

# **Emphasizing Reproductive Health Issues, HIV and AIDS Prevention to Youths from a Religious Perspective in Abia State**

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# Introduction

- Religion shapes everyday beliefs and activities of individuals including that of youths.
- Most times, some religious groups do not want their members to be associated with HIV prevention.

# The Need

- The need to use religious beliefs to enhance prevention of HIV and other sexually transmitted infections among youths in the Church can not be overemphasized.
- In this study, the roles of religion in encouraging HIV prevention, discouraging HIV-related issues like stigma, discrimination and others were highlighted.
- Awareness was created on how to integrate religious beliefs with HIV prevention to ensure compliance to HIV/AIDS interventions.

# Objectives

1. To explain the importance of HIV/STI prevention among youth to church stakeholders.

## **Specific:**

1. To encourage activities that will ensure care and support for HIV positive youths in Seventh-day Adventist church.
2. To empower youths through training on how to minimize risks of HIV/STIs.
3. To reduce the barriers that discourage Seventh-day Adventist youths from obtaining correct information on HIV/STIs prevention.
4. To increase knowledge of sexuality from Biblical points of view.

# Methodology

- This was an intervention study. Interactive seminars using both English and local languages for 538 youths were done.
- Pictures of types of STIs were used to practically acquaint youth of the risks .
- Bible passages were used to explain sexuality, care and support from the Christian perspective.
- Questions and answers were used to elicit needed responses on knowledge of HIV and AIDS prevention

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- Semi-structured questionnaire, interview, story telling, checklist and systematic observation were used.
- Training needs assessment was done
- Pre-test and post-test were conducted
- Analyses were done with SPSS using descriptive statistics

# Major Activities

1. Produced IEC materials for training.
2. Carried out advocacy visits to church leaders.
3. Mobilized youths to attend HIV/STI prevention seminar.
4. Conducted needs assessment.
5. Conducted training workshop using questionnaire, storytelling, lectures, questions and answers.
6. Carried out systematic observation after the training to note the extent to which youths are likely to adopt the desired behavior change .

# Ethical Consideration

- Consent was got from church and youth leaders
- University ethical committee approved the project

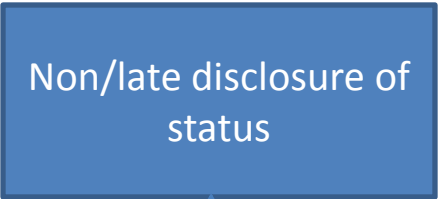


# Problem Tree

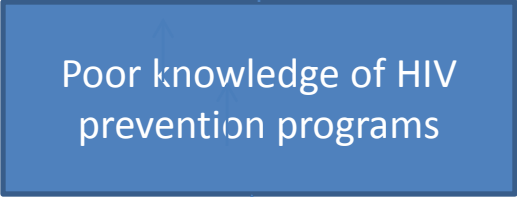
Higher effect



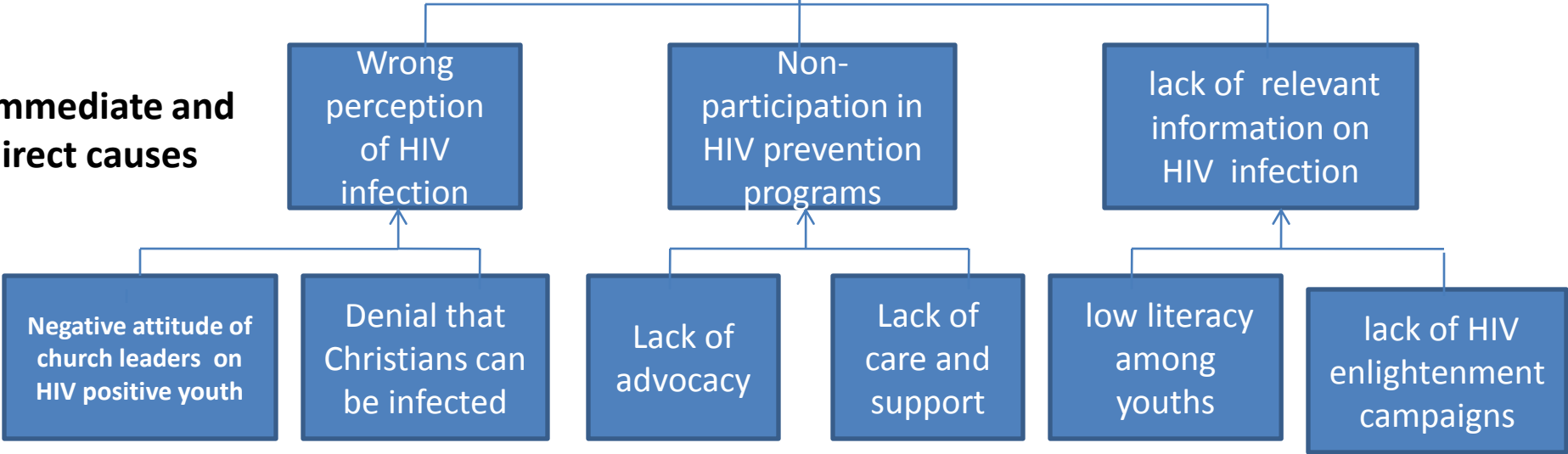
Direct effect



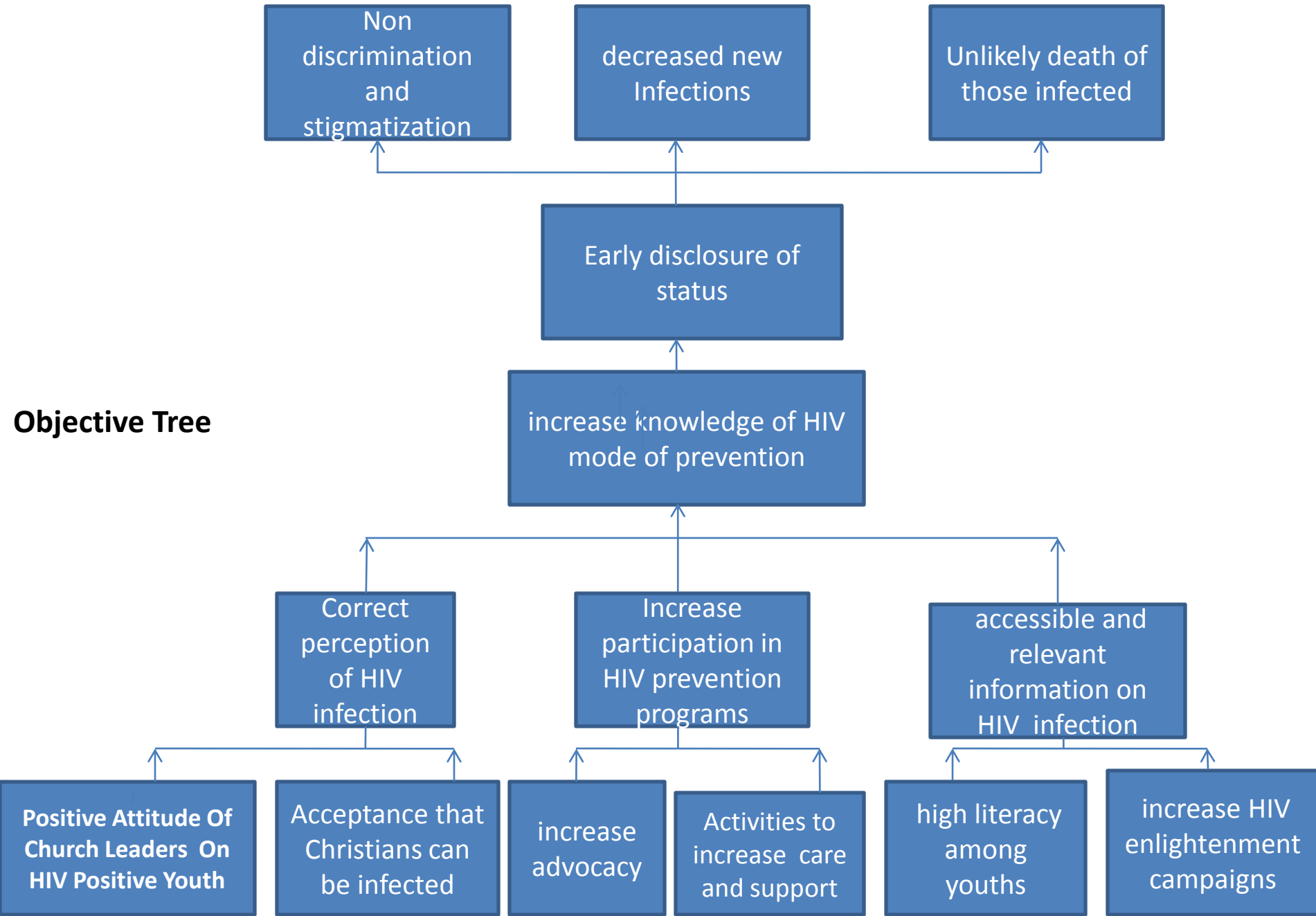
Focal problem



Immediate and direct causes



**Objective Tree**



# Logical framework LFM

	Intervention logic	Objectively verifiable indicator	Means of verification	Assumption
Overall objective	1.2.1.To increase the proportion of youths with correct knowledge of HIV mode of transmission by four months.	1.2.1. ability to correctly mention at least two modes of HIV transmission 1.2.2.proportion of youths with no risk behavior	1.3.1.Proportion of youths aware of correct modes of HIV transmission 1.3.2.Number of youths successfully trained 1.3.2.Pictures taken. 1.3.3.Attendance sheet	1.4 If the youths are encouraged to attend the HIV prevention training
Project purpose	2.1.reduce the risk of HIV transmission among youths	2.2.1 proportion of youths with the correct HIV knowledge	2.3.1 proportion of youths that completed the training	2.4.1.Risk: church elders could threaten to excommunicate youths who wish to attend the training seminar

Result (output)	<p>3.1.1.70% of the youths trained correctly mention two modes of HIV transmission</p> <p>3.1.2. 40% of youths after training begin to test for HIV</p>	<p>3.2. 1. number of youths who are able to mention at least two mode of HIV transmission</p> <p>3.2. 2 number of youths who successfully completed the training</p> <p>3.2.3 number of youths attending HTC</p>		3.4.1.Assuming those trained adopt the preventive measures
Activities (process)	<p>4.1.1. produce IEC materials for training ,</p> <p>4.1.2. carry out advocacy visits to church leaders , and mobilization of youths to attend the training</p> <p>4.1.3. conduct training workshop, using story telling, lectures, questions and answers, questionnaire, IEC materials</p> <p>4.1.4. Conduct pre- and post-test</p> <p>4.1.4.5 after the training, systematic observation using check-list will be carried out to note the extent to which youths are likely to adopt the desired behavior change</p>	<p>4.2;1. number of advocacy visits successfully conducted,</p> <p>4.2.2. Production of good quality IEC</p>		

If the stakeholders approve the training

# Resource Planning

Means	Budget \$= N160
Human resources( consultants and facilitators to prepare IEC materials,)	Consultant for IEC production N64,000 = \$400, 2 Facilitators during the training N120,000 = \$ 750 , Consultant for computer processing of data N70,000=\$437.5
Material resources( training materials – paper, pen, bag, pencil, eraser)	Paper for 100 participants at N50 = \$.31 x 100 = 50000= \$30
Venue for training	hired accommodation at N 20,000 per day for 5 days =\$375
Feeding for participants	Snacks for 100 participants at N100 each for 3 days=\$187.5, lunch at N300 for 3days for 100 participants \$562.5.
Paper for report writing	three reams of paper at N500 each =\$9.375 Total =\$3929.375 orN 628,700.

# Monitoring Plan

Parameters	Measures To Monitor
Information needed	<ol style="list-style-type: none"> <li>1. proportion Of youths with correct knowledge of modes of HIV transmission</li> <li>2. percentage of youths without risky behaviors</li> <li>3. Frequency of sensitization seminars organized for youths</li> <li>4. Types of IEC materials used for illustration during trainings</li> <li>5. Proportion of participants who consistently attended the training</li> </ol>
Intended use	<ol style="list-style-type: none"> <li>1. create awareness on the correct modes of HIV infection</li> <li>2. increase acceptance of people living positively with HIV among religious groups</li> <li>3. increase awareness for HTC among Christian youths</li> <li>4. Sensitization of stakeholders on the need for care and support for youths</li> </ol>
Main users	target groups , church stakeholders , and beneficiaries (youths) in the church
Who collects the data	research team (facilitators)
Sources of data	Questionnaire, Semi-structured Interviews and Systematic Observation using check-list to note the extent to which the intervention has effect.
How the information will be collected from sources	combination of data collection methods were used, tape recording of formal and informal conversation with stakeholders and participants, documentation of reviewed records ,storytelling, lectures, question and answers.

Parameters	Measures To Monitor
When	June-August
Cost of data collection	Total =\$39,294 or 62,870
How the researchers made sure that the monitoring data and lessons learned were fed into future planning .	The researchers organized three project monitoring meetings with the stakeholders of the Church. The meetings enabled the researchers to reflect on certain identified problems that affected the youth. Lessons learned were also discussed during the meeting. Thereafter, the reports were compiled. The project support team and stakeholders got the report. The project report was then reviewed during Church Board meeting.

# Evaluation: Terms of Reference

- An external evaluator was used for the desk review of relevant documents.
- The evaluator conducted interviews with church stakeholders and effectively held meetings with them. He had solid expertise and impeccable experience in monitoring and evaluation on HIV and AIDS for more than 5 years.
- He had proven knowledge of impact assessments, and at the same time was proficient in English both written and oral. He also had strong report writing skills.



# **Terms the Evaluator was paid**

Three payments were made:

- 20% upon signing of contract
- 30% upon presentation of findings
- 50% upon submission of final report

# Time frame for the Evaluator's Work

S/N	Activity	Duration
1	Communication and designing Evaluation process	3 Days
2	Data Collection	10 Days
3	Data Analysis, Presentation and Report Writing	6 Days

# Work plan

Objective	Activity	Indicator	Period					Responsible	Budget (N)
			May	June	July	Aug	Sept		
To increase the proportion of youths with correct knowledge of HIV mode of transmission	1.Advocacy visits to Stakeholders in the church	Proportion of youths who are allowed to attend the seminar.						Project Manager	60,000
		Number of youths with correct information on HIV mode of transmission	X						
		Adequate materials available for the seminar							
	2.Procurement of seminar materials (pen, paper, bags, etc)	Good quality training materials available	X					Project Manager	70,000
	3.Produce IEC materials for training		X	X				Consultant	
	4. Construction , production and pre-testing of questionnaire		X						60,000

To increase the number of youths willing to undergo HIV testing	Conduct training workshop and counseling	Number of participant successfully trained and counseled		X				Project Manager	100,000
	Evalute the outcome of Training/Workshop	Number of youths undergoing regular testing		X	X	X			
Report writing						X	X	Project Manager	

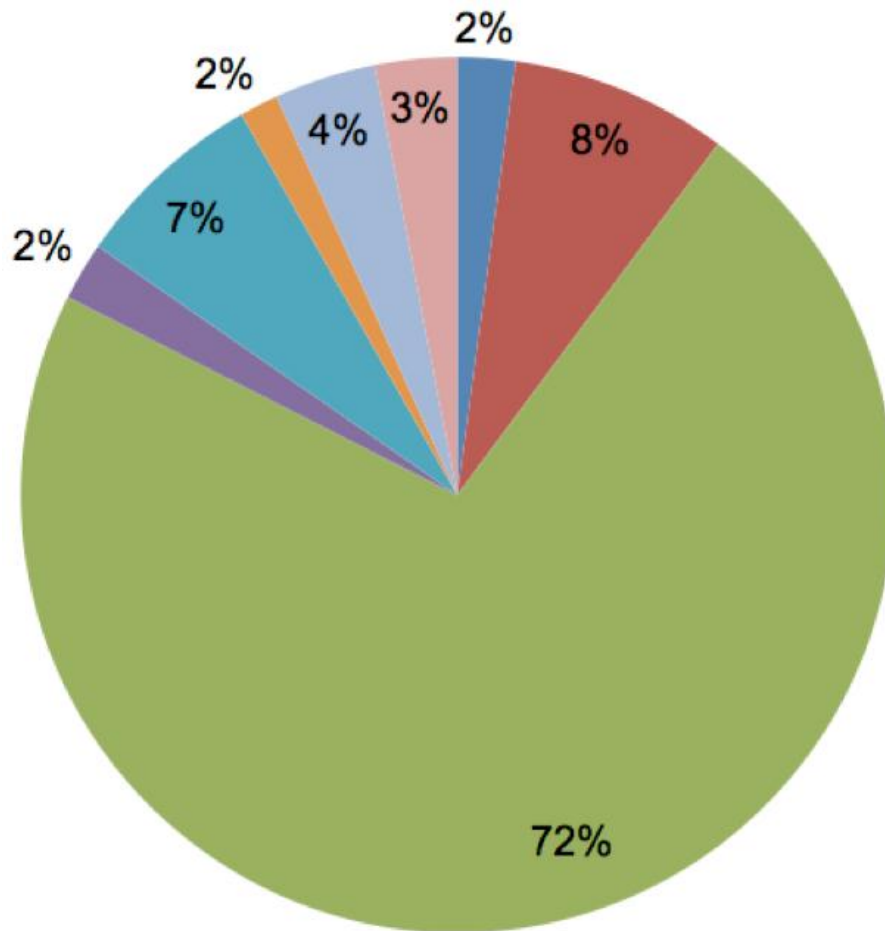
# RESULTS

- The result of the pre-test showed that 21.45% of the respondents were aware of HIV mode of transmission and only 13.9% had knowledge of the risk factors of HIV. Result of post-test showed that 64.4% of the respondents had improved knowledge of HIV mode of transmission (taking into consideration confounding factors).

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- The respondents' socio-demographic variables were varied.
- The greater number of the respondents 372(69.1%) were between the ages 20-30 years.
- They were essentially students 245(45.6%) in both secondary and tertiary education.

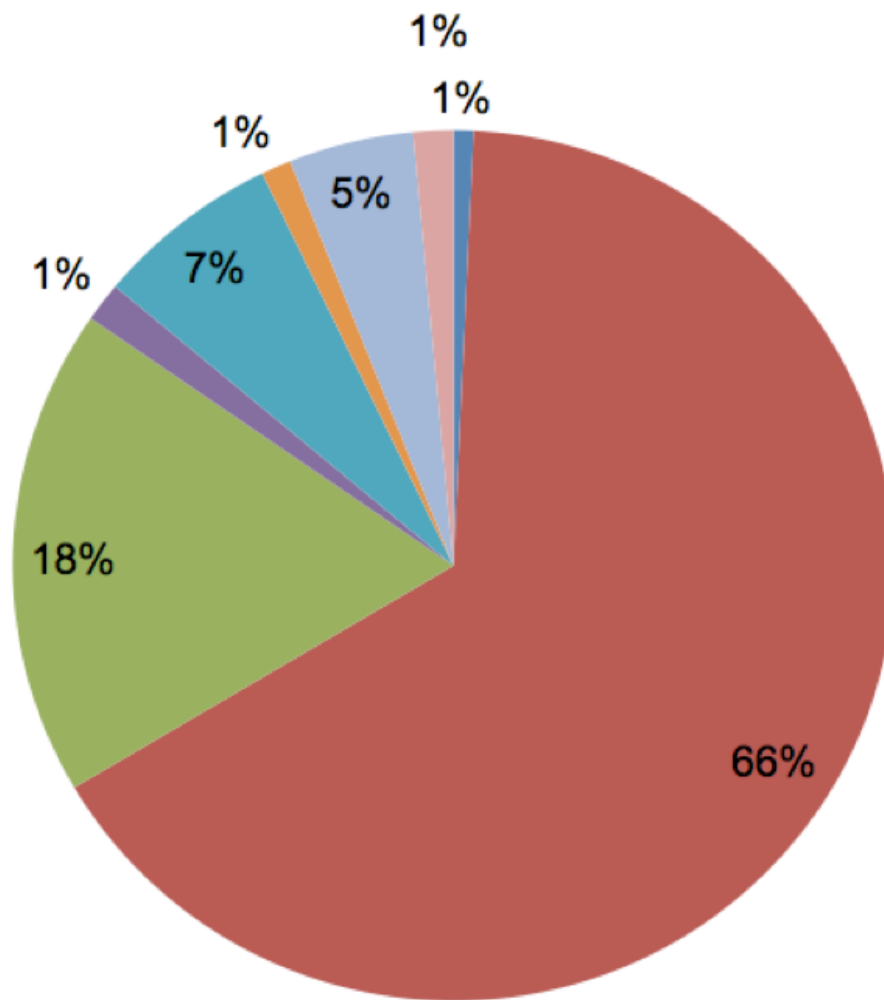
## **Table 2: Respondents Knowledge on Causes of HIV Before Training**



- Virus infection from animals
- Virus infection from human beings
- Punishment from God for ominous sins
- Witchcraft sent by enemies
- Infection got through immunization
- Family curse
- PLWHA are people with gonorrhea infection
- Do not know

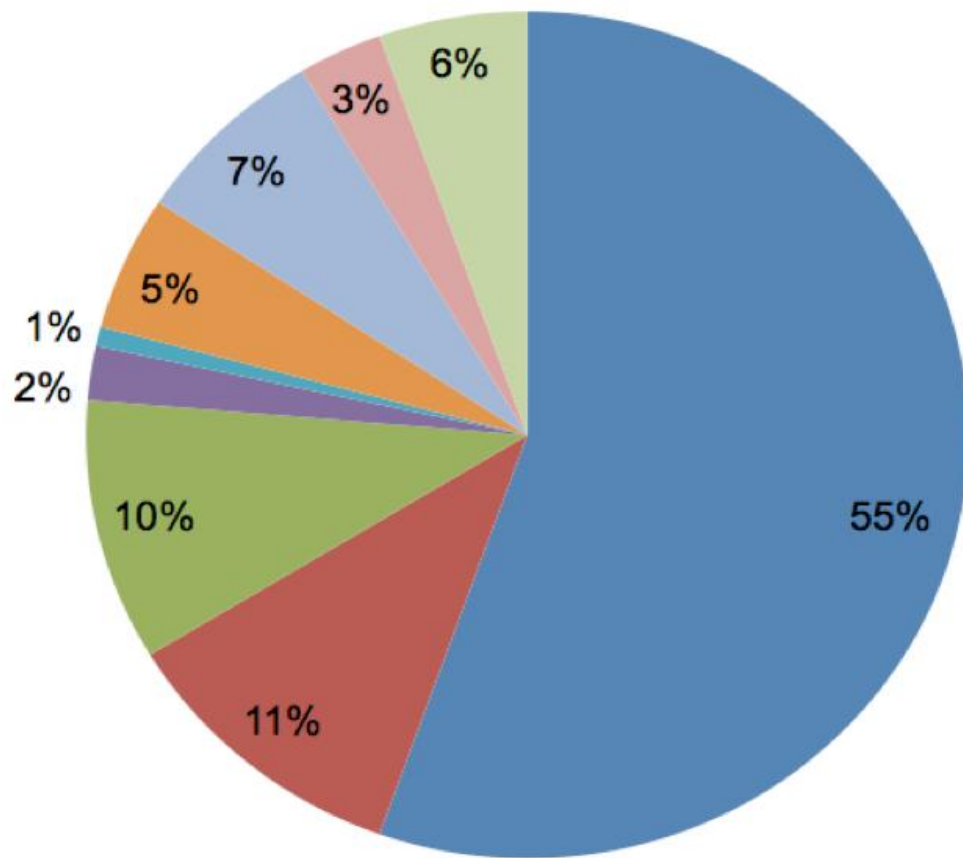


## **Table 3: Respondents Knowledge on Causes of HIV After Training**



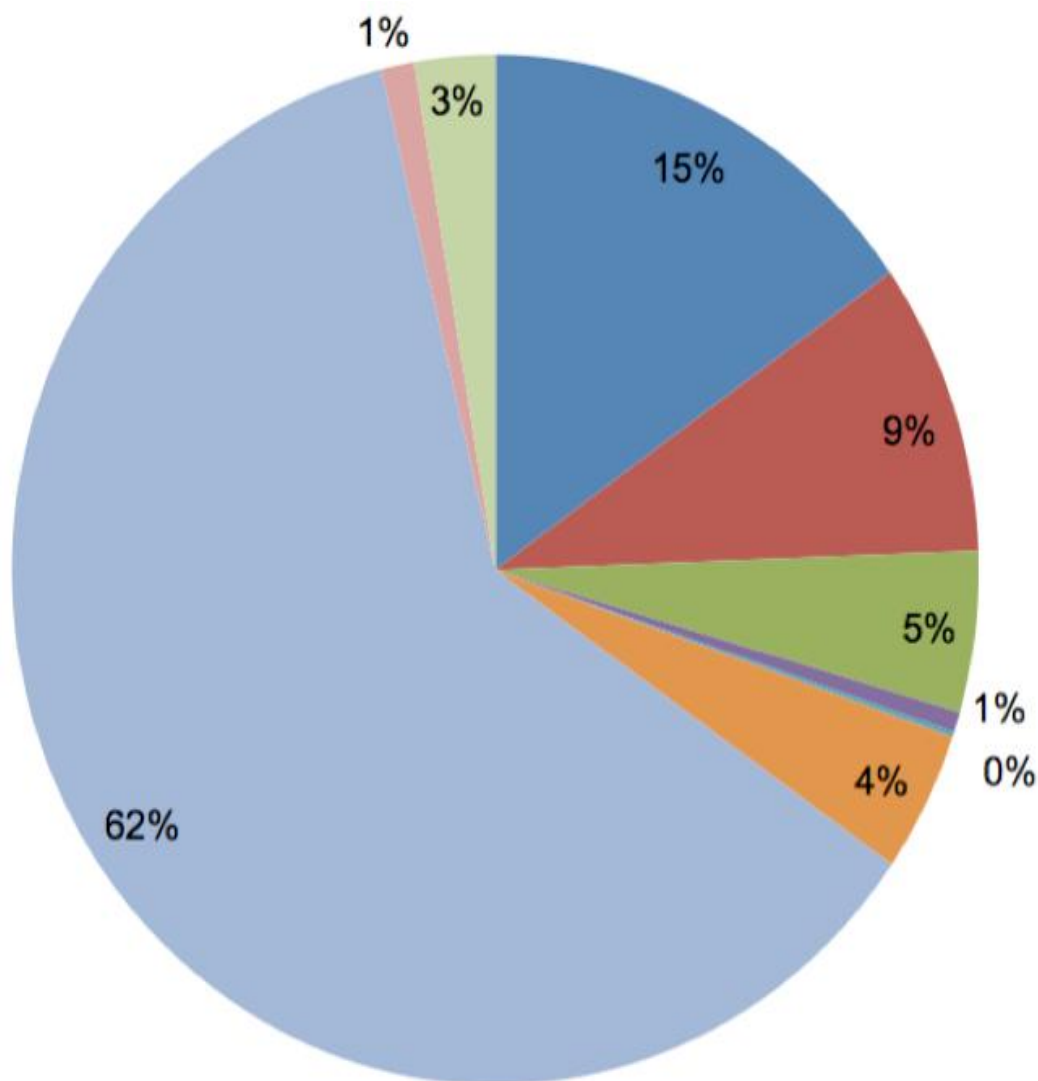
- Virus infection from animals
- Virus infection from human beings
- Punishment from God for ominous sins
- Witchcraft sent by enemies
- Infection got through immunization
- Family curse
- PLWHA are people with gonorrhea infection
- No response

## **Table 4: Perception of Respondents about PLWHA Before Training**



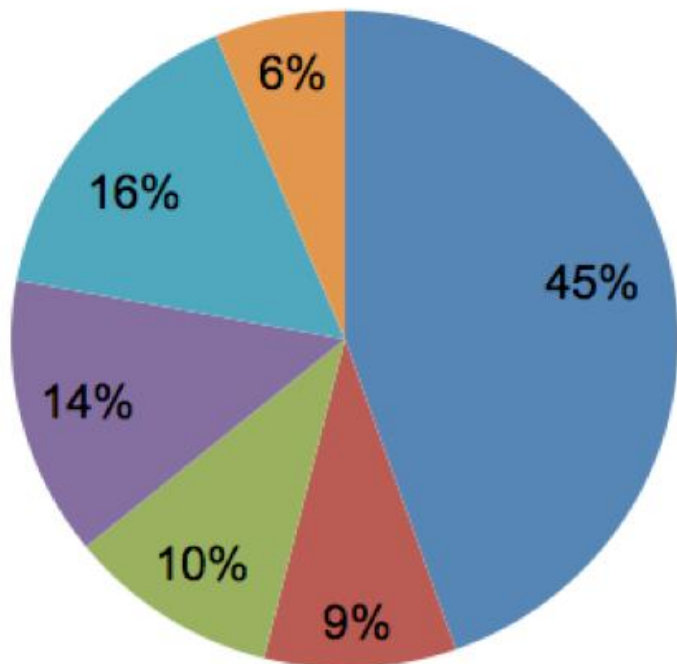
- PLWHA are disobedient to God's words and should be avoided
- PLWHA have family curse and need serious prayers
- PLWHA are people who are to die from HIV
- PLWHA are individuals who had sex with animals
- PLWHA are witchcrafts who poisoned others
- PLWHA are single parents
- PLWHA are people with HIV virus infection and should be cared for
- PLWHA are people who spread gonorrhea infection and needs no sympathy

## **Table 5: Perception of Respondents about PLWHA After Training**



- PLWHA are disobedient to God's words and should be avoided
- PLWHA have family curse and need serious prayers
- PLWHA are people who are to die from HIV
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- PLWHA are witchcrafts who poisoned others
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- PLWHA are people who spread gonorrhea infection and needs no sympathy
- No response

# **Table 6: Respondents and Preparedness to Disclose their Sero- Status to Others Before Training**

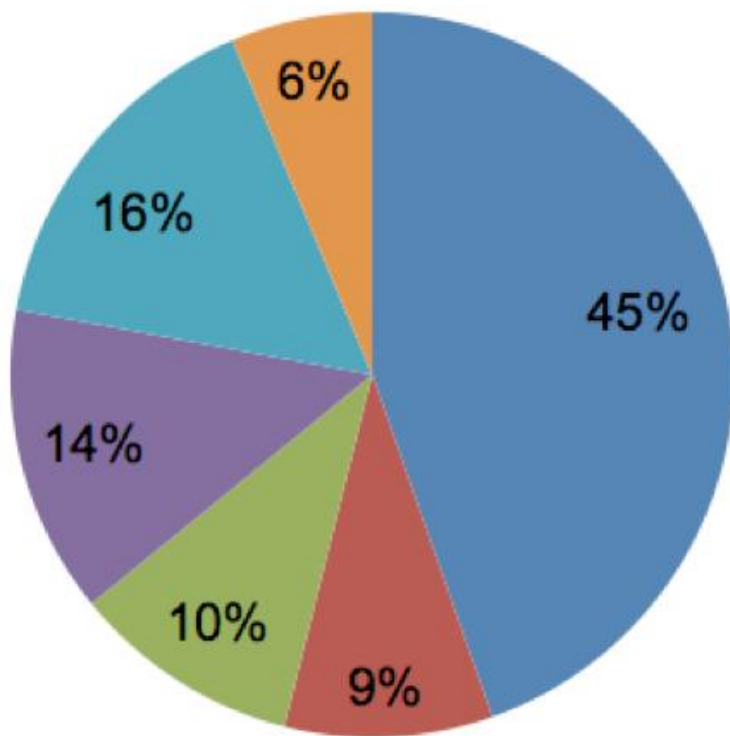


- Not prepared to disclose status to anybody if positive
- Would disclose to the Pastor only
- Would disclose to male family members only
- Would commit suicide if positive
- Would tell female family members alone
- Do not know



## Table 7: Respondents and Preparedness to Disclose their Sero-Status to Others After Training

Preparedness to disclose HIV status	Response category N=538
Not prepared to disclose status to anybody if positive	34(6.3%)
Would disclose to the Pastor only	110(20.4%)
Would disclose to male family members only	185(34.4%)
Would commit suicide if positive	55(10.2%)
Would tell female family members alone	140(26%)
No response	14(2.6%)



- Not prepared to disclose status to anybody if positive
- Would disclose to the Pastor only
- Would disclose to male family members only
- Would commit suicide if positive
- Would tell female family members alone
- Do not know

# DISCUSSION/FINDINGS

- There was poor knowledge of sexually transmitted infections including HIV and AIDS before training and after training a remarkable increase in knowledge was noted.
- Popular opinion was that people living with HIV and AIDS (PLWHA) should be avoided. They are individuals God has punished because of their sins.
- After training, a good number of the youths were willing to disclose their sero-status unlike what it was before training.

# LESSONS LEARNT

- achieving sustainability in HIV prevention requires a multipronged approach which involves working with church leaders and engaging them actively in prevention programmes.
- Gracefulness in which PLWHA were seen made more church members to give care and support.
- Involvement of church board members in HIV prevention encouraged some youths to undergo HIV testing as they tended to confine in the members.
- Rigorous systematic observation of the project allowed for effective learning and provided a basis for course correction as well as a design for addressing critical issues that emerged during study.

# CONSTRAINTS

- Unwillingness of some youths to view pictures of STIs used during the study.
- Denial that HIV infection is not for Christians helped to decreased knowledge of HIV mode of infection among the youth.
- Some stakeholders viewed the seminar on HIV prevention as unnecessary for Christians and tended to disassociate themselves from it.

# RECOMMENDATION

- Based on the poor knowledge of HIV mode of infection among youths in this church, there is need to extend HIV seminar to youths in other churches.























**THANK YOU**