



Non-Governmental Organisations' Activities and Control of HIV/AIDS in Abi and Yakurr Local Government Areas of Cross River State, Nigeria

Love Joseph Asor, Simon Ibor Akpama and Sampson A. Ubi
*Department of Adult and Continuing Education, Faculty of Education
University of Calabar, Nigeria*

ABSTRACT

The study sought to investigate the activities of non-governmental organisations as regards the control of HIV/AIDS in Abi and Yakurr Local Government Areas of Cross River State, Nigeria. To guide the study, two hypotheses were evolved. Data were collected using "NGOs Activities and Control of HIV/AIDS intervention Questionnaire (NGOAACHIQ). Using the stratified and simple random sampling techniques, a total of five hundred and five (505) subjects were selected as the study sample. Data collected were subjected to statistical treatment using the Pearson Product Moment Correlation Co-efficient technique. Results obtained indicated that there was a positive relationship between NGO's awareness creation and condom use as HIV/AIDS control measure. Again, no significant relationship was found between NGOs' economic empowerment activities and HIV/AIDS control in the study area. Based on these findings, recommendations were made.

INTRODUCTION

A plethora of non-governmental organisations in Cross River State sprang into existence in response to the clarion call to stem the tide of the exponential spread of HIV/AIDS in the state. Credence must however, be given to such organisations as UNAIDS, UNDP, ILO and UNICEP which had blazed the trail in the concerted efforts to combat the most globally dreaded HIV/AIDS disease. In addition to these internal agencies, the Cross River State Government set up the State Agency for the Control of AIDS (SACA) and the Local Agency for the Control of AIDS (LACA) and other private agencies were authorized to operate in order to complement the efforts of the state owned HIV/AIDS control agencies.

Non-Governmental Organisations' Activities and Control Of HIV/AIDS

Despite the efforts of these non governmental agencies, Cross River State still ranks very high among the states in Nigeria with high HIV/AIDS prevalence rate. For instance, from a prevalence rate of 5.8% in 1999 to 6.1% in 2005, the HIV/AIDS prevalence rate in Cross River State rose to 8.02% in 2011 (CRSAACA 2011).

It is against this sad scenario, that this study investigated the activities of these non-governmental organisations to ascertain the extent to which their activities have impacted on HIV/AIDS control in Abi and Yakurr Local Government Areas of the State.

Hypothesis

1. There is no significant relationship between NGOs' awareness creation and HIV/AIDS control.
2. There is no significant relationship between NGOs' economic empowerment activities in terms of skills acquisition and HIV/AIDS Control.

LITERATURE REVIEW

According to Opoh and Opara (2003) about 80% - 90% incidences of HIV/AIDS cases occur through sexual intercourse, while 10% of these cases occur through other means and could be reduced to about 51% if blood meant to be transfused is properly screened. The process through which HIV/AIDS is contacted and coterminous with human life and this has made it a number one killer disease. However, the ignorance of majority of people on the use of condom as a means of controlling the spread of the deadly infection is one major factor that has enhanced the progressive spread of the infection.

For instance Rinehart (1987) states that until a vaccine for the treatment of HIV/AIDS is found, the only remedy for now is health education programmes that will make people aware of the dangers of contacting HIV/AIDS and increase efforts towards encouraging people to adopt protective measures. Because this awareness is directed mostly to those considered as high-risk individuals such as commercial sex workers, hair barbing saloon operators, taxi drivers, military personnel and sailors, the majority of the people in the society are guided by ignorance and misinformation about HIV/AIDS, especially those living in the rural areas and urban slums.

Rinehart (1987) further states that every one in the society irrespective of age and social class needs the same basic information about AIDS. He further suggested that education programmes must incorporate this information and be packaged in such ways as will easily enhance understanding and will be culturally appropriate and convincing to specific audiences. This implies that, while the content, tone and complexity of the

message will vary from each audience, the basic information to be passed across must be made available.

Also, Mc Ewam and Bhopal (1991) argued that health education should be designed to inform young people about HIV/AIDS and also enable them to act on that information. Rosenstock (1986) said that providing information alone is of limited value and he argues that health education techniques must actively engage young people both intellectually and emotionally. Moreover, health education should also help empower the individual, using techniques such as skills training, which in turn may lead to action and healthier life style. He emphasized that when HIV education is employed in this manner, information becomes a basis for action.

Nzeagwu (2003) shares the same idea of extending education about HIV/AIDS to the in-school and out-of-school youths, when he argued that “behaviour change can occur if there is an article programme of AIDS education”. Nzeagwu and Itouyough (2002) in a study conducted to evaluate the AIDS education programme in Federal College of Education, Obudu, they found out that a high level of HIV/AIDS preventive cognition existed among students at the end of the programme. Consequently, they submitted that awareness education therefore, is thus effective in inculcating appropriate sex attitudes and avoidance of other high-risk behaviours which predisposes one to HIV/AIDS infection.

For instance, Akpama and Omori (2011) in a study which investigated some demographic factors affecting adolescents from Akwa Ibom and Cross River State and a population of adolescents students aged between 10 – 19 years in public secondary schools, discovered that demographic factors such as age and gender accounted for 43% in the prediction of the vulnerability of adolescents to sexual abuse, while religion and family type did not contribute significantly to the prediction. The implication therefore is that irrespective of age and gender of the adolescents, they could be sexually victimised which could facilitate the spread of HIV/AIDS.

Consequently, Akpama et al (2011) recommended that the findings made in the study have implications for the school social workers who should build into the curriculum, sexuality education in order to protect young and innocent adolescents from sexual abuse. Similarly, non-formal education providers were reminded to include sexuality education in their programmes to sensitize adults to the grim reality, indicators and sad consequences of adolescent’s sexual abuse which could lead to HIV/AIDS spread.

Many AIDS educators in Nigeria and the different parts of the world seem to believe that if young people could be given sufficient information and of course with adequate motivation before they become sexually active, the spread of AIDS could be minimized. To support this assertion, UNICEF (2002) argued that in the era of AIDS, prevention of HIV disease must begin at the time young people begin to be aware of and explore their sexuality. Not only will the rate of infection be reduced, but also there is the hope that, as young people begin to advance in age into adults, they will establish responsible low-risk behaviour that will last for a life-time.

Non-Governmental Organisations' Activities and Control Of HIV/AIDS

Williams, Nganga and Ngugi (1997) laments that the conventional AIDS education programmes aimed at young adults and youths who are out-of-school are designed and implemented by adults. Similarly, all such programmes consist largely of imparting general information about HIV/AIDS, of warning young people of the danger of sex before marriage and of admonishing them to live according to a set of strict moral or religious precepts, with little or no regard for the social, economic and cultural contexts in which they live. Similarly, these modest efforts usually start too late when the young people are in their mid teens and already sexually active. They further argued that the conventional approach to AIDS education for the young people seems to be producing only a limited impact. This conclusion was reached as a result of the outcome of surveys made in different parts of Africa which although showed that great majority of adolescents have heard about AIDS, their knowledge generally remains at a superficial level and has little or no effect on the sexual behaviour of young people.

These conclusions correlate with the findings made in a survey carried out by United State Agency for International Development (USAID, 2010) in Cross River and Kogi States respectively, to determine the attitudes, knowledge and sexual practices of youths in respect of HIV/AIDS awareness and prevention campaigns. It was found that majority of the respondents knew about HIV/AIDS and how it is incurable, but their behaviours towards sexuality did not show that degree of knowledge which they claimed.

According to the report, evidence abound from the study that condom is not consistently used by majority of respondents. Less than half of the sexually active respondents from both states used condom during their first sexual experience in their last sex act and about the same proportion admitted not using condom consistently during the last 12 months before the survey. It was also revealed that those who did not use condom during their last sexual experience explained that it was not available "didn't think of it". Similarly, it was discovered that inconsistent use of condoms was hinged on trust in the HIV status of the partner and perceived reduced sexual pleasure and ineffectiveness of condom.

According to Udoh (2000) "condom is a piece of latex or plastic material made to fit the turgid pennies". He claimed that modern condoms are well adjusted in their design to withstand a lot of stress such as the ones experienced during violent rounds of sexual intercourse. He added that this latex material is so thin that the user may not realise that he is using an artificial material during sexual exercise. The condom prevents the semen from direct contact with the vaginal surface area and also prevents the pennies from having direct contact with vaginal fluids. In this way, the transmission of HIV/AIDS through sexual contacts and free exchange of body fluids, are restricted and transmission of the virus becomes impossible. They argue that, since practising abstinence as recommended by some

advocates of this approach may be impossible for the sexually active youths, condom use should be encouraged.

According to Laga and Mary (2010) “Condom promotion, through education, counseling and advertising encourages the use of condom. Condom distribution makes it available for individual either at highly subsidized rates or cost-free”. They submit that through the promotion of condom usage and a wider distribution, HIV/AIDS spread is halted. However, they were uncertain about the effectiveness of promoting condom distribution: as a means of preventing HIV/AIDS spread, in terms of the usage of condom by everyone and on these grounds they remained skeptical.

However, Weller and Davis-Beaty (2002) undertook a Cochrane analysis of 14 studies including 4,709 participants. All participants were couples in which one partner was infected and the other was not. The review compared cohorts of “always” users of condom to “Never” users of condoms and estimated that consistent condom use results in 80% reduction in HIV/AIDS incidence. But then, since the review studies are not randomised control trials, they noted that, factors other than condom use may have caused the observed reduction in HIV transmission. These factors include frequency of sexual activity, self-selectiveness of condom users, which they suggest, introduces other unknown biases and finally, rate of indulging in risky behaviour like drug use.

Again, Egger (2000) in Disease Control Priorities Report, listed 11 individual studies on the effects of condom promotion and distribution programme. 10 of the 11 studies found increased condom use and two of these (which measured HIV incidence) found reduced incidence. It was however noted that most of these studies were not randomised controlled trials. Whereas these reports are based on a micro analysis of evidence about condom promotion and distribution. The macro evidence analysis took into reckoning the large scale success of the exercise with focus on analysis directed at Thailand and Ugandan experience in condom usage and distribution exercise.

Condom promotion and distribution has been credited with large scale successful programmes in the developing world to control HIV/AIDS. Levine (2007) and World Health Organisation (WHO, 2000) submitted as follows:

- i) Thailand: In 1991, Thailand implemented a nationwide condom programme which anticipated a 100% condom use in every sexual encounter with sex workers. According to Levine (2007), the programme provided condoms free of charge and also made education and promotion of condom available. They carefully monitored incidence of sexually transmitted infections to identify locations that were not in compliance with the initiative. Sexually transmitted infections dropped significantly and reported condom use rose rapidly.
- ii) Uganda: Uganda experienced a significant decline in HIV infection rates after implementing a national HIV programme. Although there were a few specifics about the programme as a whole, it however known that the

Non-Governmental Organisations' Activities and Control Of HIV/AIDS

programme include sex education programme in schools and on the radio, a social marketing scheme involving sale of condom at subsidized prices and free distribution of condom by government agents and the private sector. Condom use was encouraged among men who sought treatment for sexually transmitted infections following the launch in 1997 of voluntary counselling and testing services. Against the fear that increase condom promotion will enhance high-risk of sexual activity by young adults “the Disease Control Priority in developing countries submit that “sex education including condom promotion does not encourage or increased sexual activity (Kirby, in Jamison, 2006).

The argument for condom promotion and distribution as an effective way of combating the HIV/AIDS scourge is strongly supported by a wide range of advocates like Dodian, (2002) of AIDS Control and Prevention Projects (AIDSCAP) and Clark, R. of population International (2002). They submit that condoms have long been an essential public health tool to prevent HIV infection. Apart from abstinence and mutual sexual fidelity, condom use is one of the very few ways individuals can protect themselves from sexual transmission of HIV infection. The perceived value of condom use, particularly as there is no cure for HIV/AIDS has made it necessary to create awareness of the use of condom as an effective way of addressing the problem of HIV/AIDS transmission. No matter how effective the condom can be in preventing the transmission of HIV/AIDS, if the young adults are not educated about condom usage, the risk of contacting the infection will still be very high. The situation is already observed among respondents in a study conducted in Cross River and Kogi State, where though the respondents claimed to have knowledge about HIV/AIDS and the means of controlling its spread, yet condom use among majority of the respondents was quite low (USAID, 2010).

Although condom promotion and distribution programmes are encouraged as strong strategies that can effectively control HIV/AIDS infection, it is however frowned at and reported as enhancing the spread of HIV infection (Anna Valmero’s report, 2010). A pro-life group called MANILLA, Philippines, condemned the idea of continuous distribution of condoms, saying that they are 35% unreliable and that their prolonged use actually increases the risk of getting HIV. Acosta, L. In Anna Valmero’s report (2010) asserted that:

“We condemn the Department of Health for when they know that advocating the use of condom based on abundant scientific research, condom does not prevent pregnancy and actually increases the risk of HIV, which leads to AIDS and dozens of other sexually transmitted diseases. They are lying to the people. (pp5.)

She submits that condom made of Latex material has pores which are big enough for the entry of sperm cells, HIV Virus, and other related sexually

transmitted diseases due to the size of pores in a latex condom which measures 5 micron (a micron is one thousandth of a millimetre) and it is big enough to allow the entry of sperm cells which measures 2.5 microns and HIV which is even 450 times smaller than the condom pores. “However, can the condom, if it is not effective against preventing pregnancy, help in halting the spread of HIV/AIDS”? (Acosta, 2010).

Acosta, in Valmero’s report (2010) submits that, studies conducted by medical institute for Sexual Health on condom effectiveness, supports this claim and that condom use has a failure rate of 15 – 35% either by slippage, breakage or by prolonged usage, which actually increases HIV cases. Acosta condemns the promotion and distribution of condom, adding that this effort, rather than prevent the spread of HIV/AIDS, it increases its spread. She recommended abstinence until marriage and faithfulness to one’s partner as appropriate means of controlling the spread of HIV/AIDS. Whereas condom use is endorsed as an effective way of preventing the spread of HIV/AIDS infection, Acosta and others are quite outspoken about the unreliability of condom use. However, the promotion of condom use and its distribution remain a popular means of halting HIV/AIDS spread and is adopted by NGOs as a preventive activity capable of stemming the spread of the infection.

Similarly, Williams et al (1997) submits that, “in the absence of vaccines for cure of HIV/AIDS infection, the spread of AIDS can be stemmed only by a sustained health education programme aimed at bringing changes in the behaviour of the adolescents”. Since AIDS is a sexually transmitted disease, he argues, the educational technique used must therefore, have a strong focus and a creative approach. He further stated that, the horizon for awareness education should be broadened beyond the school environment. This is necessary because, not all those who need this information are found within the school environment. And where the out-of-school youths and young adults are left without this basic knowledge, their chances of survival will be quite insignificant.

For instance, Family Health International (FHI, 2000:4) reported that approximately one quarter (1/4) of some 1,000 students surveyed in Karnataka, India, mistakenly thought that a vaccine and a cure for HIV infection existed, while half of 970 secondary school students surveyed in Nigeria did not know that HIV causes AIDS. Generally, the awareness level of young adults and out-of-school youths is adequate and going by the findings made in previous research studies as reviewed in this work, shows that this group of the population is at very high risk of being infected, if nothing is done to address this situation. According to United National Agency for International Development (UNAIDS, 2010) education is key to an effective response to HIV/AIDS. Studies show that educated women are more likely to know how to prevent HIV infection, to delay sexual activity and to take measures to protect themselves. It also accelerates behaviour change among young men, making them more receptive to preventive messages.

Non-Governmental Organisations' Activities and Control Of HIV/AIDS

World Health Organisation (2006) stated that, though in Nigeria, awareness of HIV/AIDS was generally high in both sexes from rural and urban areas, knowledge of HIV, as adjudged by the ability to correctly mention HIV transmission routes was low at 59% (males – 63%, females – 56%). Misconceptions prevailed and HIV individual risk perception was generally very low with 75% of males 69% of females who have heard about HIV/AIDS reporting that they stand no chance of contracting HIV while condom knowledge was high at 76% males and 55% females reporting having heard about condoms, only a small fraction (22%) of the sexually active respondents reported having ever used condoms. Use of condom during the last sex with a non-marital partner was 32% among females and 50% among males. According to WHO (2006), these findings justified the resolve by Nigerian Government to accelerate HIV prevention efforts.

Although, efforts are made to increase the level of awareness about HIV/AIDS infection and ways of preventing its spread which includes the use of condom, different means are employed to create this needed awareness and to disseminate information, about the disease. Such means include the use of peer group medium, use of health workers who serve as animators, use of printed materials, use of rallies, campaigns in the public places, workshops and seminars, radio and television advertisement etc. in a survey conducted among the Calabar, Yakurr and Ogoja people of Cross River State, respondents revealed the different sources through which they obtained information about HIV/AIDS, about 86% obtained information through the radio, 73.5% mentioned television, 51.2% mentioned newspaper, 39.2% mentioned schools, 35% mentioned friends as their sources of information. Other sources mentioned includes books, church, home, clubs, member of the community, mobile phone, internet, peer groups, NGOs officials, town criers, etc.

In view of the increased rate of new HIV/AIDS cases, and the absence of any known cure for the infection, awareness education which promotes the use of condom is offered as a preventive measure against the spread of HIV/AIDS.

NGOs' Economic Empowerment Activities and Control of HIV/AIDS

The transmission of HIV/AIDS among young adults particularly the out-of-school youths is enhanced by a high degree of poverty and numerous deprivations. According to Irvin, Millen and Dorathy (2003), multiple sex partners and failure to use condoms are unquestionably correlated with heightened HIV risk. But to frame discussion in terms of promiscuity of life style choice" is misleading when we seek to explain the rapid spread of HIV (p.15).

They support this argument by looking at factors that constrain the ability of many to make free choices regarding behaviours that place them at risk. These factors include economic insecurity, gender and racial inequality, labour migration and conflict. Accordingly, the reality behind the HIV/AIDS

epidemic in poor communities has more to do with socio-economic constraints than with individual proclivities or cultural attitudes. Consequently, to stop HIV/AIDS will require exposing socio-economic structures that often curtail people's options for avoiding exposure to the virus, and using education, empowerment and social change to loosen these constraints. It follows therefore, the economic empowerment will assist young adult in coping with the socio-economic challenges which often lure many into risky sexual behaviours. According to Ugwu (2009) "poverty provides an enabling environment for the spread of HIV especially among women and young people".

Irvin, Millen & Dorathy, (2003) submit that:

Often the most factors restricting people's ability to make sound choices about sexual practices and substance use is poverty in combination with other social factors. Above all, inequality in the distribution of wealth and social power poverty limits people's option for protecting themselves and forces them into situations of heightened risk. (p.18).

Describing the synergy between poverty and HIV infection, Irvin et al (2003) submits as follows:

When AIDS prevention campaigns for instance, tell economically disadvantaged young women to avoid "sugar daddy", older women to stick to one partner, they may be admonishing women to discard their only survival option and in many cases the only source of support for their families. Similarly, knowledge that barrier methods like condoms can prevent transmission of HIV is of little value if people cannot afford to buy condoms, or if a woman's situation of economic dependence leaves her unable to negotiate with her sexual partner (p.5).

This description is supported by Agochukwu (2010) who is of the opinion that poverty and economic dependency of women is a driving factor for women's inability to negotiate for safe sex practices with their partners. According to Irvin et al (2003) "evidence from all regions of the world shows that the primary motive driving women to engage in sex work, whether commercial or occasional is economic hardship". In a study among 130 Baganda women (50% of whom were HIV positive) in Uganda, for example, destitution was the primary reason for women to engage in risky sexual behaviour. They submit that "commercial sex work is not a life-style choice" for some women, but a "last – ditch survival strategy" in a situation where other possible escape routes have been shut down. Agochukwu (2010) argued that HIV prevention initiative aimed at halting the spread of HIV infection among young women must integrate an economic empowerment programme if meaningful impact is to be made.

Non-Governmental Organisations' Activities and Control Of HIV/AIDS

The relevance of this assertion is seen in the effect of poverty in socio-economically marginalised communities like the ones in Yakurr and Abi Local Government Areas of Cross River State, experiencing chronic unemployment, and the limitation of job options to low-skill, low-wage positions which in turn frustrates and humiliates men still taught to see themselves as economic providers. Combined with other social factors, endemic poverty breeds fatalism and deep-seated anger that may encourage both personal risk taking and indifference to the welfare of others. According to Irvin et al (2003) given this situation, for some men, protecting themselves and their partner during sex may be of low priority.

The provision of economic empowerment is seen as one way to control HIV infection and NGOs in this area such as initiative for people's good health founded in 2002, good shepherd initiative founded in 2008, etc. have been engaged in these efforts of economic empowerment in terms of skill acquisition. For instance, from July 2003 – 2011, these NGOs have empowered 5,508 young adults in these areas; shoes mending, soap making, tailoring, computer training and making of snacks.

According to a staff of IPGH-a Non Governmental Organisation in this area, "the training provided to individuals is based on the local economy of the area". Again, "the individual's interest prevails in the choice of a vocation". They chose what skill they will like to acquire, while the NGO undertakes the negotiation and the funding, but such skills must be the ones that are needed in the community and there are available centres where they can be learned. The training of young adults who are out-of-school is not done directly by the NGOs, but by already existing business centres which serve as training sites. Those out-of-school-youths who need one skill or the other are brought to these centres for a period of training, while the cost of their training is paid by the NGO. Similarly, those who are successful in their training, are given the necessary support to enable them earn an income through the skills acquired. Such support could be in the form of loan to embark on small scale industries such as the ones mentioned earlier. These loans are designed to be repaid in bits, but regularly, during group meetings to officers of the NGOs who are in-charge of the loan scheme. In this way, the limited resources are recycled in such as way that it will be possible to give similar support to others also. The role of Non-Governmental Organisation is granting loans can not be over emphasized. Loans are given through the governing boards or credit scheme based on the recommendation from the NGOs credit specialists to individual or communities for community development. Such efforts will compliment the training given to individuals who have no capital to start something, even though they are now equipped with a skill, and this has made the loan scheme a necessary component of empowerment as a means of halting the spread of HIV/AIDS.

Similarly, NGOs organise seminars, conventions, workshops, conferences and training programmes aimed at educating and empowering the out-of-school youths to subdue their harsh environment and become useful to themselves, their communities and the national at large. These

activities of NGOs are further demonstrated by commitment of NGOs to the emancipation of out-of-school youth from the chains of poverty. For instance, apart from training in specific competencies, they provide enabling environments where such competencies can be functionally useful.

The emphasis on economic empowerment as a measure adopted to stem the spread of AIDS is validated by the declaration of UNAIDS, (2010):

To build the capacity of millions of women, girls and the highly vulnerable children that are out-of-school or have never received any formal schooling, will require the diversification of women's and girl's educational opportunities through out life by ensuring their continuous access to quality technical, vocational literacy and life skills education and training. (p5).

This is an important factor in the fight against HIV/AIDS spread in view of the fact that poverty influences high risk behaviour of out-of-school young adults which renders them highly vulnerable. Consequently, efforts to enhance their education opportunities in vocational and technical skills training will help check the dependency life-style of the women and young adults, since they can now generate some income through the skills provided and the support from NGOs.

UNAIDS (2010) submits that, gender equality and women economic empowerment are key development goals in themselves, as asserted in international conventions and the Millennium Development Goals. Similarly, evidence abounds that promoting women economic empowerment can make a positive impact on the response to HIV. In some regions, the difficulty of unequal access to social, credit and market information drive women into the informal economy with inadequate access to social protection. This situation is identified as increasing the chances of prevalence of HIV/AIDS among women and girls and also militates against efforts geared towards the prevention of its spread.

According to Staugard (2005) "since the epidemic is causally related to poverty and its associated problems, it needs to be confronted by a broad, sustained and long term commitment to grassroots – oriented prevention and control efforts, targeting primarily the most underprivileged groups". Consequently vocational training for out-of-school young adults has to be forced into risk taking behaviour. Staugard (2005) saw poverty as directly being linked to risky – sexual behaviour of young adults and adolescents. Consequently, activities of NGOs which are aimed at halting the spread of HIV/AIDS must address this problem of poverty if meaningful impact is to be made. This will entail the need for economic empowerment through services such as micro-credit facilities for small scale businesses, provision of vocational skills in areas earlier mentioned; like dress making, soap making, snacks making, hair dressing and computer training etc. these activities will help to generate income for these young adults. Such efforts are noted for bringing about emancipation from poverty and improvement in

Non-Governmental Organisations' Activities and Control Of HIV/AIDS

community life as people become more productive and self reliant. Thus reducing the tendency for high risk behaviour that makes young adults vulnerable to HIV/AIDS infection for instance, Family Orientation Education and Empowerment (FREE) was established to address the high level of ignorance, illiteracy and poverty as well as collapsing family values in the Niger-Delta Rural Communities. Its core target has been the family, with much reliance on the youths and women who are considered to be the key to stability in every family. Following the breakdown of family values which has resulted to many unhealthy developments, free employed numerous strategies to put the families back together. They had the following as their objectives amongst others:

- i) To make rural communities a better place to live in and to make the people healthier, wealthier and happier.
- ii) To inspire managerial skills in local people, give business support and micro-credit scheme.
- iii) To empower rural women with micro-finance in order to aid their business.
- iv) To re-orient women and youths to become better members in the society.

On November, 2004 youths that were trained in various vocations were given coolers (500), motorcycles (23), handsets (30), hair dryers (10) and clippers (50). By this gesture, the youths were economically empowered with skills and tools for the skill acquired to generate income.

The problem of independence of out-of-school young adults, particularly the girls and women is a factor that enhance the high vulnerability of individuals to HIV/AIDS .to this effect, United Nations Children Emergency Fund (UNICEF), 2002) Submit that, "Schools can also provide access to livelihood skills education, to help ensure wage-earning opportunities to young girls and women thus reducing economic dependence ". Consequently, activities such as those capable of generating income to this category of the population will result to a state of economic independence and will correspondingly stem the prevalence of HIV/AIDS infection and its spread.

The argument for vocational skill acquisition or out-of-school youths as a necessary component for HIV/AIDS prevention is supported by the fact that most HIV/AIDS cases occur within the age range of 14-24 years, while women and girls are reported to have the been the most hit by HIV/AIDS epidemic. According to Agochukwu (2010), their vulnerability can be attributed to social, economic and cultural factors. It was to this claim that she argued that HIV/AIDS prevention initiative aimed at halting the spread of the infection must incorporate an economic empowerment programme in its assumption, health Matters International (HMI) a Lagos based NGO empowerment implemented a project on women HIV education, capacity and economic empowerment initiative in Makok community in Mainland, Iga of Lagos State. According to Agochukwu (2010) "The goals of this initiative is to halt the spread of HIV through an integrated HIV/AIDS

education, capacity building and economic empowerment programmes of women and young girls.

Several methods were adopted by health matters international to achieve these noble objectives. For instance, an integrated programme aimed at equipping women with skills and for building the capacity of small scale business owners including HIV/AIDS and establishing an economic network for reliance was put in place. Increased skill in the cultural occupation of the women such as fish smoking, and also skills like hairdressing, and beads stringing for women were inclusive where challenging issues around women and HIV/AIDS were discussed. According to Agohcukwu (2010), two hundred (200) women acquired skills in hair dressing, beads stringing and fish smoking which in turn provide more economic power for women. Fifty (50) women were with soft loan which leads to increased turnover. Twenty five (25) women were linked to Micro Finance Bank for further assistance. Women who participated in the programme were able to negotiate for safe sex with their sexual partners.

The need for economic empowerment of the Out-of-school of youth and adolescents as or measured to stem the spread of HIV/AIDS infection in Abi and Yakurr of Cross River State, can not be over emphasized in view of the sudden rise of HIV/AIDS prevalence from 6.1% in 2005 to 8.2% in 2010-2011 respectively and the evidence of poverty rackets among citizens of the state, which is a major factor fuelling the spread of the infection- Cross river State Agency for the control of Aids (CR, SACAA, 2011). According to UNICEF, “women constitute the majority of the world poorest, their lack of access to life-skilled-based education, economic resources and opportunities deemed them vulnerable to infection”, in another related document, they suit that the escalating risk is especially evident among women and girls and argued that half of all new infections occur among young people age 15-24 years old (UNICEF, 2002). In developing countries like Nigeria, it is on record that young people constitute 63% female living with HIV/AIDS than young men (UNICEF, 2002).

Give this situation, the need to halt the spread of HIV/AIDS infection by economically empowering the disadvantaged and vulnerable segment of the population with vocational skills such that will help as of livelihood and income generation can not be overemphasized. To this effect, activities of NGOs which seek to economically empower young adults are seen as a powerful weapon towards addressing the problem of HIV/AIDS spread in the study area.

METHODOLOGY

The study was conducted in Abi and Yakurr Local Government Areas of Cross River State, Nigeria. The two Local Government areas are situated in the Central Senatorial District of Cross River State of Nigeria. The central

Non-Governmental Organisations' Activities and Control Of HIV/AIDS

Senatorial district is one of the thickest populated geographical districts in the state. Others are the Southern and Northern Senatorial district. Apart from the high population density of the Abi and Yarkurr Local Government Areas are located, an avalanche of non-governmental organizations focus their HIV/AIDS control activities in this zone. The target population of the study (Abi and Yakurr L.G.A.) consisted of five thousand and forty seven (5047) males and females randomly drawn from twenty three political wards in the area. The subjects were from twenty (20) years to forty-five (45) years of age who were members of either the cyclist riders association, road transport workers association, hair dressing saloon association or the barbing saloon association.

The same stratified and simple random sampling techniques were employed to select five hundred and five (505) male and female members of the associations. A further breakdown of the sample revealed that male members of the associations were 423 while female members of the associations were 82. The reason for this obvious disparity was the obvious disparity of the involvement of more males in such a males dominated associations cyclist riders, and hair barbing saloons.

Data collection was carried out using the researchers' self –designed instrument called non- governmental organizations' activities and control of HIV/AIDS intervention questionnaire (NGOACHIQ). The instrument had two sections, A and B. section A had a chemo graphic variables while section B had 45 items on a 4-piont likert type scale meant to measure the subjects' assessment of NGOs' activities and the efficiency of such activities employed to control HIV/AIDS in the study area. The instrument was validated by experts in measurement and trial ranging from .72 to .86. Data collection by the researchers was personally handled by the researchers with the help of research assistants. Five hundred and five (505) copies of the questionnaire were administered to the sampled subjects and retrieved. This gave a 100 percent return rate. Data collected were subjected statistical analysis using the Pearson Product Moment Correlation Coefficient Statistical Analysis.

RESULTS

Hypothesis one

There is no significant relationship between NGO's awareness creation and control of HIV/AIDS.

Control of HIV/AIDS, has five components which were tested separately. These include condom use, negotiation for safer sex, and change in patterns of sexual relationship, receptivity to control messages and delay of sexual activity. Pearson product moment correlation statistics was used in testing the hypothesis because each pair of variables compared was measured on a continuous scale. The results are shown in Table I.

Table 1: Pearson Product Moment Correlation Coefficient Analysis showing the relationship between NGO’s awareness creation and control of HIV/AIDS (n=505).

Variables	x	x²	xy	r	y	y²
Awareness creation (x)	8819	156887				
Condom use (y1)	6594	89214	115460	0.102*		
Negotiation (y2)	5020	51460	87764	0.046		
Changing patterns (y3)	4462	40390	78027	-0.063		
Receptivity (y4)	5930	70388	103497	0.041		
Delay of sexual activity (y5)	7419	110317	129480	-0.041		

* significant at p<.05

As shown in the table, the calculates r value is .102 for awareness creation and condom use, .046 for awareness creation and negotiation for safer sex, .063 for awareness creation and changing patterns of sexual relationship, .055 for awareness creation and receptivity to prevention messages and -.041 for awareness creation and delay of sexual activity. This result implies that whereas the relationship between awareness creation and each of negotiation for safer sex, condom use and changing patterns of sexual activity are respectively negative. The observed positive relationships indicate that as awareness creation increases, each of condom use, negotiation for condom, safer sex and changing patterns of sexual relationships also increases and vice versa. Similarly, the observed, negative relationship implies that as awareness creation increase, each of receptivity to presentation message and delays of sexual activity decreases and vice versa.

However, only the observed positive relationship between awareness creation condom use is statistically, significant because the calculated r value which is .102 is greater than the critical r value of .088 at .05 levels of significance and 503 degree of freedom. Therefore, we reject the null hypothesis for the relationship between awareness creation and condom use and fail to reject it for other components of the dependent variable.

Hypothesis two

There is no significant relationship between NGOs’ economic empowerment in terms of skills acquisition and the control of HIV/AIDS.

Pearson product moment correlation statistics was used in testing the hypothesis for each of the five components of the dependent variables. The results are shown in table 2.

Non-Governmental Organisations' Activities and Control Of HIV/AIDS

Table 2: Pearson product moment correlation coefficient analysis showing the relationship between NGO's awareness creation and control of HIV/AIDS (n=505).

Variables	x	x ²	xy	r	y	y ²
Economic Empowerment (x)	6801	116413	6594		89214	89158
Condom use (y1)	5020	51460	67595	0.040		
Negotiation (y2)	4462	40390	60382	-0.002		
Changing Patterns (y3)	5930	70388	79598	0.059		
Receptivity (y4)	7419	110317	99929	-0.061		
Delay of sexual activity (y5)				0.003		

The result indicates that there is a positive relationship between economic empowerment and each of condom use ($r=0.040$), changing of patterns of sexual relationships ($r=0.059$), and delay of sexual activity ($r=0.003$). This implies that as economic empowerment increases, condom use, changing patterns of sexual relationship and delay of sexual activity respectively increases and vice versa. On the other hand, the result of that there is a negative relationship between economic empowerment and each of the negotiation for safer sex and receptivity to prevention messages respectively decreases and vice versa.

However, none of the observed positive and negative relationships is statistically significant because the calculated r values are respectively less than the critical r value of 0.88 at .05 significant level and 503 degrees of freedom. Therefore, the null hypothesis is accepted.

DISCUSSION

The first hypothesis stated that there is no significant relationship between NGO's awareness creation and control of HIV/AIDS. The result however, showed that there was a significant positive relationship between awareness creation and condom use as one component of HIV/AIDS control measure.

The relationship between awareness creation and condom use as found in this study is in line with the view of Laga and Mary (2010). These scholars submitted that "condom promotion, through education, counselling and advertising encourages the use of condom. Condom distribution makes it available for individuals either at highly subsidized rate or cost-free". They

claimed that through the promotion of condom usage and a wider distribution, HIV/AIDS spread is prevented. Similarly, Nzeagwu (2003) observed that “behaviour change can occur if there is an articulated programme of HIV/AIDS education”. This change in behaviour is what we see in the relationship between awareness creation and condom usage, where awareness creation induces condom usage during sex. This implies that, when awareness creation is increased, it will result to increase in condom usage as a measure to control the spread of HIV/AIDS.

However, the study also showed that is no significant relationship existing between NGOs awareness creation and other HIV control measures which include, negotiation for safer sex, change in patterns of sexual relationship, receptivity to prevention messages, and delay of sexual activity. This result corroborate the views of McEwam and Bhopal (1991) who argued that health education should be designed to inform young people about HIV/AIDS and also enable them to act on that information, however, Rosenstoch (1986) argued that providing information alone is of limited value and that health education techniques must actively engage young people both intellectually and emotionally. He emphasized that when HIV education is employed in this manner information will become a basis for action.

Again Williams, Nganga and Ngugi (1997) laments that the conventional AIDS education programs targeted at young adults and youths who are out-of-school are designed and implemented by adults. Similarly, all such programs consist largely of imparting general information about HIV/AIDS, of warning young people of the dangers of sex before marriage and of admonishing them to live according to a set of strict moral or religious precepts with little or no regard for the social, economic and cultural context in which they live. They argued that these modest efforts usually start too late when the young people are in their mid teens and are already sexually active. They submitted that, the conventional approach to AIDS education for the adults seem to be producing only limited impact. USAID’s report (2010) submitted that majority of respondents in a survey study indicates to know about HIV/AIDS and how it is incurable, but their behavior towards sexuality does not show that degree of knowledge which they claim. This implies that awareness creation alone is not enough to bring about control of HIV/AIDS, but requires other considerations like introducing sex education at an earlier age of the individuals before they become sexually active.

Hypothesis two

The second hypothesis states that there is no significant relationship between economic empowerment and control of HIV/AIDS.

The result indicates that there was no significant relationship between economic empowerment and control of HIV/AIDS, thus the null hypothesis was retained. This result collaborates Akpama and Omari’s (2011) assertion that young adults who are economically viable indulge in high risky sexual

Non-Governmental Organisations' Activities and Control Of HIV/AIDS

activities which exposes them to sexually transmitted diseases like AIDS. These findings are however opposed to the views of Agochukwu (2010) who observed that HIV control initiative aimed at halting HIV infection among young people women must integrate an economic empowerment programme if meaningful impact must be made. Again, Alexander, Irvin & Dorathy (2003) submits that economic hardship is the primary motive driving women to engage in sex work, whether commercial or occasional, in all religion of the world. While hardship may have resulted to this behaviour, the possibility of changing what is now high-risk behaviour requires more than reducing the hardship, but a complete change in attitude to compliment NGOs economic empowerment efforts. Consequently, efforts to control HIV/AIDS should not be limited to economic empowerment alone, but should also take into considering allied factors that can help change what is now seen as high-risk behaviour of individuals especially, in the study area.

REFERENCES

- Acosta, L. (2010). Report on Health, Population, Family Planning, Disease. Retrieved 3rd April, 2012 from <http://www.findarticles.s.com./m138/424/63568430/pl/article.jhtml>.
- Agochukwu, C. (2010). Women HIV Education, Capacity Building and economic empowerment initiative. Lagos: Health Matters Incorporated, Nigeria.
- Akpama, S. I. and A. E. Omori (2011) Some Demographic Predictors of Adolescent Sexual Abuse: Implications for Non-Formal Education and Social Work. *Annals of Modern Education*; 3, 1, 27 – 35.
- Anti-Natal Clinic Sentinel Survey Report (2011).
- Clark, R. (2002). AIDSCAP Final Report for the AIDSCAP/ABA SIDA Programme in Health: Arlington, VA: Family Health International.
- Cross River Agency for the Control of AIDS (2011). Indept HIV/AIDS Response Capacity Assessment.
- Dodian, M. (2002). AIDSCAP: Final Report for the AIDSCAP/ABA SIDA. Programme in Haiti Arlington, VA: Family Health International.
- Egger, M. (2000). Promotion of condom use in high risk setting in Nicaragua: A randomized controlled trial. *Lancet* 355 (9221), 2107-2108.
- Family Health International (2000) Adolescents reproductive health. USA: FHI 20 (3) 4 – 7.
- Irvin, A. Millen, J. and D. Fallows (2003). *Global AIDS: MYTHS and FACTS*. USA: South end press.
- Kirby, S. (2002). Condom promotion. In Jamison, D. T. (Ed). (2006). *Disease Control Priorities in developing countries (2nd Edition)*. Washington DC: Oxford University Press and the World Bank.

- Laga, M., and M Mary (2010). Condom promotion, sexual transmitted diseases treatment, and declining incidence of HIV – 1. *Lancet* 344: 246 – 48. (Accessed October 28, 2010).
- Levine, R. (2007). Case 2: Preventing HIV and sexually transmitted infections in Thailand. In case studies in Global Health: millions saved. Sulbury, MA: Jotres and Bartlett.
- Mc Ewan, R. And Bhopal R. (1991). HIV/AIDS health promotion for young people. A survey of theory, principles and practice. HIV/AIDS and Sexual Health programme paper No. 12. London: Health Education Authority.
- Nzeagwu, R. C. and M. Itouyough (2002). Evaluation of HIV/AIDS prevention cognition among F.C.E students in Obudu. Implication for the AIDS Education Programme. *Nigeria Journal of Health Education* 10(1).
- Opog, G. C. and E. Opara (2003). Basic Issue about HIV/AIDS and Epidemiology”, In Nzeagwu, R. C. (2003) AIDS Education (Ed.) Nigeria: FRANEDOH PUBLISHERS (NIG) Limited.
- Rinehart, C. (1987). In Eke, I. J. (1999). Cognitive assessment of students on AIDS prevention and control. Department of Education, University of Nigeria. Nsukka.
- Rosenstock, I. (1986). Theatre in AIDS Education: a controlled study. *AIDS CARE Journal* 8(3): 321 – 340.
- Syaugard, F. (2005). Cost effective strategies for HIV/AIDS prevention and control. Copenhagen: Danchurch AID.
- Udoh, N. (2000). The AIDS Dialogue. Nigeria: FRIMA PUBLIC HEALTH CONSULTANTS.
- Ugwu, D. S. (2009). Socio-Economic Impact of HIV/AIDS on farm women in Nigeria. Evidence from Enugu State. *World Applied Science Journal* 6(12): 1617 – 1624.
- UNAIDS (2002) Joint United Nations Programme on HIV/AIDS Report on the global HIV/AIDS epidemic. <http://www.unaids.org>.
- UNAIDS (2010). A joint Report on Women HIV/AIDS: Confronting the Crises.
- UNAIDS (2010). Global report on Women, girls and HIV/AIDS.
- UNICEF, (2002) Girls, HIV/AIDS and Education.
- USAID (2010) Draft Report of study on knowledge, attitude and practices of young people on HIV/AIDS in Cross River and Kogi State.
- Weller, S. C. & Davis-Beaty, K. (2002). Condom effectiveness in reducing Heterosexual HIV transmission. *Cochrane Database of Systematic Reviews*. Issue 1. 10th May, 2012. Retrieved from <http://www.webcitation.org/5p/65pug>.
- WHO (2007). Cooperate response to HIV/AIDS case studies from India.
- WHO (2006). Annual Report of World Health Organisation: supporting the achievements of the millennium development goals. (MDGs) in Nigeria. World Bank.

Non-Governmental Organisations' Activities and Control Of HIV/AIDS

Williams, S. G; Nganga, L. And Ngugi, J. (1997). Youth to Youth. HIV prevention and young people of Kenya (1st Ed.) London: ACTIONALD.