



# Impact Evaluation of Family Life and HIV Education Programme

## Post Intervention Survey Report



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## **Acknowledgements**

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## **Executive Summary**

The survey, using a pre and post evaluation design, measured the successes and effectiveness of the Family Life and HIV Education (FLHE) programme among in-school youths in Nigeria using four broad indicators namely: sexual behaviour, HIV counselling and testing, knowledge of HIV & AIDS transmission and prevention, knowledge of STIs, sources of information on HIV & AIDS, attitude towards people living with HIV & AIDS, knowledge and use of condom. The study measured the effectiveness of the different approaches of FLHE delivery in achieving the desired change in the selected indicators. The post intervention survey was conducted in July 2015 after FLHE intervention was implemented in the selected survey schools for 18 months.

The overall objective of the pre and post evaluation was to measure the effectiveness of intervention approaches to promoting sexual and reproductive health of in-school youths for better programming. The specific objective of the evaluation was to compare the knowledge, attitude and practices of students in selected indicators of exposed or intervention groups to that of students in control groups between baseline and end-line and to document lessons learnt, best practices, major achievements and project impacts on beneficiaries.

The study is a mixed method study involving the use of quantitative as the primary method supported by qualitative approaches for focus group discussion and key informant interviews. The quantitative study involved an experimental design using multiple treatments that tested and compared three interventions and a control group (do nothing) to determine the most effective model of FLHE delivery amongst in-school youths. The FLHE interventions tested were the Curriculum Only (CO), Curriculum and Community Awareness (CCA) and Curriculum Community Awareness and Peer Education Plus (CCAP) approaches.

A total of 6,157 and 6,117 students were interviewed during the pre-intervention (baseline) and post-intervention (end-line) surveys, respectively. At the pre-intervention stage, the Intervention group consisted of 4616 pupils (75.0%) while 1,539 (25.0%) were in the control group. At the end- line, Intervention group consisted of 4626 (75.6%) and control group 1491 (24.4%) students. Most of the participants in both the intervention and control group were early

adolescents aged 10-14 years (90.7% of the intervention group and 86.8% of the control group). There were no significant differences between the intervention and the control group in regards to most socio-demographic variables (including age, sex and educational level).

A comparison of the primary evaluation population (consisting of the class set that participated in both the baseline and the end-line) shows no significant difference between the intervention group and the control with respect to age, sex, living arrangement and region but the two groups differed in their distribution according to religious affiliation.

Compared to the control group, a significantly higher proportion of those in the intervention group had higher comprehensive knowledge of HIV prevention (13.8% vs. 8.3%,  $p=0.012$ ), had received HIV information in the past 12 months (90.8% vs. 89.2%  $p<0.001$ ), and know a source of information (69.1% vs 66.3%,  $p < 0.001$ ). However, a higher proportion of the control group had high level of HIV infection risk perception compared to the intervention group (9.3% vs. 5.3%,  $p=0.011$ ). Compared to the control group, a significantly higher proportion of those in the intervention group had never had sex (89.6% vs. 84.1%,  $p=0.009$ ), but a higher proportion of the control group had used a condom during sex (6.1% vs. 21.7%,  $p=0.004$ ) or used a condom at the last sex (3.5% vs. 13.0%,  $p=0.023$ ) (Table 10).

The logistics regression analysis (with socio-demographic characteristics controlled for) shows that compared to the controls, the curriculum only (CO) intervention group had a significantly higher proportion of respondents who had high level of knowledge compared with the control (adjusted odds ratio [aOR] = 1.72, 95% confidence interval (C.I) =1.02-2.89), who had received information about FLHE (aOR=4.08, 95% C.I.=2.26-7.36)) and places to source HIV information from (aOR=1.68, 95% CI=1.20-2.35). Also, compared to the controls, the curriculum plus community awareness (CCA) group had a significantly higher proportion who had received information about FLHE (aOR=1.71, 95% C.I.=1.01-2.89) and the Curriculum plus Community Awareness and Peer education (CCAP) intervention group had a significantly higher proportion of study population who knows places to source HIV information from (aOR=1.79, 95% CI=1.27-2.52). The logistic regression analysis also shows that the CO group had a significantly lower proportion of respondents who had had sex compared to the controls (aOR = 0.49, 95%, C.I=0.29-0.84).

Findings from the qualitative analysis shows that training and retraining were conducted for staff of secondary schools in which the various study interventions were carried out and teachers passed across the knowledge gained during such trainings to their students. Some teachers noted that the knowledge they gained during these trainings had not only benefited their students but themselves and their communities as they also learnt something new about STIs, HIV and AIDS from the training sessions. Teachers however differed considerably in their opinion regarding the duration and nature of the training schedule. While some noted that the duration was too short and the content too “bulky” for them to assimilate adequately within the allotted time, others held a contrary opinion. A training was also carried out for state FLHE desk officers and most trained persons noted that the training content was adequate. Teaching staff reported that their activities were monitored by the Desk officers of the states. Across all the states, desk officers noted that a major problem they faced in discharging their duties was funding, and this affected the frequency and regularity of monitoring activities, among others.

Students in the intervention groups reported gain in HIV-related knowledge and this was corroborated by their teachers, however some level of misconception on the transmission and prevention of HIV was found among students in the control group as well as those in the various intervention groups. FLHE was taught in various subjects. Most common subjects FLHE was taught in included Social Studies, Home Economics, Basic Science and Physical and Health Education. The information given to the student was found to be well defined and targeted at each class level, and was staggered across the various junior classes. Relevant information, education and communication materials and approaches were also found to have been used in the course of FLHE curricula delivery to intervention groups including posters, test books with pictures, diagrams, songs, dramas, demonstrations, deliberately repeating taught topics, quizzes, debates, and assigning reading topics – and students expressed their approval and acceptance of the methods of teaching. There were however, some complains about some teachers in terms of late-coming to class and poor delivery of the FLHE materials.

The training content was noted by the students to have included practical life issues (life skills) such as negotiation/assertive skills, delay of sexual debut, personal and environmental hygiene, decision making skills and so on. The students in return noted that in addition to the

knowledge they had gained on how to avoid contracting HIV and STIs, the FLHE course helped them adopt better lifestyle practices and helped them develop better core skills including negotiation, socialization and decision making. Finally, the study population made a number of recommendation for improving the FLHE program, relating to the role and responsibilities of governments, schools and teachers, communities as well as students.

The results of the economic analysis showed that the CCA intervention model resulted in higher increase in knowledge at the least cost at the end-line compared to baseline, thus proving to be more cost effective. Thus, in a resource constrained environment such as ours, interventions using the combination of the curriculum and community awareness (CCA) model alone can achieve the objective and goal of the FLHE program

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