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The Effect of HIV/AIDS Scourge on Farm Families in Makurdi Local Government Area of Benue State, Nigeria

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ABSTRACT The study investigated the effect of HIV/AIDS scourge on productivity, income and standard of living of farm families in Makurdi Local Government Area (L. G. A.) of Benue State, Nigeria. A total of 100 respondents comprising 50 households affected with HIV/AIDS and, 50 households not affected with the disease were selected for interview using a simple random sampling technique. Some professional health workers were also contacted to give advice on the preventive and control measures of HIV/AIDS disease. The collected data were analyzed using frequencies, percentages, and chi-square.The result of the study shows that HIV/AIDS has serious adverse effect on the productivity, farm income and standard of living of the affected farm families. Education of rural households on the danger of HIV/AIDS and ways of preventing or minimizing its spread is recommended.

1. INTRODUCTION

The number of people living with HIV worldwide had grown to more than 34.3 million in 1999. An estimate of 11 persons became infected every minute representing some 15,000 new infections every day or more than 5.4 million for the entire year. It was also reported that 95% of people living with HIV are adults between the ages of 15 and 49 years, that is, people in the prime of their economic and reproductive lives (WHO, 2000).

According to Umeh (1991), the quantity and quality of labour supply is highly dependent on the health of the people under consideration. This also implies that the labour force of a community shall be highly diminished in the event of an out-break of a disease.

In Thailand, one-third (1/3) of rural families affected by AIDS experienced a 50% reduction in agricultural output, which threatened food security. Also, in Tanzania, the time spent in agricultural has reduced drastically because of AIDS. A woman with a sick husband spent 60% less time on agricultural activities (UNAIDS, 2000).

Nigeria, which is the most populous country in Africa, is fast gaining its share of the HIV/AIDS scourge. It has the highest prevalence in West Africa sub-region with an estimated 2.6 million people already infected. Benue State ranked very high in the HIV/AIDS prevalence in Nigeria. Over 0.3 million people representing about 16.8% of the entire population are estimated to have been infected. This figure translates to about 11.5% of the national estimate (NASCP [FMOH], 1999). These remarkable figures reveal that the HIV/AIDS scourge has become one of the most important challenges to the continued productivity of farmers as well as the overall development of the economy (DFID, 2001). An empirical study of this type is therefore necessary to determine the actual effect of the disease on the productivity and standard of living of the farmers in Benue State and to proffer possible ways of mitigating the scourge.

The objective of this study is therefore to assess the effect of HIV/AIDS scourge on productivity, income, and standard of living of the farm families in Makurdi Local Government Area of Benue State.

A hypothesis was stated to test for a significance difference between the average annual farm income of households affected with HIV/AIDS and the households not affected. Chi-square was used to test the hypothesis.

2. METHODOLOGY

Makurdi Local Government Area (L. G. A.), one of the local government areas of Benue state of Nigeria lies between longitude $8^{o}20'$ E and 9^{o} E and latitude 7^{o} 20'N and has an estimated population of 226,192 (based on 1991 National Population Census figure) and a land area of $804km^2$. It is made up of 10 council wards namely Nyia/North Bank, Mbalagh, Fidi, Bar, Agan, Madikpo, Clark/Central Mission, Ankpa/

Wadata, Wailamayo (High Level/Wurukum) and Modern Market.

The inhabitants of Makurdi Local Government Area are mainly farmers and traders. The rich alluvial soil due to the activities of River Benue forms the basis for agricultural activities in the area.

A total of 120 respondents were selected for the study through simple random sampling technique. This sample (120 respondents) is made up of 50 households affected with HIV/AIDS, 50 households not affected and 20 professional health workers. The selection was done through the help of community based health workers, village extension agents and records obtained from Health Information centres situated within the local government area.

Different sets of questionnaire were designed for the different categories of the sampled respondents in line with the peculiarity of each group or category. One set (of questionnaire) was administered to the community-based health workers while the second set was administered on the households affected with HIV/AIDS and those not affected.

The analysis of the selected data was done using descriptive statistics namely frequency distribution, and percentages. Furthermore, chi-square test was carried out to determine if there is any significant difference between the average annual farm income of households affected with HIV/AIDS and those not affected.

The study could not be extended to cover the entire state due to financial constraints as no external financial assistance could be obtained to fund the research.

3. RESULTS AND DISCUSSION

3.1 Demographic and Socio-economic Characteristics of the Respondents

3.1.1 Distribution of Respondents by Sex: Females constituted majority of the respondents' population affected with HIV/AIDS. Table 1 shows that 74% of members of the households affected with HIV/AIDS were females while the remaining 26% were males.

3.1.2 Age Distribution of Respondents: As illustrated by Table 2, majority of those affected with the HIV/AIDS disease fall between 20 and 50 years of age Which is regarded as the economic active age.

Table 1: Respondents' distribution by sex.

Gender	*Households affected with HIV/AIDS*		*Households not affected with HIV/AIDS*	
	Frequency	*%*	*Frequency*	*%*
Male	13	26	21	42
Female	37	74	29	58
Total	50	100	50	100

Source: Field survey, 2003.

It can also be observed that the greatest percentage (80%) of the households not affected with the disease falls between 20 – 50 years.

Table 2: Age distribution of respondents

Age range (years)	*Households affected with HIV/AIDS*		*Households not affected with HIV/AIDS*	
	Frequency	*%*	*Frequency*	*%*
Less than 20	2	4	0	0
20 – 30	11	22	13	26
31 – 40	20	40	15	30
4! – 50	10	20	12	24
51 – 60	7	14	8	16
Above 60	0	0	2	4
Total	50	100	50	100

Source: Field survey, 2003

3.1.3 Respondents' Level of Education: It can be observed from table 3 that a high percentage of household members sampled have no formal education With 60% among household members affected With the disease and 50% among household members not affected. It is also observed that the households not affected with the disease are generally more educated than those affected.

Table 3: Respondents' level of education

Level of education	*Households affected with HIV/AIDS*		*Households not affected with HIV/AIDS*	
	Frequency	*%*	*Frequency*	*%*
Primary school	10	20	17	34
Secondary school	6	12	6	12
Tertiary education	4	8	2	4
No formal education	30	60	25	50
Total	50	100	50	100

Source: Field survey, 2003.

3.1.4 Respondents' Sources of Farm Labour: All the respondents in the HIV/AIDS affected households made use of family labour on their farms (Table 4). Consequently, the death or illness of any productive household member will result in a decrease in the supply of labour. This agrees with the submission of Umeh (1989) that the quantity and quality of labour supply is highly dependent on the health of the members of farm families.

Table 4: Sources of farm labour among the respondents

Farm labour sources	*Households affected with HIV/AIDS*		*Households not affected with HIV/AIDS*	
	Frequency	*%*	*Frequency*	*%*
Family	50	100	49	98
Hired	49	98	21	42
Communal	5	10	18	36
Exchange	-	-	0	18
Cooperative	-	-	2	4
Total	50	100	50	100

Source: Field survey, 2003.

As high as 98% of the households affected with HIV/AIDS used hired labour also. This may be as a result of death or illness of productive members of the household.

Only as small as 10% of the members of households affected with the disease are involved in communal type of labour while none was observed to be involved in the exchange and cooperative forms of farm labour. This can be attributed to social stigmatization and discrimination often shown towards people affected and living with HIV/AIDS in this part of the world.

3.1.5 Respondents' Annual Income: Table 5 shows that respondents in households affected with HIV/AIDS experienced relatively low annual farm income. As high as 78% of the members of the affected households earned only between N10,000.00 and N30, 000.00 annually. This can be attributed to the fact that majority of the respondents in this category have to divert some productive labour and time to caring for the sick members of affected households and also divert some money otherwise meant for purchase of farm inputs to medicinal expenses.

It can also be observed that 70% of the respondents in households not affected with the disease earned relatively high annual income between ₦31,000 – ₦50,000.

3.2 Effects of HIV/AIDS Scourge on Agricultural Activities and Standard of Living of Farm Families

It can be observed from the table 6 that 40% of the respondents attested experiencing a significant reduction in agricultural production and income. The result of chi-square test at a significant level of 0.05 reveals that the value of computed chi-square was greater than the tabulated. We therefore accept the alternative hypothesis (HA), which states that there is a significant difference between the average annual farm income of households affected with HIV/AIDS and the households not affected with the disease.

Table 5: Respondents' annual farm income.

Cash income (₦)	*Households affected with HIV/AIDS*		*Households not affected with HIV/AIDS*	
	Frequency	*%*	*Frequency*	*%*
10,000 – 20,000	22	44	2	4
21,000 – 30,000	17	34	4	8
31,000 – 40,000	8	16	16	32
41,000 – 50,000	3	6	19	38
Above 50,000	0	0	9	18
Total	50	100	50	100

Source: Field Survey, 2003

The analysis as illustrated by table 6 shows that as many as 60% of the respondents in households affected with HIV/AIDS attested spending a tangible portion of their household savings and income on medications of the members affected with the disease. Most of the respondents (80%) attested selling their assets ranging from jewelries to landed property to meet

Table 6: Effects of the HIV/AIDS Scourge on farm families (N = 50)

Effect	*Frequency*	*%*
Reduction in farm production/income	20	40
Spending of household saving/income on medical care	30	60
Borrowing to meet cost of living	13	26
Selling of assets to meet cost of living	40	80
Reduction in quality and quantity of food consumption	33	66
Adoption of orphans	10	20
Withdrawal of children from schools	10	20

Source: Field survey, 2003

the cost of living and medication. Similarly, 66% of the respondents experienced reduction in quantity and quality of food consumption. Some of the respondents (20%) were compelled to adopt orphans within the extended family after the demise of the parents. This would definitely exert extra pressure on the affected families financially and otherwise which might be responsible for withdrawal from school of their children as indicated by the respondents.

The analysis and findings above indicate the adverse effects of the HIV/AIDS disease on the farm productivity, income and standard of living of the affected families. The finding also agrees with that of Topouzis (2000) that AIDS increases household expenditure on medical care exponentially. This calls for a concerted effort on the part of government, non-governmental organizations (NGOs) as well as the general public in mitigating the effect of the scourge of the disease.

4. CONCLUSION AND RECOMMENDATIONS

HIV/AIDS scourge has serious adverse effect on the farm productivity, income and standard of living of the farm families in Benue State, particularly and Nigeria as a whole. The findings of this study have confirmed this. Some sustainable intervention measures are therefore necessary.

An intensive HIV/AIDS education programme among the Nigerian rural populace is desirable and therefore recommended in view of their low level of formal education and ignorance. The medical personnel interviewed in the course of this study recommended the following measures for the prevention and/or control of HIV/AIDS: complete abstinence from pre-marital and extra-marital sexual relationship; proper sterilization of medical instruments; screening of blood before transfusion and the use of condom during pre-marital and extra-marital sexual intercourse if complete abstinence is not possible.

Government at various levels (local, state and federal) as well as NGOs should endeavour to provide adequate HIV testing kits and free counseling services to enable the farmers determine their HIV status and consequently take necessary steps to prevent the spread and also manage those already affected. Provision of affordable anti-retroviral drugs to the already affected farmers can go a long way in prolonging their lives as well as enhance their productivity.

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