International Journal of Psychosocial Rehabilitation, Vol. 24, Issue 06, 2020
ISSN: 1475-7192

HIV EDUCATION AND STIGMATIZATION AMONG HIV PATIENTS IN NORTH CENTRAL NIGERIA

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***ABSTRACT**--HIV education possed a social threat to adequate health care services and fueling HIV-related stigma and widespread HIV infection in North Central Nigeria. The inadequate knowledge of HIV/AIDS transmission hinders early diagnosis, antiretroviral treatment, and prevention of HIV/AIDS, thereby stimulating HIV stigma among HIV patients. The aim and objective of this study are to explore how HIV education can influence the stigmatization, health, and psychological well-being of the people diagnosed with HIV infection in North Central Nigeria. Twenty-five (25) participants male and females aged 18-62 years were selected through purposive sampling technique to participate in the study. We employed a qualitative study using in-depth interview and audio recorder for data collection, and thematic analysis using ATLAS.ti8 software for the transcription, coding, and analysis of data. The findings indicate that cultural values and religious beliefs influence the opportunity to acquire formal education and determine knowledge of HIV/AIDS. We, therefore, conclude that initiating collaborative behavioural-based intervention strategies of formal and non-formal education through a house-to-house HIV education program and public awareness campaigns can assist in enlightening the out-of-school population and their family members on the importance of Family Life HIV/AIDS Education. Also, the social support system and skills acquisition training for HIV positive and their family members who are not gainfully employed can reduce vulnerability to stigmatization and HIV transmission.*

***Keywords**-- Education, FLHE, HIV, Stigmatization*

I. INTRODUCTION

Like many countries, the standard of education is key to the sustainable development of all sectors, including healthcare services. The knowledge of Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) is significant to the HIV positive and those not infected with HIV. A sustainable control and prevention of HIV pandemic are necessitated by the knowledge of general health care, including primary health care (Rosario, Ribes-giner, & Pantoja, 2018; UNESCO, 2018). The African education utilizes the traditional approach in managing HIV infection using spiritual enchantment and incantation to appease the ancestral gods who heal the evil curse of HIV/AIDS among infected HIV positive (Kruger, Greeff, & Letšosa, 2018; Thapa & Aro, 2019). Consequently, western education brought light to the educational growth and development in healthcare services through scientific discovery and the pharmaceutical invention of antiretroviral treatment for

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Received: 22 Feb 2020 | Revised: 13 Mar 2020 | Accepted: 05 Apr 2020

the prevention of HIV/AIDS. However, the inadequate educational system hinders effective treatment and prevention of HIV/AIDS in Nigeria.

Nigeria as a developing country is working towards improving the standard of education by, as a matter of policy, providing free, universal and compulsory primary education for every Nigerian child aged 6-15 years across the geopolitical zones of the country (Amuchie, Asotibe, & Audu, 2015). North Central Nigeria is predominantly Hausa speaking population. They experienced late acquaintance with the missionaries who brought formal education to Nigeria during colonialism. In Nigeria, the HIV prevalence increased drastically in 2016 with the most prevalence population of 14.4% sex workers, 23% men who sleep with men, and 3.4% people who inject drugs (Abayomi & Emmanuel, 2018). In 2018, UNAIDS revealed that Nigeria accounted for more than half of AIDS-related death across western and eastern African countries. The poor educational background in North Central Nigeria has affected the people's orientations toward accessing excellent healthcare services (Umar et al., 2017). Inadequate knowledge of healthcare services place women vulnerable to contraction and transmitting HIV/AIDS as they ignorantly indulge in risk behaviour of exchanging or transacting sex for money, security, food, and shelter without using a condom for protection.

Furthermore, HIV/AIDS education programmes and policies were adopted to promote the campaign against HIV/AIDS in Nigeria. The inclusion of Family Life HIV/AIDS Education (FLHE) to the primary, secondary, and teacher training school curricula recorded achievement (Nwokocha, Isiugo-abanihe, Omololu, Isiugo-abanihe, & Udegbe, 2015). It educates people on sexual behaviour, HIV testing, and knowledge of HIV/AIDS transmission and prevention, use of condoms as a contraceptive, and attitude towards people living with HIV/AIDS. Also, the Federal Ministry of Health and Ministry of Education collaborated with the World Health Organization (WHO) to promote the adoption of non-formal education programme as an intervention strategy to reach people that are out of school (FMOH, 2015).

Additionally, the non-formal education system is a programme organized to reach and educate the out of school youth across the educationally disadvantaged areas, including North Central Nigeria. However, the cases of killing, kidnapping, and abduction by the Boko Haram terrorists group affected the realization of the goals and objectives of this initiative. Also, the houses in the Northern part have restriction to outsiders. The houses are generally referred to as '*ba'ashiga*' meaning '*no entrance*' to visitors. Women and adolescents are confined to the house and restricted from attending social, economic, educational, and health needs without the permission of the man of the house. Also, the socio-cultural values and religious beliefs influence people's attitude towards formal education in North Central Nigeria (Onah, Diara, & Uroko, 2018).

Despite the effort by the national and international organizations, including civil society, religious bodies, and government agencies, there is a high level of lack of education and widespread of HIV/AIDS among people living in North Central Nigeria (Faust, Ekholuenetale, & Yaya, 2018; Odimegwu, Alabi, Wet, & Akinyemi, 2018). The low educational level is influenced by socio-cultural values which encourage gender inequality in education, making women vulnerable to high-risk behaviour and HIV infection. It affected the economic, social and psychological well-being of the nation, and increase the rate of school dropout and loss of employment. The implications of HIV/AIDS in North Central Nigeria affected the educational standards of graduating competent and healthy teachers that can inculcate sound knowledge to the pupils and students.

Most HIV patients in Nasarawa State, North Central Nigeria, are stigmatized because of their poor educational status, especially, young girls and women. Hence, it encourages gender inequality in education and social differentiation against women (Attoh, 2017). The husband determines women's educational attainment and economic status. Also, the social structure restricts women from attaining an advanced educational level and financial stability, which contributes to risk behaviour among women (Ssewanyana, Mwangala, Baar, Newton, & Abubakar, 2018). Gender inequality predisposes most girls to early and forced marriage, sexual violence, unwanted pregnancies, as well as increase the risk of contracting sexually transmitted diseases like HIV/AIDS (Ivanova, Rai, & Kemigisha, 2018). It affects the probability of completing their primary and secondary education.

The rationale for the choice of the study location was based on the 2015 states statistics on HIV prevalence which reveals that Nasarawa State is vulnerable because of its proximity with the most prevalence states in North Central Nigeria having Taraba (10.5%) on the east, Kaduna (9.2%) on the north, FCT (7.5%) on the west, and Benue state (5.6%) on the south (NSP, 2015). This study, therefore, explores how the social institutions contribute to HIV/AIDS education and stigmatization among HIV patients with emphasis to Nasarawa State, North Central Nigeria.

II. MATERIALS AND METHODS

2.1Study Design

This is a qualitative phenomenological research design, using an in-depth face-to-face interview (Oltmann, 2016) to explore the implications of HIV education and stigmatization among HIV patients in North Central Nigeria. The qualitative research design uses the semi-structured interview to gain insight into understanding a descriptive phenomenon of the participant's knowledge of HIV education and its influence on stigmatization among HIV patients. Also, thematic analyses (Nowell, Norris, White, & Moules, 2017) was employed to analyze the researcher's diaries, field notes, and audio recording.

2.2Population

The population is centred on the diagnosed HIV positive who registered for antiretroviral drugs with one of the selected hospitals, including Federal Medical Center Keffi (FMC), General Hospital Akwanga (GHA), and Dalhatu Araf Specialists Hospital (DASH) Lafia, in Nasarawa State, North Central Nigeria. Also, the population covers an estimated population of 4, 537 of patients aged 18 to 63 years from selected hospitals. The choice of the research study area was based on the 2018 report of the national bureau of statistics indicating the Nasarawa state with 8.1% HIV prevalence (NBS, 2018).

2.3 Sample and Sample Size

The sample comprises of twenty five (25) participants selected through purposive sampling technique. A preselection of male and female HIV positive registered and receiving healthcare services and antiretroviral therapy across the selected hospitals in Nasarawa State, North Central Nigeria. The inclusion criteria include 20 purposively selected sample of male and female aged 18 to 63 years who are diagnosed with HIV positive living in Nasarawa state speaking English or Hausa language.

2.4 Instrument and Data Collection

A research protocol is designed with two sections. The first section contains a descriptive self-administered questionnaire to describe some selected demographic variables, including gender, age, highest qualification, and treatment hospital. Section 2 contain a research protocol designed to explore how the participant's knowledge of HIV education can influence stigmatization among HIV patients. It is a semi-structured open-ended questions for a face-to-face, in-depth interview, thereby, using the audio recorder and field notes for the collection of data.

2.5 Procedure

The approval for this research study was obtained from the National Health Research Ethics, Ministry of Health, Nasarawa State, Nigeria. Also, the researcher explained the objectives and benefits of the study and participants males and females aged 18 to 63 years voluntarily indicated willingness by signing the Informed Consent Form designed by the researcher at every point of the interview. The researcher protects the confidentiality of the participants by coding all personal details, data from the field notes and audio recorder with a secured password in a memory device without indicating the names and identities of the participants.

2.6 Data Analysis

This research study adopts the thematic analysis using ATLAS.ti8 software, a Computer-Assisted Qualitative Data Analysis Software (CAQDAS) for the transcription, coding, and analysis of the data collected using audio recorder and field note (Vaismoradi, Jones, Turunen, & Snelgrove, 2016). Also, ATLAS.ti8 provides a basis to design a thematic network analysis model that visualizes the theme, sub-themes, and quotations from the participant's responses.

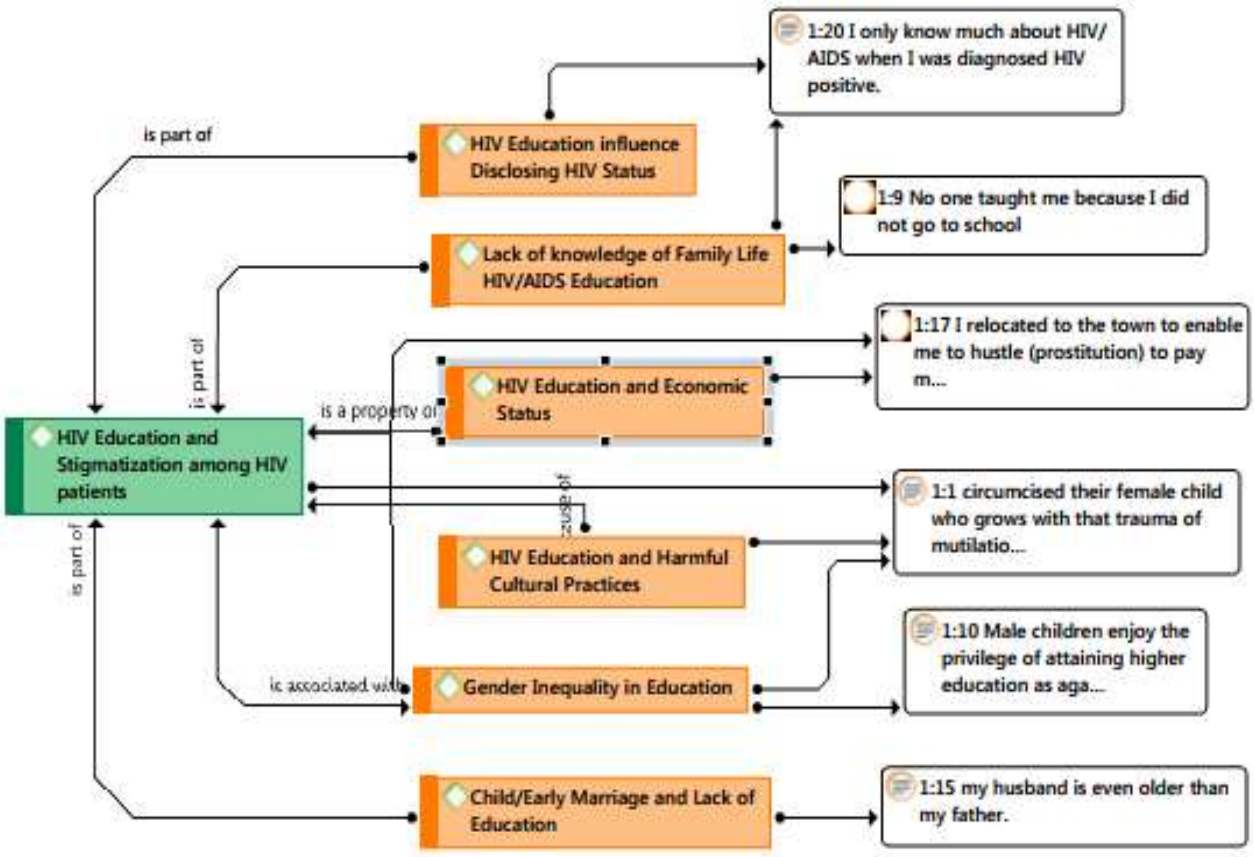

FIGURE 1: Thematic Network Analysis Visualizing the Theme, Sub-themes, and Quotations

III. RESULTS

HIV education and Harmful Traditional Practice

Most participants indicated that poor education stimulates the practices of harmful cultural rites, including female genital mutilation (FGM), sexual intercourse during menstrual circle as blood covenant among couples, and early marriage. These harmful practices increase stigmatization, thereby affecting the health and well-being of the people. The practice is common among parents, especially, the uneducated mothers staying in the village and rural communities within North Central Nigeria.

"Most parents living in the village have circumcised their female child who grows with that trauma of mutilation. Also, my mother educates me on the importance of committing to love by engaging in sexual intercourse with my husband during the menstrual circle. It symbolizes the blood covenant of love."

Further, lack of education is also associated with another harmful tradition practice of engaging in sexual intercourse during menstruation, especially among youth and married couples living in the villages and rural areas of North Central Nigeria. Few participants presented their experiences.

"Allowing a man into the blood flow of the menstrual circle is a cultural way of demonstrating sexual ritual." "I like it more when my wife is in her monthly circle." "the red flow lubricates the vagina with a natural taste that can keep a man for the rest of his life."

Family Life HIV/AIDS Education

Most parents, especially fathers and husbands, encouraged the non-formal education for young girls and women within the Hausa speaking and Islamic communities. Non-formal education here helps to teach and educate people on the knowledge of Kuran mostly though the Islamic schools known as Ahmadiyya. Also, the lack of education has reduced the number of graduate with advanced degrees, hence, resort to domestic and vocational economic activities to generate income to support the family. A participant reported her experiences.

"I have to marry early since my father refused to sponsored to higher institution because I am a woman. I was hoping that my husband will allow me continue my education after marriage but he also refused. Last 3 years my husband died from motor accident and left me with 6 children and with no source of income to carter for the wellfare of these children."

Also, the inclusion of Family Life HIV/AIDS Education (FLHE) into the primary, secondary, and tertiary school curriculum has several advantages, including educating students on sex education, gender roles, early marriage and pregnancy, unprotected sexual intercourse, and sexually transmitted infections such as syphilis, gonorrhoea, and HIV/AIDS. A participant shared her experiences as it relates to stigmatization and HIV infection in North Central Nigeria.

"I know about how HIV is transmitted when I became infected. No one taught me because I did not go to school. I discovered my HIV status when I became pregnant at 14 years and had to visit the clinic for antenatal care. I live in fear and shame because my parents and members of the community insults and condemn me."

HIV Education and Gender Inequality

Gender inequality in education is one of the major contributing factors to stigmatization and HIV prevalence among males and females living in Nigeria. Most parents and guardians prefer sending the male child to higher institution, whereas, the female child is trained on vocational skills like tailoring, hairdressing and plaiting, and cake designing and decoration. HIV education is mostly taught in the schools, thereby, denying women the opportunity to acquire the knowledge of HIV education right from the school. A participant narrated her experiences.

"Male children enjoy the privilege of attaining higher education as against their female counterparts which are only trained on domestic and vocational skills." "My father only concentrated on paying my brother's school fees. My father said it is a waste of resources to sponsor a female child who will end up as a wife to another family."

Another participant indicated that most women diagnosed HIV positive in North Central Nigeria were uneducated women living in villages and rural communities. Also, other women who are not educated migrated to the cities to look for work in order to improve their financial status, which makes them vulnerable to high-risk behaviour and HIV. A young lady who was denied sponsorship into the College of Education, Akwanga by her father, narrated the following;

"I only finished secondary education and got admission into the College of Education, Akwanga, but was refused to be sponsored because my father had to pay my brothers' school fees. As a woman, you get involved in one or two relationships and seek assistance from you guys to help take care of your primary needs."

The above statement indicated that gender inequality in education contributes to high-risk behaviour, including the unprotected sexual relationship among women. Also, most women develop an inferiority complex and low self-concept as a result of stigmatization and discrimination in education.

HIV Education and Child/Early Marriage

The narrative from the participants indicated that child-forced marriage leads to a high rate of a family crisis, including sexual violence, drug abuse, and extramarital affairs with multiple sex partners in North Central Nigeria. Mostly, young girls between the ages of 12 to 15 years are forcefully married to a rich man within the ages of 50 to 60 years who are old to be their grandfathers. The health and social challenges predispose the young married girls to social stigma increased risk of HIV infection. A participant's experience is recorded below.

"I was giving away for marriage immediately completed my primary education. My father said it is an honour to marry as a virgin because your husband will respect you and your family. I was happy to make my parents proud but only to discover that my husband is even older than my father. I married him as his fourth wife. I have been on medical treatment as a result of complications from giving birth. I always experience nightmares, mostly after having sexual intercourse with my husband. I have been a difficult journey of marriage."

The narrative above indicated that there is a high risk of lack of HIV education among victims of early marriage, thereby increasing vulnerability to stigmatization and HIV infection in North Central Nigeria. Also, another participant shared her experiences on how her parents forced her to marry a rich man in order to take care of her younger ones. The narrative below described her experience;

"My father said his first daughter must be a degree holder and must marry a rich man to enable her to take care of her younger ones. I got a degree because I am the first daughter of the family and was forced to marry a man I have never seen in my life until the day of the marriage. I end up marrying an HIV positive. The thought of my misfortune kept reflecting in my daily life."

HIV Education and Economic Status

Further, the poor socio-economic status of the people, especially young girls and women, has affected their chances to acquire high education, thereby exposes them to high-risk behaviour, which increases vulnerability HIV infection. Lack of education and low economic status increases the risk of HIV among males and females. Most women with low educational background have a high rate of unprotected sexual relationship with multiple sex partners. A narrative suggested that:

"Since my parents refused to sponsor my education because I am a woman, I decided to hustle for money to sponsor my education. I relocated to the town to enable me to hustle (prostitution) to pay my fees school of nursing. It helps me to support my parents at home and to pay my school fees and other bills."

Most commercial sex workers and students with poor socio-economic background are vulnerable to unprotected sexual relationships. Their poor economic status places them at a disadvantage to insist on using

condoms for safety. The statement captured below explain a participant's experiences of lack of HIV education and poor economic status.

"I cannot tell my customer we must use a condom because I need the money. More so, I only know much about HIV/AIDS when I was diagnosed HIV positive. Most people do not have good knowledge of HIV/AIDS because they are school dropout because of poor economic status or they are business people who have never gone to school. Those people do not know about HIV and AIDS."

HIV Education and Disclosing HIV Status

Most people diagnosed with HIV infection prefer concealing their HIV status to their loved partners, friends, family members, colleagues, and other members of the society because of stigmatization and discrimination. The problem of social stigma has affected early diagnosis, disclosing HIV status, antiretroviral medication, and voluntary counselling therapy, which hinders treatment and prevention of HIV/AIDS in North Central Nigeria. The narrative was documented during the interview.

"The members of the community discriminate you as soon as they know about your HIV status. Surprisingly, those people closest to you, including friends, colleagues, family members, and classmates, are those that inform other people about your HIV status. It makes people afraid of going for HIV testing and those who tested HIV positive make sure they do not disclose their health condition to others."

The above indicates that the disclosure of HIV status to partners or friends requires some level of trust. It also suggests that the lack of HIV education and orientation among members of society hinder positive perception and attitude towards people living with HIV/AIDS. The member of the society stigmatizes those infected with HIV, thereby making it difficult for people to visit the hospital for voluntary counselling therapy, HIV testing, and antiretroviral medication.

IV. DISCUSSION

The implementation of FLHE to the school curriculum is to guide both the teachers and students in developing a positive attitude towards treatment and prevention of HIV/AIDS (Huaynoca et al., 2014). Also, the Federal Ministry of Health and the Federal Ministry of Education in collaboration with the World Health Organization (WHO) and other NGOs adopted the non-formal education to reach people that are out of school. Mostly, the programme provides printed handbills, pamphlet, and videos to members of the less educated communities on the importance of early testing, antiretroviral treatment, and using a condom to prevent HIV transmission (Shiffman, Kunnuji, Shawar, & Robinson, 2018). Also, sensitization focused on mother to child transmission (Vrazo, Sullivan, & Phelps, 2020). Though, the intervention using non-formal approach recorded challenge in North Central Nigeria because of cases of kidnapping and abduction by the Boko Haram sect.

In North Central Nigeria, low educational status among women contributes to stigmatization and HIV infection (Okorie, 2017; Odimegwu et al., 2018). Also, the cultural belief indicated that the use of condom as a contraceptive is a western manipulation to deny Africans the privilege to enjoy God's divine purpose for procreation and sexual intercourse (Ajani, 2013). However, lack of HIV education among women increase risky behaviours of transacting sex for money, food, shelter, security, and for social status, thereby, making women

vulnerable to HIV/AIDS transmission (Lawson & Gibson, 2018; NASF, 2017). Most uneducated members of the community are denied the opportunity to acquire the HIV-related knowledge of Family Life Education and HIV/AIDS from the school curricula of primary, secondary and tertiary institutions in Nigeria (UNESCO, 2018).

In Nigeria, the harmful cultural practices and the challenge of stigmatization and HIV infection became high among the uneducated people living in the village and the rural communities. Most uneducated parents, especially mothers, allowed their female child to undergo the practice of FGM, and encourage early marriage and sexual intercourse during menstruation. Researches reveal that FGM has many complications, including vesicovaginal-fistula (VVF) and recto-vaginal-fistula (RVF). The unethical nontherapeutic practice of using unsterilized instruments predisposes female-child to increases risk of contracting HIV and AIDS infection (Njue, Karumbi, Esho, Varol, & Dawson, 2019; Rossier & Hellen, 2014). Also, the complications as a result of obstetric fistula (VVF and RVF) has stigmatizing and psychosocial implications for women and their families. Reasons for the continues practise is centred on lack of education in the side of the parents and the traditional practitioners who make use of unsterilized tools with no knowledge of the medical and health implications on the victims and the risk of contracting infectious diseases such as HIV/AIDS. According to Njue et al. (2019), organizing educational lectures and public campaigns became necessary intervention strategies to canvas against harmful cultural practices. This study indicated that the cultural norms and values hinder people from reporting cases of harmful cultural practices, hence, increase stigmatization and HIV transmission in North Central Nigeria. The findings of this study, therefore indicated that the 2015 legal provisions on HIV/AIDS Anti-discrimination Law and the Child Rights Acts are vested with the power to prosecute any related practice in Nigeria.

Most African societies, including North Central Nigeria, encouraged gender inequality in education between males and females. Men enjoy all privileges to attain higher educational institutions, whereas women acquired vocational skills training and home-based economic activities, and that prepares them for domestic affairs. However, women's limitation in education predisposes them to HIV-related stigma and high-risk behaviours, including transactional sex and drug abuse, which increase vulnerability to sexually transmitted infection such as HIV and AIDS. According to a study conducted on "*women living with HIV/AIDS (WLHA), battling stigma, discrimination and denial and the role of social support as a coping strategy"* by Paudel and Baral (2015), it found that there is a high level of social differentiation and gender inequality against women in Nigeria. The study revealed that gender inequality and social differentiation are the product of the patriarchal and polygamous system where men are empowered politically, economically, socially, and educationally as against women who acquired vocational skills and home-based economic activities.

The current findings of this study indicated that women are limited to vocational skills like tailoring, hairdressing and plaiting, cake designing and decoration. Also, a lack of knowledge of HIV education has affected their ability to decide on their health and interpersonal relationship. They became more vulnerable to premarital sex, unwanted pregnancy, sexual violence, abortion, and rape, thereby increasing the risk of contracting sexually transmitted diseases like HIV/AIDS. Further, the finding also found that majority of the female HIV positive are a population of uneducated women living in the village and rural communities.

Most researches indicated that disclosing one's HIV status reduces stigmatization, and improve the safe sexual relationship and antiretroviral medication (Chaudhury et al., 2016; Gachanja, Burkholder, & Ferraro, 2018). It implies that disclosing HIV status is a strategy to remove unresolved conflict from internalized-stigma. In

contrary, the present research findings reveal that people with HIV infection suffer from social stigma, thereby making it difficult to disclose their HIV status to friends, loved partners, family members, colleagues, and other members of the society because of stigmatization and discrimination. Also, the findings indicated that the problem of social stigma had affected early diagnosis, disclosing HIV status, antiretroviral medication, and voluntary counselling therapy, which hinders treatment and prevention of HIV/AIDS in North Central Nigeria.

The economic status determines the standard of educational institutions and the quality of the knowledge that can be acquired. In Nigeria, the private institutions, though expensive, has adequate facilities that encourage learning that the public schools. Most people cannot go to school because of the low economic status of their families. Hence they do not have the knowledge of HIV education, thereby making them vulnerable to HIV infection and stigmatization. Also, the findings indicate that most women with low educational background and poor economic status have a high rate of unprotected sexual relationship with multiple sex partners. It is always difficult in a sexual relationship for those with the low economic background to negotiate for protection using condoms. Also, a low education system hinders early testing, antiretroviral treatment, and prevention of HIV/AIDS (Ford et al., 2018). The poor economic status leads to low educational standard and high level of illiteracy (especially among women), and a high unemployment rate (Igulot & Magadi, 2018).

Finally, this study indicates that lack of HIV education among HIV positive and the community members contributes to stigmatization and widespread HIV infection. Mostly, inability to attain formal education hinders the ability to acquire knowledge of Family Life and HIV/AIDS Education (FLHE), thereby exposing people to a high level of illiteracy and ignorance, which increase HIV transmission and stigmatization. This research study reveals that lack of education contributes to other variables, including harmful traditional/cultural practices, low economic status, reduced disclosing rate of HIV status, gender inequality, child/early marriage, and poor knowledge of Family Life HIV/AIDS Education. The study, therefore, recommended that HIV advocacy campaigns and public lectures should be organized using the religious organization, community groups, and social media to reach those out of school.

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