

Topic : Variable implementation of Family Life and HIV Education across states in Nigeria: the Kano, Lagos and Niger examples

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Extended abstract

Background

Nigeria is one of the sub-Saharan African countries implementing school based Sexuality Education. The process of incorporating Sexuality Education into the curriculum at the Secondary school level proved quite challenging and necessitated a coalition of non-governmental organizations, foreign donors and partners in government ministries and agencies. Argument in favour of the adoption of the curriculum also benefited from HIV prevalence which rose to almost six percent at some point. Research showed that young people within the age bracket of 15 to 24 years were the worst hit and provided justification for youth intervention programmes. In the early 1990s, some forms of Sexuality Education were piloted in some states of the federation and in 1994, the International Conference on Population and Development (ICPD) to which Nigeria was a signatory, resolved to give attention to youth reproductive health. A national Adolescent Health Policy was thus formulated in 1995 to create an atmosphere for laws that enhance adolescent health needs and promote the dissemination of reproductive health knowledge to adolescents. In 1996, a local NGO led a team of Civil Society Groups and allies in the Federal Ministries of Education and Health to develop a National guideline for comprehensive sexuality education in Nigeria. In Oyo state, South-West Nigeria, another NGO (Association of Reproductive and Family Health) also commenced the implementation of Life Planning Education in 1998.

Initial attempts to proceed with the implementation of the Comprehensive Sexuality Education at the national level met with oppositions with arguments that the contents of the curriculum were at variance with religious and moral sexual expectations of the peoples of Nigeria. To overcome this challenge, advocates of Sexuality Education sought to educate key gatekeepers and had series of meetings with religious and community leaders to convince them of the need for Sexuality Education. A major consequence of these deliberations is the decision to adopt the name Family Life and HIV Education (in 2003) which was acceptable to the opponents of adoption of Sexuality Education. States were also empowered to design the curriculum contents to suit their local peculiarities. The Family Life and HIV Education was therefore adopted at the national level in 2003 and some states kicked off with its implementation the same year.

Recent studies show, however, that the implementation of FLHE across the states of Nigeria has been far from uniform. The variations in the implementation of FLHE are in the areas of take off with some states not failing to commence implementation almost a decade after its adoption at the federal level. Variations are also observable in the reach of implementation (in terms of target classes and numbers of schools implementing FLHE); and funding of FLHE by state governments among other indicators of variance implementation. This study aims at documenting factors responsible for variable implementation of FLHE across states in Nigeria, drawing insights from Lagos, Niger and Kano states.

Theoretical focus

The argument has been put forward that policymaking is significantly harder, and the provision of public goods weaker in multi-cultural contexts (Easterly and Levine, 1997; Lieberman and McClendon, 2013). Nigeria is a multi-cultural federal state with distinct parts having distinct cultures (Jegede, 2012; HarperCollins Publishers, 2009; Udebunu, 2011). This has implications for variable implementation of FLHE as Sexuality Education contents considered appropriate for adolescents are bound to vary across cultures. The study seeks, therefore, to show the extent to which cultural diversity accounts for variable implementation of FLHE across states in Nigeria. The concept of cultural convergence explains how it has come to be that cultures of the world are becoming increasingly similar as a result of diffusion of cultural elements from dominant groups to other groups which are being assimilated into the 'world culture' (Boli and Lechner, 2005). While this theory explains the adoption of Sexuality Education at the national level, it fails to show varying degrees of its acceptance. Explanations by Easterly and Levine (1997), and Lieberman and McClendon (2013) on the other hand help us understand that preferences for public policies vary across politically relevant ethnic groups. Thus, the process of adopting a policy of this nature undergoes multiple layers of filtering by institutions and individuals saddled with the responsibility of gate-keeping.

Worthy of note is the fact that the FLHE as a response to reproductive health challenges in Nigeria is a multi-sectoral approach that cuts across the ministries of Education and Health, as well as non-governmental organizations and international donor organizations. Theoretical anchorage exists in the works of Bessenecker and Walker (2004) on multi-sectoral programming for the advancement of health outcomes. While strengths abound for multi-sectoral programming, setbacks include sectoral centrality; variations in sectoral language and absence of synchrony; lack of information on and capacity to determine potential collaborators among other factors (Bessenecker & Walker, 2004; Armistead, 2004). It is argued that the extent to which collaborating institutions are able to synchronize their activities in line with the design of the multi-sectoral programme is the extent to which the programme will succeed. Against the backdrop of this explanation, this study explores the experience of multi-sectoral programming in selected states in order to show how varying experiences in this manner of collaboration accounts for variable implementation of the FLHE in Nigeria.

Data and research methods

This is a qualitative study that uses data from in-depth interviews and published documents on FLHE in Nigeria. Unstructured interviews were conducted with individuals who were

involved as policy makers both at the federal and state levels in the ministries of Education and Health at the time FLHE was adopted at the national level. This group includes serving and retired public servants. Major local champions, involved in advocating for the adoption of FLHE through their NGOs were also interviewed. These were drawn from Lagos, Oyo, Niger and Kano states. They were selected based on recommendations by those involved in the process of adopting and implementing FLHE across states in Nigeria. A third set of people – representatives of donor agencies such as MacArthur and Ford Foundations, in Nigeria were also interviewed. Finally, teachers involved in the implementation of FLHE in the area of classroom delivery were interviewed. Schools implementing FLHE were also visited during the study.

The interview notes were coded based on predetermined themes/nodes using QSR NVivo 10. Published documents on FLHE in Nigeria were also imported and coded for analysis. The analytical method employed is process tracing. Process tracing contributes determinedly to describing social phenomena and evaluating causal claims in qualitative research (Collier, 2011). This method helps us analyse the trajectories of change in a sequential manner while at the same time describing the phenomena involved in the process. This technique is employed in the analysis of the process of implementation of FLHE in the selected states of Nigeria, with emphasis on how different factors have contributed to the shaping of the implementation of the curriculum.

Findings

Like earlier studies, this research exercise shows that there are variations in the implementation of FLHE in Nigeria. In Kano state, North-west Nigeria, where Islam has been central to the social and political life of the people for more than two centuries, a delay was observed in the adoption and kick off of the implementation of FLHE. A strong NGO was involved in pushing for the adoption of FLHE into the curriculum for about a decade after its scaling up at the national level with very little success recorded. The opposition comes from Islam and it finds expression in the teachings of *Ulamas*. The *Ulamas* who make up a major part of the filtering system in Northern Nigeria perceive ideas connected to the global West as a threat to Islam. They also tend to perceive in new policies and programmes the Westernization and population control theory which is partly a reason for their objection to Sexuality Education. Those working for the implementation of FLHE have since redesigned the intervention to include informal school settings known as the *Islamiyya* schools which teach Quranic education. The FLHE curriculum was adapted for *Islamiyya* schools and translated to the local language. The Global Fund intervention in FLHE also contributed to the progress recorded in the implementation of school based FLHE in the state.

In Lagos state, a more cosmopolitan setting, the NGO partnering with the state government has succeeded in building a strong alliance with the state ministry of Education and donor agencies. There is evidence that the implementation of FLHE had commenced in the state before its adoption at the federal level. Yet opposition was witnessed at the onset, from parents of the Roman Catholic faith. This was overcome, however. At present, the state government has demonstrated a measure of commitment to the implementation of FLHE by budgeting and making funds available consistently for the implementation of FLHE.

Presently, the state ministry of Education, in collaboration with the partner is piloting the project of giving students access to the FLHE handbook with enhanced contents on gender equality and critical thinking. The reach of implementation in the state is wide and the method of delivery is rich and interactive with a wide variety of teaching techniques and effective feedback mechanism (- the anonymous box concept).

Niger state is marked by some cosmopolitanism, although not comparable with Lagos. The state is home to Nupe, Gbagi, Kambari, Hausa, and several other smaller ethnic groups. Local champions teamed up effectively with donor agencies for the take off of FLHE in the state shortly after its adoption at the national level. The multi-sectoral/agency programming did not play out perfectly among government departments and non-governmental organizations, however. The coverage of the intervention is quite low. The cultural atmosphere is conducive for the implementation of FLHE in the state, but a synthesized working template for diverse institutions is still evolving and this is partly responsible for the low coverage of the implementation of FLHE.

On the whole, the multi-ethnic/religious composition and federal structure of Nigeria is partly responsible for the observed variable implementation of FLHE across states in Nigeria. A major implication of the multi-ethnic composition is the multi-layer funnel-shaped filtering mechanism which this study has shown results in fewer contents reaching succeeding layers, and local innovations resulting in the inclusion of components outside the original design. The layers of filtering include the: federal/state levels with the relevant federal/state government policy making institutions constituting the filtering system; community level, with the traditional/community/religious leaders and civil society organizations constituting the filtering system; family level with the patriarchal structure and parenting style constituting the filtering system; and the individual level filtering depending on personal beliefs, education etc determining what is accepted/rejected.

In conclusion, our research leads us to posit that although FLHE is taught in all the states of Nigeria, it varies in contents, coverage and mode of delivery from state to state. In some states, it is far from what was originally designed in outlook. In addition, the implementation is still largely donor-driven and may not have been fully owned by the states, although there are variations in the extent to which this is true. Some states (Lagos, Cross River, Oyo etc) have demonstrated a measure of commitment to FLHE implementation. Also, NGOs are often in strong partnerships with donors and their (NGOs) involvement in FLHE implementation plays a major role in ensuring its continued implementation in many states in Nigeria. The major factors behind variance in implementation of FLHE are: sharp cultural differences, and the perceived hidden interest of the global West in population control and the diffusion of Western culture; and varying capacities to initiate and manage multi-sectoral programmes.

The study, therefore, provides lessons for countries with ethnic and cultural diversity like Nigeria on the need for flexibility in the design of similar programs.