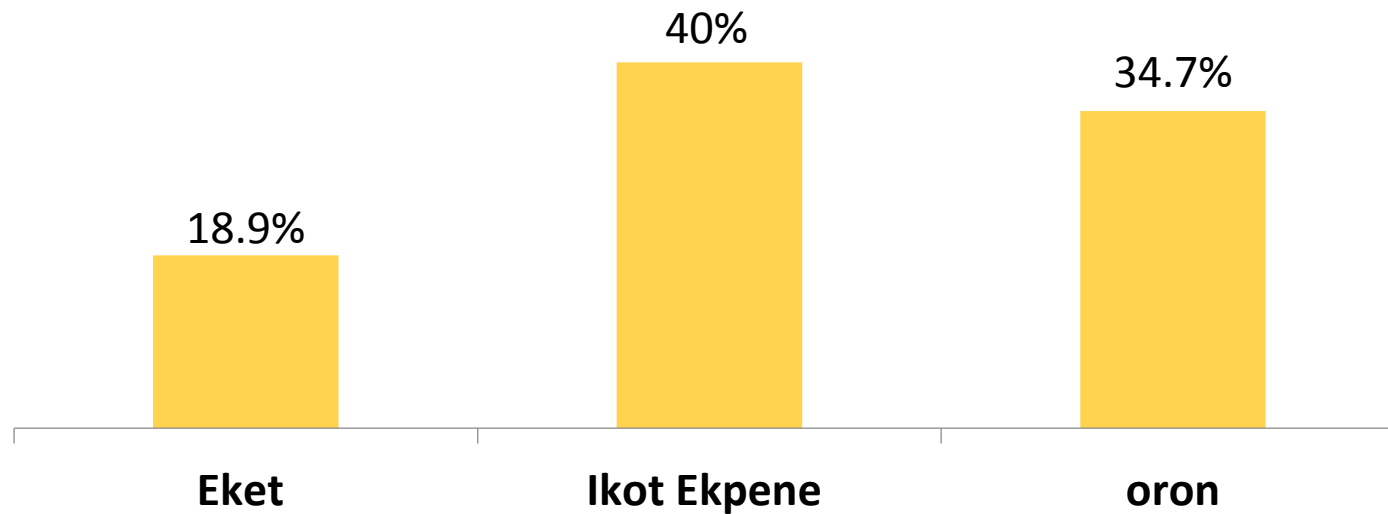
Change Idea	Objective of Change Idea	Duration
Stationary Condom Dispenser	To Increased condom uptake among female AYPs	
Gallant Dispensers	To Increase condom distribution to the AYP mobile condom distribution	

Social Media Intervention

Change Idea	Objective of Change Idea	Duration of Intervention
WhatsApp initiative	To Educate AYPs through WhatsApp on HIV/SRH messages	

Exposure to Parental/Guardian Commination Interventions – *Item Uwem*

Parent/Guardian discussed HIV/SRH with respondent in the past 6 months

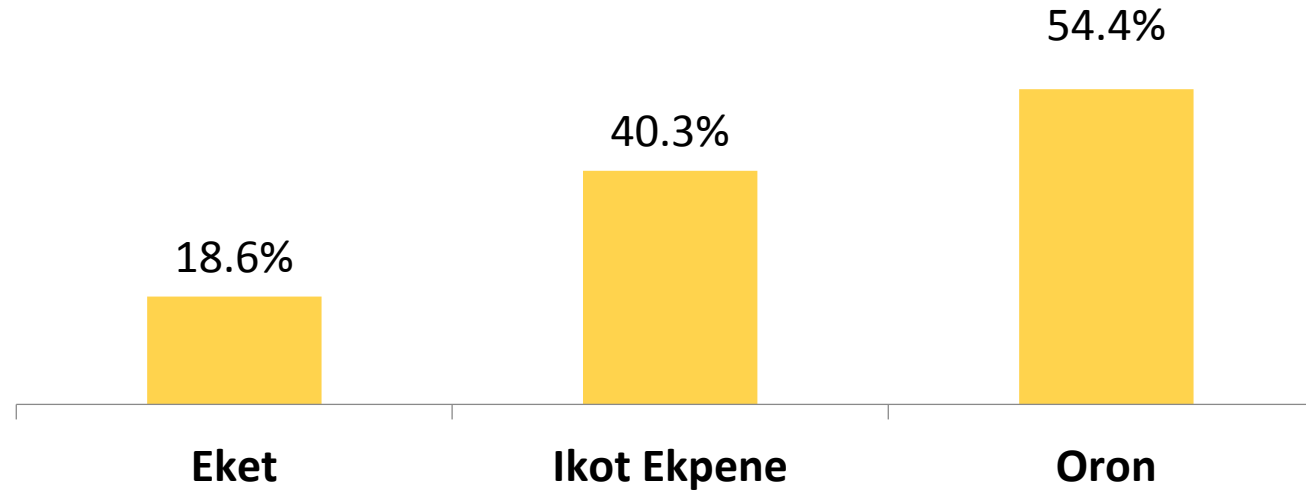


Parental Communication Intervention

Variable	Control		Intervention			
	Eket (n=68)		Ikot-Ekpene (n=144)		Oron (n=125)	
	Freq	%	Freq	%	Freq	%
Who discussed with you						
Mother	50	73.5	94	65.3	84	67.2
Father	6	8.8	21	14.6	13	10.4
Guardian	12	17.6	26	18.1	14	11.2
Caregiver	3	4.4	33	22.9	17	13.6
Others(Specify)	9	13.2	24	16.7	10	8
Do you know what influenced them to discuss with you						
Parent went to a meeting	11	16.2	28	19.4	47	37.6
Asked to from church/mosque	1	1.5	8	5.6	15	12
Community leader asked them to	2	2.9	14	9.7	9	7.2
Parents talked to in the market	1	1.5	1	0.7	14	11.2
I don't know	29	42.6	58	40.3	48	38.4
Others	30	44.1	45	31.3	13	10.4

Exposure to Peer to Peer Interventions

Peer discussed SRH and HIV with respondent in last 6 months



Exposure to Peer to Peer Interventions

What was the session about?	Control		Intervention			
	Eket(n=67)		Ikot- Ekpene(n=145)		Oron(n= 196)	
	Freq	%	Freq	%	Freq	%
Abstinence	11	78.6	65	71.4	103	88.8
Sessions to develop income generating skills	0	0	30	33	15	12.9
Sessions on STI treatment and prevention	3	21.4	38	41.8	47	40.5
Sessions for education on HIV	2	14.3	41	45.1	75	64.7
HIV testing services	6	42.9	53	58.2	90	77.6
Sessions on self-esteem and goal setting	2	14.3	58	63.7	73	62.9
Sessions on danger of early sex/marriage	2	14.3	28	30.8	43	37.1
Sessions on menstruation and pregnancy	3	21.4	24	26.4	40	34.5
Cervical cancer screening	0	0	0	0	9	7.8
HIV treatment	1	7.1	5	5.5	21	18.1
Others	0	0	4	4.4	2	1.7

Exposure to Peer to Peer Interventions

- The qualitative data revealed that parents in Oron and Ikot-Ekpene LGAs had discussion with their daughters based on an intervention programme that was introduced in the area. A participant among the high risk girls in Oron LGA stated thus:
 - *“Aside from when she was in JS3 or SS1, recently I heard a mother talking to her daughter, she said a group of people came, talked to her and advise her on what to tell the children. You know because in all these face me, I face you house, you will hear what the other person is talking about, the woman was really talking to the daughter, the daughter poured out her mind, told the mother everything, the mother really advise her on some area she needed.”* **High risk girl, 21 years, Oron LGA**
 - Another respondent in the same LGA also said that *“mothers are now friendly with adolescent girls rather than giving them treats wards like before”*. **High risk girl, 19 years, Oron LGA**

Exposure to Peer to Peer Interventions

- On the other hand the high risk girls in Eket expressed that their mothers were not giving them the sex education as they expected. The conversation was taken from FGD session with high risk girls in Eket:

Moderator: Were you given sex education by your parents?

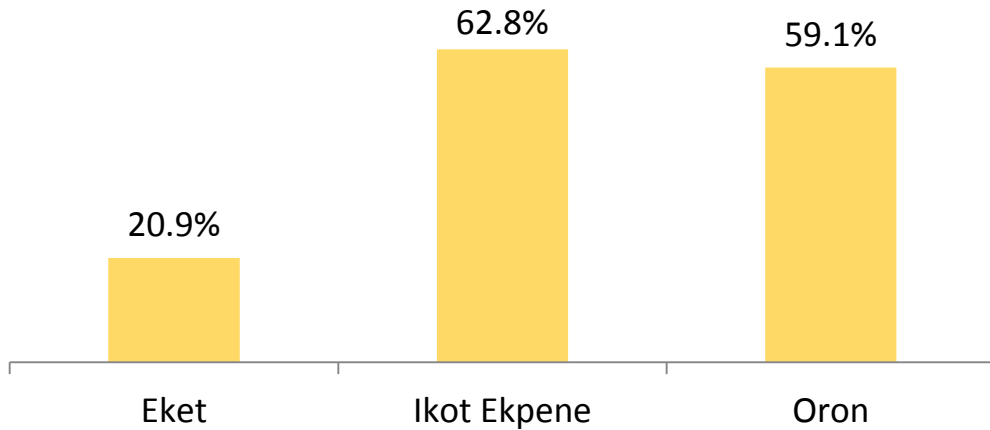
Participant 2: No what they tell us, is threat instead of advice.

Participants 3: *“Some of the parents are afraid of mentoring their children. You know our local names for male and female sex organs. It’s not good to hear.”*

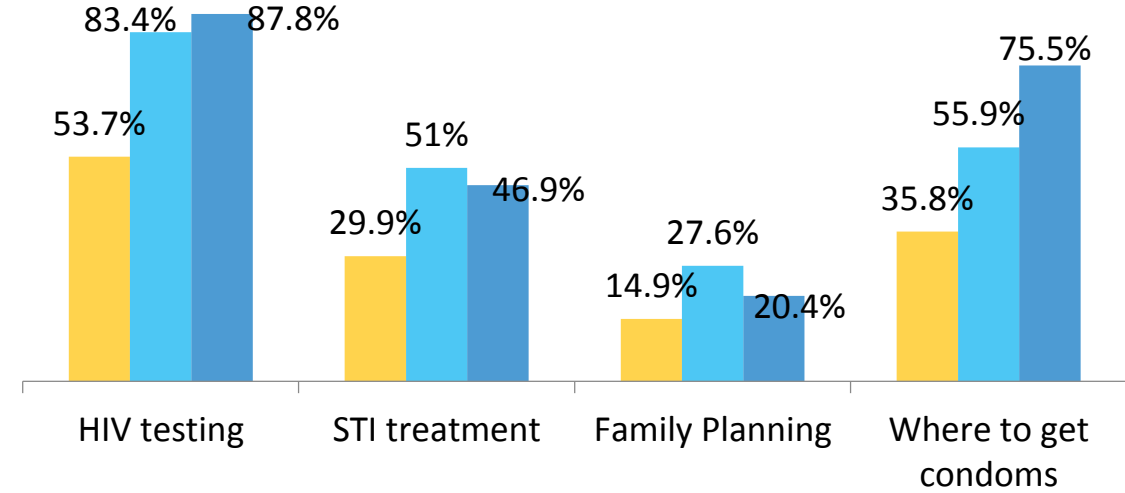
Participant 4: *“Some of our parent that are not educated are not aware of sex education.”*

Exposure to Peer to Peer Interventions

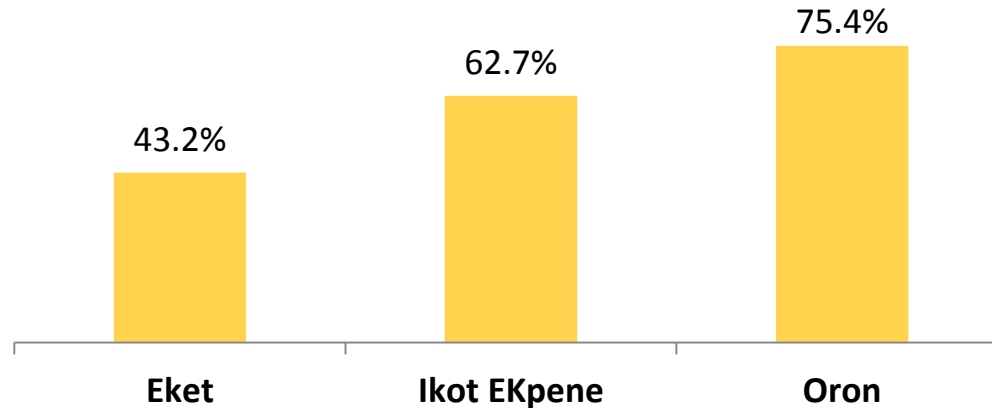
Peer invited respondent for any health education session



Peer introduced services available



Used of service introduced peer



■ Eket ■ Ikot Ekpene ■ Oron

Exposure to Peer to Peer Interventions

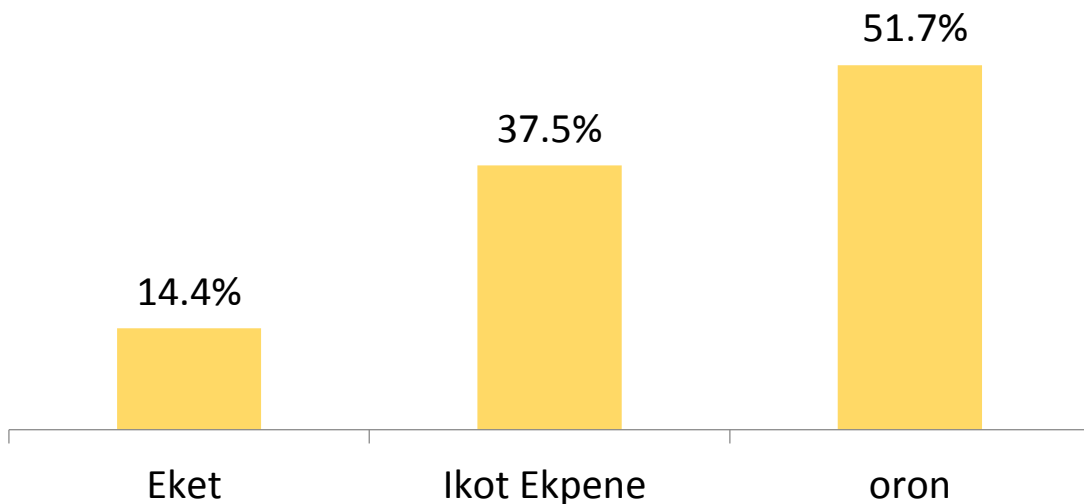
- The respondents in qualitative interviews in Oron and Ikot-Ekpene affirmed that there were some intervention programmes for AYP with the last six months to the collection of this data where adolescents were recruited to give sex education to their peers.
- The issues that their peers discussed with them include menstruation, STIs and HIV infections, STI treatments and HTS uptake as well as condom use among others. An adolescent in Oron LGA stated thus:

“Some of the young girls, for example I have like 1 or 2 that have already given birth at the age of fifteen, sixteen. They have about two to three children. But when the cell meeting came, I actually took them there; I had to go with some of them there. When I went there, they could hear what the facilitator actually said. How they can go about their life. The person really educated them on sex education, about ovulation as in the time it comes and how they can keep themselves between that time. They should not go close to a man. If they have unprotected sex at that time they will get pregnant. If they protect themselves, they will be free. Now I see them going out very free. Some have been coming to thank me for they have been learning.”

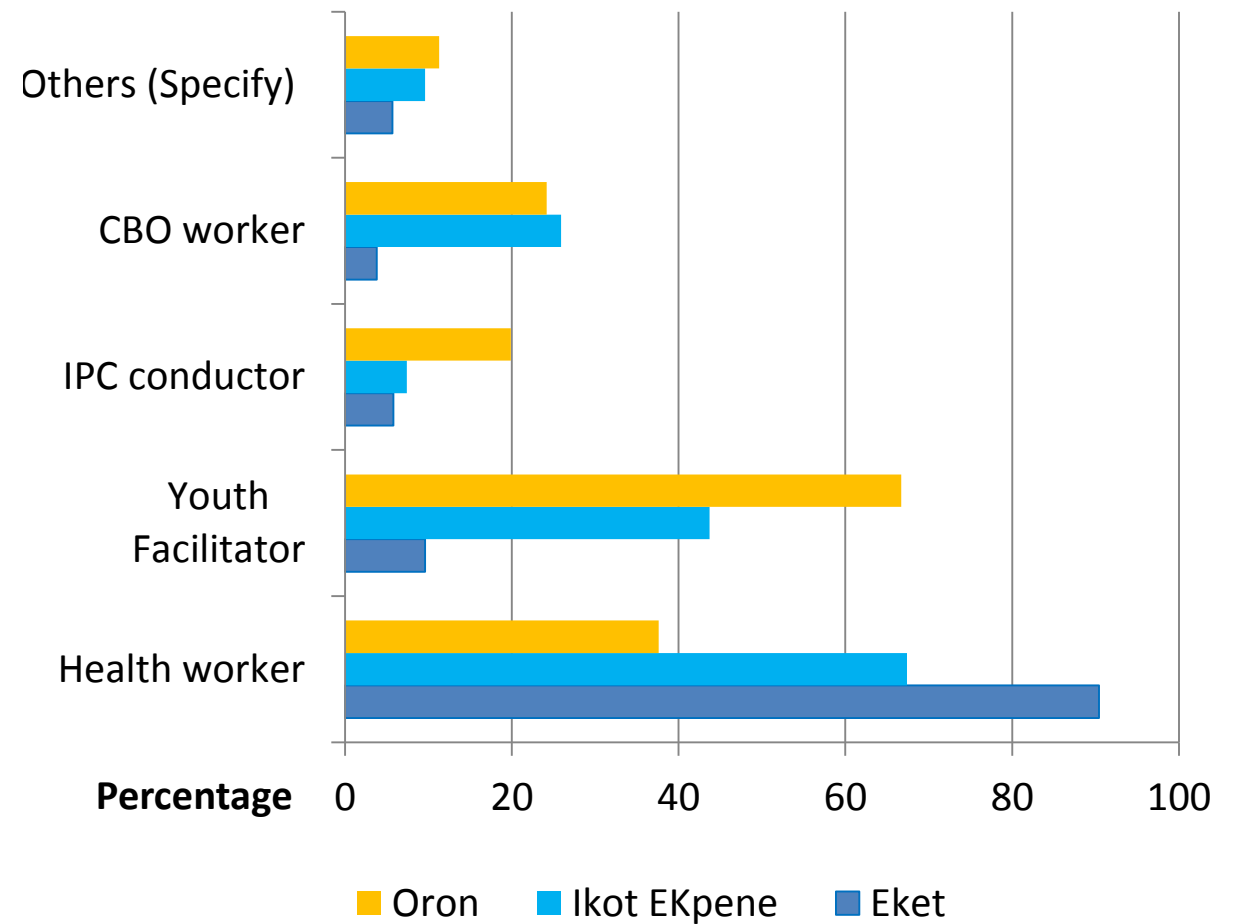
Adolescent girl, 18 years, Oron LGA

Exposure to Youth Facilitator Driven Interventions

Facilitator/IPC conductor told anything about HIV/AIDS in the last 6 months

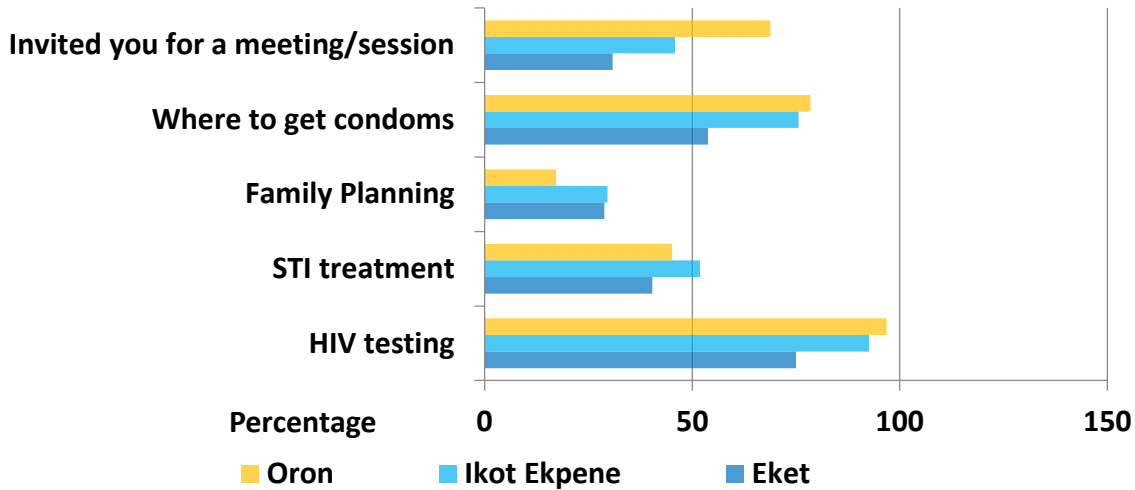


Person who spoke message

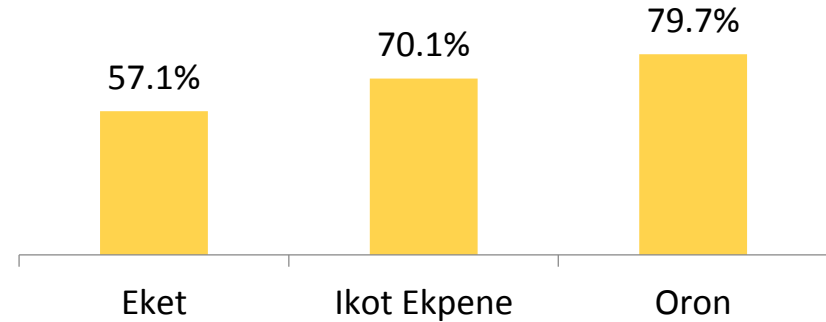


Exposure to Youth Facilitator Driven Interventions

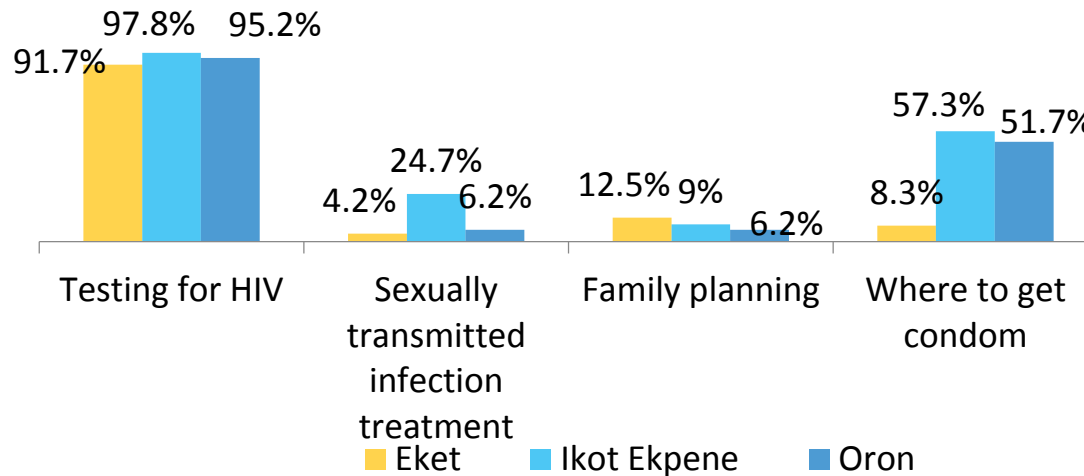
Facilitator introduced services available



Respondent used any of the service introduced by a youth facilitator



Type of service used



Exposure to Youth Facilitator Driven Interventions

- The qualitative data also revealed that respondents were exposed to interventions from health workers, youth facilitators, CBOs and PLHIV in Oron and Ikot-Ekpene LGAs. **An adolescent girl, 19 years from Oron** stated:
 - *“Condoms are being shared and plenty of condom are kept in some places like the barbing saloon, the hair dressing saloon of which they can just come in there and pick it freely; Because most of them will say they don’t have money to buy condom that was why they went in for unprotected sex, but when this AYP actually came, we were told that there are some few places that condoms are being kept. That once you get there, the only thing you do is the number of condoms you take will be registered and your age and phone number will be taken from you. So that, we really thank the facilitator a lot.”*

Exposure to Youth Facilitator Driven Interventions

❑ A young man of 22 year of age from Ikot-Ekpene LGA stated thus:

❑ *“Somebody like me I have now been better off than when I use to have sexual intercourse without condom coming back with excessive internal heats. You can be starting your testes till you get tired.”*

❑ The adolescent mothers in the same LGA also expressed as below:

Participant 7: *We have seen changes in our children on how they live their like.*

Participant 8: *Our children are no more promiscuous.*

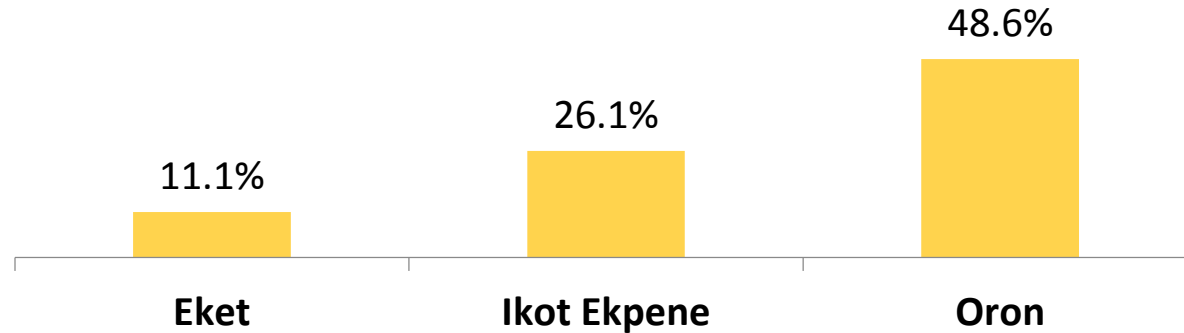
Participant 10: *Me I now know how to make sure that clipper is being sterilized before use on my children*

Moderator: Another thing

Participant 10: *Even our children says they have benefited a lot*

Exposure to Non-Traditional Condom Distribution Based Interventions

Knows place to get condom in the community apart from drug stores (chemist and pharmacy) and health facilities



Exposure to non-traditional condom distribution based interventions

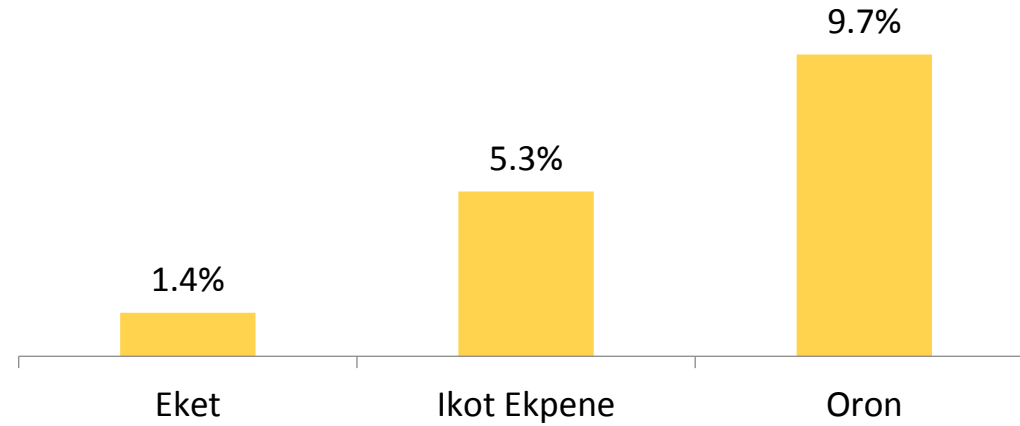
Exposure	Control		Intervention			
			Ikot-			
	Eket (n=40)		Ekpene(n=94)		Oron(n=175)	
	Freq	%	Freq	%	Freq	%
Can you mention some of those places where condoms can be collected FREE?						
Salons	0	0	8	8.5	55	31.4
Fashion shops	0	0	16	17	39	22.3
Tailoring shops	0	0	10	10.6	28	16
Hair dressing salon	1	2.5	20	21.3	68	38.9
Viewing centres	0	0	10	10.6	18	10.3
Sport betting shops	0	0	6	6.4	18	10.3
Friends	9	22.5	36	38.3	49	28
CBO workers	11	27.5	46	48.9	68	38.9
Sit out bars	1	2.5	0	0	14	8
Kiosks	2	5	9	9.6	12	6.9
Street hawkers	2	5	4	4.3	2	1.1
Peer distribution	2	5	31	33	30	17.1
Mobile HIV testing Outreach	3	7.5	12	12.8	17	9.7
I don 't Know	8	20	7	7.4	3	1.7
Others	13	32.5	7	7.4	2	1.1
Collected condoms in the last 6 months at any kind of locations excluding pharmacies, chemists and hospitals?						
	10	25	49	52.1	107	61.1
Collected free condom from any of your friends or any other young person in your community?						
	9	32.1	64	52.5	99	55.6

Exposure to Non-Traditional Condom Distribution Based Interventions

- Participants in qualitative interviews in Oron and Ikot-Ekpene LGAs mentioned some non-traditional outlets including barbing salon, sport betting centres, tailoring shops, viewing centres among others. There were also some adolescents that distributed condoms to their peers. A high risk girl in Oron expressed:
 - *“Recently when I went to retouch my hair I’ve seen condom in the salon, so those things are now very common.”* **High risk girl, 20 years, Oron LGA**
- Another respondent among the young men in Ikot-Ekpene LGA stated:
 - *“My brother showed me the condom he took from Bet Naija centre.”* **Young Man 23 years, Ikot-Ekpene LGA**

Exposure to Social Media Based Interventions

Participated in group were SRH/HIV messages
were sent through WhatsApp



Exposure to Social Media Based Interventions

	Control		Intervention			
	Eket (n=5)		Ikot-Ekpene (n=19)		Oron (n=35)	
	Freq	%	Freq	%	Freq	%
What kind of messages did you receive through WhatsApp group?						
STI's	2	40	13	68.4	21	60
Pregnancy prevention	4	80	2	10.5	5	14.3
Solving psychological problems	0	0	3	15.8	0	0
Condom use	2	40	13	68.4	29	82.9
Abstinence	2	40	12	63.2	27	77.1
Need to get tested for HIV	1	20	5	26.3	20	57.1
HIV Prevention methods	2	40	12	63.2	18	51.4
HIV Treatment	3	60	2	10.5	9	25.7
HIV testing services	2	40	11	57.9	19	54.3
HIV transmission methods	1	20	7	36.8	15	42.9
STI Treatment	0	0	2	10.5	7	20
STI Prevention methods	1	20	1	5.3	14	40
STI Transmission	1	20	1	5.3	9	25.7
PMTCT of HIV	1	20	2	10.5	8	22.9
Preventing/Treating Rape	0	0	0	0	3	8.6
Preventing gender based violence	0	0	0	0	7	20
I cannot remember	1	20	1	5.3	0	0
Others	0	0	1	5.3	1	2.9

Comparison of baseline and end
line assessment

Background characteristics of respondents by LGA at baseline and end line	Eket		Ikot-Ekpene		Oron	
	Baseline	End line	Baseline	End line	Baseline	End line
	%	%	%	%	%	%
Age group						
15-19 years	53.3	65.0	43.1	44.2	55.0	49.7
20-24 years	46.7	35.0	56.9	55.8	45.0	50.3
Highest level of education						
No formal education	1.4	4.0	1.4	2.9	0.8	0.7
Primary	3.1	3.4	3.3	3.4	7.5	9.0
Secondary	84.7	83.3	72.8	87.0	87.2	84.7
Tertiary	10.8	9.2	22.5	6.8	4.4	5.6
Marital status						
Married/co-habiting	15.6	11.4	10.8	16.7	17.5	14.4
Divorced/separated/widow	0.6	0.3	0.6	0.6	0.8	0.6
Never married	83.9	88.3	88.6	82.8	81.7	85.0
Wealth quintile						
Poorest	6.9	2.2	5.0	5.8	13.3	12.5
Poorer	14.7	9.4	25.3	22.2	21.7	21.1
Middle	16.7	20.3	20.6	21.7	22.5	25.0
Richer	19.2	25.3	25.3	23.9	23.1	18.1
Richest	42.5	42.8	23.9	26.4	19.4	23.3

Vulnerability factors to HIV infection

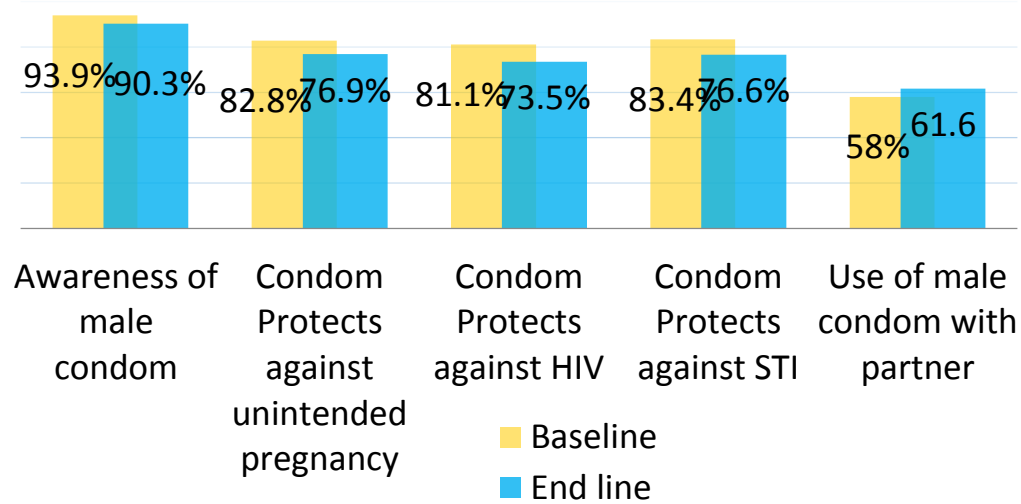
Factors	Eket		Ikot Ekpene		Oron	
	%		%		%	
	Baseline	Endline	Baseline	Endline	Baseline	Endline
Early marriage	1.7	2.8	1.1	1.1	5.8	3.1
Early sex	36.9	30.8	36.4	43.3	45.8	46.7
Gender based violence	58.1	45.8	50.6	32.8	72.2	53.3
Had STI	26.4	27.5	26.9	24.7	22.8	27.8
Incest	0.8	1.7	0.3	1.4	0.0	1.1
Intergenerational sex	0.8	2.8	1.4	3.9	2.2	3.3
Low HIV risk perception	90.8	91.4	90.8	88.9	91.1	88.6
Multiple concurrent sexual partners	10.3	4.7	13.6	11.4	9.2	13.6
Rape	16.7	13.6	16.4	16.1	10.8	5.3
Teen pregnancy	7.2	9.2	8.9	7.8	16.1	11.4
Transactional sex	10.3	6.4	11.4	7.8	11.4	18.6
Unprotected sex	46.9	37.5	39.7	37.5	46.9	33.3

Vulnerability Factors to HIV Infection

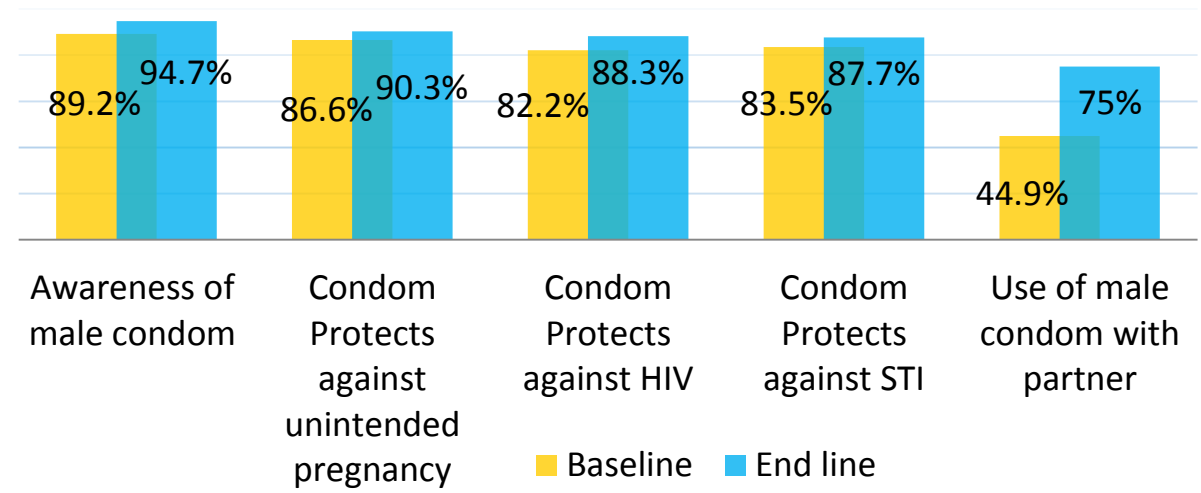
- Qualitative data from respondents in the two intervention LGAs affirmed that there is increase in the use of condom among the adolescents in the communities, while there were also better responses to STIs treatment and HTS uptake. It is evident that discrimination in access to reproductive health services have reduced in the intervention LGAs as against what is obtainable at the control LGA (Eket). Some statements below from the respondents in Intervention LGAs and control LGA affirmed this difference:
 - *“You know people used to think if a child walks up with boldness to access such service that person is a prostitutes that was just the ideas but now the health workers have been trained and they give the services to everyone that needs it.”* **LACA Officer, Oron LGA**
- Whereas, one of the respondents in the control LGA stated that there is still barriers for adolescents to access reproductive health services. A respondent among the adolescent girls stated thus:
 - *“Our age is still the barrier in accessing reproductive health services because they will not attend to us”.* **Adolescent girl, 17 years, Eket LGA**

Condom Knowledge and Use

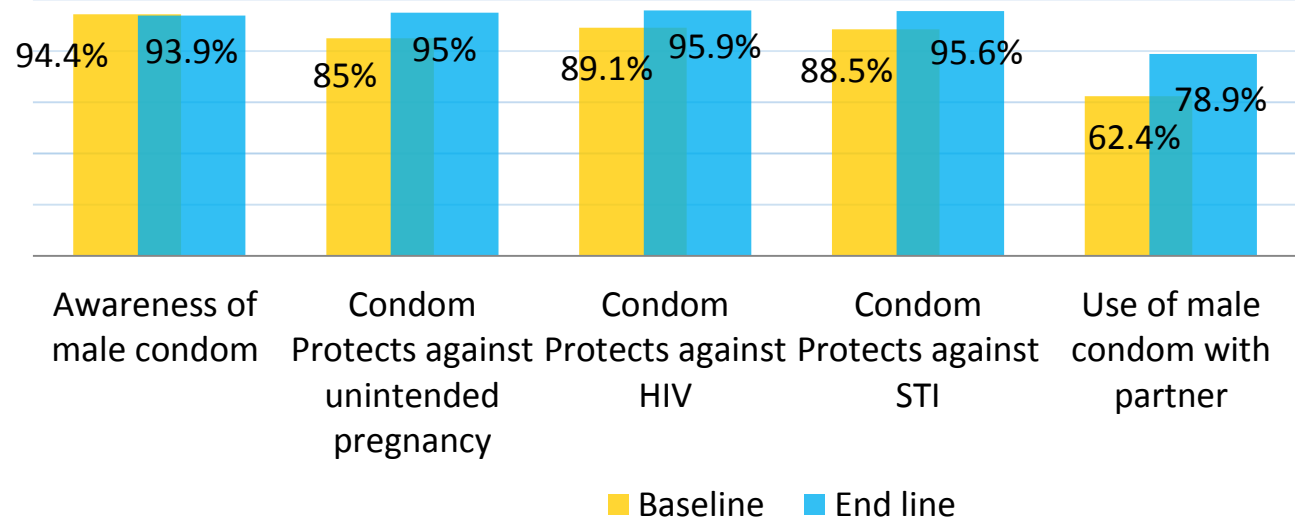
Eket LGA



Ikot-Ekpene LGA

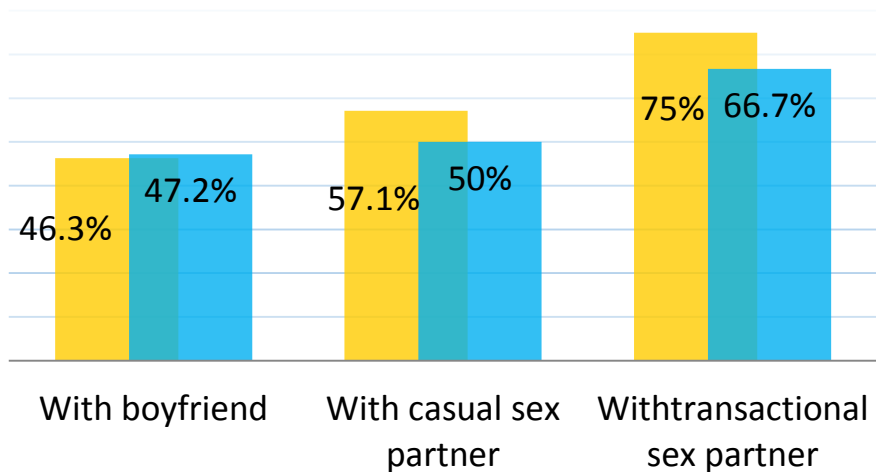


Oron LGA

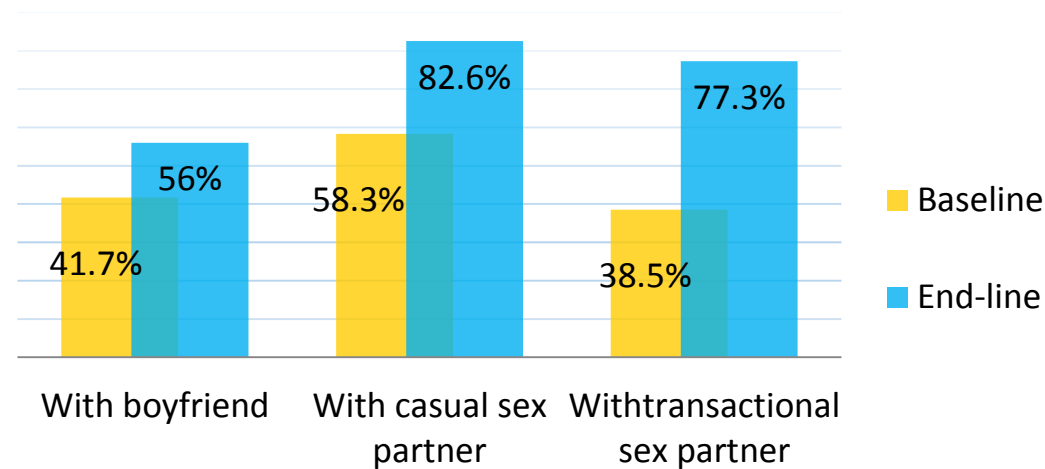


Male condom use with type of partner during sex in the last 12 months

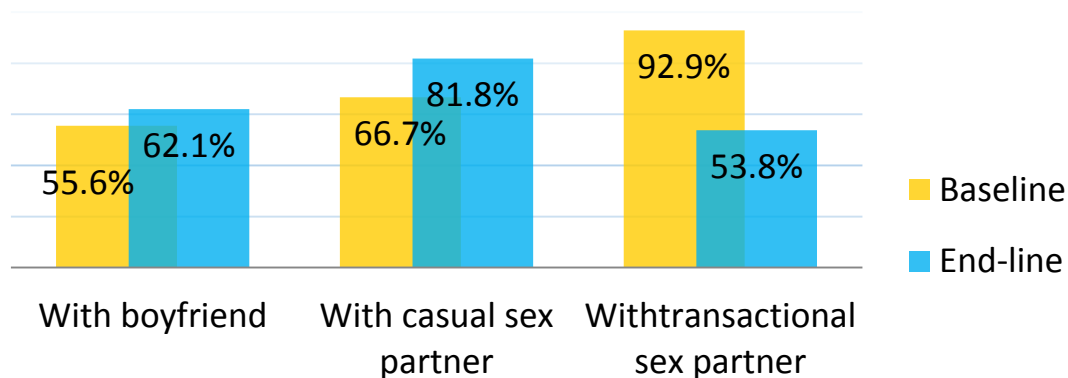
Eket LGA



Ikot-Ekpene LGA



Oron LGA



Male condom use with type of partner during sex in the last 12 months

- Participant among high risk girls in Oron LGA corroborated the need for correct and consistent use of condom in order to prevent HIV and STIs infections as well as unplanned pregnancy as below:
 - *“Staying faithful and using the condom properly and consistently, we should not use our teeth in tearing the condom. Before we don’t even check the expiry date of the condoms but now we know we should, to prevent breakage of the condom.”* **High Risk Girl, 18 years, Oron LGA**
- Also, among the adolescents in the same LGA, a participant retorted as this:
 - *“Someone like me, I go around with my condom (participants laugh). Sharp sharp, I have it in my own bag. You may go to night vigil and a man tell you, let us enter this corner. What will you do at that moment? You must not waste time otherwise you are in trouble.”* **Adolescent girl 19 years, Oron LGA**

Male condom use with type of partner during sex in the last 12 months

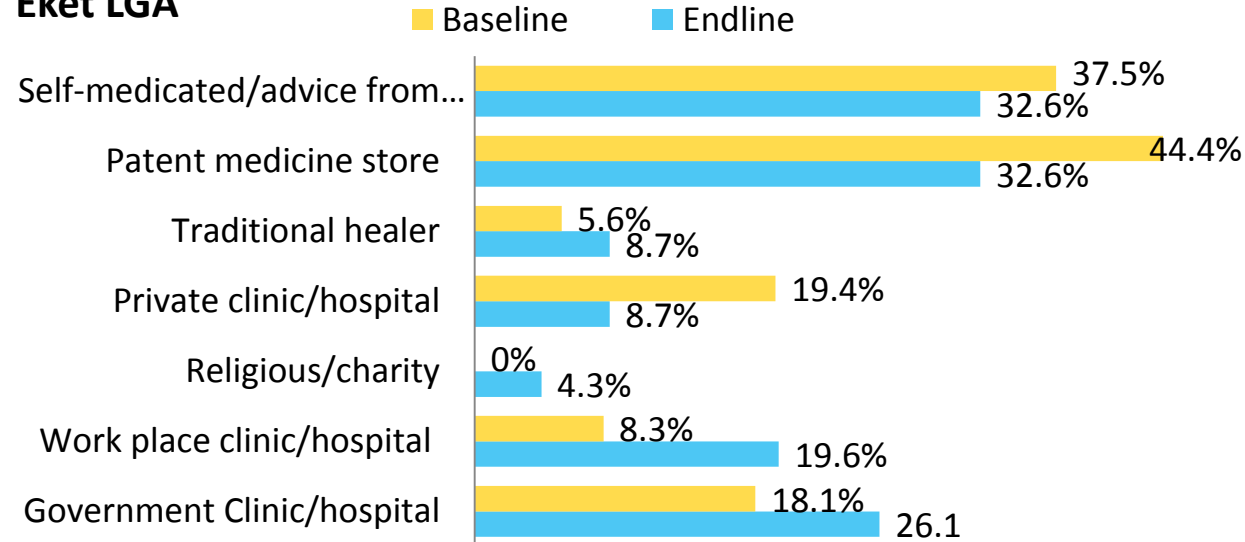
- *“If you cannot abstain from sex have one sexual partner but if that is not enough you can use condom.”* **Youth leader, 27 years, Ikot-Ekpene LGA**
- A participant in Eket however stated:
 - *“There can be a girl you have been chasing but she does not agree, it can be that the day you meet her and she agrees, you will need to do it(have sex) without wasting time, so that’s why you need to walk around with condoms.”*
Young man, 23 years, Eket LGA

Sexually transmitted infection and treatment seeking behaviours

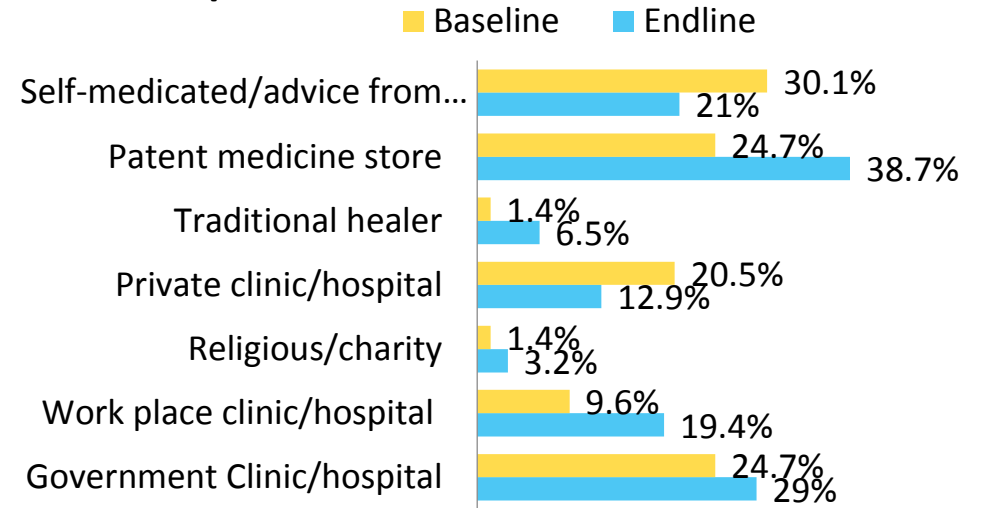
Variables	Control LGA		Intervention LGAs			
	Eket		Ikot-Ekpene		Oron	
	Baseline	End line	Baseline	End line	Baseline	End line
	%	%	%	%	%	%
Aware of STI	88.9	84.2	82.5	85.6	80.3	91.4
STI Indication (in past 12 months)						
Abnormal genital discharge	15.6	16.9	15.3	16.9	11.1	14.4
Genital itching	22.2	19.2	19.2	15.3	17.2	22.5
Genital sore/ulcer	5.0	3.1	4.2	2.2	4.4	2.8
Genital rash past	6.4	7.2	8.3	6.7	5.0	4.4
Reason for not seeking STI#						
Usual monthly discharge	0.0	1.9	8.3	3.7	11.4	4.8
No facilities	0.0	5.7	0.0	0.0	0.0	2.4
Felt normal	21.7	62.3	50.0	48.1	50.0	54.8
Pregnant	0.0	0.0	8.3	7.4	0.0	2.4
Others	39.1	30.2	12.5	14.8	25.0	19.0
No money	43.5	9.4	20.8	29.6	15.9	21.4

Source of STI treatment

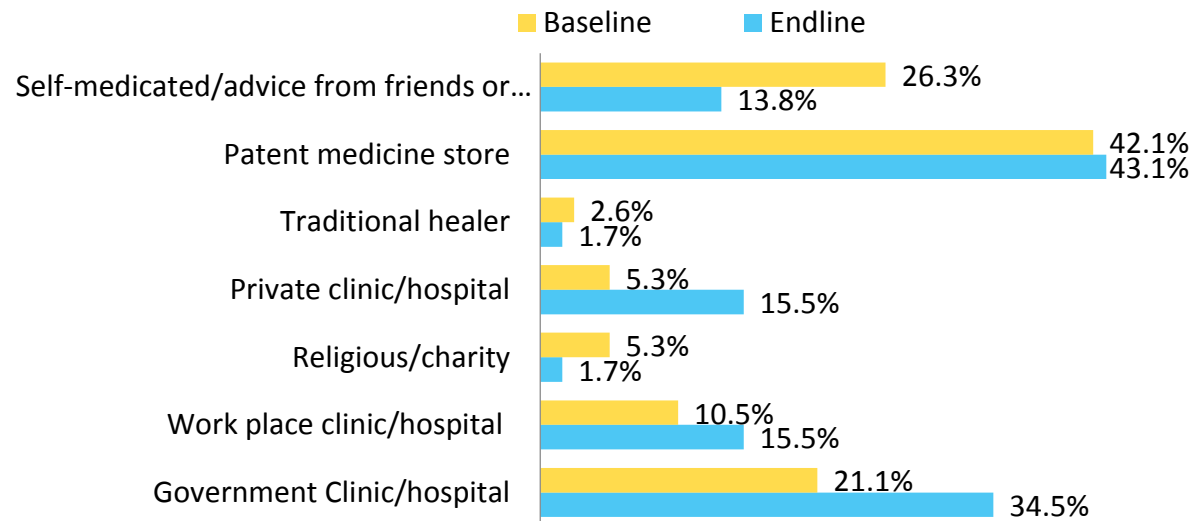
Eket LGA



Ikot-Ekpene LGA



Oron LGA

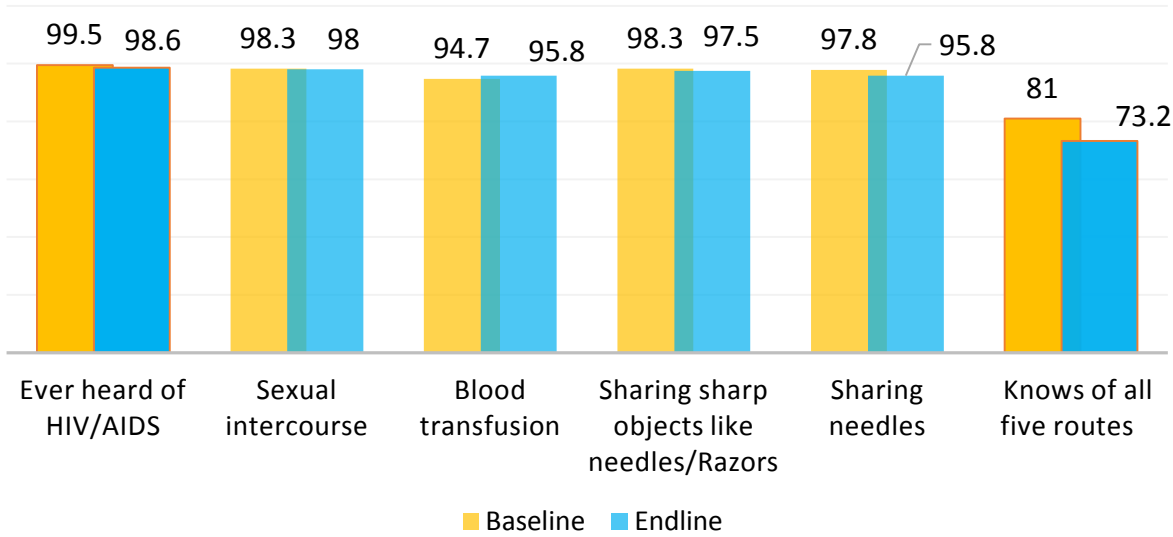


Source of STI treatment

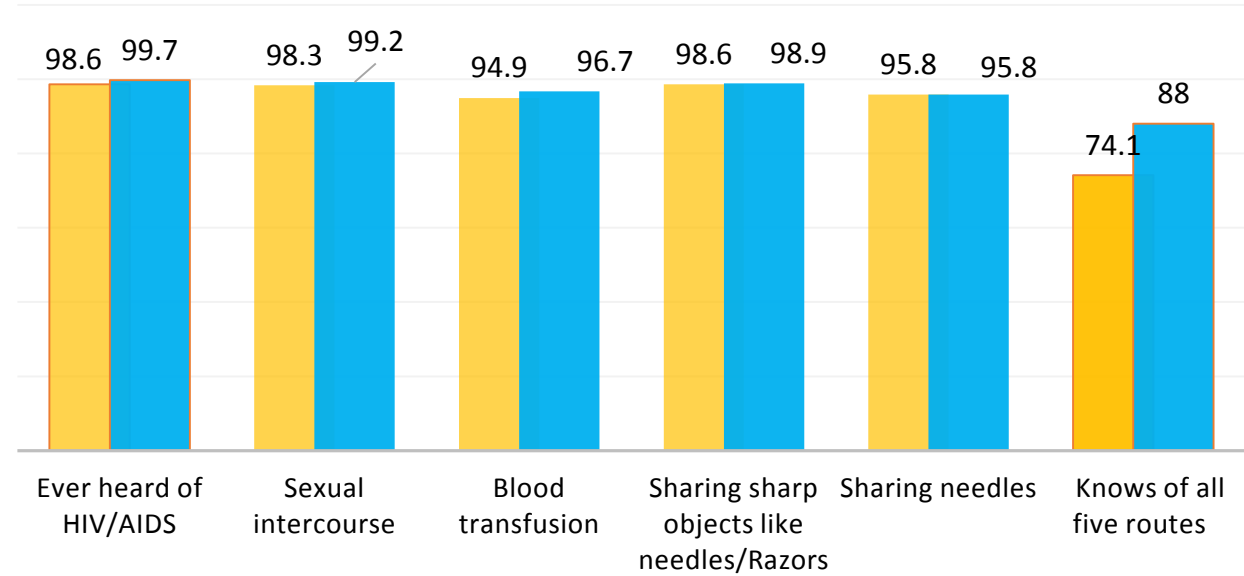
- The sources of information on STIs for the adolescents include the media, parents, peers and the school.
- Some respondents noted that many adolescents were treated for STIs during the AYP programme and this was linked to peer invitation
- Some adolescents however noted that although their mothers spoke to them on STIs but was not in a friendly manner
 - *“They (mothers) talked to us, they are our parents, they talk to us but the way they put this thing to us is threatening in such a way that you would not even want to hear.”* **High Risk Girl, 19, Oron LGA**

Knowledge of route of HIV transmission*

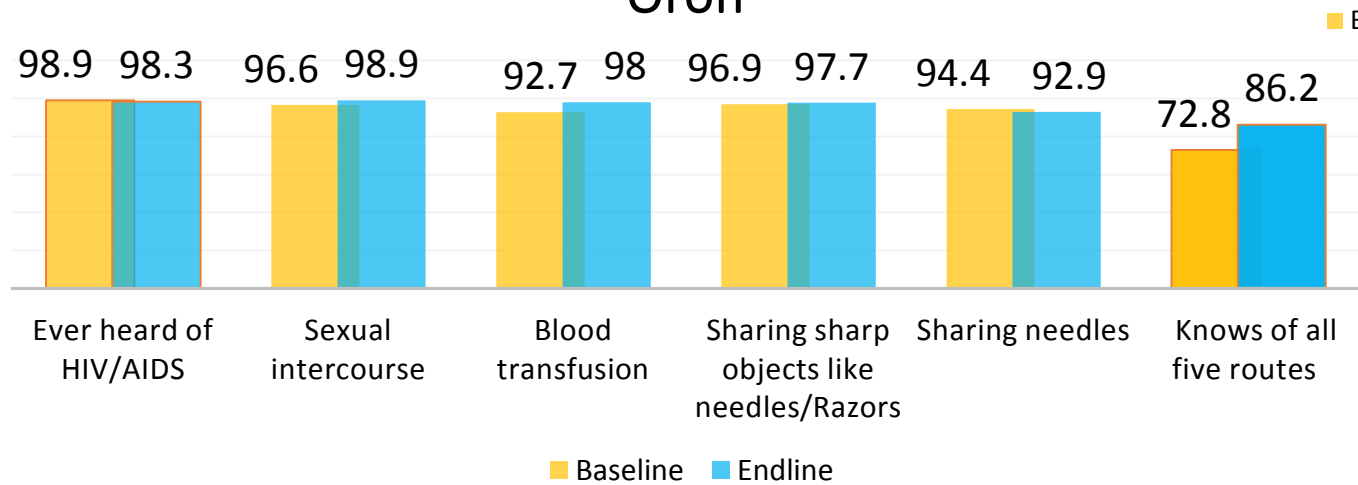
Eket



Ikot Ekpene



Oron



Knowledge of Route of HIV transmission

- Some respondents also believed that some girls often keep multiple sexual partners or go into prostitution as a means of getting money and these can lead to HIV infections and STIs especially when having unprotected sex with these multiple partners. The conversation in FGD conducted with High risk girls in Oron LGA supports this assertion.

Participant 5 – *“when you have nothing doing then you start going outside there having different boyfriends just to collect money. You want to satisfy them to collect money. So at the end of it you end up contacting STIs, HIV and other kinds of diseases like that.”*

Moderator – Alright, what other challenges causes HIV infection that have not been mentioned.

Participant 3 – *“Also I want to add to what my sister has just said about some female children doing prostitution around the street, some of them do not have self-esteem. Like if you see your friend wearing a dress that you are not able to afford instead of you to have your own decision and decide to use your hand and work so that I can also afford to buy that dress, maybe you hang around with that your friend and tell her please when you are going out tomorrow please I will follow you, where do you normally have money to buy this dress for yourself, instead of you to have your own self esteem you will now be thinking of another thing, by so doing, your friend can even lure you into prostitution, and from the prostitution it will now lead to HIV”*

Knowledge of Route of HIV transmission*

- The conversations in FGD conducted among respondents in Eket showed the different misconceptions:

Participant 8 – *Not taking care of yourself during your menstrual flow*

Moderator – Not taking good care of yourself, you mean? How

Participant 8 – *Some people they change only twice when they have their menstrual flow which is not proper. Young woman, 22 years, Eket LGA*

Knowledge of HIV prevention

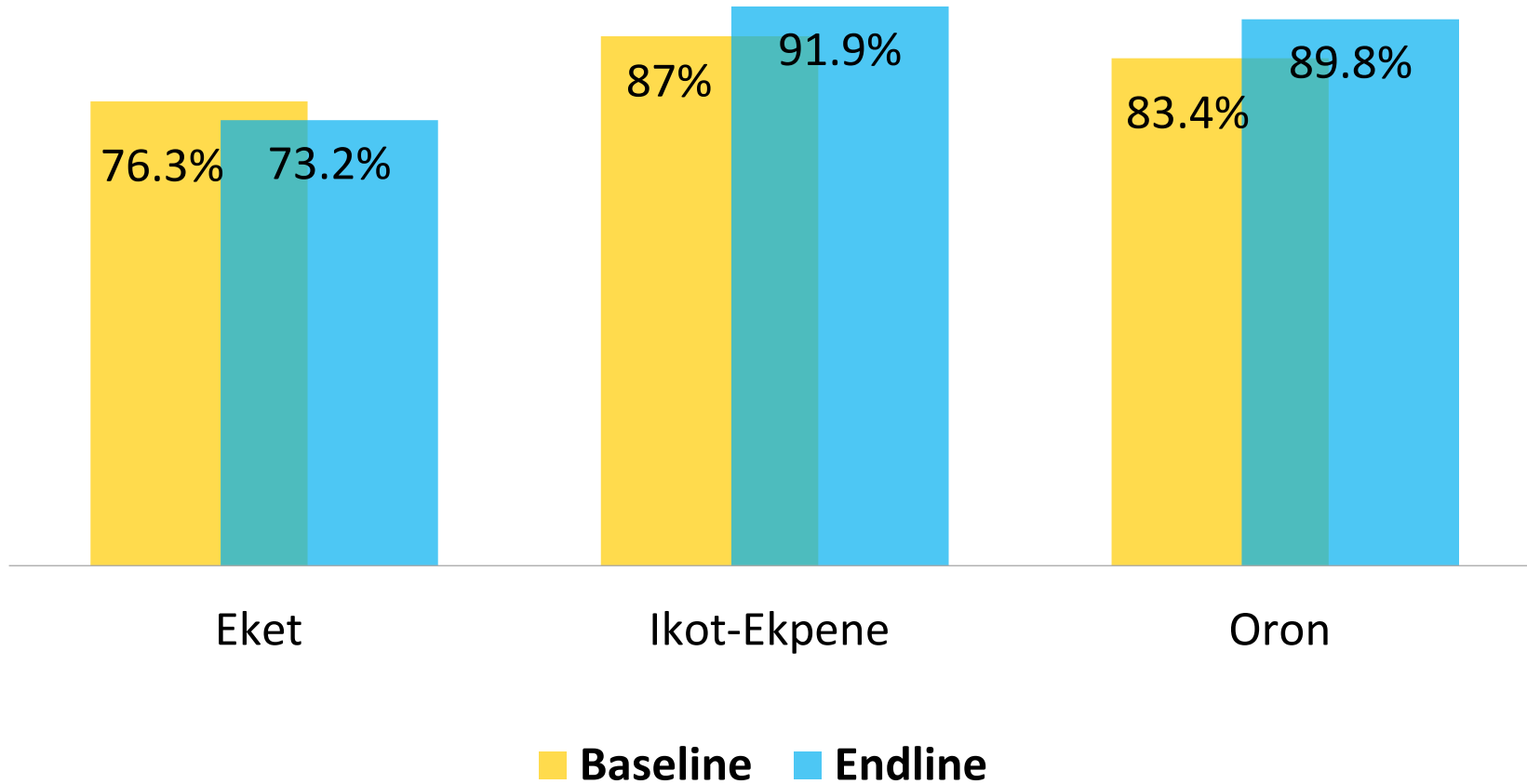
Comprehensive knowledge of HIV prevention*	Control LGA		Intervention LGAs			
	Eket		Ikot-Ekpene		Oron	
	Baseline	End line	Baseline	End line	Baseline	End line
	%	%	%	%	%	%
HIV cannot be got by sharing eating utensils	78.5	71.5	71.8	63.8	66.6	83.1
HIV cannot be got by mosquito bites	60.6	46.8	52.7	51.0	52.8	79.9
A healthy-looking person can have HIV	90.2	87.0	88.7	88.9	76.4	87.6
Staying faithful to one uninfected partner	93.0	91.3	93.8	97.2	92.4	93.2
Using condoms every time	79.9	76.3	91.5	93.6	87.1	94.1
Know all 5	41.1	34.1	34.9	38.4	33.1	59.6

**Amongst those aware of HIV and AIDS*

Knowledge of HIV Prevention

- Participants across all the three LGAs demonstrated good knowledge of HIV prevention:
 - *“Since I know my status now, I avoid sharing sharp objects especially hair needles used in the salon”*. **HIV positive, 25 years, Oron LGA**
 - **A high risk girl of 19 years in Eket** also said *“P8: before blood is transfused it should be screened”*.

UNIAD Indicator for HIV Prevention*



**UNAID Indicator for knowledge of HIV prevention specifies that an individual knows that staying with one faithful uninfected partner and using condoms consistently is the correct knowledge of HIV prevention.*

HIV risk perception and HIV stigma attitudes

Variables	Control LGA		Intervention LGAs			
	Eket		Ikot-Ekpene		Oron	
	Baseline	End line	Baseline	End line	Baseline	End line
	%	%	%	%	%	%
HIV risk perception*						
High	3.9	2.0	2.8	2.2	5.6	5.4
Low	23.5	23.4	24.8	29.0	27.0	61.6
No risk at all	67.9	69.3	67.3	60.2	65.2	28.5
Already have AIDS	4.7	5.4	5.1	0.3	2.2	4.5
No response	0.0	0.0	0.0	8.4	0.0	0.0
HIV stigma attitude*						
Willing to care for male relative with HIV	70.4	74.9	66.2	71.9	71.3	82.5
Willing to care for female relative with HIV	74.0	78.0	71.5	75.2	73.6	82.8
HIV infected female teacher should be allowed to continue teaching	75.7	72.7	67.9	80.2	74.7	80.8
Willing to buy groceries from an infected shopkeeper	37.7	42.3	33.0	46.8	46.9	54.8

**Amongst those aware of HIV and AIDS*

HIV Risk Perception and HIV Stigma Attitudes

- ❑ The qualitative data revealed that many adolescents still have low perception of HIV risk.
 - *“Some of them are involving in all this unlawful sex, sleep with people they are not supposed to sleep with, because they want money, they want to have this and that, so they get them involved in unnecessary sexual situation with low risk perception.”*
Religious leader, 50 years, Eket LGA
- ❑ They however believed that women are more at risk than men. This believe is more common in Oron and Ikot-Ekpene than in Eket LGA
 - *“The body of a woman is so open and wide and she will collect every deposit a man has.”* **Adolescent mother, 42 years, Ikot-Ekpene LGA**
- ❑ It is however evident from the qualitative data that respondents from Oron and Ikot-Ekpene LGAs have more positive attitudes to HIV positive than respondents from Eket LGA

HIV Risk Perception and HIV Stigma Attitudes

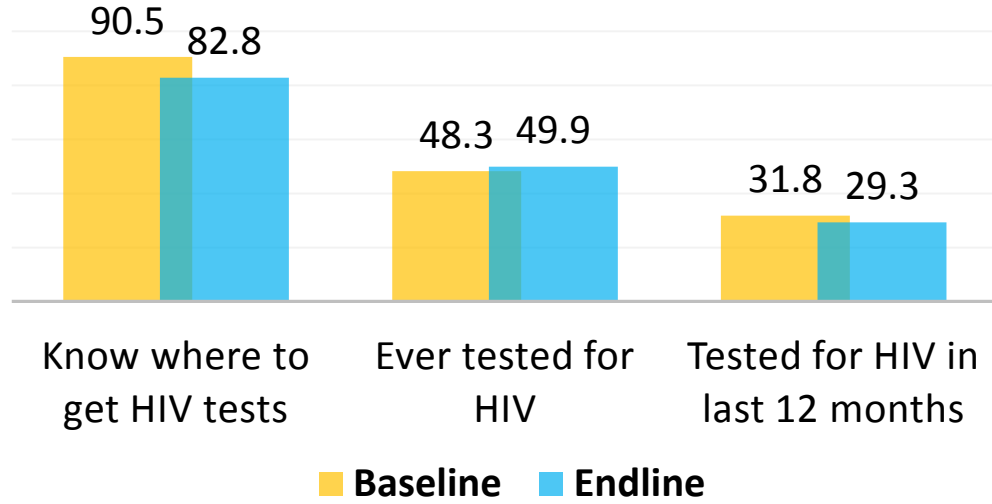
- ❑ *“Actually I can share my cloth and even sleep on the same bed with HIV positive but when it comes to something relating to blood, I cannot share sharp object because I can also get infected.”* **Older man, 36 years, Oron LGA**
- ❑ *“I will live a normal life with the person because we are informed about it. Also we know that when you take the drugs to a certain level you cannot transmit again.”* **Youth leader 28 years, Ikot-Ekpene LGA**

On the other hand, the reactions were more negative in Eket LGA as shown in the conversation below:

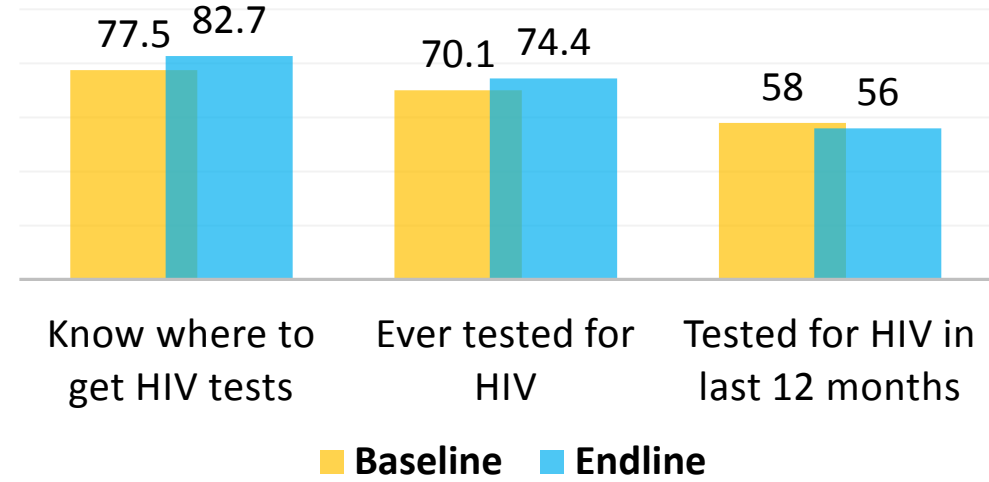
- **Moderator:** If you see an HIV positive person in this community, how will people relate with the person?
- **Participant 8:** *everyone will run from her*
- **Participant 9:** *when we don't even know who has HIV*
- **Moderator:** Yes, we are assuming now we know
- **Participant 7:** *they won't even talk to the person so that the air from her mouth will not come close to them*
- **Moderator:** So in the community they won't sit or come close to the person, they won't talk to the person and what again
- **Participant 6:** *They won't shake the person*
- **Moderator:** and what again
- **Participant 3:** *They will even send the person away*

HIV Test Uptake*

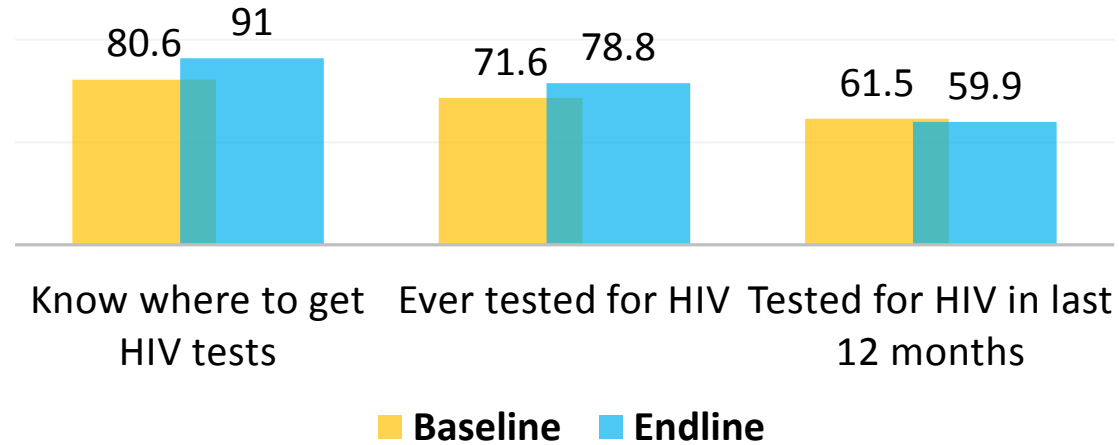
Eket



Ikot Ekpene



Oron



*Amongst those aware of HIV and AIDS

HIV Test Uptake*

- It was only in Oron and Ikot-Ekpene LGAs where respondents affirmed that information about HTS uptake was more readily available and that HTS should be accessed regularly especially for those who still involve in unprotected sex

“Of recent I even saw people going around, it’s like SHF they went around instructing mothers to be advising their children.” **LACA Officer, Oron LGA**

- Also the young women in Ikot-Ekpene opined that:

“When you want to go into a relationship let both parties go for HIV test to know their status. Ensure going for test every two month if you are the type that indulge in unsafe sex.” **Young woman, 23 years, Ikot-Ekpene LGA**

History of Rape and Incest

Variables	Control LGA		Intervention LGAs			
	Eket		Ikot-Ekpene		Oron	
	Baseline	End line	Baseline	End line	Baseline	End line
	%	%	%	%	%	%
Ever been raped[§]	16.7	13.6	16.4	16.1	10.8	5.3
Raped last 12 months*	23.3	20.4	22.0	25.9	28.2	10.5
Disclosed incident of rape*	58.3	59.2	64.4	51.7	46.2	47.4
Ever involved in Incest	0.8	1.7	0.3	1.4	0.0	1.1

§Amongst all respondents

**Amongst those ever raped*

Thank You