



# REPORT

## IMPACT ASSESSMENT OF SEXUALITY, FAMILY LIFE AND HIV&AIDS EDUCATION IN PUBLIC SECONDARY SCHOOLS OF CROSS RIVER STATE

MacArthur Foundation



**Impact Assessment of Sexuality, Family Life and  
HIV&AIDS Education in Public Secondary Schools of  
Cross River State**

*by*

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## List of Acronyms

AHI	Action Health Incorporated
AIDS	Acquired Immune Deficiency Syndrome
ARH	Adolescent Reproductive Health
COE	College of Education
CRSMOE	Cross River State Ministry of Education
CREA	A feminist human rights organization, India
e-SFLHE	Electronic version of Sexuality, Family Life and HIV&AIDS Education
FCE	Federal College of Education
FLHE	Family Life and HIV&AIDS Education
FGDs	Focus Group Discussions
GPI	Girls' Power Initiative
HIV	Human Immuno-deficiency Virus
IPPF	International Planned Parenthood Federation
KII	Key Informant Interview
MOU	Memorandum of Understanding
NERDC	Nigerian Education Research and Development Council
NCE	National Council on Education
NGOs	Non-governmental Organization
PC	Population Council
PTA	Parents-Teachers Association
SACA	Cross River State Agency for the Control of AIDS
STIs	Sexually Transmitted Infections
SFLHE	Sexuality, Family Life and HIV&AIDS Education
TTC	Teacher Training College
UNESCO	United Nations Educational Scientific and Cultural Organization
USAID	United States Agency for International Development
WHO	World Health Organization

## **Abstract**

This study examined the level of impact of Sexuality, Family Life and HIV&AIDS Education (SFLHE) curriculum implementation in public secondary schools in Cross River State. This assessment was done with emphasis on impact on knowledge, attitudes and practices of students, teachers and other stakeholders. It also focused on challenges that militated against effective implementation during the period under review. The study adopted survey research design. Validated instruments used for the study include questionnaire, key informant interview guides and focus group discussion guidelines. The study was conducted in 6 local government areas (LGAs) across three senatorial zones in the state. Participants used in the study include 720 students, 48 teachers and 24 principals purposively selected from 24 public secondary schools across the state. Findings of the study revealed that SFLHE programme implementation by Girls' Power Initiative in collaboration with Cross River State Ministry of Education has been successful and has significantly and specifically improved participants' knowledge, created positive attitudes and changed the practices of the target population. From findings, students and teachers in schools where SFLHE was fully implemented are more knowledgeable on the subject matter, have more positive attitudes, have better health seeking behavior and personal hygiene. Additionally, school communities that benefitted from SFLHE programme have witnessed reduced cases teenage pregnancy, drug abuse, school drop-out rate, cultism and improved environmental sanitary conditions. The study revealed that the implementation process had myriad of challenges such as inadequate SFLHE study materials, instructional delivery aids like projectors, films, sound system; limited duration for SFLHE instruction and peer education activities; misinformation from internet, television, and social media; and inadequate funding. It was recommended among others that stakeholders should rise up to these challenges by providing adequate SFLHE textbooks and instructional aids.

## 1.0 Introduction

### 1.1 The Need for Sexuality, Family Life and HIV&AIDS Education

A major public health concern in Nigeria is the poor state of adolescent sexuality, sexual and reproductive health and rights. Lack of sexual and reproductive health information and services and under estimation of risks of unprotected sexual activities makes young people vulnerable to Sexually Transmitted Infections (STIs) including HIV and unintended pregnancy.

These are further exacerbated by continuous high unmet Adolescent Reproductive Health (ARH) needs. Young people's needs for ARH information and services continue to pose huge developmental challenges to public health. Lack of family life and HIV&AIDS information on the part of young people as well as inadequate knowledge and comfort level to teach or properly guide adolescents by teachers and parents has also been a bane (GPI, 2014). Youth and adolescents need information and assurance about what is happening to them. Even as they mature, some are confused about what they are supposed to do in different situations, making sense of evolving relationships with family and peers, experiencing new body feelings, and trying to assess conflicting messages about who they are and what is expected of them. Young people need SFLHE programmes that model and teach positive self-worth (NERDC, 2003).

In 2003, Nigeria Educational Research and Development Council (NERDC) in collaboration with Universal Basic Education, Federal Ministry of Education and Action Health Incorporated developed the National Family Life and HIV Education curriculum to be implemented in schools in Nigeria which is strongly backed by both the United Nations Educational, Scientific and Cultural Organization through the International Technical Guidance on Sexuality Education (UNESCO, 2009) and World Health Organization (WHO) action of health promotion in primary, secondary and tertiary schools.

### 1.2 The Concept of Sexuality, Family Life and HIV&AIDS Education

According to NERDC (2003), Family Life and HIV&AIDS Education is a planned process of education that fosters the acquisition of factual information, formation of positive attitudes, beliefs and values as well as development of skills to cope with the biological, psychological, socio-cultural and spiritual aspects of human living. GPI (2012) describes sexuality as "a core dimension of being human which includes sex, sexual/gender identities. Gender roles, sexual orientation, eroticism, pleasure, emotional attachment/love and reproduction." In order to vigorously mainstream HIV&AIDS prevention in schools, and for cultural acceptance, the National Council on Education (NCE) gave the directive that the sexuality education curriculum be reviewed and renamed "Family Life and HIV Education (FLHE)" Curriculum for primary, secondary and tertiary levels of education in Nigeria.

The main goal of SFLHE is the promotion of preventive education by providing learners with opportunities:

- To develop a positive and factual view of self
- To acquire the information and skills they need to live healthy and prevent HIV&AIDS
- To respect and value themselves and others, and

- To acquire the skills needed to make healthy decisions about their sexual health and behaviour.

The SFLHE curriculum is structured in such a way that it provides a framework for acquiring of knowledge about self and family life from childhood to adulthood. It also reflects a comprehensive approach to HIV prevention education at all levels of education. Thus the curriculum is organized on the following six (6) themes.

- **Human Development**  
Reproduction, anatomy and physiology, puberty, and body image
- **Personal Skills**  
Values and values clarification, self-esteem, vision and goal setting, decision-making, communication skills, assertiveness, negotiation, counseling and finding help
- **Sexual Health/HIV Infection**  
Sexually Transmitted Infections (STIs), HIV&AIDS, abstinence, body abuse,
- **Relationships**  
Family types and roles, friendship, love, relationship with the larger society
- **Sexuality, Society and Culture**  
Sexuality within the larger society, gender roles and diversity, humanity and the law, sexuality and religion, humanity and the arts and humanity and the media

### 1.3 Implementation of SFLHE in Cross River State

In 2003 NERDC developed the FLHE Curriculum being used today. With the development of the curriculum, Federal Ministry of Education directed all schools in the country to commence full implementation of FLHE in four subject areas namely; Basic Science, Physical & Health Education, Home Economics and Social Studies. Cross River State Ministry of Education formally entered into a memorandum of understanding (MOU) with Girls' Power Initiative, Calabar, in 2004 to give vent to effective implementation of the FLHE curriculum in schools (MOE, 2015).

From 2004 to 2010, with funding from MacArthur Foundation and Ford Foundation, Girls' Power Initiative, Calabar Centre, achieved the following on SFLHE and e-FLHE trainings.

Year	Number of Trainees
<b>SFLHE</b>	
2004	174 teachers across the 3 directorates
2005	80 graduating students from TTC Calabar and 100 from COE Akamkpa
2006	30 master trainers
2007	32 master trainers re-trained
2008	99 teachers from across the state; 29 lecturers from FCE Obudu; 17 school counsellors
2009	30 lecturers from COE Akamkpa
<b>e-FLHE</b>	
2007	24 lecturers
2008	160 teachers
2009	113 teachers
2010	22 lecturers

Below is the summary of achievements (2004 – 2010).

- 34, 723 (females 16,906 males 17,814) students reached
- 364 teachers/lectures trained on SFLHE
- 180 graduating students from Teachers Training College Calabar and College of Education Akamkpa trained on SFLHE
- 319 teachers/lecturers trained on e-FLHE
- 21 GPI outreach schools reached
- 249 schools in Cross River State reached
- 17 school counsellors trained

In 2011, Ministry of Education in collaboration with GPI with funding from Global Fund (Round 9) Programme in Nigeria, accomplished the following.

- 14 batches of training was conducted under the Global Fund FLHE programme.
- 557 teachers were trained from 159 Secondary Schools across the State (131 Public and 28 Private Schools).

Training under the 2<sup>nd</sup> phase of the Global Fund programme commenced in December 2013 and terminated in October 2014 with only 8 batches of training conducted. Under the Global Fund Phase 1 and 2, the Ministry recorded a total of 22 batches of training with 233 Schools affected (194 Public and 39 private). On the whole, a total of 875 teachers (374 Males and 501 Females) were trained (CRSMOE, 2015).

To build the capacity of the school heads for effective supervision of the FLHE implementation in their respective Schools, the World Bank through the Cross River State Agency for the Control of AIDS (SACA) funded the Ministry to train:

- 43 Principals in October from Calabar Zone in 2012
- 40 Principals from Ikom Zone in 2013
- 50 Principals from Ogoja Zone in June 2013
- 50 Peer Educators in Ogoja Centre, November 2012
- 50 Peer Educators in Ikom Centre, May 2012
- 50 Peer Educators in Calabar Centre, May 2013
- 50 Peer Educators in Ugep Centre, May 2013
- 50 Peer Educators in Obudu Centre, June 2013
- 40 Senior Secondary Teachers in October 2014 for Calabar zone

#### **1.4 Objectives of the Study**

The overall objective of this study was to assess the impact of Sexuality, Family Life and HIV&AIDS Education (SFLHE) on the knowledge, attitude and practice of secondary school students and teachers in Cross River State. The specific objectives are:

- To explore the level of implementation of SFLHE in secondary schools in the state
- To assess the impact of SFLHE on the knowledge, attitude and practice of teachers across the state



- To assess the impact of SFLHE on the knowledge, attitude and practice of students in the state
- To identify problems, gaps and challenges hampering the effective implementation of SFLHE in the state
- To map out appropriate strategies that will guide policy makers, government authorities and development organizations to effectively implement SFLHE in the state

The purpose of the study was to examine the level of impact SFLHE implementation since its introduction in Cross River State. This report highlights the process and outcomes of the assessment. In Section 2, the methodology including limitation of the study are explained while section 3 shows data processing and analysis. In section 4, SFLHE gaps and challenges in the state are discussed. Conclusion and recommendations make up section 5.

## 2.0 Methodology

A survey research strategy was adopted. The research design was adopted because of the descriptive nature of the study and the diverse characteristics of respondents that were considered for the study while allowing meaningful analysis as well as generalizations. Moreover the survey design involved the extensive use of questionnaire, key informant interview (KII) and focus group discussion.

Research personnel were trained and deployed to the three senatorial zones of Cross River State based on the list of schools provided by the Ministry of Education. The study was conducted in 6 LGAs of Cross River State. Purposively, 2 LGAs were selected based on the training centres delineated by Ministry of Education with 4 schools per LGA. Across the state, 24 secondary schools made up the sample population. Purposive sampling was chosen to enhance the selection of schools that are involved and not involved in the SFLHE programme.

Moreover, because of lack of comparable baseline data on the target students and teachers, a quasi-experimental approach was adopted using schools where SFLHE is not implemented as comparison group. It was assumed that the teachers and students were similar in terms of location, size and gender before the implementation of the programme. A stratified random sampling technique was adopted to divide the schools into 5 classes of Junior Secondary 2-3 and Senior Secondary 1-3. An accidental sampling procedure was used such that 6 students were drawn from each class JS 2-3 and SS 1-3 making a total of 30 students (boys and girls) per school.

JS 1 students were initially left out in both Intervention and Comparison schools since they were newly admitted. However, in some of the schools, they were used to make up the total number of respondents required. Twenty-four Principals were interviewed as key informants. 48 Teachers took part in the key informant interviews and filling in questionnaires. Focus Group Discussions conducted had 10-12 students in attendance. Questionnaires were administered to a total of 720 students.

Both open-ended and close-ended questions were asked to cover areas such as demographic data as well as information on knowledge, attitude and practice concerning family life and HIV&AIDS issues.

### 2.1 Limitation of the Study

The major limitation to the study was the impact of external factors on students and teachers knowledge, attitude and practices. External factors beyond control of the researchers including social environment (place of residence, media messages and programmes by various non-governmental organizations) had in one way or the other influenced the responses to some study questions. Thus, in assessing the SFLHE programme impact responses were carefully analyzed most especially from the FGDs held in schools used for comparison as they may have been influenced by external factors.

Absence of baseline data from Girls’ Power Initiative, Ministry of Education and intervention schools posed another limitation to this assessment. However, data from this assessment obtained from comparison schools could be used for future research as baseline data.

## 3.0 Data Processing and Analysis

In October 2015, data collection was carried out by the research team. The survey was conducted in 24 schools located in Akpabuyo, Calabar Municipality, Yakurr, Ikom, Ogoja and Yala local government areas of Cross River State.

Data from the survey were processed using Microsoft Excel and the Statistical Package for Social Sciences (SPSS) software. The data analysis assessed whether students and teachers in schools implementing full SFLHE programme reported greater knowledge, positive attitude and better practices relating to STIs and HIV prevention, gender roles, life skills and less risky behaviours than those in schools where SFLHE programme in not implemented. A chi-square test for two related samples was used to assess the level of significance between the intervention and comparison schools. For the student respondents, there were more female than male as shown below.

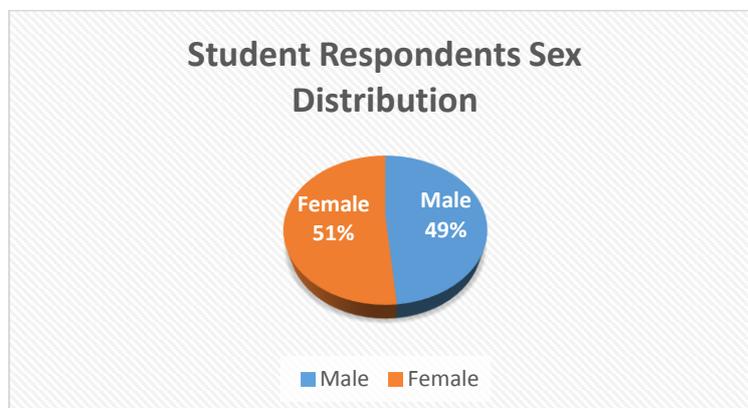


Fig. 1

As shown in Figure 1 above, out of 720 student respondents, there were 396 females (205 intervention, 191 comparison) and 354 males (185 intervention, 169 comparison).

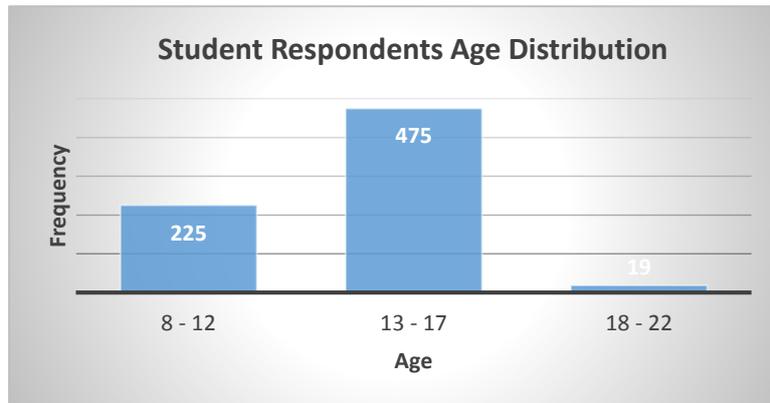


Fig. 2

From figures 2 and 3, the age distribution shows that most student respondents fall between the ages of 13 and 17 years (66%, n=720) with 8 - 12 years (3%, n=720) age range having the least number. This is evident in the class distribution in figure 4 below.

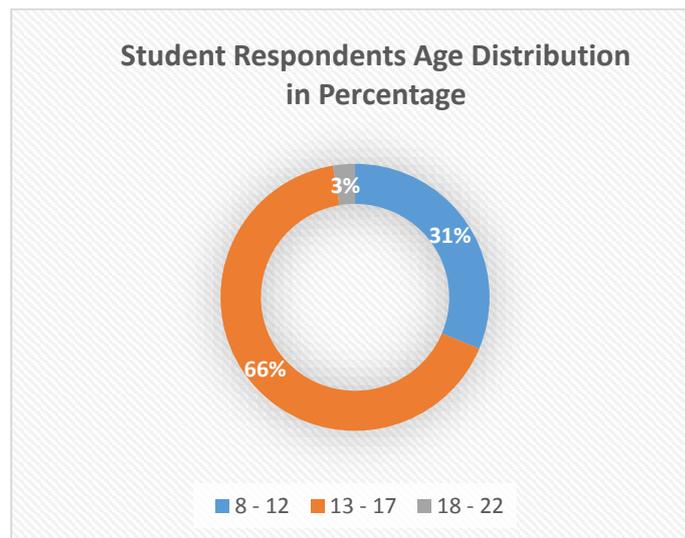


Fig. 3

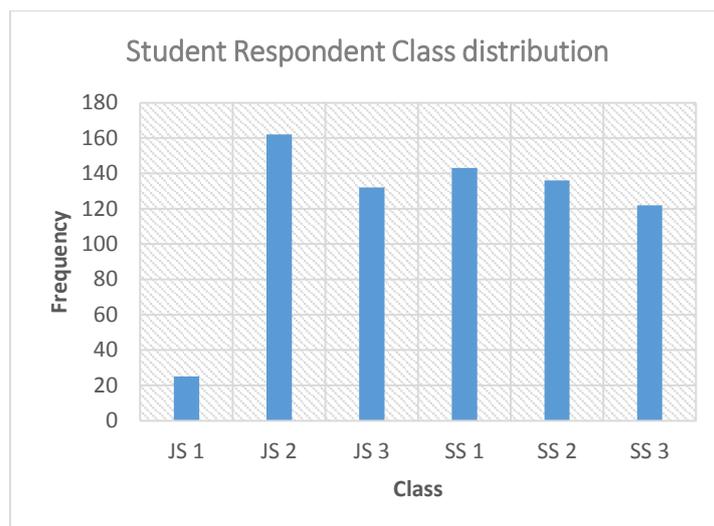


Fig. 4

As shown in Figure 4, most of the student respondents were of Junior Secondary two category. This was as a result of school engagement and absence of students from the senior category in some schools as at time of study.

The sex disaggregated data for teacher respondents is given below.

Sex	Intervention	Comparison	Total
Male	6	20	26
Female	17	5	22
<b>Total</b>	<b>23</b>	<b>25</b>	<b>48</b>

Table 1. Male to Female Ratio – Teacher Respondents

### 3.1 FHLE level of implementation in Secondary Schools

#### Subject Areas SFLHE is Infused

In all intervention schools, FLHE is infused into the following subjects

- Christian Religious Education
- English Language
- Biology
- Health Science
- Social Studies
- Home Economics
- Physical and Health Education
- Integrated Science
- Civic Education
- Basic Science

In 2 out of 13 intervention schools visited, Physics, Chemistry, Mathematics and Tourism are subjects in which SFLHE lessons are delivered by teachers.

### **Strategies/Methods Used to Deliver SFLHE**

In 10 schools where FLHE is fully implemented, teachers deliver lessons during assembly, one-on-one discussion and classroom sessions. In 2 schools where facilities are available SFLHE lessons are delivered electronically (e-SFLHE).

### **Involvement of Teachers and Principals**

It was evident that 6 out of 10 teachers trained to implement SFLHE made efforts to reach teachers not trained in their various schools. This they did during morning devotion or assembly talks and general personal discussion in the staff rooms where these teachers are challenged to equip themselves with knowledge and skills of helping students to acquire the needed information on SFLHE especially when delivering their subject areas.

Findings also revealed that 8 out of every 10 Principals trained were involved in monitoring and supervision of SFLHE implementation in their schools in the following ways:

- Interactive sessions during assembly and club meetings
- SFLHE Coordinators are used for checks and balances
- Creating an enabling environment for the trained teacher and students
- Providing financial assistance where necessary
- Asking teachers and students questions during delivery of SFLHE lessons
- Check attendance registers and reports
- Going through scheme of work to ensure topics are captured
- Evaluation of note of lessons taking note of SFLHE topics
- Interactions with teachers to ascertain level of implementation
- By routine inspections of going round classes during delivery
- Encouragement of club activities through feedback sessions with students

### **SFLHE Assessment**

80% of teachers in intervention schools explained that students are assessed through terminal examinations, test and assignments. Other ways of assessment stated by respondents include:

- On-the-spot assessment
- Feedback sessions after delivery of lessons
- Oral interviews and Quiz.

### **Sexuality Issues/Concerns Raised by Students**

From the key informant interviews in intervention schools, 75% of respondents stated that menstruation, sexual relations, sexual abuse by out-of-school youth and senior students, teenage pregnancies, peer group influence and pre-marital sex issues are some of the sexuality issues raised by students. Other issues that have been raised are changes in body, rape, prevention of HIV and STIs, drug abuse and goal setting.

### **Success Stories**

90% of teachers and school heads in intervention schools shared their success stories. These include reduced rate of teenage pregnancy, reduced rate of school drop-out, reduction in teacher-student sexual relations, improved hygiene for girls during menstruation, increased awareness on STIs and HIV prevention among teachers and students, improved level of

sanitation, improved academic performance of students and improved self-awareness. Some of the comments are shown below.

Before FLHE some students were not aware of themselves. Teachers and students are now aware of and have deep knowledge about FLHE. There was a case of ex-student who impregnated a girl in 2012. It was settled amicably and the student dropped out. But no drop-out has been recorded in the past two years - Principal B.

.....Now with FLHE, students are conscious of sexual activities. We have better health conditions. I have my records. Two years ago 37 students dropped out as a result of teenage pregnancy, last year we recorded only 2 cases and for 2015 no case has been recorded - Principal D.

FLHE has helped in reducing teenage pregnancy. Students always report fellow students who misbehave to the school authority - Principal E.

No student-teacher sexual relations, no HIV infection recorded, No school drop-out and no unwanted pregnancy in the past two years - Teacher A

The programme has aided the students to be assertive and to handle challenges positively.....It aids the teachers during counselling session both at school and home – Principal Q.

Female students have the knowledge of caring for themselves during their menstrual cycle and rate of teenage pregnancy is now reduced – Teacher Y.

No report on violence against girls and women within the school in the last one year since the implementation of FLHE – Teacher P.

HIV test conducted recently showed that out of 1,600 clients in the school community, none was reactive – Principal J.

Most students are now conscious of how to relate with opposite sex thereby reducing risky behaviours – Teacher O.

## 3.2 Impact on Students Knowledge, Attitude and Practice

### 3.2.1 Knowledge on HIV and STIs Prevention, Sexuality and Family Life

As explained earlier some themes of the SFLHE are human development, personal skills, sexual health and HIV infection as well as sexuality, society and culture. It was imperative to provide this information to adolescents and youth engage in high risk sexual behaviors which predispose them to reproductive health problems. In the survey, students from Junior Secondary 1 to Senior Secondary 3 categories were provided with statements about STIs and HIV prevention, and family life and were required to select their preferred answer by ticking either 'Yes' or 'No' options respectively. Table 2 below provides comparative results between schools fully implementing SFLHE and schools not reached. It shows the percentage of respondents who answered correctly.

Percentage of students who answered correctly on the following	Male (%)		Female (%)	
	Intervention	Comparison	Intervention	Comparison
Gonorrhoea and malaria are types of diseases usually contracted through unprotected sexual activity	52	38	55	37
You cannot get HIV from people you know very well	68	46	56	43
One can find out his or her HIV status by taking a blood test	93	88	91	91
Abstinence from unprotected sex is not one way people protect themselves from getting HIV	55	40	53	38
In its early stages HIV can be cured with proper doses of penicillin	42	36	52	28
Puberty is a time when the body matures and is able to reproduce	96	85	88	91
When a woman releases an egg, it is called menstruation	38	24	26	22
When a girl begins her first menstruation, can she get pregnant?	89	82	81	80
Development of testicles is not one of the changes you would observe to know that a boy has reached puberty	47	39	39	39
Raping a girl or boy is not a form of sexual abuse	76	59	71	54
Values are desirable principles, beliefs or qualities	93	78	89	83
Gender is the same as 'Sex'	18	25	16	20

Table 2. Knowledge on HIV and STIs Prevention and Family Life

Respondents from intervention schools had a superior knowledge about HIV and STIs prevention and family life than respondents from comparison schools. Out of 12 items measuring knowledge about HIV and STIs prevention and family life, male respondents scored 11 times (92%) higher and female respondents scored 8 times (67%) higher. This implies that male and female respondents from FLHE schools were more knowledgeable than male and female respondents from non-FLHE schools. It also implies that male respondents were more knowledgeable than female respondents in intervention schools.

### 3.2.2 Attitude on HIV Prevention, Sexuality and Gender Roles

According to Action Health Incorporated (2003), changes in adolescents during psychosexual development may create challenges to forming an identity and may include ambivalent feelings of independence, questions about conformity and confusion about values and views. Pressure to conform to gender-role stereotype increases and the problem of HIV also affects all aspects of lives of our young people. To address this, their social environment must be transformed to that they can form relationships between themselves and their peers, parents and teachers to acquire appropriate life skills and attitudes.

Students were provided with statements about HIV prevention, sexuality and gender roles and were required to select their preferred answer by ticking either 'Yes' or 'No' options respectively. Table 3 below provides comparative results between intervention schools and comparison schools. It shows the percentage of respondents who disagreed with the statements.

Disagreement with the following	Male (%)		Female (%)	
	Intervention	Comparison	Intervention	Comparison
I do not feel comfortable to talk to my teacher when I have a question about sexuality	49	40	42	29
Boys and girls should not be taught sexuality education in the same way	53	42	48	35
A student living with HIV should be denied admission to your school	67	46	70	51
A boy should not leave a girl alone when she says no to having sex	58	42	56	43
Girls do not have the right to say how they feel even if boys disagree	52	40	54	47

Table 3. Attitude on HIV Prevention, Sexuality and Gender Roles

From Table 3 above, out of 5 items measuring attitudes on HIV prevention, sexuality and gender roles, male and female respondents from intervention schools show more positive attitude about sexuality issues, gender roles and people living with HIV with a score of 100%.

### 3.2.3 Practices on HIV and STIs Prevention, Personal Skills and Gender Roles

In a survey on HIV related knowledge, attitudes, behaviours and practices of young people in Cross River State (C-Change, 2011) findings revealed that

- On average, sexual debut occurs at age 15 in Cross River. Six in ten youth are sexually active
- While respondents appear to know how to say no to sex, many young girls will give in to avoid losing boyfriends.
- The majority of sexually active youth did not use condoms at last sex, or in the preceding 12 months, or at sexual debut.
- Intergenerational sex, mainly between young women and much older men, is reportedly pervasive, as are multiple and concurrent sexual partnerships.

With these alarming statistics, there is need to discourage risky behaviours or practices among these segment of Nigerian population which SFLHE curriculum implementation aims at achieving.

Table 4 below shows some statements for student respondents to measure practices in the areas of HIV and STIs prevention, personal skills and gender roles. It shows the percentage of respondents who answered ‘Yes’ to the statements.

Answering ‘Yes’ to the following items	Male		Female	
	Intervention	Comparison	Intervention	Comparison
I have shared information on sexuality with my friends and family in the last 3 months	55	50	53	54
I have gone to a HIV counselling and testing centre to know my status in the last one year	46	47	33	47
I resisted negative pressure from my friends or peers	68	45	64	47
I have resisted sexual advances after getting information on FLHE	82	63	74	65
I set my goals for the future	95	87	95	93
I now treat boys and girls equally when giving help	86	70	84	75
I have identified my personal values	91	81	95	87
I express my feelings boldly when I am offended	83	78	83	80

Table 4. Practices on HIV and STIs Prevention, Personal Skills and Gender Roles

From table 4, students from schools where SFLHE is implemented showed less risky behavior, better personal skills and gender equity. Out of 8 items, male respondents scored 7 (88%) and female respondents scored 6 (67%) higher than the comparison schools. This also implies that in the intervention schools male students engage more in health and personal development practices than girls. The mean score on the three variables for each student respondent and by sex distribution are shown in Figures 5 and 6 respectively. It is evident that student respondents from schools were SFLHE is fully implemented performed better than students from schools were GPI and Ministry of Education have not trained teachers on SFLHE.

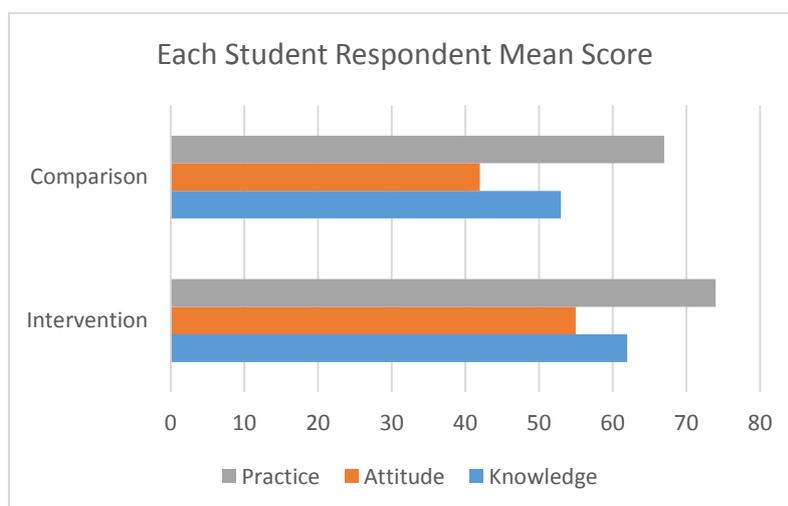


Fig. 5

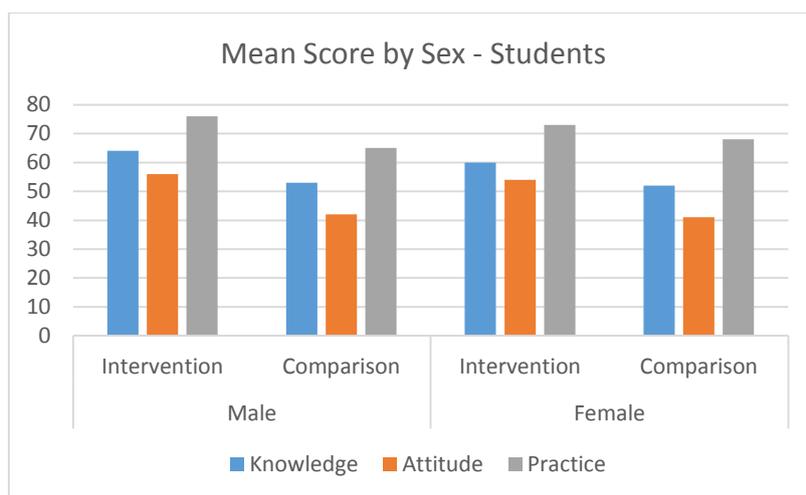


Fig. 6

### 3.3 Outcomes of Discussions with Students

Focus group discussions were held in both intervention and comparison schools. Each group had up to 10 – 12 students in attendance with equal participation of males and females from JS 2 to SS 3. The responses are categorized according to knowledge on HIV and STIs prevention and family life, attitude on HIV prevention, sexuality and gender roles and practices on HIV and STIs prevention, personal skills and gender roles.

#### a. Knowledge on HIV and STIs Prevention and Family Life

Intervention	Comparison
i. What is the difference between HIV and AIDS?	
<p>90% of participants stated the following:</p> <ul style="list-style-type: none"> <li>HIV is human immune deficiency virus while AIDS is Acquired Immune Deficiency Syndrome. HIV can be cured at early stage but when it develops into AIDS, it cannot be cured</li> <li>HIV is a stage one live on drugs, but AIDS cannot be maintained by drugs as other diseases</li> <li>HIV is a stage where you can still live for a long time but when it develops to AIDS you will soon die.</li> </ul> <p>10% did not respond.</p>	<p>80% participants stated the following</p> <ul style="list-style-type: none"> <li>HIV means Human Immune Deficiency virus. It can be prevented while AIDS means Acquired Immune Deficiency Syndrome and cannot be cured</li> <li>HIV can be cured if only medication is taken fast while AIDS cannot be cured</li> <li>HIV is a disease that is transferred from one person to another while AIDS is a virus that destroy the cell</li> </ul> <p>20% did not provide answer.</p>

ii. What do you understand by the terms sexuality and Family life?

90% of participants defined sexuality and family life as follows.

- Sexuality is a process of male and female coming together for sexual intercourse. While family life is a way of conducting a living in a family.
- Sexuality is when a girl and a boy come in contact with one another, while family life is when a man and a woman come together

10% of participants defined sexuality and family life as follows.

- Sexuality is the ability that people have to express their self by sexual identity while family life is the way of life of the family that can be studied or learnt about

All participants defined sexuality and family life as follows.

- Sexuality is the process of having sex between a man and a woman
- Sexuality is when a boy and a girl come in contact for sexual intercourse
- Family life is the way the family behave in their home
- Family life is life within one's household

iii. From what source(s) have you received information about sexuality, family life and HIV&AIDS?

100% of participants stated they have received information about HIV&AIDS and family life from the following sources: School, hospital, novels, television and radio, textbooks, Church, Newspaper, Assembly ground, Teachers during FLHE lessons, GPI, Social media, Health club, Friends, Parents, Nurses, Corps members

90% of participants stated they have received information about HIV&AIDS and family life from the following sources: Guardian, CRBC radio, Newspaper and magazines, Biology classes, Physical and health education classes and textbooks, Hospital, Church, media house, Internet and Corps members.

10% of discussants in all the schools have not received such information from anywhere.

iv. How can HIV be transmitted?

80% of participants stated HIV can be transmitted through:

- Sex, sharp objects, blood transfusion and breast feeding
- Sex, exchange of sharp objects e.g needle and from breast feeding mother to her child

20% of participants stated HIV can be transmitted through unprotected sex, use of unsterilized sharp objects, through unscreened blood transfusion, through breast feeding

90% of participants stated that HIV can be transmitted through

- Unprotected sex and sharp objects
- Blood transfusion and clipper from an infected person
- Sexual intercourse and sharp objects such as needles and razor blades
- Blood transfusion, sharp objects, sexual intercourse

10% of participants did not respond.

v. What are STIs? Mention some STIs you know?

80% of participants stated STIs are:

- Sexually Transmitted Infections. E.g Gonorrhoea, HIV
- Sexually Transmitted infections e.g HIV, Gonorrhoea, staphylococcus
- Infections gotten from unprotected sex with partners that are infected e.g Gonorrhoea, Genital warts, Gonorrhoea and Syphilis

20% of participants did not respond.

70% of participants stated that STIs means

- Sexual transmitted infections namely Gonorrhoea and syphilis, measles and smallpox, HIV and AIDS
- Sexually Transmitted Disease
- Sexual transmitted intercourse e.g HIV, Gonorrhoea, Syphilis

30% of participants gave no response which imply they have no knowledge about the topic.

vi. What changes would you observe to know a boy or girl has reached puberty?

All participants said the following:

- Girls - development of breast, menstruation begins, pimples, Hips develop, grow hair in the armpit, Hairs in the pubic region
- Boys - deepening of voice, they have wet dreams, grow hair in the armpit and hairs grow on chest and pubic parts

All participants said the following:

Boys- develop deep voice, Adams apple and hairs grow in the pubic region and armpit, having feelings for girls and grow mustache

Girls - start menstruating, development of breast and pimples on the faces of girls, attraction for opposite sex occur, development of hips -Girls – development of breast

vii. Mention some life skills you have heard about?

Life skills mentioned by 30% of participants are:

- Decoration, shoe-making, carpentry, tailoring, drawing and dancing, hair dressing, teaching

Most participants do not understand what life skills are.

Life skills mentioned by 20% of participants are:

- Abstinence
- Trading, mechanics, carpentry, tailoring, sport

Most participants from the groups did not give any response as they did not know what life skills are.

viii. What is your understanding of the word gender?

90% of participants explained that:

- The word gender means male and female
- Gender is the grouping of males and females
- Gender is a differences between male and female
- Gender is another name for sex
- Gender means sex
- Gender attributes masculine and feminine nature

10% of participants did not respond.

80% of participants have this understanding:

- Gender is being male of female
- Gender is all about sex
- Gender means male and female
- Gender means sex
- Gender means being male or female, simply called sex

20% did not respond.

**ix. What are values?**

90% of participants said the following concerning values:

- Norms and standards the society cherish and work for
- Values are the moral principle or standard which point to things that are bad or good
- Values are standards, rules, principles and criteria that teaches us how to behave
- Values are attributes or norms that makes us become responsible members of the society
- Values are people respect in terms of Ideas, beliefs, customs, tradition as individuals and groups

While 10% did not respond.

40% of participants said the following concerning values:

- Values are religious beliefs
- Values are reliable principles or belief
- Values simply means important documents
- Values are human desire and want
- Values are things you hold dearly, things you say and consider important moral principles

However, 60% of participants did not respond when asked.

The responses above from students imply that

- i. Students from SFLHE and non-SFLHE schools have not grasps the accurate information on the difference between HIV and AIDS. HIV is Human Immuno-deficiency Virus and AIDS is Acquired Immune Deficiency Syndrome. HIV is a slow acting virus that is believed to be the main cause of AIDS (GPI, 2012).
- ii. There is misconception of the term 'Sexuality' by students of SFLHE and non-SFLHE schools as they describe it as 'Sexual Intercourse'. However, in one of the FLHE schools, students understood that sexuality encompasses sex, gender, identities and roles as well as sexual orientation (AHI, 2007).
- iii. There is no difference between FLHE schools and non-SFLHE schools about sources of information on HIV&AIDS and family life. This may have influenced some responses of students from non-SFLHE schools.
- iv. Modes of HIV transmission are not clearly understood by majority of students in both SFLHE schools and non-SFLHE schools. However, some responses have emphasized contact with infected persons.
- v. Students from SFLHE schools have received more accurate information from teachers on Sexually Transmitted Infections than non-SFLHE students. Proper and accurate information on STIs are vital for reduction in risky behavior among youth and adolescents.
- vi. There is no difference in knowledge about changes occurring during puberty in both boys and girls between the two research groups as they may also have had personal experiences.
- vii. Students in both research groups have mistaken professional, vocational and entrepreneurship skills for life skills which include values and values clarification decision-making, goal setting and negotiation (GPI, 2012).

- viii. There is misconception of the word ‘gender’ as students from SFLHE and non-SFLHE schools understood it to mean ‘Sex’ – being male or female. According to IPPF et al (2009), sex refers to the biological characteristics that define humans as female or male defined by a person’s gene while gender refers to socially or culturally defined ideas about masculinity (male roles, attributes, and behaviors) and femininity (female roles, attributes, and behaviors). Gender is not the same as sex.
- ix. Students from SFHLE schools know more about ‘Values’ than non-SFHLE school students.

**b. Attitude on HIV Prevention, Sexuality and Gender Roles**

Intervention	Comparison
i. Do you think HIV&AIDS is a serious problem in your community? Give reasons for your answer.	
<p>95% of participants said ‘Yes’ with the following reasons:</p> <ul style="list-style-type: none"> <li>• Deprivation of job, discrimination in school, low self-esteem, not getting married</li> <li>• Causes untimely death, brings fear, and shame to the family</li> <li>• It has killed a number of people in our community</li> </ul>	<p>60% participants said ‘Yes’ with the following reasons:</p> <ul style="list-style-type: none"> <li>• It is a dangerous disease that can kill</li> <li>• It reduces the population of our community through death</li> <li>• It has no cure and is a deadly disease</li> </ul> <p>However 40% participants said ‘No’ with the following reasons</p> <ul style="list-style-type: none"> <li>• We don’t have any cases in the community</li> <li>• It is not serious, our teachers enlighten us</li> </ul>
ii. Can you eat food prepared by someone living with HIV? If yes, why? If no, give reasons?	
<p>95% of participants said ‘Yes’ and gave the reasons below</p> <ul style="list-style-type: none"> <li>• You can eat food prepared by HIV positive person and not get infected</li> <li>• During cooking the germs will be killed by the heat</li> <li>• Though there might be a cut, the heat can destroy the virus when blood is spilled</li> </ul> <p>However, 5% of participants said ‘No’ because</p> <ul style="list-style-type: none"> <li>○ When there is a cut during slicing of onions, blood spilled can cause infection</li> </ul>	<p>70% of participants said ‘Yes’ and gave the reasons below</p> <ul style="list-style-type: none"> <li>• It is transferred through blood and not like ebola that can be transferred easily</li> <li>• It can pass through blood and not food</li> <li>• It cannot be transmitted through cooked food</li> </ul> <p>However 30% said ‘No’ because:</p> <ul style="list-style-type: none"> <li>▪ It can be transmitted</li> <li>▪ The body odour of people living with HIV is offensive</li> <li>▪ The person may mistakenly cut his or herself with knife and the blood spill on the food which may infect</li> </ul>

iii. How do teachers respond if asked a question on sexuality issues by students

60% of participants

- Teachers feel uncomfortable. Some of them respond to some questions on sexuality
- Most times the teachers do not go direct to the point
- Some teachers don't give direct answers depending on the stage you are
- Some teachers will also think that the student is spoilt for asking such a question thereby refusing to answer
- Some teachers do not talk about it because students trivialize the information sessions

While 40% said

- Teachers make their language easier so that the students will understand them better
- They are always ready to answer and go extra miles to answer our questions
- Some teachers teaching civic education respond well but other physics and mathematics teachers find it difficult to respond

90% of participant explained the following

- It is always encouraging like my business studies teacher will advise boys and girls to pair in sitting arrangement and have that understanding of being brothers and sisters
- The teachers respond positively
- They explain and demonstrate it to our understanding

10% of participants did not respond

iv. Do students ask questions/discuss issues of sexuality with teachers? If yes, how do you feel talking to a teacher when you have a question about sexuality?

80% of participants said 'Yes' with the following reasons:

- We express our feelings and also get advice from the teachers
- They ask questions and discuss with their teachers; some students are shy
- I feel comfortable because I have the right to know
- I feel comfortable especially when I am close to the teacher
- I feel happy talking with my teachers just to know more

While 20% said:

70% of participants said 'No' for the following reasons:

- I often feel so shy asking questions on sexuality
- I don't feel comfortable
- Teachers see the student as one who is spoilt
- I felt shy and afraid, but when the question was answered I was free
- I felt as if the teacher will be cruel to me, but when she answered, I was fine.

While 30% said 'Yes' because:

- I want to know more on sexuality

- I feel shy so I tend not to discuss my sexuality issues with my teacher
- Sometimes I feel ashamed talking as I begin to mention personal matters

- I feel comfortable anytime I ask questions on sexuality education
- Students are eager to know it

v. Should boys and girls cook, wash plates, sweep etc? Give reasons for your answer.

90% of participants said 'Yes' with the following reasons:

- There should be no gender discrimination
- We are all the same in the house
- When we live in our own apartment like the males being a bachelor and female a spinster, no one will cook or do the domestic work for him or her. E.g being in national service and being in boarding school
- In case a girl is not in the house, that means a boy who will not cook will die
- Boys should also sweep to keep the environment clean

90% of participants said 'Yes' with the following reasons:

- We are all equal before God
- But must be limited because the boys can sweep and wash but it is the duty of girls to cook
- Boys and girls should do the washing, cooking and sweeping. It will serve them when the girls are not there
- Domestic work for both girls and boys

While 10% of participants said 'No' because they feel boys should be exempted from cooking, washing and sweeping

While 10% of participants said 'No' because females should do the petty work while the male should do the hard work

vi. Do you think boys and girls should be taught sexuality and life management skills? Give reasons for your answer

All participants said 'Yes' with the following reasons:

- Both boys and girls need to be enlightened on sexuality issues
- They are meant to access information equally
- Boys and girls will be enlightened so they will not fall to peer pressure
- It will help boys and girls relate with each other freely

All participants said 'Yes' with the following reasons:

- So that they will be emotionally free with each other and with no harm
- There is need for both girls and boys to know what to do
- They will both have their families in future and know how to manage them\
- We need the same information to live healthily

vii. Does dressing call for rape? If yes, how? If no, how?

90% of participants said 'Yes' with the reasons below:

- A girl who is half naked and wears bump short might be raped
- You are addressed the way you dress

All participants said 'Yes' with the following reasons.

- If a girl wears a tight dress, that brings out the hip, it moves the boy and calls for rape

- When a girl does not dress well and exposes her body, boys will see her and get tempted to rape her
- Girls who expose their breast call for rape

10% of participants said 'No' with the following reason:

- Dressing does not call for rape because women in the village that go to farms dress well covering themselves yet they are raped.
- A child of three years is also raped, so dressing does not call for rape

- When a boy is walking on the street and a girl is also passing by well dressed, it does not call for attraction
- Exposed body parts cause attraction to boys
- The way some girls dress wearing short skirts, it causes attraction.

Concerning attitude of students towards HIV, sexuality and gender, the discussion has revealed that students in schools where FLHE is fully implemented show more positive attitude especially in the areas of relating with people living with HIV, raising concerns about personal matters and societal issues concerning rape.

### c. Practices on HIV and STIs Prevention, Personal Skills and Gender Roles

Intervention	Comparison
i. Have you ever shared information on sexuality, HIV&AIDS and life skills with friends and family members? If yes, when and how?	
90% of participants said 'Yes' with the following explanation: <ul style="list-style-type: none"> <li>• During free periods in school and with close family friends</li> <li>• During peer education activities</li> <li>• In the classroom with my classmates and I was seen as being corrupt for talking about sex</li> <li>• During Zip Up Plus when I was asked to educate 10 students on HIV and AIDS</li> <li>• During the holidays I shared with my younger brothers and sister</li> <li>• At my JSS level I shared information with my family members on HIV prevention</li> </ul>	80% of participants said 'No' while 20% said 'Yes' as they had shared information on HIV prevention with friends in school and family members in the last one year

- During school assembly talks, I shared information on HIV prevention and personal values

While 10% did not respond.

ii. Have you been tested for HIV? Would you take the test? If yes, why? If no, why not?

70% of participants said 'Yes' while 30% of participants have not been tested. However they would want to take the test.

60% of participants said 'Yes' while 40% of participants have not been tested. However they would want to take the test.

iii. Have you ever resisted negative pressure from friends? If yes, How? What were the pressures?

80% of participants said 'Yes' with the following explanation:

- My school mate asked me to date him and have sexual intercourse with him that he will give me anything I want but I refused to agree with him
- My female friend asked me to escort her to her boyfriend's house to collect some money but I refused
- My friend who said we should go to a brothel and have sex and even volunteered to pay for me but I refused
- In my former school, I had friends who were lesbians, they tried to talk me into it but I refused

50% of participants said 'Yes' with the explanations below:

- I resisted negative influence of my friends gossiping girls when they passed where we are sitting
- I was approached by a boy, he asked that I be his girl-friend and I asked what was his purpose, he could not answer and replied 'No'
- Boys come to me to ask for sexual relations and I have always resisted.

50% of participants did not respond.

While 20% had not had such experience.

iv. Have you expressed self-confidence and high self-esteem in any situation? If yes, How? On what occasion

50% of participants said 'Yes' with the following explanation:

- I have expressed boldness in preaching in church and answering questions
- Boys asked me to date that that they will give me all I want but I ignored them and told them that they have nothing to offer me. They even saw me as being arrogant and proud because I don't give them attention
- I was being underrated by my friends from private schools saying

30% of participants said 'Yes' with the following explanation.

- I have expressed high self-esteem when I resisted a boy who asked me for friendship, promised to take me to Transcorp Hilton Hotel. I told the boy to leave me alone that I don't want to get pregnant
- I have expressed self-confidence during examinations

20% and 50% of participants did not respond and know what self-confidence and self-esteem mean respectively

my parents are poor that is why they sent me to a public school which is cheap but I told them that the government has provided all necessary facility needed for me to learn even better than them and I can beat them in any examination

- I was able to choose my friends and stand by my decisions even with negative opinion from my other friends
- I have expressed self-confidence when addressing my class mates

50% did not respond because they did not understand what self-confidence and self-esteem mean.

v. Have you identified personal values? If yes, what personal values have you identified?

All participants said 'Yes' with the explanation below:

- I value my education
- Good manner of approach to people
- I have respect for elders
- I place value of greeting people
- Reading during my spare time is one of my values
- Humility, commitment, honesty, integrity are my values
- My values are education, God, dreams

60% of participants said 'Yes' with the following explanation:

- My values are self-discipline and to acquire my education
- I value not having sex before marriage and to be a good citizen
- My values are justice and truth
- I value God, education and virginity
- My ambition and career

While 40% of participants did not respond.

vi. How have you treated both boys and girls equally in your school and family?

70% of participants said they have treated both boys and girls equally in the following ways:

- I render equal help to boys and girls
- I treat girls and boys equally by sharing what I have
- By giving them equal respects and access to information of health matters
- I have not treated them equally during labour as girls are exempted because they are weaker vessels

70% of participants said they have treated both boys and girls equally in the following ways:

- By sharing my snacks with them equally as well as other needs which I can give without any harm to me
- In the school situation, I discipline both boys and girls equally when the need arises, unlike most of my colleagues will often free the girls due to intimacy

30% of participants said they have not treated boys and girls equally because "Girls are weaker than boys they are two different persons".

30% of participants did not provide answers

30% of participants did not respond.

vii. How would you help somebody who has been raped?

90% of participants said the following:

- I will refer rape victims to hospital, invite police, provide proper counseling to the person
- By encouraging the person, enlightening the person that there is hope
- I will report the incident to the police and refer the victim for counseling
- By reporting the case to an elderly person
- I will advise the person to go for HIV and other diseases test

10% of participants did not respond.

80% of participants said the following.

- I will help rape victims by taking them to hospital for pregnancy and disease test
- I will report the matter to the police

While 20% of participants did not respond.

The outcome of discussion with the two study groups about practices on HIV and STIs prevention, personal skills and gender roles reveals that students in schools fully implementing SFLHE adopt good practices better than non-SFLHE schools in sharing information, knowing their HIV status, resisting negative peer pressure, expressing self-confidence and high self-esteem, identifying personal values, treated girls and boys equally and helping rape victims.

### 3.4 Impact on Teachers' Knowledge, Attitude and Practice

#### 3.4.1 Knowledge on HIV, STIs, Sexuality and Family Life

Percentage of teachers who answered correctly on the following	Intervention %	Comparison %
Genital warts and malaria are types of infections that can be contracted through unprotected sexual activity	81	77
Taking antibiotics before and after unprotected sexual activity may prevent STIs	85	68
One can find out his or her HIV status by taking a blood test	100	95
Sticking to one infected partner is one way one can protect him/herself from getting HIV	85	77
Is there a difference between HIV and AIDS?	69	82
In its early stages HIV can be cured with proper doses of penicilin	81	82
HIV can be transmitted through mosquito bite	96	100
A man who wears women's clothe is homosexual	81	86
When a woman releases an egg, it is called ovulation	88	86
If a girl washes her vagina immediately after unprotected sexual intercourse, she cannot get pregnant?	92	86
Ejaculation is not one of the signs of puberty for a boy	62	59
Symptoms of sexually transmitted infections may include itching and vaginal discharge	100	86
Contraception is defined as any method used to prevent pregnancy	96	91

The decision on spacing children and number of children in a family should be made by the husband	100	95
Gender roles are learned and not natural	69	59
Rape is a form of gender-based violence	92	91
Interpersonal relationship enhances communication between teachers and students	88	100
Communication skills cannot help people resolve conflicts	85	82
Communication between spouse decrease mutual trust and marital pleasure between spouses?	73	77

Table 4. Knowledge on HIV, STIs and Family Life

From Table 4, statements provided for respondents to measure knowledge of teachers about HIV and STIs prevention and life. The response shows teachers from schools where SFLHE is fully implemented are more knowledgeable than teachers from comparison schools. Out of 19 items, SFLHE schools scored 15 (79%) times higher than non-SFLHE schools.

### 3.4.2 Attitude on HIV, Sexuality and Gender Roles

Agreement and disagreement with the following	Intervention %	Comparison %
Young people need to be provided with complete and accurate information on FLHE	100	100
Boys and girls should be taught sexuality education in the same way	96	95
A teacher living with HIV should not be allowed to teach in any school	92	86
It is not fair to ask teachers to teach children about sexuality issues	88	82
Parents should be the only sources of information for children about sexuality	100	95

Table 5. Attitude on HIV, Sexuality and Gender Roles

From Table 4, statements provided to teachers to measure attitude towards HIV prevention, sexuality and gender roles. The results show that teachers from schools where SFLHE is fully implemented show more positive attitude than teachers from non-SFLHE schools. Out of 5 items, SFLHE schools scored 4 (80%) times higher than non-SFLHE schools.

### 3.4.3 Practices on HIV and STIs Prevention, Personal Skills and Gender Roles

Answering 'Yes' to the following items	Intervention %	Comparison %
During the past three months I have shared information on sexuality with other teachers, friends and family	92	73
In the last 1 year, I have visited a HIV counselling and testing centre to know my status	77	73
I resisted negative pressure from my friends or colleagues	77	68
I have not had unprotected sex with somebody I don't know his/her HIV status in the last 1 year	92	95
I set my own goals	100	86

Table 6. Practices on HIV and STIs Prevention, Personal Skills and Gender Roles

From table 6, out of 5 statements provided for respondents to ascertain these sub-themes, SFLHE teachers scored 4(80%) times higher than non-SFLHE teachers.

The mean score from figures 7 and 8 below implies that teachers from SFHLE schools perform better than teachers from non-SFLHE schools in the three variables by individual and sex categories. However, in SFLHE for the sex category, the results show that males are more knowledgeable, show more positive and adopt good practices than females in STIs and HIV prevention, personal skills development gender roles promotion.

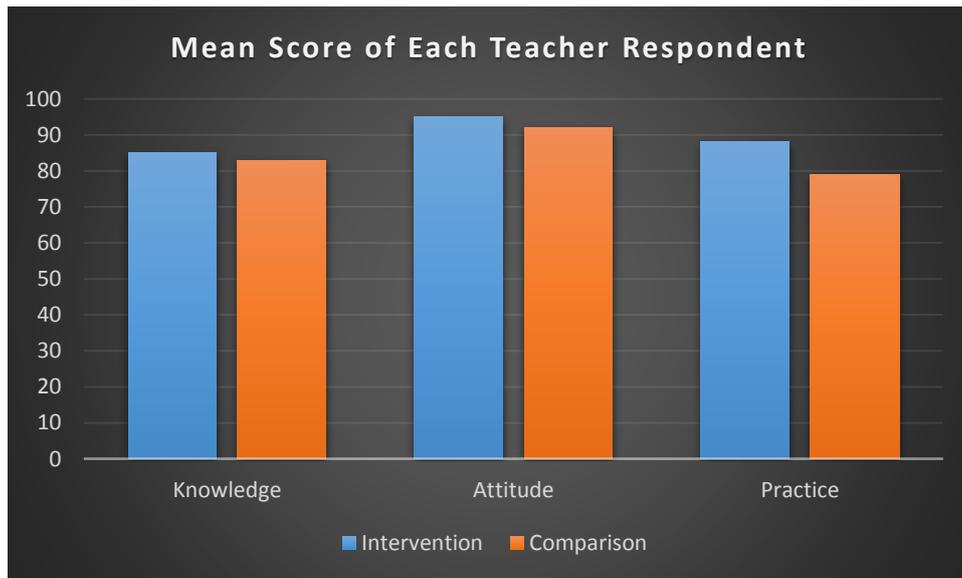


Fig. 7

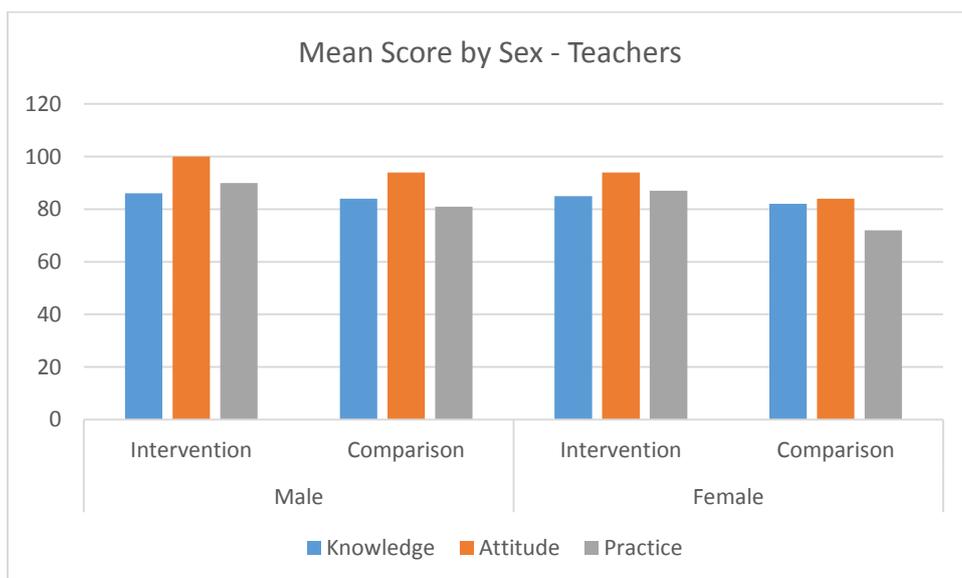


Fig. 8

## 4.0 FLHE Gaps and Challenges in Schools

### 4.1 Gaps

One of the major gaps identified by teachers and principal during the interview is the number of teachers trained on SFLHE implementation in selected schools. Findings revealed that teachers trained hardly reach all students because of population especially in schools with large populations. Moreover, in some schools, teachers who were trained in the junior secondary category were redeployed after a while to senior secondary category thereby discontinuing implementation while some are transferred out of the school completely.

Furthermore, the study revealed that school heads who were newly transferred to school implementing SFLHE were not aware of such implementation.

### 4.2 Challenges

When teachers and principals in schools implementing SFLHE were asked to explain challenges they face, most of them stated the following:

- Poor funding from government for club activities and motivation of teachers.
- Difficulty in convincing students to avoid risky behaviours
- Some students are not given proper home training thereby corrupting their minds
- Sometimes students are shy to discuss sexuality issues and personal problems with the teachers
- Limited time for delivery and club activities as SFLHE implementation in the classroom requires more time than that allotted to classroom activities.
- Inadequate reading materials, textbooks, handbills, information bulletins
- SFLHE implementation puts additional burden on teachers
- Absence of teaching and SFLHE delivery aids such as sound systems, projectors, peer education kits
- Inadequate personnel to carryout activities as the official schedule of duty often clashes with attempts to deliver SFLHE through drama and youth friendly methods
- Lack of interest on the part of students
- Teachers see SFLHE as an opening to children being corrupt thereby showing nonchalant attitude
- Misinformation from the internet, television and telephones affects students as they could harbour wrong images and messages.
- Failure of Ministry of Education to respond to recommendations made by teachers and principals on effective SFLHE implementation.
- Cultural, religious and family background of students hamper SFLHE implementation
- Movement of documents (SFLHE materials) by transferred teachers

## 5.0 Conclusion and Recommendations

### 5.1 Conclusion

This study aimed at examining the level of impact SFLHE implementation since its introduction in Cross River State. The report has highlighted the process and outcomes of the assessment. A survey research strategy was adopted. Moreover the survey design involved the extensive use of questionnaire, key informant interview (KII) and focus group discussion.

Research personnel were deployed to the three senatorial zones of cross River State. The study was conducted in 6 LGAs of Cross River State. In consultation with Ministry of Education, 24 schools including intervention and comparison schools were selected purposively for the study. A total of 720 students, 48 teachers and 24 principals took part in the survey.

Findings reveal that, overall, the SFLHE programme implemented by Ministry of Education in collaboration with Girls' Power Initiative has been successful and created significant impact on the knowledge, attitude and practices of beneficiaries. It is evident that students and teachers in schools fully implementing SFLHE were more knowledgeable and reported more positive attitudes and better health seeing behavior as well as expression of personal skills. Schools communities where SFLHE is implemented have testimonies of reduced cases of teenage pregnancy, drug abuse, school drop-out and cultism as well as improved personal hygiene and environmental sanitary conditions.

However, SFLHE implementation is hampered by challenges including limited time for delivery and club activities; inadequate textbooks and information bulletins; absence of teaching and SFLHE delivery aids such as sound systems, projectors, peer education kits and misinformation from the internet, television and telephones.

There is therefore need for all stakeholders to rise up to the challenge of effectively implementing SFLHE in all primary, secondary and tertiary institutions of Cross River State.

### 5.2 Recommendations

Based on the gaps and challenges identified above, teachers and school heads from schools fully implementing SFLHE made the following suggestions.

- Training of teachers on SFLHE should be regular and it should involve all the teachers in the school irrespective of their subject areas
- SFLHE will better be appreciated with readable leaflets, pamphlets etc which can be made available to students.
- Adequate provision of equipment and learning materials, teaching aids such as projectors, computers and other resource materials for students and teachers to make the programme interesting
- SFLHE should be included in the curriculum and teachers employed to teach it as a subject
- SFLHE should be included in examinations as micro subjects which can be made mandatory or as a promotional requirement such that the students are mandated to read, write and pass this before they are promoted

- Provision of financial incentives teachers implementing SFLHE
- Girls should be provided with pad and other materials for safe-keeping. Students should be provided with SFLHE information materials.
- The educational authorities should allow SFLHE based clubs to carry out their intended activities such as field trips and excursion
- Government and non-governmental organizations should pay regular visits to schools to supervise and monitor SFLHE implementation
- There should be more enlightenment for students and teachers through TV talk shows and radio programmes.
- Government should provide educational materials on SFLHE while equipping schools with HIV test kits
- Male and Female condoms should be provided for demonstration especially for senior secondary category of students who may have been sexually active
- Ministry of Education should give equal gender consideration to teachers when selection is done subsequently for SFLHE training
- All stakeholders (Parents, Teachers and students) should be involved in SFLHE implementation using PTA platforms.
- There is need for SFLHE desk officers in all schools
- SFLHE should be extended to Persons with Disabilities
- Private organizations should be approached for SFLHE funding

In summary, the following recommendations to Girls' Power Initiative, Ministry of Education and Cross River State, SFLHE Teachers and Coordinators in schools, non-governmental organizations, development partners and researchers could guide policy formulation and action as well as design and implementation of subsequent interventions and research.

- ✚ Girls' Power Initiative in collaboration with Ministry of Education and non-governmental organizations should provide free SFLHE textbooks, fact sheets and other information materials to students and teachers to enhance learning and reduce some misconceptions identified in this study.
- ✚ There is need for Ministry of Education to organize periodic meetings of principals and teachers to discuss and address SFLHE issues. On the other hand, SFLHE level of implementation could be one of the agenda items introduced when principals or teachers in the state meet.
- ✚ During Parents-Teachers Association (PTA) meetings in schools, parents and guardians should be enlightened on the need for their wards to acquire life skills and access information on sexuality.
- ✚ Some of the success stories shared by participants indicated reduction in rates of unwanted pregnancy, truancy, STIs, drug abuse etc. However, there are no statistical records to support this positive change. There is need for SFLHE Teachers and Coordinators to collect and document data on these successes in schools. This would facilitate baseline data collection as well as future impact assessment.
- ✚ GPI in collaboration with Ministry of Education should document and showcase outstanding case stories of teachers, coordinators and students implementing SFLHE using them, club activities as well as students and pupils reached as case story objects.

- ✚ Non-governmental Organizations (NGOs), development partners and government MDAs working in the area of Sexuality, Family Life and HIV&AIDS prevention should intensify awareness campaign
- ✚ There is need for GPI and Ministry of Education to extend SFLHE training programmes to more special education centres as cases of teenage pregnancy and drop-out are on the increase.
- ✚ Training and retraining programmes on SFLHE are necessary to address the gaps created by teachers redeployed and transferred to other schools
- ✚ There is need for intensification of efforts by Principals, Head-teachers and Ministry of Education on supervising SFLHE teachers and coordinators in secondary schools
- ✚ Schools where SFLHE is effectively implemented should be identified annually and rewarded/awarded accordingly. This would motivate other schools to deliver effectively.
- ✚ There is need for GPI and other stakeholders to promote peer education and club activities in primary and secondary schools in the state. This would enhance awareness raising at the school community level.
- ✚ Establishment of partnership between schools and non-governmental organizations in which information sharing and awareness raising strategies could be collectively implemented
- ✚ Monitoring and Evaluation of SFLHE implementation by Ministry of Education is necessary to ensure timely reporting and periodic assessment of performance and measurement of results in the school communities.
- ✚ Adequate provision of equipment such as computers, projectors and generating plants in schools could boost SFLHE/e-SFLHE implementation.

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# *THE PROCESS*



## 1.0 Introduction

In 2003, NERDC developed the FLHE Curriculum being used today. With the development of the curriculum, Federal Ministry of Education directed all schools in the country to commence full implementation of FLHE in four subject area namely; Basic Science, Physical & Health Education, Home Economics and Social Studies. Cross River State Ministry of Education formally entered into a memorandum of understanding (MOU) with Girls' Power Initiative, Calabar, in 2004 (MOE, 2015).

From 2004 to 2010, with funding from MacArthur Foundation and Ford Foundation, Girls' Power Initiative, Calabar Centre, achieved the following on SFLHE and e-SFLHE trainings.

Year	Number of Trainees
<b>SFLHE</b>	
2004	174 teachers across the 3 directorates
2005	80 graduating students from TTC Calabar and 100 from COE Akamkpa
2006	30 master trainers
2007	32 master trainers re-trained
2008	99 teachers from across the state; 29 lectures from FCE Obudu; 17 school counsellors
2009	30 lecturers from COE Akamkpa
<b>e-FLHE</b>	
2007	24 lecturers
2008	160 teachers
2009	113 teachers
2010	22 lecturers

Below is the summary of achievements (2004 – 2010).

- 34, 723 (females 16,906 males 17,814) students reached
- 364 teachers/lectures trained on SFLHE
- 180 graduating students from Teachers Training College (TTC) Calabar and College of Education (COE) Akamkpa trained on SFLHE
- 319 teachers/lecturers trained on e-FLHE
- 21 GPI outreach schools reached
- 249 schools in Cross River State reached
- 17 school counsellors trained

In 2011, Ministry of Education in collaboration with GPI with funding from Global Fund (Round 9) Programme in Nigeria, accomplished the following.

- 14 batches of training was conducted under the Global Fund FLHE programme.
- 557 teachers were trained from 159 Secondary Schools across the State (131 Public and 28 Private Schools).

Fund Phase 1 and 2, the Ministry recorded a total of 22 batches of training with 233 Schools affected (194 Public and 39 private). On the whole, a total of 875 teachers (374 Males and 501 Females) were trained (CRSMOE, 2015).

To build the capacity of the school heads for effective supervision of the FLHE implementation in their respective Schools, the World Bank through the Cross River State Agency for the Control of AIDS (SACA) funded the Ministry to train:

- 43 Principals in October from Calabar Zone in 2012
- 40 Principals from Ikom Zone in 2013
- 50 Principals from Ogoja Zone in June 2013
- 50 Peer Educators in Ogoja Centre, November 2012
- 50 Peer Educators in Ikom Centre, May 2012
- 50 Peer Educators in Calabar Centre, May 2013
- 50 Peer Educators in Ugep Centre, May 2013
- 50 Peer Educators in Obudu Centre, June 2013
- 40 Senior Secondary Teachers in October 2014 for Calabar zone

### *1.1 Objectives of the Study*

The overall objective of this study was to assess the impact of Sexuality, Family Life and HIV&AIDS Education (SFLHE) on the knowledge, attitude and practice of secondary school students and teachers in Cross River State. The specific objectives are:

- To explore the level of implementation of SFLHE in secondary schools in the state
- To assess the impact of SFLHE on the knowledge, attitude and practice of teachers across the state
- To assess the impact of SFLHE on the knowledge, attitude and practice of students in the state
- To identify problems, gaps and challenges hampering the effective implementation of SFLHE in the state
- To map out appropriate strategies that will guide policy makers, government authorities and development organizations to effectively implement SFLHE in the state

The purpose of the study was to examine the level of impact SFLHE implementation since its introduction in Cross River State. This report highlights the process of the assessment. In Section 2, the methodology including limitation of the study are explained while section 3 shows activities carried out to achieve desired results. In section 4, outcomes and challenges of these activities are discussed. Conclusion and recommendations make up section 5.

## **2.0 Methodology**

A survey research strategy was adopted. The research design was adopted because of the descriptive nature of the study and the diverse characteristics of respondents that were considered for the study while allowing meaningful analysis as well as generalizations. Moreover the survey design involved the extensive use of questionnaire, key informant interview (KII) and focus group discussion.

Research personnel were trained and deployed to the three senatorial zones of Cross River State based on the list of schools provided by the Ministry of Education. The study was conducted in 6 LGAs of Cross River State. Purposively, 2 LGAs were selected based on the training centres of delineated by Ministry of Education with 4 schools per LGA. Across the state, 24 secondary schools made up the sample population. Purposive sampling was chosen to enhance the selection of schools that are involved and not involved in the SFLHE programme.

Moreover, because of lack of comparable baseline data on the target students and teachers, a quasi-experimental approach was adopted using schools where SFLHE is not implemented as comparison group. It was assumed that the teachers and students were similar in terms of location, size and gender before the implementation of the programme. A stratified random sampling technique was adopted to divide the schools into five (5) classes of Junior Secondary 2-3 and Senior Secondary 1-3. An accidental sampling procedure was used such that 6 students were drawn from each class JS 2-3 and SS 1-3 making a total of 30 students (boys and girls) per school.

JS 1 students were initially left out in both Intervention and Comparison schools since they were newly admitted. However, in some of the schools, they were used to make up the total number of respondents required. Twenty-four principals were interviewed as key informants. Forty-eight Teachers took part in the key informant interviews and filling in questionnaires. Focus Group Discussions conducted had 10-12 students in attendance. Questionnaires were administered to a total of 720 students. Both open-ended and close-ended questions were asked to cover areas such as demographic data as well as information on knowledge, attitude and practice concerning family life and HIV&AIDS issues.

### *2.1 Limitation of the Study*

The major limitation to the study was the impact of external factors on students and teachers knowledge, attitude and practices. External factors beyond control of the researchers including social environment (Place of residence, media messages and programmes by various non-governmental organizations) had in one way or the other influenced the responses to some study questions. Thus, in assessing the SFLHE programme impact responses were carefully analyzed most especially from the FGDs held in schools used for comparison as they may have been influenced by external factors.

Absence of baseline data from Girls' Power Initiative, Ministry of Education and intervention schools posed another limitation to this assessment. However, data from this assessment obtained from comparison schools could be used for future research as baseline data.

### 3.0 Activities Implemented

Activities carried out during the impact assessment exercise are categorized under planning field work and reporting phases.

#### Planning phase

##### *Recruitment of research assistants*

The process of engaging research assistants and supervisors began in September 2015 with collation of Curriculum Vitae and telephone interviews. Research assistants engaged for the field work comprised a team of trained teachers, social development workers and lecturers. Engagement letters were issued to each research personnel stating roles and responsibilities, entitlements and expected results.

##### *Consultative Meeting*

A one-day consultative meeting was held with representatives of Girls' Power Initiative, Calabar and Cross River State Ministry of Education at GPI office on September 16, 2015. It was designed to provide a platform for reviewing the proposed impact assessment while paying attention to roles each organization was to play.

Issues raised during the meeting include

- Provision of list of public secondary schools where SFLHE is being implemented and schools where teachers have not been trained by GPI and Ministry of Education.
- Provision of letter of introduction by Ministry of Education
- Working with the appropriate sample population (JS2 – SS 3) to meet data needs

##### *Development and Validation of Instruments*

Development of research instruments – questionnaires, key informant interview guides, FGDs guidelines, began in the month of August 2015. These tools were shared with Girls' Power Initiative and Ministry of Education for inputs. See Appendix for tools developed and administered to respondents.

A meeting was held with representatives of GPI and Ministry of Education on September 30, 2015 for harmonization of inputs and validation of research tools.

##### *Training workshop for Research Personnel*

A one-day training workshop was organized in Calabar for research personnel from Ministry of Education and other organizations on October 2, 2015. These research personnel were later assigned to schools across the 6 local government areas of the state. A total of 13 persons participated including research assistants, research supervisors and GPI representatives.

During the training presentations centered on

- a. Profile of GPI spelling out her work in the area of sexuality, family life and HIV&AIDS education in the state
- b. Proposed SFLHE impact assessment highlighting the following sample population

Item	Quantity	Remark
Senatorial districts	3	
LGAs	6	2 LGAs per senatorial zone
Schools	24	4 schools per LGA
<b>Questionnaire</b>		
Student respondents	720	30 per school
Teacher respondents	48	2 teachers per school
<b>Key Informant Interviews</b>		
Teachers	24	
Principal	24	
<b>Focus Group Discussion</b>		
Male and Female	24	1 per school

Participants were taken through the following sessions.

- Data collection tools
- Conducting Key Informant Interviews
- Conducting Focus Group Discussions



Consultant makes opening remarks



Representative of Ministry of Education addresses participants



GPI Monitoring, Evaluation and Reporting Officer takes participants on data tools

## Field Work

### *Pre-test Exercise*

Two research assistants were engaged from 5<sup>th</sup> – 6<sup>th</sup> October 2015 to pre-test research tools in two schools – Government Secondary School, Atu and Government Secondary School, Akim. From the reports of exercise students, teachers and principals provided desired responses. However, a feedback session was organized for research assistant for experience sharing and filling of identified gaps in interview approach and report writing.



Feedback session with research assistants after pre-test,  
7<sup>th</sup> October 2015

### *Questionnaire Administration*

In October 2015, data collection was carried out by the study team. The survey was conducted from October 12 – 15, 2015 in twenty-four (24) schools located in Akpabuyo, Calabar Municipality, Yakurr, Ikom, Ogoja and Yala local government areas of Cross River State.

Questionnaires were administered to different categories of students from Junior Secondary 1 to Senior Secondary 3 by research assistants in the 24 schools selected for the exercise including intervention and comparison schools.

### *Key Informant Interviews*

Interviews were conducted with school heads and teachers who were trained on FLHE and those who were not trained. Also questionnaires were administered to obtain responses on changes in knowledge, attitude and practices as a result of the programme.

*Focus Group Discussions*

Focus group discussions had 10 participants in some schools while 12 participants in other schools in line with the standard of not having a large group. Males and females were picked to contribute to discussions. Each FGDs lasted for 40 minutes in some centres while others lasted for 45 minutes.



FGD at Enoghi Secondary School, Ikom



Research assistant administering a questionnaire at Egbe-Mbube, Ogoja



FGD at Ikot Eneyo Secondary School, Akpabuyo

## Reporting

### *Data Analysis*

Data from the survey were processed using Microsoft Excel and the Statistical Package for Social Sciences (SPSS) software. The data analysis was meant to assess whether students and teachers in schools implementing a full SFLHE programme reported greater knowledge, positive attitude and better practices relating to STIs and HIV prevention, gender roles, life skills and less risky behaviours than those in schools where SFLHE programme is not implemented. A chi-square test for two related samples was used to assess the level of significance between the intervention and comparison schools.

Summary of activities during the assessment.

<b>Activity</b>	<b>Duration</b>	<b>Participants</b>	<b>Status</b>
<b>Recruitment of research assistants</b>	1 month	Interested applicants	
<b>Consultative meeting</b>	1 day	Consultant, GPI representatives, Min. of Education representatives	Completed
<b>Development and validation of instruments</b>	2 weeks	Consultant, GPI representatives, Min. of Education representatives	Completed
<b>Training workshop for research personnel</b>	1 day	Research assistants and supervisors, GPI representatives	Completed
<b>Pre-test exercise</b>	2 days	Research assistants	Completed
<b>Feedback meeting with Research Assistants</b>	1 day	Research assistants and supervisors	Completed
<b>Data collection in Schools</b>	2 weeks	Teachers, students, Principals, Research supervisors and assistants	Completed
<b>Data analysis and Reporting</b>	2 weeks	Consultant	Completed
<b>Submission of draft report</b>	1 week	Consultant, GPI representatives	Completed
<b>Submission of final report</b>	1 week	Consultant	Completed

## 4.0 Outcomes

### 4.1 Outcomes

- The consultative meetings enhanced identification of roles and responsibilities of participants and establishment of sample population for desired results
- The training and feedback sessions enhanced participants understanding of field work and expected deliverables
- Adequate data was collected from respondents to enhance the assessment

### 4.2 Challenges

- Some schools earlier picked for the exercise could not be reached because of difficult terrain. However, these schools were replaced with schools having similar characteristics in terms of location, size and gender.
- During the study, majority of the schools were embarking on fee drive which posed a major challenge of not having respondents around. However, this was handled by involving JS 1 students especially in non-SFHLE schools.
- In some schools, students were reluctant participating in the exercise initially because of wrong perception, but changed their minds after much persuasion from research assistants and supervisors.

## 5.0 Conclusion and Recommendation

This report has highlighted process of impact assessment exercise carried out by GPI in collaboration with Ministry of Education from September to November 2015. The planning, field work and reporting phases were effectively implemented and results achieved. However, there is need to promote the culture of documentation among school communities implementing SFLHE. This would enhance future rigorous impact assessments.

## APPENDIX – RESEARCH INSTRUMENTS



### SFLHE IMPACT ASSESSMENT – CONSENT FORM FOR STUDENTS

**NAME OF SCHOOL:**.....

**LGA:**.....

I have understood that the objective of the study is to assess the impact of SFLHE in public Secondary Schools of Cross River State by Girls' Power Initiative in collaboration with Ministry of Education.

As a respondent in the study I am told that it will be appreciated if I could provide honest and sincere information about my experience as a participant in the study. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction.

I have accepted to participate in this study and given approval for photographs and recording. I understand that I have the right to withdraw from the study anytime even though the researchers have taken permission from the school authority to allow me participate.

S/N	NAME	SEX	CLASS	SIGN
1				
2				
3				
4				
5				



**SFLHE IMPACT ASSESSMENT  
CONSENT FORM FOR PRINCIPALS AND TEACHERS**

I have understood that the objective of the study is to assess the impact of SFLHE in public Secondary Schools of Cross River State by Girls' Power Initiative in collaboration with Ministry of Education.

As a respondent in the study I am told that it will be appreciated if I could provide honest and sincere information about my experience as a participant in the study. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction.

I have accepted to participate in this study and given approval for photographs and recording. I understand that I have the right to withdraw from the study anytime even though the researchers have taken permission from the school authority to allow me participate.

Interviewee Sign:..... Principal  Teacher

Date:.....



**IMPACT ASSESSMENT OF SEXUALITY, FAMILY LIFE & HIV/AIDS EDUCATION (SFLHE) IN SECONDARY SCHOOLS BY GIRLS' POWER INITIATIVE (GPI) IN COLLABORATION WITH CROSS RIVER STATE MINISTRY OF EDUCATION**

**GUIDELINES FOR FOCUS GROUP DISCUSSIONS (STUDENTS – INTERVENTION AND COMPARISON)**

- Presentation of the organization
- Aim of the survey
- Rules of communication among focus group participants (Openness, frankness, resistance from imposing one's opinion on others, there are no wrong or correct answers)
- Explanation about why the discussion is recorded
- Explanation of privacy and anonymity of participants
- Moderator and all focus group participants introduce themselves

**a. Knowledge on Sexuality, Family Life and HIV&AIDS**

- i. What is the difference between HIV and AIDS?
- ii. What do you understand by the terms sexuality and Family life?
- iii. From what source(s) have you received information about sexuality, family life and HIV&AIDS?
- iv. How can HIV be transmitted?
- v. What are STIs? Mention some STIs you know?
- vi. What changes would you observe to know a boy or girl has reached puberty?
- vii. Mention some life skills you have heard about?
- viii. What is your understanding of the word gender?
- ix. What are values?

**b. Change in Attitude**

- i. Do you think HIV&AIDS is a serious problem in your community? Give reasons for your answer
- ii. Can you eat food prepared by someone living with HIV? If yes, why? If no, give reasons?
- iii. How do teachers respond if asked a question on sexuality issues by students
- iv. Do students ask questions/discuss issues of sexuality with teachers? If yes, how do you feel talking to a teacher when you have a question about sexuality?
- v. Should boys and girls cook, wash plates, sweep etc
- vi. Do you think boys and girls should be taught sexuality and life management skills? Give reasons for your answer
- vii. Does dressing call for rape? If yes, how? If no, how?

**c. Change in Practice**

- i. Have you ever shared information on sexuality, HIV&AIDS and life skills with friends and family members? If yes, when and how?
- ii. Have you been tested for HIV? Would you take the test? If yes, why? If no, why not?
- iii. Have you ever resisted negative pressure from friends? If yes, How? What were the pressures?
- iv. Have you expressed self-confidence and high self-esteem in any situation? If yes, How? On what occasion?
- v. Have you identified personal values? If yes, what personal values have you identified?
- vi. How have you treated both boys and girls equally in your school and family?
- vii. How would you help somebody who has been raped?



**IMPACT ASSESSMENT OF SEXUALITY, FAMILY LIFE & HIV/AIDS EDUCATION (SFLHE) IN SECONDARY SCHOOLS BY GIRLS' POWER INITIATIVE (GPI) IN COLLABORATION WITH CROSS RIVER STATE MINISTRY OF EDUCATION**

**KEY INFORMANT INTERVIEW GUIDE (PRINCIPALS – Intervention only)**

Your school has been selected as a sample for an impact assessment on Sexuality, Family Life and HIV&AIDS Education (SFLHE) and you are one of the respondents. This information will help GPI and its partners to improve on the quality of the curriculum implementation. We appreciate you for committing your time to complete the questionnaire about FLHE. Be rest assured that nobody will be allowed to go through your responses. We request that you be as open and honest as possible.

**IDENTIFICATION**

Name of School		CODE
LGA		
Location		
Sector	(Urban = 1; Rural = 2)	
Sample School No.		
Date of Interview		

**Section 1: Demographic Data**

QN	Question	Response Options	Enter Code
1	Sex	Male = 1; Female = 2	
2	How old were you at your last birthday?		

**Section 2: SFLHE Implementation and Impact**

1	What SFLHE training(s) was a representative of your school part of?	a. FLHE      b. e-SFLHE      c. Both
2	Who organized the training in your school?	
3	When was the training held?	
4	What subject areas are SFLHE topics covered in your school?	
5	What teaching methods/delivery methods or strategies are used for SFLHE in your school?	
6	To what extent are teachers not trained involved in	

	implementing the SFHLE curriculum?	
7	How is SFLHE assessed in your school?	
8	How have you been involved in monitoring or supervising SFLHE implementation in your school?	
9	What sexuality issues have your school resolved as a result of implementing SFLHE lessons?	
10	What gaps or challenges do you have with implementing the SFLHE in your school?	
11	What are some of the success stories since SFLHE curriculum implementation began in your school? (Whether on teachers or students) <b>Request for records</b>	
12	What suggestions would you give for effective implementation of SFLHE in the state?	
13	Any comments or additional information?	



**IMPACT ASSESSMENT OF SEXUALITY, FAMILY LIFE & HIV/AIDS EDUCATION (SFLHE) IN SECONDARY SCHOOLS BY GIRLS' POWER INITIATIVE (GPI) IN COLLABORATION WITH CROSS RIVER STATE MINISTRY OF EDUCATION**

QIN: \_\_\_\_\_

**Questionnaire for Secondary School Students (Intervention and Comparison)**

Your school has been selected as a sample for an impact assessment on Sexuality, Family Life and HIV&AIDS Education (SFLHE) and you are one of the respondents. This information will help GPI and its partners to improve on the quality of the curriculum implementation. We appreciate you for committing your time to complete the questionnaire about SFLHE. Be rest assured that nobody will be allowed to go through your responses. We request that you be as open and honest as possible. Thank you.

**IDENTIFICATION**

<b>Name of School</b>		<b>CODE</b>
<b>LGA</b>		
<b>Location</b>		
<b>Sector</b>	(Urban = 1; Rural = 2)	
<b>Sample Sch. No.</b>		
<b>School Status</b>	(Intervention = 1; Comparison = 2)	
<b>Date of Interview</b>		

**Section 1: Demographic Data**

QN	Question	Response Options	Enter Code
1	Sex	Male = 1; Female = 2	
2	How old were you at your last birthday?		
3	What class are you in?	JS 2 = 2; JS 3=3 SS 1 = 4; SS 2 =5; SS 3=6	
4	What is your religion?	Christian = 1; Islam = 2 Traditional = 3; None = 4	

**Section 2: Knowledge, Attitude and Practice**

QN	Knowledge on HIV&AIDS and STIs	Preferred	
		No	Yes
1	Gonorrhoea and malaria are types of diseases usually contracted through unprotected sexual activity		
2	You cannot get HIV from people you know very well		
3	One can find out his or her HIV status by taking a blood test		
4	Abstinence from unprotected sex is not one way people protect themselves from contracting HIV		
5	In its early stages HIV can be cured with proper doses of penicillin		
<b>Knowledge on Family Life</b>			
6	Puberty is a time when the body matures and is able to reproduce		
7	When a woman releases an egg, it is called menstruation		
8	When a girl begins her first menstruation, can she get pregnant?		

9	Development of testicles is not one of the changes you would observe to know that a boy has reached puberty		
10	Raping a girl or boy is not a form of sexual abuse		
11	Values are desirable principles, beliefs or qualities		
12	Gender is the same as 'Sex'		
<b>Attitude</b>			
13	I do not feel comfortable to talk to my teacher when I have a question about family life		
14	Boys and girls should not be taught sexuality education in the same way		
15	A student living with HIV should be denied admission to your school		
16	A boy should not leave a girl alone when she says no to having sex		
17	Girls do not have the right to say how they feel even if boys disagree		
<b>Practices</b>			
18	I have shared information on sexuality with my friends and family in the last 3 months		
19	I have gone to a HIV counselling and testing centre to know my status in the last one year		
20	I resisted negative pressure from my friends or peers		
21	I have resisted sexual advances after getting information on FLHE		
22	I set my goals for the future		
23	I now treat boys and girls equally when giving help		
24	I have identified my personal values		
25	I express my feelings boldly when I am offended		

#### FOR THE INTERVIEWER

Time started	
Time ended	
Interview result (Completed, Refused, Partially completed)	
Name of Interviewer	
Name of Supervisor	



**IMPACT ASSESSMENT OF SEXUALITY, FAMILY LIFE & HIV&AIDS EDUCATION (SFLHE) IN SECONDARY SCHOOLS BY GIRLS' POWER INITIATIVE (GPI) IN COLLABORATION WITH CROSS RIVER STATE MINISTRY OF EDUCATION**

QIN: \_\_\_\_\_

**Questionnaire for Secondary School Teachers (Intervention and Comparison)**

Your school has been selected as a sample for an impact assessment on Sexuality, Family Life and HIV&AIDS Education (SFLHE) and you are one of the respondents. This information will help GPI and its partners to improve on the quality of the curriculum implementation. We appreciate you for committing your time to complete the questionnaire about SFLHE. Be rest assured that nobody will be allowed to go through your responses. We request that you be as open and honest as possible. Thank you.

**IDENTIFICATION**

<b>Name of School</b>		<b>CODE</b>
<b>LGA</b>		
<b>Location</b>		
<b>Sector</b>	(Urban = 1; Rural = 2)	
<b>Sample Sch. No.</b>		
<b>School Status</b>	(Intervention = 1; Comparison = 2)	
<b>Date of Interview</b>		

**Section 1: Demographic Data**

QN	Question	Response Options	Enter Code
1	Sex	Male = 1; Female = 2	
2	How old were you at your last birthday?		
3	What classes do you teach?	JS 1 = 1; JS 2 = 2; JS 3=3 SS 1 = 4; SS 2 =5; SS 3=6	
4	What is your religion?	Christian = 1; Islam = 2 Traditional = 3; None = 4	

**Section 2: SFLHE Implementation and Impact**

2.1	What subject(s) do you teach?	
2.2	Have you received any formal training on how to implement the SFLHE programme in your school? a. <b>Yes</b> b. <b>No</b>	
2.3	If 'Yes' to question 2.2, What training did you receive? <b>If 'No' to question 2.2, skip to section 3</b>	
2.4	Who organized the training?	

		a. Min. of Education b. GPI c. MoE and GPI d. Others(Specify).....
2.5	When was the training held?	
2.6	What subject areas are SFLHE topics infused? <b>(List as many as possible)</b>	
2.7	What strategies/methods do you use to deliver SFLHE lessons?	a. Assembly hall b. Class c. One-on-one d. e-SFLHE
2.8	How have you reached other teachers not trained with SFLHE?	
2.9	How are other teachers not trained involved in implementing the SFHLE curriculum?	
2.10	How is SFLHE assessed in your school?	a. Examination b. Test c. Assignment d. Others (Specify).....
2.11	What sexuality issues/concerns do students come to share or do you observe amongst students as a result of teaching SFLHE lessons?	
2.11	What are some success stories since SFLHE implementation began in your school? <b>Please do you have records showing your implementation?</b>	
2.12	What gaps or challenges do you face with implementing SFLHE in your school?	
2.13	What suggestions would you give for effective implementation of SFLHE in the state?	

2.14	Any comments or additional information?	

### Section 3: Knowledge, Attitude and Practice

QN	Knowledge on Sexuality, Family Life and HIV&AIDS	Preferred	
		No	Yes
1	Genital warts and malaria are types of infections that can be contracted through unprotected sexual activity		
2	Taking antibiotics before and after unprotected sexual activity may prevent STIs		
3	One can find out his or her HIV status by taking a blood test		
4	Sticking to one infected partner is one way one can protect him/herself from getting HIV		
5	Is there a difference between HIV and AIDS?		
6	In its early stages HIV can be cured with proper doses of penicilin		
7	HIV can be transmitted through mosquito bite		
8	A man who wears women's clothe is homosexual		
9	When a woman releases an egg, it is called ovulation		
10	If a girl washes her vagina immediately after unprotected sexual intercourse, she cannot get pregnant?		
11	Ejaculation is not one of the signs of puberty for a boy		
12	Symptoms of sexually transmitted infections may include itching and vaginal discharge		
13	Contraception is defined as any method used to prevent pregnancy		
14	The decision on spacing children and number of children in a family should be made by the husband only		
15	Gender roles are learned and not natural		
16	Rape is a form of gender-based violence		
17	Interpersonal relationship enhances communication between teachers and students		
18	Communication skills cannot help people resolve conflicts		
19	Communication between spouse decrease mutual trust and marital pleasure between spouses?		
<b>Attitude</b>			

20	Young people need to be provided with complete and accurate information on FLHE		
21	Boys and girls should be taught sexuality education in the same way		
22	A teacher living with HIV should not be allowed to teach in any school		
23	It is not fair to ask teachers to teach children about sexuality issues		
24	Parents should be the only sources of information for children about sexuality		
<b>Practices</b>			
25	During the past three months I have shared information on sexuality with other teachers, friends and family		
26	In the last 1 year, I have visited a HIV counselling and testing centre to know my status		
27	I resisted negative pressure from my friends or colleagues		
28	I have not had unprotected sex with somebody I don't know his/her HIV status in the last 1 year		
29	I set my own goals		

#### FOR THE INTERVIEWER

<b>Time started</b>	
<b>Time ended</b>	
<b>Interview result (Completed, Refused, Partially completed)</b>	
<b>Name of Interviewer</b>	
<b>Name of Supervisor</b>	

**LIST OF SELECTED SCHOOLS FOR SFLHE IMPACT ASSESSMENT**

<b>LGA</b>	<b>NAME OF SCHOOL</b>	<b>SECTOR</b>
<b>Calabar Municipality</b>	Government Sec. School, Atekong, SHE	Urban
	NYSC Model Secondary School, Highway	Urban
	West African People’s Institute Calabar	Urban
	Government Secondary School, Nyangasang	Urban
<b>Akpabuyo</b>	Community Secondary School, Ikot Ewa	Rural
	Government Secondary School, Ikot Eneyo	Rural
	Comprehensive High School, Akwa Ikot Effangha	Rural
	Community Secondary School, Akwa Ikot Eyo Edem	Rural
<b>Yakurr</b>	Secondary School, Idomi	Rural
	Assiga Community Secondary School, Ekunkune	Rural
	Comprehensive Secondary School, Ekori	Rural
	Community Secondary School, Mkpani	Rural
<b>Ikom</b>	Community Secondary School, Njimetop	Rural
	Community Secondary School, Balep	Rural
	Enoghi Secondary School, Ikom	Urban
	Velos Secondary School, Ikom	Urban
<b>Ogoja</b>	Comprehensive High School, Idum-Mbube	Rural
	Government Secondary School, Egbe-Mbube	Rural
	Government Secondary School, Ishibori	Urban
	Technical College, Abakpa, Ogoja	Urban
<b>Yala</b>	Offobuche Secondary School, Okuku	Urban
	Comprehensive Secondary School, Okuku	Urban
	Community Secondary School, Alifokpa	Rural
	Comprehensive High School, Ugaga, Yala	Rural