Sexual and Reproductive Health Education in Sub-Saharan Africa: Effects of SRH Education programs on mitigation of HIV and other sexually transmitted diseases

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Abstract

Exactly 9% of the world’s HIV-positive people live in Nigeria. Over 6 million persons with HIV are still reported to live in South Africa. The adult prevalence rate is 26.5% in Swaziland, followed by 17.9%, 13.3%, and 11.1% in South Africa, Namibia, and Mozambique, respectively. South Africa, where females had a three times higher annual incidence than males (1.5% vs 0.5), saw the greatest rate of new HIV infections in 2017 among youths between the ages of 15 and 24 (1% annual incidence). The inadequate access to and rates of HIV testing among teenagers in high HIV burden African countries have been emphasized. An effective Sexual and Reproductive Health Education (SRHE) will go a long way in promoting healthy behaviors and reduce the transmission of HIV and sexually transmitted infections (STI’s). Youth-targeted television shows and other cutting-edge Comprehensive Sexuality Education (CSE) programs have been successful in giving young people the knowledge and skills they need to protect themselves and make responsible sexual health decisions. However, important obstacles such as societal hurdles, educator resistance, and gender inequities continue to exist. A multidimensional strategy, including thorough curricula, teacher training, peer education, coordination with healthcare providers, community participation, and family involvement, is needed to overcome these barriers.

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Abstract

Exactly 9% of the world’s HIV-positive people live in Nigeria. Over 6 million persons with HIV are still reported to live in South Africa. The adult prevalence rate is 26.5% in Swaziland, followed by 17.9%, 13.3%, and 11.1% in South Africa, Namibia, and Mozambique, respectively. South Africa, where females had a three times higher annual incidence than males (1.5% vs 0.5), saw the greatest rate of new HIV infections in 2017 among youths between the ages of 15 and 24 (1% annual incidence). The inadequate access to and rates of HIV testing among teenagers in high HIV burden African countries have been emphasized. An effective Sexual and Reproductive Health Education (SRHE) will go a long way in promoting healthy behaviors and reduce the transmission of HIV and sexually transmitted infections (STI’s). Youth-targeted television shows and other cutting-edge Comprehensive Sexuality Education (CSE) programs have been successful in giving young people the knowledge and skills they need to protect themselves and make responsible sexual health decisions. However, important obstacles such as societal hurdles, educator resistance, and gender inequities continue to exist. A multidimensional strategy, including thorough curricula, teacher training, peer education, coordination with healthcare providers, community participation, and family involvement, is needed to overcome these barriers.

Highlights

- The adult prevalence rate of HIV/AIDS is 26.5% in Swaziland, followed by 17.9%, 13.3%, and 11.1% in South Africa, Namibia, and Mozambique, respectively. South Africa, where females had a three times higher annual incidence than males (1.5% vs 0.5), saw the greatest rate of new HIV infections in 2017 among youths between the ages of 15 and 24 (1% annual incidence).
- Youth-targeted television shows and other cutting-edge Comprehensive Sexuality Education (CSE) programs have been successful in giving young people the knowledge and skills they need to protect themselves and make responsible Sexual and Reproductive Health decisions.
- Important obstacles such as societal hurdles, educator resistance, and gender inequities continue to exist. Therefore, multidimensional strategy, including thorough curricula, teacher training, peer education, coordination with healthcare providers, community participation, and family involvement, is needed to overcome these barriers.

Ethics statement

Not applicable

Introduction and background of Sexual and Reproductive Health Education in Sub-Saharan Africa

Sub-Saharan Africa (SSA) continues to be the area of the world most impacted by the HIV epidemic. This region is home to over seventy percent (69%) of the 23.5 million infected individuals worldwide.\(^1\) Exactly 9% of the world’s HIV-positive people live in Nigeria.\(^2\) Over 6 million persons with HIV are still reported to live in South Africa. The adult prevalence rate is 26.5% in Swaziland, followed by 17.9%, 13.3%, and 11.1% in South Africa, Namibia, and Mozambique, respectively.\(^3\) South Africa, where females had a three times higher annual incidence than males (1.5% vs 0.5), saw the greatest rate of new HIV infections in 2017 among youths between the ages of 15 and 24 (1% annual incidence).\(^4\) This further emphasizes the need to increase access to efficient SRH information across all demographics in the Sub-Saharan region of Africa as decades of research show the significant and quantifiable advantages of investing in SRH education.\(^5\)

Role of SRH education in mitigating transmission, overview of existing SRH education programs.
East and Southern African (ESA) nations signed a document in 2013 that aided in the development of policies to support the implementation of CSE in ESA beginning at the primary school level. This was based on the ESA-CSE Commitment, which examined the sexuality education curricula in ten countries in 2012.6 This led other regions of SSA to create laws and policies to support CSE implementation.7 These implementations are often overseen by ministries of health, Education and units responsible for child protection often working in unison.8 Some of the challenges affecting implementation of CSE in SSA include, the regions sociocultural values which have been noted to be the major barriers to effective CSE implementation9,10 and educators diluting CSE contents due to objections and misconceptions of the content.6

Challenges and barriers in implementing comprehensive SRH education, best practices and success stories

Research has shown that people in developing countries are not adequately informed about STIs.11 The inadequate access to and rates of HIV testing among teenagers in high HIV burden African countries have been emphasized.1213 In Nigeria, Education as a Vaccine (EVA), with assistance from One World UK, introduced the My Question and Answer (My Q and A) service to fill in the gaps in accurately providing Sexual and Reproductive Health (SRH) information and recommendations for services among youths by utilizing the power and opportunity given by various ICT mediums.14 However, examination of the service’s users since its inception reveals that, despite a rise in the number of users, males have been using it substantially more frequently than females each year. Therefore, it is crucial to research how young girls and women may access and use mobile phones, as well as the perceived and actual barriers and limitations to doing so in order to obtain SRH information and services. 14

In another study utilizing the youth-oriented television drama series with a SRH topic titled MTV Shuga,15 young adults were introduced to MTV Shuga or a placebo series through study-organized screenings in a Randomized Controlled Trial carried out in metropolitan Nigeria in 2013. The results of this study indicate that those who were exposed to MTV Shuga were twice as likely to test for HIV eight months following the intervention.16 Women who watched MTV Shuga experienced decreases in chlamydia as well as improvements in their understanding of the subjects covered in the show, such as the methods of HIV transmission, the benefits of antiretroviral therapy, and the necessity of getting a second HIV test three months after the first.16 Participants in a comparable study that was carried out in the South African province of Kwazulu Natal, which has a high HIV prevalence, spoke of the impact that MTV-Shuga’s strategy of being both informative and specifically aimed at young people had on them. Additionally, they admitted that they had to learn how to steer clear of, deal with, and handle hazards related to early sexual development, inconsistent condom use, alcohol abuse, and transgenerational transactional sex relationships.17 Contrary to similar studies conducted in other regions of the world, the majority of participants in this study had not watched the series before. This was attributed to the difficulty of doing so with elder family members as well as a lack of time, space, or finances to watch it alone or, ideally, with their peers.18

According to a review of adolescent SRH Education programs in SSA, an overall positive outcome in SRH indicators is observed when school, peer, mass media, health facility and community-based approaches are implemented. As stated by the review’s findings, SRHE programs in sub-Saharan Africa are successful at improving adolescents’ knowledge of, attitudes toward, and behavior related to their sexual and reproductive health.19 They also successfully changed information, attitudes, and behavior linked to SRH outcomes. Although the media did not successfully portray favorable shifts in attitudes regarding condom and abstinence usage in the prevention of STIs and HIV/AIDS.19 This is contrary to finding in the USA where culturally adapted mass media messages broadcast over time showed beneficial outcomes.20 This disparity in mass media response in comparison to SSA is attributable to socio-demographic differences.

Future directions and recommendations

A few recommendations suggesting strategies for sustained and impactful sexual reproductive health education includes:

- Comprehensive and Inclusive Curriculum
Identifying areas for further research

Despite the growing global attention to sexual and reproductive health, there is still a need to increase research in the following specific areas:

- Restriction of safe abortion care: The rate of unsafe abortion keeps increasing in SSA even as abortion is restricted in some countries in Africa, for example, Nigeria. It has not in any way reduced the rate at which it is done.²¹ There is therefore a need for comprehensive research into the outcomes of unsafe abortion practices as well as their relation to exposure to HIV/AIDS as well as STDs.

- Disadvantaged and marginalized groups: Adolescents in refugee camps, those that live and work on the street, and internally displaced persons, most times are not been considered in research. The focus has always been, on young people in homes, institutions, and other organized settings. These groups are not captured in national data collection or survey which is used in making policies. Including these groups of people in research or data collection will positively impact sexual and reproductive outcomes.

- Traditional influences: cultural background and value system influences, have contributed to restricting the accessibility of contraceptives, safe abortion care services, and sexual and reproductive health education in school.

- Adolescent fertility / unmarried women: This group is either excluded when carrying out survey or when included, some necessary questions about sexual activity, contraceptives use and others are neglected.

- Adolescent males: The vast research on young people mostly focused on females with Insufficient attention to male folks.¹⁸ the inclusion of adolescent males in the research to find out about their contraceptive needs and use, etc., will solve many problems as it concerns sexual and reproductive health.

Conclusion

For an occurrence of general improvements in health, there has to be acquisition of knowledge about health.²³ Access to accurate information on various aspects of health equips individuals with the ability to make the right decisions concerning their well-being. While SSA happens to be the area most impacted by HIV, there are a lot of challenges in combating the HIV and STD epidemic.¹ an effective sexual and reproductive health education (SRHE) will go a long way in promoting healthy behaviors and the prevention of HIV and sexually transmitted infections (STI’s). Youth-targeted television shows and other cutting-edge Comprehensive Sexuality Education (CSE) programs have been successful in giving young people the knowledge and skills they need to protect themselves and make responsible sexual health decisions. However, important obstacles such as societal hurdles, educator resistance, and gender inequities continue to exist. A multidimensional strategy, including thorough curricula, teacher training, peer education, coordination with healthcare providers, community participation, and family involvement, is needed to overcome these barriers. Making sexual and reproductive health materials available to young people requires the effective use of technology. To improve and broaden SRH education programs in sub-Saharan Africa, more funding must be put into research, policy lobbying, and filling up research gaps. It is possible to make significant progress toward enhancing the sexual and reproductive health outcomes of young people in the area and, ultimately, lowering the prevalence of HIV and STDs by encouraging commitment, cooperation, and creativity.
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