

ORIGINAL RESEARCH ARTICLE

Evaluation of the Implementation of Family Life and HIV Education Programme in Nigeria

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Abstract

Family Life and HIV Education (FLHE) programme was introduced nationwide in Nigeria in 2003. Since then little is known about the patterns of its implementation across the states in the six geo-political zones in Nigeria. This study represents an attempt to fill this lacuna in the FLHE literature in Nigeria. Quantitative data was collected from the Federal Ministry of Education and the State Ministries of Education on all salient aspects of FLHE implementation. The findings from data collected in 35 states and the Abuja Federal Capital Territory show large variations in the year of adoption of the programme, level of implementation of the programme, the proportion of implementing schools that are reporting to the coordinating government ministries/agencies, the level to which schools have been supplied with relevant curriculum, and promptness of distribution of materials across the zones. All these indices did not show significant level of interdependence. In general, there were higher levels of FLHE activities in the South than the North. Several problems affect implementation of FLHE in Nigeria, most of which will require increased financial and technical support from government and other organizations. The FLHE programme has had positive effects in the states and among schools where the implementation has been effective, underscoring the need for a more effective implementation of the programmes throughout the country. (*Afr J Reprod Health* 2015; 19[2]: 79-93).

Keywords: FLHE, sexuality education, curriculum, advocacy, budgetary allocation, Nigeria

Résumé

Le programme de l'éducation sur la vie familiale et sur le VIH (EVFH) a été introduit à l'échelle nationale au Nigeria en 2003. Depuis lors connaît peu sur les motifs de sa mise en œuvre à travers les États dans les six zones géopolitiques du Nigeria. Cette étude représente une tentative de combler cette lacune dans la documentation de l'EVFH au Nigeria. Les données quantitatives ont été recueillies auprès du ministère fédéral de l'éducation et les Ministères de l'Education des États sur tous les aspects saillants de la mise en œuvre de l'EVFH. Les conclusions à partir de données recueillies dans 35 états et d'Abuja Federal Capital Territory montrent de grandes variations dans l'année de l'adoption du programme, le niveau de la mise en œuvre du programme, la proportion des écoles où le programme a été mis en œuvre et qui sont sous la coordination des ministères/organismes du gouvernement, le niveau auquel les écoles ont été fournies avec des programmes pertinents, et la rapidité de la distribution des matériels à travers les zones. Tous ces indices n'ont pas montré le niveau significatif d'interdépendance. En général, il y avait des niveaux plus élevés d'activités de l'EVFH dans le Sud que dans le Nord. Plusieurs problèmes affectent la mise en œuvre de l'EVFH au Nigeria, dont la plupart auront besoin davantage appui financier et technique du gouvernement et d'autres organisations. Le programme de l'EVFH a eu des effets positifs dans les Etats et parmi les écoles où la mise en œuvre a été efficace, en soulignant ainsi la nécessité d'une mise en œuvre plus efficace des programmes dans tout le pays. (*Afr J Reprod Health* 2015; 19[2]: 79-93)

Mots-clés: enfants, la perception, le VIH et le SIDA, Cape Coast, Ghana

Introduction

Nigeria, with its population of over 170 million people, is one of the most populous countries in the world. It is also one of the countries with the highest percentage of young people; the 2006

census revealed that about 62% of its population is under age 25^{1,2}. In general, the literature suggests that high proportions of young people are sexually active, do not have stable sexual relationships and are often ignorant of the health risks of their sexual behavior^{2,3,4}. Also, young people tend to be

susceptible and subject to peer pressure with the palpable consequence of being sexually exploited by adults^{2,4,5,6}.

A study of trends in sexual debut among females in Nigeria from 1990 to 2008 observed that the median age at first sexual intercourse was 14 years and that 60% of females have become sexually exposed by 20 years⁷. The age of sexual debut may in fact be lower or declining in many places as observed by a study in Ugep, Cross River State of Nigeria, which found that 11.3 percent of girls had their sexual debut at age 10-12 years, relative to only 4.1% in the previous generation⁸. Despite the realities of adolescent sexual experiences, provision of services to meet the sexual and reproductive health needs of young people in Nigeria remains dismal. This is manifested in their poor access to sexual and reproductive health information and services, which has led to undesirable consequences such as early exposure to sexual activities, teenage pregnancies, unsafe abortion, drug abuse and contraction of STIs, including HIV/AIDS. Given the rather overwhelming evidence that early age at first sex increases the risk of STIs, including HIV infection and early intervention through appropriate education is believed to inculcate the desired social behaviour and lifestyle among young people, and reduce the heavy morbidity and mortality toll they experience. Yet, sex is, traditionally, a very private subject in Nigeria, and discussion of sex with young people is generally seen as improper or offensive. It is in this regard that various religious and cultural leaders and other groups opposed earlier attempts to introduce sex education to young Nigerians.

However, the increased urbanization, migration, information and communication technologies, and diffusion and enculturation of ideas of the last three decades, have given rise to cultural integration, including sexuality, sexual orientation, particularly, among exploring adolescents^{9,10}. Adequate understanding of the disjuncture between and among generations in dealing with sexuality and family life education, in the face of increasing incidence and prevalence of HIV/AIDS among adolescents is critical for the attainment of workable programmes and policies². The UNESCO stated that packaging a holistic and

accurate sexual and reproductive health information for young people will predispose them to develop attitudes that support appropriate behaviour¹¹. These scenarios, in part, necessitated the recourse to development and implementation of school based-sexuality education programme in Nigeria¹².

Until recently there was little or no formal sexual health education for young people in Nigeria and this has been a barrier to reducing the incidence of STI and HIV/AIDS. One significant response of the education sector to adolescent sexuality issues as well as the increasing HIV/AIDS pandemic in Nigeria is the infusion of Family Life and HIV/AIDS Education (FLHE) into the school curricula at the basic and secondary school levels as well as in teacher training institutions. The Nigerian Educational Research and Development Council (NERDC) defined FLHE as a planned process of education that fosters the acquisition of actual 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 living¹³. The broad goal of FLHE is the prevention against HIV/AIDS through awareness and education. The specific goals include providing learners with opportunities to develop a positive and factual view of self, acquire the information and skills needed to take care of their health and prevent spread of HIV/AIDS as well as respect and value themselves.

The literature shows that five major factors were responsible for the evolution of school-based sexuality and family life education in Nigeria¹⁴. First was the 1988 Nigerian Population Policy which highlighted the causes and consequences of uncontrolled population growth and set the machinery in motion for the development of educational activities meant to translate policy into action¹⁰. The second was the implementation of programmes such as the Population and Family Life Education Programme (Pop/FLE) by NERDC in the mid-1980s, and the pioneering behavioural change programmes of the MacArthur Foundation whose Fund for Leadership Development (FLD) and Institutional Grant programmes, starting in early 1990s, supported the initiation of sexuality

education programmes among adolescents in different parts of the country. These include the Integrated Family Life Education project in Nembe, Bayelsa State in 1996¹⁵, and the sexuality education projects implemented by Action Health International (AHI), Association of Reproductive and Family Health (ARFH), Girl Power Initiative (GPI), among others, in Lagos, Oyo, and Cross River States, respectively. ARFH implemented the Expanded Life Planning Education (ELPE) in Oyo State and started a Youth Friendly Clinic in 1998¹⁶.

Third was the participation of Nigeria's Federal Ministry of Education (FMOE) and the National Education Research and Development Council (NERDC) in the design of UNESCO principles on managing population education programme in Africa. Among others, the principles underlined the recognition of the contribution which population education could bring to the socioeconomic development of the community and the nation; the importance of both individual decision making on population matters and the role of the family in collective decision making, and the importance of understanding the social and cultural context in which population education contents are to be integrated.

The fourth factor was the 1994 International Conference on Population Development (ICPD) which, for the first time, highlighted the need to focus on reproductive health and individual sexual health behaviour, and thus catalysed the teaching and learning of sexual health and legitimized HIV/AIDS-based school initiatives¹⁷. A fifth factor was the scourge of HIV/AIDS pandemic, wherein 60% of reported cases were among youths within the age bracket of 15-24 years¹³. Indeed, while each of these factors could be considered important in the emergence of school-based sexuality education programmes in Nigeria, they should be seen as mutually reinforcing rather than exclusive.

FLHE, as a preventive educational strategy, aims at assisting individuals in having a clear and factual view of humanity, providing individuals with information and skills necessary for rational decision-making about their sexual health, changing and effecting behaviour change, and preventing the occurrence and spread of

HIV/AIDS. Family Life Education (FLE) is one of the core aspects of population education which encompasses issues of family life, sex, the environment and health¹⁸. The content of FLE is based on universally applicable basic concepts, which make the subject an appropriate panacea for the problem of adolescents' sexuality and reproductive health behaviour.

Implementation of the FLHE Curriculum

Implementing sexuality education curriculum in Nigeria has been very challenging. With a huge population and a highly decentralized and ethnically and religiously diverse and plural population, Nigeria typifies the complexity of adopting FLHE; and, its education system mirrors this complexity¹⁹. Educational policy and implementation is largely the responsibility of the states, but the federal government is also involved in provision of education at state level through federal government secondary schools and the Universal Basic Education programmes. In each state, federal government secondary schools (two to three in each state) account for approximately 10% of the enrolment. These colleges are highly subsidized, and they are less expensive and have good teachers. On the other hand, state schools account for more than 90% of enrolment²⁰, but the schools are not generally equipped with relevant personnel and material and other resources required for achieving good educational outcome.

The policy establishing the FLHE curriculum recommends that implementation be carried out at three levels - primary, junior secondary and senior secondary schools in all the states in Nigeria. At the end of the curriculum development and review period, and prior to the national workshop on quality control in 2006, the Federal Ministry of Education (FMOE) in collaboration with Action Health International initiated the training of 50 master trainers and had also expanded the training to involve carrier subject delivery for teachers in secondary schools nationwide. In addition to the training were various sensitization meetings held with education administrators in the states. Distribution of copies of the curriculum was also carried out concurrently. With the involvement of ARFH,

AHI and FMoE developed and initiated the distribution of the teachers' manual and a student book on the subject²¹.

At the state level, the implementation process has typically involved formal partnerships between the state ministries of education and youth/reproductive health-focused NGOs. Training sessions for master trainers were followed by introductory training sessions for carrier-subject teachers. An FLHE teaching scheme was developed, which set out topics to be taught, week by week. Resource materials and instructional aids were developed and distributed, and extra-curricular activities such as clubs and peer education activities were initiated, especially in some states. Refresher training courses were offered to teachers, and classroom implementation monitored. As at 2008, FLHE was reported to have been introduced in more than 30 states, though with considerable variation among states and within schools in terms of methodology, content and quality of teaching

According to a UNESCO report on the implementation of sexuality education in some selected countries, Nigeria has made significant progress in the implementation of FLHE over the past 10 years¹⁹. The UNESCO report observed that Nigeria was reluctant to accept any form of sexuality education for many years despite high levels of unprotected sexual activity, unwanted pregnancies, abortion-related deaths and STIs and HIV. Notably, AHI and ARFH as well as other organizations have been actively involved in advocacy to secure governmental commitment. By necessity, they started with extra- and co-curricular activities before there was any willingness to incorporate FLHE into the school curriculum. The curriculum started out in less than eight states in 2004. The use of the FLHE curriculum spread to 34 out of 36 states in the country by 2008²⁰. Currently, the FLHE curriculum is available for primary, secondary and tertiary levels, but most implementation is

concentrated at the junior secondary level (with very little at primary level).

No doubt, in the past decade and a half, a huge amount of resources has been deployed for the implementation of FLHE programme in Nigeria. However, there is no clear picture of the patterns and trends of FLHE implementation across the country. Several questions remain unanswered. For instance, what is the level of adoption and implementation of FLHE? What FLHE-related activities do states engage in and what are their implications for effectiveness? Another pertinent question that has not received research attention relates to the performance of the states and zones in implementing FLHE. This paper seeks to examine these questions by comparing variations within and across the states and zones in the country.

Methods

Quantitative data was collected from the Federal Ministry of Education (FMoE) and the State Ministries of Education (SMoE) on all salient aspects of FLHE implementation with the aid of datasheets designed by the ISERT research team. The datasheet consisted of a schedule of questions on school statistics on FLHE, state level reports, activities, timeline and budgets. The three page datasheet was designed and pretested in one state before use. After permission was obtained from the ministry authorities, the datasheet was administered on the Desk Officers in the ministries by trained members of the research team.

The purpose of obtaining data through the state datasheet was to capture patterns and trends with respect to adoption and implementation of FLHE at the state and zonal levels. The federal level datasheet was intended to complement state level information. Previous literature and other relevant sources reflect the paucity of such data. Consequently, data was obtained from the Federal Capital Territory and thirty-five of the thirty-six states in the Federation.

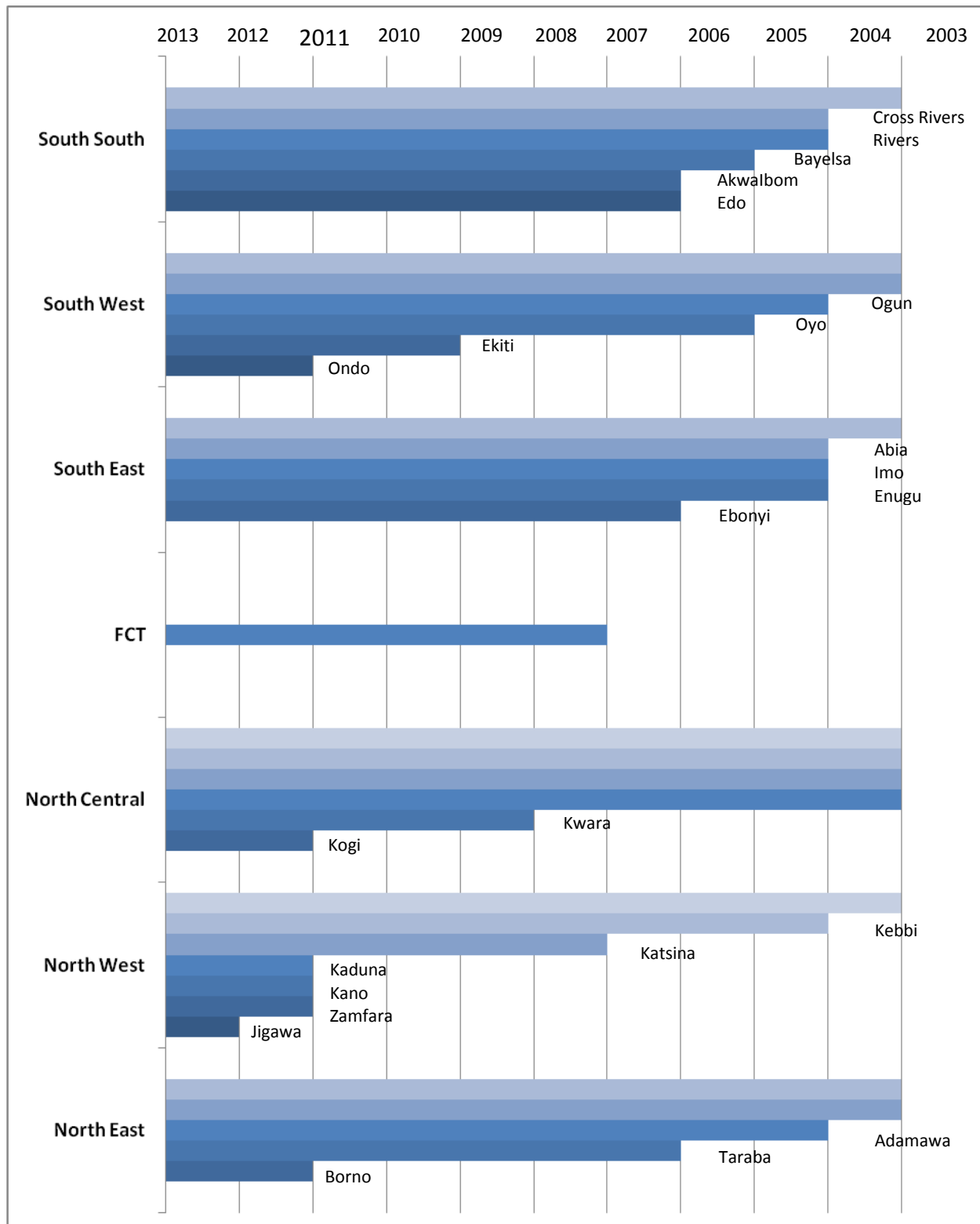


Figure 1: Year of adoption of FLHE by the States

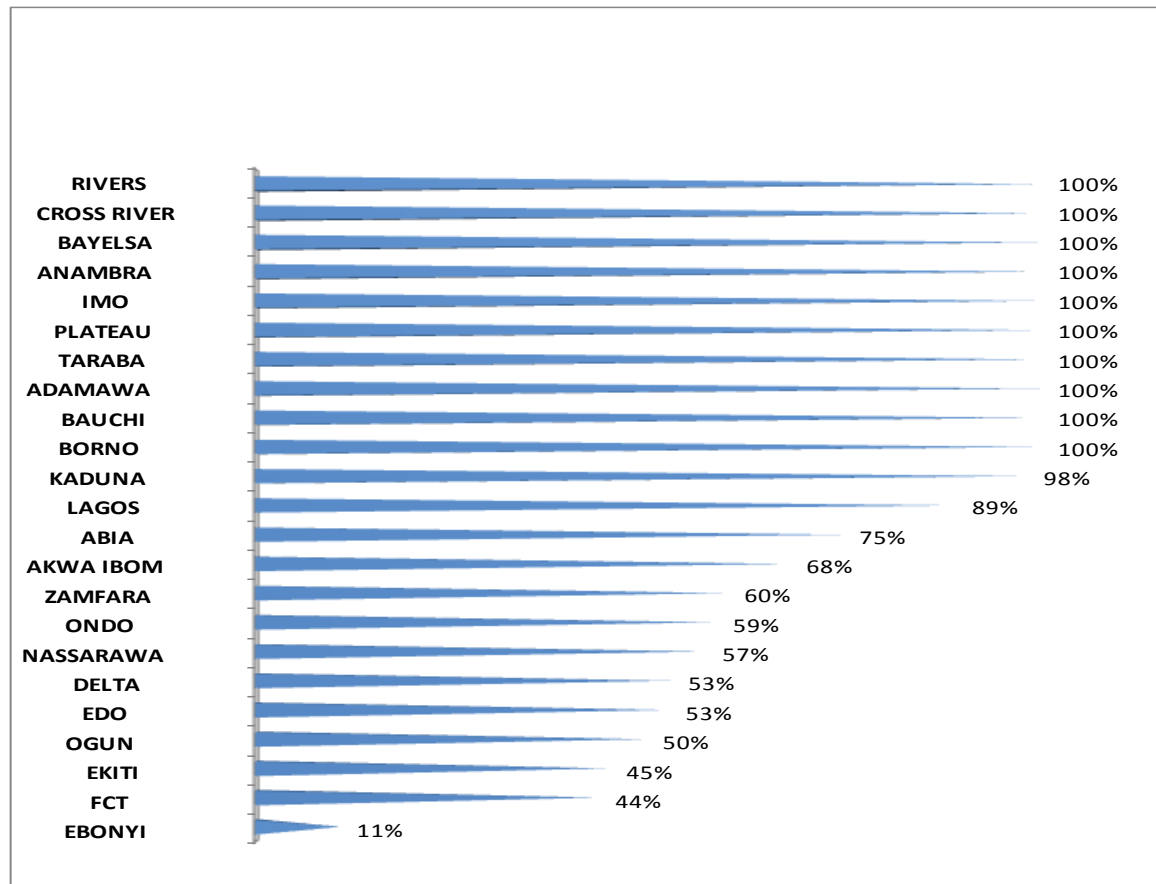


Figure 2: Percentage of implementing schools reporting to relevant ministries/agencies

Only one state (Yobe) was not included in the study due to security problems in the location and associated logistical challenges experienced during the period of data collection. Data collection took place in April, 2013 and the data was analyzed using a combination of content analysis, and descriptive and inferential statistics.

Being a national study involving all states in the country including the Federal Capital Territory (FCT), some challenges were experienced in the course of the data collection. First, grossly inadequate documentation in the ministries constituted a problem; and, school statistics were fragmented among several administrative units of

the state. The second challenge relates to the bureaucratic bottleneck in obtaining necessary authority to access data. Third, many of the Desk Officers were new and could not readily provide information on activities prior to their deployment. In some states, Desk Officers exhibited high levels of stonewalling, being reluctant to grant interviews or release data.

Findings

Year of FLHE Introduced in the states

First, we examined the extent of compliance by states to the directives of FMoE for all states to

adopt the FLHE programme in 2003. The study revealed that there was a high level of variation in the year of adoption of FLHE by states. Approximately half of the states introduced FLHE within one year of the directive. Seven years after (2010), about three-quarters (77.8%) had started the programme. This national pattern of adoption was also observed across the zones except for the North-West where only 29% of the states had adopted the programme within a year of the directive on the introduction of FLHE. The late starters (those who adopted FLHE after 8 years) were Jigawa in 2012 and Ondo, Kaduna, Kano, Zamfara, Kogi, and Borno in 2011. With 2003 as benchmark, the states that adopted FLHE early include Delta, Osun, Lagos, Anambra, Nassarawa, Benue, Plateau and Niger states (See Fig. 1).

Performance of Schools in the States Implementing the FLHE Programme

Table 1 displays the performance of the states on selected FLHE implementation indicators based on the report of Desk Officers. The proportion of secondary schools implementing FLHE among the 35 states varied from 13.5% to 100%. The states with low proportions of implementing schools include Adamawa (13.5%), Taraba (17.7%), Benue (19.2%) and Gombe (23.4%) and the states with high proportions of FLHE implementing schools include Anambra, Jigawa, Kebbi, Sokoto and Lagos.

Note: √- Low performance in FLHE implementation; √√- Average performance in FLHE implementation; √√√- High performance in FLHE implementation.

We investigated the extent to which implementing schools prepare and submit reports of their activities for the State-level Quarterly Reports. Several states could not provide the relevant school statistics to compute this indicator. Although there were states that recorded 100% reporting rates among implementing schools, the level in other states, such as Ebonyi State was as low as 11% (see Fig 2 and Table 1). The results also show a significant difference in the number of schools implementing and those reporting ($t=3.64$, $df=22$, $p<0.05$) with more schools implementing mean=168.91 than reporting (mean=120.48). The findings, thus illustrate that a high proportion of

implementation is not an indication of high levels of reporting ($r=0.060$, $p>0.05$); many implementing schools are simply not reporting.

Availability of FLHE Curriculum and Promptness in Distribution

We found that most schools included in the study did not have the FLHE curriculum. Whereas some states provided FLHE curriculum and supplementary materials to more schools than the number implementing, states such as Benue, Ondo, Adamawa, Gombe, Anambra and Akwa Ibom supplied materials to relatively lower proportion of schools.

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Promptness in the Distribution of FLHE curriculum in the schools

Only 48.5% of the states (or 17 states) promptly distributed FLHE curriculum to schools within one year of the introduction of FLHE in the state (Fig. 4). However, when compared to the promptness with which FLHE was adopted by states, the data showed that promptness in introduction of FLHE in the states did not translate to promptness in the distribution of relevant materials for the takeoff of the programme. Rather, the trend observed was that promptness in distributing curriculum was higher for states that introduced FLHE only recently or the late starters ($r=-0.51$, $p=.002$). This means that delay in supplying schools with FLHE materials tended to be longer among early adopters of the FLHE programmer.

Table 1: State Performance on selected indicators of FLHE implementation

State	Proportion of Schools implementing FLHE	Proportion of Implementing School reporting	Schools supplied with FLHE materials	Data available for recent quarter	State budget for FLHE 2012	State Budget for training teachers
North Central						
Benue	√		√√	√√√		√√√
Kogi				√√√	√√√	√√√
Kwara			√√√	√		√√√
Nasarawa		√√	√	√√√	√√√	
Niger				√√√	√√	√√√
Plateau		√√√		√√√		√√
North East						
Adamawa	√	√√√	√√√	√√√		
Bauchi	√√	√√√	√√	√√√	√√√	√√√
Borno	√	√√√	√√√	√√√		√√√
Gombe	√		√√	√√√		
Taraba	√	√√√		√√√	√√√	√√√
North West						
Jigawa	√√√		√√√	√√√		
Kaduna		√√√	√√	√√√		√
Kano				√		
Katsina				√	√	√√√
Kebbi	√√√		√√√	√√√	√√√	√√√
Sokoto	√√√		√√√	√√√		
Zamfara	√√	√√	√√√	√√√	√	√
South East						
Abia	√√		√√√	√√√	√√√	√
Anambra	√√√	√√√	√	√√√		
Ebonyi	√√	√	√√√	√√√		√√
Enugu			√√√	√√√		
Imo	√	√√√		√√√	√√	
South South						
Akwa Ibom			√	√√√		
Bayelsa	√√	√√√		√√		√√
Cross River	√	√√√	√√√	√√√		
Delta	√	√√	√√√	√√√		
Edo	√	√√	√√√	√√√	√√	
Rivers	√	√√√	√√√	√√√	√√	
South West						
Ekiti		√√	√√√	√√√		
Lagos		√√√	√√	√√√		√√√
Ogun		√√	√√√	√√√		
Ondo	√	√√	√√	√√√		√√
Osun	√		√√√	√√√	√√√	
Oyo				√√√	√√√	

It is noteworthy that despite the rich information contained in the quarterly reports, the responsible personnel in several states could not provide

relevant data required for this research. It appears that accessing, retrieval or use of information from quarterly reports pose a challenge to officers working on the programme in different capacities.

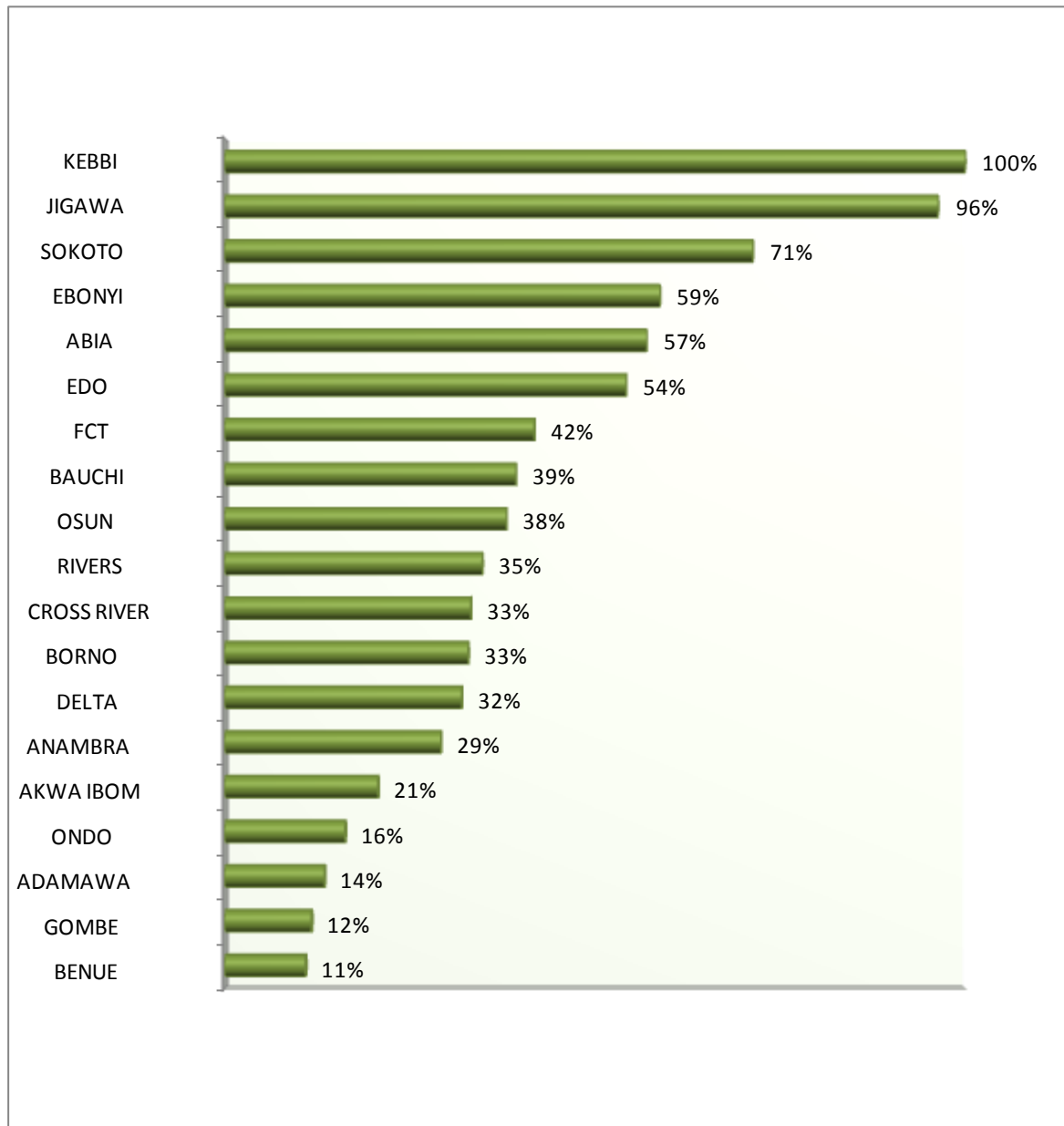


Figure 3: Percentage of schools supplied with FLHE curriculum and materials

State Level Reports produced since the commencement of FLHE

In general, the types of reports produced by states that collated FLHE data fall under three categories: Quarterly Reports, Annual Reports of Units, and Activity based Reports. Ninety-four per

cent of the states indicated that they produced between one to five state-level reports on FLHE. Three states (Anambra, Edo and Enugu) listed between four and five types of reports produced. The three southern zones prepared more state-level reports than the northern zones.

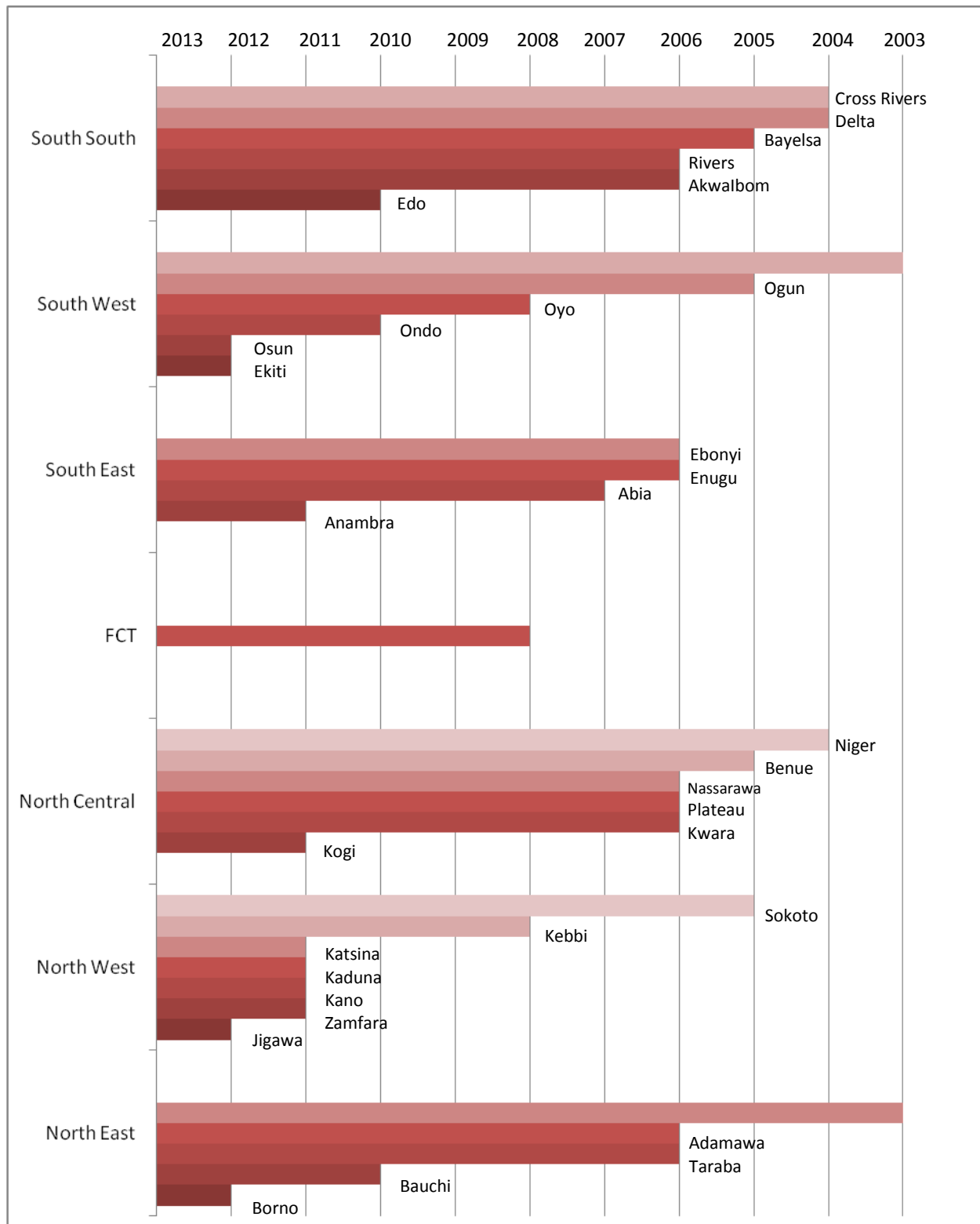


Figure 4: Adoption of FLHE curriculum since 2003 by States

For the quarterly and annual reports, it was observed that only seven states (Ogun, Oyo, Edo, Osun, Taraba, Ekiti and Gombe), four of which are in the South-West, had satisfactory levels of expected number of issues of report. This is considering the frequency and report commencement dates. Many of the states recorded far below the expected number of issues or could not provide adequate information on the frequency, report production dates and numbers of issues produced (See Table 1). Notwithstanding that all but one state (which state) indicated that they completed the quarterly reports on FLHE implementation, only 75% listed it as a state-level report. In addition, the quarterly reports reflected varied nomenclature across the states with no consistent name adopted to reference it. The implication of the inconsistencies is that state actors across the nation have different understanding and meanings of this important reporting and planning tool. Furthermore, it makes consistent monitoring of the activities across the states cumbersome except perhaps for the final custodians of the data.

Furthermore, given that 94% of the states produced between one to five reports on FLHE, it is expected that states will be better equipped with necessary baseline data to indicate the level of implementation and related activities. However, only a small proportion of the states could supply relevant information required for this aspect of the analysis. All these problems also raise issues of validity and reliability of the data supplied.

Teachers trained on FLHE and the number of students reached in 2012

Data obtained from FMOE showed that the number of teachers trained in each state for FLHE programme in 2012 ranged from 75 to 401 (mean=234.6, SD=113.7). Furthermore, the data on the number of students reached in 2012 in each state showed numbers ranging from 1,625 to 142,602 (mean=23,419, SD 30,186.7). The results show that the number of trained FLHE teachers was not significantly related to the number of students reached, the number of schools implementing or how early the states adopted FLHE. However, the states with a higher number

of trained FLHE teachers tended to have lower numbers of teachers ($r=-0.554$, $P<0.01$).

The number of students reached in 2012 was also not related to the number of teachers in the state, the secondary schools implementing, and how early the states adopted FLHE. Rather, it was related to the number of schools reporting. These findings imply that the authenticity of the data obtained from the states and quality of measurement of impact of FLHE depend largely on the number of schools reporting. Thus, drawing inferences from data supplied from the states may be misleading if all or comparable proportions of implementing schools are not reporting, as was the case in this study.

Advocacy Activities

Only 50% of the states indicated that they engaged in some form of FLHE advocacy programmes as at 2012. In many of the states that engaged in such activities, advocacy included meetings of project advisory committees, advocacy to state functionaries and state executives and visits to schools, principals, PTAs, and other stakeholders. In some cases the advocacy involved collaboration with FMOE and NGOs. The low levels of advocacy may be associated with poor funding or linked to the fact that the FLHE programme had already taken off in most of the states. In general, advocacy visits were limited in scope and usually supported or initiated by collaborating partners.

Sexuality Education Programmes in the State Prior to Introduction of FLHE

Twenty-four states listed between one to three sexuality education programmes that existed in their states prior to the introduction of FLHE. Edo, Plateau, Oyo, Ogun, Anambra, Bayelsa and Katsina States indicated two or more sexuality programmes. North-West was the least active zone, in terms of providing sexuality education prior to the FLHE, with only two states reporting.

There were several variants of sexuality education programmes in the states and they fall under five categories: POPFLE, Sex Education Programmes, HIV/AIDS awareness programmes, Sexuality and Reproductive Health Programmes, and School Health and Hygiene. About one-third

of the states did not list any sexuality education programmes they engaged in prior to the FLHE. Were there no sexuality education programmes in those states or could the information not be provided? Again, this is an indication that documentation of FLHE activities at the state and national levels is poor.

Budgetary Allocation for FLHE

Only 44% of the states responded to the question relating to budgetary allocation for FLHE in 2012. This figure shows that many of the responsible officers had little or no knowledge about funding for FLHE. Although about six states provided figures (ranging from N500,000 to N12.5million) reflecting budgetary allocations for FLHE, there were indications that in many instances, the funds were estimates and usually inaccessible, not separated from a larger unit budget or were under control of other related units such as the State Agency for Control of HIV/AIDS.

Budget for training of FLHE teachers in 2012 followed a similar pattern. Nine states provided figures ranging from about N500,000 to N20 million naira, some of which were described as budgeted but unavailable or subsumed under a larger budget head for related activities such as HIV/AIDS. In some states, training of teachers was not funded by the states but through other agencies. It is not however clear from the figures provided if the observed differentials among states are a reflection of variations in the level of information provided for desk officers by supporting agencies that provide the funds for the training.

Information derived from FLHE Desk Officers in the State Ministries of Education indicates that most states do not have a budget line for FLHE. The budget allocation goes to the ministry from which a miniscule sum is then assigned to FLHE activities. Even then, there is some delay in accessing the funds.

State and Zonal Performance on Selected Indicators of FLHE Implementation

Table 1 presents an overview of performance on selected indicators of FLHE across states and the

six geopolitical zones in the country. As noted earlier, many of the states did not provide information on salient FLHE activities. For example, about 40% of the states did not provide information on the proportion of schools implementing the programme. Where the data was available, many zones, with the exception of the North West (Sokoto, Kebbi, Jigawa) and South East (Anambra), recorded low proportions of schools engaged in FLHE implementation. A different picture emerges with respect to the proportion of implementing schools that are reporting their activities. Where data is available, some zones with lower implementing rates such as North East (Adamawa, Bauchi, Borno, Taraba) and South South (Bayelsa, Cross River, Rivers) had more states with high levels of schools reporting. Plateau, Lagos, Anambra and Imo states also recorded high reporting rates.

Table 1 also shows that the Northern zones performed better than the Southern zones with regard to budgeting for FLHE. The South west performed better than other southern zones by having state budget for FLHE. However, Desk Officers in most states indicated that access to the budgeted funds for FLHE activities was problematic. In general, there were no significant associations between all the indicators and as such they appear to be independent of each other.

Discussion

Despite the significance of the FLHE programme which was introduced nationwide in 2003, very little is known about the patterns and trends of its implementation across the states in the six geopolitical zones in Nigeria. This study therefore represents an attempt to address this lacuna in the FLHE literature in Nigeria. The findings from data collected from 35 states and the FCT show large variations in the year of adoption of the programme, level of implementation of the programme, the proportion of implementing schools that are reporting, the level to which the schools have been supplied with relevant curriculum and promptness of distribution of materials across the zones. There were also variations within the zones. All these indices did

not show significant level of interdependence. In general, FLHE activities were higher in the South than the North. The findings show that while FLHE has been implemented in all the zones in Nigeria, there is a marked variation in the level of implementation between and within states. The performance of the states and zones are largely influenced by the low values recorded by the states on implementation related activities stated above, especially, the extent of reporting of the FLHE activities.

The support provided at the national level through the training of FLHE teachers did not follow any significant pattern. The findings show that the number of teachers trained in each state tended to be independent on the number of schools, students or teachers at the state level. The number of students reached through the FLHE was also independent of the number of teachers trained. This has implications for improved implementation of the programme. There is no doubt that these indices are important in planning for the training of teachers in order to achieve higher levels of performance.

One other issue which affected the observed degree of implementation relates to the fact that several states could not provide pertinent statistics. The findings revealed that data on FLHE was rather scanty in more than half of the states. No doubt, relevant information is necessary for appropriate planning and improvement in the implementation of the FLHE programme. If a state that adopted FLHE upon its inception in 2003 lacks access to relevant data, it is not likely to have the capacity to plan for improved delivery compared with newer states that have adequate statistics and time series data. This was indeed the pattern observed with regard to promptness in distributing curriculum materials. The early adopters of FLHE were less prompt in distribution of the materials than the late adopters. While this could be attributed to the lateness in supplying states with curriculum, another factor could be attributed to poor documentation of the activities such that it led to poor need assessment.

About 75% of the states indicated that they had the most recent quarter report (October-December 2012). It is noteworthy that despite the

information from the quarterly reports, several states could not complete relevant data required for this research. It appears that accessing, retrieval or use of information from quarterly reports pose challenges to officers working on the programme in different capacities. It also appears that where reports are prepared, they are not sufficiently perceived as belonging to the state, rather the data is considered the prerogative of the final custodians at the national level or central collecting point. This also raises questions of ownership and use of data by the states generating the information for their benefit.

The patterns of FLHE implementation tends to be associated, to some extent, with the existence of sexuality programmes in the state prior to FLHE. Higher levels of FLHE activities were recorded for states that were engaged in related adolescent programmes (such as POPFLE, HIV awareness programmes, etc.) prior to FLHE.

Funding is central to FLHE implementation and only two-fifths of the states gave some indication of state funding for the programme. Findings show that the pattern of funding is tilted in favour of the Northern zones and this may be related to the level of resistance to FLHE programme at the inception. It is noteworthy that most states have little funding for FLHE and where Desk Officers provided some information on state budget, problems of access to such funds were highlighted. Much of the funds for FLHE have been provided by international organizations and funding agencies whose interests on which activities to put their money differs markedly from those of the recipients. Yet, government agencies at state and federal levels require financial and technical support; NGOs also require financial support for effective partnering with government on FLHE implementation. The HIV/AIDS units of the FMoE and SMoE remain heavily dependent on donor funds for monitoring and quality assurance of the FLHE programme. In order to scale up and improve the effectiveness of the FLHE programme, there is a need for adequate funding from the government at the state and national level. The overdependence on international organizations with regard to sexuality education in a country with a large population of adolescents

should be reduced to the barest minimum while governmental spending on the programme should become a priority.

Conclusion

Several lessons could be gleaned from Nigeria's experiences in implementing the FLHE curriculum. The socio-economic and cultural diversity as well as the large population of Nigeria might suggest that implementing sexuality education would be impossible, but practical results from the study show some degree of success. A major lesson is that FLHE is 'doable' in the country, despite the charges of being highly sensitive. What is required is a multi-stakeholder approach that recognizes, respects and integrates diverse and contrasting views and opinions of cultures and their vestiges, a coordinated discrimination of strategies and techniques according to diversities and differences, all harmonized to achieve a single goal.

Linking the introduction of FLHE with the recent decline in HIV infections among adolescents and young people might not be a direct one; but inferences from the longest evaluation of FLHE in Nigeria carried out in Lagos suggest that adolescents who were trained with the FLHE curriculum have better sexual behavioural and other life skill performances. The longest-running impact evaluation conducted in Lagos State (2003–2009) by Philliber Research Associates under the guidance of AHI and the SMOE demonstrated that students exposed to the curriculum had better sexuality knowledge and behaviour than those who did not participate.

Across geopolitical zones, there is a consensus on the pivotal role played by the state ministries of education in FLHE implementation. They are responsible for coordinating FLHE activities and (re)production and distribution of curriculum and other FLHE materials to schools. They also supervise and train teachers and in turn assess how teachers teach the FLHE; State Ministries of Education monitor and evaluate the implementation of FLHE in schools. In this wise, teachers are expected to write and submit reports to the SMOE who in turn submit the reports to the

FMoE. This process is ridden with many challenges which render it ineffective. The findings of this study illustrate that high proportion of implementation is not an indication of high levels of reporting to the Ministry. Indeed, the logistics of data retrieval and management between implementing schools and the SMOE is a major challenge confronting the implementation of FLHE in Nigeria. There is a need for technical and financial support for training to facilitate effective data collection and design of more user-friendly media and process for record keeping and retrieval. No doubt, the improvement of FLHE programmes rests on increased commitment by the government through appropriate funding at the state and national levels.

Another irksome challenge encountered in this work is that the data provided on pertinent indices of FLHE were rather scanty in more than half of the states. The observed paucity of information necessary for appropriate analysis and consequently, the planning and implementation of the FLHE programme, pose great difficulty in monitoring and evaluation of the impact. This problem runs through many of the issues presented in this paper.

In sum, several problems affect implementation of FLHE in Nigeria, most of which will require increased financial and technical support from government and other organizations. The FLHE programme has had positive effects in the states and among schools where the implementation has been effective in that more young people in such places now receive adequate preparation for their sexual lives. However, a lot more school children are yet to be reached with effective FLHE instruction due to the problems and challenges identified above. This leaves them potentially vulnerable to coercion, abuse and exploitation, unintended pregnancy and sexually transmitted infections (STIs), including HIV.

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