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# Association of People Living With HIV/AIDS as a Coping Strategy of Living with HIV/AIDS in Giwa and Kachia Local Government Areas, Kaduna State

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**ABSTRACT**
The aim of this study is to assess the membership association of People Living With HIV/AIDS (PLWHA) as a coping strategy to HIV/AIDS. The study was conducted in Giwa and Kachia Local Government Areas of Kaduna state. Data for this study were obtained through primary and secondary sources. Data also derived from the administration of a structured questionnaire and conduct of Focus Group Discussions (FGDs). A purposeful sampling method was used. This method selected those who are living with HIV/AIDS in both Local Government Areas. In all, 329 PLWHA were involved in the survey. The data were analyzed and presented in percentage distribution. The results obtained reveal that 42.2 percent of the respondents were males and 57.8 percent were females. About 48 percent of the respondents were married, 51.3 percent were in polygamous union. It was found out that 80% of PLWHA derived benefits in belonging to the association. Getting drugs, getting money, receive comfort, getting food, and receive advice are the benefits of belonging to the association and as a mean of coping with HIV/AIDS. This study recommends the empowering of PLWHA as a matter of urgency. This could be done by giving them grants, employment opportunities as well as provide vocational training especially to poor PLWHA women who do not have jobs. Provision of opportunities to participate in either trading or empowerment to support their condition will go along way to enhance their quality of life.
**Key words:** Association of PLWHA, Coping strategies, HIV/AIDS, Giwa and Kachia LGAs.

## 1.1 Introduction

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) is a threatening pandemic that has eroded many lives especially in sub-Saharan Africa. People Living With HIV/AIDS (PLWHAs) in the rural areas of Giwa and Kachia Local Government Areas (LGA) are faced with a lot of stress in their daily lives due to low incomes. They are usually ostracized by their community, as a result of that, nobody will own up to having contracted the virus. More so, because of the social stigma involved, people are not ready to carry out HIV tests in these local government areas. There is, therefore, need to study the strategies that the Giwa and Kachia people devised to cope with the disease (that is their coping strategies). According to the epidemiological report on HIV/AIDS of the Joint United Nations Programme on HIV/AIDS (UNAIDS) for the 2005 year end, an estimated 38.6 million people world-wide were living with HIV, 4.1 million people became newly infected with HIV, and 2.8 million people lost their lives to AIDS (UNAIDS, 2006). PLWHA needs are not uniform – they reflect the diversity of PLWHA. PLWHA include HIV-positive infants, prisoners, orphans, widows, single women, migrants, poor or unemployed men or women, people dying from AIDS-related causes; older people, men who have sex with men, injecting drug workers, commercial sexworkers, care-giving grandmothers, recipients of blood and blood products – in short PLWHA come from a broad spectrum of society. All these groups of PLWHA have different needs and they may form different organizations to reflect and address their particular experiences and needs, and may require particular forms of partnership. PLWHA organizations face challenges like any other grouping of people. Unfair and discriminatory power dynamics can occur within the PLWHA organizations. For example, women in some support groups headed by men, often complain that public roles are given to men and that women are allocated jobs which do not pay much or are or given the unpaid jobs. Similarly, orphaned girl-children face greater challenges due to their gender and age. As a group, they are likely to be subjected to sexual violence, exploitation, human trafficking and face greater possibilities of dropping out of school due to work commitments, forced marriages or teenage pregnancy. Women and grandmothers who are HIV-positive due to their gender may be hindered from HIV education, access to information, services and resources. Other challenges are associated with class, race, age, ethnic and sexual orientation

Coping strategies can be conceptualized as the activities people adopt for livelihood or people employ to tolerate, reduce, or minimize stressful events. It includes the mobilization of material and non material resources. HuiMin *et al* (2007) listed out the coping strategies in a study of Psychological Status, Coping, and Social Support of People Living with HIV/AIDS in Central China as follows: confrontation, avoidance and

 

acceptance- resignation There are various coping strategies of People Living with HIV/AIDS (PLWHA) in the rural areas that could impact their lives. Based on this paper the major objectives will be to examine the incidence of HIV/AIDS among the population, to examine the coping strategies of PLWHA and to examine the benefits derived from the Association of PLWHA.

### 1.2 Study Area

Giwa local government area is located between latitudes $10^0$50'N-11N and longitudes 7.15'E and $7^0$ 28'E. It is bounded in the north by Funtua local government area (in Katsina state), in the west by Birnin Gwari, east by Igabi, and Faskari in Katsina state. In the south, it is bounded by Sabon-Gari and Zaria local government areas. According to the 2006 census report; there are 47 villages, 308 wards and a total population of 292,384 (NPC, 2009) with males 145,608 and 124,944 females.

Kachia LGA is located between latitudes $9^0$33'N-$10^0$11'N and longitudes 7, 10'E-$8^0$08'E. It is bordered to the north by Kajuru and Igabi LGAs, to the east by Zangon Kataf, and to the South by Jaba and Kagarko, and to the west by Niger State, with a land area of about 5101km$^2$. Kachia is the third largest LGA in the state, only smaller than Birnin Gwari and Chikun LGAs. The LGA has a total of 12 wards namely: Agunu, Anwa, Awon, Bishini, Doka, Gidan Tagwai, Gumel, Kachia, Katari, Kurmin Musa, Kwaturu, and Sabon Sarki wards with a total population of 206,711, males 105,205 and females 101,505 (NPC, 2009).

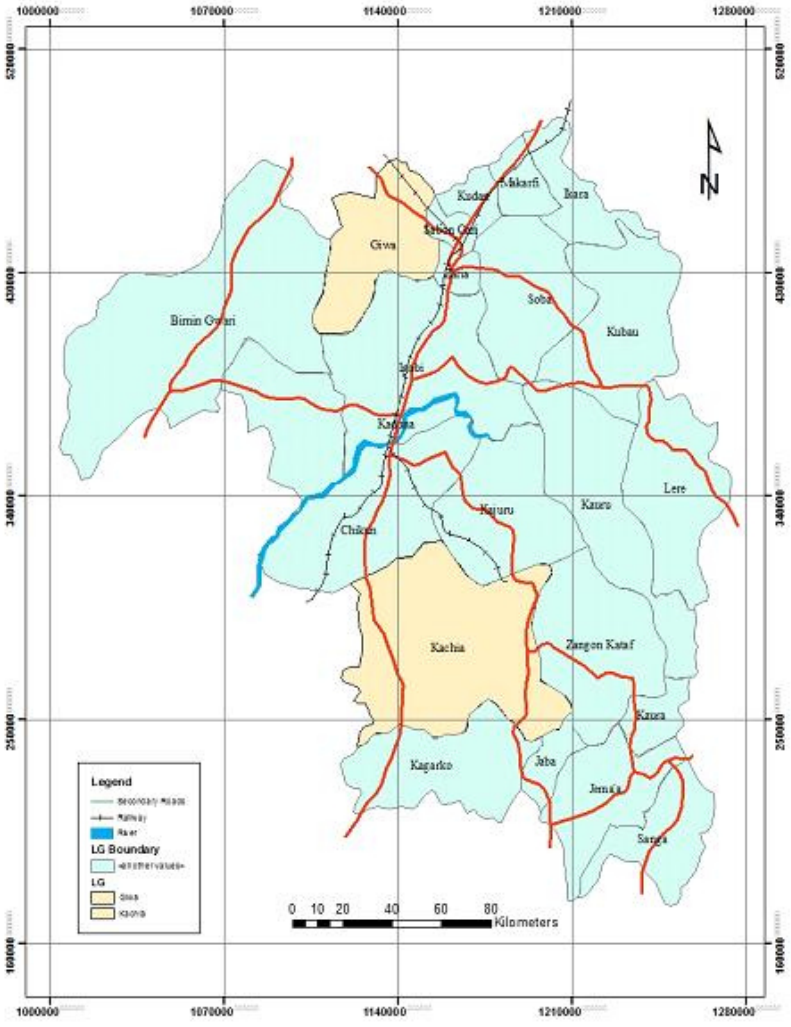


Fig 1: Map of Kaduna State showing the study areas.
Source: Ministry of Lands and Survey, Kaduna

 

**1.3 Methodology**

The basic method adopted in this study were administration of structured questionnaire and Focus Group Discussion (FGD) in the study areas. Giwa and Kachia LGAs have a total of 520 registered PLWHAs (270 from Giwa and 250 from Kachia LGAs). After consideration of cost, available resources and optimal sample size reliable estimates on the number used as the sample frame 70% of 270 which amounts to 189 respondents in Giwa and 70% of 250 which amounts to 175 respondents in Kachia LGAs. A respondent was randomly selected at the points of their meetings and collection of HIV/AIDS aid in the local government areas. The research assistants were at the meetings or drugs collection points and administered the questionnaires to willing respondents on daily basis until the required sample size was obtained. In all, 329 of PLWHA were interviewed. The data was analyzed using percentage distribution of the variables under consideration.

**1.4 Presentation and Discussion of Findings**

It was found that majority of the respondents infected with HIV/AIDS in Giwa and Kachia LGAs were within the age group of 25-29 years (43.8 percent), followed by the age group of 20-24 years (31.3 percent).

This finding confirms the extremely youthful nature of the people living with HIV/AIDS in the study area and bears out what is known from other data sources about the age structure of developing countries (NPC, 2000). The reason for the higher proportion of PLWHA in the younger age group is that they are more likely to engage in risky sexual behaviour. The distribution of respondents by sex shows that there were more females (57.8 percent) than males (42.2 percent). The relatively high percentage of female is as a result of the fact that most of them attend ante-natal care in the General Hospital and through the process get to know their HIV status. About 48 percent of all the respondents were married, 29.5 percent were single, 12.5 percent were divorced and 10 percent were widowed. The relatively high percentage of couples is probably due to the cultural and religious setting of Giwa where Islam encourages early marriage and frowns at girls staying beyond 18 years without marriage. It is obvious that literacy level is generally low in Giwa and Kachia Local Government Areas as only 13.7 percent of the respondents have gone beyond only secondary school. On the whole, 50.2 percent of the respondents were farmers. This category includes poultry and livestock farmers; Civil servants accounted for 32.8 percent, Petty traders accounted for 11.2 percent, and respondents in professional/managerial cadre were only 5.8 percent. Majority of the respondents are farmers because the study areas are predominantly rural and agriculture is the mainstay of rural economies. Some occupations put people at higher risk of infection than others for a example for example, a son with a sick mother in Zambia- reported that he spent more time looking for money to make ends meet by working in the field and doing casual jobs, and in addition having to contribute an average of three hours a day towards caring for his sick mother and staying part of the night attending to her needs (Ojoawo *et al*, 2006). About 54.1 percent of the respondents have a monthly income of between ₦10001-₦20000 only.

**1.5 Knowledge and membership of Association of PLWHA.**

Table 1 presents findings on the question "About the knowledge of and membership of the association of PLWHA?" Although there were different reasons of forming associations just like the International Community of Women Living with HIV and AIDS (ICW) was formed as a result of women's needs to have a support network which reflects their needs and experiences (2004), the result reveals that majority of respondents (66.6 percent) know about the association while 33.4 percent of the respondents were not aware in Giwa and Kachia LGAs.

**Table 1 Distribution of respondents by Knowledge and membership of Association of PLWHA.**

| Variables | Giwa | | Kachia | | Total | |
|---|---|---|---|---|---|---|
| **Knowledge of association of PLWHA** | **No of Respondents** | **Percentage** | **No of Respondents** | **Percentage** | **No of Respondents** | **Percentage** |
| Yes | 56 | 33.7 | 163 | 100.0 | 219 | 66.6 |
| No | 110 | 66.3 | 0 | 0 | 110 | 33.4 |
| **Total** | **166** | **100** | **163** | **100** | **329** | **100** |
| **Membership of Association** | | | | | | |
| Yes | 50 | 89.3 | 163 | 100.0 | 213 | 97.3 |
| No | 6 | 10.7 | 0 | 0 | 6 | 2.7 |
| **Total** | **56** | **100** | **163** | **100** | **219** | **100** |

**Source: Field Survey, 2010**

 

Many of the respondents in Giwa LGA (66.7 percent) were not aware of the association of PLWHA while 33.7 percent of them are aware of such association. For the 33.7 percent who were aware, only 89.3 percent of respondents were members of the association of PLWHA in Giwa LGA. Meanwhile in Kachia LGA, all the respondents were aware of the association of PLWHA and are all members (100 percent).

### 1.6 Benefits of membership of the Association of PLWHA

Table 2 shows that the PLWHA in Giwa and Kachia find the association beneficial (94.8 percent) while 5.2 percent do not. According to the data presented (see Table 2) 92 percent of respondents in Giwa, claimed that the association was beneficial while 8 percent did not. About 95.7 percent of the respondents in Kachia affirmed that membership of the association was beneficial and 4.3 percent claimed the contrary.

**Table 2 Distribution of Respondents by Benefits of Being a member of the Association of PLWHA**

| **Variables** | **Giwa** | | **Kachia** | | **Total** | |
|---|---|---|---|---|---|---|
| **Do you think it is beneficial** | **No of Respondents** | **Percentage** | **No of Respondents** | **Percentage** | **No of Respondents** | **Percentage** |
| Yes | 46 | 92 | 156 | 95.7 | 202 | 94.8 |
| No | 4 | 8 | 7 | 4.3 | 11 | 5.2 |
| **Total** | **50** | **1000** | **163** | **100** | **213** | **100** |
| **Benefits of PLWHA** | | | | | | |
| Getting drugs | 26 | 56.5 | 105 | 67.3 | 131 | 64.9 |
| Getting money | 5 | 10.9 | 25 | 16 | 30 | 14.9 |
| Receive comfort | 2 | 4.3 | 8 | 5.1 | 10 | 5 |
| Getting food | 10 | 21.7 | 13 | 8.3 | 23 | 11.4 |
| Receive advice | 3 | 6.5 | 5 | 3.2 | 8 | 4 |
| **Total** | **46** | **100** | **156** | **100** | **202** | **100** |

**Source: Field Survey, 2010**

Those who claimed that membership was beneficial, did so because they got most of their drugs through the Association (64.9 percent), 11.4 percent of the respondents get food as their benefit, received comfort through the association 5 percent, getting money (14.9 percent), and 4 percent benefit by receiving advice in Giwa and Kachia LGAs. In Giwa Local Government Area, 56.5 percent of the respondents confirmed that the source of their drugs is from the Association, 10.9 percent get money, 21.7 percent get food, 4.3 percent confirm receiving comfort and 6.5 percent only receive advice. On the other hand, in Kachia LGA, 67.3 percent of the respondents get drugs through the Association, 16 percent get money, 8.3 percent get food, 5.1 percent receive comfort and only 3.2 percent receive advice through the association. The result is not unexpected because the main cardinal objective of the Association is to support their members with material, financial and psychological support. Heckman *et al* (1998) reported that rural people with HIV have a lower satisfaction with life, lower perceived social support, and more maladaptive coping strategies when compared with their urban counterparts. Different coping strategies of Taiwanese and Westerners living with HIV/AIDS reflect the different ethnic groups, cultural values, economic conditions, and social systems in these societies (Hsiung and Thomas, 2001).

On the other hand, some participants mentioned negative experiences in relation to counseling services. One participant made the following comment,

> *"I will never, ever forget what a nurse told me when she was informing me about my serostatus for the first time. This is what she said, 'Use condoms so that you might be able to live up to five years.' The other problem was that she made me visit the center frequently just to obtain my blood test result."* (Ibrahim Isa. Giwa LGA)

 

The findings of this study indicate that there is an urgent need to expand support service and interventions for PLWHA in rural communities. Rural people with HIV in this study reported receiving little social support from family and friends, lower social and family well-being, and higher perceptions of loneliness than their urban counterparts. Support groups are a common source of coping and emotional support for people with HIV in urban areas. However, the combination of physical health problems, distances to HIV support programmes, and concerns regarding confidentiality limit the opportunities for rural people with HIV to benefit from support groups. Transportation assistance may increase access to support groups in some areas. However, it may also be possible to enhance the life quality of HIV-infected people in rural areas by providing opportunities to participate in either trading or empowerment to support their condition.

**1.7 Conclusion**

There is a need to focus on the economic aspect of the epidemic, attention and resources need to be directed towards the economic empowerment of households and individuals. The establishment of cooperatives will help prevent and raise households from poverty as they organize themselves into skills training cooperatives and rotating, savings and credit associations. PLWHA need to be accompanied by training in various trades. This will equip individuals with the ability to diversify their livelihood activities thereby preventing them from falling into destitution. The study shows that, individuals who assume the role of breadwinner often lack and have few livelihood skills and options; this is why skills' training is imperative. This can best be achieved if the PLWHA feels that he/she will not be stigmatized and discriminated against, but will rather be given the necessary support to live and with dignity that is, if their basic human right are protected.

**Reference:**

Doupe, A. (2004). Working with PLWHA Organizations. Retrieved June 13, 2011 from http://www.avert.org

HuiMin, S., Zhang, J., and XueDong, F. (2007). Psychological Status, Coping, and Social Support of People Living with HIV/AIDS in Central China *Public Health Nursing 24,* (*2*) *132–140*

Hsiung, P. C., and Thomas, V. (2001). Coping Strategies of People with HIV/AIDS in Negative Health Care Experiences. *AIDS Care*, 13, 749–762.

Mutangadura, G. (2007) "Gender, HIV/AIDS and Rural Livelihoods in Southern Africa: Addressing the Challenges," *JENDA: A Journal of Culture and African Women Studies,* Issue 7.

National Population Commission (2009) National Demographic Health Survey Report 2008

Ojoawo. A, Dairo, O and Ojetunde. A, (2006). Managing HIV/AIDS at the Local level in Africa: A project out puts and achievements, Makurdi, Nigeria.