



An Action Research to Reduce the Vulnerability of AYP to HIV Infection in Selected LGAs in Kaduna State

Institute of Public Health, OAU, Ife

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Overview of interventions carried out in Kaduna State

- Three broad groups of interventions were carried out in Kaduna State
 - Parental communication interventions
 - Peer to peer interventions
 - Facilitator driven interventions

Parental Communication Change Ideas

Change idea	Objective of Change idea	Duration of intervention
Mother 2 Daughter (M2D)	To Address early Sex/ marriage among adolescents due to peer pressure.	14 weeks
Father of AYPs	Developed as an aftermath of educating mothers on ills of early sex / marriage of AYPs.	4 weeks

Peer to Peer Interventions

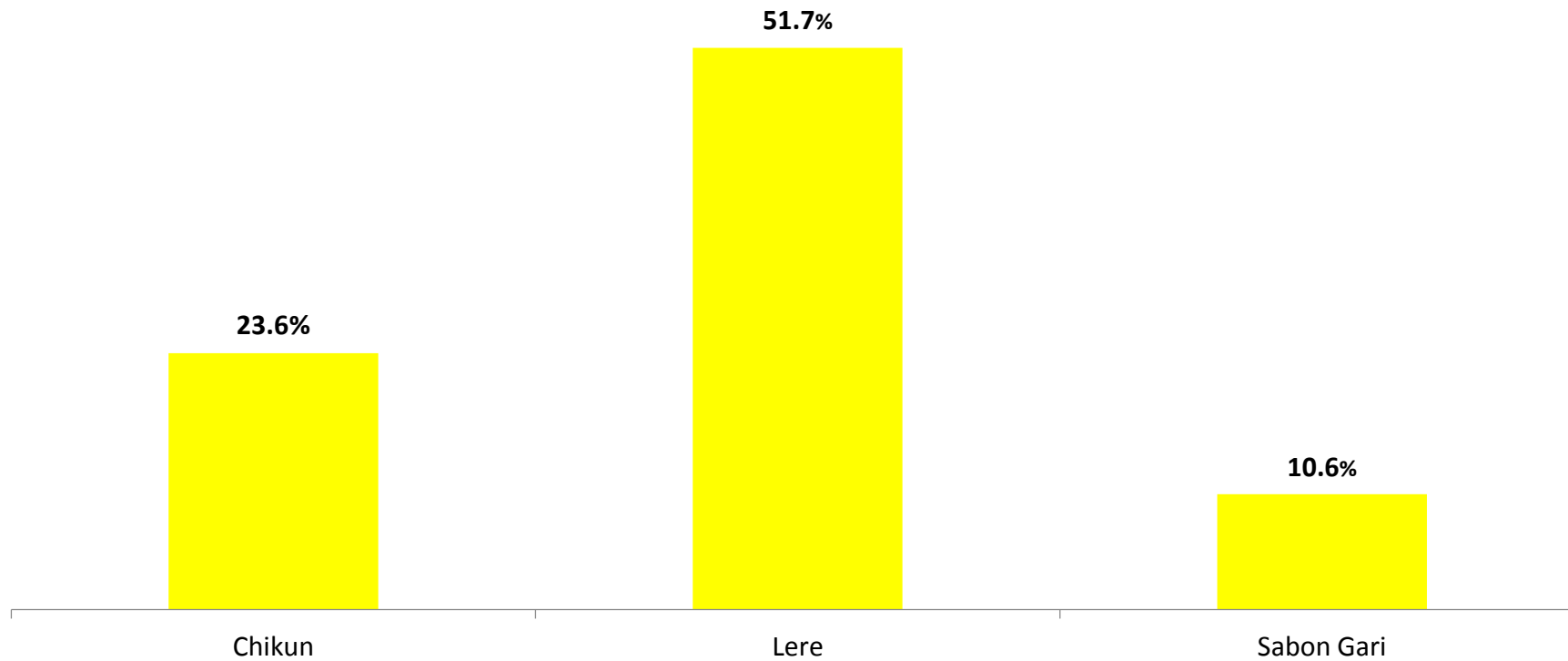
Change idea	Objective of Change idea	Duration of intervention
Tell A Friend (TAF)	Developed by AYPs during the first learning session to address low HIV comprehensive Knowledge.	14 weeks

Facilitator Driven Interventions

Change idea	Objective of Change idea	Duration
Married AYPs	To Address STIs among married AYPs and low HTS uptake among the target group.	15 weeks
Husbands of Married AYPs	Developed as an aftermath of educating married AYPs on STI and its management with specific reference to couple treatment as the best method of preventing re-infection amongst the target group	3 weeks
Traditional / Community Leaders	To Reinforce pre- marital HIV counselling and Testing for Intending couples	12 weeks

Exposure to Parental/Guardian Communication Interventions

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



Assessment of Exposure to Parental Communication Intervention (contd.)

Variable	Intervention				Control	
	Chikun (n=85)		Lere (n=186)		Sabon-Gari (n=38)	
	Freq	%	Freq	%	Freq	%
Who discussed with you						
Mother	58	68.2	135	72.6	32	84.2
Father	12	14.1	46	24.7	7	18.4
Guardian	11	12.9	49	26.3	4	10.5
Caregiver	21	24.7	25	13.4	2	5.3
Others(Specify)	14	16.5	46	24.7	7	18.4
Do you know what influenced them to discuss with you						
Parent went to a meeting	15	17.6	109	58.6	2	5.3
Asked to from church/mosque	9	10.6	69	37.1	0	0
Community leader asked them to	2	2.4	18	9.7	2	5.3
Parents talked to in the market	1	1.2	24	12.9	0	0
I don't know	67	78.8	28	15.1	19	50
Others	0	0	18	9.7	16	42.1

Assessment of Exposure to Parental Communication Intervention (contd.)

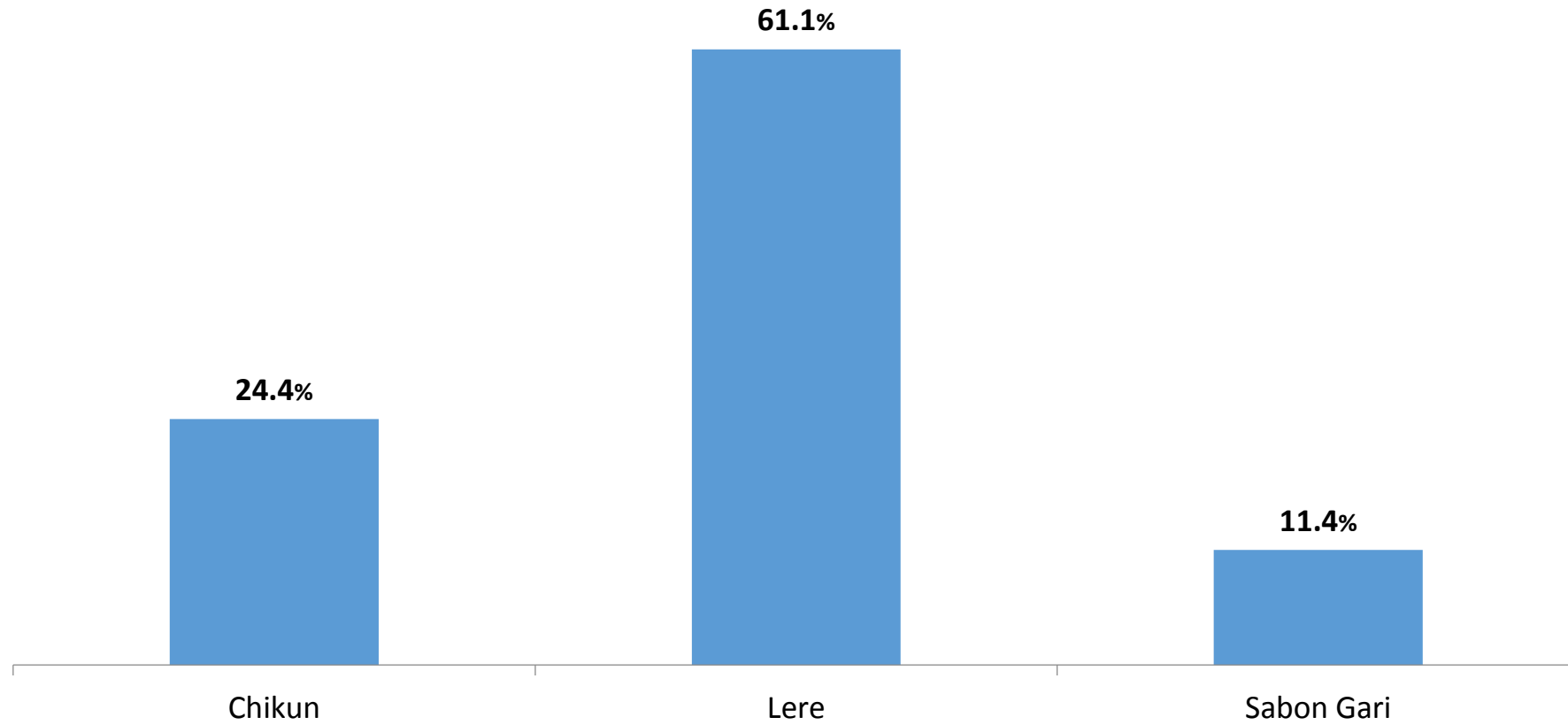
- It is evidence from the qualitative data that many participants in Lere and Chikun reported that their parents/guardian especially mothers/female guardian discussed reproductive health issues with them within the last six months. Parts of the issues discussed include menstruation, puberty, abstinence, prevention of HIV, STIs and unplanned pregnancy through condom use among others
 - *“Knowledge on HIV has increased, before our women don’t sit with their daughters to talk on sexual issues but with this program, mothers now discuss with their daughters on sexual issues. Women can now talk to their husbands if she finds out she has a Sexually Transmitted infection (STI) unlike in the past when they could not, they now know how to protect themselves from contacting any STI.”* **HIV Desk Officer, 52 years, Lere LGA**

Assessment of Exposure to Parental Communication Intervention (contd.)

- ❑ *“Certainly there are benefits, because in this community before women will hardly come out for such programmes, but now they are coming out in large numbers. Also prostitution is fading out because young girls have beginning to realise the dangers in indiscriminate and unprotected sex.”* **AYP Mother 32 years, Lere LGA**
- ❑ **Also, a youth leader of 31 years of age in Chikun LGA** expressed as below: *“The benefits of the programme are many. One, there is information now. Two, the mother's too are informed and this will go a long way to help the girl child because every child you see comes from a home and if the mother is adequately informed then she will also pass the information to her child. Those are the benefits, AYP have information and then the involvement of their mothers.”*

Exposure to Peer to Peer Interventions

Peer discussed SRH and HIV with respondent in last 6 months

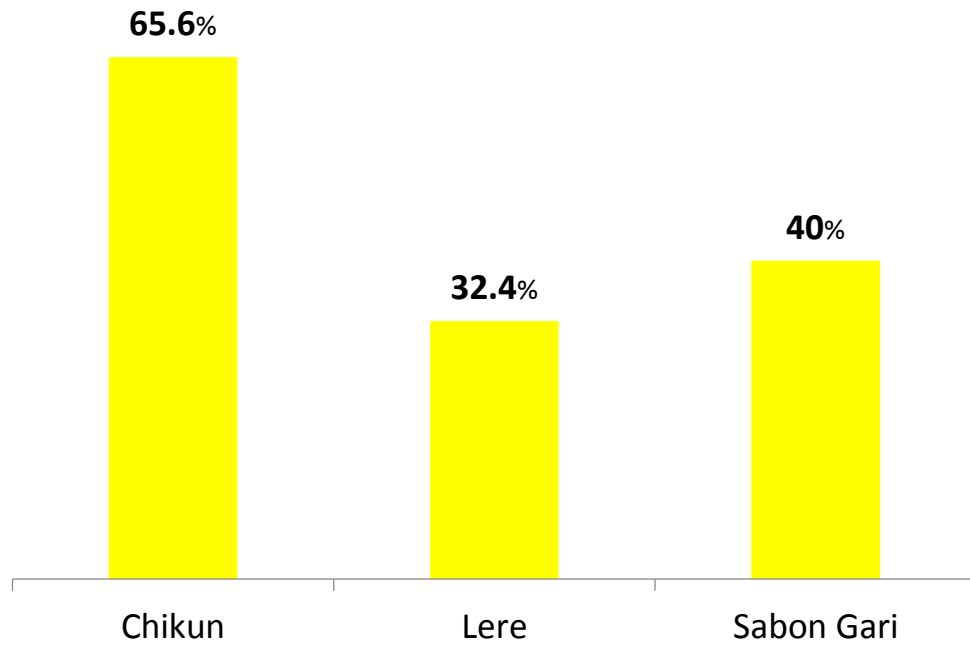


Exposure to Peer to Peer Interventions

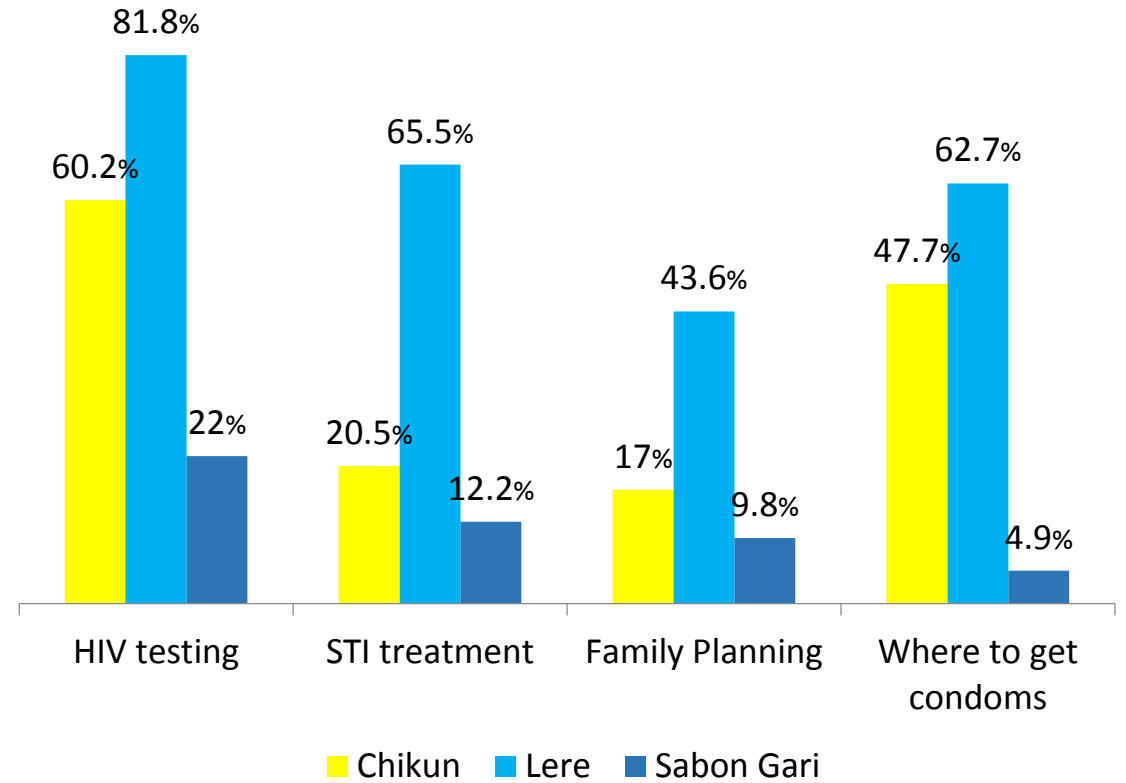
	Intervention				Control	
	Chikun(n=88)		Lere(n=220)		Sabon-Gari(n= 41)	
	Freq	%	Freq	%	Freq	%
Abstinence	31	79.5	155	80.7	1	16.7
Sessions to develop income generating skills	7	17.9	67	34.9	0	0
Sessions on STI treatment and prevention	29	74.4	127	66.1	2	33.3
Sessions for education on HIV	30	76.9	155	80.7	5	83.3
HIV testing services	28	71.8	131	68.2	1	16.7
Sessions on self-esteem and goal setting	18	46.2	116	60.4	0	0
Sessions on danger of early sex/marriage	15	38.5	121	63	0	0
Sessions on menstruation and pregnancy	9	23.1	109	56.8	1	16.7
Cervical cancer screening	2	5.1	11	5.7	0	0
HIV treatment	4	10.3	85	44.3	0	0
Others	0	0	3	1.6	0	0

Exposure to Peer to Peer Interventions

Peer invited respondent for any health education session



Peer introduced services available



Exposure to Peer to Peer Interventions

- Evidence from the qualitative data also revealed that many adolescents had interaction with their friend on sexual and reproductive health. Issues discussed with friends include means of contacting STIs and HIV, condom use, unplanned pregnancy and HIV and STIs treatment. Some respondents particularly expressed that they were introduced to HTS service providers by their friends.

“Honestly it has so many benefits especially the tell a friend as i have said earlier. This AYP they believe in themselves whenever their peers are telling them something they take it more seriously than when another person is doing that so tell a friend has helped many of them”.

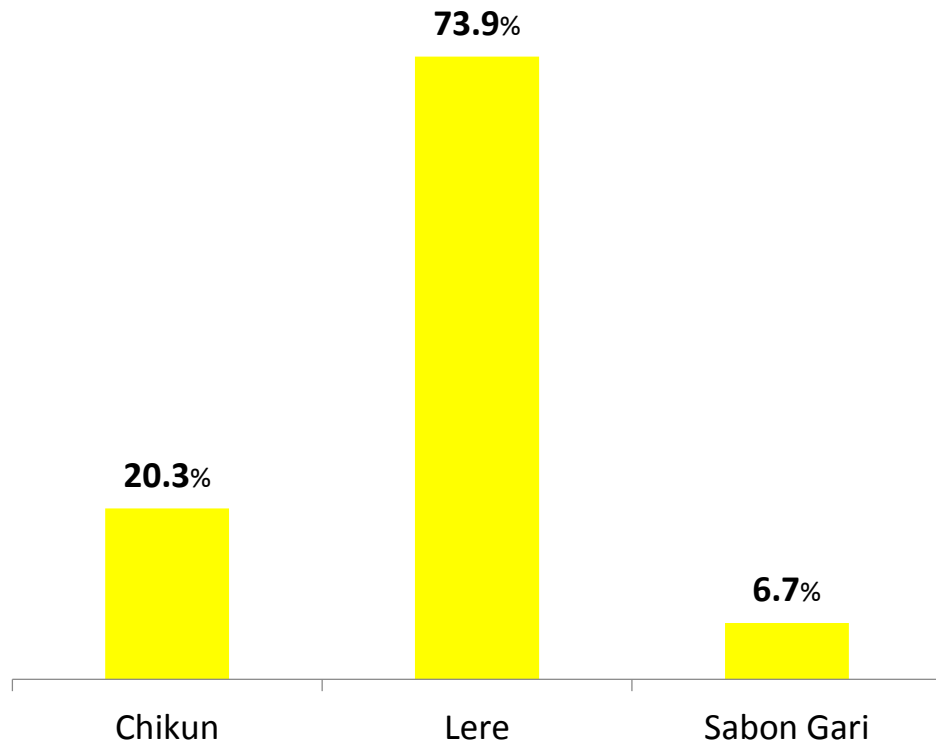
Health worker, 40 years, Chikun LGA

Also an adolescent male aged 20 years from Sabon Tasha, Chikun LGA, has this to say about his interaction with friends on sexual and reproductive health during the intervention programme:

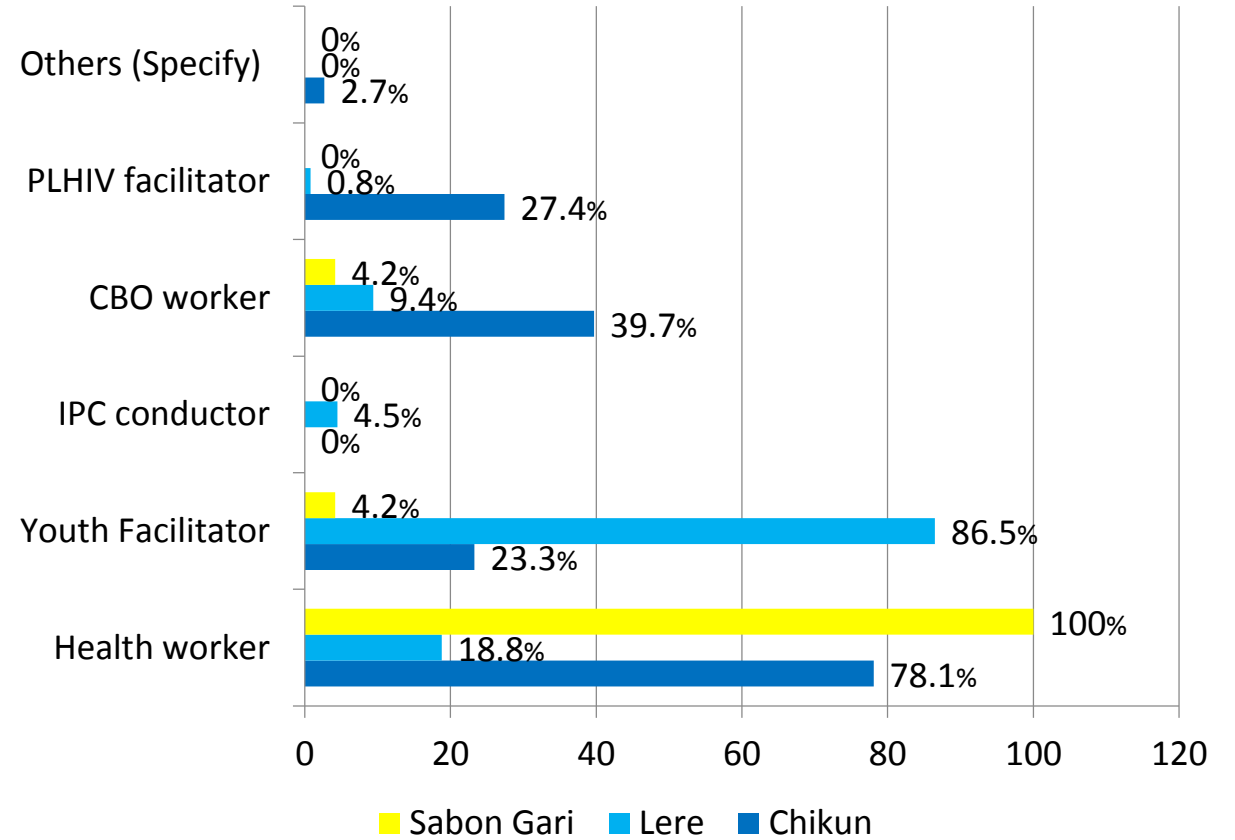
“We don’t have enough information before; we discuss with friends issues about HIV. But because of ignorant before now, when we see a lady that was born or we grow together, we assumed she cannot be HIV positive, as such we go into unprotected with her.”

Exposure to Youth Facilitator Driven Interventions

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

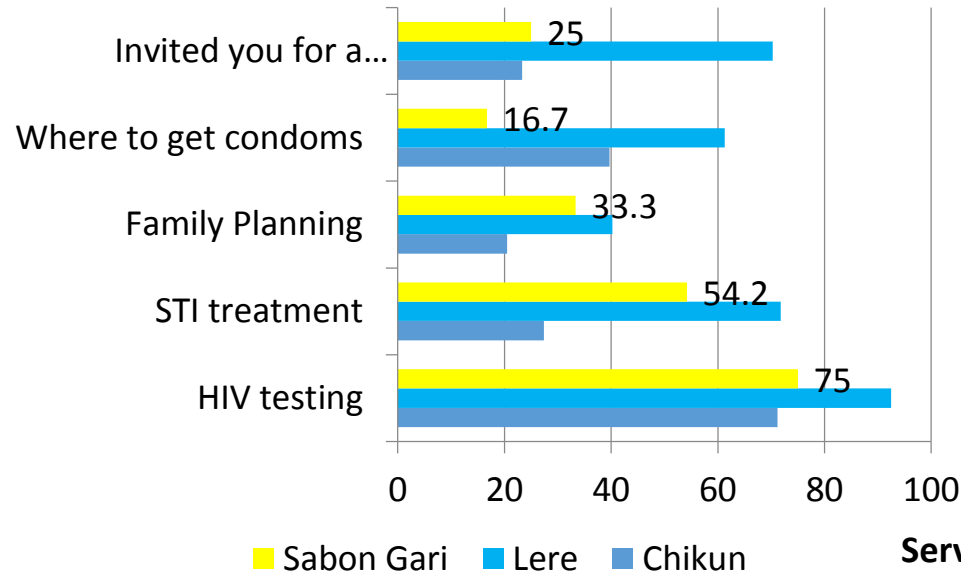


Person who spoke message

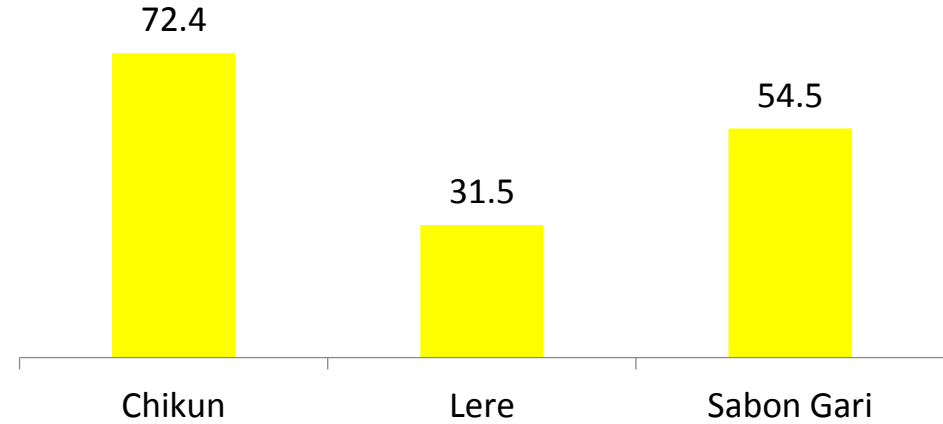


Exposure to Youth Facilitator Driven Interventions

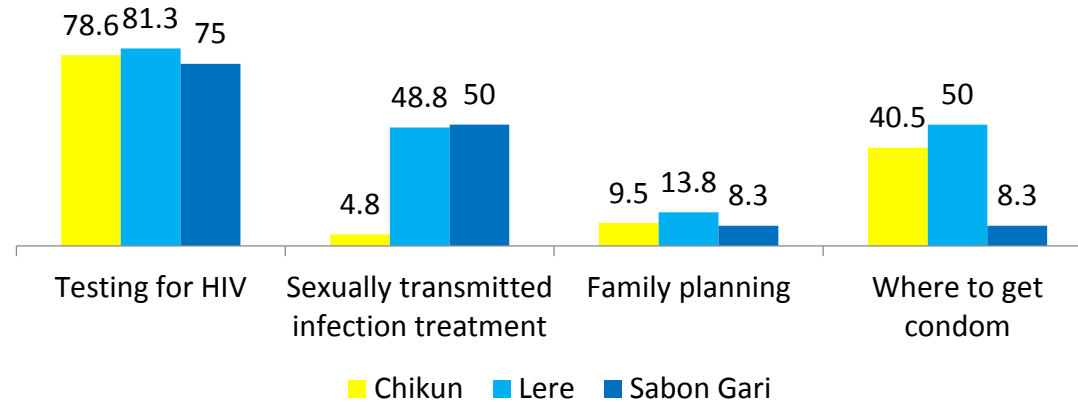
Facilitator introduced services



Respondent used any of the service introduced by a youth facilitator



Services introduced that were used



Exposure to Youth Facilitator Driven Interventions

- The qualitative data showed that some adolescents were also exposed to sexual and reproductive health programme during the intervention. The health workers and the CBO workers were specifically mentioned across Lere and Chikun LGAs. Issues discussed with them include STIs, unplanned pregnancy, abstinence, condom use and HTS uptake.

An adolescent of 19 years of age from Lere LGA expressed that *“Health workers created awareness for the community and helped in mobilizing our parents for participation in the intervention programme”*

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Comparison of baseline and end
line assessment

Background characteristics of respondents by LGA at baseline and end line	Chikun		Lere		Sabon Gari	
	Baseline	End line	Baseline	End line	Baseline	End line
	%	%	%	%	%	%
Age group						
15-19 years	57.2	61.4	46.4	56.1	51.9	50.3
20-24 years	42.8	38.6	53.6	43.9	48.1	49.7
Highest level of education						
No formal education	10.6	19.3	31.9	52.1	14.7	16
Primary	16.7	18.6	29.2	22.4	16.9	23.7
Secondary	64.2	56.4	37.5	24.7	54.7	52.6
Tertiary	8.6	5.7	1.4	0.9	13.6	7.7
Marital status						
Married/co-habiting	24.7	26.1	65.6	49.4	37.5	38.6
Divorced/separated/widow	1.7	0.3	0.6	2.8	2.5	1.7
Never married	73.6	73.6	33.9	47.8	60	59.7
Wealth quintile						
Poorest	5.6	25.6	51.7	82.8	2.8	15.8
Poorer	11.7	16.4	33.6	10.8	14.7	22.2
Middle	19.2	21.4	11.4	4.4	29.4	20.6
Richer	28.3	15.8	3.1	1.4	28.6	25
Richest	35.3	20.8	0.3	0.6	24.4	16.4

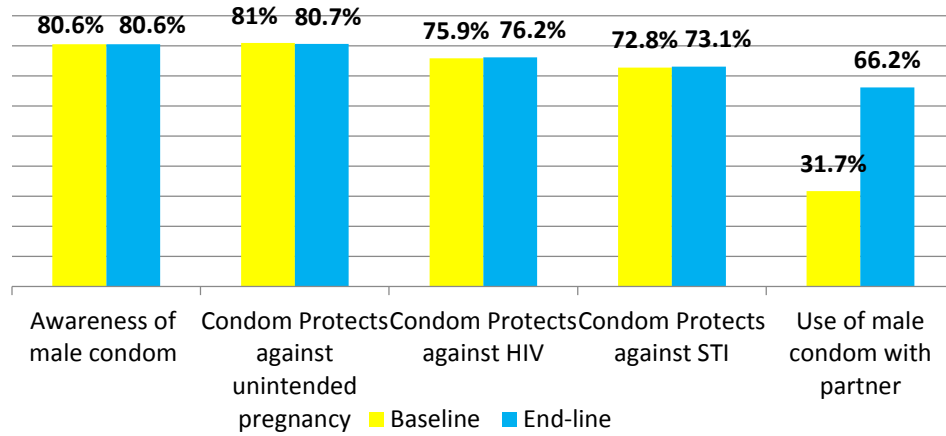
Vulnerability factors to HIV infection	Chikun		Lere		SabonGari	
	Baseline	End-line	Baseline	End-line	Baseline	End-line
Early marriage	15.0	17.5	47.2	36.9	24.4	24.7
Early sex	28.9	30.8	52.5	40.6	29.7	31.7
Gender based violence	44.4	28.6	30.0	20.3	29.2	19.2
Intergenerational sex	1.4	1.7	0.6	1.7	0.8	0.6
Low HIV risk perception	90.0	94.4	81.1	80.6	95.3	96.4
Multiple concurrent sexual partners	6.7	6.7	1.4	2.5	1.9	2.5
Transactional sex	1.7	3.6	1.4	3.9	0.3	1.1
Unprotected sex	37.8	36.9	70.0	57.8	45.0	47.2

Vulnerability Factors to HIV Infection

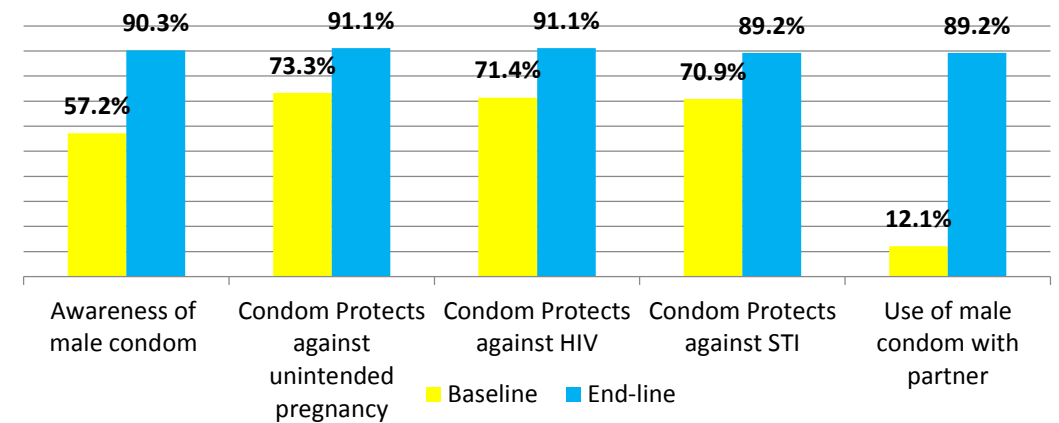
- Evidence from the qualitative data showed that although many of the contextual factors predisposing the AYP to HIV infection are still prevalent in the three LGAs, adolescents in the intervention LGAs are now more responsive to preventive and treatment measures for HIV and STIs infections. **A youth leader in Chikun LGA expressed that**
 - *“One way of preventing HIV infection is to have protected sex and to be faithful to your partner. Also, both partners have to know their status and they have to engage in protected sex. They should not also share needles razor blades.”* **Youth leader 25 years Chikun LGA**
- Some adolescents also expressed that they get information from parents, churches and schools on reproductive health.
 - *“We usually get informed from churches, our homes and schools, people are informing us, that even if you cannot abstain, then it is important to use condom.”* **Married AYP, 22 years, Lere LGA**

Condom Knowledge and Use

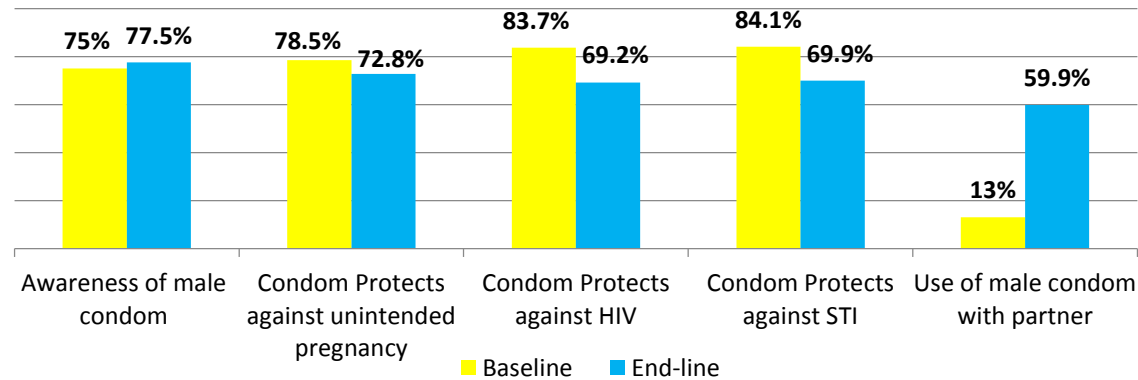
Chikun LGA



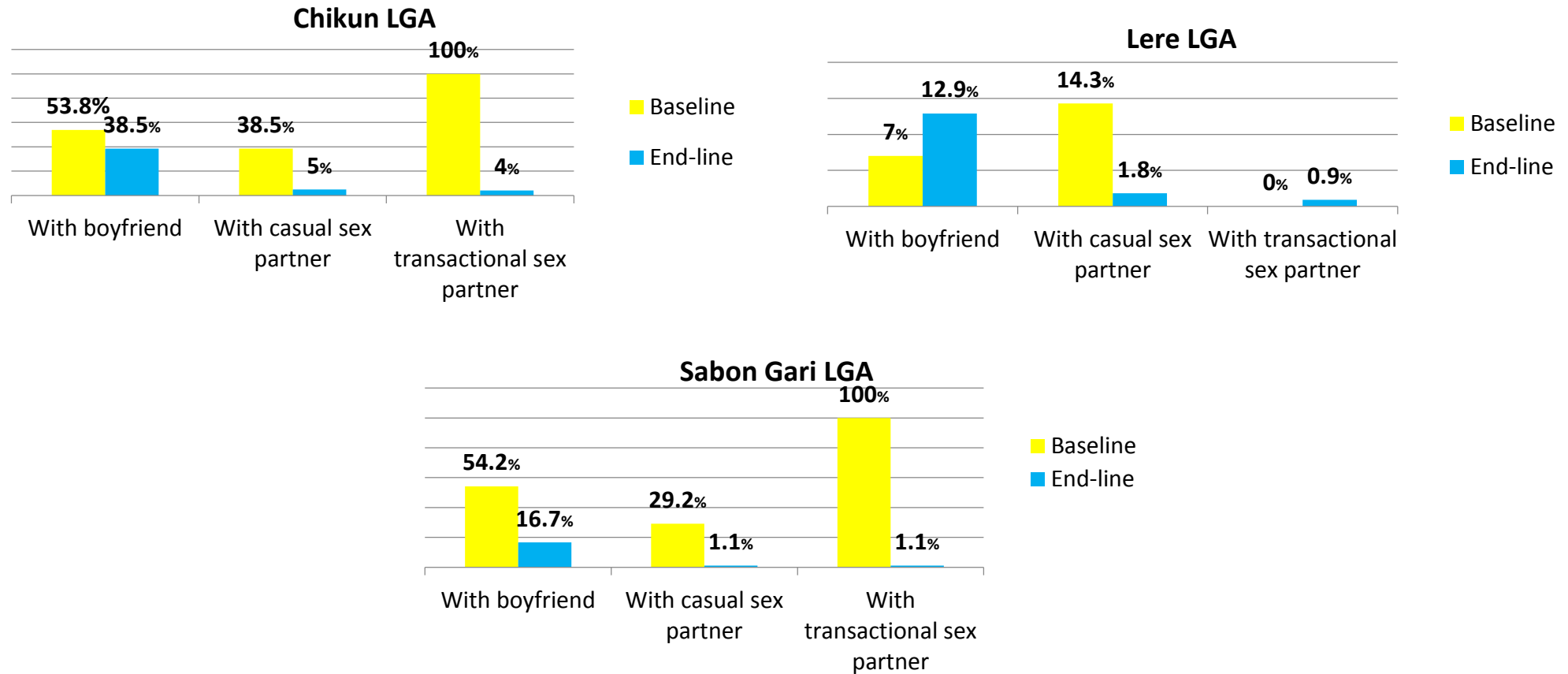
Lere LGA



Sabon Gari LGA



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



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

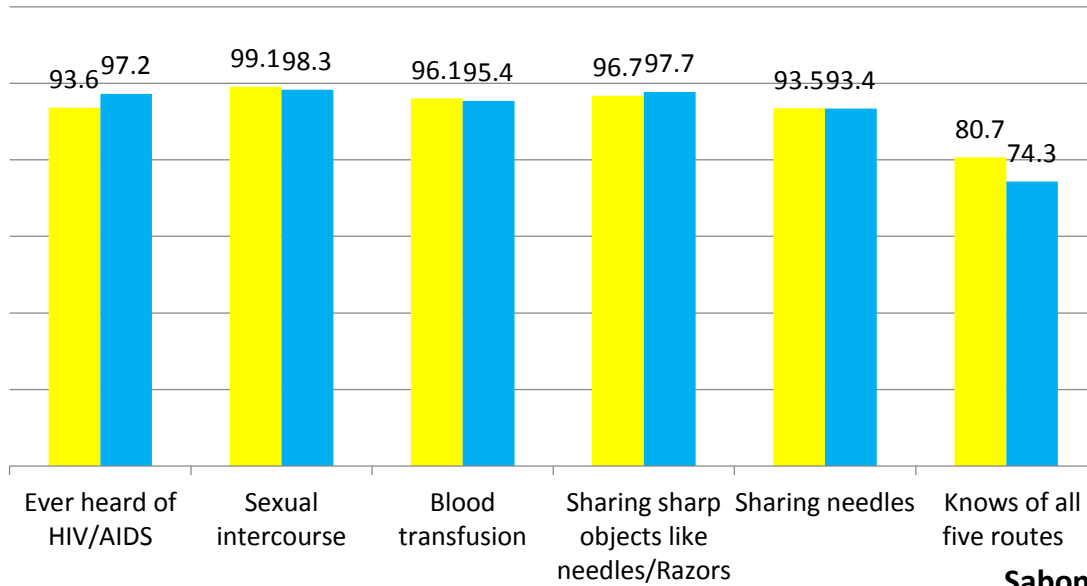
- Evidence from the qualitative data showed a stronger advocate for safer sex by using condom especially in Chikun and Lere LGAs than in Sabon Gari. The need for the use of condom was reiterated across different stakeholders including the AYP, married adolescents, mothers of adolescents and as well as the older men. The mothers of adolescents specifically stated that the adolescents need to be counselled and encouraged to practice safer sex if they must be involved in premarital sex. A participant noted:
 - *“The adolescents need to be giving lectures to be God fearing and sincere. If they must be involved in sex, they should not be involved in casual sex”*. **Adolescent mother, 39 years, Lere LGA**
- The clamour for safer sex in both Lere and Chikun was linked to the intervention programme in the communities. A respondent specifically stated as below:
 - *“The use of condom has increased, youths used to be very shy of being seen with a condom in the past but now they are the once who demand for condoms”*. **HIV Desk Officer, Lere LGA.**

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

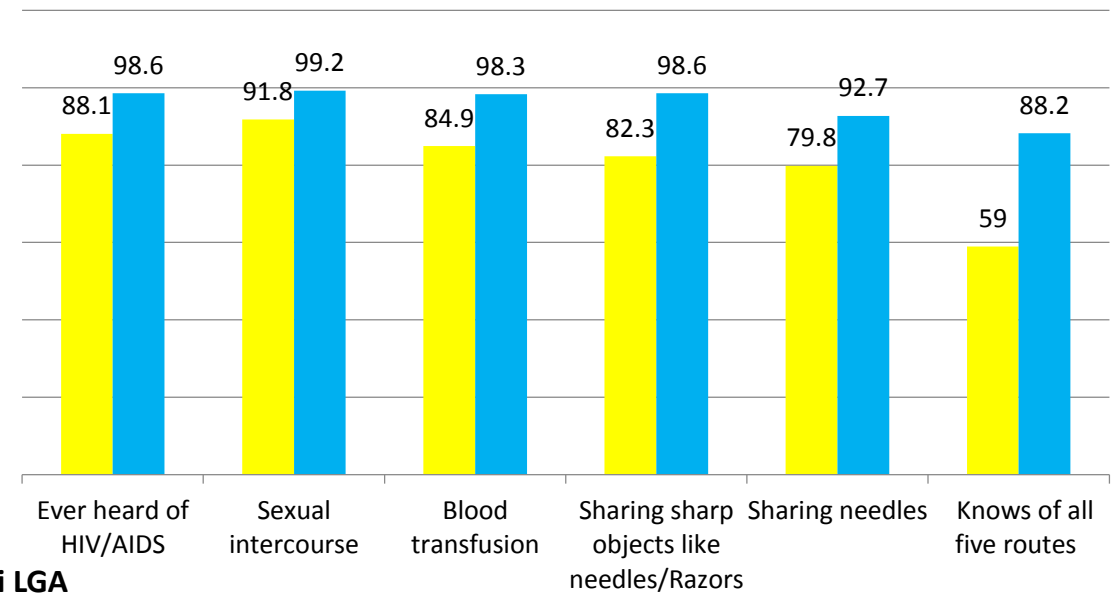
- In the same vein, some health workers in Chikun LGA noted that many adolescents now use condom as evidenced by the number they now distribute in the community. A health worker stated thus:
 - *“most of them (i.e. adolescents) use condoms because we have outlets where we drop condom for them”* **Health Worker, Chikun LGA**
 - *“It is however surprising to note that some respondents reported that some men in Sabon Gari usually break the condom deliberately during sexual intercourse.”* **A Youth Leader in Sabon Gari**
 - *“Some men often tear the condom during sex so that they can enjoy the sex more”.* **Youth Leader, age, Sabon Gari**

Knowledge of Route of HIV transmission*

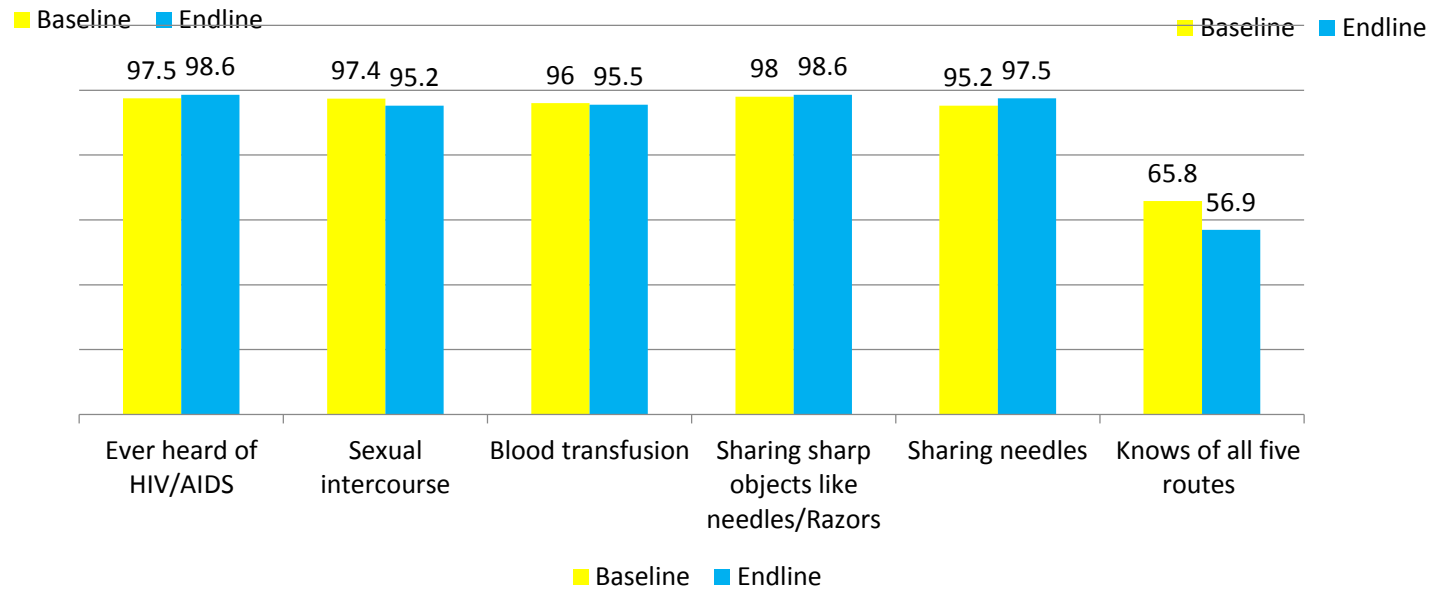
Chikun LGA



Lere LGA



Sabon Gari LGA



Knowledge of Route of HIV transmission

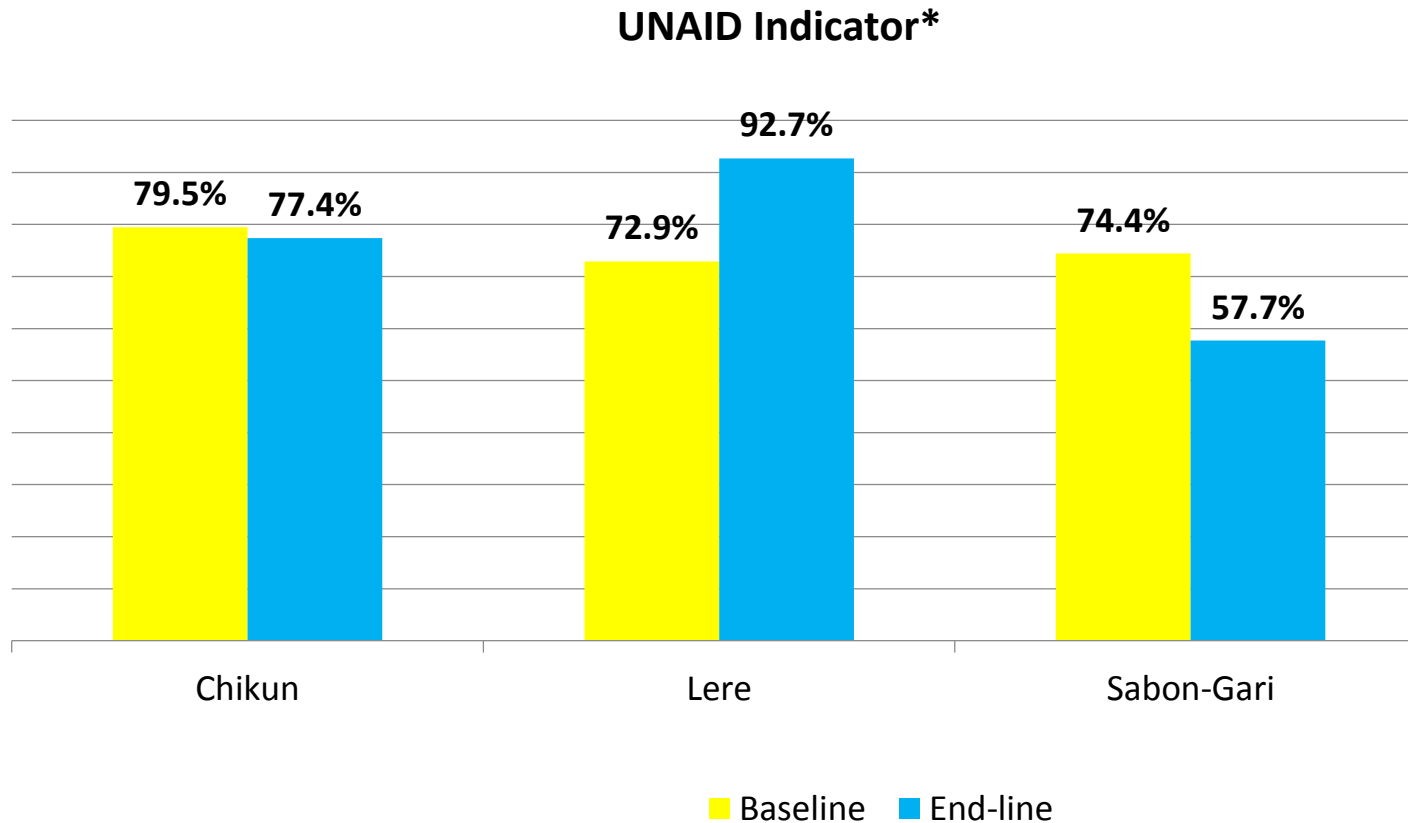
- ❑ Evidence from the qualitative data revealed that the respondents across the three LGAs are well knowledgeable about the route of transmission of HIV which include unscreened blood transfusion, unprotected sex, sharing of sharp objects, mother to child transmission and during female genital cutting.
- ❑ it is however important to note that there were still some few misconceptions among the respondents across the three LGAs. For instance, some respondents believed that HIV can be transmitted through hugging, kissing , eating together in the same plate and even sharing the same toilet with HIV positive person.
 - ❑ **A married AYP, 19 years from Lere LGA** expressed that *“One can get HIV through toilet”*.
 - ❑ **A young woman of 20 years of age in Sabon Gari** also noted *“nobody will like to stay around her to avoid HIV”*
 - ❑ while yet another respondent, **a married AYP 21 years in Lere** said *“some of the people won’t let HIV persons to eat with them or relate with them so as not to contact the disease”*

Knowledge of HIV Prevention

	Intervention LGAs				Control LGA	
	Chikun		Lere		Sabon-Gari	
	Baseline	End line	Baseline	End line	Baseline	End line
	%	%	%	%	%	%
Comprehensive knowledge of HIV prevention*						
HIV cannot be got by sharing eating utensils	74.8	71.1	36.3	71.8	80.9	72.7
HIV cannot be got by mosquito bites	60.8	68.6	35.6	78.3	65.8	56.6
A healthy-looking person can have HIV	93.2	78.6	71.6	82.5	86.3	83.7
Staying faithful to one uninfected partner	95.3	94.0	90.5	98.0	95.2	94.6
Using condoms every time	81.0	79.7	74.1	93.2	75.5	58.9
Know all 5	44.5	42.6	16.4	61.7	42.7	33.8
Misconceptions about HIV prevention						
Praying to God	50.7	38.0	59.6	44.2	54.7	52.7
Going for check-ups	39.5	34.3	58.4	73.8	60.4	56.9
Using antibiotics	12.8	16.0	29.3	23.4	28.2	16.3
Seeking protection from a traditional healer	8.0	9.1	27.4	11.0	10.8	14.4
Do nothing	4.2	9.7	15.1	5.1	7.1	5.1

**Amongst those aware of HIV and AIDS*

UNAID 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	Intervention LGAs				Control LGA	
	Chikun		Lere		Sabon-Gari	
	Baseline	End line	Baseline	End line	Baseline	End line
	%	%	%	%	%	%
HIV risk perception*						
High	2.4	1.7	1.3	12.1	0.6	1.1
Low	44.2	27.1	40.7	47.0	13.4	28.2
No risk at all	51.9	70.0	51.4	34.6	84.3	69.6
Already have AIDS	1.5	1.1	6.6	6.2	1.7	1.1
No response	0.0	0.0	0.0	0.0	0.0	0.0
HIV stigma attitude*						
Willing to care for male relative with HIV	85.2	81.4	74.8	85.4	89.2	79.4
Willing to care for female relative with HIV	85.5	85.1	76.7	85.4	90.3	83.1
HIV infected female teacher should be allowed to continue teaching	86.0	87.7	64.4	83.9	83.2	78.3
Willing to buy groceries from an infected shopkeeper	47.5	65.1	54.6	76.9	51.9	50.1

**Amongst those aware of HIV and AIDS*

Knowledge of HIV Prevention

- ❑ The qualitative data revealed that the risk perception of HIV infection among the participants is still low but respondents across the three LGAs in Kaduna believed that females are more at risk than their males' counterparts
 - *“Women are more vulnerable because they're the weaker sex and they have open private part”*. **Female AYP, 20 years, Lere LGA**

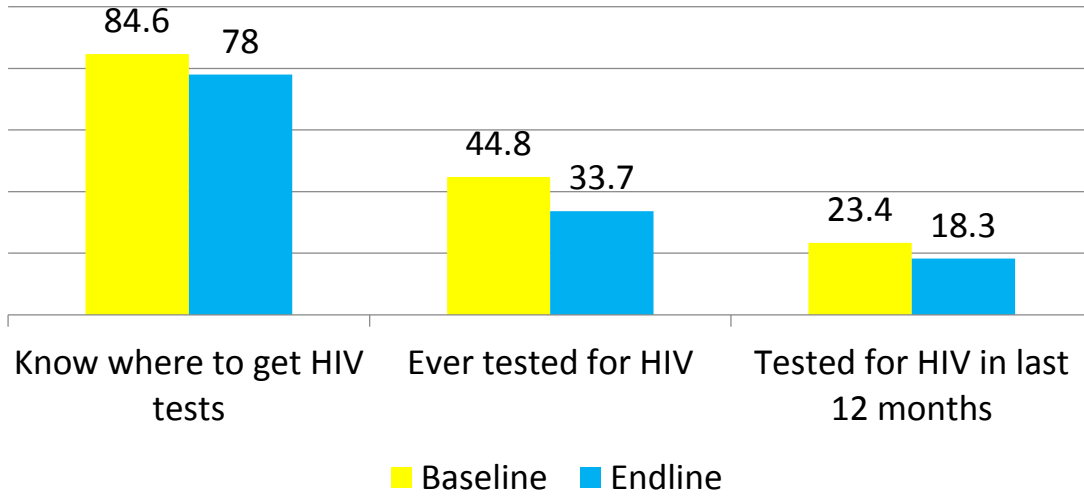
- ❑ While both positive and negative attitude cut across both intervention and control LGAs, positive attitudes is more recorded among the participants in intervention sites (Lere and Chikun LGAs) than in the control LGA (Sabon Gari). Below is an example of positive attitudes to HIV positive in intervention LGAs:
 - *“Stigmatization has greatly reduced due to awareness creation. People living with HIV used to be neglected in the past but not anymore as there has been sensitizations and interventions which has really increased the awareness of community members”*. **HIV Desk Officer, Lere, LGA**

Knowledge of HIV Prevention

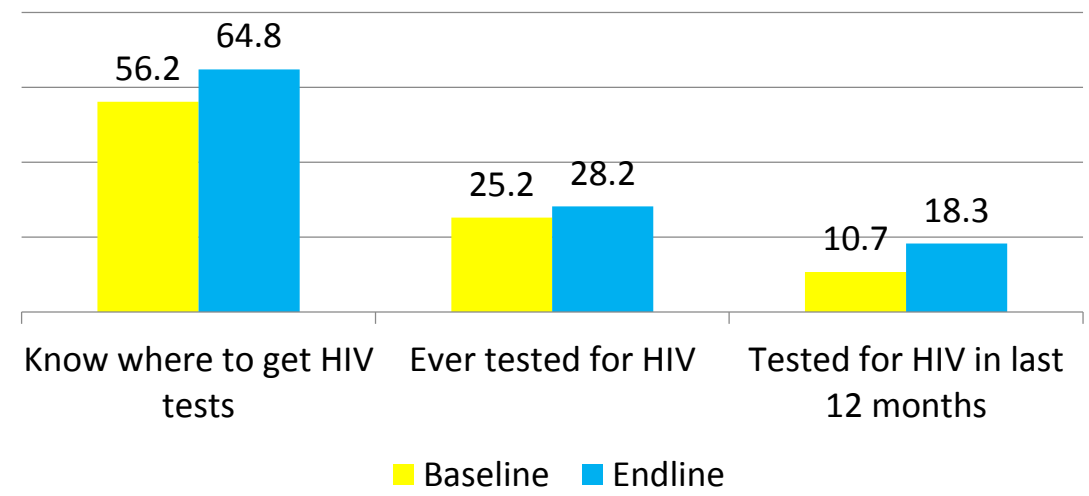
- Also, the quotation below presents negative attitude toward HIV positive people in the control LGA:
 - *“If I know you are HIV positive, my interaction with you will change, even though I won’t contact it, I will still change towards the person. I will look for ways to quarrel with him. (Laughter) I really will look for ways to end the friendship. I have also seen how people discriminate against them. I have a relative who suffered from illness and lost too much weight, people started staying away from her thinking that she's HIV+”*. **Young man, 24 years, Sabon Gari, LGA.**

HIV Test uptake*

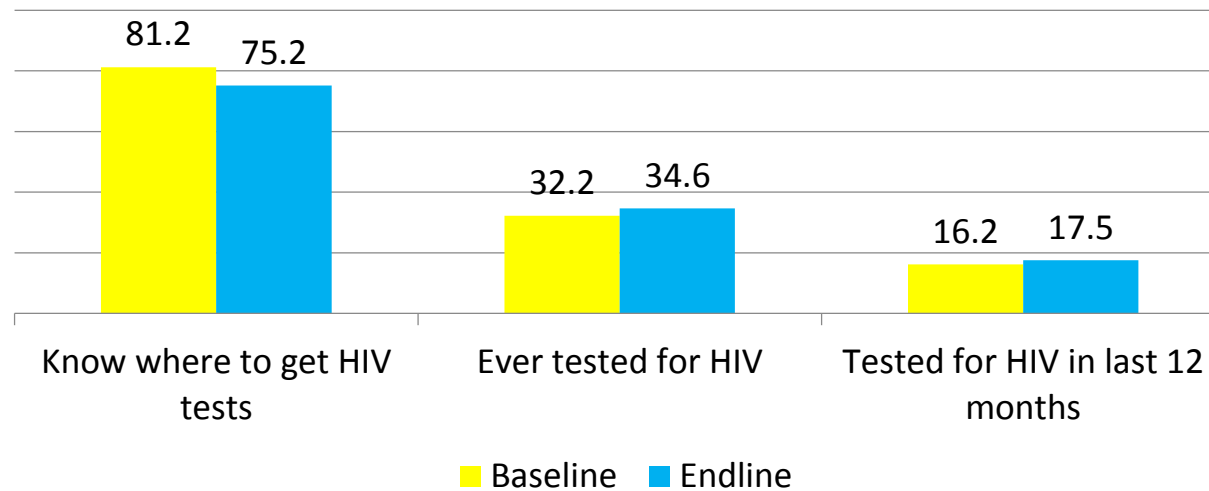
Chikun LGA



Lere LGA



Sabon Gari LGA



*Amongst those aware of HIV and AIDS

HIV Test Uptake

- The qualitative data especially in Lere revealed that that attitude of AYP to HTS uptake has improved within the last few months. A health worker from one of the intervention LGA expressed as below:
 - *“Before the AYP programme, AYP were not coming for testing, but with the sensitization they now avail themselves and they come for test. We have gotten like 15 positive people living with it amongst them recently”*. **Health worker, 40 years, Lere LGA**

Lessons Learnt: Kaduna

- AYPs were more comfortable accessing condoms from their peers than through a third party.
- Reaching AYPs through their mothers gives indication that it can work however it requires breaking cultural barriers which may take some time.
- The WhatsApp methodology may be a good approach to reaching AYPs however, with BTS it may not be feasible due to the short period allocated to each intervention

Lessons Learnt: Kaduna (contd.)

- The involvement of male sessions can be introduced as a medium to address STIs, HIV and discourage early marriage among AYPs
- Translation of SRH messages to local dialects will help reach more AYPs in the communities
- Monthly AYP meetings has shown to be a good medium for mobilizing AYPs as the news spread faster than identifying them individually.
- Among the facilitators, we have both older and younger people in the team, it was discovered that the younger people were able to reach more AYPs with prevention messages, condom distributions and mobilize for HTS with ease.

Models that worked: Kaduna

- The following models are recommended for reaching the AYP in communities similar to the LGAs selected in Kaduna State
 - Mother to child communication on HIV prevention
 - Peer to peer education and condom distribution
 - Involvement of traditional/community leaders in HIV prevention strategy – through the involvement of traditional leaders, pre-marital HIV testing has been passed into law in Kaduna State during the intervention stage

Thank You