

FARMERS' AWARENESS LEVEL OF HIV/AIDS PREVENTION IN ONDO STATE, NIGERIA: IMPLICATION FOR FOOD SECURITY

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ABSTRACT

The study examined the level of HIV/AIDS awareness among rural farmers in Ondo State, Nigeria and its implication for food security. A multi-stage random sampling technique was used to select 200 respondents from 5 LGAs and 20 villages and descriptive statistics was used to analyze data collected. A total of 77.5% of the respondents were between the ages of 20 and 49 years, 52.5% were illiterate and only 35% were married. Out of 60% who were aware of HIV/AIDS, majority of them was aware of the use of condom (94.2%) to prevent infection. The first four sources of information about HIV/AIDS prevention indicated by the respondents were friends/relatives (98.3%) radio programmes (90.0%), church/mosque (80.8%) and personal interaction of farmers with extension agents (69.2%). It is recommended that governmental and non-governmental organizations as well as agricultural extension practitioners should intensify efforts in educating rural farmers about HIV/AIDS prevention. HIV/AIDS education should also be incorporated into extension programmes.

INTRODUCTION

Acquired Immuno Deficiency Syndrome (AIDS) is a virus disease caused by Human Immuno-deficiency Virus (HIV), usually found in body fluids like blood, semen, vaginal fluid and breast milk of infected persons. The virus can be transferred from one infected person to another, mostly through sexual intercourse and sharing of

unsterilised instruments, like blades, knives and syringes among others which had once been used by infected persons.

However, a number of factors have been observed for influencing the spread of AIDS as viewed from the political, socio-economic and cultural perspectives. These factors include migration, subordinate position of women which favours sexual exploitation, poor economic conditions which forced some women into prostitution or sex-hawking as well as our cultural inclinations which sometimes regard discussions on sex and related issues as taboo.

Health experts put Nigeria prevalence rate at 5.4% ranging from a low 1.9% to a high 12.5% across the states. It is therefore important to note that the disease is prevalent among the age groups of people that are economically active, even the unborn ones through mother-to-child transmission. Table 1 show the Global summary of the HIV/AIDS epidemic, December 2000.

Table 1: Global Summary of the HIV/AIDS Epidemic, Dec. 2000.

	Children <15yrs	Women	Adults	Total
People newly infected with HIV/AIDS	600,000	2.2m	4.7m	5.3m
Number of persons living with HIV/AIDS	1.4m	16.4m	34.7m	36.1m
AIDS deaths in 2000	500,000	1.3m	2.5m	3m
Total number of AIDS death since the beginning of the epidemic	4.3m	9m	17.5m	21.8m

Source: UNAIDS

Concept of Food Security And The Effect Of HIV

The committee on World Food Security views food security as the economic and physical access to adequate food for all household members without undue risk of losing the access. According to Siamwalla and Valdes (1984), food security is the ability of countries, regions or households to meet target levels of food consumption on a yearly basis. World Bank (1986) regards food security as access by all people at all times to enough food for an active and healthy life. Similarly, Sharma (1992) categorized food security into three components namely: physical and economic access to food. Physical access is concerned with issues on food supply or availability, economic access is concerned with capacity to purchase or acquire food, while sustainability of access deals with demand and supply of food in relation to the ability of a nation or household to enjoy a stable, physical, sustainable and economic access to food over time.

The infection of farming populace with HIV/AIDS can have a serious effect on agriculture and food security of a nation. However, the impact of HIV/AIDS on agrarian systems depends on the structure of the farm sector especially, the smallholder sector and the labour intensity of the Farming System. In view of this, FAO (1994) revealed that farming systems with fertile soils, abundant and well distributed rainfall and a wide range of crops are less likely to be sensitive to labour loss than those with poor soils, little rainfall and is limited range of crops regardless of the degree of peak labour demand. For instance, Ugandan Farming systems are less vulnerable to the HIV epidemic than the Maize-based cropping system of Southern Africa because Uganda has fertile soils, a tropical climate, abundant land and rain, and a staple diet based on drought resistant and low labour cassava, sweet potato, millet and green bananas.

In Southern Africa, when morbidity and mortality or burials coincide with certain agricultural activities (such as weeding and harvesting), crop yields are likely to decline and this may affect food

security. The impact of HIV/AIDS morbidity and mortality not only affects labour inputs, but more significantly, it disrupts the household domestic productive labour interface by diverting women's labour to care for people living with HIV/AIDS. This can have a serious repression not only on food production, but also on food and livelihood insecurity (Forsythe and Ran, 1996).

According to FAO (1988), factors that determine the sensitivity of agriculture to labour loss due to AIDS infection include seasonality of the demand for labour, degree of specification by sex and age, interdependence of labour inputs, economies of scale in labour and substitutability of labour saving technologies. The adverse effects of HIV/AIDS on agriculture and food security are manifested primarily in loss of labour supply and on – and off-farm income.

Loss of labour supply can contribute to reduction in productivity, yields and agricultural outputs. Based on a survey conducted in Zimbabwe, agricultural output declined by nearly 20 percent among households affected by AIDS. Moreover, maize production by smallholder farmers and commercial farms has declined by 60 percent because of illness and deaths from AIDS. In addition, cotton, vegetables, groundnuts and sunflower crops have been cut by nearly half and cattle farming has declined by almost one-third (Topanzis, 2000).

Consequently, the loss of on – and off – farm income (including remittance income) may reduce household income and food security dramatically. The combined loss of labour supply and household income may increase food and livelihood insecurity and severely undermine the resilience of household coping mechanisms.

Therefore, household labour quantity and quality may be reduced in situations where HIV infected individuals fall sick and later when the supply of household labour declines because of patient care, especially women's labour who are also the main food producers in Sub-Saharan Africa. According to a research conducted in one village

in the United Republic of Tanzania in households with an AIDS patient, nearly 30 percent of household labour was spent on AIDS related matters (including care of the patient and financial duties). If two people were devoted to nursing the patient, as was the case in 66 percent of recorded cases. The total labour loss was 46 percent on average (Tibaijuka; 1987).

Since most of Nigeria's productive resources come from the rural areas and agriculture is the most dominant income-generating activities practised by the majority of the rural dwellers, it is important that the awareness campaign of the disease is given adequate attention so as to prevent infection of people who are mostly farmers.

In view of this, agricultural extension has a great role to play in the dissemination of useful information not only on proven farm technologies but also in the control of HIV/AIDS with a view to sustaining the lives of the farmers thereby ensuring food security for the rural community in particular and for the nation's in general.

Objectives of the Study

The general objective of the study is to examine the level of HIV/AIDS awareness among rural farmers and its implication for food security.

Specific objectives include:

- 1 to identify the demographic characteristic of the respondents.
- 2 to determine respondents level of awareness about HIV/AIDS prevention.
- 3 to ascertain respondent's sources of information about HIV/AIDS prevention.

METHODOLOGY

The area of study is Ondo State, Nigeria. A Multi-stage random sampling technique was used to select 5 local government areas, 20

villages and 10 respondents. from each village to give a total of 200 respondents. The interview schedule used to elicit information from the respondents was subjected to reliability test using Test-retest method. ($r = 0.86$). Descriptive statistics was used to analyse data collected.

RESULTS AND DISCUSSION

Table 2 shows the distribution of the respondents based on age group, highest educational attainment and marital status.

Table 2: Distribution of respondents based on age, educational level and marital status

Age	Frequency	Percentage
Above 50 years	45	22.5
30 – 50 years	101	50.5
Below 30 years	54	27.0
Educational Level		
Tertiary	2	1.0
Secondary	11	5.5
Primary	67	33.5
Adult Education	15	7.5
None	105	52.5
Marital Status		
Married	70	35.0
Widow/Widower	14	7.0
Divorced/separated	10	5.0
Single	106	53.0

Source: *Field Survey, 2002*

Findings showed that over one-half of the respondents (50.5%) were between the ages of 30 and 50 years, which could be regarded as an economically active age group. Moreover, over one-half of the respondents were illiterate (52.5%) and this might have implications for these category of people to read and have full knowledge about

HIV/AIDS thereby limiting their access to information about the deadly disease. However, a well organised information package at the rural level could have a great impact on both the literate members of the community especially and the illiterates in general.

Furthermore, results indicated that only 35% of the respondents were married. The implication of this is that except for moral self discipline, religious inclination, adherence to societal social norms, values and beliefs which prohibit fornication and adultery, 65% of the respondents might be vulnerable to HIV/AIDS infection if proper precaution was not taken, especially in their search for partners. Married men and women can also be infected with the disease if they engaged in extra-marital sexual intercourse.

Therefore, the relevance of agricultural extension in the dissemination of information about HIV/AIDS to the rural areas cannot be over-emphasised with a view to sustaining the farming population which are concentrated in the rural areas of Nigeria.

Level of HIV/AIDS awareness among rural farmers

Various campaigns have been mounted by both governmental and non-governmental organisations (NGOs) to curtail the spread of HIV/AIDS. These campaigns focused on how to prevent HIV/AIDS infection. These measures include total abstinence from sex, use of condoms to avoid unprotected sexual intercourse, screening of blood meant for transfusion, keeping to one sex partner, use of sterilized sharp objects like blades, knives (for circumcision or scarification), needles/syringes, shaving and barbing instruments.

Intending couples are also advised to do HIV/AIDS test before being joined together in marriage. The test is also necessary to prevent infection through the womb, birthfluids or breastmilk of an infected mother. Table 4 presents the distribution of respondent based on their awareness of HIV/AIDS control measures.

Table 4: Respondent's Awareness of HIV/AIDS Control Measures (n=120)

Awareness		Frequency	Percentage
Aware		120	60.0
Unaware		80	40.0
Preventive Measures		Aware (%)	Unaware (%)
1.	Total abstinence from sex	82 (68.3)	38 (31.7)
2.	Use of condom	113 (94.2)	7 (5.8)
3.	Use of sterilized sharp objects/instruments:		
	i) blade/knife	80 (66.7)	40 (33.3)
	ii) needle/syringe	7.2 (60)	48 (40.0)
	iii) barbing/shaving instruments	21(17.5)	99 (82.5)
4.	Keeping to one sex partner	89 (74.2)	31 (25.8)
5.	HIV/AIDS Test		
	i) for intending couples	3 (2.5)	117 (97.5)
	ii) to prevent child infection through the womb, birth-fluids, or breast milk of an infected mother.	5 (4.2)	115 (95.8)
	iii) Screening of blood before transfusion	3 (2.5)	117 (97.5)

NB: figures in parentheses are percentages

The findings revealed that majority of the respondents were aware of the use of condoms (94.2%) and keeping to one sex partner

(74.2%). However, most respondents were unaware of the use of sterilized barbing/shaving instruments (82.5%). Screening of blood before transfusion (97.5%). HIV/AIDS tests for intending couples (97.5%) and prevention of child infection through the womb, birthfluid or breastmilk of an infected mother (95.8%). Other control measures indicated in Table 4, such as total abstinence from sex, use of sterilized sharp objects and instruments had awareness level of between 60 to 68.3%.

It is good to note that every HIV/AIDS preventive measure is very important to observe. Therefore, the implementation of good health programmes and increase in awareness campaign about HIV/AIDS at the rural levels would go a long way in prolonging the lives of the farming population as well as strengthening their capacities to produce more food. However, high mortality rate due to HIV/AIDS infection might increase rural household expenses on burial of dead ones as well as increasing spending of large proportion of family income on affected and infected members.

Furthermore, increased absence of household members from farm due to HIV/AIDS infection might threaten household food security and farming population thereby resulting in low levels of production.

Table 5: Distribution of respondents on the basis of sources of information about HIV/AIDS (n=120)

Source	Response		No Response	
	F	%	F	%
Personal interaction with Extension Agents	83	69.2	37	30.8
Posters on HIV/AIDS	34	28.3	86	71.7
Bulletin on HIV/AIDS	21	17.5	99	82.5
Workshop on HIV/AIDS	45	37.5	75	62.5
Seminar/Lecture on HIV/AIDS	6	5.0	114	95.0
Radio Programme on HIV/AIDS	108	90.0	12	10.0

TV Programme on HIV/AIDS	62	51.7	58	48.3
Friends/Relatives	118	98.3	2	1.7
Church/Mosque	97	80.8	23	19.2

Source: Field Survey, 2002

Note: Multiple responses recorded.

Relevance of Agricultural Extension in HIV/AIDS Campaign

Apart from the dissemination of proven improved farm technologies to farmers, Agricultural Extension can also be relevant in the dissemination of any useful information especially, on how to keep the farm families healthy and more physically disposed to carry out their farm operations successfully with a view to ensuring adequate food security. Therefore, an examination of rural people's sources of information about HIV/AIDS would reflect the relevance of agricultural extension in HIV/AIDS awareness campaign to ensure adequate food security. Considering the total number of respondents that were aware of HIV/AIDS, Table 5 showed their distribution based on sources of information.

Majority of the farmers who were aware of HIV/AIDS indicated church/mosques (80.8%). Radio programmes on HIV/AIDS (90.0%) and Friends/Relatives (98.3%) as their sources of information about HIV/AIDS. Moreover, over one half of them indicated Television (51.7%) and contact with Extension Agents (69.2%). Generally, Agricultural Extension can also play active roles in educating rural farmers about HIV/AIDS through posters, bulletin, workshops, seminars and lectures in addition to the use of Extension Agents.

CONCLUSION

HIV/AIDS is a deadly disease, which must be prevented by all, especially at the rural levels where most of our farmers are illiterate and have limited exposure. Therefore, it is recommended that

governmental and non-governmental organizations as well as agricultural extension practitioners should intensify efforts in educating rural farmers about HIV/AIDS prevention in the communities. Moreover, the incorporation of HIV/AIDS education in extension programmes should be given a serious consideration.

REFERENCES

- FAO (1988) The potential impacts of AIDS on Food Production Systems in Central Africa (ed) S. Gillespie, Rome.
- FAO (1994) The effects of HIV/AIDS on Farming Systems in Eastern Africa, Rome.
- Forsythe, S. and Rau, B. (1996) AIDS in Kenya: Socio-Economic Impact and Policy Implications. Arlington, Virginia United States Family Health International/AIDSCAP.
- Sharma, R.P (1992) "Monitoring Access to Food and Household Scarcity" Food Nutrition and Agriculture 2 (4).
- Sianwalla, A and Valdes, A (1984) "Food Security in Developing Countries International Issues" In Eicher and Staaz (eds). Agricultural Development in the Third World. Baltimore The Hopkins University Press.
- Tibaijuka, A. K. (1987) AIDS and economic welfare in present agriculture: Case studies from Kagabiro Village, Kagara region, Tanzania. World Development, 15 (6). Pp. 963 – 975.
- Topauzis, DC (2000) "The impact of HIV on Agriculture and Rural Development: Implications for training institutions". In Human resources, agriculture and rural development by Goman, M. K. (ed) FAO, Rome. Pp. 93 – 103.
- UNAIDS (2000) Joint United Nations Programme on HIV/AIDS (UNAIDS) AIDS and HIV Infection Information for U.N Employees and Their Families, Geneva.
- World Bank (1986) Poverty Poultry, and Hunger: Issue and Option for Food Security in Developing Countries.