

# **Predictors of VCT Patronage among Youth Living in Urban Slum: A Case of Isale Eko in Lagos, Nigeria.**

## **Background**

More than half of the world population reside in an urban settlement (UN, 2014). About two thirds of urban dwellers in Africa live in slum conditions defined by the four dimensions of overcrowding, inadequate housing, insecure tenure and lack of access to water and sanitation. The Centre for Disease Control (CDC) recognise people living in poor neighbourhood as one of the high risk group for HIV particularly young people who constitute the thrust of HIV new infections.

HIV voluntary counselling and testing (VCT) is an HIV intervention that includes both voluntary pre- and post-test counselling and voluntary HIV testing. People, of their own free will, opt for VCT, and it provides them with an opportunity to confidentially explore and understand their HIV risks and to learn their HIV test results (WHO). VCT has been shown to have a significant role in both HIV prevention and, for people with HIV infection, as an entry point to care (UNAIDS). Abundant evidence from the literature also demonstrates that counselling, as opposed to basic health information leads to a lower incidence of STIs and longer periods of HIV/STD risk reduction.

Lagos is the commercial centre and most populous city in Nigeria with an estimated population of 21 million people. Isale-Eko is an urban slum located along the coastal area of Lagos. It is the abode of the original occupant of Lagos colony with a population of 859,849 people according to the state government. People under 35 constitute the bulk of people living in this poor neighbourhood and fall between the category of HIV high risk group. The study therefore sought to understand the predictors of VCT patronage among young people living in Isale-Eko slum in Nigeria with the aim of informing best intervention strategies.

## **Data and Method**

The study was conducted in July 2015 among 200 young people living in Isale Eko slum in Lagos. The Nigeria Youth policy categorise youth as people between ages 18 and 35 but the study lowered the band to 15 years to include more adolescents. The study is purposive but adopted a systematic random sampling technique where the interviewer selects the 7<sup>th</sup> youth found in the area. The study adopted a face to face approach through pen and paper interview (PAPI). Screener question on participants age were asked to ensure that participants falls within the age group before proceeding with interviews. A semi-structured questionnaire was the instrument used for eliciting responses. The interviewers were well trained and strict quality control measures were employed to ensure that quality data was collected from respondents, including the review of all completed questionnaires. Data was analysed through SPSS 16.0. The analysis include descriptive characteristics such as frequency count, mean and standard deviation as well as multi-variate analysis. Binary logistic regression model was used to test for statistical significance between selected variables and VCT patronage.

## Result and Discussion

The mean age of sampled youth was 23 years. More than half (56%) of them were males while 44 percent were females. Majority are singles (80%), Muslims (57%) had secondary education (56%), earned less than \$100 (₦20,000) monthly (68%) and lived in a single room accommodation (44%). Close to two third (65%) of sampled youth are sexually active, of these only 55% used condom all the time. Also, one in every four (25%) justifies having more than one sexual partner at a time. Majority (88%) of them are knowledgeable about HIV/AIDs and its mode of transmission, however, only two in every five (40%) of the sampled youth have gone for VCT before with just one third (34%) of them patronising a VCT centre within six months pending the study. Similarly, only 3 out of every 10 (30%) youth sampled are aware of a VCT centre in their area. Interestingly, majority (90%) of sampled youth will not discriminate against anyone diagnosed of HIV/AIDS but will show love and care.

Binary logistic regression results showed that youths belief that HIV is still and awareness about VCT centre in the neighbourhood had significant impact on VCT patronage while youth's gender, age, duration of staying in the area and perception about having more than one sexual partner at a time does not have a statistical significance with their visiting a VCT centre.

Table 1

Parameters	B	Wald	Degree of freedom (df)	Significance (0.05)	Exp(B) (Odd ratio)
Gender	-.333	1.124	1	.289	0.717
Age	.058	3.664	1	.056	1.060
Duration of stay	.095	.085	1	.771	1.100
More than one sexual partner		1.817	2	.403	
More than one sexual partner (1)	-.420	.479	1	.489	0.657
More than one sexual partner (2)	-.691	1.538	1	.215	0.501
Agreed that HIV is still real	-1.259	8.174	1	.004*	0.284
Awareness of VCT Centre in area		8.517	2	.014*	
Awareness of VCT Centre in area(1)	1.522	8.149	1	.004*	4.580
Awareness of VCT Centre in area(2)	.909	3.159	1	.076	2.482
Constant	-.791	.480	1	.489	0.453

\*parameters significant at p<5%

## Policy Recommendations

Increased knowledge about HIV/AIDS and its mode of transmission revealed the success of previous advocacy campaigns. Findings also showed that majority of the youth sampled will not stigmatise against people diagnosed and living with the virus, but will show love and support for them. However, despite the increased knowledge of HIV/AIDs in the study area, many of the youth are sexually active and indulge in risky sexual practices. A significant number even supports having more

than one sexual partner at a time while many still thinks HIV no longer exist. This calls for sexuality education targeted at eroding myths and cultural beliefs about sexuality.

Also, despite the high rate of sexual activities in the community, VCT patronage is still quite low. Moreover, only few of the sampled youth went for VCT within six month preceding the study. This can be explained by the low awareness among sampled respondent about availability of VCT centre(s) in the neighbourhood. The result from the logistic regression also shows that awareness of VCT centres significantly impact VCT patronage. This calls for urgent intervention by the Nigerian government and reproductive health workers in citing VCT centres for people in this neighbourhood as this will prevent spread of the disease and also serves as a good entry point to care for newly infected patients. The study raised need for further research to explore if VCT centres are existent but not publicized or were not existent at all.

**Keywords:** *HIV/AIDS, VCT, patronage*