



# Priorities for Local AIDS Control Efforts (PLACE) in Nigeria:

An Evaluation of an HIV Prevention intervention at High Risk Spots



## Background

Resources for HIV prevention programmes are extremely limited calling for an urgent need to focus interventions where they are most cost-effective and areas likely to have a higher impact on infection. The PLACE (Priorities for Local AIDS Control Efforts) is a new approach aimed at situating interventions in priority prevention areas likely to have a higher incidence of HIV infection by focusing on venues where new sexual partnerships are formed. This is because the pattern of new sexual partnerships in a community shapes its HIV epidemic. SFH assessed the impact of PLACE intervention activities at 37 high risk spots including hotels, beer parlours, and night clubs in Lagos by comparing baseline and post intervention levels of condom use among men and women who patronize these venues.

## Methodology

Three areas in Lagos were selected to reflect low, medium and high socio-economic status. A total of 360 community informants were contacted to name venues and events where people meet new sexual partners. A final list of 147 venues were visited and mapped. Knowledgeable persons on site were interviewed about the venues including estimated number of patrons at peak hours. Thirty seven venues were selected for individual interviews using a systematic fixed interval sampling strategy with the probability of selection proportional to size of the venue. The size of venue was defined as the number of people socializing at the venue during a busy time as reported by

venue representatives. To identify potential respondents, interviewers counted the individuals at the venue and divided by the quota for the venue taking into account the sex differentials. The resulting number,  $i$ , is the interval used to identify potential respondents. A total of 1058 respondents were selected at baseline and 1012 at post intervention surveys.



A three-pronged intervention strategy was adopted to achieve the desired behaviour of condom use. These were: behaviour change communications, making products available; and creating an enabling environment among venue owners and managers. The BCC activities which took place mostly in the nights involved, among others, the following: interpersonal communications, edutainment in the form of board games, and live drama performance at venues; use of audio, video and other recorded educational materials. Also included were the supply and appropriate use of IEC materials in the form of posters, leaflets, and other promotional materials (T shirts,

place mats, coasters, etc.). Condoms and condom lubricants were also made available. The form of posters, leaflets, and other promotional materials (T shirts, place mats, coasters, etc.). Condoms and condom lubricants were also made available.

## Findings

The venues were truly high risk

spots. Nearly two-thirds of women (64.7%) interviewed at baseline reported they solicit for sex partner in venue. Nearly one half of Men (46.9%) and 66.5% of women have had sex with someone they met at the venue. To assess programme results we compared baseline and post intervention values of condom use at last non marital sex. It was found to have increased from 74% to 85% for males, and for females from 77% to 90%. It is important to note that, on the whole, the proportion who report condom use is higher in females than in males (see Fig 1).

Significant changes were found also at the venue level. The number of

venue where any HIV activity had occurred rose from 30% to 97%. (see table 1). Similarly the proportion of venues promoting condoms almost tripled: from 27% to 79%. Condoms can now be obtained within 10 minutes walk from all the venues compared to 75% at the baseline (see table 1).

SFH also assessed whether there were any difference between patrons who were exposed to PLACE interventions and those who were not. All respondents were scored on their levels of exposure to PLACE and were grouped into three exposure categories: no exposure; low exposure; and high exposure. There was a positive significant relationship between exposure and condom use. Condom use rose from 84% among female patrons with no exposure to 91% for low exposure to as high as 94% for those who were highly exposed. Similar positive changes were observed among males too.

### Lessons learnt and recommendations

- At the early stage, most of the venue owners, especially within Ikeja PPA, did not allow outreach staff to stay for long, thinking this will affect their business. This was found not to be true and was sorted out through advocacy. Venue owners should be well sensitized before the commencement of the intensive stage of intervention.
- Gate fees to a few venues were expensive, some admit with N2,000.00 per person, therefore denying access to PLACE staff, if not adequately budgeted. It is advised that programmers take this into account. There were also fluctuations in number of patrons even at same venues based on the artiste who would be performing.
- Working at night can be dangerous for both PLACE staff and interviewers conducting post intervention surveys. Guides had to be used to assist in this area, to reduce the possibility of violence, and female interviewers being mistaken for patrons.
- The programme could have additional hidden costs, as programmers and interviewers would need to be accommodated at night, and this should be budgeted for prior to the intervention.

### Conclusions

The PLACE approach is an effective way of situating interventions and making condoms available at the places where they are mostly needed. It affords the opportunity to target

both men and women at the same time and venue

More information on PLACE intervention and SFH programmes can be obtained from:

**THE SOCIETY FOR FAMILY HEALTH**  
8 Port Harcourt Crescent,  
Area 11, Garki  
PMB 5116, Wuse  
Abuja, Nigeria  
[www.sfnigeria.org](http://www.sfnigeria.org)

Table 1

		Male		Female	
POPULATION INDICATORS		2005	2006	2005	2006
Percentage of respondents who:		N=544	N=530	N=514	N=482
D15	Lives in the PPA	63.2	66.2	53.0	54.6
D21	Visit more than one venue at night	19.5	16.5	15.6	18.7
D26	Visit the venue daily	19.5	43.4	31.4	40.1
D27	Believe that people solicit for new sex partners in venue	83.1	72.9	86.4	68.6
D30	Have ever had sex with person met on site	46.9	30.9	66.5	40.5
D37	Used condom first time with most recent partner	63.2	86.7	71.5	88.6
D40	Used condom in last non-marital sex	73.6	84.9	77.0	90.0
D49	Given/received money in exchange for sex in past 4 weeks	43.2	25.5	66.3	38.9
D50	Had condom and condom seen by interviewer	17.8	13.3	28.8	15.6
D52	Have ever been tested for HIV	33.1	47.2	37.0	50.1
D54	Are currently a student	18.6	35.9	35.7	47.2
D56	Are employed	61.0	64.5	17.3	24.8
D58	Are currently married	24.4	28.4	5.3	14.0
<b>EXPOSURE TO PLACE</b>					
D60	Heard of Project PLACE	-	21.5	-	23.2
D70	Heard of or attended any PLACE Night Shows	-	14.3	-	16.4
D76	Seen or visited by people wearing PLACE T-Shirts	-	33.7	-	37.9
D77	Heard of <i>Make We Talk</i> Programme	-	28.1	-	36.7
D80	Seen PLACE Stickers/Posters	-	56.0	-	58.3
Index	Ever been exposed to at least one PLACE intervention	-	69.4	-	71.4

2005 =  
Pre-intervention

2006 =  
Post-intervention