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Assessment of the Awareness of Hazards Associated with HIV/AIDS among Rural Dwellers (A Case Study of Oju Local Government Area of Benue State)

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ABSTRACT

This work investigates the level of awareness of the hazards associated with HIV/AIDS among rural dwellers in Oju Local Government Area. A random sampling method was adopted and questionnaires were administered to the rural dwellers as a means of data collection. A simple percentage technique of data presentation was used. Three villages were sampled (Ikachi- Ukpa, Ameka-Owo, Ojaba-Ainu) from the two districts (Uwokwu and Igede centre) in Oju Local Government Area. One hundred questionnaires were distributed to one hundred randomly selected children of age (15 and below), youth of the age (16-20) and adults from 20 years and above. The results showed that majority of the rural dwellers (95%) have heard about the disease condition called HIV/AIDS. This is an indicator that a little population of the rural dwellers were ignorant of the disease condition. The above is backed by the fact that 95% of the rural dwellers have been educated on the disease condition by either groups or organizations and majority of them (95%) were aware of the fact that mere eating with an HIV/AIDS victim cannot lead to the contraction of the disease and were equally aware that the use of unsterilized needles, having unprotected sex can lead to the disease condition. The result further showed that majority of them (50%) believes that adults are more vulnerable to contracting the disease as they fall within the reproductive age.

INTRODUCTION

The Human Immunodeficiency Virus (HIV) which causes the Acquired Immune Deficiency Syndrome (AIDS) was first discovered in the early 1980s. It has spread more rapidly than most diseases in recent history, having social-cultural, economical and moral repercussions on individuals, families, communities and threatening foundations of entire societies. Over the years, the link between HIV/AIDS and impoverishment has grown and even stronger as the disease is infecting and affecting the younger generation who are the productive labour force of every economy. HIV infections are spreading quickly within the youth populations and what happens to them today will determine what becomes of them and their communities in the future. An estimated 11.8 million young people aged 15-24 are living with HIV/AIDS, and half of all new infections, over 6,000 daily, are occurring among them (UNAIDS, 2003).

The World Health Organization (WHO) has identified HIV/AIDS as one of the world's first health emergency and an urgent threat to global public health. It reveals that HIV/AIDS is the world's second widely spread communicable disease and the sixth common cause of death globally (WHO, 2004). In international circles in recent years, it has received as much attention as other pressing global questions like war, terrorism, environmental degradation among others. According to UNAIDS (2006), about 65 million people have been affected and more than 25 million people have died of AIDS-related causes. The situation is made even gloomier, with 29 million new infections estimated by 2020 if prevention and treatment are not accelerated.

The WHO (2004) has classified HIV/AIDS as the main cause of adult mortality in Africa. It affirms that about 3.1% and 3.9% of all male and female deaths respectively are caused by AIDS-related diseases. In the same vein, UNAIDS (2006) fact sheet states that 63% of the global HIV/AIDS infections are in Africa, South of the Sahara with the prevalence rate highest among the age group 15-49 years.

In Nigeria with a population of approximately 140 million, adult HIV prevalence as monitored through antenatal HIV Sentinel Surveillance among pregnant women, increased from 1.8% in 1991 to 5.8% in 2001, before dropping to 5.0% in 2003, 4.4% in 2005, 4.6 in 2008 and 4.1 in 2010 as shown in figure 1 below (FMOH, 2007).

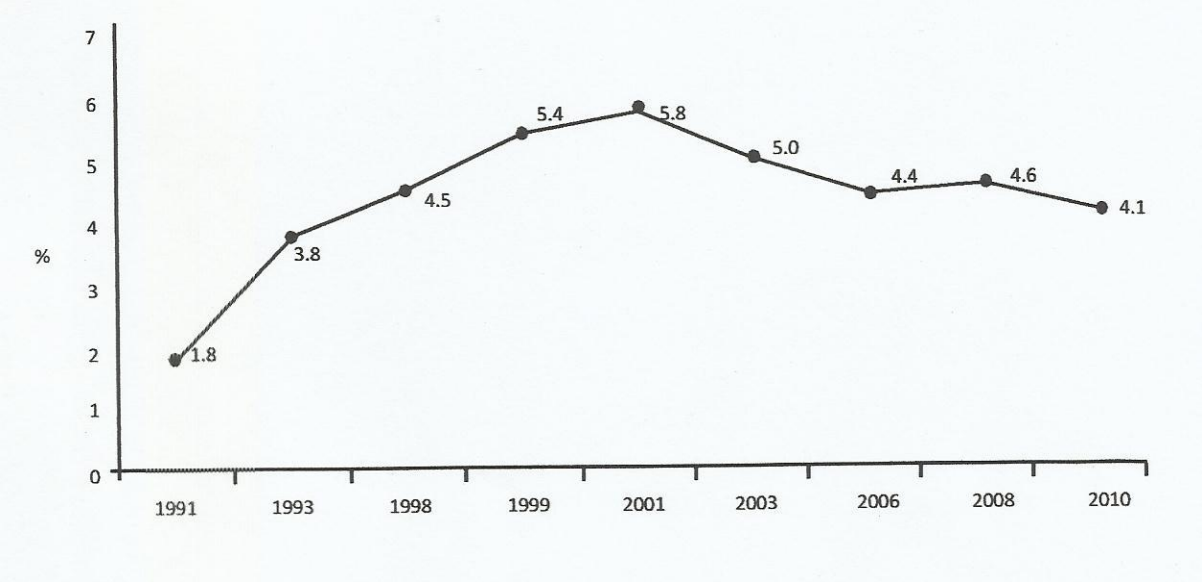

Fig.1: HIV prevalence trend in Nigeria (1991-2010)

As of 2012 in Nigeria, the HIV prevalence rate among adults ages 15–49 was 3.1 percent (CIA World Factbook, 2012). Nigeria still has the second-largest number of people living with HIV (CIA World Factbook, 2012).

The HIV epidemic in Nigeria is complex and varies widely by region. In some states, the epidemic is more concentrated and driven by high-risk behaviors, while other states have more generalized epidemics that are sustained primarily by multiple sexual partnerships in the general population. Youth and young adults in Nigeria are particularly vulnerable to HIV, with young women at higher risk than young men. There are many risk factors that contribute to the spread of HIV, including prostitution, high-risk practices among itinerant workers, high prevalence of sexually transmitted infections (STI), clandestine high-risk heterosexual and homosexual practices, international trafficking of women, and irregular blood screening (U.S Department of State, 2008).

It is these facts that persuade me into investigating the level of awareness of the hazards associated with this dreaded disease among rural dwellers in our society.

STATEMENT OF PROBLEM

HIV/AIDS has affected both young and old people in our society today more specially the rural dwellers that have little or no knowledge of the dreaded disease due to lack of awareness and illiteracy among them. This chronic disease infection has contributed to low population in rural areas, poverty, frustration, disgrace/loss of self-esteem, discrimination and

finally death. It is therefore imperative to find out why HIV/AIDS is more common among rural dwellers in our society despite the support and huge amount of resources the government, foreign nations etc. has given as aid to help create awareness of the hazards associated with this disease and possible reduction of its prevalence to the bearest minimum.

AIM AND OBJECTIVES OF THE STUDY

This work is aimed at finding out why there is high prevalence of HIV/AIDS among rural dwellers in our society and the specific objectives were as follows:

1. To find out the level of their awareness on HIV/AIDS and the associated hazards.
2. To find out why rural dwellers are more prone to the epidemic.
3. To determine the common ways in which HIV/AIDS is contracted.
4. To suggest preventive measures and ways of reducing transmission of the disease in our communities.

RESULTS AND DISCUSSION

This section deals with the presentation and analysis of the data collected. A total of one hundred (100) questionnaires were distributed to sampled areas. Response to a particular question is tabulated and calculated using percentage. They are presented as follows;

Table 1. Sex of respondents.

Sex	Frequency	Percentage (%)
Male	51	51
Female	49	49
Total	100	100

The table (1) above shows 100 percentage (%) of the rural dwellers who participated in the survey. Sex distribution from table one above reviewed that 51% of the participants in the survey were female while 49% of the rural dwellers who participated were male.

Table 2. Age of respondents.

Age (yrs)	Frequency	Percentage (%)
Below 15	20	20
16-20	40	40
20& above	40	40
Total	100	100

Table (2) above shows the age of the respondents that participated in the survey. Age distribution from the table above reviewed that 20% were children of the age of 15 and below, 40% were youths between the age of 16 and 20 while 40% were adults from 20 years of age and above who participated in the survey.

Table 3. Have you ever heard of the disease called AIDS?

Response	Frequency	Percentage (%)
Yes	95	95
No	5	5
Total	100	100

The result from table (3) above shows that 95 % of rural dwellers have heard of the disease called AIDS while 5% were completely ignorance of the disease.

Table 4. Has any group or organization ever come to this community to campaign against the disease called AIDS?

Response	Frequency	Percentage (%)
Yes	95	95
No	5	5
Total	100	100

TheResult from table (4) above shows that 95% of the rural dwellers have been visited severally by groups or organizations on the campaign against the disease called AIDS while 5% have never been visited.

Table 5. Were you thought on the dangers or hazards associated with this disease condition?

Response	Frequency	Percentage (%)
Yes	96	96
No	4	4
Total	100	100

The result from table (5) above shows that 96% of the rural dwellers have been educated on the dangers or hazards associated with the disease condition while 4% have never been thought.

Table 6. Can one's illiteracy level increase his/her risk of having HIV?

Response	Frequency	Percentage (%)
Yes	90	90
No	10	10
Total	100	100

The result from table (6) above shows that 90% of rural dwellers accepted that one's illiteracy level can increase the chance of contracting HIV while 10% disagree to that fact.

Table 7. Can one contract this disease by mere eating with an AIDS victim?

Response	Frequency	Percentage (%)
Yes	5	5
No	95	95
Total	100	100

The result from table (7) above shows that 5% of the rural dwellers are of the opinion that mere eating with an HIV victim could lead to the contraction while 95% acknowledged that mere eating with an HIV victim cannot lead to the contraction.

Table 8. Do you think poverty can contribute to the spread of HIV/AIDS?

Response	Frequency	Percentage (%)
Yes	74	74
No	26	26
Total	100	100

The result from the table above shows that 74% of the rural dwellers accepted to the fact that poverty can contribute to the spread of HIV/AIDS while 26% disagree with that opinion.

Table 9. Do you think the use of unsterilized needles, having unprotected sex can make one contract HIV/AIDS?

Response	Frequency	Percentage (%)
Yes	99	99
No	1	1
Total	100	100

The result from table (9) above shows that 99% of the rural dwellers think that the use of unsterilized needles and unprotected sex cannot prevent one from contracting the disease while 1% were of the opinion that the use of unsterilized needles and have unprotected sex can prevent one from contracting the disease.

Table 10. Do you think polygamy can contribute to the spread of HIV/AIDS?

Response	Frequency	Percentage (%)
Yes	59	59
No	41	41
Total	100	100

The result from table (10) above shows that 59% of the rural dwellers think that polygamous family can influence the spread of HIV/AIDS while 41% disagree to the fact.

Table 11. Which of the following group of people do you consider as at high risk of contracting the disease?

Response	Frequency	Percentage (%)
Adults	50	50
Health workers	20	20
Children	30	30
Total	100	100

The result from table (11) above shows that 50% of the rural dwellers were of the opinion that adults are at higher risk of contracting the disease, 20% think that health workers are more vulnerable to contracting the disease while 30% think that children are at higher risk of contracting the disease.

DISCUSSION

The discussion is based on the findings and responses from the sampled population on the awareness of the hazard of HIV/AIDS among the rural dwellers in Oju Local government area.

In table three (3), majority of the rural dwellers (95%) have heard about the disease condition called HIV/AIDS. This shows that a little population of the rural dwellers were ignorant of the disease condition. The above is backed by the fact that 95% of the rural dwellers have

been educated on the disease condition by either groups or organizations and majority of them (95%) were aware of the fact that mere eating with an HIV/AIDS victim cannot lead to the contraction of the disease and were equally aware that the use of unsterilized needles, having unprotected sex can lead to the disease condition. (Refer table 4, 7 & 9 above).

Majority of the rural dwellers (59%) thinks that a polygamy could lead to the spread of the disease condition as multiple sex partners is involved and more of them (74%) opined that poverty is one the contributing factor to contracting the disease condition and majority of them (50%) believe that adults are more vulnerable to contracting the disease as they fall within the reproductive age (refer table 8, 10 & 11).

CONCLUSION

The findings from the research shows that the main contributing factors to the spread of HIV/AIDS among rural dwellers in Oju Local government were indiscriminate sexual behaviour, poverty, ignorance and illiteracy. HIV/AIDS prevalence in the rural areas will be reduced if more emphasizes is geared towards enlightenment campaign by groups, organizations and even government stressing on the consequences of contacting the disease and the implication, use of condoms. Free counseling services should be provided to encourage those living with HIV/AIDS and to guide those free of the disease on how to stay permanently safe and free from contracting the disease.

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