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Assessment of HIV/AIDS Awareness among Rural Youths in Jega Local Government Area of Kebbi State, Nigeria

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Abstract

The study assessed the awareness of HIV/AIDS among rural youths in Jega Local Government Area of Kebbi State, Nigeria. Specifically, it described the socioeconomic characteristics of the respondents; ascertained their knowledge level of HIV/AIDS; and investigated their attitude towards people living with HIV/AIDS in the study area. Multistage sampling technique was employed to select 100 respondents for the study. Chi-square was employed to analyze the data. Some of the results showed that the mean age of the respondent was 27.04±5.02 and majority (89%) of the household heads were male and only (27%) were married. While 86 % of them had attained some level of formal education, 44 % were farmers. A little below average (47%) had moderate knowledge of HIV/AIDS. Majority (71.0%) had an indifferent attitude towards people living with HIV/AIDS. Majority (87%) had moderate awareness of HIV/AIDS. The Chi square result revealed that at $p \leq 0.05$, there was a significant association between respondents marital status ($\chi^2=53.18$) and primary occupation ($\chi^2=86.82$) and their awareness of HIV/AIDS. It was concluded that there was a moderate awareness of HIV/AIDS among rural youths in the study area and it was recommended among others the creation of more awareness of this deadly disease among youth in the rural area by the government and non-governmental organisations.

Introduction

The Acquired Immune Deficiency Syndrome (AIDS) caused by Human Immune-deficiency Virus (HIV) remains one of the most serious and deadly infectious disease challenges to peoples' health globally. Young farmers especially may be more exposed to the risk of being victims of this disease due to its mode of transmissions and their low level of awareness. Also, inadequate access to its prevention and treatment services may be responsible for making youth vulnerable to this deadly disease. However, education has been described as a 'social vaccine', and it

can therefore serve as a powerful preventive tool (Neelu *et al.*, 2014).

It has been observed that HIV/AIDS has undermined household economies, often pushing those directly affected into poverty, and reducing the incomes of not only those living with it but also many of the individuals and households not directly affected, may see their incomes fall.

Acquired Immune Deficiency Syndrome (AIDS) is an acute life-threatening condition which is caused by the Human Immunodeficiency Virus (HIV). HIV is a public health challenge that has defied global efforts at producing a cure. The HIV

epidemic varies widely by region in the country. The Nigeria National HIV/AIDS Indicator and Impact Survey (2019) reported a national HIV prevalence of 1.4% and the states' prevalence ranged from 0.6% in Kebbi State to 5.6% in Akwa Ibom State. Furthermore, NAIIS, 2019 revealed that, Akwa Ibom State had the highest HIV prevalence rate of 5.6%, Jigawa and Katsina States having the least with 0.3% while Kano, Kaduna, Sokoto and Zamfara States had 0.5%, 1.0%, 0.4%, 0.5% respectively. HIV/ AIDS has been considered as a problem of vital importance for social, economic, political and agricultural development of any country.

It is obvious that a lot of works have been done about HIV/AIDS, especially in terms of prevention and finding a cure. Government, non-governmental organization (NGOs) or groups/agencies and individuals have put in so much financial, human and materials resources in the war against this disease. Despite all these, there is little or no awareness of HIV/AIDS among rural youth. It has been observed that most carriers of this virus must have contacted the disease in their youthful age (Neelu *et al.*, 2014).

However, there are reports about HIV/AIDS-related death in rural areas and there is a lack of dearth of literature about HIV/AIDS awareness among rural youth in Jega Local Government Area of Kebbi State. Though, the prevalence of the disease in Kebbi State is low which is about 0.6 % according to reports by Kebbi State Ministry of Health (KSMH, 2018) but there is a need to investigate the awareness of youth whose contributions to agriculture are critical food and meal securities of the State. The study was conducted to validate the government's claims and document youth knowledge of this deadly disease. It is against this background the study seeks answers to the following research questions.

- 1) What are the socioeconomic characteristics of respondents in the study area?
- 2) What is the knowledge level of respondents about HIV/AIDS in the study area?
- 3) What are their attitudes towards people with HIV/AIDS in the study area?
- 4) What is their level of HIV/AIDS awareness in the study area?

Methodology

The study sample was drawn from the rural communities in Jega Local Government Area. The local government comprises of six districts namely; Jega, Dangamaji, Alelu, Jandutsi, Basaura, and Kimba districts respectively. Multi-stage sampling technique was used to select respondents for the study. At the first stage, two districts were randomly selected, at the second stage, two rural communities were randomly selected from each district to give a total of four rural communities. At the final stage, 25 youths were randomly selected from Dangamaji, 21 from Jega, 29 from Kimba and 25 from Alelu communities respectively to give a total of 100 respondents. Data collected were subjected to descriptive and inferential statistical analysis. The variable= Awareness was measured on five-point Likert scale as follows strongly disagree (1 point), disagree (2 points), undecided (3 points), agree (4 points) and strongly agree (5) and the scores were reversed for negative statements. Mean score was later used to categorised respondents' awareness into high, moderate and low.

Attitude was measured on five-point Likert scale as follows strongly disagree (1 point), disagree (2 points), undecided (3 points), agree (4 points) and strongly agree (5) and the scores were reversed for negative statements. Mean score was later used to categorised respondents' attitude into favourable, indifferent and unfavourable. Knowledge measured as thus Yes (3) points,

don't know (2) points, and No (1) point. The total obtainable maximum score for every respondent was 24 with a minimum of 8 and this was used to categorize respondents' knowledge level into high, moderate, and low knowledge level by the use of mean score, maximum, minimum scores and standard deviation.

Results and Discussion

Result in Table 1 shows that about 36% of the respondent fell between the ages of 27 and 32 years while the mean age was approximately 27 years. This shows that the respondents are in their youthful and active ages. The implication of this finding is that respondents would be very useful in agriculture as this is the stage innovativeness and activeness that could bring about a paradigm shift in the practice of agriculture from the ancient practices.

Furthermore, result in Table 1 shows that the majority (89%) of the respondents were males. This corroborates the findings of Agboola *et al.* (2015) that male are more dominant in vegetable farming than their female counterpart. Also, the findings revealed that majority (68%) of the respondents were single. This means that the majority of the respondents in the study area are single (youths). The implication is that, they are capable and willing to learn about HIV/AIDS modes of transmission and preventive measures. Moreover, results revealed that 44% of the respondents are farmers, 32% were businessmen and women, 24% were civil servants. This means that the majority of the respondent in the study area are farmers.

Result in Table 2 revealed that 96 % of the total respondents had one form of education or the other. This implies that the being educated is the first step towards HIV/AIDS preventive measures. Also in Table 2, result shows that 75 % of the respondents were religion group. This shows that the majority

of the respondents were in a religious group. This means that being members of religious groups would have prevented from risky HIV/AIDS behaviour.

Result in Table 2 shows that (84 %) of the respondents had travelled out of their community while 16 % did not travel out of their community. The implication of this could mean that, might have seen people suffering from HIV/AIDS and its resultant effect.

Result in Table 2 shows that 7 % of the respondent falls within the middle-income group 87 % are within the high-income group, 4 % are within the moderate-income group and 2 % of the respondents were in the low-income group. This means that the majority of the respondents earned between ₦25001.00 and ₦256666.67 and the implication is that, the respondents are low income earners, which means that, they cannot afford radio or television where issues of HIV/AIDS related are discussed.

Results in Table 2 reveal that majority (69%) had been in farming business between 7 and 19 years, only few 6% had less than or equal to 5 years farming experience. The mean year of farming experience was 14 years, with standard deviation of ± 5.19 . It implies that majority of the respondents had been long in farming.

Respondents level of knowledge about HIV/AIDS

About forty-five (45%) of the respondents agree that HIV/AIDS cannot be contacted through withdrawal, while few (8%) tick no and forty-seven (47%) were undecided. About thirty-nine (39%) respondents were undecided that HIV/AIDS can be transmitted through taking bath, forty-eight (48%) of the respondent were undecided on the statement HIV/AIDS can be transmitted through anal sex with an infected partner, also majority (34%) of the respondents believes that HIV/AIDS cannot be contacted

through the use of the vaccine. The majority (57%) of the respondents believes that HIV/AIDS cannot be contacted through deep kissing of an infected partner, while the majority (62%) believes that HIV/AIDS can be contracted through sex with an infected partner, and the majority (68%) of the respondents believes having sex with different partners exposes one to the risk of HIV/AIDS.

Overall level of respondents' knowledge of HIV/AIDS

Result in Table 4 shows that majority (47%) of the respondents had moderate knowledge of HIV/AIDS in the study area, while 45% had a low level of knowledge about HIV/AIDS and only a few (8%) of the respondents had a high level of knowledge about HIV/AIDS. This is an indication that more need to be done in terms of awareness creation in rural areas.

Distribution of respondents according to their attitude towards people living with HIV/AIDS

Majority (33%) of the respondents disagree that people living with HIV/AIDS should be advised. About (54%) disagree that one can get infected by staying with infected persons, while the majority (47%) strongly agree they feel comfortable mingling with people infected with HIV/AIDS. About (28%) strongly agree that is good thing get tested for HIV/AIDS, while a majority of the respondents (44%) strongly agree that people should be sympathetic towards people living with HIV/AIDS, about (44%) of the respondent agree people living with HIV/AIDS should be allowed to attend a social function. and the majority (50%) of the respondents strongly disagree that HIV/AIDS is a hereditary disease.

Overall level of respondents' attitude towards people living with HIV/AIDS

Result in Table 6 shows that majority (71%) of the respondents had an indifferent attitude towards people living with HIV/AIDS in the

study area. It implies that with a higher favourable attitude towards people living with HIV/AIDS the issue of stigmatization could be reduced.

Distribution of respondents according to their awareness of HIV/AIDS

Result in Table 7 reveals that About eight two (82%) of the respondents agree that HIV/AIDS can be transmitted through unsafe sex, (3%) were undecided only (1%) disagree that HIV/AIDS can be transmitted through unsafe sex, while (37%) disagree that HIV/AIDS cannot be contacted through a mosquito bite, about (68%) of the respondents strongly agree that HIV/AIDS could be transmitted through blood transfusion, while the majority (49%) of the respondents strongly agree that HIV/AIDS can be transmitted through sharing of sharp objects. About (32%) of the respondents strongly agree that HIV/AIDS cannot be transmitted through kissing on the cheek. the majority (61%) of the respondents strongly agree that HIV/AIDS cannot be transmitted through breastfeeding, about (50%) strongly agree that HIV/AIDS cannot be transmitted through the public toilet, about (43%) strongly agree that HIV/AIDS cannot be transmitted through sharing utensil.

Overall level of respondents' awareness of HIV/AIDS

Result in Table 8 show that majority 87% of the respondents had moderate awareness about HIV/AIDS in the study area, while 11% had a high level of awareness, and only few 2% of the respondents had a low level of awareness about HIV/AIDS. This is an indication that more need to be done in terms of awareness creation in rural areas.

Association between some socioeconomic characteristics of respondents and their awareness of HIV/AIDS

Result in Table 9 revealed that, at $p \leq 0.05$, there was a significant association between marital status ($\chi^2=53.18$) and primary occupation ($\chi^2=86.82$). These findings

disclosed that marital status and primary occupation of respondents play an important role in awareness of HIV/AIDS. This infers that any changes in these variables would affect the level of awareness of HIV/AIDS in the study area.

Conclusion and Recommendation

The study concludes that respondents had a moderate level of knowledge about HIV/AIDS, a moderate awareness of HIV/AIDS and an indifferent attitude towards people living with HIV/AIDS. It's therefore, recommended that more awareness need to be created to sustain the fight against HIV/AIDS by government and NGOs with special emphasis in rural areas.

References

Agboola, A.F., Adekunle, I.A. and Ogunjimi, S.I (2015) "Assessment of youth participation in indigenous farm practices of vegetable production in Oyo State, Nigeria". *Journal of Agricultural Extension and Rural Development* 7(3), 73-79, 2015.

Neelu, S., Ajay, K., Seema, C., Seema, S. Salil, Pandey, D.S. M., (2014) "Awareness of HIV/AIDS among Adolescents of a Rural Area of Haryana". *Journal of Evolution of Medical and Dental Sciences* 2014; Vol. 3, Issue 72, December 22; Page: 15275-15282, DOI: 10.14260/jemds/2014/4055
National Indicator and Impact Survey (NAIIS) (2019). Nigeria HIV/AIDS Prevalence Rate 2019.

Table 1: Distribution of respondents according socio-economics characteristics

Variables	Frequency	Percentage	Mean±std.dev
Age (years)			27.04±5.02
≤20.00	15	15.0	
21-26	30	30.0	
27-32	36	36.0	
33 and above	19	19	
Gender			
Male	89	89.0	
Female	11	11.0	
Marital status			
Single	68	68.0	
Married	27	27.0	
Divorced	5	5.0	
Primary occupation			

The Proceedings of the 15th National Research Conference and Network Meeting of CYIAP held in Adeyemi College of Education, Ondo state, Nigeria, from 9th to 12th March, 2020

Farming	44	44.0
Civil service	23	23.0
Trading	33	33.0

Source: Field survey, 2019

Table 2: Distribution of the respondents according to socioeconomic characteristics (n=100)

Variables	Frequency	Percentage	Mean±std.dev
Level of education			
Non	4	4.0	
Primary	21	21.0	
Secondary	38	38.0	
Tertiary	10	10.0	
Quranic	27	27.0	
Membership of Social Organisation			
Religious groups	75	75.0	
political group	21	21.0	
cooperative society	4	4.0	
Cosmopoliteness			
Yes	84	84.0	
No	16	16.0	
Income in naira			
≤ ₦ 25000.00	7	7.0	
₦ 25001.00 - 256666.67	87	87.0	
₦ 256666.68 - 488333.33	4	4.0	
≥ ₦ 488333.34	2	2.0	91990.0±71890.78
Farming Experience			
≤ 5.00	6	6.0	
6.00 - 11.67	25	25.0	
11.68 - 18.33	45	45.0	
≥ 18.34	24	24.0	14.21±5.19

Source: Field survey, 2019

Table3: Distribution of the respondents according their knowledge of HIV/AIDS

Knowledge statement	Yes I know	No I don't know	Undecided
Do you know that HIV/AIDS can be contracted through withdrawal	45 (45.0)	8 (8.0)	47 (47.0)
Do you know that HIV/AIDS can be contracted through taking bath with an infected partner	31 (31.0)	30 (30.0)	39 (39.0)
Do you know that HIV/AIDS can be contracted through anal sex with an infected partner	38(38.0)	13 (13.0)	48(48.0)
Do you that HIV/AIDS cannot be contracted through	34(34.0)	32(32.0)	32(32.0)

vaccine			
Do you know that HIV/AIDS Cannot be contracted through deep kissing of an infected partner	57(57.0)	13(13.0)	30(30.0)
HIV/AIDS can be contracted through sex with infected partner	62(62)	19(19.0)	19(19.0)
HIV/AIDS can be contracted through sex with different partner	68(68.0)	12(12.0)	2(2.0)
HIV/AIDS can be contracted through the use of condom	46(46.0)	23(23.0)	31(31.0)

Source: field survey, 2019

Table4:Overall level of respondents' knowledge of HIV/AIDS

Total knowledge score	Frequency	Percentage	Decision
≤8.0	45	45.0	Low
8.1-16.1	47	47.0	Moderate
≥16.2-24	8	8.0	High

Mean= 15.03, **S.D=** 3.08, **n=** 100

Source: Field survey, 2019

Table 5:Distribution of respondents according to their attitude towards people living with HIV/AIDS

Attitudinal statement	Strongly agree (5)	Agree (4)	Undecided(3)	Disagree (2)	Strongly disagree(1)
People living with HIV/AIDSs should be Advised on how to live a normal life	28(28.0)	12(12.0)	3(3.0)	33(33.0)	24(24.0)
I believe that one can get infected with HIV/AIDSs if he/she mingles with infected persons	6(6.0)	10(10.0)	3(3.0)	27(27.0)	54(54.0)
I feel comfortable staying with someone infected with HIV/AIDSs	47(47.0)	20(20.0)	6(6.0)	11(11.0)	16(16.0)
I believe that it is a good thing to get tested for HIV	23(23.0)	28(28.0)	7(7.0)	11(11.0)	21(21.0)
I believe that people should be sympathetic towards people living with HIV/AIDSs	44(44.0)	28(28.0)	3(3.0)	17(17.0)	8(8.0)
I believe that people living with HIV/AIDSs should be allowed to attend a social function attend social function	35(35.0)	44(44.0)	9(9.0)	4(4.0)	8(8.0)
HIV/AIDS is a hereditary	6(6.6)	6(6.0)	10(10.0)	28(28.0)	50(50.0)

Source: Field survey, 2019

The Proceedings of the 15th National Research Conference and Network Meeting of CYIAP held in Adeyemi College of Education, Ondo state, Nigeria, from 9th to 12th March, 2020

Table 6: Overall level of respondents' attitude towards people living with HIV/AIDS

Total attitude score	Frequency	Percentage	Decision
≤11.6	2	2.0	Unfavourable
11.7-24.0	71	71.0	Indifferent
≥24.1-35	27	27.0	Favourable

Mean=20.57, S.D= 4.62, n=100

Source: Field survey, 2019

Table 7: Distribution of respondents according their awareness of HIV/AIDS

Awareness statement	Strongly agree (5)	Agree (4)	Undecided (3)	Disagree (2)	Strongly disagree(1)
I am aware that HIV/AIDS is transmitted through unsafe sex	82(82.0)	14(14.0)	3(3.0)	25(25.0)	1(1.0)
HIV/AIDS is transmittable through mosquito bite	3(3.0)	13(13.0)	22(22.0)	25(25.0)	37(37.0)
I am aware that HIV/AIDS is transmitted through blood transfusion	68(68.0)	24(24.0)	3(3.0)	4(4.0)	1(1.0)
I am aware that HIV/AIDS is contracted through sharing of sharp objects	49(49.0)	41(41.0)	4(4.0)	4(4.0)	2(2.0)
HIV/AIDS is not contracted through kissing on chick of an infected partner	32(32.0)	20(20.0)	24(24.0)	10(10.0)	14(14.0)
HIV/AIDS is not contracted through breast feeding	61(61.0)	27(27.0)	3(3.0)	5(5.0)	4(4.0)
HIV/AIDS is not contracted through public toilet	25(25.0)	50(50.0)	10(10.0)	8(8.0)	7(7.0)
HIV/AIDS can be contracted through sharing of utensils	35(35.0)	43(43.0)	11(11.0)	4(4.0)	7(7.0)

Source: Field survey, 2019

Table: 8Overall level of respondents' awareness of HIV/AIDS

Total awareness score	Frequency	Percentage	Decision
≤13.33	2	2.0	Low
13.34-26.67	87	87.0	Moderate
≥26.68-40	11	11.0	High

Mean=16.67, S.D= 3.38, n=100

Source: Field survey, 2019

Table 9: Chi-square analysis showing the association between respondent socioeconomic characteristics and their awareness of HIV/AIDS.

Variables	χ^2	d.f	C	p-value	Decision
Gender	15.66	16	0.36	0.47	NS
Primary occupation	86.82	48	0.68	0.01**	S
Marital status	53.18	32	0.59	0.01**	S
Level of education	49.61	64	0.57	0.90	NS
Membership of social organisation	29.26	32	0.76	0.60	NS

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Cosmopolitaness	6.14	16	0.24	0.90	NS
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** Significant at 0.01 level

*Significant at 0.05 level

Source: Field survey, 2019