THE RISK OF HIV/AIDS AMONG THE POOR RURAL FAMILIES IN RURAL COMMUNITIES IN SOUTH WESTERN-NIGERIA[1,2]

Bisiriyu, L.A.[1] and Adewuyi A.A.[1].

1. *Demography and Social Statistics Department, Obafemi Awolowo University, Ile Ife, Nigeria.*

All correspondence to Bisiriyu, L.A. E-mail :abisi@oauife.edu.ng

ABSTRACT

In Nigeria, studies have also confirmed high prevalence rates of the HIV/AIDS pandemic among the poor. There is no published empirical explanation to provide insight into what exposes them to high risk of HIV. This current paper explores the research gap in examining the factors that expose them to high risk of HIV/AIDS. The main objective of the study is to correlate index of poverty to risk of HIV/AIDS among the poor rural families in South-western Nigeria.

Data for the study was collected in February 2005 from a survey of six hundred households in 2 rural local government areas in South-western Nigeria. Structured questionnaire were administered through simple random process. We also conducted 16 focus group discussions across varied socio-demographic groups.

Preliminary findings showed that about 80 percent had heard messages on HIV/AIDS on the radio while only about 29 percent had watched programs on HIV/AIDS on the television. About 20 percent reported that their spouse had other sexual partners. Only about 11 percent used condom during first sex and about 18 percent reported condom use during the last sex. About 30 percent reported multiple sexual partners during the last 12 months. Among those with multiple sexual partners during the last twelve months, more than 81 percent did not use condom. About 30 percent reported they could insist on condom use with their sexual partners. About 4 percent reported using sexual stimulant and that they have a higher sexual urge when stimulant is used. About 65 percent reported that staying with only one sexual partner is safe for HIV/AIDs prevention. Only about half of the respondents expressed interest in being tested for HIV/AIDs. A very insignificant proportion (less than 2%) believed HIV/AIDs could be cured through sex with a virgin or breastfeeding mothers, while about 10 percent believed it could be cured through prayers. About 3 percent reported being infected with sexually transmitted diseases within the last 12 months.

In conclusion, the study affirmed the linkages between amenities and HIV/AIDs ideational factors in one hand, and also between poor status and risky sexual behaviour on the other. Knowledge of HIV/AIDs mode of transmission and prevention is still not very high among this group of people. Also, the cultural practice of multiple sexual partners is of serious concern in both the spread and risk sustaining factor of HIV/AIDs. Efforts at combating HIV/AIDs in developing countries should take cognizance of this category of people who may be difficult to reach through media.

INTRODUCTION

As HIV/AIDS has attained epidemic proportions over the past 10 years, it has reached particularly high prevalence rates in the world and thus has become a contemporary issue. It is not just the epidemic proportions that make HIV/AIDS different from other diseases, however, but that the disease thrive on human ignorance, fear, resistance to change, and poverty. All these exist in rural areas which make the disease a high risk among the poor. UNAIDS/WHO AIDS epidemic update (2005) reported that AIDS has killed more that 25 million people since it

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was first recognized in 1981, making it one of the most destructive epidemics in recorded history. Despite recent, improved access to antiretroviral treatment and care in many regions of the world, the AIDS epidemic clamed 3.1 million lives in 2005. The total number of people living with the human immunodeficiency virus (HIV) reached its highest level: an estimated 40.3 million people are now living with HIV. Close to 5 million people were newly infected with the virus in 2005.

To be more specific, Nigeria has the third highest number of people estimated to be living with HIV/AIDS in the world (3.6 million as of the end of 2003) after South Africa and India (UNAIDS, 2004). Nigeria is considered to be a "next wave" country; that is; it stands at a critical point as the most populous country in Africa and one of the most populous nations in the world, even a small increased in the HIV/AIDS prevalence rate in this low-income country would represent a significant share of the global HIV/AIDS burden. This shows very uncomfortable prospects for AIDS in Nigeria. The more concern about the gloomy prospect for AIDS rest on the poverty level in Nigeria. Large proportion of Nigerians is poor. They are characterized by inability to attain a minimal standard of living, suffer insufficient access to social and economic services, have limited opportunity for income generation and suffer exposure to other risks due to their condition.

OBJECTIVES

The main aim of the study is to examine the risk of HIV/AIDS among the poor rural families in rural communities in south-western Nigeria. The specific objectives are to examine:

- Patterns of sexual behaviour among the poor rural families in South-Western Nigeria;
- The relationship between poverty indicators on risk of HIV/AIDs among the poor rural families in South-Western Nigeria

METHODS

3.1 STUDY AREA

Nigeria is divided into 36 states out of which the Southwestern region consists of 6 states. Osun State is one of the 6 from the Southwestern region and was selected as the area for the investigation. The choice of the state is informed by the high level of HIV/AIDs prevalence among states in the southwest region (According to 1999 Sentinel survey, Osun ranked second to Lagos); and high level incidence and depth of poverty (the state is among the poorest in Nigeria).
Two local government areas (rural) were selected for the study- Ife North and Boripe Local Government Areas.

3.2 SAMPLE SELECTION AND TECHNIQUE

An adequate determination of sample size using the formulae; $n=z^2pq/d^2$
where n is the sample size,
z is the standard normal deviation at 1.96 ,
p is the prevalence rate of selected indicators and in this case, we use the HIV/AIDS prevalence rate in Osun state at 1.2 percent (2003 Sentinel Zero prevalence study) q is 1-p and d is the degree of accuracy at .05.

This provided an average of 20 respondents per Enumeration Area (EA). In each of the two local government areas, 15EAs were randomly picked in each of the LGA which translates into a total sample size of 600 respondents in the thirty EAs. The process of selecting individual respondents was through a systematic sample selection.

3.3 ANALYSIS

Findings

Table 1: Socio-demographic Characteristics of respondents

	Variable	(n=600)
1.	**Age:**	
	15-19 years	11.7
	20-24 years	21.0
	25-29 years	18.0
	30-34 years	13.2
	35-39 years	11.5
	40 years and above	24.5
2.	**Educational level:**	
	No schooling	18.2
	Primary school completed	18.6
	Secondary Completed	42.6
	Higher school	20.6
3.	**Religion**	
	Catholic	1.0
	Protestant	2.7
	Other Christian	55.3
	Islam	39.8
	Traditionalist	1.0
	Others	0.2
4.	**Ethnicity**	
	Hausa	0.6
	Igbo	2.2
	Yoruba	95.1
	Others	2.1
5.	**Marital Status**	
	Single	37.3
	Married	60.5
	Others (Divorced, separated, widow/er)	2.2
6.	**Accessibility to media**	
	Functional television	64.7
	Functional radio	91.7
	Newspapers	6.8
7.	**Work Status**	
	Working for pay	68.2
	Not working for pay within last 12 months	31.8

Poverty Index

	Variable	Value
1	**Poverty Levels:** • Poor • Very poor • Extremely poor	 1 2 3
2	**Wealth Index** • Main materials used for the floor • Main sources of drinking water for household member • Kind of toilet materials • Facilities used for cooking in the household • Access to electricity, telephone (land or cell phone), refrigerator, radio and television	 1 if natural/rudimentary floor 0 otherwise 1 if surface water or rain water 0 otherwise 1 if no facility/traditional pit/bush 0 otherwise 1 if chacoal,wood or dung 0 otherwise 1 for accessibility to each mentioned 0 otherwise

This was used to categorize poverty levels into 3 groups: Poor, Very poor, and extremely poor.

Distribution of respondents by poverty level across Sex and Sexual Risk behaviour

Poverty levels	*(n=600)*
• Poor	33.5 (201)
• Very poor	33.2 (199)
• Extremely poor	33.3 (200)
Ever watched HIV/AIDS programs on the television	*(n=313)*
• Poor	50.8
• Very poor	38.0
• Extremely poor	11.2
Ever listened to HIV/AIDS programs in the radio	*(n=517)*
• Poor	35.8
• Very poor	34.4
• Extremely poor	29.8
Ever read HIV/AIDS programs in the newspaper	*(n=175)*
• Poor	54.9
• Very poor	31.4
• Extremely poor	13.7
Among married (living with partner), those with more than one sexual partner/co-wives	*(n=120)*
• Poor	24.2
• Very poor	31.7
• Extremely poor	44.1
Among sexually experienced, those that had first sexual intercourse without using a condom	*(n=421)*
• Poor	27.3
• Very poor	32.5
• Extremely poor	40.2
Those who had last sex with somebody else (not spouse/cohabiting partner) without using a condom	*(n=113)*
• Poor	23.0
• Very poor	31.9
• Extremely poor	45.1
Those who had sex with multiple sexual partners within the last 12 months without using condom	*(n=144)*
• Poor	36.8
• Very poor	35.4
• Extremely poor	27.8
Those who received gratification for sex within the last 12 months	*(n=183)*
• Poor	30.6
• Very poor	31.7
• Extremely poor	37.7
Those who received gratification for sex within the last 12 months without using condom	*(n=7)**
• Poor	28.6
• Very poor	14.3
• Extremely poor	57.1
Those who used stimulant for sex within the last 12 months	*(n=42)*
• Poor	30.9
• Very poor	40.5
• Extremely poor	28.6

* Very small cases.

Poverty level has an indirect relationship to exposure to HIV/AIDS information on television and print media. Whereas, there is no clear-cut distinction to HIV/AIDS information on the radio.

The extremely poor are more likely than other categories to have multiple sexual partners/co-wives; to have first sexual experience without using a condom; and had last sex without a condom.

Conclusion

Information on HIV/AIDS targeted towards the poor should concentrate more on radio broadcasts. Efforts at reducing the alarming rate of the spread of the disease should focus more on the poor with specific programs targeted towards reducing their risky sexual behaviour.

References

UNAIDS/WHO (2005): AIDS epidemic update: December 2005.

UNAIDS, (2004): Report on the Global AIDS Epidemic, July 2005.

Population Reference Bureau (2004): World Population Data Sheet.

HIV/AIDS Policy Fact Sheet (2005): The HIV/AIDS Epidemic in Nigeria, October 2005.