


2015

Annotated bibliography of Nigerian youth-focused HIV and sexual and reproductive health project publications (grey literature)

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Recommended Citation

Population Council. 2015. "Annotated bibliography of Nigerian youth-focused HIV and sexual and reproductive health project publications (grey literature)." Abuja: Population Council.

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**ANNOTATED BIBLIOGRAPHY OF
NIGERIAN YOUTH-FOCUSED HIV
AND SEXUAL AND REPRODUCTIVE
HEALTH PROJECT PUBLICATIONS
(GREY LITERATURE)**

NOVEMBER 2015



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Suggested citation: Population Council. 2015. “Annotated bibliography of Nigerian youth-focused HIV and sexual and reproductive health project publications (grey literature).” Abuja, Nigeria: Population Council.

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Acknowledgments

This publication was developed by the Population Council with the financial support of the Ford Foundation. Our Youth Programme Assistants, Adline Chiamaka Uzomba, and Akinola Olusegun Alalade, were instrumental to the drafting of this publication. We would also like to thank the organizations who responded positively to our request for program publications. This work is dedicated to the goal of preventing and mitigating the impact of sexual and reproductive health morbidity and mortality among youth in Nigeria and beyond.

Introduction

Adolescents and young adults (15–24 years) constitute about one-third of the total population of Nigeria, and their well-being is intricately tied to the country's prospects for sustainable development (National Population Commission 2006). The HIV prevalence among 15–24 year old men and women is 2.5 percent and 3.1 percent respectively (Federal Ministry of Health 2013). In 2013, it was estimated that 160,000 adolescents (aged 10–19) in Nigeria were living with HIV (UNAIDS). Rightfully, an increasing focus is being paid to the sexual and reproductive health (SRH) of young Nigerians, however, it is essential that the dialogue and interventions around young people's SRH be informed and take into account the body of evidence available on the SRH of young people in Nigeria.

In the Nigerian context, knowledge generated from program/projects is often not easily accessible to stakeholders that require such valuable information for evidence-based policymaking and program implementation. With this annotated bibliography, we seek to share the body of “grey literature” available on the SRH of young Nigerians with interested stakeholders. The bibliography was developed based on findings from the conduct of an online search for program/project generated literature related to the sexual and reproductive health of Nigerians aged 10–24. Requests for related materials were also made from leading sexual and reproductive health focused organizations in Nigeria.

Literature reviews

2000

Girls' Power Initiative (GPI). 2000. "Assessing the Impact of GPI Lessons on Adolescent Girls." Calabar, Nigeria: GPI.

A publication that documents the findings of a preliminary process evaluation of the impact of GPI on knowledge, attitudes and practices of girls and their peers. Nine hundred questionnaires were distributed to 3 purposively selected groups of girls aged 17–19 years old (300 from GPI girls receiving lessons at the centre; 300 from girls in schools where GPI was conducting outreach; and 300 girls who had not been reached by GPI). A group of ten girls were selected each of the three groups for focus group discussions (FGDs). The author(s) concluded that the findings clearly demonstrated the need for the GPI programme and other programmes with a similar focus.

Nigeria Youth AIDS Programme (NYAP). 2000. "Religion & Reproductive Health Behaviour of Youth." Monograph Series Number II. Lagos, Nigeria: NYAP.

A programme report of a study aimed at assessing the role of religious institutions in the provision of adequate and reliable information and counselling services for youth about reproductive health and sexuality. The study was conducted among 107 Christian and 105 Muslim youth with ages ranging from 10 to over 25 years, and 43 Christian and 42 Muslim leaders in selected churches and mosques in Lagos between 1998 and 1999. Most youth and the religious leaders thought religious institutions should discuss various issues, including sexual relationships and emotional matters. The leaders of the religious groups acknowledged a deficiency in communicating with youth about reproductive health matters and were in need of improved skills and materials to teach young people about such matters. The study showed that even though many youth engage in sexual activity at young ages, they did not have adequate information and counselling about reproductive health issues.

Nigeria Youth AIDS Programme (NYAP). 2000. "Intergenerational Communication and Reproductive Health Behaviour of Youth." Monograph Series Number III. Lagos, Nigeria: NYAP.

A report that presents the findings of a study aimed at assessing the level of communication between different generational groups about sexuality and reproductive health issues. The study covered a sample size of 1,626 respondents and was conducted among six different groups of respondents, divided into three categories, namely: mothers and daughters; fathers and sons; and Parent-Teacher Association (PTA) members and students. The mother/daughter and father/son component of the study was conducted in Shitta estate and its surrounding environs in Surulere, while the PTA/students component was carried out in six secondary schools in Surulere Local Government area Lagos. The findings revealed that most respondents in all categories were aware of reproductive health problems. The respondents obtained their reproductive health information from various sources, including the media, hospitals/clinics, friends etc. However, parents ranked relatively low in importance as sources of information on reproductive health for young persons. Many respondents expressed the misconception that teaching young people about sex could encourage them to have sex.

2001

Casey, K. 2001. "Adolescent Reproductive Health in Nigeria." Washington DC, USA: Advocates for Youth

This factsheet provides information on the sexual and reproductive health of Nigerian youth aged 10–24 years.

Health Matters Incorporated (HMI). 2001. "Integrated Reproductive Health Project for Olayele Community, Lagos, Nigeria: Mid Project Report." Lagos, Nigeria: HMI

A brief report on the findings of 3 focus group discussions that were held with 50 adolescents and 20 parents in Olayele Community, Lagos. The discussions were focused on HIV/AIDS/STIs, teenage pregnancy, abortion, drug use, and drug abuse among other issues that affect community health.

2002

Action Health Incorporated (AHI). 2002. "Providing Youth-friendly Health Services." Lagos, Nigeria: AHI.

A monograph that provides information on AHI's adolescent reproductive health services project that is based in its Youth Clinic.

Alubo, O., Oyediran, K., & Odiachi, A. 2002. "Adolescent Sexuality and Reproductive Health in Benue State, Nigeria." Lagos, Nigeria: Centre for Development and Population Activities (CEDPA).

This baseline study on adolescent sexuality and reproductive health was conducted as part of CEDPA's Vulnerable Children's Project. The baseline survey was conducted in all Vulnerable Children's Project communities, namely Asa/Babaylon and Ogunuigbahapa, both in Otukpo metropolis; and Idobe and Ojapo in Okpokwu Local Government Area. The study respondents were 567 and 71 in-school and out-of-school adolescents (10–19 years) respectively and 145 adults (mean age 43.9 years). The baseline study revealed that there was an urgent need for more aggressive adolescent sexual and reproductive health interventions. This need was underscored by the high HIV prevalence in the area in the context of very low practice of methods that could prevent infection. There was somewhat low knowledge of family planning methods and a poor understanding of personal risk of contracting HIV, which has implications for rapid spread of HIV as well as higher incidence of unwanted pregnancy. Furthermore, there was a poor understanding among adolescents of sexually transmitted infections (STIs) and sources of treatment for STIs. The picture was further complicated by a low level of SRH communication with sources such as teachers and parents who are likely to have more accurate information.

Education as a Vaccine (EVA). 2002. "How Youth-friendly Are Reproductive Health Services in The Federal Capital Territory?" Abuja, Nigeria: EVA.

A research study that sought to determine how adequately health facilities in the Federal Capital Territory (FCT) addressed the reproductive health need of young people. The study applied a quantitative research methodology and data was collected from health facility management/administrators and health providers using interviewer-administered questionnaires over a period of six weeks. The findings indicated that most FCT health facilities did not have policies guiding the provision of reproductive health services, thus leaving the decision to offer young people services at the discretion of the health provider. And in the case where policies did exist, they explicitly prohibited the provision of services to young people. Within the facilities sampled, operational barriers were not that prominent however, the authors felt that it was important to address the issue of long waiting periods within the health facilities, the cost of services and the availability of commodities or facilities for reproductive health services.

Health Matters Incorporated (HMI). 2002. "Report of Reproductive Health Knowledge, Attitude, Beliefs, and Practices (KABP) Survey Conducted at Mushin." Lagos, Nigeria: HMI.

Report that presents the findings of a study conducted on the socio-demographic status, sexual behaviour, knowledge, attitudes and perception of HIV/AIDS/STIs and hard drugs among adolescents and adults in Mushin community. The study was conducted among 294 adolescents (aged 10–24) and 110 adults who had adolescent children or wards.

2003

Amolo R.K., Onumonu C., Edebeatu U., & Onazi J. 2003. "Vulnerable Children Project, Benue State, Nigeria." Lagos, Nigeria: Centre for Development and Population Activities.

Report documents the activities, lessons learned, challenges and impact of the Vulnerable Children Project. The aim of the project was to improve the quality of life for children aged 0–15 years through: the provision of opportunities for orphans, including direct assistance in health and education on an emergency basis; identification and strengthening of existing community support structures for orphans and vulnerable children (OVC) and people living with HIV/AIDS; promotion of positive attitudes, belief, and practices surrounding OVC and people living with HIV/AIDS; and developing the capacity of communities to advocate for policy and social change.

Girls' Power Initiative (GPI). 2003. "Training Manual Level 1: Adolescent Sexuality, Sexual and Reproductive Health and Rights." Calabar, Nigeria: GPI.

A sexuality education training manual utilized by GPI facilitators in the first year of its three year programme focused on girls. The programme combined teaching human sexuality, sexual and reproductive health and rights with personal empowerment skills to create a balanced and powerful model for addressing gender inequalities.

Girls' Power Initiative (GPI). 2003. "Training Manual Level 2: Adolescent Sexuality, Sexual and Reproductive Health and Rights." Calabar, Nigeria: GPI.

A sexuality education training manual utilized by GPI facilitators in the second year of its three year programme focused on girls. The programme combined teaching human sexuality, sexual and reproductive health and rights with personal empowerment skills to create a balanced and powerful model for addressing gender inequalities.

Girls' Power Initiative (GPI). 2003. "Training Manual Level 3: Adolescent Sexuality, Sexual and Reproductive Health and Rights." Calabar, Nigeria: GPI.

This publication is a sexuality education training manual utilized by GPI facilitators in the third year of its three year programme focused on girls. The programme combined teaching human sexuality, sexual and reproductive health and rights with personal empowerment skills to create a balanced and powerful model for addressing gender inequalities.

2004

Ankomah, A., Mamman-Daura, F., Omoregie, G., and Anyanti, J. 2004. "Abstinence and Delayed Sexual Debut among Young Nigerian Youth: A Qualitative Study informing the 'ZIP UP!' Campaign." Abuja, Nigeria: Society for Family Health.

The objectives of the study was to provide an overview of the concept of abstinence among young people with a view of developing a nationwide campaign encouraging delayed sexual debut and abstinence among youth. This study utilized a qualitative approach to obtain information from young people on delaying sexual debut and abstinence. Thirty focus groups were conducted among both sexually active and inactive 14–19 year olds in March 2004 in urban, peri-urban and rural locations of four major Nigerian cities. There was a general consensus among all groups that abstinence is difficult to practice—especially for those who have already commenced sexual activity. Majority of male youth who were sexually active thought of their inactive counterparts as 'unmanly', while many sexually active females 'encouraged' their non-active counterparts to remain so for as long as they could. The use of condoms was cited as the easiest method of preventing HIV by sexually active males as they felt that abstinence is 'impractical', while sexually active females felt mutual fidelity was the easiest. Many of the youth also felt they were at no risk of contracting HIV, despite the fact that they were sexually active.

Ankomah, A., Omoregie, G., Anyanti, J., and Buba, A. 2004. "Creating Your Own Reality: A Qualitative Study of the Lifestyle, Hopes, Fears and Aspirations of Urban Nigerian Youth." Abuja, Nigeria: Society for Family Health.

Study report based on information obtained from 24 focus group discussions in 6 cities in Nigeria (Lagos, Ibadan, Aba, Port Harcourt, Makurdi and Kano). The study sought to understand the lifestyle, as well as the aspirations and hopes of young persons. Separate discussion groups were held for men and women. All participants were aged 15–24 years. Youth lifestyle was found to be affected by the prevailing climate of pervasive youth unemployment. Eating and dressing behaviours were reported to be adversely affected. An important effect of unemployment was the loss of self-worth and a feeling of being inferior. On the whole, the evidence showed that irrespective of sex and city of residence, young persons had similar dreams and aspirations: to obtain higher education, secure a good job, be married and have children, and most importantly be financially secure.

Federal Ministry of Education (FME). 2004. "Building Consensus for Family Life & HIV/AIDS Education in Schools Faith based Dialogue." Abuja, Nigeria: FME

Report that details the proceedings of the National Consultative Forum on Education Sector Response to Adolescent Sexual and Reproductive Health and Rights with religious leaders held from 9–10 March 2004 in Kaduna, Nigeria. All religious faiths, institutions, and leaders present affirmed support for young people to receive sexuality education from parents, religious leaders, and schools. They were also unified in their belief that condoms and contraceptives should be kept out of schools.

Omoregie, G., Ankomah, A., Fakolade, R., and Anyanti, J. 2004. "Sexual and Reproductive Health Behaviour of Students of Tertiary Institutions in Nigeria." Abuja, Nigeria: Society for Family Health.

Mixed method study, which was conducted in 2001, utilised both quantitative (structured questionnaire) and qualitative (focus groups and in-depth interviews) approaches to obtain data from 1,448 students equally selected from six tertiary institutions in Lagos, Enugu, and Zaria. The main objectives were to investigate the sexual behaviour of students and highlight aspects likely to increase vulnerability to HIV infection. While most of the students had ever had sex, a fair minority had never done so. In all three sites, higher proportions of males than females reported having multiple partners and the reason(s) differed for male and female. HIV/AIDS was well discussed on campuses; however, it was observed that there were still some students who believe that AIDS is curable. There was evidence of a high level of stigma and discrimination among respondents. Less than 35 percent used a condom during first sexual encounter but about 51 percent to 74 percent of the respondents reported use during the last sex. Inconsistent condom use was also reported.

2005

Action Health Incorporated (AHI). 2005. "Media Resource Handbook on Family Life and HIV/AIDS Education (FLHE) in Nigeria." Lagos, Nigeria: AHI.

Publication that equips media practitioners with relevant information about the Family Life and HIV/AIDS Education programme, one of the education sector's strategies for improving the sexual and reproductive health of in-school adolescents in Nigeria.

Action Health Incorporated (AHI). 2005. "Youth Making a Difference: A Handbook for School-based Anti-HIV/AIDS Clubs." Lagos, Nigeria: AHI.

A guide for establishing and implementing school-based anti-HIV/AIDS clubs, a co-curricular, peer education strategy.

Nwanna C. & Ujomu P. 2005. "Adolescent Reproductive Health Behaviours in Mushin Community, Lagos State, Nigeria." Lagos, Nigeria: Health Matters Incorporated.

Report of a study conducted on the socio-demographic status, sexual behaviours, knowledge, attitudes, and perception of HIV/AIDS/STIs and hard drugs amongst adolescents and adults in Mushin community. The study was conducted between 6 and 12 December 2002. The study participants were young people aged between 10 and 24 years (153 males and 141 females) and adults who had adolescent children or wards between the same age range (53 males and 57 females).

PSRHH Research and Evaluation Team. 2005. "Promoting Sexual and Reproductive Health and HIV/AIDS Reduction (PSRHH) Community Level Interventions: Results of 'Phase 2' Trial." Abuja, Nigeria: Society for Family Health.

Report presents the findings of the PSRHH project's 'Phase 2 trial' which aimed to answer the following four key questions: "Was the behaviour change observed among each of the target groups in 2004 maintained through 2005?"; "Which strategy works better to sustain programme efforts: forming and nurturing CBOs early in the programme or doing so later at the phase down?"; "How successful are the revised peer education interventions based on the lessons learned?"; "Do road shows add value to community level interventions?" Data were collected among 4 target groups: 780 commercial sex workers; 1,440 transport workers; 1,560 out-of-school youth; and 600 personnel of the armed forces. Information gotten from the latter was not included in the analysis.

Society for Family Health (SFH). 2005. "An Evaluation of a Quasi-Experimental Community Level HIV Intervention in Nigeria." Abuja, Nigeria: SFH.

This report presents the findings of the Promoting Sexual and Reproductive Health and HIV/AIDS Reduction Programme (PSRHH), a 7-year programme with the goal of improving sexual and reproductive health among poor and vulnerable populations in Nigeria through increasing behaviours conducive to sexual and reproductive health in Nigeria. The PSRHH programme employed a community level quasi-experimental demonstration consisting of four core interventions: edutainment; peer education; parent-child communication initiatives, and massive youth awareness programmes for young persons. It involved 26 most-at-risk communities (MARC) spread across Nigeria's six health zones. The programme targeted most-at-risk males, brothel based sex workers, and out of school youth aged 15-24 years within the communities. Implementation took place from January 2003 to June 2004. Data were collected at two points: prior to programme implementation from 4,626 respondents and 18 months later from 4,586 respondents. Overall the programme made significant impact on condom use particularly among most-at-risk males (MARMs), young women and young men. It improved knowledge on where to get STI services, but did not increase the proportion of young persons and MARMs who sought treatment, except sex workers. Knowledge levels were considerably improved as a result of the programme. The programme also significantly reduced stigma and discrimination among most of the target groups. In terms of interventions, it was found that peer education was the most effective intervention among MARMs, sex workers, and young females in increasing condom use.

2006

Makinwa-Adebusoye P. 2006. "Hidden: A profile of Married Adolescents in Northern Nigeria." Lagos, Nigeria: Action Health Incorporated.

Report documents the findings of a literature review on married adolescents in Northern Nigeria which was conducted for the benefit of all stakeholders interested in the subject matter of married adolescents' access to sexual and reproductive health information and services.

Nigeria Youth AIDS Programme (NYAP). 2006. "A Community Based Study on Reproductive Health and Development of Young People." Monograph Series No. VIII. Lagos, Nigeria: NYAP.

Study was implemented in six different communities in Lagos state (Isale Eko, Aguda, Itire, Bank-Olemoh, Shitta, and Ijeshatedo) with the aim of examining the knowledge, attitude, beliefs and practices of young people about issues

around their reproductive health, HIV/AIDS, and sexually transmitted infections (STIs). A total of 454 young people (311 males and 143 females) between the ages of 10 and 35 years participated in the study. The study revealed a high level of awareness of problems related to reproductive health with a large proportion of young people in these communities associated with drug abuse, hooliganism, and violence. These were blamed on diverse factors including the environment, age, peer pressure, illiteracy poverty and failure of the key institutions of society including the family and the government.

Nigeria Youth AIDS Programme (NYAP). 2006. "Insights to Capacity Building Needs of Youth in a Transient Community." Monograph Series No. IX. Lagos, Nigeria: NYAP.

Study that targeted 329 young people (242 males and 87 females) between the ages of 12 and 32 years working or residing in Lawanson community, Lagos. The Participatory Action Research (PAR) was used to identify target specific strategies to obtain information from young people about HIV/AIDS and reproductive health and to ensure they acquire skills and capabilities to utilize information/new skills for decision-making. Participants had "adequate" knowledge of HIV/AIDS. Some misconceptions were also expressed as some participants who patronized sex workers believed that HIV is contracted from those who travelled abroad or had sex with animals. Superstitious beliefs were also expressed with half of them attributing HIV/AIDS infection to attacks by evil spirits. Some also believed that HIV could be contracted through casual contact with an infected person. Participants expressed general dissatisfaction about the barriers to information attributing it to the government's failure of being responsive to the needs of the citizens.

Nigeria Youth AIDS Programme (NYAP). 2006. "Prospects for Sexuality Education Programming in Religious Institutions." Monograph Series Number VII. Lagos, Nigeria: NYAP.

Needs assessment was conducted in 2002 among churches in Lagos with the aim of finding out relevant information on the perceived needs of young people in the church in the areas of "knowledge on sexuality and reproductive health; developmental initiatives that will address youth needs; awareness of information education communication (IEC) materials; level of youth participation in programme design within the church; reproductive health risk activities among youths in the church; and factors that impact on youth sexuality and reproductive health." Overall, 154 youth (between the ages of 15 and 35 years), 122 parents, and 94 church leaders from 6 different churches in Lagos participated in the assessment. The findings revealed that there was a need for sexuality and reproductive health education by the three categories of respondents. The study also found that the factors believed to be responsible for common reproductive health problems among church youth were lack of information, lack of communication, youthful exuberance and peer pressure.

Sexuality Information and Education Council of the United States (SIECUS). 2006. "Establishing National Guidelines for Comprehensive Sexuality Education: Lessons and Inspiration from Nigeria." New York: SIECUS.

Publication profiles the experience of Sexuality Information and Education Council of the United States (SIECUS) in Nigeria as it supported leading local organizations for adolescent health in a process to develop "*The Guidelines for Comprehensive Sexuality Education in Nigeria*." In partnership with Action Health Incorporated, SIECUS facilitated the process of developing a national framework for comprehensive sexuality education in the country which led to the implementation of the Family Life and HIV Education Curriculum throughout the country. The publication also presented information on challenges to sustained success and lessons learned.

United Nations Children's Fund (UNICEF). 2006 "Evaluation Report of the National Young people Service Corps Reproductive Health and HIV/AIDS Prevention, Care and Support Intervention for Adolescents and Young People in Nigeria (2002 – 2006)." Abuja, Nigeria: UNICEF.

This project evaluation assessed how well the NYSC-peer education project was reaching the target audience (in school adolescents and young people in the community), examined the project strategies and made recommendations on the way forward. The research employed a quasi-experimental design involving a post-test only control group. Multistage stratified random sampling approach was employed to identify research participants from

12 out of the 36 states and the Federal Capital Territory in Nigeria. Data were sourced from the target population (master trainers, peer education trainers, peer educators, students, implementing partners and stakeholders). Findings revealed the project was well implemented and the content of the training was relevant to the needs of adolescents and young people in Nigeria. Corp members attested to knowledge gained and behaviour change as a result of the orientation and reproductive health seminars in the camps. School students exposed to the NYSC peer education project were three times more likely (odds ratios 3.40) to score average and above on the five key outcome variables: reproductive health, sexually transmitted infections, HIV/AIDS, stigma and life building skills, after controlling for contextual and background characteristics than students who were not exposed to the program.

2007

Action Health Incorporated (AHI). 2007. “Family Life and HIV Education for Junior Secondary Schools: Students’ Handbook.” Lagos, Nigeria: AHI.

Publication aims to empower young people with the knowledge and skills to live happy and healthy lives. It provides answers to many of the questions young people usually have about the physical and emotional issues they face during adolescence. The handbook covers matters like setting sexual limits, negotiating, making values-based decisions, finding help, and communicating effectively. The book covers the key concepts in the approved National Family Life and HIV Education Curriculum.

Erulkar AS & Bello, M. 2007. “The Experience of Married Adolescent Girls in Northern Nigeria.” New York, USA: Population Council.

Mixed method study that utilized qualitative and quantitative data to examine the extent and experience of married adolescents in Nigeria. Secondary analysis was conducted on the Nigeria Demographic and Health Survey that was undertaken in 2003 with a focus on the North East and North West regions. In-depth interviews with girls and young women (18) in Northwest Nigeria were also conducted. Findings revealed that married adolescent girls were vulnerable and in need of support, yet such girls were rarely targeted by existing programs. In addition, married girls’ experiences differed. Married girls resided in both urban and rural areas, yet a greater number resided in a rural region. Many married girls were lowly educated, in polygamous unions, with little decision-making power in the household. Conversely, some had achieved relatively high levels of education and were in marriages with more equitable balances of power. The study underscored the need for programs that specifically target married adolescents.

Federal Ministry of Education (FME) and United Nations Children's Fund (UNICEF). 2007. “Assessment of Violence Against Children at the Basic Education Level in Nigeria.” Abuja, Nigeria: UNICEF.

Study was conducted to establish baseline data on the situation of violence against children in basic education in Nigeria. The study was conducted in 4 randomly selected states of the country; Ondo and Abia in the south and Sokoto and Taraba in the north. The findings revealed that the existing types of violence in schools were physical, psychological, sexual, gender and health based violence. However physical violence (85 percent) and psychological violence (50 percent) accounted for the bulk of violence against children in schools. Other types of violence reported were gender-based violence (5 percent), sexual violence (4 percent) and health-related violence (1 percent). All forms of violence were more in the south than in the north except for sexual violence. Physical violence was perpetrated more by senior students (4.9 percent) and classmates (4.7 percent); while the school teachers were reported as mostly the perpetrators of psychological violence (26.4 percent). Reporting of acts of violence was generally low, ranging from 4 percent for sexual violence to 40 percent in the case of physical violence. A major concern from the study was the lack of counselling units and professional counsellors to manage cases of violence in schools. There were no counselling services in about 71 percent of schools.

PSRHH Research Team. 2007 “Assessing Behaviour Change Maintenance among HIV Risk Groups in Nigeria.” Abuja, Nigeria: Society for Family Health.

Study sought to examine, through the use of longitudinal multi-round surveys, the level of behaviour change in several Promoting Sexual and Reproductive Health and HIV/AIDS (PSRHH) Communities between 2002 and 2006. The key behaviour change strategy used was the Peer Education Plus model. The five study groups were: 656 Commercial sex workers (Female Sex Workers); 560 transport workers (TWs); 656 female out-of-school youths (FOSY); 400 male out-of-school youths (MOSY); 880 uniformed service men (mainly men of the police force). Given that previous evaluations had confirmed the effectiveness of PEP interventions the main objective of this evaluation was to assess whether behaviour change observed after the conclusion of intensive interventions had been maintained.

Society for Family Health (SFH) Research Division. 2007. “Voice for Humanity Female Out of School Youth (FOSY) Study.” Abuja, Nigeria: SFH.

Report of an evaluation of the impact of the Voice for Humanity (VFH) intervention. To increase and improve participation of Female Out of School Youth (FOSY) in community level HIV prevention efforts, the VFH approach was piloted in Kano, Kaduna, Jos and Bauchi in 2007. A total of 4,000 VFH devices were distributed in the pilot sites. The objectives of the study were to: determine the relationship between level of exposure to the messages in the device and determinants of behaviour; assess the impact of the project on the target groups who were exposed to the intervention against those who were not; and measure key outcomes of the intervention. Quantitative research methodology through the use of structured questionnaires and qualitative methodology through focus group discussions (FGDs) were adopted. The study targeted FOSY between the ages of 15 and 24. They were categorized into an experimental and a control group. The study confirmed that the device played a vital role in information sharing which led to changes in behaviour among a number of listeners. The device proved to be a good means of reaching young female persons who were harder to reach with peer educational programs.

United Nations Children's Fund (UNICEF). 2007. “Child Trafficking—Information Sheet.” Nigeria: UNICEF.

An information sheet that describes the state of child trafficking in Nigeria. It discusses the causes of child trafficking, the national response to the problem, and how UNICEF is supporting the national response.

United Nations Children's Fund (UNICEF). 2007. “Girls’ Education—Information Sheet”. Nigeria: UNICEF.

Publication presents information on Girls’ Education in Nigeria. In Nigeria, girls’ access to basic education, especially in northern states, has remained low. The 2006 National School Census (NSC) revealed a net enrolment ratio (NER) of 80.6 percent suggesting that a substantial proportion (19 percent) of primary school age population (6–11 years) were not enrolled in primary schools nationwide. This represents about 5 million Nigerian children aged 6–11 years old that did not access primary education. The information sheet also emphasized the benefits of girls’ education and the barriers to girls’ education with poverty and economic issues, early marriage and teenage pregnancy, inadequate school infrastructure and cultural and religious misinterpretation being the main issues that prevent girls from going to school. It highlighted UNICEF’s response to accelerating Girls’ Education in Nigeria which included the ‘Strategy for Acceleration of Girls’ Education in Nigeria (SAGEN) launched by UNICEF and the Federal Ministry of Education in July 2003; and the Girls’ Education Project (GEP), a joint initiative between the Federal Government of Nigeria, DFID and UNICEF, launched in December 2004.

2008

Education as a Vaccine (EVA). 2008. "Electronic Family Life & HIV/AIDS Education: Institutional Assessment Report Federal Capital Territory (FCT)." Abuja, Nigeria: EVA.

Report provides the findings of an institutional assessment that was conducted in 6 pilot schools to determine the schools' preparedness for EVA's Learning about Living project. Learning about Living was a two year project designed to use ICT to teach reproductive and HIV/AIDS education to young people in Nigeria through the education sector. The assessment used both an interviewer-administered questionnaire and direct observation as the primary data collection methodology. Overall there were significant opportunities for the integration of the Family Life and HIV/AIDS Education (FLHE) program into the schools' existing programs. The assessment identified some potential challenges which could inhibit the implementation of the project, such as inadequately trained FLHE teachers, inadequate computers and power outages. However, the assessment also identified key strategies to minimize these issues, such as training teachers on computer appreciation, creating linkages with potential funders to support FLHE training and sharing of IT resources by schools.

Research and Evaluation Division. 2008. "HIV Counselling and Testing Exit Survey Findings from National Youth Service Corps (NYSC) Camps in Nigeria." Abuja, Nigeria: Society for Family Health.

Study sought to measure the effectiveness and assess the quality of the HIVHCT services carried out in six randomly selected NYSC orientation camps (Akwa Ibom, Ebonyi, Ondo, Gombe, Niger and Katsina) across the six health zones in Nigeria. A quantitative study was used through the administration of structured questionnaires. A total of 572 interviews were conducted in all the selected camps among male and female youth Corp members. It was observed that many Corp members, allied workers and other people visiting the camps showed immense interest in testing and knowing their status but could not achieve this due to time constraints and lack of adequate HCT personnel who were ethically restricted to provide services to only 10 clients per day. Overall, the HIV Counselling and Testing outreach strategy of conducting HCT service in Nigerian camps proved to be a good means of reaching out to young persons. The counselling sessions were found to have provided the clients with new and correct information on HIV and AIDS particularly condom use and perceived misconceptions.

PSRHH Research Team. 2008. "Assessing Behaviour Change Maintenance among HIV Risk Groups in Nigeria: Indirect Interventions through Civil Society Organisations." Abuja, Nigeria: Society for Family Health.

Study aimed to assess whether behaviour change observed after the conclusion of intensive interventions conducted by SFH directly, were maintained when interventions were scaled up to new communities and implemented by CSO partners. The key behaviour change strategy used was the Peer Education Plus model. The five study groups were: 656 Commercial sex workers (Female Sex Workers); 560 transport workers (TWs); 656 female out-of-school youths (FOSY); 400 male out-of-school youths (MOSY); 880 uniformed service men (mainly men of the police force).

2009

Adolescent Health and Information Projects (AHIP). 2009. "Family Life and HIV/AIDS Education (FLHE) Curriculum for Health and Behavioral Change." Kano, Nigeria: AHIP.

Curriculum reflects a comprehensive approach to HIV prevention education from primary to tertiary levels of education and is organized around six themes (human development, personal skill, sexual health, relationships, sexual behaviour, society and culture) The curriculum has both an English and Hausa version.

Federal Ministry of Health (FMOH). 2009. “Assessment Report of the National Response to Young People’s Sexual and Reproductive Health in Nigeria.” Abuja, Nigeria: FMOH.

The overall goal of the assessment was to optimize the health and development of young people in Nigeria. The assessment was conducted in two phases; a desk review and a field assessment. The findings from the desk review guided the design and conduct of the field assessment in six states (one per geopolitical zone) and the Federal Capital Territory. The study revealed that the country was replete with policies and frameworks that sought to promote young people’s SRH programming. However, institutional arrangements for implementing programme components of the framework, the awareness of policies, strategic frameworks and guidelines, as well as political commitment at the three tiers of government were inadequate to catalyse an effective response. It also revealed that there were no budget lines for young people’s health and development at the three levels. Young people’s involvement in SRH programmes was minimal and their access to adequate and comprehensive SRH information and services was still limited. Policies, frameworks, guidelines and protocols had not been used at the federal level health facilities to provide youth friendly health services. The strengthening of the FMOH Adolescent Health and Development unit to coordinate and monitor the national response had not taken place and there was no synergy of delivery of young people’s SRH information and services between the FMOH and other ministries, departments, and agencies.

Federal Ministry of Youth Development (FMYD). 2009. “National Youth Policy.” Abuja, Nigeria: FMYD.

This policy document highlights the rights, responsibilities, and obligations of youth and identifies priority target groups of youth, themes, and strategic interventions. The policy also provides guidance on its implementation and resource mobilization and details the institutional framework for policy implementation.

Girls’ Power Initiative (GPI). 2009. “Foundations of Human Sexuality Education. Sexuality Education Series for Young Persons (No 6).” Calabar, Nigeria: GPI.

A publication that provides information to young peer educators based on the questions they are frequently asked about what human sexuality means in their lives. Content includes the following: human sexuality education: what, why and how?; the value of sexuality education for young people; why the discomfort in communicating sexuality with young people; clarifying your values and developing positive attitudes, increase in consciousness on the violation of women’s rights.

Population Council. 2009. “The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People: Nigeria 2003.” New York: Population Council.

A fact book series that draws data principally from the 2003 Demographic and Health Surveys (DHS) with the aim of providing decision makers at all levels—from governments, non-governmental organizations (NGOs), and advocacy groups—with data on the situation of adolescent girls and boys and young women. The age range covered is 10–24. It provides information on the links between appropriate investments in young people and the achievement of the MDGs, particularly in the context of poverty reduction strategies and youth reproductive health and development agendas; and the diversity of adolescents aged 10–24 living in the country, paying specific attention to 10–14 year old age range. The book also highlights the context of sexual relations, whether inside or outside marriage, reports on marriage and pregnancy rates, and provides data related to the gender norms that often frame the onset and terms of sexual and marital relationships.

Society for Family Health (SFH). 2009. “Post Intervention Evaluation Study Among In-and Out-of-School Youths in Afam Community, Rivers State.” Abuja, Nigeria: SFH.

Report of a post-intervention study that investigated the effect of peer education on improving the knowledge, attitude and behaviour concerning HIV/AIDS among in- and out-of-school children and adolescents. Both quantitative and qualitative research methods were adopted for this evaluation study through the use of structured questionnaires and focus group discussions (FGDs). The total sample size for secondary school was 200 (105

females and 95 males) and for primary school was 200 (112 females and 88 males). Four FGDs were conducted among out-of-school youth aged 15 to 26 years: two male and two female groups. The study showed that there was improvement post intervention for HIV/AIDS knowledge and HIV/AIDS related communication but less so for attitudes related to stigma, HIV testing and knowledge of STIs.

2010

Federal Ministry of Education (FME) and Action Health Incorporated (AHI). 2010. "Learning For Life: Training of Students and Teachers on School-based Co-curricular Activities on HIV and AIDS." Abuja, Nigeria: FME.

Report provides information on a life skills/peer education training for Federal Unity Colleges in the South-East geopolitical zone organized in January 2010. Participants were students who would serve as peer educators as well as teachers and guidance counsellors who would facilitate and coordinate the activities of anti-AIDS clubs. The report also includes details of the training curriculum.

Federal Ministry of Education et al. 2010. "Accelerating the Education Sector Response to HIV in the Federal Republic of Nigeria: A Review of Five Years of Experience." Abuja, Nigeria: FME.

Publication details the findings of a review conducted by the FME (with the technical assistance of external consultants from the Partnership for Child Development and members of the Accelerate Initiative Working Group) to document the implementation process, successes, challenges and lessons learned in its response to HIV between November 2002 and 2007.

Federal Ministry of Health and Youth Development (FMYD) and United Nations Population Fund (UNFPA). 2010. "Action Plan for Advancing Young People's Health & Development in Nigeria: 2010 – 2012." Nigeria: UNFPA.

The Action Plan for Advancing Young People's Health & Development in Nigeria is a product of a three-day National Consultative Forum of key stakeholders from national and sub-national levels convened between 31 May and 2 June 2010, by the Federal Ministry of Health and the Federal Ministry of Youth Development with the funding and technical support of the United Nations Population Fund (UNFPA). The Action Plan has its basis in the National Policy on the Health and Development of Adolescents and Young People in Nigeria and the National Youth Policy and their respective implementation frameworks. The Plan focuses on critical and priority "doable" actions that should be taken by government at all levels, and key stakeholders to advance the health of adolescents and youth in Nigeria. Also included in the plan are definite indicators and means of verifying activities thus making it possible to evaluate progress made at all levels of implementation.

Global Health Awareness Research Foundation (GHARF). 2010. "Report on the Prevalence of Rape among In-school and Out-of-school Rural Adolescents in Enugu State." Enugu, Nigeria: GHARF.

Publication presents the findings of a 2010 study designed to ascertain the prevalence of rape among in and out-of-school rural adolescents in Enugu state. For the study, five post primary schools and one community were selected from three of the six educational zones (Agbani, Enugu and Udi) in the state. Both qualitative (focus group discussions [FGDs]) and quantitative (questionnaire) data collection were used to collect information from the respondents which comprised of JSS 2 and SS 1 students from the five selected schools and out-of-school rural adolescents in one community in Enugu state. A total of 10 FGDs and 236 questionnaires were administered.

Population Council. 2010. “The Adolescent Experience In-depth: Using Data to Identify and Reach the Most Vulnerable Young People: Nigeria 2008.” New York: Population Council.

Fact book that draws data principally from the 2008 Demographic and Health Surveys (DHS) with the aim of providing decision makers at all levels—from governments, non-governmental organizations (NGOs), and advocacy groups—with data on the situation of adolescent girls and boys and young women. The age range covered is 10–24. It provides information on the links between appropriate investments in young people and the achievement of the MDGs, particularly in the context of the poverty reduction strategies and youth reproductive health and development agendas; the diversity of adolescents aged 10–24 living in the country, paying specific attention to the 10–14 year old age range and summarizes key data for adolescents aged 10–24. The book also highlights the context of sexual relations, whether inside or outside marriage, reports on marriage and pregnancy rates, and provides data related to the gender norms that often frame the onset and terms of sexual and marital relationships.

2011

Centre for Development and Population Activities (CEDPA). 2011. “Building Healthy Futures for Nigeria’s Youth.” Washington DC, USA: CEDPA.

Project brief describes the Better Life Options (BLO) project which was designed to improve the knowledge, life skills and gender awareness of Nigerian girls and boys ages 10–19 in Akwa Ibom State to better prepare them to make healthy and productive choices regarding their education, reproductive health and civic participation. The program began in 2006 with an enrolment of 1209 youth, 86 percent (804 girls and 237 boys) of those enrolled completed the program during the first phase (attended at least 75 percent of classes). The youth who completed the sessions asserted that participating in the project had positively affected their lives and caused them to better focus their approach to life. Twelve percent (122 participants) of those who completed the program returned to school. In the second phase, 2008–10, the program results improved. Out of the 1,440 youth enrolled, 84 percent completed the program (969 girls and 241 boys), and at least 51 percent of those who completed returned to formal or vocational schools. Results from a pre and post survey conducted before and after completing the life skills courses showed that participants’ reproductive health knowledge improved 53 percent, their HIV knowledge improved by 21 percent and their overall family communication increased by 18 percent. Participants’ involvement in community improvement activities also increased from 40 percent at the inception of the project to 63 percent at project end. In phase two, additional follow-on surveys of the first batch of beneficiaries showed that they maintained their knowledge of reproductive health and HIV knowledge two years after completing the classes.

Centre for Development and Population Activities (CEDPA). 2011. “CEDPA/Nigeria Better Life Options Program Final Report.” Washington DC, USA: CEDPA.

Report describes and documents the achievements of the follow on project to the Better Life Options Program (2008 – 2011), which had a goal to reach boys and girls in Akwa Ibom State at educational risk and encourage them to return to formal or vocational school. The project objectives were to: increase the capacity of existing partners to implement the Better Life Options program; ensure more effective linkages with the formal school system in Akwa Ibom State; and document and communicate the contributions of the Better Life Options Program in Akwa Ibom.

Diala, C., Olujimi, S., Harris, F., and Feyisetan, K. 2011. “HIV-related Knowledge, Attitudes, Behaviors, and Practices of Young People in Cross River State and Kogi State, Nigeria. Washington DC: C-Change.

Formative research that was conducted to inform the focus and design of country-driven social and behaviour change communication (SBCC) interventions. These interventions aimed to reduce HIV risk behaviours among youth ages 15–24 years in Kogi and Cross River states via multi-channelled campaigns implemented through national sub-partners; expand the use of mass media by SBCC implementing agencies; and improve mass media support for prevention priorities outlined in the National BCC Strategy and Prevention Plan. The study assessed HIV-related

knowledge, attitudes, beliefs, and practices (KABP) of 1,266 youth ages 10–24 in Cross River and Kogi States: 625 in Cross River and 641 in Kogi. Respondents were evenly split between males and females. The study revealed youth in both states had high levels of awareness about HIV but low knowledge about transmission and basic HIV prevention facts. Few youth in both states used drugs and alcohol. Though myths and misinformation about HIV and AIDS had not disappeared, it was clear that most youth relied on established and credible media for health and HIV/AIDS information. Respondents had good recall of HIV prevention programs and interventions, though some were not considered sufficiently youth-friendly or youth-focused. Additionally, respondents had unrealistic perceptions of their own and perceived themselves to be at low risk for HIV despite being sexually active, not using condoms at last sex, during the past 12 months, or at sexual debut.

Education as a Vaccine Against AIDS (EVA). 2011. Out-of-school Youth Access To Sexual And Reproductive Health, Livelihood And Information Communication Technology. Abuja, Nigeria: EVA.

Rapid assessment that examined access to SRH education and services, livelihood development and information communication technology (ICT) by out-of-school youth (OSY) in Niger state. It was conducted through consultations and desk review of relevant documents. Fourteen key informant interviews with ministries, agencies and nongovernmental organizations were held.

United Nations Children's Fund (UNICEF). 2011. "Child rights legislation in Nigeria—Fact Sheet." Nigeria: UNICEF.

Fact sheet describes the domestication of the Convention on the Rights of the Child through the enactment of the Child Rights Act (CRA) 2003 in Nigeria. It provides information on the CRA's content and the degree of the CRA's domestication at State level.

Women's Health and Action Research Centre (WHARC). 2011. "Identifying Priorities for Research and Documentation on Adolescent Sexual Reproductive Health in Nigeria." Benin-City, Nigeria: WHARC.

Report of a seminar/workshop organized by Women's Health and Action Research Centre which brought together some of the most active researchers and programmers on adolescent sexual and reproductive health (SRH) in Nigeria. The goal of the workshop was to identify an agenda for research that would lead to the implementation of effective policies and programs relating to adolescent SRH in Nigeria. The workshop was attended by 32 participants from civil society organizations and leading development partners in the country. Eight keynote papers that addressed various issues related to adolescent reproductive health were presented by key experts and were included in this publication. The report also presents findings on research gaps and recommendations for promoting research and documentation on adolescent sexual reproductive health.

2012

Girls' Power Initiative (GPI). 2012. "A Handbook on Sexuality, Reproductive Health and HIV/AIDS Education for College of Education." Calabar, Nigeria: GPI.

Reference tool that provides guidelines, training strategies, sample lessons/activities to be used in counselling and educating young people on various aspects of adolescent sexuality including sexual and reproductive health.

Kids & Teens Resource Centre (K&TRC). 2012. Needs Assessment on the Sexual and Reproductive Health Needs of Young Persons in Ondo State: Increasing Young Peoples' Access to Sexual and Reproductive Health Services. Ondo, Nigeria: K&TRC.

Publication is a report of an assessment aimed at determining the sexual and reproductive health (SRH) needs of young people and evaluating how they perceive youth friendly services so as to engender informed programming that will increase the utilization of youth friendly services (YFS) especially SRH services in Ondo State. Interviewer-

administered questionnaires, key informant interviews and focus group discussions were used to collect information. Data was gathered at two different levels; young people (disaggregated into in-school, out-of-school and artisans) and health services providers. Three hundred and forty-five (345) respondents (aged 10–24 years) were interviewed (49 percent females and 51 percent males). The study identified the health needs of the respondents as being adequate and balanced nutrition, physical fitness/exercise, the prevention and care of STIs including HIV and AIDS, personal hygiene with clean and potable water, and access to health commodities like drugs, condoms etc. at no cost. Additionally health education and sensitization on contemporary health issues, access to youth friendly centres that provide youth specific health and career counselling and economic empowerment were mentioned as some of the health needs of this population. The number of young people accessing YFS in health facilities was very low and the awareness of health facilities providing youth friendly services was equally low.

National Bureau of Statistics (NBS) and Federal Ministry of Youth Development (FMYD). 2012. “2012 National Baseline Youth Survey.” Nigeria: NBS.

The main objective of this study was to provide useful data for the design and development of youth-focused programmes by the Federal Ministry of Youth Development and other partners in the country. The survey was conducted in all the 36 States of the Federation and FCT (Abuja). The target population surveyed were households and some institutions (Police command headquarters as well as Drug and Law Enforcement Agency (NDLEA) in each State). The subject-areas covered for the baseline survey included: identification section for the households and institutions; demographic characteristics; education; access to healthcare; youth in agriculture; youth employment; youth participation in politics and decision making; information and communication technology/computer proficiency; youth and conflict prevention/peace building; youth in sport and recreation; and youth migration. The definition of youth utilized by the survey was age 15 to 35 years.

2013

Education as a Vaccine (EVA). 2013. “Learning About Living Extra Expanded For Young People Out Of School: Facilitators Manual.” Abuja, Nigeria: EVA.

A facilitator’s guide for Learning About Living Extra, a program on reproductive health, HIV prevention, life skills and money matters for young people across Nigeria. It is an educational tool that can be used in out of school settings to enhance the reproductive and mental well-being of young people by empowering them to make informed decisions about their sexual health.

Walker, J. 2013. “Mapping Early Marriage in West Africa: A Scan of Trends, Interventions, What Works, Best Practices and the Way Forward.” Ford Foundation.

Report of a study mapping early marriage in West Africa, examining trends in the practice over 12 years in 16 countries and providing information on the current status of the problem and efforts to combat it. Study countries included Benin, Burkina Faso, Chad, Cote d’Ivoire, Gambia, Ghana, Guinea, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, and Togo. The report also shares best practices and lessons learned that emerged from a review of existing interventions and evaluations. According to the report, many initiatives use advocacy and community mobilisation as a main strategy, but states that these and other intervention areas would benefit from increased awareness, better coordination, integrated strategies, and monitoring and information sharing. Despite some study limitations, this report offers a number of different recommendations on three levels – law and rights; policy and institutional frameworks; and programmes, projects and actions.

Young Men’s Foundation Against Sexual and Gender Based-violence. 2013. “Report of Desk Review Analysis of Trafficking in Persons in Benue & Edo States, Nigeria.” Abuja, Nigeria: Young Men’s Foundation Against Sexual and Gender-based Violence.

Report of a study aimed at analysing the scale, context, and stakeholders’ understanding of trafficking in persons (TIP) within the context of Benue and Edo States and identifying opportunities for male youth action against TIP. In-

depth/key informant interviews and focus group discussions were held among males and females aged between 15 and 35 years in both states.

2014

Education as a Vaccine (EVA). 2014. “Out-of-school Youth Access to Sexual Health Education and Economic Strengthening Project in Niger State: Endline Evaluation Report.” Abuja, Nigeria: EVA.

An endline evaluation report that documents the successes, lessons, and challenges related to the implementation of the Out-of-school Youth Access to Sexual Health Education and Economic Strengthening project (OASES) in Suleja Local Government Area of Niger State in North-Central, Nigeria. OASES' integrated youth development program was conducted over an initial two-year period but with an extension that cumulatively spanned from 2011 to 2014 in three communities (Angwan Dawaki, Bakin Kasuwa, and Madalla).

Federal Ministry of Health (FMOH). 2014. National Guidelines on Promoting Access of Young People to Adolescent & Youth-friendly Services in Primary Health Facilities in Nigeria.” Abuja, Nigeria: FMOH.

A publication that aims to provide programme planners, implementers and health managers at various levels with strategic considerations and broad guidance for actions needed to improve young people's demand for, and utilization of available adolescent and youth friendly health services (AYFHS). This document complements the National Guidelines for the Integration of Adolescent and Youth Friendly Health Services into Primary Health Care Facilities in Nigeria. It contains information on strategic interventions and activities and an action plan.

Kids & Teens Resource Centre (K&TRC). 2014. “Adolescent Youth-friendly Sexual Health Services Plan of Action—Generating Demand for Sexual and Reproductive Health Services by Young People: Information, Education and Communication Interventions.” Ondo, Nigeria: K&TRC.

A publication that presents strategies developed with the aim of influencing and encouraging youth to access services and facilities established by the government and building collaborations with existing structures in the Ministries of Health, Education and Youth & Sports towards ensuring synergy and cooperation. The document was developed based on the findings from the “Needs Assessment on the Sexual and Reproductive Health Needs of Young Persons in Ondo State” carried out by Kids & Teens Resource Centre. The study highlighted the need for some interventions targeted at improving the SRH/ health needs of young people in Ondo state and recommended some steps to realizing them. Also contained in the publication is a “Plan of Action” to promote responsible sexual behaviour and health-seeking behaviours, including use of public health clinics among young people in Ondo State.

Population Council. 2014. “Baseline Survey of Nigerian Media Coverage of Youth Sexual and Reproductive Health and HIV and AIDS Related Issues, January 1st – December 31st, 2012.” Abuja, Nigeria: Population Council.

Study evaluated the media's coverage of HIV/AIDS and sexual and reproductive health (SRH) related issues among youth aged 15–24 years in Nigeria for the period 1 January to 31 December 2012. A content analysis of four national and most widely circulating newspapers (Daily Trust, The Guardian, Daily Sun, The Punch) and two regional newspapers (The Nigerian Tribune and Aminiya) was carried out. A content analysis of Nairaland, an online forum was similarly conducted for the same time period. Key informant interviews were also conducted with editors and health reporters/correspondents of the studied newspapers on factors that influence publishing of young people-focused HIV/AIDS and SRH articles among and the sources of data used in the stories. Some of these articles used stigmatizing language like "HIV victim", promoted anti-homosexual sentiments, or provided misinformation on HIV "cures." Only 50 (6.7 percent) of the published 746 articles on HIV/AIDS, sexuality, sexual health and sexual rights were focused on adolescents and young people aged 15–24 years. The few AYP and SRH/HIV focused articles

involved mostly sensational reporting of rape incidents. Most were not educational pieces that would inform youth and the general public.

Population Council. 2014. “HIV/AIDS Vulnerabilities, Discrimination and Service Accessibility of Nigeria’s Youth.” Abuja, Nigeria: Population Council.

A mixed methods study implemented between August 2011 and July 2012 that sought to provide a comprehensive, evidence-based picture of the HIV-related issues facing Nigerian youth and the prevailing legal, policy, and programmatic responses. The study was designed to establish a basis for a sharper focus on youth within the national response to HIV. An analytical review of the relevant literature was conducted on factors associated with HIV risk-taking and health seeking behaviours among young people aged 15–24 in Nigeria. In addition, qualitative and quantitative analyses including secondary analyses of national HIV/SRH-related survey datasets enabled an evaluation of the factors associated with young people’s sexual risk behaviour, HIV-related health-seeking behaviour, and the extent of policy and programmatic involvement.

Positive Action for Treatment Access (PATA). 2014. “Sexual and Reproductive Health Needs of Adolescents Living with HIV in Nigeria: A Summary Report.” Lagos, Nigeria: PATA.

Report of a study that collected nationally representative quantitative and qualitative primary data in order to document the sexual and reproductive health needs of adolescents living with HIV (ALHIV). The study was carried out in 12 states across the six geopolitical zones of Nigeria and the FCT. A total of 1,601 adolescents were recruited of which 1,574 questionnaires were considered complete, the study participants included 749 ALHIV and 825 adolescents “who were assumed to be negative or who were untested.” Findings revealed that the sexual debut among ALHIV was 14 years for females and 15 years for males. Reasons for early sexual debut were love, peer pressure, and rape; one out of three female ALHIV reported having been raped. Thirty one percent of all female respondents reported rape as their first sexual encounter. The respondents displayed a good knowledge of modern contraceptives but less than 30 percent used contraceptives and this was attributed to societal and religious norms, misconceptions, inadequate education, poor access, and a culture of silence about adolescent sexuality.

United Nations Population Fund (UNFPA).2014. “#NoHoodieNoHoney:Facilitator’s Guide.” Abuja, Nigeria: UNFPA.

No Hoodie No Honey is a social media campaign targeting young people especially girls with information and skills on safer sex. This facilitator’s guide was developed for professionals working in youth sexual and reproductive health programmes to facilitate the NoHoodieNoHoney session through interpersonal communication to address the key messages in the video.

2015

Education as a Vaccine (EVA). “Report of Youth Consultations on Mobile Phone Applications: Opportunities for Advancing Sexual and Reproductive Health amongst Young People using Mobile Phone Solutions.” Abuja, Nigeria: EVA.

A mixed method study conducted between January and February 2015 (in Karu, Gwagwalada, Dutse and Kubwa of the Federal Capital Territory) to assess and document current use of mobile applications and opportunities for using mobile applications to promote sexual and reproductive health and rights among young people out of school. One hundred and fifty five (155) young people, 90 males and 65 males were respondents in the study. All respondents were between the ages of 15 and 28 years, with 45.2 percent of respondents being in the age range of 20–24 years. A total of 15 FGDs were conducted. The study observed that despite the extensive use of mobile applications for networking and other information purposes, youth had no mobile application that exclusively provided sexual and reproductive health information.

Enhancing Nigeria's HIV and AIDS Response Programme (ENR). 2015. "HIV and Sexual Behaviours of Out-of-school Young Persons (OSYP) in Nigeria." Abuja, Nigeria: ENR.

A quantitative study that sought to determine the prevalence of HIV and HIV risk behaviour among out-of-school young people in Nigeria. A total of 2,106 OSYP (1,124 males and 982 females) participated in the study. OSYP were both educationally and economically disadvantaged. Comprehensive knowledge of HIV was 30 percent while only 6 percent indicated that they had a high chance of contracting HIV. Only 34 percent had ever been tested for HIV and received their test result. HIV prevalence among this group of OSYP was 1 percent, though prevalence was higher among females (3.6 percent) than males (0.6 percent). Overall 15 percent of female OSYP had experienced some form of sexual violence.

Youth Rise. 2015. "We are People: the Unintended Consequences of the Nigerian Drug Law to the Health and Human Rights of Young People Who Use Drugs." Abuja, Nigeria: Youth Rise.

Report documents a six-state study that aimed to address the lack of documented evidence of the impact of Nigeria's drug policy on the health and rights of young people who use drugs. The study employed extensive review of relevant publicly available literature including law and policy documents, research papers, government reports and briefing papers. Qualitative inquiries (focus group discussions, in-depth interviews, key informant interviews and community consultations) were also conducted among young people who use drugs, ex-rehabilitation centre attendees, prison asylum inmates and individuals who have been victims of abuse as a result of drug use. Law enforcement officers from the National Drug Law Enforcement Agency (NDLEA), court magistrates, and civil society organizations working on drug related issues were also interviewed.

UNSPECIFIED YEAR

Education as a Vaccine (EVA). "Meeting Adolescent and Young People's Needs for Sexual and Reproductive Health Information and Services: Successes from an Integrated Model of Youth-Friendly Health Services." Abuja, Nigeria: EVA.

A final project report that describes the achievements, challenges and lessons learned from the Creating Demand for Adolescent Reproductive Health Services sub-project which was conducted from June 2005 to March 2009 in six communities in the FCT (Gwagwalada, Gwagwa, Tungamaje, Karu, Bwari and Kuje) and one community in Nasarawa state (Akwanga). Twenty-nine thousand two hundred and thirty-one (29,231) young people received health services at the designated youth friendly health centres, with 24,356 presenting with reproductive health issues. This represented an increase of 64 percent from baseline in 2004 to end line in 2009.

Education as a Vaccine (EVA). "My Question And My Answer Service: Lessons Learnt: 2007–2012." Abuja, Nigeria: EVA.

Report that describes EVA's My Question and My Answer Service which used mobile phones to improve young people's access to sexual and reproductive health information. The report also details the project's achievements, lessons learned, and next steps.

Federal Ministry of Education (FME). "Facilitating School-based Co-curricular Activities on HIV and AIDS: Students and Teachers Learning for an HIV Free Generation." Abuja, Nigeria: FME.

Report on a HIV and AIDS Co-curricular programming training that was provided to students, teachers, and guidance counsellors from Federal Unity Colleges in the North West and North East Zones in Kano and Maiduguri. The document is divided into three parts. Part A provides training activities with goals and objectives, methodology and evaluation. Part B, "Seeking clarification", offers clear responses to questions that adolescents might have at this period of their lives. Part C contains four appendices including a list of participating schools, a sample training schedule and a sample school work plan.

Federal Ministry of Education. “Initiating School-based Co-curricular Activities for HIV/AIDS: Students and Teachers Exploring Possibilities.” Abuja, Nigeria:FME.

Report of a Life Skills/Peer Education Training for Unity Schools organized in October and November of 2004 by the Federal Ministry of Education with funding and technical input from Action Health Incorporated. The document also includes recommendations for setting up anti-AIDS clubs and content on HIV/AIDS and abstinence skills.

Gede Foundation. “Gede Foundation Orphans and Vulnerable Children (OVC) Program.” Abuja, Nigeria: Gede Foundation.

Program report that details the activities, lessons learned and challenges of an OVC focused program which was conducted by Gede Foundation with financial support from Addax Petroleum Foundation. Gede Foundation conducted a one-year intervention that provided opportunities for school dropouts to be enrolled back in school while others gained marketable skills through skills acquisition training. Nutritional support was also provided to some of the orphans’ households. The project was implemented in the FCT (Kabusa, Sherreti, Gishiri, Mpape, Jikwoyi, Kugbo, Mararaba) from March 2010 to February 2011.

One World UK. “Report on Assessment of Facilities Providing Youth Friendly Health Services in Nigeria.” Ibadan, Nigeria: NOTYL Consulting Services.

Assessment was aimed at evaluating the availability, adequacy and suitability of existing Youth Centres to meet the needs and requirements of young people in Nigeria in a sustainable manner. It adopted a mix of methodologies and tools: facility assessment checklists, observation, review of records/documents, in-depth interviews with facility managers and focus group discussions (FGD) involving adolescents and young people. A total of 88 facilities were assessed. Of this number 28 (32 percent) were youth centres, and an additional 28 (32 percent) were youth friendly health service (YFHS) clinics and the final 32 (36 percent) were general health clinics. The assessment revealed that there has been some significant progress in the country regarding the provision of YFHS. While only a few of the facilities may be qualified to be referred to as facilities, YFHS were part of the bouquet available in the clinics assessed. The few facilities that were specifically set up for young people were mostly in the South West, with small pockets in other geo-political zones such as the South-South and South-East. Most of the facilities assessed were using an integrated approach by serving adults and young people alike.

Positive Action for Treatment Access (PATA). “Improving the Sexual, Reproductive Health and Rights of Adolescents Living with HIV in Nigeria.” Lagos, Nigeria: PATA.

Policy brief that presents the findings of a national study conducted by PATA that explored the sexual, reproductive, and socio-developmental needs of adolescents aged 10–19 years living with HIV in Nigeria. The objectives of the study were to: assess and document the socio-developmental, sexual and reproductive health needs and challenges of adolescents living with HIV in Nigeria; evaluate the knowledge, attitude, perceptions and practices of the significant others in the community on issues relating to adolescents living with HIV; identify ways of mitigating the identified challenges and make recommendations to influence policy development and the design of intervention programs. Based on study findings the brief recommends specific policy and program actions.

United Nations Children's Fund (UNICEF). “Nigeria: Female Genital Mutilation.” Nigeria: UNICEF.

Brief that provides background information on Female Genital Mutilation (FGM) and describes its practise in Nigeria. It also presents the country response to FGM and discusses interventions supported by UNICEF such as research, capacity building and advocacy.

United Nations Children's Fund (UNICEF). “Handbook for Peer Educators—National Reproductive Health, HIV & AIDS Prevention and Care Project through the NYSC.” Abuja, Nigeria: UNICEF.

Handbook for peer educators (PEs) that serves as an age appropriate, gender sensitive, culturally acceptable and user-friendly resource on reproductive health, HIV/AIDS prevention and life skills for adolescents and young people. The handbook serves as a reference material to update PEs’ knowledge and enrich their peer education activities.

The draft of the handbook was pilot tested with PEs at secondary schools in six states from the six geopolitical zones of the country.

United Nations Children's Fund (UNICEF). "Workbook for Peer Educators—National Reproductive Health, HIV & AIDS Prevention and Care Project through the NYSC." Abuja, Nigeria: UNICEF.

Workbook that compliments and is to be used in conjunction with the Handbook for Peer Educators – National Reproductive Health, HIV & AIDS Prevention and Care Project through the NYSC. The workbook is arranged into five thematic areas namely: Adolescent Reproductive Health and Rights; HIV and AIDS; Care and Support for People Living with HIV, Persons Affected By AIDS, and Orphans and Vulnerable Children; Life Building Skills; and Peer Education among Adolescents and Young People. The themes in the workbook are aligned to the handbook and the workbook has topics with corresponding questions, diagrams and short illustrative stories to which readers are required to respond.

United Nations Population Fund (UNFPA). "NoHoodieNoHoneyComic Book." Abuja, Nigeria: UNFPA.

Information, education, and communication material in the form of a comic book exploring the safe sex theme of the NoHoodieNoHoney campaign.

United Nations Population Fund (UNFPA). "Advancing the Health & Development of Young People in Nigeria—Fact Sheet." Nigeria: UNFPA.

Fact sheet that provides information on the leading health problems of young people in Nigeria and the major factors that result in the poor health status of young people.

