

Enhancing Youth Involvement in HIV Prevention Policy and Community Health Advocacy in Nigeria

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Abstract

However, HIV infection is a major public health problem in Nigeria, especially for Adolescents and young people, experiences social, economic and structural vulnerabilities that continue to put them at risk of infection. Even though there have been great strides in HIV prevention, treatment and awareness campaigns, stigma, misinformation, poverty, lack of access to youth-friendly services and lack of youth engagement in the policy process persist and hinder prevention. This policy brief reviews the critical need to enhance Nigeria's youth engagement in HIV prevention policy and community health advocacy. The study presents qualitative data gathered from Focus Group Discussions (FGDs) with youth and health workers in Taraba State. It examines both the level of HIV knowledge and the risk factors, service access barriers, level of youth engagement and opportunities for policy reform. The results show that while HIV knowledge has grown, misconceptions and HIV stigma, along with risky sexual behaviours and under-involvement of the youth, remain substantial. Participants also stressed that young people have a desire to take part in prevention efforts and can do so if they receive the appropriate training, resources, and opportunities to do so. The report calls for the institutionalisation of youth participation in HIV programmes, increased youth-friendly services, more peer education programmes and incorporating youth voices in policy development, execution and monitoring.

Keywords: HIV Prevention, Youth Participation, Community Health Advocacy, Public Health Policy

1. Introduction

HIV continues to be a significant health, social and economic problem in many developing countries, including Nigeria. Although HIV prevention, diagnosis, treatment and care have made great strides, the virus remains a public health threat, especially for adolescents and young people, who continue to be at heightened risk of infection and ensuing health outcomes (Kharsany & Karim, 2016; UNAIDS 2024). There is an increased risk for youth to contract HIV due to several factors that make them more vulnerable, such as lack of accurate health information, socioeconomic disadvantages, stigma, risky sexual behaviours, and limited access to youth-friendly healthcare services (Idele et al., 2014; Dellar et al., 2015). But these obstacles persist and put national and global HIV prevention goals at risk.

Nigeria has a large youth population, and they are a key target of national HIV prevention efforts. Adolescents and young people are in a period of transition in their lives, which can enhance their susceptibility to HIV risks such as unsafe sexual behavior, multiple sexual partners, peer pressure, substance use and underutilisation of preventive health services (Adejimi et al., 2021; Mabaso et al., 2019). Stigma and discrimination, fear of confidentiality, and the lack of youth-friendly services have been found to be barriers to young people accessing HIV testing, counselling, prevention commodities and treatment services (MacPhail et al., 2015; Denison et al., 2017). As such, young people in sub-Saharan Africa continue to be a priority group for HIV prevention programmes.

In the past, there have been many HIV prevention programmes that have been geared towards raising awareness, providing testing services, expanding access to treatment, and providing communication on behaviour change. Although these interventions have helped to increase awareness and uptake of HIV services, many programmes focus

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mainly on young people as beneficiaries, rather than active participants in programme design, implementation, and evaluation (Villa-Torres & Svanemyr, 2015; Oliver et al., 2022). There is growing evidence that engaging youth in meaningful ways can influence programme relevance, ownership, beliefs about public health interventions, and programme-level behavioural change results among youth (Patton et al., 2016; Wong et al., 2022). The voice of young people carries the perspective, lived experience and knowledge of prevention issues and realities facing their peers and is better able to convey prevention messages through youth networks and communities.

Moreover, the effectiveness of youth-led strategies in raising awareness about HIV, decreasing stigma and discrimination, increasing access to HIV testing services and promoting safer health behaviours among youth and adolescents has been shown (Maticka-Tyndale & Barnett, 2010; Denison et al., 2017). There is emerging evidence that peer education, youth advocacy efforts, community mobilisation efforts, and youth involvement in health governance are linked to better engagement and better health outcomes. While these advantages exist, opportunities for youth to participate in HIV policymaking and decision-making in many contexts are limited, and youth are therefore unable to meaningfully contribute to national HIV responses (Villa-Torres & Svanemyr, 2015).

This policy reform report examines the place of youth engagement in HIV prevention policy and community health advocacy. It reviews current issues related to HIV prevention for youth. It recommends policy modifications to place youth at the forefront as leaders, advocates and partners in HIV awareness, HIV prevention, reduction of stigma, promotion of HIV services and behavioral change interventions. Incorporating youth into HIV prevention strategies can increase the effectiveness of the programme, improve health outcomes, and speed up progress towards HIV control targets, at national and global levels (Patton et al., 2016; Wong et al., 2022).

2. Problem Statement

Though the awareness and prevention of HIV have been improving among youth in Nigeria, there are still several challenges that impede effective HIV control. Key barriers to uptake of prevention and treatment include stigma, discrimination, poverty, lack of access to youth-friendly services, misinformation and fear of testing. The results of the study suggest that many young people are continuing to practise behaviours that put them at risk of contracting HIV, such as having unprotected sex, multiple sexual partners, sexual transactions, and not using HIV testing. The prevalence of these behaviours is influenced by a larger social and economic context such as unemployment, peer pressure, lack of educational opportunities, and low-income family communication about sexual and reproductive health.

A key issue is also the underrepresentation of young people in the process of developing, implementing and monitoring HIV policies. Youth are often excluded from decision-making processes, where policies and programmes are formulated, and funds are allocated, due to their vulnerability and sensitivity to HIV-related policies and programmes. This exclusion has the negative effect of restricting the programme's sensitivity to the lived circumstances of young people, and the opportunities to use peer-led interventions to improve effectiveness. Many youths reported not being aware of existing HIV policies and lack engagement with HIV policy processes. Besides, they are undertrained, under-resourced, under resourced and poorly institutionalised, which hinders their meaningful involvement in HIV prevention. If policy changes are not properly designed and targeted to embed youth engagement in the structure of HIV prevention programmes, there may be missed opportunities to leverage peer influence, community mobilisation and lasting changes in behaviour. The need to build the capacity of the youth to be a central part of HIV prevention policy and community health advocacy is thus urgent.

3. Methodology

The policy brief was based on qualitative data resulting from Focus Group Discussions (FGDs) with youth and health workers in selected communities in Taraba State, Nigeria. In-school and out-of-school youth, ages 15-29, and healthcare workers engaged in HIV prevention, counseling, and testing and community health promotion activities

were included. Participants were identified using a purposive sampling technique that sought to recruit those participants who had relevant experiences and knowledge about HIV prevention, youth health issues, service access and community health advocacy. Semi-structured discussion guides were employed to facilitate in-depth discussions regarding HIV knowledge, transmission, risk behaviours, preventive practices, stigma, access to services, youth participation and opportunities for policy reform.

Data were gathered from moderated focus group discussions and well documented for analysis. Thematic content analysis was used to analyse the information obtained. Responses were analysed, coded and grouped into broad thematic areas of HIV awareness, risk factors, access to services, stigma and discrimination, youth participation and policy recommendations. Responses were analysed for each group of participants and triangulated to see if there were common themes and agreements. Existing literature, national HIV prevention frameworks, and international best practices on youth engagement in public health programming were also used to gain additional insights. This evidence is the foundation for policy recommendations included in this report.

4. Situational Analysis

HIV remains an important public health problem among adolescents and young people in Nigeria. While there has been significant awareness creation, access to HIV testing, access to treatment, and community sensitisation, there are some structural and behavioural factors that are continuing to make young people vulnerable to HIV infection. Major barriers to effective HIV prevention include poverty, unemployment, lack of access to health information, gender inequities, stigma, and poor youth-friendly health services. The results of the Focus Group Discussions with the youth and health workers of Taraba State show that there is a tremendous improvement in the awareness of HIV over the years. Participants exhibited a general knowledge of HIV transmission, prevention and treatment. Many recognised that HIV is a medical condition that can be managed through proper treatment and taking the prescribed medication. This shows the positive effect of the previous awareness campaigns, school-based education programme, health facility outreach activities and community sensitisation.

Regardless of these advances, there are many misconceptions and fears about HIV in many communities. Some of the participants still feel that HIV is a curse on people, a social stigma and a death sentence. These beliefs lead to stigma; they don't motivate people to get tested, and people don't use services that are available to prevent or treat it. The fact that misinformation continues to circulate underlines the importance of ongoing community education efforts and youth-led advocacy activities that can tackle myths and support the dissemination of accurate information. The results also indicate that youth are mostly not involved in the policy development and programme planning processes, even though they are one of the groups most impacted by HIV. Young people engage in mobilisation and awareness-raising activities in the community, but their engagement is not formalised and is not supported by institutions. Enhancing youth leadership is a significant opportunity to boost the effectiveness and sustainability of programmes.

5. Key Findings

The results of the study highlight the fact that HIV awareness has significantly increased over the years, mainly through school-based education, health facility outreach programmes, the media and interventions by governmental and non-governmental organisations. The participants had a general knowledge of HIV transmission, prevention, and treatment. But there are major misunderstandings in communities, especially in understanding how casual sex can lead to HIV infections and how HIV affects people socially. Unfortunately, fear, misinformation and cultural values remain barriers to effective prevention and to stigma surrounding people living with HIV.

The research found that there are a number of factors, both behavioural and structural, which make young people more vulnerable to HIV infection. Unprotected sexual activity, multiple sex partners, transactional sex, early marriage, substance abuse, and peer pressure were the consistent factors cited as major contributors to HIV risk. A range of factors, repeatedly mentioned, were identified as underlying causes that place young people at risk, especially adolescent girls, of infection, including poverty and unemployment. Poor communication between parents and their

children about sexual and reproductive health topics was also mentioned as a risk factor for adolescents' risky behaviours.

Many young people face access barriers to HIV prevention, testing, treatment and counselling services. Participants shared concerns related to confidentiality, privacy, and stigma at health facilities that offer HIV related services, travel costs and the lack of services specialised for youth. The youth did not feel comfortable in facilities where adults and community members can easily identify them, and many youths did not go for testing and counselling. Health workers also pointed to the fact that service delivery arrangements are not always geared towards the specific needs of adolescents and young adults.

Stigma and discrimination were a major challenge identified in the uptake of HIV prevention and treatment. Fear of social rejection, family disapproval, community gossip and discrimination were among the factors that deter many young people from accessing HIV testing and treatment services, participants reported. In some cases, people with HIV are believed to hide or forgo HIV care for fear of being ostracised or discriminated against in their communities. The results indicate that stigma continues to be a significant barrier to national HIV prevention and treatment goals.

The results also found that youth are already making a contribution to HIV prevention, including in the areas of peer education, community mobilisation, awareness raising, school activities, and support to health outreach programmes. Participants noted, however, that the participation of youth has been mostly informal and not adequately supported. Youths indicated limited participation in planning the programme, in policy discussions and decisions making processes regarding HIV prevention and community health interventions. The majority were very keen to take on more leadership positions if they had the opportunity to gain and receive the necessary training, mentorship, funding and institutional support.

All stakeholders concurred that youth engagement can be a major contributor to positive HIV prevention results. Participants noted that youth have greater capacity to communicate with other youth, and that they are better able to drive behaviour change amongst other youth. Thus, policy reform was identified as a key area that needed strengthening in relation to youth leadership and institutionalising youth engagement in HIV programmes.

6. Policy Implications

The results underscore the need to change the attitudes of young people from being seen as beneficiaries of HIV programmes to active players in the policy development, implementation, monitoring and evaluation. HIV prevention programs are often not targeted specifically to youth and exclude them from programme design and decision-making processes. This approach decreases programme ownership, effectiveness and fails to capture the rich learning that can be gained from young people in policy design and delivery.

These findings indicate that involving young people in a meaningful way can enhance community acceptance of messages on youth HIV prevention, improve the relevance of prevention messages, expand access to prevention services and increase healthy behaviors among adolescents and young adults. Policies that institutionalise youth engagement can help to ensure programmes are responsive to realities and challenges faced by youth and to ensure sustainability and long-term impact.

Moreover, the longstanding stigma, service availability and lack of youth-friendly health services also suggest broader reforms need to be made with youth input to the health services system. Improving service delivery models to be more youth-friendly, increasing community-based provision of HIV services and supporting youth-led advocacy efforts are likely to increase the uptake of services and support national HIV prevention goals.

The results also highlight the need to address more socio-demographic factors that increase the risk of HIV infection, such as poverty, unemployment, gender norms, and schooling. To make the most of the potential for HIV prevention, intervention, social protection, youth empowerment, education and economic development programmes must all be multisectoral.

7. Policy Reform Framework

The result of this study shows that comprehensive policy changes are needed that go beyond consultation and embed youth in the public health policy governance process. The outcome of this study reveals that a strengthening of youth involvement in HIV prevention requires policies that are wide-ranging and involve youth as active players in public health governance. This proposed policy reform framework is based on five interconnected pillars that seek to institutionalise youth engagement, bolster HIV prevention interventions, increase access to services, and increase community ownership of HIV programmes.

The first pillar centres on institutionalising youth in the process of HIV policy development and governance. The formal representation of young people in HIV policy committees, advisory boards, programme implementation teams and monitoring at national, state and local levels of government. This representation should not be symbolic but rather offer opportunities for youth to participate in decision-making processes in a meaningful way. Youth HIV Advisory councils at various levels of governance would create structured opportunities for young people to input into policy priorities, programme design and implementation strategies.

The second pillar is about enhancing youth leadership and capacity building. Participants were willing to work on HIV prevention but were also aware of the lack of training opportunities. Leadership development programmes, peer education training, advocacy skills development, communication training and mentorship programmes should therefore be supported by government agencies, development partners and civil society groups. Strengthening the capacity of youth advocates will improve their effectiveness in Community mobilisation, Behavioural change communication and Policy engagement activities.

The third pillar is to increase HIV services for youth. The results indicate that many youths do not use available services due to concerns of confidentiality, stigma and provider attitudes. Youth-friendly service units with accessible, confidential, and non-judgemental HIV prevention, testing, counselling and treatment services should be created in health facilities. Mobile outreach programmes and community-based testing should be scaled up to boost access for rural underserved people who may not have access to health services.

The fourth pillar aims to enhance community-level HIV prevention and stigma reduction efforts. Stigma was a common theme and emerged as one of the major challenges participants identified in the uptake of HIV prevention and treatment. National HIV prevention strategies should include youth-led awareness campaigns, peer education programmes, community dialogues, school outreach programmes and social media advocacy. Traditional leaders, religious leaders, educators and community influencers need to be involved and work hard to change attitudes and misconceptions regarding people living with HIV.

The fifth pillar is dedicated to fostering collaboration across sectors and sustainable financing for youth-led HIV interventions. HIV prevention is not something that can be solved only by the health sector. Integrated responses are needed from all ministries involved in health, education, youth development, women's affairs, social welfare and community development. Sustainable funding mechanisms should be put in place to support youth-driven projects, community-based outreach programmes and innovative prevention interventions addressing the needs in the local community.

8. Strategic Policy Recommendations

From the evidence that emerged from this study, a few recommendations for strategic policy change aimed at strengthening youth engagement in HIV prevention policy and community advocacy for health in Nigeria are made. Incorporate youth representation in national, state and local HIV governance bodies at the Federal Ministry of Health, National Agency for the Control of AIDS (NACA), State AIDS Control Agencies (SACAs) and other stakeholders. Youth representatives need to be fully involved in policymaking, programme planning, implementation, monitoring and evaluation.

Governments should create federal, state, and local government youth HIV Advisory Councils as a structured forum to involve youth in the decision-making process related to HIV. Youth organisations, schools, youth groups, and youth living with HIV should all be represented in these councils.

A comprehensive programme on youth leadership and capacity building to provide young people with skills appropriate for effective youth advocacy, peer education, community mobilisation, communication and policy engagement should be developed. These programmes should be delivered in collaboration with government, educational institutions, development partners and civil society organisations.

Health facilities should create youth-friendly HIV service centres or provide a time for adolescents and young adults to utilise health resources. The continuous training of healthcare workers on youth-friendly service delivery, confidentiality, non-discrimination and effective communication with youth clients is encouraged.

The provision of mobile HIV testing, counseling, and prevention should be scaled up to reach underserved populations, including rural areas where geographic access barriers prevent people from accessing health care services. Outreach activities should be planned with youth organisations to meet the needs of young people.

Promote school, community, workplace, religious institution and youth group peer education programmes with support from government and development partners. Peer educators should be given adequate training, supervision and resources to support effective HIV prevention activities.

National and state HIV prevention strategies should aim to begin efforts to reach youth through culturally relevant messages of HIV prevention through social media, drama, music, and sports. These campaigns must provide information and education about myths, misinformation, stigma and discrimination, and encourage healthy behaviours, testing and treatment.

Comprehensive sexuality education programmes and HIV prevention programmes should be reinforced in the wider framework of health education in schools. Content of education should be age- and culturally appropriate, evidence-based and provide youth with the knowledge and skills to make informed health decisions.

Traditional leaders, community organisations and religious groups should be involved as strategic partners in HIV prevention activities. Their participation can contribute to better uptake of HIV programmes in the community and to decreasing the stigma surrounding them, as well as to influencing positive behaviour change.

Government should create specific funding streams for youth-based HIV prevention efforts, innovate, and advocate and promote community outreach. Sustainable financing will be key to ensure the long-term effectiveness of the programme and youth engagement.

9. Monitoring and Evaluation Framework

To effectively implement these policy changes, a strong monitoring and evaluation system needs to be in place to track progress, pinpoint issues and facilitate ongoing improvement.

Monitoring should concentrate on indicators of youth involvement in HIV-related governance, the number of youth-led HIV prevention activities and the levels of HIV awareness among youth, as well as the uptake of HIV testing services and use of youth-friendly services. These indicators will give valuable insights into the effectiveness of interventions for youth engagement.

The outcomes of youth participation in HIV prevention, behavioural change, usage of health services and reduction of stigma should be assessed through periodic evaluations. Evaluations should be conducted by young person(s), health providers, policy makers, community leaders, and other stakeholders to ensure transparency and inclusiveness.

Strengthen data collection systems to produce data disaggregated by age to capture the experience and outcome of adolescents and young adults. This will help guide evidence-informed decision-making and enable targeted actions for vulnerable groups.

Feedback mechanisms should also be put in place to enable the youth to provide input on HIV programmes and policies, share experiences and highlight problems. Ongoing learning and adaptation will be key to making youth participation programmes effective and sustainable.

10. Conclusion

The results of this study reveal the critical role of young people in HIV prevention, destigmatising HIV, encouraging healthy behaviors and advocating for community health in Nigeria. There has been a profound improvement in HIV awareness. Yet, there are still many challenges, particularly in terms of individual misconceptions, stigma, poverty, risk-taking behaviours, lack of youth-friendly services, and low youth involvement in policymaking.

The study findings show that young people are not only consumers of HIV programmes, but they are valuable stakeholders who can catalyse positive social and behavioural change. They are close to the people impacted by HIV, know about the lived experience of youth, and can help mobilise communities to take action about HIV prevention.

But achieving this potential will require a conscious shift in policy to ensure youth participation becomes institutionalised, expand youth leadership development, increase youth-friendly services, and provide meaningful opportunities for youth to be involved in decision-making processes. The participation of youth needs to go beyond consultation to being a central part of HIV governance, programme delivery and monitoring.

Expanding youth leadership and youth participation will not only improve HIV prevention results, but it will also help advance other public health objectives, community resilience and sustainable development. Nigeria can advance towards an AIDS-free generation, better health outcomes, and fewer new HIV infections by engaging young people in leadership, advocacy and meaningful engagement in HIV prevention.

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