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Public Awareness and HIV/AIDS in Rural Nigeria: The Case of Okobo, Akwa Ibom State

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ABSTRACT - HIV/AIDS is known to defy cure hence, efforts are being made to ensure that peoples of the world are prevented from its infection. The efforts are basically focused on public enlightenment. Meanwhile, the aging population is excluded from the enlightenment campaigns mounted by African countries. This is because it is believed that older persons (the aged) are past their sex lives. It is also believed that they have nothing to contribute again to development. This study therefore, examines the impact that public enlightenment on HIV AIDS has had on the aged in rural Nigeria. It is suggested that the government in Nigeria and other African countries should consider the aged in their HIV/AIDS prevention strategies.

KEY WORD: Ageing population, preventive, enlightenment, infection, mass media.

INTRODUCTION

HIV/AIDS is known worldwide as a killer disease. In fact, there exist a number of killer diseases, which defy medical interventions e.g. cancer, tuberculosis etc. but HIV/AIDS has no medical cure. Right from when it was discovered by

medical scientists HIV/AIDS has killed several millions of people worldwide. The infection has no age limit and is not restricted to any age group. It kills children, youths, adults and the aged alike.

The only approach to the disease is preventive since there is no cure for it. Because it spreads mostly through sexual contacts governments, non-governmental organizations and international organizations have focused attention on campaigns aimed at discouraging indiscriminate and casual sex among the peoples of the world. These campaigns have taken various forms ranging from the use of the mass media, carnivals, film shows, public lectures, distribution of handbills to seminars and workshops.

Most of the campaigns against HIV/AIDS seem to have focused on the youths neglecting a number of unpopular groups or categories of peoples. One of such is the aged group. Apart from the HIV/AIDS problem there is a general neglect of the aged in modern times (Oluwabamide, 2002). This is particularly so in the Western societies where the attitudes of the people toward the aged tends to be unfavorable. According to Perlmutter and Hall (1985), the majority of people in the United States believe aging is somewhat sad and that it is accompanied by inevitable decline.

Even in Nigeria and other African societies where the aged used to enjoy good family and communal care, there is, in recent times, the tendency towards neglecting them. This is as a result of modernization, industrialization and the accompanying strong Western influence (Oluwabamide, 2002). There is therefore no doubt that the general negative attitude towards the aged is being reflected in their neglect in the ongoing campaign against HIV/AIDS. This on the part of the government and other campaigners may not be deliberate but it is indirectly a fall out from the modern negative attitude to the aged.

This study therefore examines the level of knowledge and awareness of the HIV/AIDS among the aged in rural Nigeria using Okobo Community, Akwa Ibom State, Nigeria, as a case study. Okobo is a typical Nigerian rural community and is representative of most Nigerian rural communities.

THEORETICAL ISSUES

There are lots of misconceptions about older people and some of them are reflected in issues concerning them. Older people are a largely unacknowledged and underutilized resources in many areas of development (Help Age International 2005). They are therefore, neither consulted nor used in development (Oluwabamide, 2002). They are pictured as often being sick, restricted in movement and are frail to do any work (Rogers, 1979). They are portrayed as slow moving, poor learners unchangingly conservative (Camerron and Grower, 1979). It is therefore, believed that they have nothing to contribute again to nation building and community development.

It is also generally believed that older persons are past their sex lives (Help Age International, 2005). But this is not true. According to Help Age International (2002) many older men and women remain sexually active. They therefore, not only risk contracting HIV, but can transmit it as well. These misconceptions put the aged at a greater danger as they are generally not targeted in HIV/AIDS education and support programmes. Thus, very little has been done to explore the effects of HIV/AIDS on older persons. Consequently AIDS has, and will continue to have a huge impact on older people in Africa (Nhongo, 2000).

METHODOLOGY

Data collection was done through the instrumentation of both the questionnaire and interview. A questionnaire was designed and distributed to eighty-eight (88) respondents who were selected through the systematic random sampling technique. It should be noted that all the respondents were male. Since they were predominantly illiterates the questionnaire were read to them and their responses and options filled in for them also. Furthermore, some six key informants which included a patent medicine dealer, nurse, doctor, laboratory attendant were interviewed.

FINDINGS

Virtually all the respondents are aware of HIV/AIDS, but their levels of awareness differ. Whether or not a person has a good knowledge of the disease depends on the channel through which he acquired it. Those who got the knowledge through any of the government's information networks (e.g. radio and television campaigns) have a better understanding of the disease than those who just heard about the disease (HIV/AIDS) through a casual talk or discussion with someone in the community.

TABLE 1: Sources of Information

Sources of Information	No. of Respondents	Percentage
Casual talk	48	54.54
Radio/television	28	31.81
Both sources	12	13.65
Total	88	100

Table 1 shows that 54.5 percent of the respondents got the information on HIV/AIDS through casual discussions with friends. Those that got the information through the radio and television broadcasts are 31.8 percent. Only 13.7 percent of the respondents got the information through both the former and later channels.

From the above therefore, it is obvious that only 31.8 percent of the elderly in the community possess a good knowledge of HIV/AIDS. These are the ones that have access to the mass media through which the government carries out most of her campaigns against the disease. This implies that a greater number of the aging population in the study area (54.5) do not have adequate information on HIV/AIDS.

Most of the respondents who got the information through casual talk claimed that all they know is that disease is transmitted through sex. Thus, they see the disease just as every other sexually transmitted disease such as gonorrhea, whereas HIV/AIDS kills faster and cannot be cured.

TABLE 2: Knowledge about How HIV/AIDS Spread

Channel of Spread	No. of Respondents	Percentage
Sexual intercourse only	49	55.68
Sex and others channels	20	22.73
No idea	19	21.59
Total	88	100

Table 2 reveals that 55.7 percent of the aged population believes that HIV/AIDS is spread only through sexual intercourse. On the other hand 22.7 percent are aware of other channels such as blood transfusion and hair cut. Still 21.6 percent of the respondents claimed that they do not know how the disease spreads. This implies that a good majority of the aging population in the study area are not properly educated or informed on how HIV/AIDS spreads. That is, they are not adequately informed about the channels (other than sex) through which the disease may be contacted. The respondents' major focus therefore, is the transmission through sex. Though this is the most common channel, they need also to know the others too.

Having known that HIV/AIDS spreads through sexual intercourse how do they perceived its prevention in that regard? Data show that some of the respondents casually heard that abstinence is the only means of preventing the spread of the disease, showing the paucity of detailed information of HIV/AIDS prevention.

A clear majority of the male respondents claimed that ordinarily they engage in sex quite often, consequently they feel that advising them to abstain from sex would not yield any positive result.

TABLE 3: Level of Involvement in Sexual Intercourse (Male Respondents)

Involvement Rate	No. of Respondents	Percentage
At least once daily	60	68.18
Once in 3 days	20	22.73
Once in a week	8	9.09
Total	88	100

Table 3 shows that 68.2 percent of the male claimed that they engage in sex at least once daily. Those that engage in the act once in three days are 22.7 percent. Only 9.1 percent of the respondents engage in sex just once in a week. This implies that a clear majority of the male respondents engage in sex as frequently as possible.

Most of the sample use condoms, which are purchased from nearby patent medicine stores. Interview with patent medicine storeowners in the area reveals that the elderly do purchase condoms from them. They note that rather than purchase through younger persons, the aged prefer to make the purchase themselves. The essence is to avoid being exposed. They are rest assured that the patent medicine storeowners would not reveal their identities to anybody.

Records at the Okobo medical center show that very limited cases of HIV/AIDS have been recorded at the center and these reflect only the youths. This is so because most of the aged don't believe they could contract HIV/AIDS hence, they would not come out for HIV test. Some of them even prefer traveling as far as Uyo, the state capital where they are not known to conduct tests, at the University of Uyo Teaching Hospital.

RECOMMENDATION AND CONCLUSION

HIV/AIDS is not restricted to any age category. Hence, virtually all humans of different ages are prone to its infection. Ordinarily it would simply be said that the aged are the least expected to contract HIV/AIDS. But in reality they too do contract the disease. This therefore, calls for a critical examination of the disease among the elderly. While the disease does not spare the aged, they may fall victims due to ignorance. They are not adequately informed or educated on HIV/AIDS. In fact, a good number of them are not aware of all the avenues through which the disease spreads. Similarly, they are not adequately educated on the prevention strategies. It is either they know just a prevention strategy or they do not know any at all.

Consequent upon the above the following are being recommended. Firstly, the government should inquire into how best to educate the aged through the mass media. If the results of such an inquiry were applied the elderly would not only be

ready to learn but also to comply. Considering their age, older persons in African societies are not always adamant to corrections. Secondly, the facilities for testing HIV/AIDS should be provided in all the Local Government Areas of the Country. Thirdly, medical care and the use of medical facilities should be made free to the aged who are mostly poor due to loss of income emanating from retirement and the inability to do any income earning job.

REFERENCES

- Atehley, R. C. 1980. *The Social Forces in Later Life: An Introduction to Social Gerontology*. California: Wadsworth Publishing Co.
- Cameroon, P and Grower 1974. Gerontology: Towards a General Theory and Research Strategy. *Act Sociological* 17 (4): 393 - 407
- Cowgwill, D. O. and L. D. Holimes, eds. 1972. *Aging and Modernization*. New York: Appleton-Century-Crafts.
- Haris, L. and Associates 1975. *The Myth and reality of Aging in America*. Washington D.C. National Council of the Aging
- Help Age International 2000a. *Ageing Issues in Africa: A Summary*, Nairobi: Help Age International.
- Help Age International 2000b. Older People and AIDS, A Paper presented at the Help Age International, Africa Regional Workshop, 11 – 13th September, 2000, Harare, Zimbabwe.
- Help Age International 2001: HIV/AIDS and other people : The African Situation A Buletin. Nairobi. Help Age International.
- Help Age International 2004. Older People in Emergencies: A Forgotten Group *Ageing in African Issue* 21 (May) P. 4 - 5
- Help Age International 2004: Older People and HIV AIDS: Providing Home Based Care *Ageing in African Issue* 22 (September) p.5
- Help Age International 2005. Regional AIDS Programme Launched *Ageing in Africa Issue* 24 (May) p.6
- Nhongo, T. 2000. Research for Practice and Development. (Editorial) *South African Journal of Gerontology*. 9 (2): 1 – 5.
- Oluwabamide, A. J. 2002: *The Aged in African Society*. Lagos: Nade Nigeria Ltd & F. B. Venture.
- Perlmutter, M. and E. Hall 1985. *Adult Development an Ageing*. New York: John Wiley and Sons.
- Rogers, D. 1979. *The Adult Years: An Introduction to Ageing* Eaglewood Cliff, New Jersey: Prentice Hall Inc.