

ASSESSMENT OF HIV/AIDS PERCEPTION AND PREVENTIVE PRACTICES AMONG RURAL YOUTHS IN NASARAWA STATE, NIGERIA

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Abstract

The research was conducted in Nasarawa State of Nigeria. All rural youths in the state were the target population. A multi stage sampling procedure was adopted in selecting the sampled respondents. A total of 295 respondents were used for the study. Data were collected through the use of interview schedule and questionnaire and analyzed using the Statistical Package for Social Science (SPSS). Both descriptive and inferential statistics were used based on the stated objectives. The findings of the study showed that most (38.31%) of the respondents were within the age group of 21 -25 years. Majority (70.17%) of the respondents were males and single (60%) with secondary school education as the highest qualification. With regards to occupation, most (40.68%) of the respondents were farmers and students respectively. Results on the knowledge of HIV/AIDS by the respondents indicate that majority (50.85%) believed that the disease was a deadly, showing that they were knowledgeable about the deadly nature of the disease. Majority (90.45%) of the respondents ranked abstinence (not having sex before marriage) as the first among the preventive practices they have adopted. The effect of female-male differential in adoption of preventive practices among the sexes was examined by comparing the mean adoption index of the respondents. While the males had a mean adoption index of 0.5844, the females had 0.6203 showing that there was no significant difference in the adoption indices between males and females implying that no particular sex adopted more than the other in the study area. The results of the regression analysis show that sex, marital status, occupation and religion did not have significant effect on the adoption of preventive practices among the respondents. However, education and age were found to be significant. The study therefore, recommends that there is the need for more enlightenment campaigns at different levels including government and nongovernmental bodies' especially religious groups to further sensitize the youth on HIV/AIDS preventive practices.

Key words: HIV/AIDS, Perception, Preventive practices, Rural youths, Nasarawa state.

Introduction

HIV is an acronym for Human Immune Virus that causes AIDS – Acquired Immune Deficiency Syndrome. It was first reported in the United States of America (USA) in 1980s as the most terrifying epidemic of modern times. At that time, it was called Gay Related Immune Deficiency Syndrome (GRIDS) because it was found mostly among homosexuals (Jackson, 2002). In Nigeria, HIV/AIDS was first reported in 1986 in a 13 year old girl. Since then the epidemic has grown steadily into a pandemic (Akuto, 1994). Globally, more than 38 million men, women, and children were estimated to be living with HIV by the end of 2003. Almost 25 million of these people are living in sub-Saharan Africa where 57% are women (UNAIDS, 2004).

In sub-Saharan Africa, majority of people who are affected by or infected with HIV/AIDS are subsistence farmers, who produce over 90% of the food consumed in the region. Most people who are vulnerable to HIV/AIDS in Africa are lacking in formal education and have limited access to hospitals and clinics (Page and Nyakanda, 2005). This leads to the need for intensive awareness education among rural youths, who are the most vulnerable group. According to Irwin (2000), vulnerability to HIV/AIDS depends on lifestyle, gender, and socio-economic status. This means that protecting people from HIV depends on more than just promoting the use of condoms. It also depends on building self esteem among the most marginalized groups, to allow them take control of their sexuality in the face of oppressive political, traditional, cultural and religious values.

HIV/AIDS is robbing rural and urban communities of adult labor that would have otherwise contributed to increased farm labour, home maintenance activities like child rearing, food processing, cooking and other valuable contributions to household livelihoods and sustainable development (Barnett and Whiteside, 2002). HIV/AIDS also creates a void in agricultural production capacity with a good number of AIDS deaths in the most productive age group of 15 – 49 years (youths). This will affect the transfer of farm information from generation to generation (Drimic, 2002). According to Baire (1997), AIDS afflicted households face a multi-faceted loss of labour, capital and knowledge where loss of labour and knowledge affects the entire community, capital assets loss is redistributed within the rural economy. This has further worsened the already bad cases of the rural communities, thus exacerbate rural inequality over time.

In sub-Saharan Africa (Nigeria inclusive), the majority of people who are affected by, or infected with, HIV/AIDS are subsistence farmers, whose agricultural skills are vital to the continued survival of traditional life throughout the continent. Agricultural work provide directly or indirectly livelihoods for as many as 80 percent of the population (UNAIDS, 2000). According to Irwin et al., (2003) rising mortality among young farm workers had disrupted the transmission of agricultural knowledge and land management skills from one generation to the next. The focus of the study, therefore, was to assess the perception and use of safe HIV/AIDS preventive practices among rural youths in Nasarawa State, who are the future generation of farmers.

Specifically, the objectives were to: describe the socio-economic characteristics of rural youths; identify the perceived socio-cultural practices that increase vulnerability/prevention of HIV/AIDS by the respondents; determine the respondent's level of adoption of HIV/AIDS preventive practices; determine the female – male differential in the adoption of HIV prevention practices; and determine the effect of selected socio – economic characteristics of the respondents on their level of adoption of HIV preventive practices.

Methodology

The research was conducted in Nasarawa State, North – central Nigeria. The state is a multi ethnic state with major ethnic groups such as Alago, Eggon, Mada, Hausa – Fulani, Gbagyi, Bassa, Igbira, Migili, Afo, Gwandara, Agatu, Rindre, Bassa, Nyankpa and Tiv among others.

According to the 2006 population census, Nasarawa State has a population of 1.863 million people. Agriculture is the major occupation of majority of the people who reside mostly in rural areas. The state has 13 Local Government Areas (LGAs) namely Akwanga, Awe, Doma, Karu, Keffi, Kokona, Lafia, Nasarawa Eggon, Obi, Toto and Wamba divided into 3 senatorial zones – Southern, Northern and Western Zones.

The target population for the study comprised all rural youths in the state. A multi stage sampling procedure was adopted in selecting the sampled respondents. Firstly, two LGAs were randomly selected from each of the 3 senatorial zones to give 6 LGAs; secondly, five rural communities were randomly selected from each of the selected LGAs to give 30 rural communities; and finally, ten youths (15 – 49 years) were randomly selected from each of the 30 selected communities giving a total of 300 respondents for the study. Data were collected through the use of a structured questionnaire. However, only 295 questionnaires were fully completed and returned, hence the analysis was based on this number.

Data were analyzed using the Statistical Package for Social Sciences (SPSS). Both descriptive (frequency, percentage, mean and ranking) and inferential statistics (linear regression and t-test) were used based on the stated

objectives.

The regression model is specified below:

$$Y = a + b_1x_1 + b_2x_2 + b_3x_3 + \dots + b_6x_6 + e$$

Where Y = no of preventive practices adopted (percentage)

x_1 = Age

x_2 = Gender

x_3 = Marital status

x_4 = Educational level

x_5 = Occupation

x_6 = religion

$b_1 - b_6$ = coefficient or parameter estimate

e = error term

a = intercept

Results and discussion

Socioeconomic Characteristics of Respondents

The findings of the study show that most (38.31%) of the respondents were within the age group of 21 -25 years. This was closely followed by 22.03% within the age group of 26 – 30 years. This shows that the respondents were mostly young people who were in their prime age to contribute to agricultural development and also the most vulnerable group to HIV/AIDS

Results in Table 1 show that majority (70.17%) of the respondents were males while the remaining 29.83 % were females. This implies that the respondents were mostly males, this could be attributed to the cultural values of the people in the study area where the men are allowed to be more outgoing than their female counterparts.

Table 1 shows that majority (60%) of the respondents were single while 38.31% were married. The divorced constituted only 1.69%. This indicates that most of the youths in the study area were not yet married, thus could be influenced by peer pressure to engage in premarital sex thereby exposing themselves to risk of HIV/AIDS.

Table 1 also shows that majority (53.56%) of the respondents had secondary school education this is followed by 25.42% who had tertiary education and 8.14% had no formal education. This implies that majority were fairly educated, education is supposed to equip people with knowledge and skills required for the prevention of HIV/AIDS and other diseases.

With regards to occupation, the results show that 40.68% of the respondents were farmers and students respectively. Civil servants accounted 10.85% and traders 5.1%. This implies that majority of the respondents were either students or farmers. Agricultural development will require healthy and strong farmers for enhanced productivity hence the need to adopt HIV/AIDS preventive measures.

Majority (78.64%) of the respondents were found to be Christians while 21.36% were Muslims. Religion plays a crucial role in shaping the morality of youth and also in creating awareness of the dangers of HIV/AIDS.

Perceived Practices that increase Vulnerability/prevention to HIV/AIDS

Table 2 shows the perceived socio-cultural practices that increase the vulnerability/prevention of HIV/AIDS by the respondents. The following statements were accepted by the respondents as driving forces for increased vulnerability or as preventive measures of HIV/AIDS: AIDS is real and can be transmitted through sexual intercourse ($x=4.76$); people living with HIV need our help ($=4.58$); HIV positive people should take retroviral

drugs (= 4.31); youths should not engage in sexual intercourse until they are married (= 4.12); wife inheritance/sharing can lead to HIV infection (= 3.90); it is good for HIV positive people to declare their status (=3.68) in decreasing order of ranking whereas the remaining statements were not accepted by the respondents. Thus, the results show that the respondents are adequately informed about the true picture of the disease and were able to debunk other beliefs and myths that tend to make people misunderstand, therefore increasing their vulnerability to HIV/AIDS.

Level of Adoption of HIV/AIDS Preventive Practices

Table 3 shows that majority (90.45%) of the respondents use abstinence as preventive measure, 78.6 % ensured screening of blood before transfusion, 76.2% adopted sterilization of sharp objects, 71.4% practice faithfulness to single partner, 66,7% insisted on using new syringes and needles for injection whereas, use of condoms and praying for divine protection accounted for 54.3% respectively. This implies that the respondents had adopted the ABC of HIV/AIDS prevention (abstinence, faithfulness to a partner and condom use).

Male and Female Adoption of Preventive Practices Differentials

The effect of female- male differential in adoption of preventive practices between gender was examined by comparing the mean adoption indices of the respondents. While the males had a mean adoption index of 0.5844, the females had 0.6203. From the results, there was no significant difference in the adoption index between males and females implying that no particular sex adopted more HIV/AIDS preventive measures than the other in the study area.

Effect of Socio Economic Characteristics on Adoption of HIV/AIDS Preventive Practices

The results of the regression in table 5 shows that age and educational level had significant effect on the adoption of HIV/AIDS preventive practices. While gender, marital status, occupation and religion had no significant effect. This implies that younger and educated people adopted more preventive practices.

Conclusion

Based on the findings of this study, it can be concluded that rural youths in Nasarawa state had good level of awareness of the causes and prevention of HIV/AIDS. They also adopted the ABC (abstinence, faithfulness to a partner and condom use) among other HIV/AIDS preventive measures. Age and educational level were the significant determinants of adoption of preventive measures.

Recommendations

1. HIV/AIDS campaigns should involve different stakeholders in the community, including government, civil societies, religious organizations and the private sector. Therefore, the national agency for the control of aids (NACA) should provide more funding to all stakeholders to step up campaigns against HIV/AIDS in the rural areas.
2. There should be various counseling and testing sites located strategically in the rural areas where the youth can go for prevention and support.
3. More advocacy programmes should be provided through the media especially those that are mostly patronized by the youth such as the social media networks.

References

Baier, E. (1997). *The impact of HIV/AIDs on rural household communities and the need for multisectoral prevention and mitigation strategies to combat the epidemic in rural areas*. Rome:FAO.

Barnett, T. and Whiteside, A (2002). *AIDs in the 21st century. Disease and globalization*. New York; Palgrave. Macmillian.

Drimie, S. (2002). HIV/AIDs and land: Case studies from Kenya, Lesotho, and South Africa. Report for Southern Africa Africa Regional Office of the Food and Agricultural Organization of the United Nations (FAO). Human

Sciences Research Council, Pretoria, South.

Irwin, A., Millen, J. and Fallows, D (2006). Global AIDS: Myths and Facts. South End Press, Cambridge.

Page, S.L. and Nyakanda, F. (2005). How to live positively: a practical manual for facilitating community action in HIV/AIDS- affected areas. CABI. CTA.

UNAIDS (2004). Report on the global HIV/AIDS epidemic. July, 2004.

Table 1: Distribution of Respondents According to their Socio Economic Characteristics

Characteristics	Frequency	Percentage
Age (years)		
10 -15	2	0.68
16 -20	52	17.63
21 -25	113	38.31
26 - 30	65	22.03
> 30	63	21.35
Gender		
Female	88	29.83
Male	207	70.17
Marital status		
Single	177	60.00
Married	113	38.31
Divorced	5	1.69
Educational level		
Non-formal	24	8.14
Primary	38	12.88
Secondary	158	53.56
Tertiary	75	25.42
Occupation		
Artisan	5	1.69
Civil servant	32	10.85
Farmer	120	40.68
Trader	15	5.08
Student	120	40.68
Others	3	1.02
Religion		
Christianity	232	78.64
Islam	63	21.36
Total	295	100

Source: Field Survey, 2011

Table 2: Perception of respondents about practices that increase vulnerability/prevention

Perception	Mean score	SD
AIDS is real and can be transmitted through sexual means	4.76*	1.76
AIDS of HIV/AIDS is caused by witchcraft	2.20	0.80
AIDS can be cured medically	2.58	0.42
Only the poor people are infected by HIV/ AIDS	2.82	0.18
Shaking hands or eating with people with HIV can make us have AIDS	2.14	0.86
People living with HIV need our help	4.58*	1.58
Wife inheritance / sharing can lead to HIV infection	3.90*	0.90
Youths should not engage in sexual intercourse until they are married	4.12*	1.12
Youths can engage in pre-marital sex provided they use condoms	2.89	0.11
It is good for HIV positive people to declare their status	3.68*	0.68
HIV positive people should be discriminated against in terms of education and job opportunities	1.56	1.44
HIV positive people should take retroviral drugs	4.31*	1.31

* This is agreed by the respondents to be true

Table 3: Level of Adoption of HIV/AIDS Preventive Practices

Preventive Practices	Frequency	Percentage	Ranking
Abstinence before marriage	190	90.45	1 st
Being faithful to a partner	150	71.43	4 th
Use of condoms	114	54.29	6 th
Use of preventive drugs	75	35.71	7 th
Praying for divine protection	114	54.29	6 th
Use of new syringe/needles	140	66.67	5 th
Sterilize sharp objects	160	76.19	3 rd
Screening of blood	165	78.57	2 nd

Source: Field survey, 2011

Table 4: Results of Independent T-Test Analysis of Mean Adoption Indices of Male and Female Respondents

Variables	Males	Females	t. statistic	Level of significance
Mean adoption index	0.5844	0.6203	-.546	0.993
Standard deviation	0.32250	0.32144		
Observation (N)	205	85		

Table 5: Regression of Socioeconomic Characteristics on Preventive Practices

Socioeconomic characteristics	Coefficient	Standard error	T-value
Age	-0.101	0.045	-2.26*
Sex	-0.061	0.526	-.115 ^{NS}
Marital status	0.409	0.420	.975 ^{NS}
Educational level	-0.789	0.297	-2.65**
Occupation	0.63	0.169	0.374 ^{NS}
Religion	0.000	0.577	-0.001 ^{NS}

R² –value 0.100

** : Significant 1% level of probability.

* : Significant at 10% level of probability.

NS: Not significant