

Assessment of the Awareness of HIV/AIDS Among the Rural Dwellers in Ife Zone of Osun State Nigeria

O. F. Deji and C. Enuenwemba

Department of Agricultural Extension and Rural Sociology, Faculty of Agriculture, Obafemi Awolowo University, Ile Ife, Osun-State, Nigeria
E-mail: odeji@oauife.edu.ng or odeji2001@yahoo.com

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ABSTRACT The study investigated the level of awareness of HIV/AIDS among the rural dwellers in Ife zone, Osun State. Factors influencing the awareness of the disease, problems associated with its awareness and the sources of information to the respondent were also identified. Two rural communities were chosen from each of the four Local Government Areas in Ife zone based on their higher relative degree of rural ness. A total of 240 respondents from different age categories were selected through systematic random sampling technique from the chosen communities, and interviewed using structured interview schedules. Data collected were subjected to both descriptive and inferential analyses. It was found that the level of education ($P = 0.02$) and marital status ($P = 0.02$) were significantly related to the awareness of HIV/AIDS, by the respondent. A small majority (67.1%) indicated their awareness of the diseases, among which 36.3% indicated radio, while 14.1% indicated television, as their sources of awareness. In conclusion, there was an average level of awareness about HIV/AIDS in the studied rural areas, indicating the need for more campaigns against the disease, especially in the rural areas.

INTRODUCTION

Background

From time immemorial mankind, periodically, is faced by a plague-like ailment, which wreaks destruction on the lives of the populace for prolonged period before a remedy is ultimately discovered. This generation has been afflicted by a new plague-HIV/AIDS, which has so far defied all scientific efforts to find an effective vaccination or treatment. AIDS is an acronym for "Acquired Immune Deficiency Syndrome". HIV stands for Human Immunodeficiency Virus. The methods of transmission are basically through sex, blood, or fluid contact.

The battle against the disease is undoubtedly getting more and more serious all over the world. The concern of the international community now is the demographic and socio-economic consequences of HIV/AIDS. The HIV/Aids epidemic has Claimed over 21 million lives, and more than 36 million people are estimated to be living with HIV/Aids worldwide. HIV/Aids cases have been reported in all regions of the world, but most people with HIV (95%) live in developing countries, where most AIDS -related death occurs. The nations of sub-Sahara African have been particularly hard hit (Joint United Nations Programme 2000). Most Africa countries worst

hit by the AIDS epidemic are now discovering that the epidemic is not just an issue limited to health but that it has the capabilities of altering (and it is already altering many Africa countries) the economic and social status of many countries, thus raising very pertinent questions about the developmental process, and more importantly the level of awareness.

The HIV/AIDS epidemic in Nigeria has rapidly gained momentum and is now a major public health problem. The prevalence of the epidemic has been since the mid-1980, however regular reporting did not begin until 1991-1992. The prevalence of infection has since increased from 1.8 percent in 1991 to 4.5 percent in 1996 and 5.4 percent in 1999. Implying an increase of more than 100 percent and in absolute terms, it implies that at least 2.7 million Nigerian adults and children were living with HIV/AIDS by the end of 1999. HIV prevalence among antenatal women in 1999 ranged from less than 1 percent to 21 percent. Among workers positive current projection show an increase in the number of new AIDS cases from 250,000 in the year 2000 to 360,000 by the year 2010.

As a result of the epidemic, the crude death rate in Nigeria is expected to be 20 percent higher in the nearest future than it was in 1990. Approximately 1.7 million Nigeria adults and children have died of Aids since the beginning

of the epidemic. In 1999 alone, 250,000 adults and children died of Aids. At the end of 1999, approximately 971,472 children under the age of 15 lost a mother or both parents to AIDS.

Several factors contribute to the rapid spread of HIV in Nigeria. These include the wide spread practice of polygamy and sexual networking, high prevalence of untreated sexually transmitted infections, low condom use, poverty, low awareness level, low literacy, poor health station, low status of women and denial of the HIV/AIDS epidemic.

The Piot (2001) showed that during 2000, an estimated 5.3 million people become newly infected with HIV. There were estimated 3 million AIDS related deaths in 2000. Of these, 1.3 million were women and 500,000 were children under 15 (joint United Nations Programme 2000). AIDS is the number one cause of death in Africa, and the fourth leading cause of death globally (U.S census Bureau 2000). Worldwide, nine out of ten HIV-positive individuals are unaware they are infected (Joint United Nations Programme 2000).

HIV is increasingly affecting women. In 1997, 41% adults living with HIV/AIDS were women. In 2000, almost half (47%) were women (UNAIDS fact Sheet, 2000). Gender inequalities in social and economic status and access to medical care increase women's vulnerability to HIV/AIDS.

A resources book on the emerging HIV/Aids epidemic in south Africa (2000) also reveal that adolescents are at elevated risk for HIV infection in many countries in South Africa, approximately 60% of all adults who acquire HIV are infected before they turn to 25 years of age. Infection rates are five times higher among young women than young men in some African counties (UNAIDS, 2000). In Nigeria, contemporary knowledge about the disease is far from being satisfactory. Many people-old young, educated illiterates, men and women, still do not believe that HIV/AIDS exist. In some cases where they do, they see it as one of those normal ailments which have been with mankind. Some even boast that radio-medical cure is possible. It is common to hear people claim that they have been involved in curing the disease. Some even publicly boast in the pages of Newspapers and other media generally, that they can cure Aids. As yet, none of these claims has been fully substantiated or validated in light of empirical evidence.

Formerly believed to be mainly an urban phenomenon, HIV/AIDS now threatens the lives and livelihoods of millions of rural dwellers

throughout the developing world. In absolute numbers, more people living with HIV reside in rural areas, especially those along the trade routes, cutting food production down drastically, thereby posing a serious threat to the food security in the Nation (FAO, 2000).

AIDS' awareness /education in the rural areas, may be hindered by the prevailing high levels of illiteracy and little access to mass media, health, and education services. The importance of the rural population to an agriculturally based nation as Nigeria cannot be over emphasized.

Objectives of the Study

The general objective of the study was to assess the awareness of HIV/AIDS among rural dwellers in Ife zone of Osun State. However the specific objectives of the Study are:

- i. To determine the level of awareness of the HIV /AIDS among rural dwellers in Ife zone of Osun State;
- ii. To identify sources of information on HIV/ AIDS among the rural dwellers in Ife zone; and
- iii. To identify factors influencing HIV/AIDS awareness.

METHODOLOGY

Two rural communities were selected from each of the four Local Government Areas in Ife zone of Osun State, Nigeria.

Ten households were selected through simple random sampling technique in each sampled community. One male adult, one female adult, and one youth (based on age and dependency concept criteria) were purposively interviewed in each sampled household, using structured interview schedule duly pre-tested before used. Where no or any respondent is missing, the next household was contacted to cater for the missing respondent. A total of 240 respondents were interviewed throughout the study area.

The results were analyzed and summarized using simple descriptive statistics and chi-square analysis.

RESULTS AND DISCUSSION

Demographic and Socio-economic Characteristics of Respondents: Data in Table 1 show that 51.1% of the respondents were between the ages of 11-30, 33.3% were between the ages of 31-50, 13.7% were between ages 51-70, while 1.7% was 71 years and above. Majority (53.8%) of the respondents were male, while 46.2% were

Table 1: Distribution of respondents by demographic characteristics

Characteristics	Frequency	Percentage
<i>Age</i>		
30-Nov	122	51.1
31-50	80	33.5
51-70	32	13.7
71 and above	6	17.1
Total	240	100
<i>Sex</i>		
Male	128	53.8
Female	112	46.2
Total	240	100
<i>Level of Education</i>		
University	11	4.6
Post secondary	17	7.1
Secondary	77	32.1
Incomplete secondary	45	18.8
Primary	30	12.5
Incomplete primary	19	7.9
No formal education	41	17
Total	240	100.0
<i>Marital Status</i>		
Married	140	58.3
Single	89	37.1
Widow	8	3.3
Widower	2	0.8
No response	1	0.4
Total	240	100

female. Majority of the respondents were still in their active ages, which has significant implications on level of awareness and accessibility to sources of information in the rural areas.

Data in Table 1 also reveal that 17.1% of the respondents have no formal education, while 32.1% completed secondary education, very few had post secondary (7.1%), and university education (4.6%). Majority of the respondents (58.3%) were married, 37.1% were single, none divorced, 3.3% were widows, and 0.3% are widower.

The low level of education revealed in this result is the typical characteristic feature of an average rural area in Nigeria. This invariably determines the kinds of sources of information that the respondents could have access to.

Awareness and Sources: Data in Table 2 reveal that 67% were aware of HIV/AIDS. Radio (36.3%) and television (14.1%) were the most common sources of awareness claimed by the respondents. Probably, modern means of information dissemination that are not easily accessible to common people in the rural areas were mostly employed in the campaign against HIV/AIDS diseases in the study area, hence, the claim of unawareness by some of the respondents.

Table 2: Distribution of respondents by awareness and sources of awareness about HIV/AIDS

Awareness	Frequency	Percentage
<i>Reply</i>		
Yes	161	67.1
No	70	29.2
No response	9	3.7
Total	240	100
<i>Sources</i>		
Radio	142	36.3
Television	55	14.1
Friends	40	10.2
Newspaper	37	9.5
Medical personal	35	9
Schools	30	7.7
Neighbors	28	7.2
Relative	24	6
Total	391*	100

* Multiple responses

Table 3: Result of chi square analysis of the relationship between selected demographic characteristics of the respondents and awareness of HIV/AIDS

Variables	χ^2	P
Age	2.37	0.12
Sex	0.3	0.5
Religion	0.18	0.67
Level of education	15.04	0.02*
Marital status	10.16	0.02*

* Significant at 0.05 level of significance.

Demographic Characteristics and Awareness: Data in Table 3 show that level of education and marital statuses, among other demographic characteristics of the respondents, were significantly related to awareness of the HIV/AIDS disease in the studied rural areas. The probable reason for this may be due to the fact that: (i) the disease is a sexual related one, and (ii) the level of education of an individual could determine the kinds and sources of information available to him/her.

CONCLUSION AND RECOMMENDATIONS

Base on the major findings of this study, the paper concludes that level of education and the marital status of the people in the rural areas are significant to their level of awareness about the HIV/AIDS disease. It is therefore recommended that for effective eradication of the menace of HIV/AIDS in the rural areas; (i) local means of disseminating information that do not depend on the level of formal education of the target audience, such as, use of community associations, community leaders, religious associations,

family, etc, should be employed;(ii) means of enhancing the educational levels of the rural dwellers should be focused on by the Government; and (iii) more of awareness campaign about the disease should target the married ones especially at the family level.

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