LAGOS STATE MINISTRY OF EDUCATION

Action Health Incorporated

Foundation for a Healthy Adulthood

Lessons from School-Based Family Life and HIV Education Curriculum Implementation in Lagos State

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Foreword

The 49th National Council on Education approved the implementation of the Family Life and HIV (FLHE) curriculum with the primary goal to promote awareness, prevent and reduce the spread of new HIV infections; as well as mitigate the impacts of AIDS. It is expected that FLHE will empower learners to make informed decisions, which will lead to behavioural change and ultimately contribute to reducing the HIV prevalence rate by at least 25% by 2010. Furthermore, it is hoped that it will lead to increased students enrolment, retention and completion of education especially among children orphaned by and made vulnerable by AIDS, as a result of the death of their parents.
In 2003, the Lagos State Ministry of Education in collaboration with Action Health Incorporated (AHI) provided a framework for the implementation of the curriculum in public junior secondary school across Lagos State, Nigeria. The programme is a multi-year curriculum delivered through relevant subjects at all levels.

The classroom implementation of the curriculum was preceded by findings from a wide ranging need assessment conducted in 25 public junior secondary schools in Lagos State in late 2001 and the signing of a memorandum of understanding between the state Ministry of Education and AHI. Several other activities were carried out to ensure the effective implementation of the programme. These include advocacy and consultative meetings with relevant stakeholders, integration of the curriculum into carrier subjects, development and production of teaching aids, training of master trainers, in-service training of teachers, development and production of teachers' guide and students' handbook.

Lagos State has recorded a major accomplishment in successfully expanding the roll-out of the classroom delivery of FLHE from less than one third of public junior secondary schools in early 2004 to an appreciable situation by mid-2007 where all (over 300) public junior secondary schools now teach FLHE in the classroom. In addition, as part of the efforts in promoting SRH and HIV programming with the use of information Communication Technology (ICT), the electronic version of the Family Life and HIV Education (e-FLHE) was introduced in 2007 and is currently being implemented in 19 Lagos State public junior secondary schools across the state

It is indeed heartwarming to note that the level of awareness on the need to avoid premarital sex, use of unsterilized needles and other predisposing factors is much higher among secondary school students in 2010, than it was when the programme just started in 2003. The contributions of all agencies and MDAs that have assisted in the compilation of this report are highly appreciated. Our desire is to see how the "Monster" called HIV/AIDS could be totally eradicated from our society.

Foundation for a Healthy Adulthood: Lessons from School-Based Family Life and HIV Education Curriculum Implementation in Lagos State, is the report of the experience of Lagos State Ministry of Education and Action Health Incorporated in effectively instituting and implementing the Family Life and HIV Education curriculum across junior secondary schools in Lagos State between 2003 and 2009.

Princess Sarah Adebisi Sosan
Deputy Governor
Lagos State
June 2010

Acknowledgement

The national approval and implementation of the Family Life and HIV Education (FLHE) curriculum has been made possible by the active support of numerous institutions and individuals. We wish to thank the Federal Ministry of Education and Nigerian Educational Research and Development Council (NERDC), colleague in civil society organizations and stakeholders across the federation for their contributions to the FLHE curriculum's implementation in Nigeria.

Action Health Incorporated (AHI) is grateful to the Lagos State Ministry of Education for all the support provided for our work over the last two decades and most especially, since the signing of our memorandum of understanding in 2003, to provide technical assistance for the FLHE curriculum's implementation in the state. Lagos was the first state in the country to commence the FLHE curriculum implementation in all her junior secondary schools in 2003 and the state still remains a veritable learning template for implementation to states across Nigeria

Several state agencies and departments of the Lagos State Ministry of Education have contributed to the success of the Family Life and HIV Education (FLHE) curriculum's implementation in Lagos State. Particularly worthy of recognition are the Directors and staff of the Private Education and Special Programmes Department, Inspectorate Department, Teachers' Establishment and Pensions Office (TEPO), State Universal Basic Education Board (SUBEB), Planning Research and Statistics for their unflinching commitment to ensuring state-wide implementation of the curriculum. The Lagos State Agency for the Control of AIDS (LSACA) also provided funds for additional training of teachers through the World Bank/LASACA - HAF 1 Project.

Evaluation of the FLHE programme in Lagos State (2003- 2009) was conducted by Philliber Research Associates (PRA) with support for data collection by staff of the Inspectorate Division of the Ministry of Education and AHI. Special appreciation is due to Dr. Susan Philliber and Dr. William Philliber for their numerous trips to Nigeria for fieldwork and data analysis, as well as, Prof. Paulina Makinwa-Adebusoye and Ejiro Otive-Igbuzor for the qualitative studies with students and teachers.

This report was written by Dr. Babatunde Ahonsi, independent consultant for Action Health Incorporated and we thank him for bringing his extensive knowledge of the sexual and reproductive health programming field to the framing and preparation of the text for publication. We are grateful to Dr. Kole Shettima, Director, Africa Office, John D. and Catherine T. MacArthur Foundation, and Dr. Uwem Esiet, Director, Action Health Incorporated for providing insightful comments and suggestions on an earlier draft. The contributions of key members of our programme team, Damilola Abokede and Nelly Onwordi to the evaluation research fieldwork and collation of documents for the development of this report are gratefully appreciated. We also acknowledge Omolara Ogunjimi for the publication's typesetting/layout design and Stella Nwogo for help with the administrative processes.

AHI's work in advocacy and implementation of the FLHE curriculum and other national adolescent sexual and reproductive health interventions have been made possible by major grants received from The John D. and Catherine T. MacArthur Foundation, The Ford Foundation, and The David and Lucile Packard Foundation and we are very grateful for their long standing support for our work in this area.

Action Health Incorporated also gratefully acknowledges The John D. and Catherine T. MacArthur Foundation's generous funding provided for the FLHE evaluation research in Lagos State and the production of this publication.

Adenike O. Esiet
Executive Director
Action Health Incorporated

Executive Summary

Given their large size and indispensability to the well-being of Nigeria, opportunities for personal development of 10-24 year-olds should not be compromised by exposure to HIV/AIDS, sexual risk taking, early marriage and childbearing, and gender violence. But they have for far too long been facing these highly preventable threats to their reproductive and sexual health. Expanding access to high-quality sexuality education for vulnerable youth before they become sexually active is well-established as helping to improve their health and educational attainments. It enables them to acquire facts, form positive attitudes, clarify their beliefs, and develop skills to cope with multiple aspects of human sexuality. When comprehensive in content, adequately resourced, and age-appropriately delivered, sexuality education ensures that its beneficiaries are more open to values of responsible sexuality, gender equality, and human rights.

The experience of the Lagos State Ministry of Education (MoE) in partnering with Action Health Incorporated in effectively instituting and implementing the National Family Life and HIV Education (FLHE) Curriculum throughout its public junior secondary school system between 2003 and 2009 strongly supports the previous points. State MoEs that are struggling to successfully implement the FLHE in their secondary school systems are encouraged to adopt, at the very least, the following elements of good practice distilled from the Lagos State experience:

i. Careful planning, extensive preparations, and proactive consultations with all relevant stakeholders;
ii. Financial and technical support for FLHE advocacy and implementation from several donor agencies, the state government and international NGOs;
iii. The roll-out of classroom implementation of the curriculum be preceded and informed by findings from a wide-ranging needs assessment to sharpen its design and strategies;
iv. Development, production and dissemination of requisite materials to use in FLHE teaching;
v. Intensive introductory and refresher FLHE teacher-training;
vi. Adaptation of classroom teaching method to the learning objective and nature of topic, and standardized monitoring of students' and teachers' performance;
vii. Full involvement of significant stakeholders like the mass media and key religious leaders in FLHE planning and execution to avoid backlash against school teaching of FLHE; and
viii. Integration of impact evaluation from the outset of the programme into its basic design and implementation to generate data for its better management and advocacy purposes.

On the whole, with requisite high-level political commitment and resourcing of the programme by government, backed by sustained technical assistance by a capable youth reproductive health NGO, sound implementation of the FLHE in public junior secondary schools can be replicated at higher levels of the educational system. Young people need to have access to more advanced information as they grow older and become more exposed to sexual activities.

The Case for FLHE Curriculum Implementation In Nigeria

Adolescents and young adults are a critical segment of any human society being the direct link between its future (children) and past (older adults) since they are for the most part preoccupied with preparation for the full assumption of adult roles and responsibilities. This age group, 10-24 year-olds, becomes even more important in countries where it constitutes a large proportion of the total population and already makes significant social and economic contributions to the household and society.

Indeed, going by the 1991 national population census, adolescents and young adults make up over a third (31.6 percent) of Nigeria's large and growing population (National Population Commission, 1998). This means that by the end of 2009 when Nigeria's population was estimated to have grown to about 150 million (UNDP, 2009), young persons aged 10-24 numbered about 50 million. Their well-being would therefore invariably greatly shape the present and future stability, productivity and health of the country especially given that it is a group characterized by high energy levels, openness to change and innovation, and passion and restiveness (FMIYD, 2004).

The implication is that it is extremely important that opportunities for personal growth and overall development of this age group should not be compromised by highly preventable causes and circumstances like exposure to HIV/AIDS, early initiation of sex and sexual risk taking, early marriage and childbearing, as well as gender based violence. But as the evidence relating to the 1990s captured in the table below indicates, ***pervasive negative attitudes towards adolescent sexual activity in Nigeria have not stopped large numbers of young, mostly unmarried, Nigerians from becoming sexually active in a largely unsafe way***. The implied adverse effects of this situation on their overall well-being act to constrain their educational development, access to economic opportunities and the possibilities of lifting their families and communities out of poverty (Brocato, 2006). For example, several studies indicate high levels of sexual violence against girls in Nigeria (Ahonsi, 2009) and very high levels of maternal mortality, with over 60 percent of abortion-related deaths recorded in hospitals being among 15-24 year old women (Bankole *et al* 2009; Esiet and Whitaker 2002).

Some Youth Sexual and Reproductive Health Indicators, 1990- 1999

Indicator/Age cohort	1990	1999
15 - 19		
% who have had sex by age 15	24.4	16.2
% currently using a modern contraceptive among the sexually active	4.7	9.3
% currently married or cohabiting	37.0	26.6
Age-specific fertility rate (per 1000 women)	144	111
HIV prevalence	--	5.5
20 – 24		
% who have had sex by age 15	29.7	20.7
% currently using a modern contraceptive among the sexually active	5.5	12.0
% currently married or cohabiting	76.3	61.4
Age-specific fertility rate (per 1000 women)	267	220
HIV prevalence	--	6.5

Source: NPC (1991, 2000) Nigeria Demographic and Health Survey (Abuja; N.P.C); & FME (2000) National HIV Sentinel Survey Report 1999 (Abuja: Federal Ministry of Health).

At least two very firm conclusions are derivable from these indicators, namely:

- ***Far too many young Nigerians are having sex too early and with little or no protection against life-threatening sexually transmitted infections including HIV/AIDS***; and
- ***A high proportion of young Nigerians are already married and are having children at a such a high rate as to be highly exposed to hugely elevated risks of pregnancy related deaths and injuries***.

In other words, young Nigerians have for far too long been facing serious threats to their sexual and reproductive well-being, much of which could have been avoided if they had adequate information and correspondingly supportive orientation about their sexual and reproductive health before they become sexually active. It is in fact well-established that ***expanding access to high-quality comprehensive sexuality education for vulnerable adolescents and young adults*** in schools and informal educational settings ***helps to improve their sexual and reproductive health and educational attainments*** (Kirby *et al* 2006). Such education would help them to acquire factual information, form positive attitudes, clarify their beliefs and values as well as develop skills to cope with the biological, psychological, socio-cultural and spiritual aspects of human sexuality. It is also the case that ***when comprehensive in content, adequately resourced, and age-appropriately delivered, sexuality education ensures that the young people that receive medically accurate sexual and reproductive health information become more open to values of responsible sexuality, gender equity, critical thinking, and rights*** (WAS 2006; UNESCO 2009).

The foregoing context provided the case for the development, institution and progressively expanded implementation of the National Family Life and HIV Education (FLHE) curriculum in Nigeria especially from around 2003 (Ahonsi, 2009; Akpan *et al*, 2008). But the rapid scale-up of its implementation in public junior secondary schools across Nigeria has produced worryingly wide variability between states and across schools in the delivery methodology, curriculum content and quality of teaching. In fact, it is this unevenness in the quality of implementation that led to the issuance in 2008 of the *Guidelines for Implementing the National Family Life and HIV Education (FLHE) curriculum* by the Federal Ministry of Education (FME, 2008).

Pervasive negative attitudes towards adolescent sexual activity in Nigeria have not stopped large numbers of young, mostly unmarried, Nigerians from becoming sexually active in a largely unsafe way

Yet, Lagos state has, according to the majority of informed scholars and policy makers, been a positive exception through its robust and methodical approach to the scale-up of FLHE implementation since it blazed the trail with its public school system-wide classroom implementation of FLHE in 2004. The purpose of this document is therefore to distill for wider adoption by other states some of the most effective of the approaches, practices, methods and the associated positive outcomes in Lagos State that meet or surpass the minimum standards set out in the national guidelines. ***Rather than re-invent the wheel, state ministries of education that are struggling to achieve quality in their implementation of the FLHE may be encouraged to*** pay working visits to Lagos and ***forge technical partnerships with the Lagos State Ministry of Education and AHI to directly draw from the ongoing relatively effective implementation of the FLHE*** throughout the public junior secondary school system of the state.

Ground Preparation for FLHE Roll-Out

The relative success achieved by Lagos State thus far in implementing, on a school system-wide scale, the FLHE curriculum could not have happened without ***careful planning and extensive preparatory work***. Such ground preparation ***is absolutely necessary in Nigeria because of the sensitive and highly contentious nature of school-based provision of sexual health education*** to adolescents associated with strong taboos around discussion of sexual matters and deep-seated discomfort, ignorance ***and*** misinformation about youth sexuality education among parents, community leaders, teachers and religious leaders. More specifically, the widely held misconception that providing young people with sexual and reproductive health education and counseling will encourage them to engage in sexual activities has led to religious-cum-political opposition to and lack of public resources for this proven cost-effective response to promoting youth sexual and reproductive well-being. It is also necessary because of ***the desperate lack of FLHE teaching and monitoring capacity within Nigeria's education sector***.

In particular, Action Health Incorporated (AHI), a leading youth and health development NGO based in Lagos actively partnered with the Lagos State Ministry of Education to ***hold a series of advocacy and consultative meetings*** between 2000 ***and*** 2003 with various stakeholders, including the Lagos State Agency for the Control of AIDS, the Parents-Teachers Association, The National Union of Teachers, the All-Nigerian Conference of Principals of Secondary Schools, the State Primary School Board, the Conference of Primary School Headmasters of Nigeria, government officials in the education sector, media practitioners, religious leaders, and community gatekeepers. It also proactively sought and received ***financial and technical support for FLHE advocacy and implementation from several donor agencies, the state government and international NGOs***.

In addition, ***the roll-out of classroom implementation of the curriculum was preceded and informed by findings from a wide-ranging needs assessment*** conducted in 25 public junior secondary schools in Lagos State in late 2002 and the signing of ***a memorandum of understanding between the state ministry of education and AHI that formally spelt out respective roles and responsibilities within the technical partnership***. The results of the baseline research clearly revealed the need for the FLHE programme as most of the students interviewed returned the equivalent of failing grades on a knowledge scale that included questions on physiology, sexually transmitted infections, pregnancy and contraception. Moreover, many students indicated that they experience some peer pressure around sex, are curious about sex, or are at least somewhat willing to have sex. Many of these students did not see abstinence as a practical choice and most of them that were already sexually active were unprotected by a condom or any kind of contraception when they have sex.

Findings from the baseline research helped the state ministry of education to sharpen the aim, objectives and strategies of the programme. Its aim was initially defined as the fulfillment of the sexual and reproductive health needs of 9-13-year old students in Lagos State and its objectives were specified as – (a) increase the age of first intercourse and marriage, (b) reduce the rate of teenage pregnancy, (c) reduce the rate of STI and HIV infection, and (d) reduce the stigmatization associated with HIV. Correspondingly, the programme strategies for meeting these objectives were identified as – (a) providing information about 'sexuality' (later changed to 'humanity' in response to the religious sensitivities of some stakeholders), (b) helping students clarify attitudes and values that promote good health and behavior, (c) helping students develop the interpersonal skills they need to safeguard their health, and (d) training students to exercise responsibility when making decisions concerning relationships, sexual health and HIV/AIDS.

Further, a planning meeting for programme implementation was held in January 2003 after which essential teaching-learning materials were identified or developed before the launching of the FLHE (then called the Comprehensive Sexuality Education Programme in September 2003). This launching itself had a preparatory-cum-planning dimension to it as the programme initially only covered 100 pilot public junior secondary schools (about one-third of the total) across the state.

In essence, two key take-aways from this aspect of the Lagos experience with the planning for FLHE implementation in terms of good practice are:

- ***School-based implementation of FLHE has to be research-informed for it to be relevant, meaningful and fully adapted to needs of the students and teachers to be involved in its delivery***; and
- ***Careful consideration and provision must be given to the resourcing (financial, technical, learning, and time) of the programme***.

Other more specific components of the planning requirements for the school-based implementation of FLHE are outlined in the national guidelines document around support, and availability and accessibility of FLHE resources (FME, 2008: 7).

School-based implementation of FLHE has to be research-informed for it to be relevant, meaningful and fully adapted to needs of the students and teachers to be involved in its delivery; and careful consideration and provision must be given to the resourcing (financial, technical, learning, and time) of the programme.

First, following the change in the title of the curriculum from 'Sexuality Education' to 'FLHE' in 2003 and the removal of such topics as discussion of condoms, contraception and masturbation which many parents, religious leaders and politicians found too explicit, a number of teaching and learning materials were developed to be used in its delivery. Their development was according to Akpan *et al* (2008: 206-7) informed by:

- Requests by teachers and programme implementers
- Overall goal and objectives of the programme
- Adaptation of six concepts from the guidelines for comprehensive sexuality education
- Prevailing cultural norms and values
- Age-appropriateness
- Educational level of the target audience

Consequently, ***several materials were developed, produced and disseminated for use in classroom teaching of FLHE*** including the following;

- Comprehensive Sexuality Education Trainers' Resource Manual
- National Family Life and HIV Education Curriculum for Junior Secondary Schools in Nigeria (the revised version of the National Comprehensive Sexuality Education Curriculum for Junior, Senior and Tertiary Institutions in Nigeria)
- Integrated Scheme of Work for FLHE
- Laminated cardboard posters to be used as teaching aids.

Second, ***lessons learnt from the pilot phase of classroom delivery of the FLHE*** in 2003 ***were*** quickly and ***fully applied*** as its ***implementation was expanded*** rapidly to cover all of the public junior secondary schools in 2004 ***especially around teachers' continuous need for support in terms of materials and training and their preference for interactive teaching methods*** such as role plays and group discussions. It was also clear that rolling out FLHE at the school level could not be unduly rushed as both teachers and students felt a need for more time to process and take in the information and adapt to the methods being used to deliver them.

Finally, ***the training component of the FLHE delivery process in Lagos State was critical to its relative success***. In fact, in addition to mainstreaming FLHE pre-service training into the teacher-training curriculum of the state government-owned colleges of education, a lot of efforts and resources was devoted to in-service training given the rapidity of the scale-up process and the subsisting lack of FLHE teaching capacity within the school system.

Teacher training focused on three areas – technical content, teachers' comfort level in teaching about sexuality, and teaching methodologies appropriate to the core domains of cognitive, affective and behavioural learning. Master-trainers and carrier-subject (integrated science and social studies) ***teachers were each time fully trained over 10 days*** in a sequenced manner through a process facilitated by AHI. As a result of these efforts, nearly 1,700 teachers, had been trained in FLHE delivery throughout the public junior secondary school system by June 2005.

Subsequent years have also entailed refresher training workshops for many of the FLHE master-trainers, with each refresher-training entailing the facilitation of a session by each master trainer and the giving of feedback by other master trainers. Also, ***given the gendered nature of sexuality and HIV issues, deliberate attempts were made throughout to have a balance of male and female master trainers*** although more women than men teach FLHE (Akpan ***et al***, 2008).

Elements of Effective Classroom Delivery of FLHE

These are fundamentally based on a curricular approach that allows for generous time allocation for FLHE teaching and standardized assessment of teachers and students even though it remains official policy that FLHE is not examinable. At the junior secondary school level, FLHE is being taught in Lagos State to all students in grades JS1-JS3 through three periods of 35-40 minutes a week. Content covers five main themes – human development, personal skills, HIV infection, relationships, and society and culture with specific topics covered ranging from human anatomy and physiology, STI/HIV risk factors and various forms and effects of sexual abuse to HIV-related stigmatization and gender roles.

More importantly, the teaching method adopted is almost always a function of the learning objective and the nature of topic including – group discussions and activities, role-plays, lectures, brainstorming, drama sketches, songs, games and skills-building activities. For example, a class session designed to achieve behavior modification would use discussions and role-play while one that seeks to increase basic sexual health knowledge would rely on lectures or brainstorming.

Finally, assessment of students' knowledge, skills and attitudes is fully integrated into FLHE teaching in Lagos State through routine utilization of question-and-answer sessions and the assessment of student participation in group learning activities based on a topic-specific evaluation guide. In addition, a monitoring team made of local education district inspectors and state ministry of education officials systematically monitor teachers' performance in the FLHE delivery using a standard assessment form. Data collected are also entered onto a computer for regular analysis of FLHE teacher performance for use in fine-tuning the classroom delivery of the curriculum and better management of the programme as a whole.

Fundamentals Of Successful Scale-up

Despite the best efforts of the Lagos State Ministry of Education and its technical partner, AHI, classroom delivery of FLHE was and continues to be challenged by a number of systemic and social factors which continue to be thoughtfully responded to. Major among these bottlenecks and threats are:

- Insufficiency of teaching and learning materials especially teachers' guide, teaching aids, students' textbooks and reference documents, in a wider context of poor governmental funding of the education sector and general shortage of educational resources;
- Continuing resistance to FLHE teaching by some trained and untrained teachers and by some school administrators on religious, ideological, or cultural grounds;
- Frequent transfer and promotion out of FLHE teaching of well-trained and highly motivated teachers;
- Poor supervision of classroom teaching of FLHE by school administrators and its poor monitoring by the state ministry of education officials;
- Low FLHE teacher morale associated with the higher work-load that goes with preparing for the learner-centered, activity-based and participatory teaching of the curriculum in an overall environment of poor pay and working conditions; and
- Crowded and inhospitable classrooms that undermine the utilization of participatory methodologies.

The foregoing challenges do not however seriously threaten the sustainability and impact of FLHE as much as *the persisting diffusion of the misconception that access to sexuality, HIV and relationships education will encourage adolescents and unmarried young adults to become sexually active or engage in sexual experimentation*. This is typified by this quote from a leading religious figure reported by a national newspaper at the height of the expansion of classroom delivery of FLHE by state MoEs across Nigeria in 2006:

…sexual education would be counter-productive if it is taught early….
the proper time for sexual education should be the age of 17 when the person
would have had a direction in life,…. always preach abstinence from sex until
such a time the person is ripe to marry as a way of controlling morals….those
who championed it never meant well for the country (Njoku, 2006: 6).

Both the state ministry of education and its CSO partners especially AHI have responded to this major challenge by:

- Working proactively with the mass media (through training and information sharing activities) to shape public discourse around the curriculum, its contents, and its delivery;
- Targeted training and sensitization of religious leaders, and consensus-building dialogues with arrow-heads of religious opposition to the classroom teaching of the FLHE on a context-specific basis;
- Parents-teachers association forums that directly address parents' fears and concerns with FLHE teaching;
- Facilitation of parent-child communication around sexuality, HIV and relationships issues;
- Broad-based and targeted information, education and communication activities to foster better community understanding of the rationale for and content of FLHE;
- Identifying and enabling key positive deviants in the religious or local community to consistently offer public support for the teaching of the curriculum; and
- High level policy advocacy to sustain state government's political and budgetary support for the implementation of the curriculum.

It is increasingly apparent from the Lagos State experience that the nature of the response of conservative religious leaders and community gatekeepers to the foregoing interventions tends to be a function of whether and how soon they were sensitized and educated about the rationale for and the content of the curriculum. Many instances of *backlash against the school-system wide implementation of FLHE can be avoided if significant stakeholders like the mass media, key religious leaders, and community gatekeepers are fully involved in the planning and execution of school-based teaching of FLHE*.

On the other hand, the challenge of sustainable funding of the programme has been partially addressed by the integration of FLHE into the state ministry of education's annual budget as a line item as a result of sustained advocacy by AHI. However, several aspects of the programme, especially in relation to impact assessment and further materials development and dissemination are yet to be regularly budgeted for.

The Difference That FLHE Makes: Key Findings And Their Implications

It is a major accomplishment by Lagos State to have successfully expanded its roll-out of the classroom delivery of FLHE from less than one-third of public junior secondary schools in early 2004 to a situation by mid-2007 where all of the over 300 public junior secondary schools are teaching FLHE in the classroom. Equally noteworthy is the unbroken progression of the programme to cover all of the public senior secondary schools through the taking up of the teaching of the higher level of the curriculum while pre-service FLHE teacher-training has been instituted within relevant state government-owned tertiary institutions alongside continuing in-service training of FLHE teachers. Another positive spin-off of classroom delivery of FLHE has been the boost it has given to the expansion of extra-curricular reinforcements of FLHE through Anti-AIDS Club and peer education activities throughout secondary schools across the state.

Moreover, Lagos State has the additional distinction of being the state where the longest running systematic impact evaluation of classroom teaching of FLHE has been carried out (2003-2009). Conducted by Philliber Research Associates under the guidance of AHI and the state MoE (PRA 2009), *impact evaluation was integrated from the outset of the programme into its basic design and implementation* starting with the formative research and needs assessment conducted in 2002.

The extracts below from the summary and conclusions from the five-year evaluation study of the implementation of the FLHE in Lagos State (PRA, 2009: 10-11) vividly capture the difference that this curriculum is making to youth sexual health and overall well-being:

Finding 1*: Students who had a full three years of exposure to the curriculum compared to students with no exposure to the curriculum, had significantly higher knowledge about sexuality and reproductive issues*. *This difference applied to both young men and young women.*

Finding 2: *Significantly larger percentages of SSS1 students with a full three years of exposure to the curriculum than SSS1 students with no exposure expressed gender equitable attitudes. This difference applied to both young men and young women. In 2009 girls exposed to the curriculum expressed more gender equitable attitudes than did boys.*

Finding 3: *Boys who had been exposed to the curriculum were less likely than SSS1 boys with no exposure to say they would pressure girls to have sex with them.*

Finding 4: *Significantly larger percentages of SSS1 girls exposed to the curriculum than girls with no programme exposure felt that they had the ability to say no to boys in intimate situations*

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Finding 5*: Significantly larger percentages of SSS1 students who had a full three years of the curriculum were likely to say no to sexual intercourse if asked by someone they liked than SSS1 students with no exposure. In both cohorts girls were significantly more likely to say no than boys.*

Finding 6: *About one in five SSS1 students in each cohort was sexually active. Each year significantly fewer girls than boys report being sexually active. Among the boys, five percent fewer reported being sexually experienced if they were in the group that received this instruction. This difference was not significant but is in the direction hoped for.*

The above-quoted findings from the 5-year evaluation of the *Family Life and HIV/AIDS Education Programme in Lagos State public junior secondary schools* suggest strongly that it *is having a positive impact on the benefiting students* especially since those who were exposed to the curriculum responded more positively than an earlier unexposed SSS1 cohort around - (a) knowledge of sexuality and reproductive health issues,(b) gender equitable attitudes,(c) the ability to say no to sexual intercourse if asked by someone they liked,(d) boys being less likely to pressure girls to have sex with them, and (e) girls' ability to say no to boys in intimate situations.

Harnessing The Opportunities From The Major Accomplishments

Seen against a complex cosmopolitan context, insights from the relatively successful experience of Lagos State with implementing school-based FLHE curriculum suggest a number of key issues for building upon the successes recorded thus far.

First, ***with high-level political commitment and consequent resourcing of the programme by government, backed by sustained technical assistance by a capable youth reproductive health NGO, successful implementation of the FLHE in public junior secondary schools can be fairly smoothly extended to higher levels of the educational system***. Sexuality education is a lifelong process and given the age-appropriateness of the different levels of the curriculum, ***young people need to have access to more advanced information as they grow older and become more exposed to sexual activities***. The key advocacy strategies must be around the generation and sustenance of governmental and community support for this complex issue.

Second, it is clear that the implementation and impact of the FLHE in an economically, socially, religiously and culturally diverse country like Nigeria is likely to be uneven for a long time to come. Making ***further progress*** with the implementation of the curriculum ***may*** therefore ***depend on having a rigorous evaluation of the classroom teaching of the curriculum on a nationwide basis in order to throw up comparative performance data and insights that can be used to motivate lagging states*** into improved delivery and management of the teaching of the curriculum. The evaluation design and processes followed in Lagos State since 2003 could be easily replicated nationally provided the funding for such an effort can be sourced.

Nonetheless, a great need remains for continuous grounded multi-layered and multi-faceted advocacy to sustain and increase community support for FLHE given that youth sexuality education is likely to remain a contentious issue. Also, relevant state education sector agencies deserve more financial and technical support for the effective monitoring of the curriculum implementation process since we know that, when comprehensive and well taught, FLHE yields concrete benefits to its recipients. To quote from a recent rapid assessment of the FLHE implementation process in Nigeria:

Such evidence when repeatedly generated for Nigeria and the states that make it up can be used to counter and ultimately weaken opposition to FLHE (Ahonsi, 2009: 20).

But the institutionalization of evidence gathering for strategic advocacy purposes and for improving the management of FLHE delivery may be hard to achieve in Nigeria given prevailing resource constraints. The required sustained support for scholars and practitioners who can provide the highest scientific standard of sexuality and reproductive health knowledge, effective curriculum that promotes healthy behavior, and rigorous evaluation of the impact of FLHE cannot be accomplished without significant outlay of financial and technical resources.

Young people need to have access to more advanced information as they grow older and become more exposed to sexual activities.

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