Full Length Research Paper

## Factors affecting the practice of HIV/AIDS prevention strategies among women in cocoa farming households in Southwest Nigeria

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This paper looks at the factors affecting adoption of HIV/AID prevention strategies among women in Cocoa growing areas of South Western Nigeria. Women adoption behaviour to some HIV/AIDS prevention strategies such as faithfulness, abstinence, condom use, status check, and safe sex, avoidance of untreated sharp objects and transfusion of untested blood were investigated. 120 respondents were selected using a multistage sampling procedure. Information was collected through interview schedule. The study revealed a mean age of 41.2±11 years with 82.5% married and 68.33% in polygamy. It was also revealed that though respondents had high knowledge of the HIV prevention strategies but a low score in the practice of the strategies. However, knowledge of HIV prevention strategies has a positive and significant correlation (r=0.065;  $\alpha$ =.001) with practice of the strategies. The study further revealed that women servitude status will reduce knowledge of HIV/AID prevention strategies by 30.1% and the practice or adoption of prevention strategies by 25.7 %. It is recommended that programs for women's freedom and empowerment that will enhance their participation in decision making process, at the family and community levels, for the control and the eradication of HIV/AIDS should be implemented. This also calls for drastic steps to curb the gender inequality problems in decision making in Nigeria, especially in the rural areas, that exposes women, who are the majority of the agricultural labour force, to HIV/AIDS plagues.

Key words: Knowledge, practices, servitude, women, cocoa and HIV/AID, prevention strategies.

## INTRODUCTION

HIV/AIDS disease continues to ravage sub-Saharan Africa in the last 30 years. A 2010 UNAIDS report reveals that sub-Saharan Africa still bears an excessive share of the global HIV burden. The HIV/AIDS epidemic has led to significant reductions in food production in AIDS-affected households. In two villages in Burkina Faso, for example, revenues from agricultural production declined by 25-50 per cent as a result of AIDS. The Government of Swaziland reported a 54 per cent drop in agricultural production in AIDS-affected households. In the United Republic of Tanzania, for example, a study found that a woman whose husband was sick spent 45 per cent less time on agricultural tasks than a woman whose husband was healthy. Even larger declines have been documented for Ethiopia. HIV/AIDS has caused shifts of production from cash crops to food crops in AIDS-affected households. The change has resulted in lower household incomes and a lack of funds to buy non-food essentials or non-labour inputs necessary to maintain agricultural yields (UN, 2004).

The UNAIDS report also has it that sub-Saharan Africa has more women than men living with HIV. Within the above context, women continue to be at the centre, with more women than men living with HIV, and young women aged 15–24 years are as much as eight times more likely than men to be HIV positive. Women's susceptibility to HIV and AIDS is sustained by the subservient roles of women reflected in lack of economic power, lack of social power, lack of political power and lack of a voice to effectively influence decision-making and policy-making. In Nigeria, 6 million people (5.4% of the population) had HIV/AIDS in 2003 and 5.3 million (4.4% of the population) in 2005 (HIV/AIDS Policy Fact Sheets, 2005). It is curren-

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tly estimated that 3.6% of the population is living with HIV/AIDS. (USAID/Nigeria, 2010) Studies on other nations' prevalence rate showed that Nigeria has a higher incidence rate than many other countries around the globe.

The prevalence of HIV/AIDS among women is estimated to be three times higher than that of men. Female constitute about 58% (about 1.72 million) of people living with HIV/AIDS in Nigeria. Each year, 55% of aids related death occurs among women and girls (Factsheet, 2011).

In most Sub-Sahara countries, especially in Nigeria, where agriculture is the mainstay of their economies, women are the majority of the workforce, despite all the socio-cultural factors militating against their accessibility to basic resources needed for sustainable livelihood to perform triple role as producers, reproducers and community service provider, HIV/AIDS hit hard on women than men, yielding corresponding decline in agricultural production at both household and community levels.

Ezejiofor (2013) reported that harmful sexual practices have their origin in patriarchal societies that promote the superiority of men over women; gender insensitive and gender biased laws which are usually male dominated keep women keep subservient to men. Gender inequality creates fear of abandonment and rejection in women, as a result, they are not empowered to negotiate safe sex, and also, they find it difficult to insist that men wear condoms (Ezumah, 2003; Smith, 2004). Ezejiofor (2013) observed that traditional practices such as widow inheritance, widow "cleansing" and polygamy are recognised as being directly responsible for the spread of HIV/AIDS. All these have detrimental effect on women's health and productivity. However, the evidence with respect to the impact of HIV/AIDS on agriculture remains scattered and incomplete. Most studies cover small areas, and many do not include a control or comparison group of households not affected by HIV/AIDS. Moreover, little is known about the effects of the epidemic over time. Nonetheless, the current evidence demonstrates that HIV/AIDS is having a crushing effect on agricultural production and the economic viability of faming households in diverse areas of Africa. It is in regards to this that an investigation is necessary among women in the cocoa farming households of Southwest Nigeria.

## METHODOLOGY

The research work was carried out in the Southwest Nigeria among cocoa farm families. This area comprises Lagos, Ogun, Osun, Oyo, Ondo, and Ekiti, of the 36 States in Nigeria. Multi-stage sampling procedure was used in selecting the respondents. The first was the random selection of three states, Oyo, Ogun and Osun, from the six States in the Southwest Nigeria. The second stage was a purposive selection of two zones of Agricultural Development Programme (ADP) per state, which gave a total of six ADP zones; Saki and Ibadan/Ibarapa in Oyo State, Iwo and Ife/Ijesha in Osun State and Ilaro and Abeokuta in Ogun State. The third stage involved random selection of two blocks from the lists of blocks per zones selected. The blocks selected were Saki, Igboho, Ido and Akinyele in Oyo State; Iwo, Ejigbo, Ijebu jesha and Atakumosa in Osun State; Oke-Odan, Adoodo, Ilugun, and Opeji in Ogun State.

The fourth stage was the random selection of two cells from the selected blocks. These gave a total of 24 cells. The last stage involves the random selection of five farm families from the two cells from each of the blocks selected using snow ball techniques. This gave total respondents of 120 farm families. Structured interview schedule was used in obtaining information on the socioeconomics characteristics, knowledge, practices and servitude scores on the HIV/AID prevention strategies of the respondents

The data collected were analysed using descriptive statistics such as; frequency count, percentages, means, standard deviation, and inferential statistical techniques while Factor Analysis correlation was used to test the relationship that exists between knowledge and practice of HIV/AID prevention strategies and women servitude status.

## RESULTS

### Socio-Economic Characteristics of the Respondents

The distribution of the respondents with respect to their socioeconomic characteristics showed that 69.17% of the respondents were between 31-50 years with a mean age of 41.15 years as shown in Table 1. However, 82% are in polygamous home which could seriously expose the women to HIV/AID infection because polygamy tends to support an unequal traditional promiscuous lifestyle for men. Fifty per cent of the respondents have no formal or incomplete primary education that is necessary for their knowledge of HIV/AID prevention strategies. Only 15% had secondary education. Yoruba speaking respondents constituted 90% of the interviewee. Hausa, Igbo and the However, 47.50% of the respondents are Yoruba. Christians while 41.67% are Muslims. Religion plays an important role in vulnerability to HIV/AID infection and HIV/AID prevention strategies.

## Knowledge and Practice of HIV/AID Prevention Strategies

Table 2 shows that there was a distinct difference between knowledge and practice of HIV/AIDS prevention

S/N	Variables	Frequency	Percentage	mean	Std.Dev
1	Age				
	20 - 30 years	19	15.83	41.15	10.96
	31 - 40 years	46	38.34		
	41 - 50 years	37	30.83		
	51 - 60 years	11	9.17		
	Above 61 years	7	5.83		
2	Marital status				
	Married	99	82.5		
	Separated	5	4.17		
	Divorced	8	6.67		
	Widowed	8	6.67		
3	Family system				
	Monogamy	38	31.67		
	Polygamy	82	68.33		
4	Level of education				
	No formal education	23	19.00		
	Incomplete primary	37	31.00		
	Primary	10	8.00		
	Incomplete secondary	20	17.00		
	Secondary	15	13.00		
	Incomplete post- secondary	10	8.00		
	Post- secondary	5	4.00		
5	Ethnic group				
	Yoruba	108	90.00		
	Hausa	6	5.00		
	lbo	5	4.17		
	Others	1	0.83		
6	Religion				
	Christianity	57	47.50		
	Muslim	50	41.67		
	Traditional adherence	13	10.83		

Table 1. Respondent socio-economic characteristics of respondents.

Source: Field survey, 2013.

strategies among women in cocoa farm families. The respondents had high knowledge in Condom use; 87.50% with a low practice of 46.67%, faithfulness; 80.83% with a practice of 52.50%, while Abstinence, 79.17% with 40.83% practice.

Though their knowledge on the seven prevention strategies considered were high except for Status check 33.33% and Safe sex 49.17% but they all showed a corresponding low practices.

## Level of Subservience among Women in Cocoa Farm Families

The study revealed that level of servitude among women in cocoa farm families in the study area was slightly low with majority (53.33%) in the low servitude group while about 46.67% was in high servitude level (Table 3). Servitude scores were based on respondent scores of yes or no for rights to decisions with men or their husbands

S/N	Variable	Knowledge scores	Practice scores
1	Abstinence	95 (79.17)	49 (40.83)
2	Condom use	105 (87.50)	56 (46.67)
3	Status check	40 (33.33)	38 (31.67)
4	Safe sex	59 (49.17)	40 (33.33)
5	Blood transfusion	60 (50.00)	54 (45.00)
6	Sharp object	68 (56.67)	57 (47.50)
7	Faithfulness	97 (80.83)	63 (52.50)
	Total mean	3.16	3.00
	Standard Dev.	2.15	2.31

Table 2. Mean values and scores for Knowledge and Practice of HIV prevention strategies.

Source: Field survey, 2013.

 Table 3. Levels of Servitude among the Respondents.

Servitude level	Scores	Frequency	Percentage		
High servitude	>26.29	56	46.67		
Low servitude	<26.29	64	53.33		
Source: Field survey, 2013 Mean = 26.29					
Standard deviation = 3. Maximum score = 36	56				

Minimum score =18

 Table 4. Correlation of Sexual, Domestic. Economic, Social and Cultural Elements of Servitude with Knowledge and

 Practice of HIV Prevention practices.

			Knowledge of HIV Prevention	Knowledge	Practice of HIV Prevention	Practice
	Mean	Std Dev.	Pearson Corr.	T-test.	Pearson	T-test
			Coeff.	values	Corr.coeff. Va	Values
Sexual	5.641	1.718	-0.478	0.000**	-0.436	0.000**
Domestic	5.633	1.328	0.006	0.946	-0.049	0.597
Economic	5.208	1.114	0.013	0.891	0.086	0.348
Social	4.625	1.539	-0.024	0.798	-0.028	0.763
Cultural	5.183	1.772	-0.119	0.197	-0.057	0.537

Source: Field survey, 2013

\*\* Significant at P=.001

in regards to where, when and how to sex, domestic work, economic empowerment and rights to inheritance and properties. Table 4 revealed that sexual servitude is significantly and negatively correlated to Knowledge (r=-

0.478) and Practice (r=-0.436) of HIV prevention strategies.

Table 5 showed a negative and significant correlation at (r = -0.301; p<0.005) and (r = -0.257; p<.001) between

Table 5. Correlation Matrix between Women Servitude and Knowledge and Practice of HIV/AID Prevention Strategies.

Variables	Practice of Knowledge of HIV/AIDS HIV/AIDS Prevention Prevention		of	Level of sig (1-tailed)
	strategies - To	otal strategies - Total	Total servitude	
Knowledge Total	1.000	0.605	-0.301	0.000
Practice – Total	0.605	1.000	-0.257	0.002
Servitude- Total	-0.301	-0.257	1.000	0.002

Source: Field survey, 2013.

servitude and knowledge and servitude and practice of some HIV/AIDS prevention strategies among women in cocoa farm families in the study area. There is, however, a positive correlation between knowledge and practice (r=0.605: p<0.001) of HIV/AID prevention strategies.

#### DISCUSSION

#### Socio-Economic Characteristics of the Respondents

This indicated that most of the women were in the middle age group, sexually active, married and expected to have good knowledge of HIV/AID infection and the prevention strategies.

Encarta (2010) defined education as a process of imparting knowledge, skill and judgement, while Webster dictionary (2000) defined education as knowledge, this is to explain that education is very important and effective in decision making.

UNFPA (2004) adduced in a study that education has impact on young women risk of vulnerability to HIV/AIDS; that educated young women have reduced exposure to subservient roles, poverty, ability to improve their health and their children, delaying marriage and increasing selfconfidence and decision-making power. It was also discovered that the economic impact of HIV/AIDS can be seriously reduced by children receiving complete primary education.

Some of the complexities in preventing HIV/AIDS stemmed from the cultural myths and the under girded belief in gender inequality, specifically, male superiority and women marginalization. This cultural gravitation to male superiority provided other cultural and traditional beliefs in polygamy, wife inheritance and other types of marriage arrangements.

The culture and gender norms also dis-empower women sexually and make them vulnerable to HIV infection (Nguyen, Klot, Phillips and Pirkle, 2006) Christianity encourages women submitting to their husbands' demands while Islam allows polygamy.

# Knowledge and Practice of HIV/AID Prevention Strategies

Knowledge is defined as an ability to be able to differentiate between true and false (Fantl, 2012). Also Asenso-Okyere and Davis (2009) defined knowledge as organised or processed information or data fundamental to the pursuit of innovation. In a situation where there is no hope for cure of HIV, knowledge of prevention is important to reduce vulnerability to the infection. However, knowledge is not important when the information acquired is not put to use. Badcock-walter (2004) adduced that knowledge does not always equal to practice while Asenso-Okyere and Davis further stated that proper articulation of innovation is as a result of knowledge created, accumulated, shared, used and valued. It may be adduced that the gap between the knowledge and practiced may be explained by subjective norms; which may include some cultural elements such as sexual, economic, domestic, culture, and social.

## Level of Subservient among Women in Cocoa Farm Families

This is a reflection of the illiteracy and polygamous marriage that is prevalent in the study area. Faithfulness of the partner cannot be guaranteed because of the polygamous nature of marriage. The male dominance over women does not allow negotiation over abstinence and safe sex and the women may find it difficult to insist that men wear condom. They are compelled to have unprotected sex placing them at risk. This explains the low score between knowledge and practice with respect to abstinence, use of condom, safe sex and faithfulness in Table 2.

This indicates that women are more vulnerable to HIV because of the subservient status however, with education and training the practice or adoption of HIV/AID prevention strategies will increase.

### CONCLUSION

The study revealed a high level of illiteracy and polygamy in the study area yet the women in cocoa farm households had high knowledge of HIV prevention strategies but a low score in the practice of the strategies. However, there is positive and significant correlation between knowledge and practice of HIV/AID prevention strategies. The low scores observed in the practice of the prevention practices were due to the servitude status of the women. The study revealed that women subservient role will reduce knowledge of HIV/AID prevention strategies by 30.10 per cent and also reduces the practice or adoption of prevention strategies by 25.7 per cent. It is recommended that action programs through education and training for women's freedom and empowerment that will enhance their participation in decision making process, at the family and community levels, for the control and the eradication of HIV/AIDS should be implemented. This also calls for drastic steps to curb the gender inequity problems in decision making in Nigeria, especially in the rural areas, which is exposing the women, who are the majority of the agricultural labour force, to HIV/AIDS plagues.

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