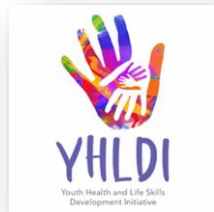


FAMILY LIFE AND HEALTH EDUCATION (FLHE) VIDEO MOBILE TRAINING PROJECT REPORT

A COLLABORATION BETWEEN YOUTH HEALTH AND LIFE SKILLS DEVELOPMENT
INITIATIVE (YHLDI) AND INSTRAT GLOBAL HEALTH SOLUTIONS



OCTOBER 2023

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EXECUTIVE SUMMARY

Comprehensive sexuality education designated as Family Life and Health Education (FLHE) in Nigeria was identified as one of the strategies to reduce the increasing prevalence of sexual and reproductive problems of adolescents and young people which include teenage pregnancy, unsafe abortion, HIV/AIDs and sexually transmitted infections, amongst others.

Since the introduction of FLHE into the educational curriculum of Nigerian schools in 2004, the program has not been effectively and consistently implemented across all States of the Federation. Challenges with the implementation of FLHE include poor funding by the government notwithstanding donor support, the lack of a structured template for classroom delivery of lectures, knowledge gaps among the teachers, lack of training materials and varying degrees of modifications of the curricular across schools that implemented them. Collectively these have stymied the effectiveness of the program and weakened monitoring and supervision by the supervising ministry. The FLHE Video Training project for teachers was designed to address the numerous challenges confounding the implementation of FLHE in Nigeria so that adolescents can be appropriately equipped with the right information to make informed choices for improved sexual and reproductive health.

The electronic FHLE Video training content is based on the existing FLHE curriculum and was adapted to provide the skills needed for healthy life choices among adolescents and young people. The project's approach was to provide the initial training to teachers, to give them the appropriate tools and contextual information to impart knowledge to adolescents with the following goals: provide instructions on adolescent sexual and reproductive health; increase the knowledge and skills of learners in the preventive measures of HIV and other Sexuality Transmitted Infections; promote self-love, self-respect, and self-confidence in learners; and give learners the skills to develop healthy interpersonal relationships. The content is divided into five modules, each addressing important adolescent health and developmental topics: Module 1: Human Development; Module 2: Personal Skills; Module 3: Unsafe Sex; Module 4: Relationships; Module 5: Society and Culture. Mandatory pretest questions were introduced before each of the modules for the participants and the questions were repeated after each module as post-tests. This program is delivered on InStrat Global Health Solution's VTR Mobile Training Application, a robust application that has been used to train approximately 20,000 health professionals in Nigeria since its 2016 introduction.

The project was successfully piloted in five private schools in Akure, Ondo State. Out of the 172 teachers who enrolled for the training, 73.3% (126) of them completed the training. The average post-test scores over the 5 modules increased by 10 points from 57.8% Pretest scores to 68% post-test scores across all participants. There was a statistically significant difference between the pre and post-test evaluation across all the participating schools (P-value <0.05) suggesting that the difference in the pre and post-test evaluation was not due to chance, thereby providing evidence that knowledge was transferred to the teachers through the FLHE Video training.

A feedback survey on the FLHE project among teachers was conducted immediately after the conclusion of the Pilot. Most of the survey respondents agreed that the FLHE training enhanced their knowledge and skills to better teach and mentor adolescents and young people; that the training materials appropriately conveyed relevant points related to adolescent sexuality and overall wellbeing and that the training materials will be useful to guide subsequent training of adolescents.

Approximately six months after the completion of the training, a mix-method, cross-sectional research will be conducted among the adolescents to determine if the cascade training has had effect on their behavioral intentions.

1. INTRODUCTION

1.0. Background

Globally, adolescents constitute a large proportion of the population and in the last two decades, their population has markedly increased across all continents with a significant increase in Sub-Saharan Africa (UN, 2015). In Nigeria, adolescents constitute 22% of the population (UNICEF, 2022).

Adolescence is a period of vulnerability characterized by developmental changes and the intense desire of adolescents to experiment with risky behaviors without appropriate knowledge to protect and prevent adverse outcomes. The median age at sexual debut according to the 2018 Nigeria Demographic Health survey was 17.2 years, while the age at first marriage was 19.1 years (NPC & ICF, 2019). A high proportion of adolescents commence sexual activity early without having adequate information about the associated risks and how to prevent unsafe sexual practices and associated complications. Due to the lack of knowledge of adolescents, they have myriads of sexual and reproductive health problems which may have adverse complications in later life. Such challenges include teenage pregnancy, unsafe abortions, complications during pregnancy, infertility, sexually transmitted infections, HIV/AIDs and even death (UNICEF, 2012; Santhya et al., 2015). However, despite the huge burden of these sexual and reproductive problems with unprecedented economic implications on individuals, families, and the country at large, there is limited access to sexuality information (Udegbe et al., 2015). The limited access to sexuality information is premised on the fact that the concept of comprehensive sexuality education is misconstrued by parents, teachers as well as policy makers in Nigeria. However, comprehensive sexuality education defined as “a curriculum-based teaching and learning on cognitive, emotional, physical, and social aspects of sexuality” has been identified as a useful strategy to promote the sexual and reproductive health of adolescents and young people (UNESCO, 2017).

In 2002, Nigeria introduced comprehensive sexuality education (CSE) into the school curricula, but it was vehemently resisted by the society-parents, religious and community leaders as well as political actors because of the misconception that sexuality education will encourage promiscuity among young people. However, when the prevalence of HIV/AIDs and other sexual and reproductive health problems of adolescents and young people remained consistently high, a reviewed CSE curriculum developed by the Nigerian Educational Research and Development Council was reintroduced in 2004 (Adepoju, 2005; Nwokocha, 2012; NERDC et al., 2003). The reviewed abstinence only CSE was designated as Family Life and HIV Education (FLHE) to reflect the concerns of stakeholders and cultural acceptability. According to the National FLHE curriculum, FLHE is defined as “a planned process of education that fosters the acquisition of factual information, formation of positive attitudes, beliefs and values as well as development of skills to cope with the biological, psychological, sociocultural and spiritual aspects of human living” (NERDC et al, 2003).

The main aim of the FLHE was to improve the access of adolescents and young people to information on human development, life building skills, prevention of HIV/AIDs and other sexually transmitted diseases, and the society/culture so that they are better able to make informed and healthier choices.

The specific objectives of the FLHE program for students include:

1. To develop a positive self-image and identity
2. To improve their abilities to make informed and safer sexual health decisions through the acquisition of knowledge on life building skills and prevention of unsafe sex.
3. To acquire the skills of self-respect and respect for others.

1.1. Justification

Studies conducted in Sub-Saharan African countries including Nigeria revealed that the implementation of sexuality education varies across countries and within states due to varying political will and support (Maeva and Ineke van der, 2018). In addition, studies conducted in Peru, Guatemala, Ghana, and Kenya found that the implementation of CSE is usually modified with deviation from its original design thereby reducing the effectiveness and the impact of the program. (Keogh et al., 2018; Vanwesenbeeck et al., 2016).

An evaluation study conducted thirteen years after the commencement of CSE in Nigeria to assess the impact and challenges with implementation reported similar findings to findings from other countries. The study revealed that there are inconsistencies and lack of uniformity in the implementation of FLHE program within schools and across all States in Nigeria. Other findings include the lack of structures and systems for implementation, grossly inadequate skilled teachers, lack of training materials, poor funding and monitoring by the supervising Ministries of Government (AJRH, 2015). However, despite the irregularities, poor implementation of FLHE within Nigeria, resulting in limited knowledge transfer, some positive outcomes of the program on the adolescents were reported in the African Journal of Reproductive Health. (AJRH, 2015).

In view of the gaps above, having an electronic training platform for teachers and the Guidance and Counsellors in secondary schools on comprehensive sexuality education (CSE) will address the inconsistencies currently experienced in schools. Also, an electronic training platform will enhance the autonomy of schools to own the process of the training of their teachers whenever required, as well as eliminate the financial dependence on partners; the major financiers of CSE implementation in Nigeria. In addition, an electronic training platform will promote the development of the structure and systems for FLHE implementation in schools. Finally, an electronic training platform will be the most cost-effective approach that will improve the access of both teachers and students to quality information on FLHE. It can however be inferred based on findings from previous studies that easy access to the right information by adolescents will translate to reduction in the problems associated with negative risk taking by adolescents.

1.2. Aim of the Project

The aim of the project is to test the delivery of a digitized version of the existing Family Life and Health Education curriculum and course content via an innovative electronic Application to teachers in secondary schools to promote the health outcomes and productivity of adolescents.

1.3. Project Team

- Dr Yetunde Olagbuji, Consultant Public Health Physician and Adolescent Health Expert. CEO of Youth Health and Life Skills Development Initiative (YHLDI)
- Mr Okey Okuzu, CEO, InStrat Global Health Solutions.
- Prof Adesegun Fatusi, Professor of Public Health, Vice Chancellor, University of Medical Science, Ondo City.
- Mrs. Wuraola Oluyi, Business Development Manager, InStrat Global Health Solutions.
- Augusta Ezeh, Manager, VTR Mobile Application, InStrat Global Health Solutions.

1.4. Specific Objectives

- To enhance the capacity of teachers to promote the healthy growth and development of adolescents and young people via the electronic App.
- To build the capacity of teachers for effective FLHE classroom delivery to students via the electronic App.

1.5. Expected Outcome

An electronic video training platform for teachers will:

- Address the lack of inconsistencies currently experienced in schools.
- Enhance the autonomy of schools to own the process of the training of their teachers whenever required.
- Promote the development of the structure and systems for FLHE implementation in schools.
- Improve the access of both teachers and students to quality information on FLHE.
- Improve easy access to the right information by adolescents which will ultimately translate to a reduction in the problems associated with negative risk-taking by adolescents.

2. METHODOLOGY

2.1. Study Area:

The project was implemented in Ondo State. The choice of the study area was influenced by the findings from the National survey which revealed that Ondo State has the highest prevalence of teenage pregnancy in the South-Western part of Nigeria, constituting 7.8% (NPC & ICF, 2019). In addition, another study on the implementation of Family Life and Health Education conducted in Nigeria in 2012 also revealed that the State is one of the poor-performing states (Udegbe, et al, 2015). Private schools in Ondo State were utilized for the project because of the availability of required facilities and resources to support the project.

2.2. Sampling:

The purposive sampling was done. Schools were selected based on the capacity of schools to support and sustain the project.

2.3. Inclusion Criteria

- Private schools with necessary capacity to sustain the project based on conversations with proprietors and information obtained from the schools' websites.\\ Capacity such as availability of computers, availability of computers, availability of teachers with ICT skills.
- Consent of the Proprietor/Head of Schools to support the project with data and their commitment.

2.4. Exclusion Criteria

- Schools whose management did not consent to participation.

2.5. Recruitment of participants

Letters were written to seven selected secondary schools in Akure, the Ondo State capital. The schools were selected based on their abilities to provide support and sustain the project based on the inclusion criteria. Only 5 secondary schools eventually participated in the project as the management of two schools declined participation. 172 teachers were enrolled for the training in the five pilot schools.

2.6. Scope of the Project

The content of the FLHE training was developed using the 2003 National FLHE curriculum by Nigerian Educational Research and Development Council (NERDC) in collaboration with Universal Basic Education and the Federal Ministry of Education. The training content reflecting the current problems affecting adolescents and young people was transposed onto an easily navigated electronic training platform (VTR Mobile).

VTR Mobile is a full-service on and offline mobile training application that can be accessed via smart phones, tablet computers or laptop/desktop computers. VTR Mobile offers multi-media training content including text, audio, and video-based training material. VTR has now been used to train almost 10,000 health professionals in Nigeria since inception in 2016 including over 2,000 clinical health workers for Covid-19 management and infection protection and control.

The digital video-based library is constituted of 5 modules in accordance with the 2003 FLHE curriculum. Module 1 focused on human development, module 2 focused on Personal skills, module 3 focused on unsafe sex, module 4 focused on relationship and module 5 focused on society and culture. Each of the modules were sub-divided into about 5 to 6 sub-topics so that no video training lasts more than 12 minutes to sustain the participants' concentration, promote user friendliness, as well as prevent loss of interest in the training.

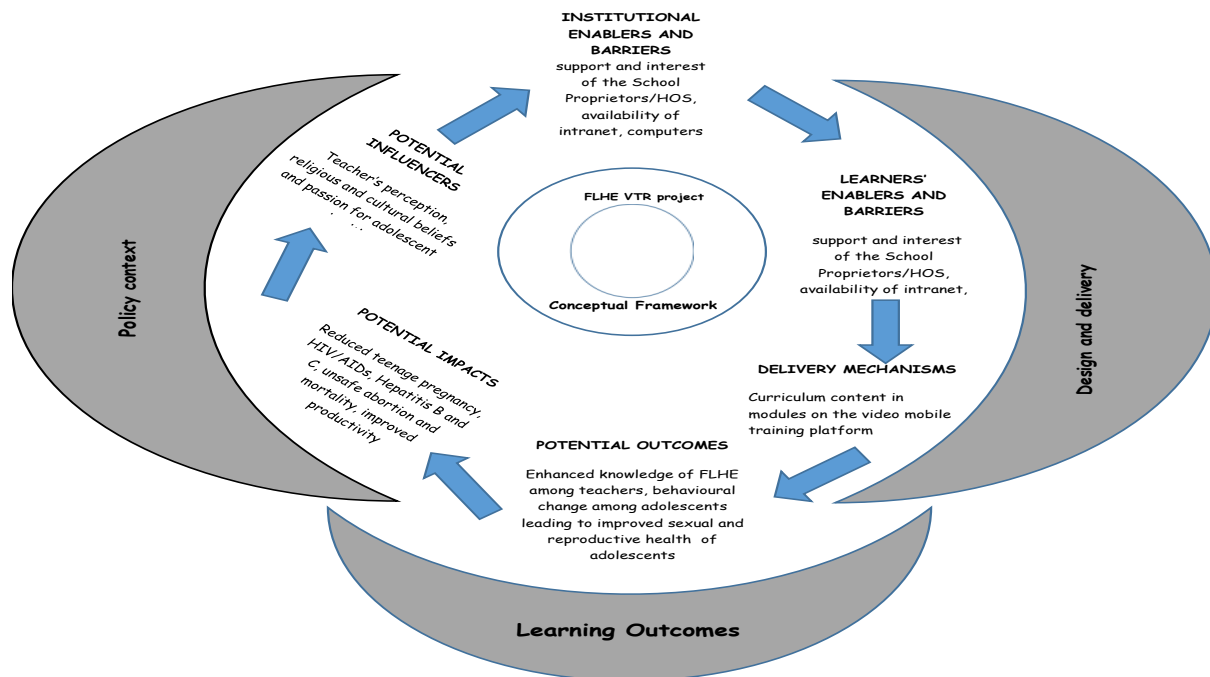
The pilot commenced on April 27th with the first school and ended on August 4th, 2023. The commencement and conclusion of the training were flexible and determined by the pilot schools to prevent undue disruption of their academic calendars.

Teachers registered by the school for the training signed up on the Video Mobile FLHE Training Platform with their unique USERNAME and PASSWORD created by the project team. Each teacher was expected to complete the training within a period of 6 weeks.

Participants completed the training within 6 weeks, with the duration designed to allow teachers to balance their teaching responsibilities. Teachers' completion and performance reports from the VTR platform were shared with the Proprietors/Heads of Schools weekly to allow them to solve identified challenges to encourage completion.

Certificates of completion were presented to successful participants.

2.7 Project Conceptual Framework



2.8. Evaluation

- Pre-test evaluation: Participants answered 10 pre-test questions before the commencement of each module to assess their baseline knowledge.
- Post-test evaluation: Each module was also concluded with the post-test evaluation to ascertain if knowledge has been transferred to the participants.
- The Pretest version Post test statistical analysis was conducted using Paired Samples t Test, available on SPSS. The choice of Paired t Test was informed by the need to compare pre and posttest of the same content to determine if the differences is due to chance or if actual learning can be inferred.
- For the participant feedback survey, a survey link was sent to participants via google forms on the 17th of August 2023 and participants were given two weeks and were expected to complete by 31st of August. The completion date was extended to 10th of September so as to accommodate more respondents. The survey responses were downloaded to Microsoft Excel which was used to analyze the data.
- Six months after the training of teachers in the pilot schools, another cross-sectional study will be conducted among adolescents to determine the effect of the cascade training on the behavioral intention of the adolescents. This activity is yet to be conducted.

3. RESULTS

3.1. Section 1: Pre and Post Test Evaluation

Table 1: Proportion of teachers who enrolled and completed the FLHE VTR training.

School	Total number of teachers enrolled for the training.	Total number of participants who completed the training.	Completion/Enrolment in Percentage (%)
School 1	30	18	60.0
School 2	30	15	50.0
School 3	19	10	52.6
School 4	21	19	90.5
School 5	72	64	88.9
Total	172	126	73.3

Table 1 shows that 73.3% of the teachers enrolled for the training completed it. School 3 had the lowest proportion of teachers who completed the VTR training, while School 4 had the highest proportion of teachers who completed the VTR training. However, school 5 had the highest number of teachers who participated in the project.

Table 2: The average performance of the schools in the pre and post-test evaluation

Number of Module	School 1	N=18
	Pre-test Score	Post-test Score
Module 1-Human Development	53	68
Module 2- Personal Skills	45	56
Module 3-Unsafe Sex	58	73
Module 4-Relationship	63	83
Module 5- Society and Culture	72	84
Mean Scores	58.2	66.8
Standard Error Mean=1.568, t=-9.309, df=4, p value=0.001		
Number of Module	School 2	N=15
Module 1-Human Development	63	72
Module 2- Personal Skills	56	63
Module 3-Unsafe Sex	74	79

Module 4-Relationship	74	81
Module 5- Society and Culture	86	90
Mean Scores	70.6	77.0
Standard error mean=0.87, t=-7.341, df=4, p value=0.002		
Number of Module	School 3	N=10
Module 1-Human Development	39	58
Module 2- Personal Skills	45	55
Module 3-Unsafe Sex	52	56
Module 4-Relationship	61	70
Module 5- Society and Culture	64	74
Mean Scores	52.2	62.6
Standard error mean=2.421, t=-4.296, df=4, p value=0.013		
Number of Module	School 4	N=19
Module 1-Human Development	48	60
Module 2- Personal Skills	38	52
Module 3-Unsafe Sex	51	63
Module 4-Relationship	53	58
Module 5- Society and Culture	60	77
Mean Scores	50	62
Standard error mean=1.975, t=-6.076, df=4, p value= 0.004		
Number of Module	School 5	N=64
Module 1-Human Development	53	64
Module 2- Personal Skills	45	55
Module 3-Unsafe Sex	58	66
Module 4-Relationship	63	69
Module 5- Society and Culture	69	74
Mean Scores	57.6	65.6
Standard error mean=1.14, t=-7.016, df=4, p value=0.002		

Table 2 shows that across the 5 participating schools, the average post-test scores over the 5 modules increased by 10 points from 57.8% Pretest scores to 68% post-test scores. Wider disparities exist in pretest scores (min/max pretest averages: 50 – 70.6%) versus post-test scores (min/max post-test averages: 62 – 77%).

Wider pretest score disparities suggest a wide range of subject matter knowledge while narrower post-test disparities suggest a more uniform knowledge level. This has important implications for ensuring informed standards in adolescent and family health teaching.

Across the participating schools, there was a statistically significant difference between the pre and post-test scores, with p-value < 0.05.

3.2. Section 2: Feedback survey on the FLHE project among teachers

Table 3: Socio-demographic Characteristics of the Respondents across the participating schools

Age (in years)	School 1	School 2	School 3	School 4	School 5
20-29	1 (12.5%)	1 (33.3%)	1 (50%)	3 (15.8%)	3 (5.8%)
30-39	4 (50%)	1 (33.3%)	1 (50%)	11 (57.9%)	24 (46.1%)
>40	3 (37.5%)	1 (33.3%)	0 (0)	5 (26.3%)	25 (48.1%)
Total	8 (100%)	3 (100%)	2 (100%)	19 (100%)	52 (100%)
Sex					
M	2 (25%)	2 (66.7%)	0 (0)	10 (52.6%)	34 (65.4%)
F	6 (75%)	1 (33.3%)	2 (100%)	9 (47.4%)	18 (34.6%)
Total	8 (100%)	3 (100%)	2 (100%)	19 (100%)	52 (100%)

Table 3 shows that across all participating schools, a greater proportion of the respondents were young and below 39 years old.

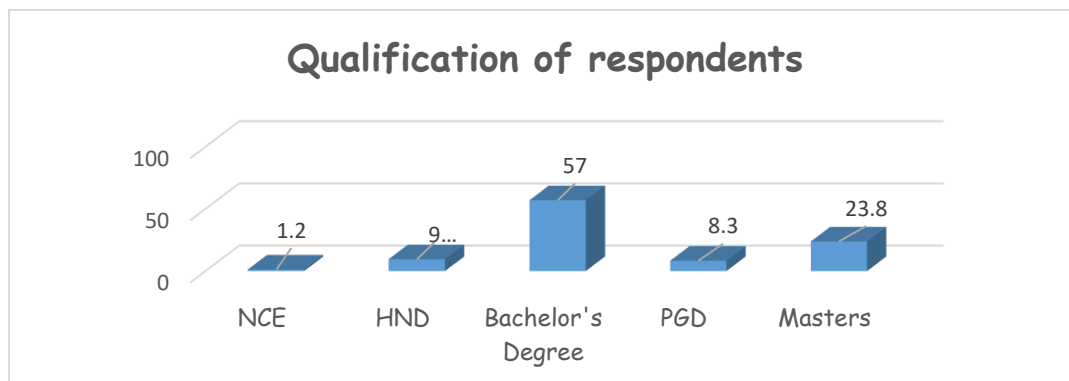


Figure 1: Qualification of respondents.

Most of the respondents had University education. A little over half of the respondents, 57% of them had bachelor’s degrees in various fields and 23.8% had master’s degrees. This showed that participants of the FLHE training are well educated. This made the training content easily comprehensible for the participants and the platform to be easily navigated by participants.

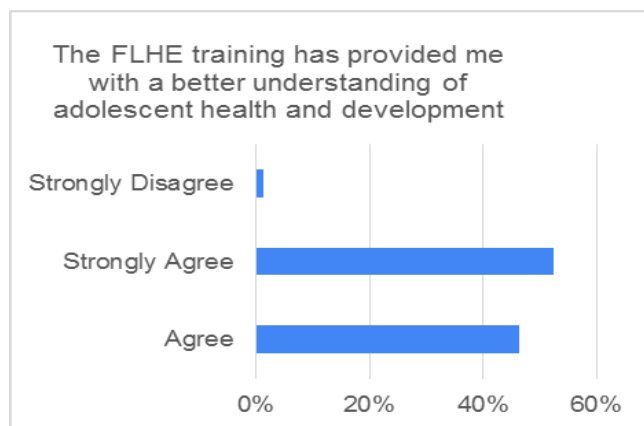


Figure 2: Understanding about adolescent health and development.

98% of survey respondents agreed or strongly agreed that they had a better understanding of the training than before the training. A respondent noted that *“the contents of the course and its essence are just worth the time. Nurturing great children needs proper understanding and that is part of what the course has put forth. I have only found wealth and royalty in what have been put together”*.

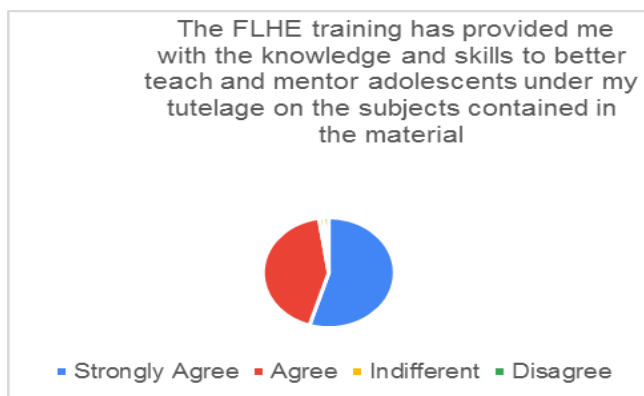


Figure 3: Acquisition of knowledge and skills from the FLHE training

Most of the participants agreed that the FLHE training enhanced their knowledge and skills to better teach and mentor adolescents and young people.

To support this, a respondent said that *“Initially, I was very skeptical about the training because I was wondering what the content entails, but I found out that it is rich and educative, and it is not only the teenagers that will benefit but teachers too because it includes life building skill which everyone can relate with”*.

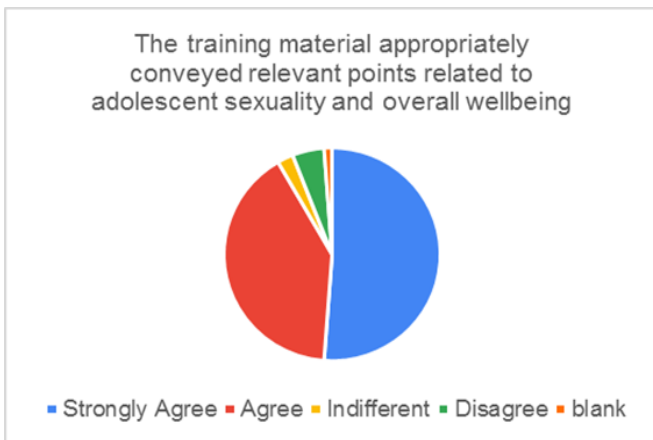


Figure 4: Appropriateness of the FLHE training materials

Most of the respondents agreed that the training materials appropriately conveyed relevant points related to adolescent sexuality and overall wellbeing, 2% were indifferent and 5% disagreed. According to a respondent, *“the training is rich and so timely, it is really going to help this generation”*.

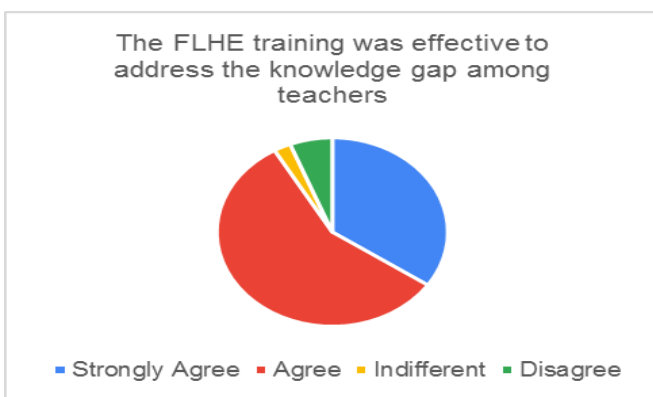


Figure 5: Effectiveness of the FLHE training

92% of respondents agreed that the training was effective in addressing the knowledge gap among teachers. A respondent said: *“I must say with all sincerity that it was a good one; enlightening and educational”*. Another respondent found the training *“very essential and educative”*.

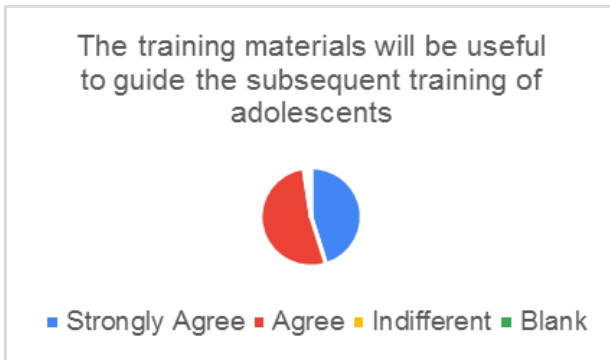


Figure 6: Usefulness of the FLHE training in providing guidance for subsequent training.

97% of responded either agreed or strongly agreed that the training materials will be useful to guide subsequent training of adolescents. A respondent noted that *“it was an exciting course and quite an eye opener”*.

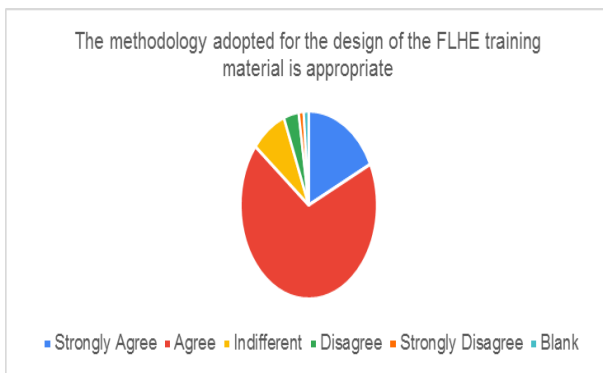


Figure 7: Appropriateness of the methodology

86% of respondents agreed that the methodology adopted for the design of the FLHE training material was appropriate while 8% were indifferent.

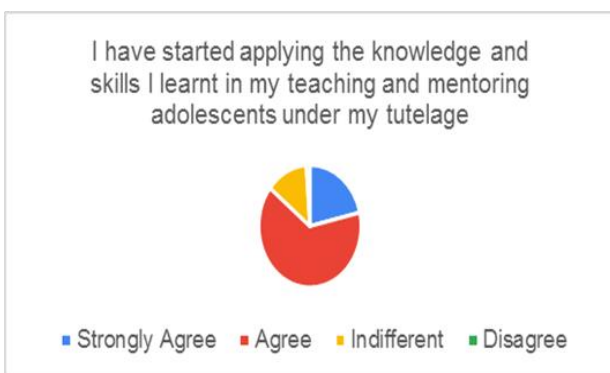


Figure 8: Application of the knowledge from the FLHE training in teaching and mentoring

65% of the respondents indicated that they have already started applying what they learnt in the training in teaching and mentoring students under them. A respondent noted that *“the training is very educative, and I have even started engaging my students using the FLHE content.”*

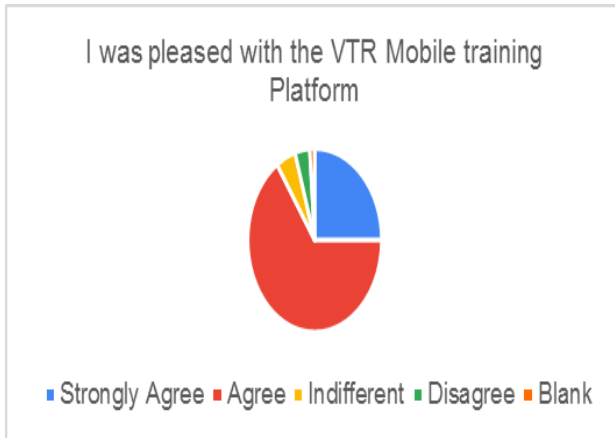


Figure 9: Opinion of respondents about the FLHE VTR training

Most of the respondents were pleased with the VTR mobile training platform while 5% were indifferent, and 4% disagreed. A respondent said that *“It has been a wonderful learning on the FLHE platform”*.

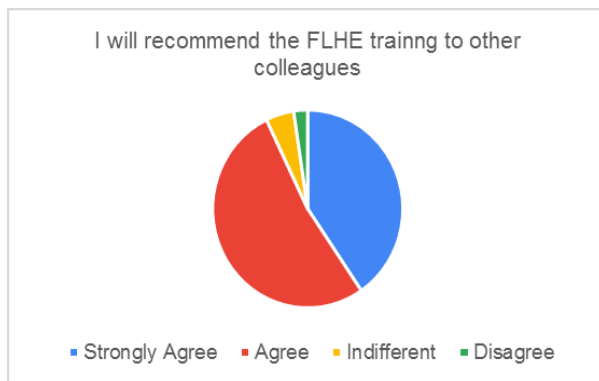


Figure 10: Recommendation of the FLHE training to others

82% of the respondents would recommend the FLHE training to other colleagues, 5% were indifferent and 2% would not.

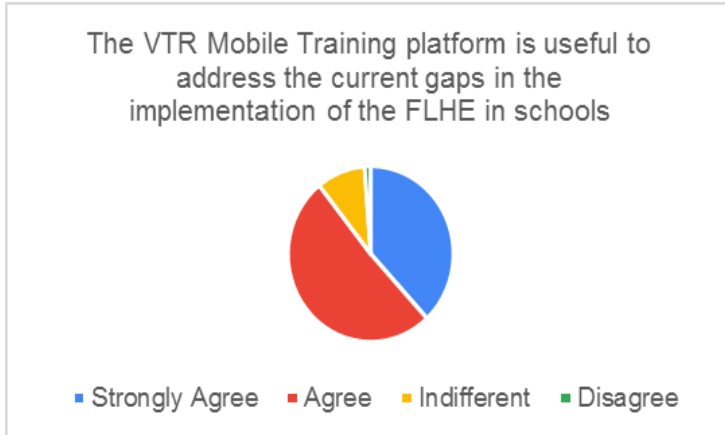


Figure 11: Usefulness in addressing the gaps in FLHE implementation.

Most of the respondents, 89% reported that the VTR Mobile training platform was useful in addressing the current gaps in the implementation of the FLHE in schools. 10% were indifferent and 1% disagreed.

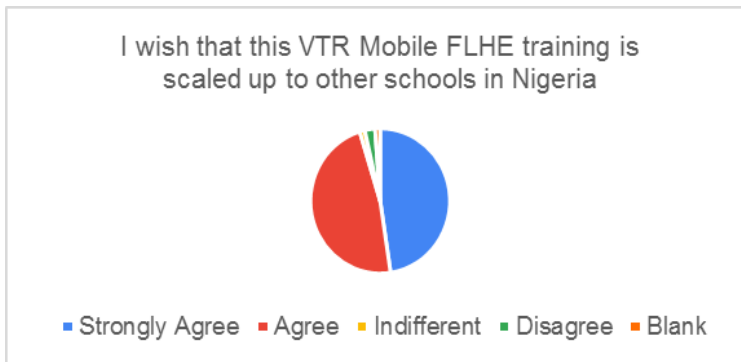


Figure 12: Scale-up of the FLHE training

96% of respondents supported the notion of scaling-up of the FLHE to other schools in Nigeria so that other teachers can benefit from the rich content.

Participant suggestions to ways improve the overall effectiveness of the FLHE training?

- The visuals should be improved on.
- It should be easily accessible to everyone.
- Periodical training should be conducted for school handlers.
- Internet connectivity should be provided for participants.
- Training should be spread to rural schools also.
- Work more on the VTR app for it to be more effective.
- It should be included in the Nigeria curriculum to be taught as a subject.
- Seminars should be held across schools and colleges for the training.
- The training should also include students in public schools.
- If it is possible to also include parents, a lot of parents will also benefit greatly from this.

4. CONCLUSION

4.1 Lessons Learnt

- The commitment, dedication and special interest of the Proprietor/Head of Schools is an important factor for the success and will be an important sustainability imperative.
- While VTR Mobile training is available on mobile phones, teachers appeared to conserve their data and use School resources. As such Schools with adequate facilities such as computers and intranet for the teachers is important.
- FLHE training has spillover effects beyond the schools as anecdotal evidence suggests that skills learnt are potentially practiced in their families and communities.

4.2. Conclusion

The findings from the pilot project on the FLHE Video training in schools revealed that the training app was effective in enhancing the capacity of teachers on comprehensive sexuality education. This objective was achievable because of the youth population of respondents, the advanced educational qualifications of most of the teachers, support of the school management and the availability of relevant facilities such as computers and intranet to facilitate the process. It is a known fact that young people are resourceful, more responsive to change and usually more technologically competent to easily navigate through the Video Training App, even though the electronic App was designed to be user-friendly.

The expected outcome of the training process is for teachers to appropriately cascade the training to their students so that they are better able to make informed and better choices to improve their sexual and reproductive health. Notably, an improved sexual and reproductive health of adolescents has positive physical, social, emotional cognitive and economic implications on individuals, families and society which will culminate ultimately to national productivity.

4.3 Next Steps

The next steps are to conduct a cross-sectional study among adolescents using the mixed method approach after 6 months of the completion of the teacher's training. The aim is to determine the change in the behavioral intention of the adolescents.

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