

2008 National Youth Shadow Report

Progress Made on the 2001 UNGASS
Declaration of Commitment on HIV/AIDS



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Preface¹

In just two years, the world will evaluate ten years of work toward “Universal Access by 2010” to HIV and AIDS prevention, care and treatment. While progress has been made in several areas of the AIDS response, the targets laid out so ambitiously for youth in the 2001 Declaration of Commitment on HIV/AIDS (DoC) will be unmet by drastic margins; indeed, 7 years later, few governments even bother to collect data specifically on youth.

Globally, 1.7 billion young people aged 10-24 make up one quarter of the world’s population. Approximately 40% of all new HIV infections occur among young people between 15-24 years of age,² and there are 5.4 million young people living with HIV.³ Young people are the face of HIV. We are at higher risk of HIV infection because we lack access to the crucial information, education, and services to protect ourselves. However, our needs are often ignored when data is collected and strategies on HIV and AIDS are drafted, policies developed, and budgets allocated. Successful programs often lose funding as interests shift toward other, less controversial topics, or young leaders “age out” and others with similar potential are not empowered. This is especially tragic, because we, as young people, are statistically more likely than adults to adopt and maintain safe behaviors.⁴

Ignoring us in policies, programs, and resource allocation is a main contributing reason to the further spread of the HIV epidemic. Our particular vulnerability to HIV infection draws attention to societal inequities that few want to speak of, let alone address, such as sexual violence, injecting drug use, same-sex relationships, and sex work. Evidence clearly displays that the longer governments, stakeholders and health care providers continue to ignore the unpleasant realities faced by many young people, the more our peers and siblings will be infected with HIV.

In June 2001, heads of State and government representatives convened for the United Nations General Assembly Special Session on HIV/AIDS (UNGASS). At the first UNGASS on HIV/AIDS, 189 countries signed the Declaration of Commitments (DoC) as a pledge to halt and begin to reverse the spread of the AIDS epidemic through international, regional and country-level partnerships and with the support of civil society. Progress is measured through intermittent reviews.

Despite DoC commitments to work in full partnership with youth, governments still treat us as beneficiaries of programmes and services rather than crucial stakeholders and key actors in achieving the DoC targets and goals.⁵ The impact of this exclusionary attitude will manifest shortly in a lack of leadership and an even greater shortage of health care workers. As we come of age to adulthood, we must be trained and empowered today as a cadre of young leaders.

The DoC states that by 2005, at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 will have access to the information, education, skills and services to protect themselves from HIV infection. **However, as of 2007, only 40% of**

Notably, the DoC recognizes young people’s higher risk to HIV infection and established time-bound targets for action:

- (Paragraph 37) By 2003, ensure the development and implementation of multi-sectoral national strategies and financing plans for combating HIV/AIDS that (...) involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people (...)
- (Paragraph 47) By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal: to reduce, by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent.
 - To reduce, by 2010, HIV prevalence among young men and women aged 15-24 globally.
 - To intensify efforts to achieve these targets as well as to challenge gender stereotypes, attitudes, and inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys.
- (Paragraph 53) By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV/AIDS education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers.
 - Expanding good-quality, youth-friendly information and sexual health education and counseling services;
 - Strengthening reproductive and sexual health programs; and
 - Involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programs.

¹ Adapted from GYCA and Global Youth Partners, “Our Voice, Our Future: Young People Report on Progress Made on the UNGASS Declaration of Commitment on HIV/AIDS.” UNFPA, 2005. <http://www.youthaidscoalition.org/resources.html>

² UNAIDS (2007) AIDS epidemic update: Core slides: Global Summary of the HIV and AIDS epidemic. UNAIDS, Geneva. http://www.unaids.org/en/KnowledgeCentre/HIVData/Epidemiology/epi_slides.asp

³ UNAIDS (2007) AIDS Epidemic Update

⁴ UNICEF/UNAIDS/WHO (2004) Young People and HIV/AIDS, Opportunity in Crisis. UNICEF, UNAIDS & WHO, 2004.

young men and 36% of young women had accurate HIV knowledge on transmission and prevention.⁶

The needs of young people are not homogenous or universal. Young people are mothers, students and sex workers. They are injection drug users and prison inmates. Young people have varying sexualities, lifestyles and definitions of the family. Young people living with HIV are studying, working, having sex and planning families. Young advocates are best positioned to design policies and programs that are most relevant and effective at addressing our varying needs.

Methodology

With only two years left to achieve the UNGASS goals and targets, young people are actively participating in the tracking and reporting of UNGASS commitments. In 2008, these young people have produced 10 UNGASS Youth Shadow Reports to present at the UNGASS, in its seven-year review. Young researchers from Egypt, Jamaica, Viet Nam, Nepal, India, Kenya, Zimbabwe, Senegal, Nigeria and the United States of America tracked and monitored progress on the UNGASS commitments to young people in their own countries and made recommendations for moving forward. Their research, findings and analysis will set the tone for needs and priorities that must be taken into account during the high level meetings. On 10-11 June 2008, 30 young leaders will advocate to decision-makers by sharing knowledge of their country's national response and identifying major gaps and barriers to success.

Since 2005 GYCA has facilitated the production of 34 UNGASS National Youth Shadow Reports.⁷ GYCA members from 17 countries volunteered to research and produce shadow reports, and assembled national teams of young people from various networks to take part. For several of researchers, this report was the first of such an undertaking. Seven reports address findings at the community level, and will be available shortly on GYCA's website. Researchers used a range of methods to conduct their research and collect relevant information. They gathered inputs from young people, including young people living with HIV (YPLHIV) in their countries through focus group discussions, in-depth interviews and workshops.

Young people were asked to make recommendations for strategies to ensure that their country would meet the UNGASS targets for young people. This qualitative information was supplemented by reviews of national policies, laws and documents, as well as academic literature. Young people also consulted representatives from national and local governments and national AIDS programs when available, as well as various stakeholders such as service providers, representatives from NGOs, international and bilateral organizations. The final reports were reviewed and edited by GYCA staff, preserving original content, tone, and perspectives as much as possible.

A guide was developed by young people with the technical assistance of adult allies to assist youth researchers in gathering information and reporting on their country's progress.⁸ A number of questions, based on the indicators suggested by the UNAIDS National AIDS Programs - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programs for young people,⁹ were suggested to guide their research. Data collection and analysis focused on four main areas:

- 1) Political Commitment
- 2) Financial Commitment
- 3) Access to Information Services
- 4) Youth Participation

Country's progress on collecting youth-specific, disaggregated data was also evaluated. This report details the findings of the young researchers, and their recommendations and vision for the way to move forward.

⁶ UNGASS (2008). Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: midway to Millenium Development Goal.

⁷ The first twelve reports were compiled into GYCA & GYP's "Our Voice, Our Future", UNFPA 2005. In 2006, six independent reports were produced, and in 2008, this report is one of 17- 10 national reports and 7 community level reports.

⁸ The research guide is available upon request, and is loosely based on UNDESA's 2004 "Making Commitments Matter: A toolkit for young people to evaluate national youth policy."

⁹ UNAIDS (2004) National AIDS Programs - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programs for young people.

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About the Global Youth Coalition on HIV/AIDS (GYCA)

GYCA is a youth-led global network of over 4,000 young leaders and adult allies fighting the spread of HIV and AIDS in over 150 countries worldwide. GYCA, supported by UNFPA and UNAIDS, was established in 2004 and is based in New York and Accra, Ghana. GYCA empowers young leaders with the knowledge, skills, opportunities and resources they need to be effective agents of change in their communities. For more information please visit <http://www.youthaidscoalition.org>, or write to info@youthaidscoalition.org.



Portrait of Nigeria in Numbers		
Total population	144.4 million	PRB (2007)
Population of young people (10-24)	45.4 million (34% of total population)	PRB (2007)
Population living with HIV, adults and children	2,900,000	UNAIDS (2006 and 2007 update) ¹⁰
Percentage of young people living with HIV*	4.33% (Antenatal Care (ANC) Sentinel Survey - Federal Ministry of Health 2005)	2008 UNGASS Country Progress Report
Percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who know major misconceptions about HIV transmission*	22.50% (National AIDS Reproductive Health Survey (NARHS) 2005)	2008 UNGASS Country Progress Report
Life Skills – based HIV Education in Schools Percentage of schools that provided life skills-based HIV education in the last academic year*	33.61% (Federal Ministry of Education 2006)	2008 UNGASS Country Progress Report
Percentage of young women and men who have had sex before the age of 15*	No data available	2008 UNGASS Country Progress Report
Percentage of young women and men aged 15-24 who have had sex with a non-marital, non-cohabitating sexual partner in the last 12 months*	No data available	2008 UNGASS Country Progress Report
Ratio of current school attendance among orphans, aged 10-14*	Orphans: 75% (CRS, 2006 Orphans and Vulnerable Children (OVC) Situational Analysis)	2008 UNGASS Country Progress Report

* 2001 UNGASS Core Indicators

¹⁰ UNAIDS (2006) Report on Global AIDS Epidemic.
<http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/Default.asp>

I. Introduction

In Nigeria, HIV prevalence is categorized as generalized with a 3.9% prevalence rate among adults (15-49.)¹¹ With a population of 144.4 million comprised of over 373 ethnic groups (50% Muslim, 40% Christian and 10% Indigenous beliefs),¹² the response to HIV has varied throughout the 36 federal states and capital territory.

Nigeria is one of the wealthiest countries on the African continent, primarily due to its burgeoning oil industry. However, it is also one of the most corrupt countries in Sub-Saharan Africa,¹³ ranking 147th out of 179 countries studied. Little of the oil wealth reaches Nigerian citizens, with 70.8% of the population living on less than USD \$1/day.¹⁴

Great advancements in policy making have instated numerous government policies that reinforce the goals and targets of the UNGASS Declaration of Commitment. However, barriers remain with the adoption and implementation of the comprehensive legislation that place youth front and center. Still the sexual lives of young people are restricted and criminalized by condom bans and a pervasive lack of access to sexual and reproductive health information, education and services.

34% of Nigeria's total population is between the ages of 10 and 24. By 2025, the number of Nigerian youth will exceed 60 million.¹⁵ Lack of sexual health information and services places these young people at risk for pregnancy, abortion, sexually transmitted, infections (STI), and HIV. According to UNAIDS (2006), 2,900,000 youth ages 10-24 are living with HIV in Nigeria.

Misinformation, stigma and fear abound through churches, mosques, schools and homes. Many adults resist even discussing a disease that they believe implies sexual promiscuity. One study showed that three quarters of Nigerian Christian leaders believe that AIDS is a divine punishment.¹⁶

Gender inequality puts young women at a much higher risk for HIV infection. In many countries in Sub-Saharan Africa, there are three girls infected with HIV for every boy¹⁷, for biological and socio-cultural reasons. Young women living in poverty in Nigeria often sell sex for financial or material benefits, and sexual violence is extremely high.

Over 75% of young people cannot identify major ways of HIV prevention and rejection major misconceptions around transmission, according to the latest AIDS surveys.¹⁸ Much work remains to be done for and by young people to challenge regressive politics and mentalities. Therefore, this report strives to summarize the achievements, gaps, and recommendations for action to push for universal access for all Nigerian young people.

About this Report

The team reviewed existing national policy documents on HIV and AIDS and youth, including the National Youth Policy, the HIV Sentinel Survey 2005, the National Strategic Framework (2005-2009), the National Policy on the Health and Development of Adolescent and Young

¹¹ UNAIDS (2006)

¹² Population Reference Bureau (PRB)(2007) World Population Data Sheet.
http://www.prb.org/Datafinder/Geography/Summary.aspx?region=28®ion_type=2

¹³ Transparency International, Global Corruption Barometer, 2008.

¹⁴ UNFPA, Country Profile Nigeria, 2005.

¹⁵ PRB (2007)

¹⁶ See reference at Advocates for Youth (2001) "The HIV/AIDS Pandemic among Youth in Sub-Saharan Africa."
<http://www.advocatesforyouth.org/PUBLICATIONS/factsheet/fshividsaf.htm>

¹⁷ UNAIDS 2006 Report on the Global Epidemic

¹⁸ See UNGASS Indicators in the Nigeria 2008 UNGASS Country Progress Report:
http://data.unaids.org/pub/Report/2008/nigeria_2008_country_progress_report_en.pdf

People, the 2003 National HIV and AIDS Policy, and the National HIV and AIDS Prevention Plan 2007 – 2009. Interviews were conducted with policy makers, government officials, civil society organizations and young people to seek information on the issues and policies on youth.

Key Findings

- ✚ Nigeria has an HIV and AIDS National Strategic Framework for Action (2005-2009), which has a comprehensive approach prioritizing young people, orphans and vulnerable children.
- ✚ The national response is multi-sectoral, involving many ministries and sectors, and led by a Presidential AIDS Council (PAC), chaired by The President and Commander-In-Chief of the Armed Forces of Nigeria.
- ✚ Youth participation in policy formulation, implementation and evaluation is still low, though it exists to some degree within civil society networks.
- ✚ Access to reproductive health information and services for young people in the rural communities is still low and where it exists, culture and religious beliefs still pose significant barriers to access.¹⁹
- ✚ Regressive bans on condoms and other forms of contraceptives in 2008 are jeopardizing the health of thousands of young people and setting a fundamentalist precedent that threatens access for all Nigerians.
- ✚ Severe discrimination against lesbian, gay, bisexual and transgender (LGBT) Nigerians has been enshrined into law in several states, and a bill criminalizing their sexuality has mobilized widespread support.
- ✚ Disaggregated data by gender, age and subpopulation has not been adequately collected for young people.

II. Political Commitment

The Nigerian government has shown strong political will through its response to HIV and AIDS. This commitment has been demonstrated through President Umaru Musa Yar'Adua's Presidential AIDS Council. Moreover, in 2007, Parliament determined that the National Agency for the Control of AIDS (NACA) should shift from its status of a committee to an autonomous governmental agency.²⁰

Nigeria has a National Strategic Framework, a National HIV and AIDS Policy, a National Policy on the Health and Development of Young People, a National Reproductive Health Policy, a National Youth Policy, and a National Policy on Population for Sustainable Development, as well as a National Family Life Education and HIV and AIDS curriculum. The vulnerability of young people and the need to address issues affecting them are included in these policies. With these great political achievements in place, Nigeria must now focus considerable effort on *implementing* these policies through sustained local level action, full funding of youth-focused interventions, and efforts to reduce corruption in the development community.

In terms of Civil Society participation, the 2008 Nigeria UNGASS Country Progress Report lists the Nigerian Youth Network on HIV/AIDS as part of an active coordinating constituency working alongside the government. However, within the progress report, little information is given regarding the network's involvement or activities.

Nigeria's data on HIV and AIDS is usually collected through regular sentinel surveys and other demographic surveys. On the UNGASS 2008 Country Progress Report, data were collected on only four of the six youth-specific indicators.²¹ The report failed to include critical data on condom use and sexual activity of young people. This omission of data only hampers

¹⁹ H. Roberts (2003) "Reproductive Health Services." The Lancet. Volume 361, Issue 9373

²⁰ NACA, National Prevention Plan(2007-2009)

²¹ UNGASS 2008 Country Progress Report

attempts to measure progress and assess gaps in programming. Unfortunately, when data is not collected on young people, the quality of future programs and interventions suffer.

Ironically, it was Nigeria's "Minister of Justice" Bayo Ojo that introduced a highly discriminatory, anti human-rights bill into parliament in January 2006 called the "Same Sex Marriage (Prohibition) Act." The bill's title does not do its contents justice. According to Human Rights Watch, "In its last published version, it would impose a five-year prison sentence on anyone who 'goes through the ceremony of marriage with a person of the same sex.' Anyone, including a priest or cleric, who 'performs, witnesses, aids or abets the ceremony of same sex marriage,' would face the same sentence. **It goes beyond that, however, to punish any positive representation of or advocacy for the rights of lesbian and gay people.** Anyone 'involved in the registration of gay clubs, societies and organizations, sustenance, procession or meetings, publicity and public show of same sex amorous relationship directly or indirectly in public and in private,' would be subject to the same sentence."²²

The bill was approved on January 18, 2007, and received condemnation from national and international human rights organizations. Its restrictions on freedom of speech and organization put Nigeria at odds with several international agreements Nigeria has signed. Luckily the bill has not yet passed at the national level, but several states have implemented it with even stricter prison sentences and public lashings. Faced by criminalization and persecution, the bill ensures that LGBT Nigerian youth will continue to face violence, stigma, discrimination, and persecution.

Gaps

Nigeria designed a National Family Life Education and HIV and AIDS curriculum in 2003.²³ The curriculum has been structured in such a way that it provides a framework for the acquisition of knowledge of self and family living from childhood to adulthood. It also reflects a comprehensive approach to HIV prevention education from primary to tertiary levels²⁴ While the government and international NGOs have implemented training programs to assist teachers and administrations in provide sex education, many districts have resisted for cultural and religious regions. The curriculum has barely been implemented in rural areas and in virtually no primary schools.

Recommendations for Action

- ✚ There is an urgent need for the review of the National Policy on Education to integrate the Family Life and HIV and AIDS Education curriculum in secondary schools, particularly rural ones. The Family Life curriculum should be taught at the tertiary level as one of the compulsory courses for first year students. The National Universities Commission must take the lead to integrate the curriculum.
- ✚ The Bill on Stigma and Discrimination against PLHIV currently in the National Assembly should be granted hearing and subsequently passed.
- ✚ The Government of Nigeria must immediately denounce the "Same Sex Marriage Prohibition Act" and put pressure on state governments to repeal any similar legislation. LGBT Nigerians incarcerated or persecuted due to the bill must be granted public redress and hearing.

III. Financial Commitment

Nigeria's AIDS funding is drawn from both internal and external sources. The actual expenditure on HIV and AIDS in Nigeria cannot be easily ascertained. However, application of the National AIDS Spending Assessment (NASA) tool for 2006-2007 shows that a total of N

²² Human Rights Watch, 2007. "Nigeria: Anti-Gay Bill Threatens Democratic Reforms: Homophobic Legislation Restricts Free Speech, Association, Assembly" <http://www.hrw.org/english/docs/2007/02/28/nigeri15431.htm>

²³ See Curriculum here - <http://www.actionhealthinc.org/publications/downloads/jnrcurriculum.pdf>

²⁴ 'Why Family Life Education is Everyone's Business' <http://allafrica.com/stories/200803050377.html?page=2>

4,861,737,421 (USD \$ 41,274,619) was spent on HIV and AIDS. A large portion of these funds come from external sources such as PEPFAR, DFID, CIDA, World Bank and UN System. However, it was impossible to ascertain how much of this funding reaches young people using the National AIDS Spending Assessment (NASA) tool.²⁵

In addition, the National Economic Council mandated that state governments to ensure no less than 1% of their annual budgetary provision to the Ministries of Health, Agriculture, Youth, Women and Affairs to support HIV and AIDS programming in their respective states by June 2008.²⁶ While this budgetary requirement signifies the government is attempting to respond to HIV through multiple and diverse sectors. However, this small budgetary allocation is difficult to track and even more difficult to evaluate in terms of resulting programming.

Nigeria had committed, in a high level African Union Summit in Abuja, 2001, that it and other African nations would commit 15% of the country's GDP to health care expenditures. Nigeria has yet to even come close to fulfilling this commitment.

Major Gaps

From the total expenditure, the actual amount that was spent on youth programmes cannot be ascertained, thereby making the government's financial commitment to young people's HIV and AIDS needs unquantifiable.

There has been increase in access to antiretroviral treatment (ART) across the country with the expansion to 215 ART sites as of September 2007.²⁷ However, the issue of funding and long-term commitment from the government is of great concern regarding the sustainability of access.

Recommendations for Action

- ✚ There is an urgent need for a specific and quantifiable percentage of AIDS funds to be allocated to youth programming due to the high prevalence of HIV amongst young people, especially girls. The spending of these funds must be tracked and reported.
- ✚ Nigeria must take immediate steps to dramatically increase the amount of its GDP spent on health care to full the 15% commitment to the Abuja Declaration.

IV. Access to Information and Services

The Federal Ministry of health is responsible for the health care of all Nigerians, including young people. The health system in Nigeria is already in a problematic state meaning that Nigerians struggle to have their basic health needs met. In response to this need, youth serving organizations began to establish youth clinics and family planning clinics to meet the needs of youth. Centres established by Planned Parenthood Federation of Nigeria and Action Health Inc., have been heavily utilized by young people.²⁸

There are free voluntary counseling and testing (VCT) facilities available both at government and private health centres, though private centres are not always free. Organizations such as Global HIV and AIDS in Nigeria (GHAIN) have scaled up these facilities and ARV sites in some states of the federation, establishing at least one centre in each senatorial district.²⁹

Condoms are available throughout Nigeria partly because the federal government, in partnership with family health organisations, which have programmes to distribute and sell them. However, the recent condom ban in Nigeria's southeast Anambra state serves as a harsh reminder of the fundamentalist barriers that hinder access for all. As of April 2008, it is

²⁵ UNGASS Country Progress Report 2007

²⁶ http://data.unaids.org/pub/Report/2008/nigeria_2008_country_progress_report_en.pdf

²⁷ UNGASS Country Progress Report 2007

²⁸ Planned Parenthood Federation of Nigeria and Action <http://www.pfn.org/>

²⁹ See the GHAIN program here: http://www.nigeria-usaidit.org/programs/project_ghain.php

now illegal in Anambra to encourage the use of condoms. The state government has also banned the advocacy and distribution of other forms of contraceptives including IUDs (intrauterine device) and any other birth control. Flying in the face of logic and science, Amobi Ilika, the state commissioner for health recently remarked, "Instead of teaching children how to use condoms and enjoy sex, they should be taught total abstinence... use of condoms has greatly encouraged immorality."³⁰ Such baseless— and fatally harmful— attitudes of policy makers contradict the reality of Nigerian young people. For instance, the average age of first sexual intercourse for young Nigerian women is 16 years old.³¹

Because Nigeria is such a large and diverse country, media campaigns to raise awareness of HIV have the farthest reach. Radio campaigns like the one created by the Society for Family Health are thought to have been successful in increasing knowledge and changing behaviour. "Future Dreams", was a radio serial broadcast in 2001 in nine languages on 42 radio channels. It focused on encouraging consistent condom use, increasing knowledge and increasing skills for condom negotiation in single men and women aged between 18 and 34.³² In 2005, another campaign took advantage of the recent increase in owners of mobile phones and sent text messages with information about HIV/AIDS to 9 million people.³³ New media and technologies are proving as effective means to reach young people predominately in urban areas, as Nigeria has a high prevalence of internet access and mobile phone usage.

Gaps

- ❖ There is a clear lack of stigma-free, discrimination-free health services for young people, especially those in rural areas.
- ❖ Most sensitization programmes delivered through the media are not readily available in rural areas.
- ❖ There are no programmes for YPLHIV who become pregnant and drop out of school.
- ❖ Cultural and religious beliefs still serve as barriers to accessing information and uptake of services like the use of contraceptives, especially in the rural communities.
- ❖ Vulnerable groups of young people, specifically commercial sex workers, do not have access to HIV prevention information and services, particularly from government programmes that exclude them due to the illegality of sex work in the country.

Recommendations for Action

- ❖ Health workers need to be trained to attend to youth in a non-judgmental way.
- ❖ There is urgent need for the allocation of a unit in the hospitals for young people. Just as the maternity unit is allocated for women, and pediatrics unit for children, young people should be accorded such importance in order to help them feel more comfortable in presenting their health needs.
- ❖ There should also be proper education, improved access and availability of female condoms.
- ❖ There should be a program that provides re-entry into school for young PLHIV who have dropped out, in order to give them an opportunity to catch up with their peers.
- ❖ Skill acquisition programmes such as the National Directorate of Employment (NDE) trainings and the Youth in Agriculture programmes should incorporate information on HIV and AIDS.

V. Youth Participation

We ask to be regarded as assets, not as liabilities; our diverse voices need to be heard and our talent cultivated so we can be instruments for change. Including young people in the development process of our communities allows us to exercise a fundamental human right and is essential to the development of successful policies and interventions. We, therefore,

³⁰ IRIN (7 April 2008) "Condom Ban in Anambra." <http://naijablog.blogspot.com/2008/04/condom-ban-in-anambra.html>

³¹ UNFPA County Profile Nigeria, <http://www.unfpa.org/worldwide/indicator.do?filter=getIndicatorValues>

³² Population Services International (2003) 'Nigerian radio campaign generates safer behaviour'. (See AVERT <http://www.avert.org/aids-nigeria.htm>)

³³ BBC News (9th November 2005) 'Texts used for Nigeria HIV drive.' (See AVERT)

urge you to pay heed to our needs and listen to our voices and concerns to help ensure that current and future generations of young people can lead live free of HIV/AIDS. Lets us work together to overcome the challenges that lie ahead. – Esther Agbarakwe, Society for Anti AIDS among the Nigerian Students (SANS)

Nigeria's commitment to youth participation has been pronounced through national policies.³⁴ In practice, though, the reverse is the case since young people are mainly involved in the implementation of projects, but not the formulation of the projects. Even if young people are involved in designing a new project, for example as a youth board member, their contributions are not always incorporated and implemented. This also occurs in policy consultations, where a small number of young people from different states may be consulted on issues that would affect the lives of all the young persons in the country, but there are no guarantees that their voices will be included in the final policy, and even fewer guarantees that such policies will be implemented.³⁵

Case study: Training Peer Educators

UNICEF and partners collaborated with the National Youth Service Corps (NYSC) scheme, which enrolls 90,000 young graduates annually for one year of social development work. Between January 2002 and December 2006, 414,655 corps members benefited from a one-day training on reproductive health and HIV prevention funded by UNICEF and CIDA. Within the same period, 22,195 volunteer corps members have been trained as peer education trainers. They were deployed to 10,612 secondary schools nation-wide to train and mentored over 600,000 peer educators who in turn reached out to millions of adolescents and young people.

It is estimated that over 7 million young people may have been reached through this project. Through its size and focused approach, the programme is crucial in changing attitudes and to bring about a reduction in behavior that puts young people at risk. An evaluation carried in 2006 concluded that this is probably 'the most comprehensive youth focused intervention initiative in the country' and the project that has 'the widest coverage reaching every Local Government Area (774) in the country.'³⁶

- ✚ Youth involvement was given a face-lift with the establishment of the Nigerian Youth Network on HIV/AIDS (NYNETHA) to coordinate the youth response to HIV and AIDS. Presently the network has over three hundred member youth organizations. Still, the organization is still lacking in terms of technical competence, operational guidance, resource mobilization and capacity for an effective response. Nonetheless, it has given the youth a larger voice in the community.
- ✚ Young people were invited under the NYNETHA platform to partake in the UNAIDS UNGASS country report, but could not participate.

Recommendations for Action

- ✚ Policy consultations with young people should be carried out at all levels of government and civil society.
- ✚ Young people should be "worked with" and not "worked for". There is a need for youth mainstreaming in all projects and activities on HIV and AIDS, from programme design to implementation and evaluation.
- ✚ Government efforts to involve young people should go beyond the youth council and civil society settings to the grassroots level.
- ✚ The Government, at all levels, needs to commit a percentage of their budget on HIV and AIDS towards addressing the needs of youth in terms of information, skills and services.

³⁴ NACA (2005) The National Strategic Framework for Action(2005-2009)

FGN (2003) The National Policy on HIV AND AIDS

³⁵ Focus Group Discussion with young people

³⁶ UNICEF (2007) Information Sheet: HIV/AIDS Nigeria http://www.unicef.org/nigeria/HIV_AIDS_150607.pdf

VI. Conclusion

Nigeria, as an example, highlights the great discrepancies in access to services, information, and opportunities in varying parts of the country. In certain areas, the country's young people are mobilized, engaged leaders at the forefront of the HIV advocacy movement; they have informed policy and are active stakeholders in programme implementation. However, in many parts of this vast country, access to condoms is still being disputed by government officials, sexual and reproductive health services in safe and friendly settings are non-existent, and young commercial sex workers are criminalized and ostracized from society.

Today, Nigerian young people are demanding access. First and foremost, the Family Life Education Curriculum must be instated in all secondary schools and universities and, in turn, integrated into programs for out of schools youth. Those in rural areas are hardest to reach and public awareness campaigns must use other mediums to transmit culturally relevant messages. Finally, young people must engage with policy makers as stakeholders and assets, not vulnerable beneficiaries. Their presence, perspective and added value must move towards being standardized within all government processes.