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EVALUATION OF SOCIAL PROTECTION ADAPTIVE CAPACITY FRIENDLINESS FOR SUSTAINABLE HUMAN SECURITY AMONG TEEN YOUTHS IN A PERI-URBAN AREA OF AKWA IBOM STATE, NIGERIA

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ABSTRACT

This study evaluated the teen youth responsiveness towards sustainable socio-economic health security intervention communication, the responsiveness index of the respondents was estimated and how significant variations in teen youths responsiveness across their characteristics were ascertained. The study was conducted in the Itu Local Government Area of Akwa Ibom State, Nigeria. The target population of the study was all youths between the ages of 14 and 25 years. A multi-stage sampling technique was used and a total of 200 respondents were sampled to generate the needed data that were subjected to descriptive and inferential statistics. The results revealed that 93.5% of the teen youths were aware of the threat of HIV/AIDs issues to the sustainable socio-economic-health status of households as 32.5% had the courage to visit the VCT center to ascertain their status. It was surprising that only 25% knew that the VCT services were confidential. Overall, about 34% of the teen youths had a responsiveness index that was considered high and friendly to call to know HIV/AIDs status; and adopt voluntary counseling and testing to promote zero HIV spread in the region. With regards to sources of variation in teen-youths responsiveness index, the majority of the personal characteristics of the respondents; sex, number of household income earners, father's level of education, and household size, were statistically not significant variables even though there were considerable variations in the mean index of teen-youths responsiveness to HIV/AIDs VCT across their factors. The variable: age showed statistical significance among its age range categories. As the age range increased, it revealed a higher index of teen-youth responsiveness, which suggested that maturity with advancement in age increases the consciousness of young adults to be careful and safe in society. Irrespective of the background characteristics of the respondents, their decision to stay safe was more of a personal decision to stay safe and healthy.

Keywords: *Youths, Knowledge, Voluntary, Counselling, Testing*

INTRODUCTION

Akwa Ibom State has been a frontline intervention State that has been pragmatic in the mitigation of the HIV/AIDs threats in Nigeria right from its early stage. Even though the extent of intervention services in the urban area has been enormous, the awareness and sensitization campaign coverage can be conveniently assumed to diffuse across the peri-urban and rural areas of the study (Isiugo-Abanihe and Inyang, 2007). Due to the inequity status of household poverty and insufficient health infrastructures across the rural and peri-urban areas, access to intervention services still requires considerable investment (Adedokun, Badru, Khamofu, Negedu-Momoh, Iwara, Agbakwuru, Atobatele, Merrigan, Ukpong, Nzelu, Ashefor, Pandey and Torpey, 2020).

Information deficiency within a given society is of serious concern since it usually comes with unpredictable consequences as it relates to situations that are exacerbated by ignorance. As it relates to HIV/\AIDs communication, intermittent advocacy and sensitization campaigns alone appear insufficient and might not provide the widest reach to people in areas, which is considered rural and peri-urban. This is being noted as one of the barriers to intervention efficiency and, thus, the essence of counseling, (Ndiira, 2012; Ngo, Ha, Rule and Dang, 2013). The paucity of HIV/AIDs among the younger generation is not excluded as young people would like to be provided with adequate information when they go for HIV testing. Boswell and Baggaley (2002) opined that young people value opportunities for counseling and that more than one session is required to adequately explore their needs, (Mbamara and Obiechina, 2013; Adulo, Hassen, and Kontuab, 2022). It was further suggested that in supporting young people who have made a decision to be tested, adequate time should be available to provide information before and after the testing. This is called pre and post-test counseling.

Voluntary Counseling and Testing (VCT) are an important tool for preventing HIV since it allows young people to evaluate their behaviour and its consequences (Uzochukwu, Uguru, Ezeoke, Onwujekwe, and Sibeudu, 2011). A negative test result offers a key opportunity to reinforce the importance of safety and risk reduction behaviour. Young people who test HIV positive receive referrals for care and opportunities to talk to knowledgeable people who can help them understand what their HIV status implies. During the process of counseling, clients are educated on HIV/AIDS, and misconceptions and myths are addressed. VCT services have been shown to contribute to an increase in safe sexual behaviour at the individual level, thereby preventing new cases of HIV infection and reducing the incidence of maternal-to-child transmission in HIV-positive female youths (Mbamara and Obiechina, 2013). It also reduces the ignorance, fear, and stigma associated with HIV infection in the population at large, (Isiugo-Abanihe and Inyang, 2007).

A recent study reported that the level of awareness of HIV/AIDS in Nigeria is still low and thus, the attitudes of most Nigerians toward voluntary HIV/AIDS counseling and testing need to be improved (Mbamara and Obiechina, 2013; Uzochukwu, et al, 2011). For instance, UNAIDS (2008) revealed that, in 2006, only 10% of HIV-infected women and men were receiving antiretroviral therapy and only 7% of pregnant women were receiving the treatment needed to reduce the risk of mother-to-child transmission among youth of HIV, (Lawal, 2008; Sambou, Dai, Zhao, Hong, Basnet, Marley, Sambou, Fadoua, Naveed, 2022). Knowledge of HIV status is the gateway to behavioural change, treatment, care, and support and has documented prevention

benefits. In many developing countries, voluntary HIV/AIDS counseling and testing has not been available to young people. Pettifog, Rees, Steffennson, Hlongwa-Madikizela, Macphail, Vermaak, and Kleinschmidt,(2004) suggested HVCT in order for young people to take precautions to protect themselves from HIV, they first have to think that they are potentially at risk of becoming infected. In their study conducted among young people aged 15 – 24 in South Africa, 36% of young people reported that they believed they were not at risk at all of contracting HIV, 35% reported risk, and 14.0% at high risk. In another study conducted in Malawi in 1994, focus group discussions with primary and secondary school pupils showed that about 70% of the young people generally perceived themselves to be at risk of getting HIV (Munthali, Chimobiri and Zulu, 2004; Nigatu, Kabeta, Taye and Belina, 2021). It is seen that in most countries; young people are still not aware of HIV/AIDS VCT due to inadequate HIV/AIDS education which is the most effective means of mobilizing youths to respond comprehensively to HVCT. Thus, it is imperative to provide them with basic knowledge about HIV/AIDS VCT.

As earlier noted about the HIV/AIDs status report in Akwa Ibom State, awareness and advocacy campaign visits have taken place for decades and have massively improved the understanding and knowledge about the disease, but HIV/AIDs VCT services have not received the same capacity of coverage in peri-urban and rural areas as witnessed in urban areas. A similar trend of inequality is widespread in terms of access and exposure to the information and facilities that can affect the teen youths' response to the various sources of communication for getting to know their HIV/AIDs status. Considering the psycho-social challenges associated with HIV/AIDs communication and treatment, could the responsiveness of peri-urban teen youth be high enough to guarantee the social protection that society needs in striving to mitigate the spread of HIV/AIDs. This study evaluated the teen youth responsiveness to HIV/AIDs VCT communication, estimated the responsiveness index, and then, ascertained how significant the variation across their personal characteristics was.

METHODOLOGY

The study was conducted in Itu Local Government Area of Akwa Ibom State, Nigeria, with a population of about 127,856 people (NPC, 2006). Itu is made up of four (4) Clans, 10 Wards, and 51 Villages. The inhabitants of this area engaged in part-time farming as a way of augmenting and supplementing family income and food supplies (Etim, Azeez, and Asa, 2006). The target population of the study was all youths between the ages of 14 and 25 years. A multi-stage sampling technique was used. The first stage adopted stratified random sampling to select four communities based on intervened and non-intervened communities and each community was further divided based on rural and urban features of the communities. In the second stage, a simple random sampling technique was used to select a community with a public school, thus giving a total of four schools. At the third stage, there was a census of all senior classes in each of the selected schools and a simple random sampling technique was applied to select one class out of the total number of senior secondary classes in each school. The fourth stage adopted a convenience sampling method to administer the questionnaire on the entire students that were present in the class, for the reason that, the respondents came from different locations within the community. This study made use of a structured questionnaire as an instrument for data collection. To ensure a high level of validity, the instrument was subjected to face construct and content validity. The data collected were subjected to Cronbach's alpha test and were analyzed using descriptive

statistics like mean, percentages, frequency counts, and composite index analysis. The composite index (CI) analytical procedure was adopted as used in the studies of Inyang, Inyang, and Effiong (2022) to derive the proportional levels of a measurable attribute of the level of knowledge on HIV/AIDS Voluntary Counseling and Testing (KHAVCT),

According to Kerlinger and Lee (2000), the index value is probabilistic or can be considered as a probability of likelihood since the value only ranges from 0 to 1. It can also be expressed in percentage if multiplied by a hundred. For ease of explanation or description of the degree of the measurable estimates, the index distribution can be discretionally categorized into equal intervals of choice depending on meaningful descriptive ability.

RESULTS AND DISCUSSION

Demand Creation Induced Alertness about HIV/AIDS VCT among Teen-Youths

Table 1 shows the teen youths' responsiveness profile to diverse communication pathways on HIV/AIDs and also VCT in the study area. Item 1 shows the awareness status of HIV/AIDS, 93.5% of the respondents. The percentage incidence portrays the effectiveness of the diverse channels of communication of HIV/AIDs in the area have been positively impactful and attests to the facts that various intervention efforts have been rewarding over the last three decades (Adedokun et al, 2020; Isiugo-Abanihe and Inyang, 2007). Despite the fact that there is an increase in knowledge about the basic facts of HIV/AIDs and the strategies to stay friendly to the menace. Item 2 portrays 56.0% were ignorant of the meaning of HIV/AIDS VCT, thus, VCT seems not to be massively adhered to among the populace in spite of the implementation of advocacy and sensitization programmes in the peri-urban and rural areas. It is a fact that these areas have limited health infrastructures to support service provisions. An exception can be for some individuals who are exposed or were opportune to hear about such advisory services. The pattern of result distribution on item 3 is not surprising that 57.5% have never visited an HIV/AIDS VCT center.

Issues surrounding lack of exposure to VCT services seem to negatively affect the percentage incidence of item 4 as 75.5% were ignorant of the confidentiality of HIV/AIDS VCT and the lack of understanding that HIV/AIDs VCT is confidential as 50.0% have never been tested of HIV/AIDS. The ignorance level could have influenced the responsiveness of the respondent towards testing to know personal HIV Status Item 5 also followed a similar pattern to Item 6 as only 45.0% were aware of the importance of HIV/AIDS VCT. The percentage incidence (71.0%) of Item 7 affirmed the assertion by (UNICEF, UNAIDS, and WHO, 2002; AIDSNET, 2003; Isiugo-Abanihe and Inyang, 2007 and Uzochukwu et al, 2011) that most people have good knowledge of the importance of knowing personal HIV status and also knew the benefit thereof.

Table 1: Teen-Youths Responsiveness Profile to Demand Creation on HIV/AIDS VCT

S/N		No	Yes
1.	Have you ever heard of HIV/AIDS?	6.5 (13)	93.5(187)
2.	Do you know what HIV/AIDS VCT mean	56.0(112)	44.0 (88)
3.	Have you ever visited any HIV/AIDS VCT center before?	67.5 (135)	32.5 (65)
4.	Do you know that HIV/AIDS VCT is confidential?	75.5 (151)	24.5 (49)
5.	Have you ever been tested for HIV?	50.0 (100)	50.0 (100)
6.	Do you know that HIV/AIDS VCT can help you live a better life even if tested positive or negative?	55.0 (110)	45.0 (90)
7.	Knowing HIV status is beneficial to me, my partners, and others	29.0 (58)	71.0 (142)

Level of Teen-Youths Responsiveness about HIV/AIDS VCT in the Peri-urban Area

Table 2 reflects the distribution of teen youths according to their level of responsiveness about HIV/AIDs VCT as generally low at 39.0%, while a lesser population of 34.0% had a high response alertness. However, the overwhelming low responsiveness about VCT is not unconnected with the low level of understanding of HIV/AIDs VCT resulting from the handling of the sensitization from Government agencies and other stakeholders, as well as poor accessibility of available information via print and electronic media. Also, the dwindling level of parental care and guidance amounting from virtually non-functional families due to poor socioeconomic wellbeing status has also impaired effective counseling from the parents (Azigwe, Kanyomse, Awuni and Adda, 2016; Copper and Stewart, 2017). The government should intensify efforts by providing more VCT centers, recruiting more qualified personnel and promoting awareness of VCT, liaising with churches, traditional leaders, and youth organizations.

Table 2: Teen-youths Responsiveness to Demand Creation on HIV/AIDS VCT (RDCHAVCT) Services

RDCHAVCT Index Range	RCDHAVCT index Range Interpretation	Frequency	Percentage
0.00-0.399	Low	78	39.0
0.400-0.699	Average	54	27.0
0.700-1.00	High	68	34.0

Variations in Mean Index of Teen Youths Responsiveness to Demand Creation on HIV/AIDs VCT Services

Analysis of sources of variability within development programmes becomes pertinent as differences abound in the capacity of individual participants across the population to respond to transformative stimuli. The variations if not mapped can create situations that might affect the overall performance of any given programme towards achieving its set purpose. In addressing the

sources, it helps to pay attention to certain salient factors that can enhance the efficiency of the intervention programme (Inyang, Eka, Udoma, and Okon, 2004; Inyang, 2005). Following earlier insight into the teen-youths responsiveness profile makes it necessary to ascertain the effects that variation in personal characteristics of respondents can exert on the individual's responsiveness index and if the variations across the factors are significant.

As shown in Table 3, item 1, male respondents had a higher level of attitudinal disposition mean index than female respondents. The significant value was greater than the p-value at 0.05, which indicates that there was no significant difference in the attitudinal disposition of VCT between male and female youths in the study area. Based on the findings, the level of awareness of HIV/AIDS VCT was low giving the attitudinal mean index of 0.5866 of those who responded "Yes". The significant value (0.735) was greater than the p-value (0.05), showing that there was no significant disposition in the level of HIV/AIDS awareness and their attitudinal disposition. The results show that the youths' knowledge about HIV/AIDS was generally low.

Table 3, Item 3 shows the difference in attitudinal disposition of HIV/AIDS VCT among respondents in relation to their age was examined using Analysis of Variance (ANOVA). Youths of 14 years had a mean index of 0.6168, followed by 15 years with 0.6003, 16 years with 0.6327, 17 years with 0.5524, 18 years with 0.6205, 19 years with 0.4694 and 20 years with 0.4525 mean indexes. There were differences in the mean index of the following age brackets 14, 15, 16, 17, 18, 19, and 20 years old. The significant value was lower than the p-value at p-0.05 indicating that there were significant differences in their ages.

Item 4 indicates a 0.5638 mean index for fathers who acquired primary education, 0.5778 for those who acquired secondary education, 0.6106 for those who acquired tertiary education, and 0.6107 for those who had no formal education. There was no difference in the mean index of the father's level of education. The significant value of 0.626 was greater than the p-value of 0.05 indicating that there was no significant difference. Item 5 revealed that there was no difference in the mean index of household size ranges considered, and the significant value was greater than the p-value at 0.05. This indicates that there was no significant difference between the household size and youth's attitudinal disposition of VCT.

Table 3: T-test Results on the variation in Knowledge of youth toward HIV/AIDS VCT (KHAVCT) based on selected socioeconomic characteristics.

Item	Variables	RDCHAVCT mean index	T-values	F-value	Sign values	P-value
1	Sex		0.792 ^{ns}		0.425	0.05
	Male	0.5342 ^{a}				
	Female	0.4987 ^{a}				
2	Household Income Earners		-0.572 ^{ns}		0.568	0.05
	1-4	0.5115 ^{a}				
	5-8	0.5612 ^{a}				
3	Age			17.309 ^{s}	0.000	0.05
	14 – 15	0.4055 ^{a}				
	16 – 17	0.5670 ^{b}				
	18 – 19	0.7222 ^{c}				
4	Father's Level of Education			0.601 ^{ns}	0.615	0.05
	Never attended school	0.5929 ^{a}				
	Primary	0.5408 ^{a}				
	Secondary	0.4955 ^{a}				
	Higher institution	0.5049 ^{a}				
5	Household size			0.566 ^{ns}	0.568	0.05
	3-6	0.5037 ^{a}				
	7-10	0.5165 ^{a}				
	11-14	0.6571 ^{a}				

Note: (i) superscript "**ns"** means not significant while "**s**" means significant at a 95% level of probability.
(ii) Superscript **a** to **c i**ndicates post hoc he post hoc outcome of the Duncan multiple range test, which implies mean group with the same subset lettering is not significantly different from each other but otherwise different from others.

CONCLUSION AND RECOMMENDATIONS

The study has revealed that youths in Itu Local Government Area of Akwa Ibom State have a high level of awareness about HIV/AIDS, but rather virtually fair low knowledge about VCT, and information was deficient amounting from poor accessibility to quality services and service facilities utilization. The finding of the study has implications for policymakers, parents, teachers, students, and the community at large especially in a developing country like Nigeria where the youths constitute the largest population. It also shows that there is a need for reproductive health education and service centers whose content is in line with today's changing world. It is hoped that early impartation of correct information about the hazards of sexuality, STDs, and HIV/AIDS will induce attitudinal and behavioural change in youths before they engage in premarital sex. The low level of knowledge of VCT and access to VCT services among the youths is of great concern. VCT centers could be provided in the schools' health units where youths can easily visit. HIV/AIDS social clubs should be established in schools for grassroots awareness among students.

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