



EFFECTS OF VARIED APPROACHES TO IMPLEMENT FAMILY LIFE HEALTH EDUCATION

A Fact Sheet from the Operations Research on FLHE

The Family Life and HIV Education (FLHE) is an initiative of the Government of Nigeria to reach in-school youth with factual reproductive health and HIV prevention information using the curricular approach. The FLHE Curriculum was developed by the NERDC in collaboration with the Universal Basic Education, Federal Ministry of Education and Action Health Incorporated. It was introduced in Nigeria in 2003

The Federal Ministry of Education oversees the implementation of FLHE in Nigeria. Support was provided by a Global Fund grant between 2013 and 2015 to implement FLHE in 6 states of the country (Kaduna, Taraba, Lagos, Enugu, Nasarawa and Rivers). As part of the grant an operations research was carried out to:

- ⇒ determine the effect of FLHE on the HIV knowledge levels of in-school youth
- ⇒ determine the most optimum suite of FLHE interventions to achieve the desired knowledge and behaviour modification that will result in reduced HIV transmission

The objectives of the operations research were to:

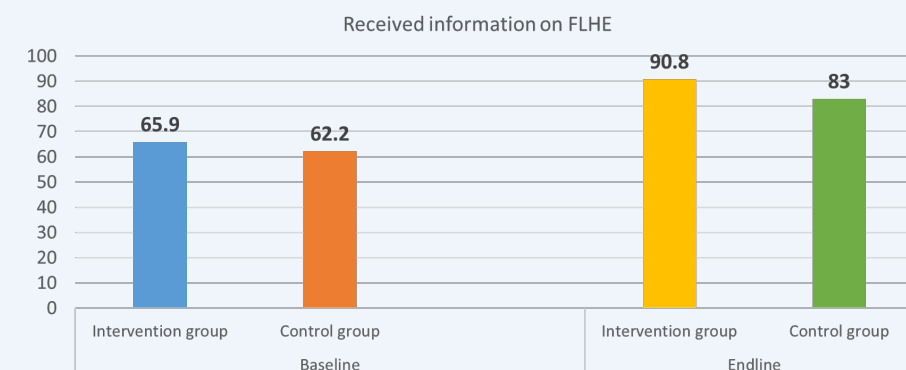
- ⇒ to measure the effectiveness of intervention approaches to promoting sexual and reproductive health of in-school youths for better programming.
- ⇒ to document lessons learnt, in the implementation of FLHE

The research had three phases: a Pre-intervention Assessment; a period of FLHE implementation using three models and a control group in different schools; and a Post-intervention Assessment

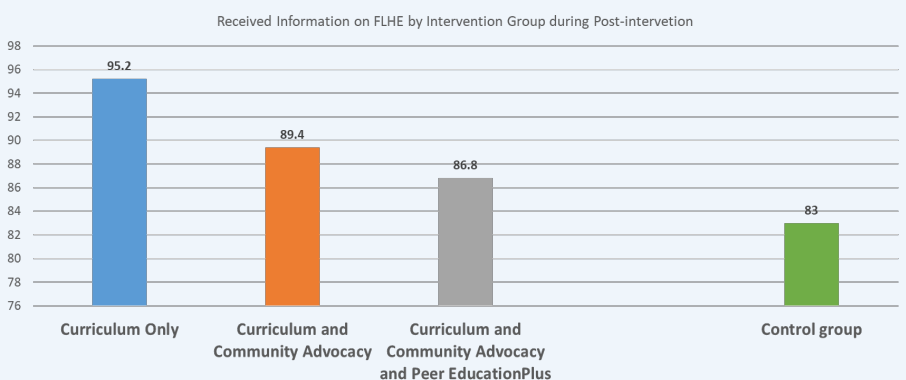
The study sites four schools each were randomly selected for the various experimental groups bringing the total to 16 schools per state and 96 schools nationwide (16 per geopolitical zone). For the purpose of this study, the target was limited to in-school youths in junior secondary schools (JSS 1 to 3) in both public and private schools.

The three models tested were: a curriculum only (CO) approach which represents the classroom delivery, where teachers trained on FLHE provide messages in a participatory manner using FLHE topics which have been infused into the education curriculum; a curriculum and community advocacy approach where In addition to classroom delivery of FLHE, trained teachers also communicate reproductive health and HIV and AIDS prevention information to students on the school assembly ground; and a Curriculum, community advocacy and peer education plus, where in addition to the previous two approaches, peer education was added. Peer education- this informal approach branded as “zip-up plus” is a community level intervention using trained peer educators and members of school Anti-AIDS clubs work with teachers to reach fellow students with drama, songs, folklores, stories, debate, and other initiatives.

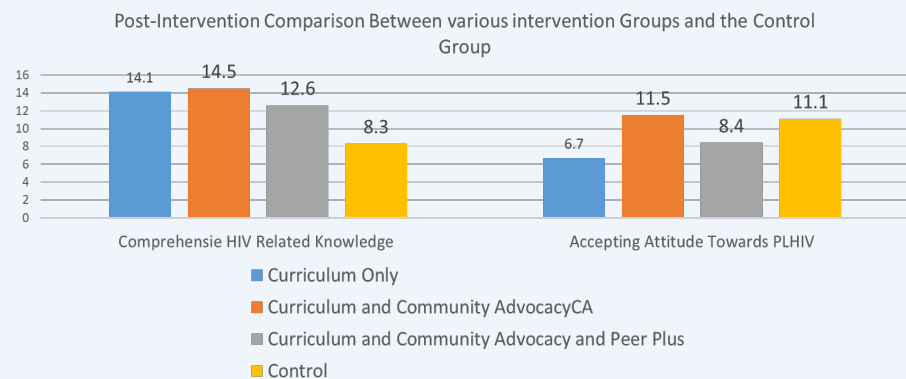
RESULTS



Both control groups and intervention groups have increasingly received FLHE from teachers despite attempt to delay implementation of FLHE in control schools. However, percentage of students receiving FLHE is lower in control schools than intervention schools

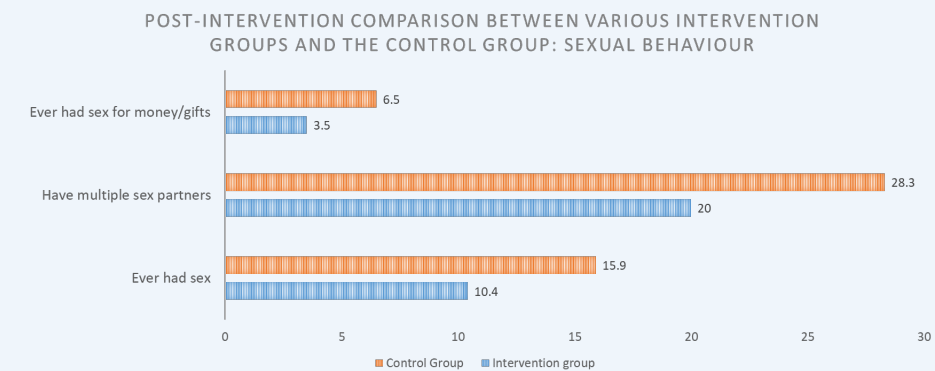


All intervention groups received more FLHE than the control group. However those using the curriculum had more students acknowledging that they received FLHE



Comprehensive HIV-related education more evident amongst intervention groups than the control group. Of the intervention groups Curriculum and Community Advocacy had the highest levels of knowledge.

No real pattern seen in increasing the attitude towards people living with HIV. The control group had higher accepting attitudes than seen in two of the intervention



Compared to the control group, a significantly higher proportion of those in the intervention group had never had sex (89.6% vs. 84.1%, p=0.009)

Students in the intervention group reported a gain in HIV-related knowledge.

Students stated that the information given to them was well defined, targeted at each class level, staggered across the various junior classes.

Students expressed their approval of the relevant information, education and communication materials which were used during the course of FLHE curricula delivery including posters, textbooks with pictures, diagrams, songs, dramas, demonstrations, deliberately repeating taught topics, quizzes, debates etc.

The students noted that the training content included practical life issues such as negotiation/assertive skills, delay of sexual debut, personal and environmental hygiene, decision making etc. and this has helped them develop the skills.

They also stated that in addition to the knowledge they gained on how to avoid contracting HIV and STIs the FLHE course helped them adopt better lifestyle prac-

LESSONS LEARNT

Schools in which no active FLHE programming occurs still provide their students with some HIV education. This a sign of schools living up to their responsibility to prepare students for the future

Significant difference between students exposed to FLHE and those not exposed, implying that though schools in which active programmes are not occurring, provide some level of knowledge, it is not optimum

More emphasis is still placed on abstinence in schools leading to less knowledge of the protective effect of condoms and limiting number of partners where sex is commenced

The curriculum needs to be focused on to determine if the poor performance as pertains to stigma is due to less emphasis on this. This is important now when the survival rates of children born to positive mothers is on the increase

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