

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

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Overview of interventions carried out in Oyo State

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

Peer to Peer Interventions

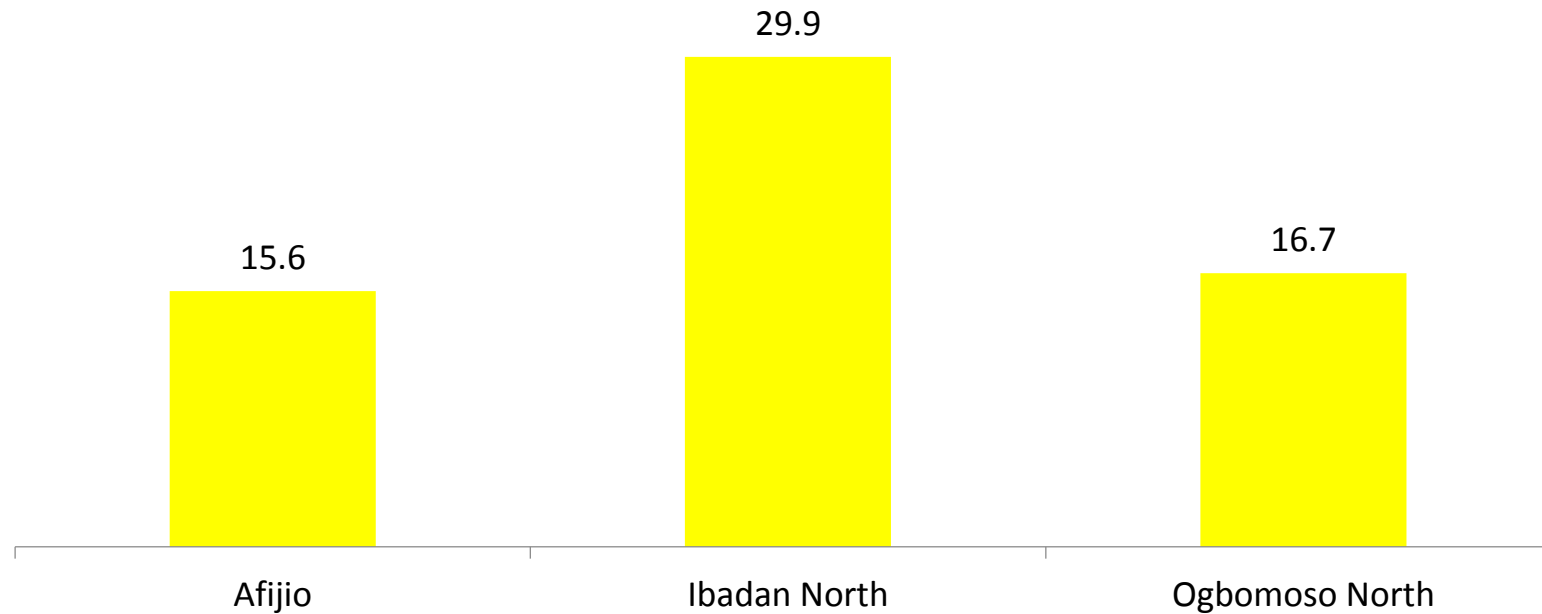
Change idea	Objective of Change idea	Duration of intervention
Online session via WhatsApp	To increase access to HIV/SRH information	4 weeks
Condom distribution via peer to peer	To increase access and correct use of condom among HRGs	6 weeks
HTS Outreaches via peer to peer mobilization	To increases access to HTS among sexually active AYPs	2 weeks
Linkage with Helpline	The use of the line also extended for SRH/HIV information in the 2 LGAs as well as to confidently report GBV and rape cases in the community	

Facilitator Driven Interventions

Change idea	Objective of Change idea	Duration
Social to Health (S2H)	To increase access to HTS and HIV/SRH information.	5 weeks
HTS Outreaches via peer to peer mobilization	Developed as an aftermath of educating married AYPs on STI and its management with specific reference to couple treatment as the best method of preventing re-infection amongst the target group	3 weeks
Interpersonal communication via snowballing – Talk2me	to increase access to information on STI, Multiple sexual partnering, Stigma and discrimination and GBV including rape	6 weeks
STI Outreaches through peer mobilization	To increase access to quality STI services in 2 High Risk Communities	

Exposure to Parental/Guardian Communication Interventions

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



Assessment of Exposure to Parental Communication Intervention (contd.)

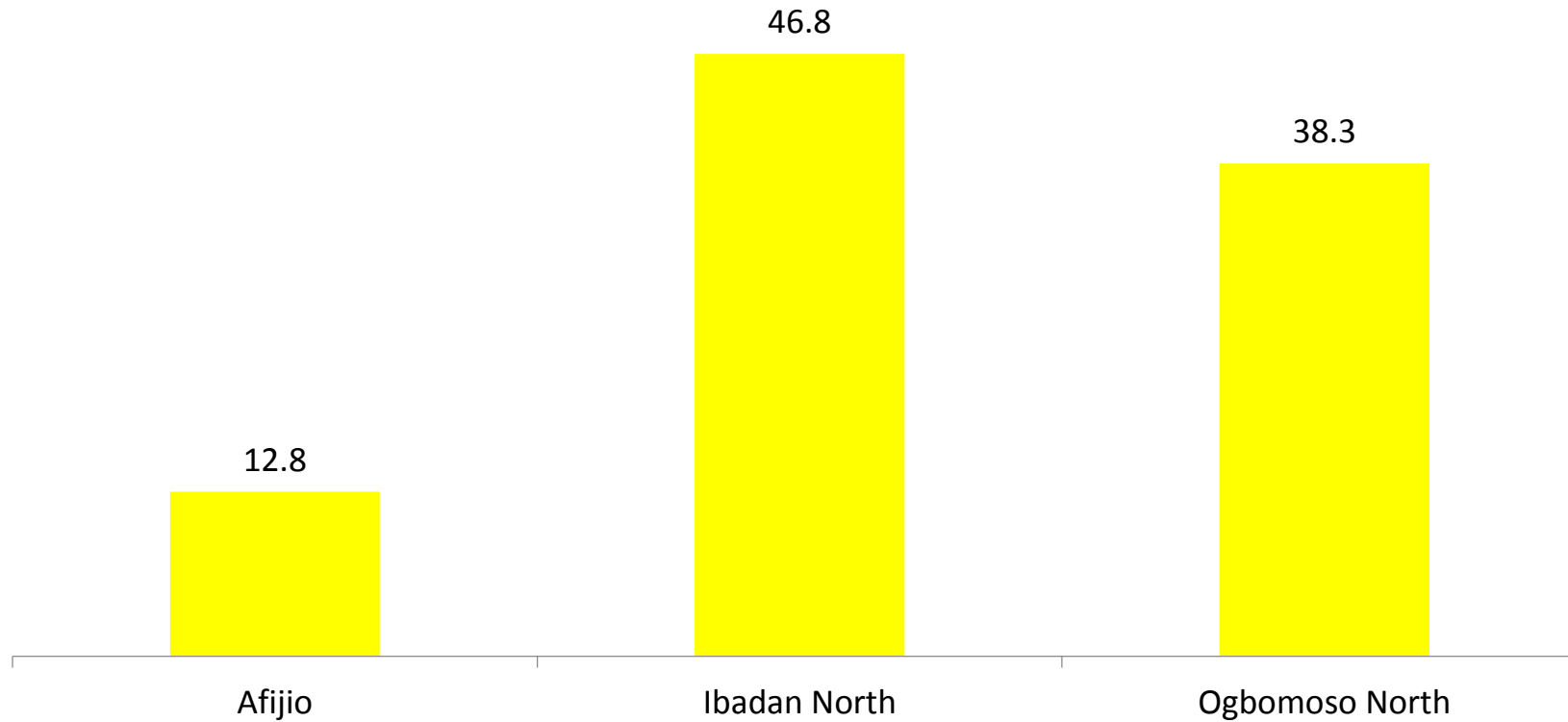
Variable	Control		Intervention			
	Afijio (n=56)		Ibadan North (n=104)		Ogbomoso North (n=60)	
	Freq	%	Freq	%	Freq	%
Who discussed with you						
Mother	46	82.1	54	51.9	36	60
Father	15	26.8	7	6.7	14	23.3
Guardian	2	3.6	4	3.8	8	13.3
Caregiver	3	5.4	20	19.2	11	18.3
Others(Specify)	7	12.5	42	40.4	8	13.3
Do you know what influenced them to discuss with you						
Parent went to a meeting	6	10.7	22	21.2	7	11.7
Asked to from church/mosque	0	0	4	3.8	4	6.7
Community leader asked them to	1	1.8	11	10.6	4	6.7
Parents talked to in the market	0	0	4	3.8	9	15
I don't know	32	57.1	50	48.1	38	63.3
Others	19	33.9	24	23.1	7	11.7

Assessment of Exposure to Parental Communication Intervention (contd.)

- It was obvious that parents the intervention LGAs were becoming more responsive to sex educating their children on HIV prevention than in the control. Some adolescent mothers in Ibadan North noted:
 - *“when our children start experiencing their first menstruation period, for those of us who have female children, when we see that monthly, she is already menstruating we must sit her down, sit her down and give her orientation on how she should go, if she does this way, it will result this way and if you do it that way, it also has its result, during this period, don’t have sexual intercourse with any male. Also because we cannot be so sure that this girl has not had sexual intercourse, we should let us start giving them orientation, and if at all they want to have any relationship with any man, they should follow some steps, protection, there is protection for both male and female.”* **Mother of AYP, 47 years, Ibadan North LGA**
- On the other hand, some adolescents parents in Afijio expressed:
 - *“Most of the parents in this area, many of them are educated, but, there is really no time for many of them to discuss with their adolescents.”* **Adolescent father, 52 years, Afijio LGA**

Exposure to Peer to Peer Interventions

Peer discussed SRH and HIV with respondent in last 6 months

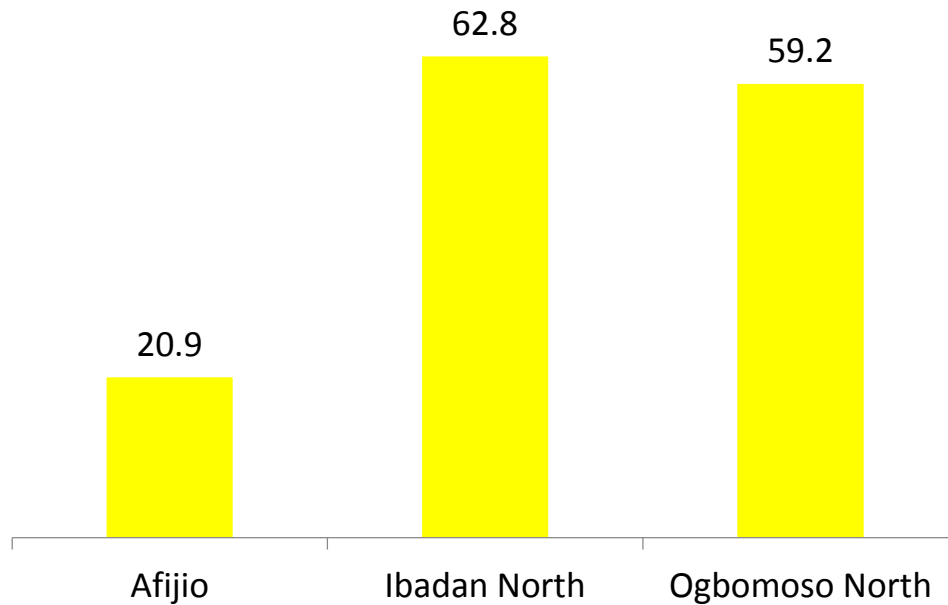


Exposure to Peer to Peer Interventions

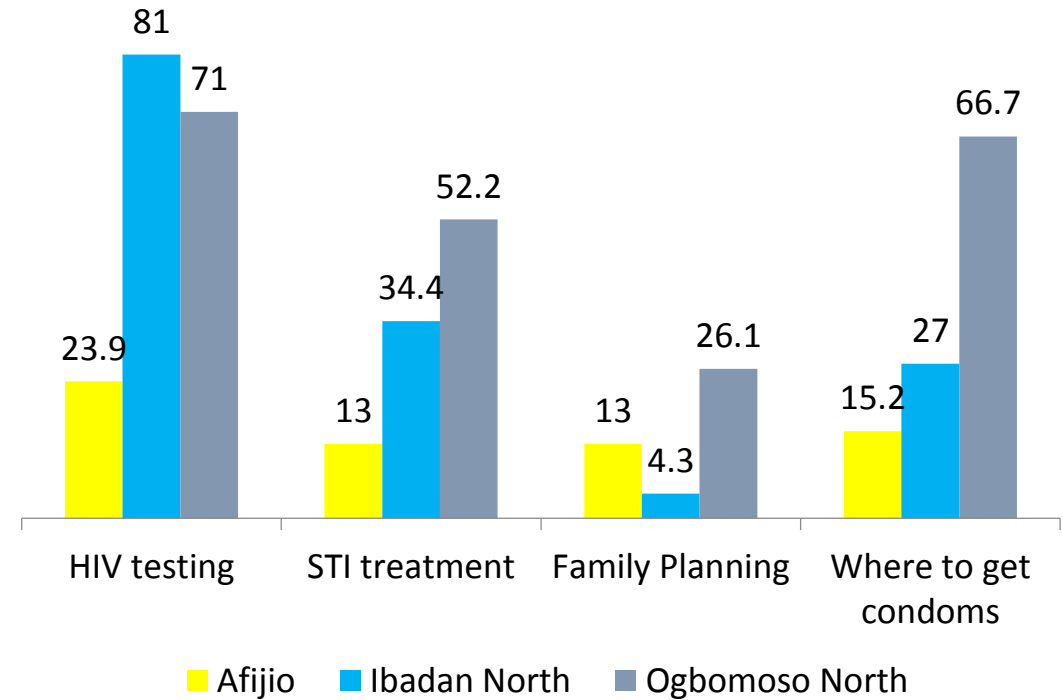
What was the session about?	Control		Intervention			
	Afijio(n=14)		Ibadan North(n=91)		Ogbomoso North(n= 116)	
	Freq	%	Freq	%	Freq	%
Abstinence	4	50	64	64	38	40.9
Sessions to develop income generating skills	1	12.5	58	58	50	53.8
Sessions on STI treatment and prevention	0	0	54	54	42	45.2
Sessions for education on HIV	6	75	89	89	50	53.8
HIV testing services	3	37.5	75	75	39	41.9
Sessions on self-esteem and goal setting	1	12.5	57	57	29	31.2
Sessions on danger of early sex/marriage	0	0	39	39	24	25.8
Sessions on menstruation and pregnancy	0	0	18	18	13	14
Cervical cancer screening	0	0	1	1	1	1.1
HIV treatment	0	0	29	29	2	2.2
Others	1	12.5	2	2	15	16.1

Exposure to Peer to Peer Interventions

Peer invited respondent for any health education session



Peer introduced services available

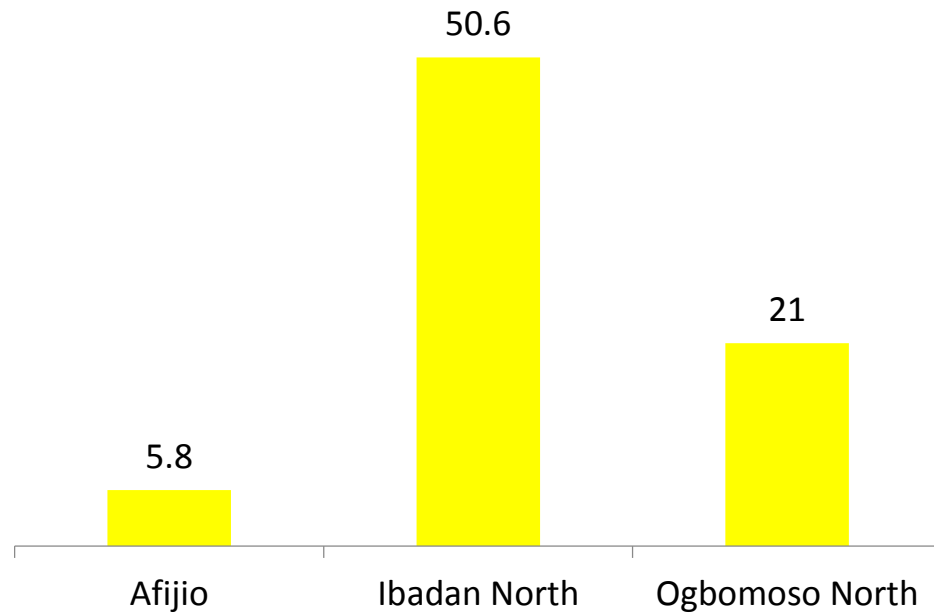


Exposure to Peer to Peer Interventions

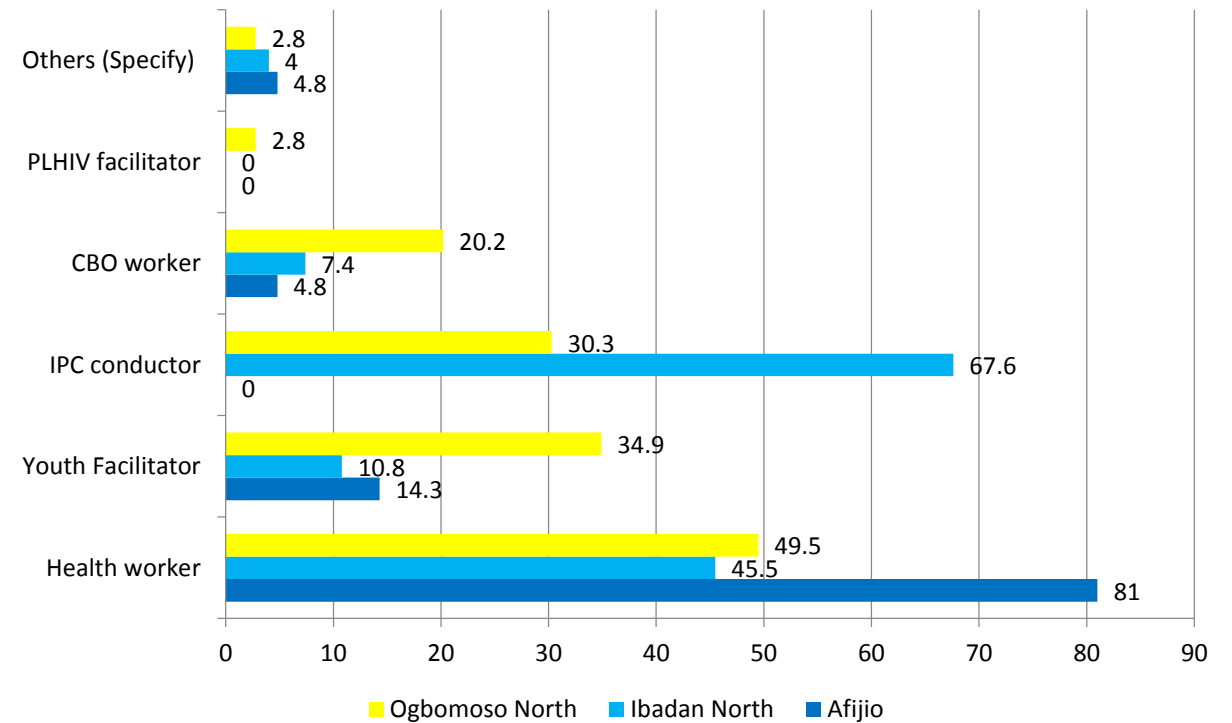
- Some respondents in Ogbomoso North stated thus:
 - *“We get information from our friends too. Some young girls were educated and they also educated many young girls on HIV prevention and treatments so that we don’t spread the virus again.”* **Adolescent girl, 19 years, Ogbomoso North LGA**
 - *“I introduce my friend to AYP programme and she also introduced her friends. Many of my friends attended the programme. It was very educative. How I wish it continues.”* **Adolescent girl. 18 years, Ibadan North LGA**

Exposure to Youth Facilitator Driven Interventions

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

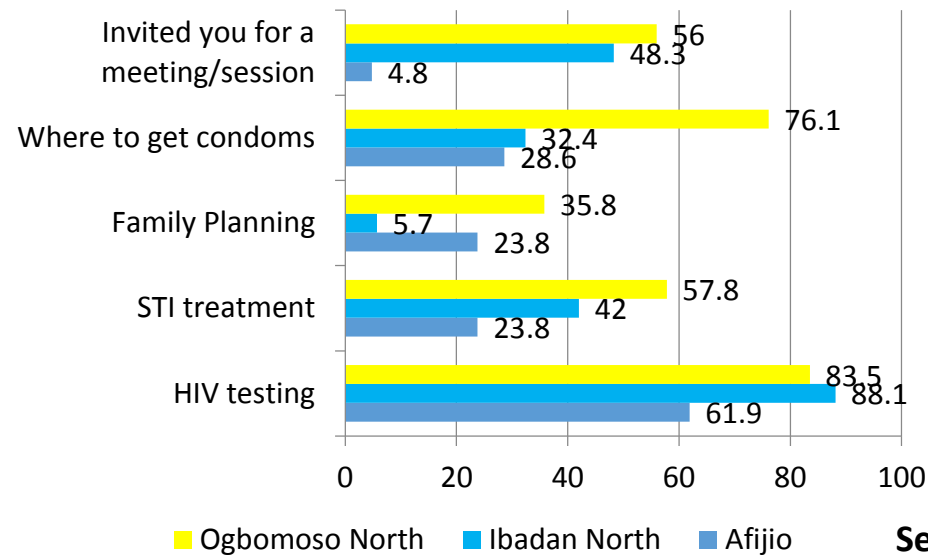


Person who spoke message

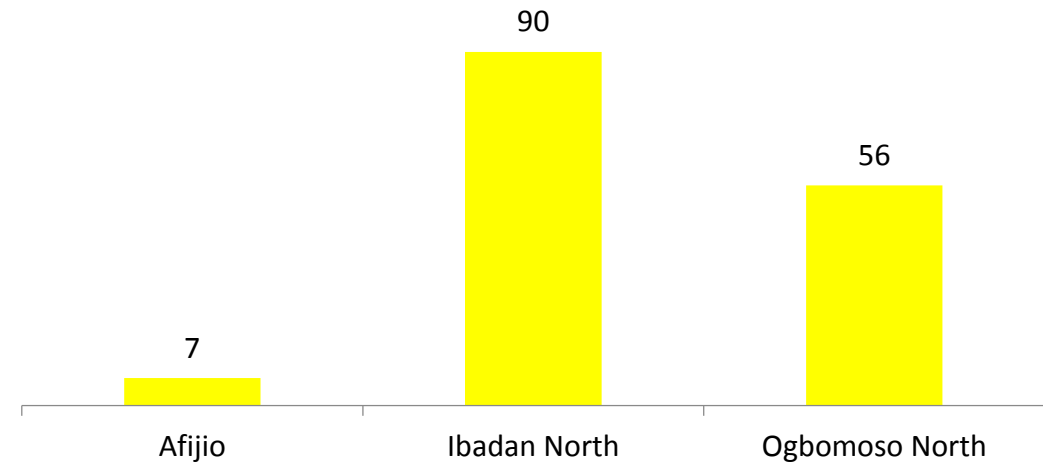


Exposure to Youth Facilitator Driven Interventions

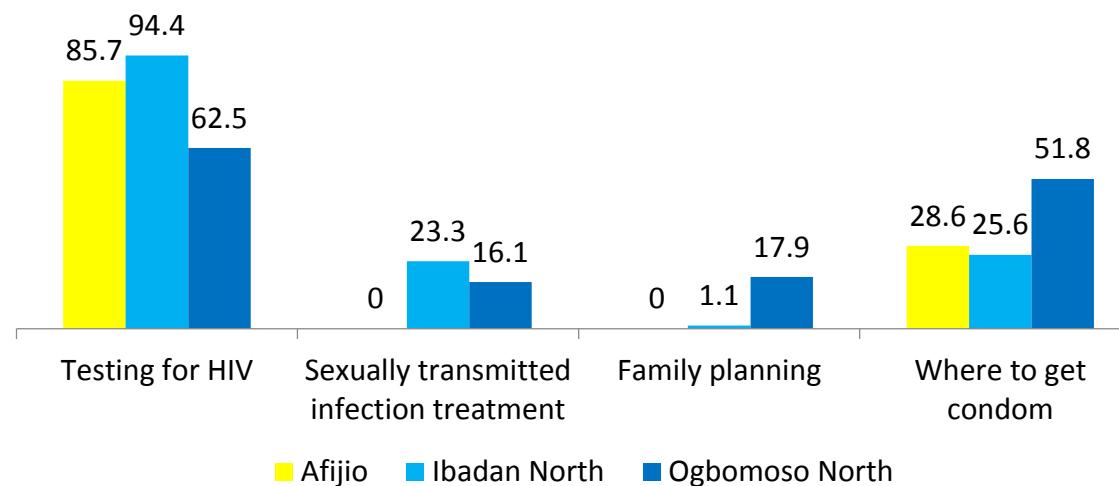
Facilitator introduced services



Respondent used any of the service introduced by a youth facilitator



Services introduced that were used



Exposure to Youth Facilitator Driven Interventions

- *“We have some CBOs who came to our societies to educate young people on HIV prevention in the last few months. Many of them really attended.”*
Community leader, 60 years, Ogbomoso North LGA

Comparison of baseline and end line assessment

Background characteristics of respondents by LGA at baseline and end line	Afijio		Ibadan North		Ogbomoso North	
	Baseline	End line	Baseline	End line	Baseline	End line
	%	%	%	%	%	%
Age group						
15-19 years	62.0	52.0	58.9	51.2	53.7	57.8
20-24 years	38.1	48.1	41.2	48.9	46.4	42.3
Highest level of education						
No formal education	2.3	2.8	1.4	2.3	2.5	1.4
Primary	7.5	2.8	5.6	10.8	3.1	7.7
Secondary	80.9	89.6	85.9	79.6	81.4	88.2
Tertiary	9.5	5.0	7.3	7.4	13.1	2.8
Marital status						
Married/co-habiting	18.9	27.5	20.6	23.6	14.5	7.3
Divorced/separated/widow	0.9	0.6	0.9	0.9	0.3	0.9
Never married	80.3	72.0	78.7	75.6	85.3	92.0
Wealth quintile					0.0	
Poorest	20.3	19.5	47.8	45.5	36.7	39.2
Poorer	45.9	42.8	12.0	18.2	30.0	37.0
Middle	3.1	2.0	2.8	4.9	1.4	0.3
Richer	30.3	33.7	37.0	31.1	31.7	23.1
Richest	0.6	2.3	0.6	0.6	0.3	0.6

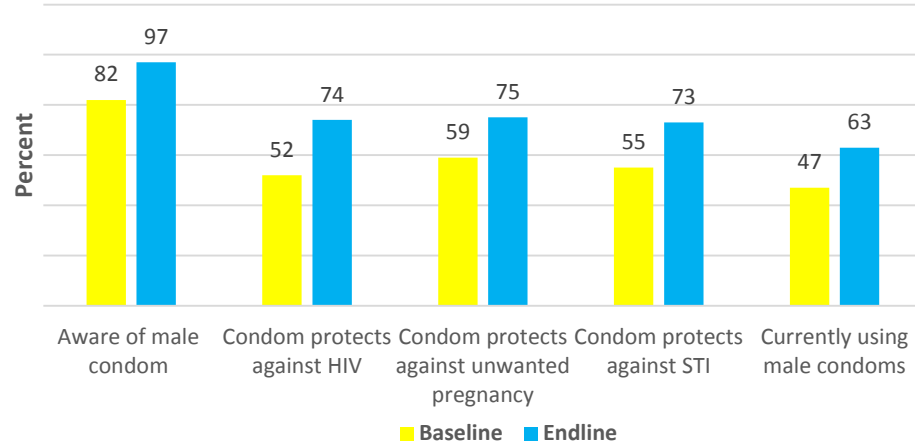
Vulnerability factors to HIV infection	Afijio		Ibadan North		Ogbomoso North	
	Baseline	End-line	Baseline	End-line	Baseline	End-line
Early marriage	3.7	4.5	3.9	3.5	2.3	2.8
Early sex	19.2	24.2	18.4	28.8	15.9	22.3
Gender based violence	42.8	34.2	43.9	48.9	60.6	38.7
Intergenerational sex	0.6	0.9	0.6	0.6	0.9	0
Low HIV risk perception	86.2	92	93.4	93.7	86.7	89.5
Multiple concurrent sexual partners	3.7	5	2.8	6.4	5.3	7.3
Transactional sex	1.4	4.8	1.4	6.1	1.4	1.7
Unprotected sex	36.7	44.8	34.8	42.9	38.1	37.5

Vulnerability Factors to HIV Infection

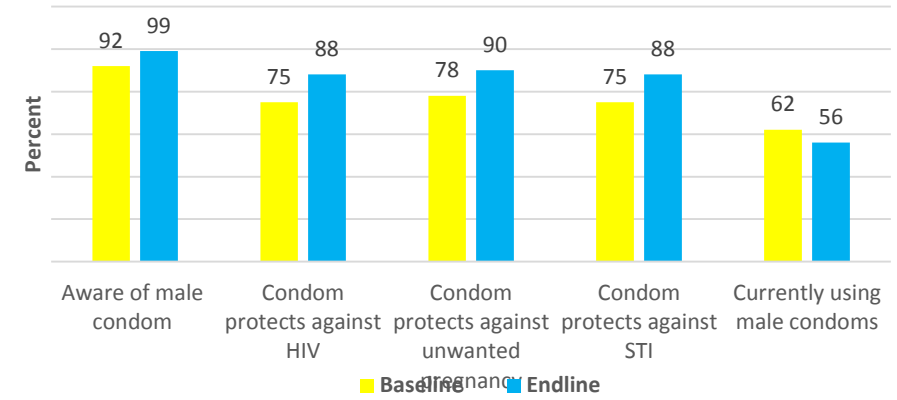
- It is evident that HIV risk perception is still low but more young people are now positively predispose to the use of condom for protection:
 - *“There is better awareness now about HIV infections. More young people now like to use condom in our communities.”* **Young woman, 22 years, Ibadan North LGA**
 - *“I don’t like to use condom before but now I know better.”* **Adolescent girl, Ogbomoso North LGA**

Condom Knowledge and Use

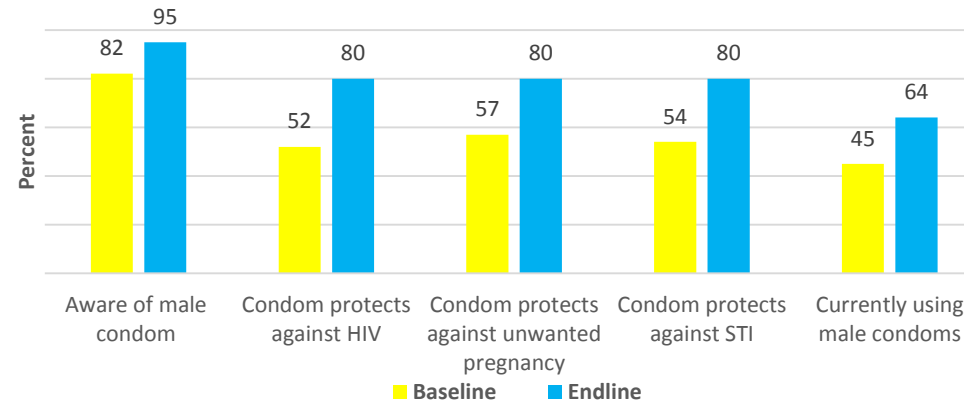
Afijio



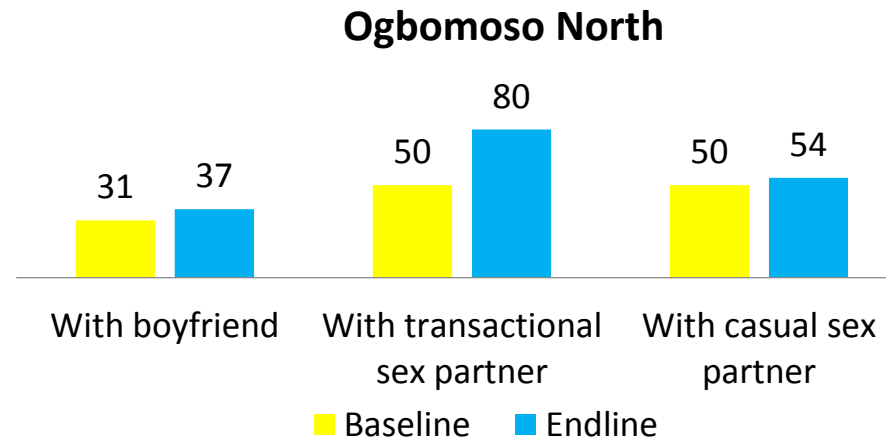
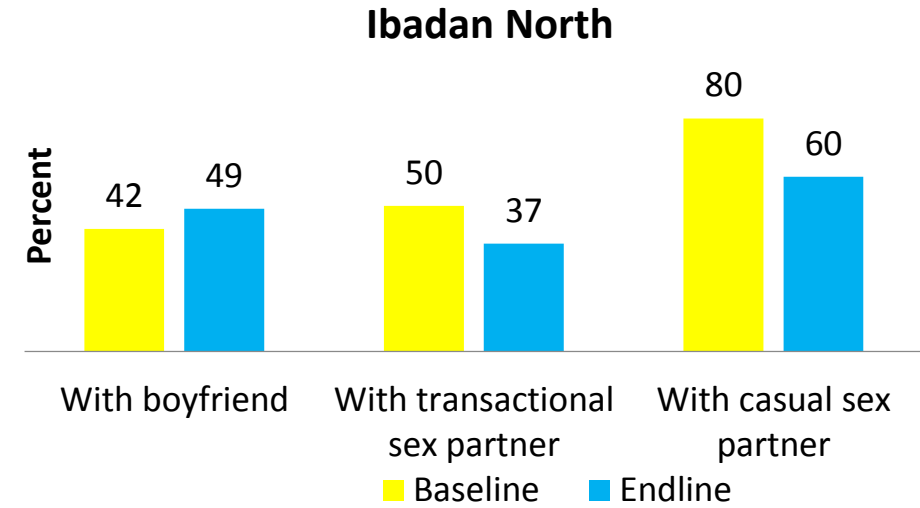
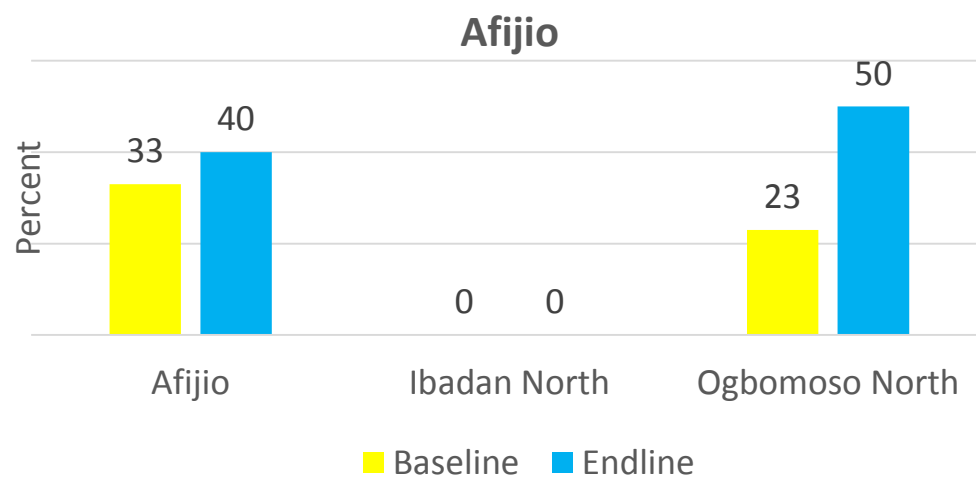
Ibadan North



Ogbomosos



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

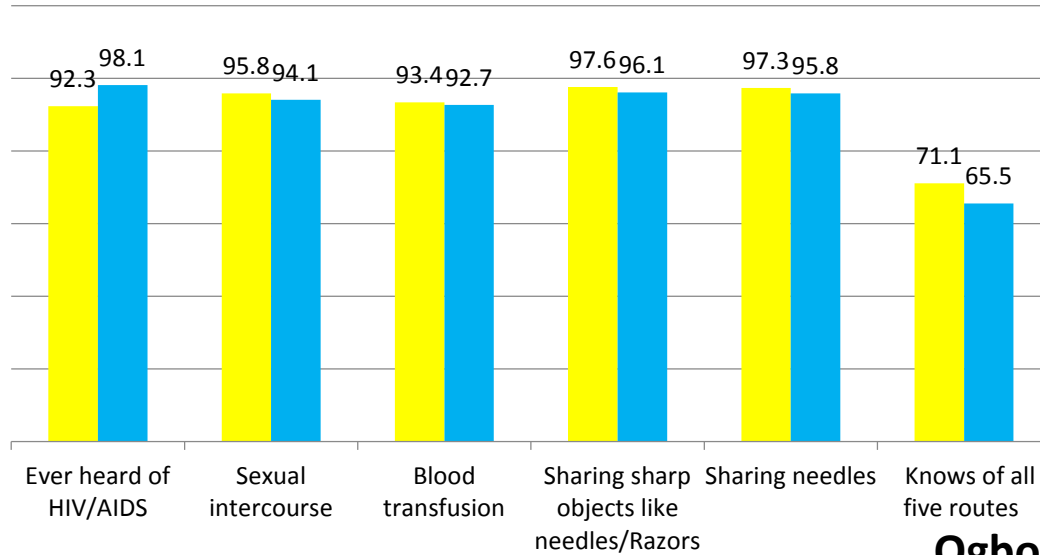


Male condom use with type of partner during sex in the last 12 months

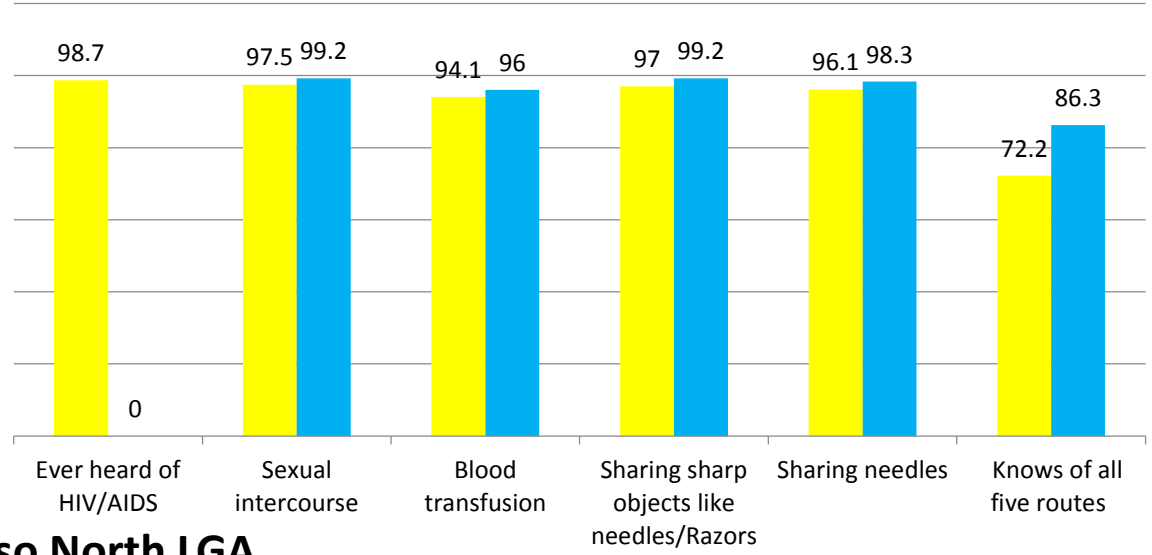
- It is interesting to note that many of the respondents emphasized the importance of using condom in sexual intercourse and this was more pronounced in Ogbomoso North:
 - *“I must educate my daughter on the importance of condom use because you cannot monitor them. You don’t know what they do when they are in school or elsewhere.”* **Mother of adolescent, 48 years, Ogbomoso North**
- Another respondent among the adolescent expressed:
 - *“I told my boyfriend that I must protect myself whenever we want to have sex. If he is not interested, he should leave. I have my life to live.”* **Adolescent girl 19 years, Ogbomoso North**

Knowledge of Route of HIV Transmission*

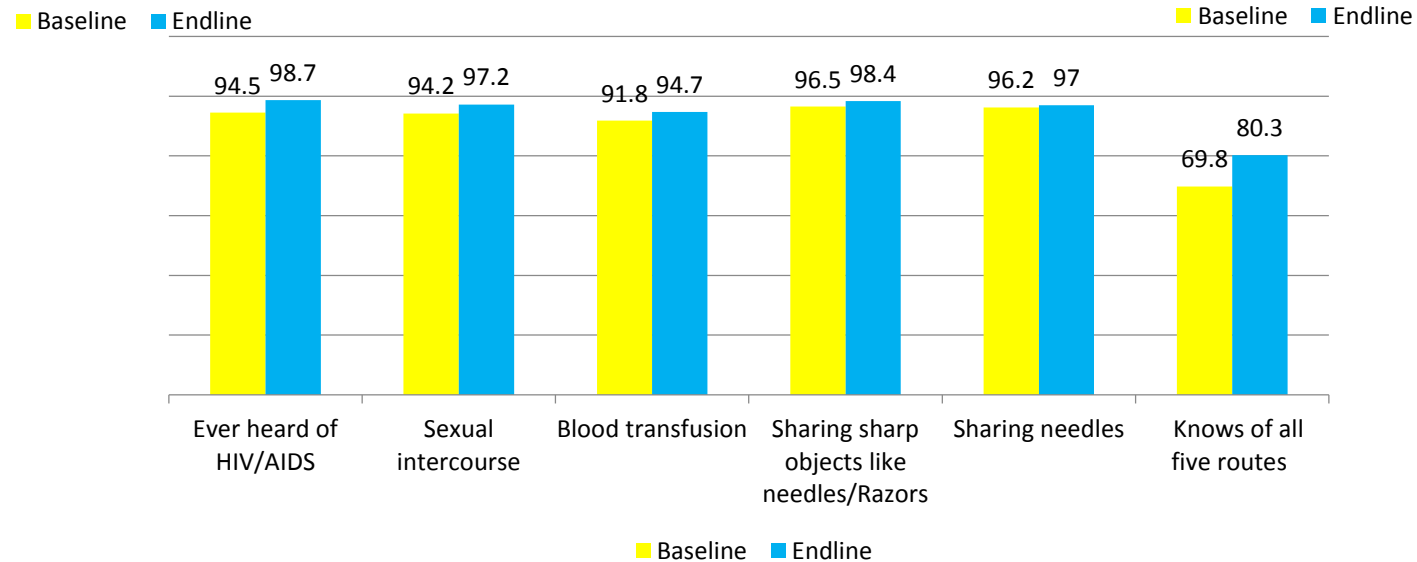
Afijio LGA



Ibadan North LGA



Ogbomoso North LGA



Knowledge of HIV Prevention

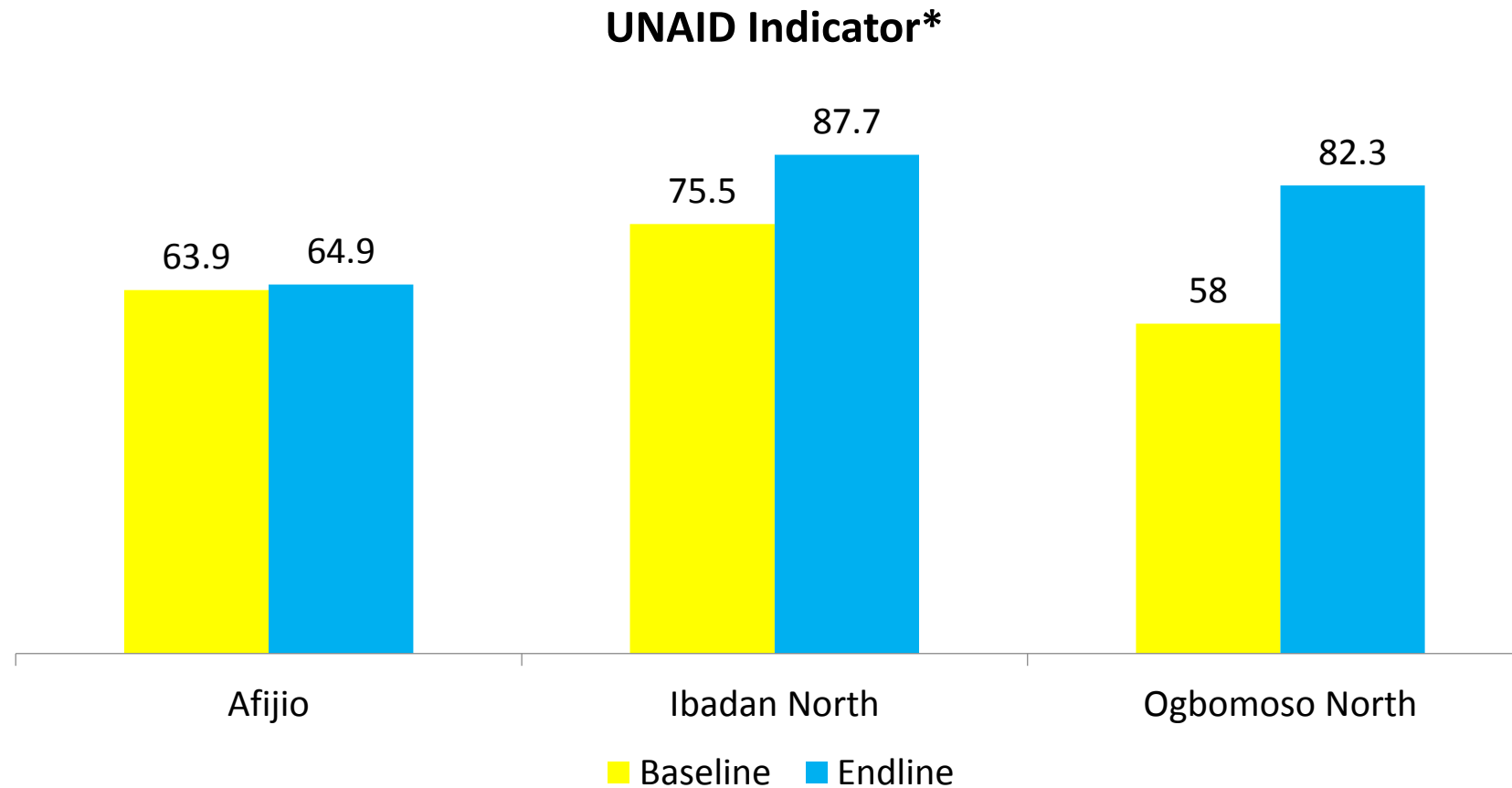
	Control LGA		Intervention LGAs			
	Afijio		Ibadan North		Ogbomoso North	
	Baseline	End line	Baseline	End line	Baseline	End line
	%	%	%	%	%	%
Comprehensive knowledge of HIV prevention*						
HIV cannot be got by sharing eating utensils	42.2	46.2	56.1	70.7	47.4	50.5
HIV cannot be got by mosquito bites	23.8	23	35.8	65.6	29.2	39.8
A healthy-looking person can have HIV	66.9	71.4	81.5	87.4	78.3	83.1
Staying faithful to one uninfected partner	86.2	87.9	89.1	95.2	84.8	95.3
Using condoms every time	69	71.2	80.3	89.7	61.8	84.3
Know all 5	7.9	9.1	16.1	44.9	8.9	20
Misconceptions about HIV prevention						
Praying to God	36.5	26.7	39.8	23	42.4	32.7
Going for check-ups	64.5	49.1	68.8	47.2	66.8	51.9
Using antibiotics	38.3	26.4	30.2	15.6	35.9	25.4
Seeking protection from a traditional healer	15.7	7.4	9.9	5.5	15	12.4
Do nothing	10.3	12.8	2	2.3	10	6.8

**Amongst those aware of HIV and AIDS*

Knowledge of HIV Prevention

- Majority of the participants in the three LGA demonstrated good knowledge of the route of transmission as well as prevention methods:
 - *“If you don’t want to contact HIV, you must use condom, avoid sharing sharp object and stay with only one sexual partner.”* **Young woman, 25 years, Afijio LGA**
- In the same vein respondents in the intervention LGAs expressed good knowledge of HIV prevention
 - *“The AYP programme actually helped us because we are now better informed on HIV prevention.”* **Adolescent girl, 19 years, Ibadan North LGA.**
- Misconception about HIV is however more common in Afijio LGA than the othe LGAs
 - *“HIV can be contacted if you are the first person to use a toilet after a positive person used it.”* **Adolescent girl, 18 years, Afijio LGA**

UNAID Indicator for HIV Prevention*



**UNAID Indicator for knowledge of HIV prevention specifies that an individual knows that staying with one faithful uninfected partner and using condoms consistently is the correct knowledge of HIV prevention.*

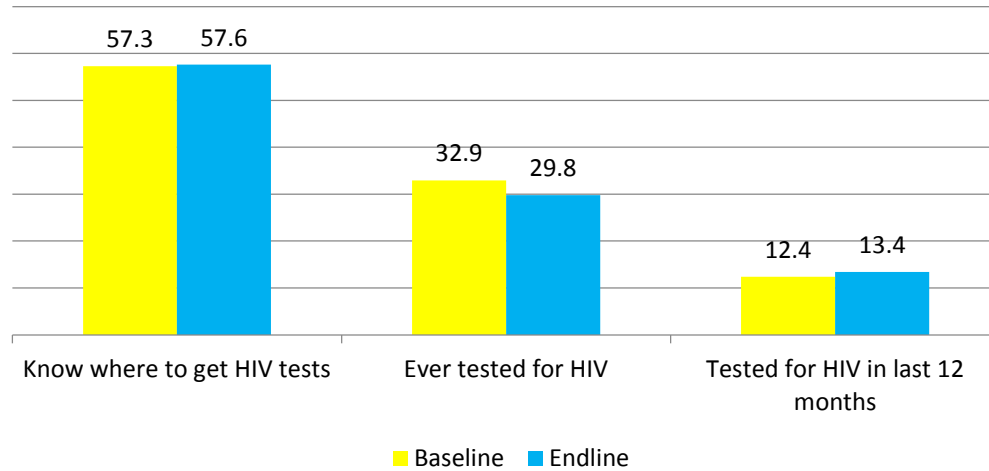
HIV Risk Perception and HIV Stigma Attitudes

Variables	Control LGA		Intervention LGAs			
	Afijio		Ibadan North		Ogbomoso North	
	Baseline	End line	Baseline	End line	Baseline	End line
	%	%	%	%	%	%
HIV risk perception*						
High	1.9	4.9	2.9	3.5	4.2	1.5
Low	20.8	24.7	30.2	48.3	29.2	27.1
No risk at all	72.6	69.2	64.6	45.5	62.7	63.7
Already have AIDS	4.9	1.5	2.6	2.9	4.2	7.9
No response	0.0	0.0	0.0	0.0	0.0	0.0
HIV stigma attitude*						
Willing to care for male relative with HIV	54.6	62.4	66.0	69.9	57.7	64.6
Willing to care for female relative with HIV	54.9	65.5	67.4	71.0	60.6	65.7
HIV infected female teacher should be allowed to continue teaching	53.4	57.0	62.6	73.0	58.0	69.6
Willing to buy groceries from an infected shopkeeper	13.9	13.6	22.6	22.5	8.9	19.8

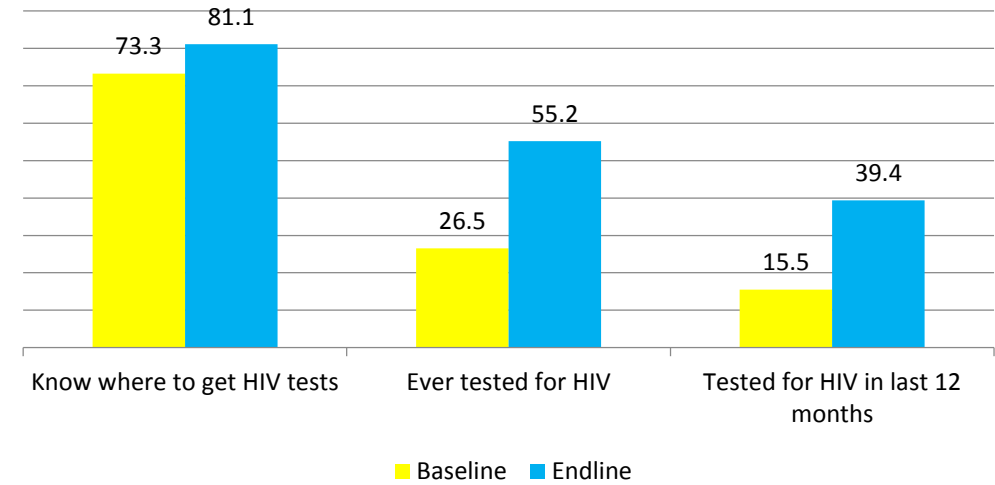
**Amongst those aware of HIV and AIDS*

HIV Test Uptake*

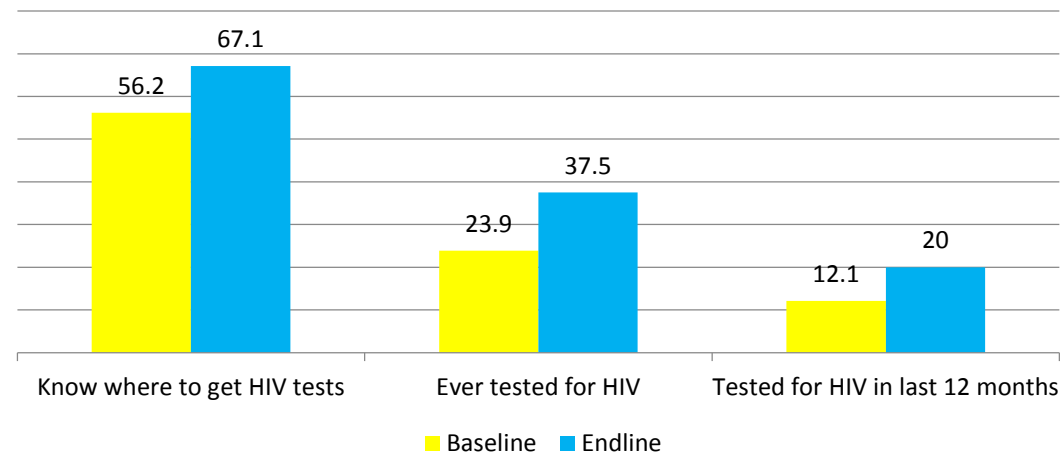
Afijio LGA



Ibadan North LGA



Ogbomoso North LGA



**Amongst those aware of HIV and AIDS*

HIV Test uptake

- It is also evident from the qualitative data that more respondents were favourably predisposed to HTS uptake in the intervention LGAs than Afijio LGA:
 - *“I used to fear HIV test before but after doing it during the AYP programme, I am now interested and many of my friends can walk boldly to health facility for HIV test”*
- However in Afijio, an adolescent expressed
 - *“I am still scared, I cannot do it.”* **Adolescent girl, 17 years, Afijio LGA**

Lessons Learnt: Oyo

- S2H was highly accepted in the lower class due to their availability and freedom to attend sessions.
- WhatsApp programming was accepted among AYPs in upper class communities because girls in these areas can afford smart phones and have access to the internet
- For condom distribution, we found that that girls 15-19 are at higher risk as most of the 20-24 years were married/co-habiting with their partners.
- Mobile HTC Services were highly accepted by AYP in communities due to proximity of services to AYP
- The IPC was accepted by the AYPs as it didn't have to take them out of their comfort zones and literally brought the learning to their doorsteps. The technique is highly effective in reaching out to adolescents and young people on various thematic areas of interest
- The linkage with helpline did not appear to be very effective among AYP. This might however be due to the time frame the team had to work with.

Models that worked: Oyo

- The following models are recommended for communities similar to the LGAs selected in Oyo State
 - Peer to peer education and distribution of condom
 - Mobile HTS for AYP
 - WhatsApp programming for AYP in middle and high class areas
 - Social to Health – this method can be very costly to implement

Thank You