

ANALYSIS OF THE EFFECT OF HIV/AIDS ON PRODUCTIVITY AND WELFARE OF WOMEN FARMERS IN ABIA STATE

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Abstract

The study investigated the effect of HIV/AIDS on productivity and welfare of women farmers in Abia State. Agriculture is the main source of livelihood in rural communities of Abia State and the state has recorded a tremendous increase in prevalence rate of HIV/AIDS epidemic in recent time, despite all the efforts of the State Government in the fight against the epidemic. A total of 150 respondents were randomly selected for the study. Data were collected through the use of structured questionnaire and then analyzed with the use of simple descriptive and inferential statistics. Major findings of the study revealed that majority of the respondents were married (92.7%); 38% of them were middle aged. Most of the respondents have various levels of educational attainment with 32% of them without formal education. The study further revealed the various ways the epidemic has affected the respondent; 19.8% of the respondents affected with HIV/AIDS complained about being isolated from people, 24% complained about reduction in cash flow while 22% complained about their inability to work. While those families not affected with HIV/AIDS complained about time loss (21%), 14% complained about restriction in land use and 20% of them indicated a reduction in household income. The T-test result also revealed a significant difference between the income of those affected with HIV/AIDS and those not affected at 1% level of significance. From these findings, HIV/AIDS has some effect on both families (those affected and those not affected). The study therefore, recommends that stakeholders need to progressively review agricultural situations through an HIV-lens in order to respond effectively.

Key Words: Rural Women Farmers, HIV-lens, and Food Security

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Introduction

Agriculture is the main source of livelihood of majority of people affected by HIV/AIDS globally, and it is being progressively undermined by the scourge. In most rural Nigeria, AIDS is affecting the rural landscape in ways that demand a rethinking of the development policy and practice. Not only does HIV/AIDS affect agriculture but agriculture also affects HIV/AIDS. The figure shows the dynamics of household and community interactions with HIV/AIDS as an interactive cycle, with HIV/AIDS affecting and being affected by people's livelihoods.

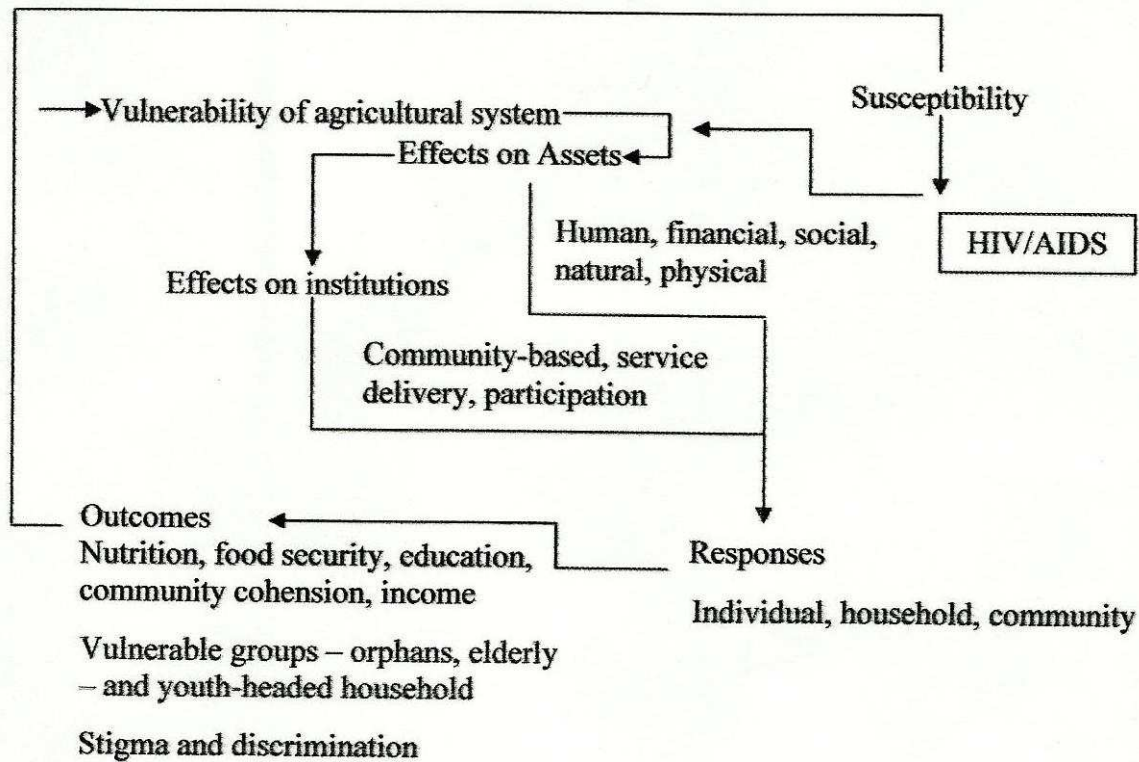


Fig. 1: Understanding HIV/AIDS in the Context of Agricultural Livelihoods

Abia State is burdened with a relatively young population with 45% being below age 15. This can lead to severe economic problems in those communities. The young are the major workforce and their absence leads to increased cost. The added cost could result from direct expenditure for medical care, drugs and financial expenses. Indirect cost includes loss of time due to illness and care for the orphans. Besides, about 50% of the people live below poverty line; sexually transmitted disease is highly prevalent and the incidence of HIV/AIDS is on the increase (Odoemelam, 2010).

The Joint United Nation Programmes on AIDS (UNAIDS, 2004) noted that women and girls in Sub-Saharan Africa aged 15-24years living with HIV/AIDS are female youths. According to UNAIDS, also Nigeria now has the highest number of HIV/AIDS infected adults in West Africa, with Abia having 7.7% rural prevalence rate and 13.6% for youths between the ages of 15 – 25 years. It has caused severe economic decay in rural areas. As Balit (1999) concluded, women farmers are responsible for half of the rural households food production; they are traditional caregivers when people are sick, financially depleted when the husband dies. When the women eventually fall sick and eventually die, the surviving children especially females generally leave school to work in home and/or farms; and since deprived of educational opportunities will even be less able to protect themselves against AIDS. Based on this premise, the study set out to analyze the effect of HIV/AIDS on productivity and welfare of women farmers in Abia State, with the following specific objectives.

- to ascertain the socio-economic characteristics of the respondents;
- to identify number of times respondents had travelled out of the community'

- identify the perceived effect of the epidemic on welfare of the respondents.
- identify the significant difference between the income of the families affected with HIV/AIDS and those families not affected with the epidemic.

Methodology

The study area, Abia State, was created in 1991, and covers a land mass of 924 square kilometres and population of about three million. Seventy percent of the citizens lives in the rural areas. The annual population growth is 2.8% while the total fertility rate is 6.5%. Life expectancy is estimated at 55 years for men and 57 years for women (UNAIDS, 2008). The main occupations of the Abians include agriculture, petty trading and civil service. Abia State government has been making effort to improve the quality of life of the people and also meet their expectations of the rapidly growing population in such sectors as health, education, housing and employment. Besides, about 50% of the people of Abia State live below poverty line. Sexually transmitted disease (STD) is highly prevalent and the incidence of HIV/AIDS is on the increase. Although Abia State is considered fairly literate, its female literacy level is still low.

The study was conducted in Osisima Local Government Area of Abia State (LGA). The area was purposively selected based on such prevalent characteristics that are likely to fuel the spread of the virus as presence of motels for travelers on the Enugu-Port Harcourt highway, presence of Nigeria National Petroleum Corporation Depot with the attendant influx of vehicle drivers and migrant farm laborers. The sample size was determined by multistage sampling procedure. From the LGA, three communities were purposively selected and in each community, a village was also chosen. From each village, 50 women between the ages of 15 – 55 years of age formed the sample unit. An interview schedule was developed to elicit information on personal and socio-economic characteristics of the respondents generally. Further, the respondents were divided into two groups, families affected with HIV/AIDS and families not affected with HIV/AIDS. This was to ascertain the effect of the epidemic on their productivity and well being.

Results and Discussion

Distribution of Respondents on the Socio-economic Characteristics

Table 1 shows that majority of the respondents (92.7%), were married; 38% of them were middle aged (below 51 years); 41% of the women farmers completed their primary education, 21% reported completing secondary education, 5.2% completed high school education while 32% of the farmers had no formal education. UNAIDS (2005) points to the benefits of education on individuals namely increased ability to understanding HIV/AIDS preventive information, better access to health services, reduced social and economic vulnerability that exposes women to risky activities and higher likelihood of participation in community groups that foster protection against HIV/AIDS. The World Bank (2002) also further stated that education protects against HIV/AIDS infection through information and knowledge that may affect long-term behavioural change particularly for women by reducing the social and economic vulnerability that exposes them to the risk. Table 1 also shows that the respondents were fairly literate and so efforts towards rural educational campaign to increase the awareness of the epidemic will be well understood. Table 1

further revealed that 40.7% of the respondents earned between ₦60,000 – 80,000 per annum while 9.33% earned between ₦140,000 – 160,000 per annum. With this low level of income and the associated problems of HIV/AIDS, it will be very difficult for them to cope. Renewal, (2006) stated that “when agriculture fails to provide a livelihood, poor women may drastically increase their risk of being infected.”

Table 1: Distribution of Respondents According to their Selected Socioeconomic Characteristics

Variables	Frequency	Percentage
Age		
15 – 20	18	12.00
25 – 30	31	20.67
35 – 40	40	27.00
45 – 50	57	38.00
55 – 60	12	8.00
Marital Status		
Married	139	92.67
Single	11	7.33
Income ‘N,000’ per annum		
20 – 40	54	36.00
60 – 80	61	40.67
100 – 120	21	14.00
140 – 160	14	9.33
Education		
Non-formal	48	32.00
Primary	62	41.33
Secondary	32	21.33
Tertiary	8	5.33

Source: Field Survey, 2010

Number of Times Respondents have been away from Home in the Past 12 Months

Table 2 shows that 29% of respondents had been away from home for 3-4 times in the past 12 months. Gillespie (2006) cited that migration, an important consequence of unequal socio-economic development between urban and rural areas and one that may be associated with low productivity in agriculture has long been known to be an important factor in HIV transmission. This is because most young able bodied men have moved to the city in search of jobs and come back home only when they are sick and could not get anything doing.

Table 2: Distribution of Respondents According to the Number of Times Away from Home in the Last 12 Months

Number of times	Frequency	Percentages
1 – 2	21	14.00
3 – 4	43	28.7
5 – 6	37	24.7
7 – 8	27	18.00
9 – 10	22	14.7

Source: Field Survey, 2010

Effect of the Epidemic on the Productivity and Welfare of the Respondents affected with the Epidemic

Table 3 shows the effects of the epidemic on the productivity and welfare of the respondents affected with HIV/AIDS; 19.81% of the respondents stated that, they are isolated from people, and as a consequence, they get little help from relatives and other members of the community. As a result, they are forced to find short term solutions like cultivating smaller areas and growing fewer crops. In the long run this has lead to food and nutrition insecurity and also a decrease in income and production capacity of the households.

Table 3, further shows that 24.3% of the respondents complained about reduction in cash flow. This might be as a result of physical and material costs of caring for those affected by the epidemic. As the illness progresses, extra money is needed for medical treatment and as a result farm assets, livestock, tools or seed reserve may be put up for sale.

Furthermore, 22% of the respondents stated their inability to do hard work. This might be as a result of the fact that women generally doubled as food crops farmers and care-givers. When illness or the need to care for the sick prevents the women from working in their fields and gardens, less food becomes available for their families.

Also 16% of the respondents indicated loss in land right; they stated that widows and children are now losing their land right because their land right is frequently derived from her husband. CTA (2000) cited that if the household is no longer headed by a man, women risk being denied access not only land but to credit and other resources and services as well.

Finally, 19% of the respondents complained of loss in knowledge of crop species, techniques and market. According to CTA (2008) social isolation and poverty can gradually cut off households living with HIV/AIDS from information that need to help them innovate and improve their decision-making

Table 3: Distribution of Respondents According to the Effects of HIV/AIDS on the Productivity of the Respondents affected with the Epidemic

Variables	Frequency*	Percentages
Social isolation	61	19.81
Reduction in cash flow	72	23.38

Inability to do hard work	68	22.08
Loss of land right	49	15.91
Loss of knowledge	58	18.83

* Multiple responses were recorded

Source: Field Survey, 2010

Effect of HIV/AIDS on Productivity and Welfare of the Respondents without the Epidemic

Table 4, revealed the effect on HIV/AIDS on productivity and welfare of families that were not affected with HIV/AIDS; 21% of the respondents complained of time loss for agricultural activities on account of attending to frequent burial ceremonies. It is a well know that agriculture is a time-bound operation requiring seasonal labor demand and supply. Also labour loss as a result of the death of these youths both men and women negatively impacted food security in the community. Furthermore, 14% of the respondents stated that, land use is restricted because most of the owners affected with the epidemic sell the land to pay for medical bills and relocation of the sick; 20% of the respondents each stated that there is reduction in household income and that the death of a relation as a result of the epidemic can restrict some knowledge that are gender specific.

Table 4: Distribution of Respondents According to the Effects of HIV/AIDS on the Welfare of the Respondents without the Epidemic

Variables	Frequency*	Percentages
Time loss	61	21.3
Labour loss	70	24.5
Reduces their land use	41	14.3
Reduction in Household income	56	19.6
Restriction of knowledge	58	20.3

* Multiple responses were recorded

Source: Field Survey, 2010

t-Test to Determine the Significant Difference between the Income of the Respondents affected with HIV/AIDS and those Families not Affected with the Epidemic

Table 5 shows that there is significant difference between the income of those families affected with the epidemic and those families not affected with the epidemic. This result is in line with CTA (2004) who stated that families affected with the epidemic are faced with an increase in expenses due to costs of medical care, transport, funeral costs at the same time.

Table 5: T-test to Determine the Significant Difference between the Income of the Respondents affected with HIV/AIDS and those Families not affected with the Epidemic

Variables	Lesonbs	Mean	Std err	Std Dev.	Z-value
X ₁	75	79,65333	4,574488	39,61623	11.1992***
X ₂	75	111,0933	538051	4659665	
Diff	75	-31.44	2.807340	-	

Conclusion

Although the focus of HIV/AIDS programme has often concentrated upon the health sector, yet the disease has had a tremendous effect upon the productivity and welfare of women farmers in the state. The study revealed that the epidemic affected both families. Knowledge and skills were lost and all these have translated to lower productivity, lower diversity in farming system and decrease in food security. So as these rural communities are faced with high HIV prevalence rate, they also face increased labour shortages, widespread reduction in household incomes and increased cash constraints which also depress demand for labour and non-tradables.

RECOMMENDATION

- Since agriculture is the fundamental livelihood base of most people affected with HIV/AIDS and because food security is of increasing concern, there is the need for the agricultural sector to take a proactive stance in the face of the epidemic.
- If agriculture is to remain an effective source of livelihood in the face of high HIV prevalence for rural, stakeholders need to progressively review agricultural situations through HIV lens in order to respond effectively. HIV lens would, for example, cause an agricultural commercialization policy to take account of the extra risks posed by evening markets and the need for people to travel far to sell their produce.
- Agricultural knowledge can also be preserved through the development of HIV awareness and gender proactive agricultural extension capacity.

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