UTILISATION OF HIV/AIDS INFORMATION AMONG PEOPLE LIVING WITH HIV/AIDS IN RURAL COMMUNITIES OF OYO STATE

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ABSTRACT
HIV/AIDS information is an indispensable factor in enhancing the well-being of People Living with HIV and AIDS (PLWHAs) and remains a major challenge in rural areas. Therefore, utilisation of HIV/AIDS information among PLWHAs in rural communities of Oyo State was investigated in this study. Multi-stage sampling procedure was adopted to sample 183 PLWHAs. Data were collected on respondents' personal characteristics, source of information, utilisation of HIV/AIDS information and constraints faced in utilising HIV/AIDS information. Data were analysed using descriptive (frequency counts, percentages, mean and standard deviation) and inferential statistics (Chi square and PPMC) at p = 0.05. Mean age of the respondents was 39±11 years, most of the respondents (73.8%) were female, married (62.3%), Muslims (53.6%) and 32.8% had tertiary education. Respondents' main sources of information were health workers (84.2%) and radio (69.4%). Respondents' level of utilisation of HIV and AIDS was low for 63.4%. Fear of ART side effect (0.519), difficulty in understanding the language of the source (0514) and depression (0.508) were the major constraints respondents faced in utilising HIV/AIDS information. Respondents' age (r =0.196) and constraints faced were positively correlated with their utilisation of HIV/AIDS information. There was also significant relationship between respondents' marital status (χ^2=11.049), occupation (χ^2=24.791) and HIV/AIDS information utilisation. State and local action committee on AIDS as well as NGOs should sustain various campaigns currently on-going to address the importance of utilisation of HIV/AIDS information.
Keywords: HIV/AIDS, Information needs, Information utilisation, Rural community

INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS) is an acute life threatening condition which is caused by 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 Nigeria. The Antenatal Clinic (2010) survey reported a national HIV prevalence of 4.1% and the states' prevalence ranged from 1% in Kebbi State to 12.7% in Benue State. According to National AIDS and Reproduction Health Survey (NARHS) (2013) Rivers state had the highest HIV prevalence rate of 15.2%, with Ekiti state being the least with 0.2% while Oyo and Ondo states had 5.6% and 4.3% respectively. HIV/ AIDS is a problem of critical importance for social, economic, political and agricultural development of any nation.

Peterson and Obileye (2002) opine that information is vital to People Living with HIV/AIDS (PLWHA) for the relief of physical pain and mental anguish. The need therefore becomes quite pressing for intense campaigns to be mounted to enlighten the masses on HIV/AIDS information availability and how to access them. These campaigns would not just be limited to the health sector but to the rural communities. Rural communities typically have smaller population and an agricultural setting in which most of the farms are small holdings. Agriculture provides a livelihood for most of the three quarters of the world's poor that live in rural areas, particularly in Asia and Africa (Ravallion, Chen and Sangrala, 2007). The overall result of the impact of HIV/AIDS is a decline in agricultural production and off-farm sources of livelihood.

HIV/AIDS information is an indispensable factor in enhancing the well-being of People Living with HIV/AIDS and it remains a major challenge among the PLWHA in rural areas. Non-utilisation of HIV/AIDS information could affect their health and limit their participation in agricultural activities. Past studies have focused on access to and utilisation of HIV/AIDS information among general population of PLWHAs but rarely focused on the rural population of PLHWAs. Therefore, utilisation of HIV/AIDS information among PLWHA in rural communities of Oyo state was investigated in this study. Specifically, the study addressed some research questions by considering the following objectives:

i. Identify the personal characteristics of the PLWHA in the study area.
ii. Access the sources of HIV information available to PLWHA in the study area.
iii. Determine utilisation level of HIV/AIDS information by PLWHA in the study area.
iv. Identify the constraints faced by PLWHA in using HIV/AIDS information in the study area.

METHODOLOGY

The study was conducted in Oyo state, Nigeria. The state is located in the Southwest geographical zone of Nigeria. The state is made up of 33 local government areas. It lies between latitude 7^0 N, 19^0 N of the equator and between 2.5^0 E and 5^0 E of

prime meridian. Oyo state is divided into 3 senatorial districts namely Oyo North, Oyo Central and Oyo South with 13, 11 and 9 LGAs, respectively. The population of the study was People Living with HIV and AIDS that registered with the support groups in the Local Government Areas of Oyo state.

A multi-stage sampling procedure was adopted to sample the respondents for this study. The first stage was purposive selection of two rural local government areas per senatorial district based on presence of registered PLWHA support groups. This gave selection of Iseyin and Saki-Westfrom Oyo North, Ona-ara and Oluyole from Oyo Central and Ibarapa Central and Ibarapa East from Oyo South. In the second stage, all registered support groups were purposively selected; 2 from Ona-Ara, 3 from Saki-west and 1 each from Iseyin, Oluyole, Ibarapa Central and Ibarapa East, resulting in 9 support groups. Lists of registered members in each of the support groups were obtained and 50% of members were systematically selected resulting in a sample size of 183 PLWHA which was used as respondents for this study. Data were analyzed using descriptive statistics such as frequency counts and percentages while inferential statistics (Chi-square and Pearson Product Moment Correlation -PPMC)were used to analyse study hypotheses.

RESULTS AND DISCUSSION

Respondents' socioeconomic characteristics

Information in Table 1 shows that 35.0% of the respondents were in the age range of30-39 with mean age of 38.6±11.2years. This indicates that most of the respondents are adults in their active and reproductive ages. These are productive ages of any population when they should have relevant, timely and accurate information for healthy living, conception and delivery, nutrition, social support as well as information which would guide their attitude and activities in HIV/AIDS issues. This finding supports the view of Gallangher (2000) who reported that the HIV infection rate is highest in age bracket between 19 and 35 years. Table 1further shows that most (73.8%) of the respondents were female. This implies that they are more exposed to high risk sexual behaviour as a result of several factors, including cultural practices such as polygamy, traditional bias, early marriage, and lack of power of young married women to insist on the use of condom during sex (Population Council, 2007). This result is also in consonance with Udoh, Mantell, Sandfort and Eighmy (2009) who opine that female engages in sex work which is viewed as one of the potential pathways to HIV/AIDS transmission.

Table 1 shows that 42.1% of the respondents were Christians, while 53.6 % were Muslims. This is due to the fact that these are the two religions with most adherents in Nigeria (Yekinni and Ajayi, 2011). Olubamide and Umoh (2011) indicate the vital role religious institutions play in the overall health care delivery system in the community. Their recommendations have serious implications for HIV/AIDS control. Religion is known to have influence on the thinking of most individuals. This could influence the belief of respondents on HIV/AIDS, hence utilisation of the HIV information might be influenced by their religion.

Table 1 reveals that most of the respondents (62.3%) were married, while 15.3%, 12.0% and 10.4% were single, divorced and widowed, respectively. This indicates that HIV/AIDS disease cuts across all marital status groups as earlier affirmed by Peterson and Obileye (2002). The findings also have implications for ease of spread of STDs. It can perhaps be said that the marital status of the respondents is a major contributing factor to their status as more than one third of the population are not in any marital union. Table 1 further shows that respondents had 6.84 (approximately 7) years as the mean years of formal education which implies that they were fairly educated in the study area. The educational status of the respondents in this study might also influence their utilisation of HIV/AIDS information.

Result further shows that most prominent occupation involved in by the respondents were trading (30.1%), while 20.7% were involved in farming. The finding on farming is expected because most inhabitants of typical rural areas where this study was conducted depend on agricultural activities (Ghanem, 2015).

Table 1: **Selected socioeconomic characteristics of respondents (n = 183)**

Variables	Frequency	Percentage	Mean	S.D.
Age				
<27	25	13.7		
28 – 39	75	41.0	38.58	11.23
40 – 50	47	25.7		
>50	38	17.7		
Sex				
Male	48	26.2		
Female	135	73.8		

Variables	Frequency	Percentage	Mean	S.D.
Religion				
Christianity	77	42.1		
Islam	98	53.6		
Traditional	8	4.4		
Marital status				
Single	28	15.3		
Married	114	62.3		
Divorced	22	12.0		
Widowed	19	10.4		
Years of formal education				
No formal education	56	30.6		
1 to 6 years	55	30.1	6.84	5.74
7 to 12 years	12	6.6		
>12 years	60	32.8		
Main occupation				
Civil Service	22	12.0		
Hair dressing	19	10.4		
Tailoring	19	10.4		
Electrical works	8	4.4		
Trading	55	30.1		
Farming	38	20.7		
Others	22	12.0		

Source: Field survey, 2016

Sources of HIV/AIDS information

Result in Table 2 reveals sources from which respondents obtain HIV/AIDS information. Information sources for PLWHA were categorised into three namely; media based, outreach based and institutional based information sources. From institutional based information sources, health worker appeared to be the most common source of information as 84.2% percent of the respondents claimed to obtain information from them, while the least patronized source was educational fora – workshop, seminars (17.5%).From outreach based information sources, most of the respondents got their information from outreach programmes (61.2%) while one- third got information from rural campaign and community meeting. From media based information sources, most of the respondents sourced information from radio (69.4%) This may be because this source of information does not actually require the user to meet with anyone. Surprisingly, internet which supposed to be the major information provider especially in this age of technology constituted a non-significant source (14.8%) by respondents in the study area. This could be simply because of challenge of energy failure in the country or perhaps, none availability of internet infrastructure in the study area.

Table 2: Sources of HIV/AIDS information among the respondents, n=183

Variables	Frequency	Percentage
Religious bodies: Church, Mosque	88	48.1
Health workers	154	84.2
Radio	127	69.4
Newsletter	40	21.9
Rural campaigns	65	35.5
Internet	27	14.8
Television	121	66.1
Hand bills	120	65.6
Magazine	71	38.8
Friends/Colleagues/Relatives	69	37.7
Bill boards	80	43.7
Community meeting	65	35.5
Outreach programme	112	61.2
School	39	21.3
Educational fora: (Workshops, Seminars, Journal)	32	17.5
Posters	122	66.7
Other infected person	109	59.6

Extension agents	84	45.9

Source: Field survey, 2016

Utilisation of HIV/AIDS information

In order of prevalence as shown on information in Table 3 the most utilised HIV and AIDS information was antiretroviral therapy(1.007), this may be so because they need treatment in order to stay healthy. This is followed by HIV and AIDS adherence counselling (0.940),this may be as a result of the fact that the PLWHA need counselling on how to have access to drugs and capital and to enable their compliance to drug therapy, then HIV testing (0.878), nutrition counselling (0.783), child care (0.595) and foreign aids and donor (0.541).

Table 3 further shows that 63.4% of the respondents had low level of utilisation, while 36.6% had high level of utilisation. This may be due to the fact that PLWHA in the rural communities of Oyo State still need to be oriented on the need to utilise information on HIV/AIDS in order to make them stay healthy, live longer and significantly reduce the risk of transmitting HIV to others. It may also be as a result of various constraints as reported in this study when trying to access or utilise information on HIV and AIDS. This is an indication that more still needs to be done to improve utilisation of HIV and AIDS information among the PLWHAs in the study area.

Table 3: Respondents level of utilisation of HIV/AIDS information (n = 183)

Extent of information utilisation	Always	Sometimes	Never	Weighted mean score	Rank
Treatment:					
Antiretroviral therapy	84.7	14.8	0.5	1.007	1st
Post exposure prophylaxis	8.7	42.1	49.2	0.325	10th
Prevention:					
HIV/AIDS adherence counselling	73.2	25.7	1.1	0.940	2nd
PMTCT	25.1	35.0	39.9	0.466	7th
HIV Testing	67.2	26.2	6.6	0.878	3rd
Nutrition:					
Nutrition counselling	45.9	51.4	2.7	0.783	4th
Social Support:					
Child Care	27.9	53.0	19.1	0.595	5th
Home based care	15.8	53.6	30.6	0.466	7th
Legal support	13.7	24.6	61.7	0.284	11th
Funding/Policies:					
Foreign aids and donors	20.8	57.4	21.9	0.541	6th
Grants and scholarship	5.5	16.4	78.1	0.150	14th
Government policies	12.0	23.0	65.0	0.257	13th
Human right and other infringements	7.7	34.4	57.9	0.272	12th
Non-governmental organisations	16.4	45.9	37.7	0.430	9th
Overall level of utilisation of information		**Percentage**			
Low (4 -13)		63.4			
High (13.5245-28)		36.6			
Total		100			

Source: Field survey, 2016

Constraints faced by PLWHA in utilising HIV/AIDS information

Results in Table 4 on constraints faced by PLWHA shows that constraints mostly encountered by the respondents were those that bothered on fear of side effect associated with ART (0.519), difficulty in understanding the language of the source of information (0.514), depression (0.508) and illiteracy (0.463). This implies that fear of ART side effect, difficulty in understanding the language of the source, depression and illiteracy constitute major constraints in accessing HIV/AIDS information. This result is in consonance with Adesoji and Olalekan (2012) who opine that illiteracy and difficulty in understanding language of sources was responsible for misconception of useful information. This agrees also with the finding of Thom (2009)that depression has potential of being a challenge to successful treatment programmes, as PLWHA often have negative thoughts because of the side effects the treatment has. According to Karishma and Rivett (2004), discrimination against PLWHA and the stress of the disease can lead to depression and loss of hope, thus encouraging negative behavioural patterns that can expose them to

secondary infections and the continued spread of the disease.

Table 4: Constraints faced by PLWHAs in utilising HIV/AIDS information (n=183)

Constraints	Not a constraint	Mild constraint	Severe constraint	Weighted mean score	Rank
Illiteracy	25.7	63.9	10.4	0.463	4th
Depression	20.8	65.6	13.7	0.508	3rd
Difficulty in understanding the language of the source	23.5	59.0	17.5	0.514	2nd
Fear of the ART side effect	25.1	54.6	20.2	0.519	1st
Cultural belief (local medication)	43.7	49.7	6.6	0.344	5th
Non-involvement of PLWHA in the provision of information	53.0	37.7	6.3	0.308	6th

Figures are percentages
Source: Field survey, 2016

Relationship and correlation analysis of PLWHA's personal characteristics and their utilisation of HIV and AIDS information

Result from the analysis shows a significant correlation between respondents' age (r =0.196) and level of utilisation of HIV information (Table 5). The finding meant the adolescent and the middle aged are likely to be more predisposed to the use of HIV information as compared to older population. Respondents' marital status (χ^2 = 11.049) and occupation (χ^2 =24.791) also had significant relationship with level of utilisation of HIV/AIDS information. On marital status, this suggests married respondents utilises information on HIV and AIDS probably because they want to stay healthy, stay married or do not want to transmit HIV to their partners or children and the single couple needs various information that differs from the kind of information needed by married couples. On the type of occupation, respondents with low income job are more likely not to utilise information because they may need money for transport cost or treatment cost. The result confirms previous finding by Sebastian et.al (2012) that health care utilisation is significantly associated with employment status.

Table 5: Relationship and correlation analysis of PLWHA's personal characteristics and utilisation of HIV/AIDS information

Variables	PPMC(r)	χ^2	df	p-value	Decision
Age	0.196**	-	-	0.008	S
Years of formal education	-0.032	-	-	0.670	NS
Sex	-	0.301	1	0.583	NS
Religion	-	0.005	2	0.997	NS
Marital status	-	11.049	3	0.011	S
Occupation	-	24.791	13	0.025	S

** Correlation is significant at the 0.01 level (2-tailed).
df – degree of freedom, S- significant, NS – Not Significant, χ^{2-} Chi- square

Correlation between constraints faced by respondents and utilisation of HIV and AIDS information

The PPMC result reveals that there was a significant correlation between respondents' constraints faced in utilising HIV/AIDS information and its utilisation (Table 6). This indicates that the constraints faced by PLWHA have influence on their level of utilisation of HIV/AIDS information. It can be inferred that constraints such as stigmatization, illiteracy, depression, poverty will hinder the PLWHA from utilising HIV/AIDS information. The more the constraints faced by respondents, the less their utilisation of HIV/AIDS information. The finding agrees with the view of Edewor (2010) who posits that inadequate fund, information materials not being explicit enough, stigmatization and discrimination as barriers to utilising HIV information.

Table 6: Correlation between constraints and utilisation of HIV/AIDS information

Variable	r-value	p-value	Decision	Remark
Constraints	0.175	0.018	S	Reject H_o

Source: Data analysis, 2016

CONCLUSION AND RECOMMENDATIONS

The study concludes that health workers, radio, posters, handbills, television outreach programme and other infected person are the most sought sources of HIV/AIDS information. Respondents' utilisation of HIV/AIDS information in the study area was low. Respondents are constrained by fear of ART side effect, difficulty in understanding the language of the source, depression, illiteracy, cultural belief and in-explicit information materials in utilising HIV and AIDS information. Age, marital status, occupation and constraints are factors that affect utilisation of HIV/AIDS information in the study area.In line with the findings of the study, it is recommended that the state and local action committee on AIDS, NGOs should sustain on-going campaigns to address the importance of utilisation of HIV/AIDS information. Explicit information should always be provided for PLWHA in relevant books, posters, handbills and other HIV and AIDS materials in local dialects for proper understanding of the message.

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