**Knowledge, Attitude and Practices of HIV/AIDS in Selected Fishing Communities of Kainji Lake Basin**

**By**

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**Abstract**

The paper examined the knowledge, attitude and practices of HIV/AIDS in the fisheries sector. The study was carried out in the Yauri emirate of the Kainji Lake Basin where ten fishing communities were selected for data collection through the use of questionnaires and further subjected to descriptive analysis. The findings revealed 98.4% of the respondents were aware of but lacked knowledge about HIV/AIDS, while 41.7% of the respondents said they will avoid contact with people living with HIV/AIDS and 28.9% of respondents’ rate access to HIV/AIDS information as high in these fishing communities. The study made recommendations to addressing HIV/AIDS in the area.

Keywords: Knowledge, Attitude, HIV/AIDS & Fisheries

**Introduction**

One of the growing epidemics in the world today is HIV/AIDS and it has been widely acknowledged to be the most dreaded and severe health crisis in this millennium. The Human Immunodeficiency Virus (HIV), the pathogen that results in Acquired Immunodeficiency Syndrome (AIDS) has been the most significant emerging infectious agent of the last century and threat developmental projects. Since the report of HIV/AIDS in 1986, HIV/AIDS is spreading across all geo – political zones and among all segments of the society in Nigeria. According to geographical zone, (FMOH, 2002) the prevalence rates were North Central (5.5%), South South (7.7%), South East (5.8%), North East (5.4%), South West (4.0%) and North West (3.3%). Nigeria has gone through various phases of response. The sensitization awareness and mobilization activities have concentrated in the cities and towns neglecting the many fisher folks. HIV/AIDS prevalence is not only restricted to urban areas; rural areas, especially fishing communities are often among the highest risk groups with overall rates of HIV/AIDS. It is now known that the prevalence of STD/HIV/AIDS in fishing communities in countries like Uganda, Kenya, Thailand and Indonesia is 5 - 10% (Gordon, 2005; Allison and Seeley, 2004) and sometimes 4 - 14% (Kissling *et al*, 2005) higher than the national average. The peculiar nature of this sector requires a unique service package to step up the fight against HIV/AIDS. A project is presently on - going on fisheries and HIV/AIDS in the Chad Basin which has provided little information on the above subject in the fisheries sector on the susceptibility and vulnerability factors in the area. This study is therefore aimed at determining the Knowledge, Attitude and Practices on HIV/AIDS in the fisheries sector of Kainji Lake Basin.

**Methodology**

Kainji lake basin comprises of Niger and Kebbi States with the following neighbouring emirates Kontagora, Borgu and Yauri . For this study, the sample was taken from Yauri emirates from the following communities: Wara, Wawu, Tunga Mairuwa, Zamare, Rukubalo, Yauri, Rashe Salkawa, Hella, Barashi Tunga Alhaji Sharo. The selections of these communities were based on accessibility, level of fisheries activities and traditional institutions. A total of 187 questionnaires and 20 interview guides for key informants will be administered in the communities and further subjected for statistical analysis.

**Result and Discussion**

On the socio – economic characteristics as shown in Table 1, on sex, 63.6% of the respondents were males while 36.4% were females. Generally, male population usually predominate in the fishing communities The variation may be as a result women restriction to their household that is, they are in Purdah, which buttresses the findings of gender studies carried out by Yahaya, 1999. It can be assumed that the men are more likely to be aware of this deadly disease. The higher number of males in the study agrees with findings of experts that almost twice as many men as women were aware of HIV/AIDS. (UNAIDS, 1998)

From the study, 76.0% of the respondents were still in their active (reproductive) age, that is, 15 – 45 years. 24% were above 46 years. These ages are the active and productive years in agricultural production and they are crucial to agricultural development. The respondents were mainly young people implying that they were in sexually active ages. This study confirmed that majority of those who contract the HIV/AIDS virus fall under the age of 30 years (NDHS, 2003). Thus, they are the very people who are vital to the economic future of the rural communities where poverty is dominant.

Majority of the respondents (78.1%) were married, 21.4% were single while a negligible percent (0.5%) were widow. None of the respondent was divorced neither separated in the study area. This is an indication of a tendency for sexual continuation, particularly among the married people of the fishing communities. On religion, the respondents (84.5%) were Muslim faithful, only 15.5% practiced Christianity and 0.5% claimed to be idol worshipper. With this finding Men are permitted to have more than one wife, it is more acceptable for them to have multiple relationships than for women. Majority (58.7%) were into polygamy, 2.1% were monogamous and 49.2% could not response. This is not surprising because some of the unmarried respondents may constitute to the high percentage.

On educational background, less than half of the respondents sampled had formal education although some of the fishing communities selected lacked the facility. Only 18.7% had primary education and the same percent for respondents who had secondary school education. More than half of the respondents (57.2%) had no formal education. This is a reflection of the areas in which the study was carried out and also the fact that the many of the people are not interested in the western education. Some of the fishing communities are more interested in sending their children to Quaranic School within and outside the community than attending western education. This has made them not see the need for at least primary school in their immediate environment. Therefore, the low level of western education may affect the knowledge of devastating HIV/AIDS that is ravaging globally.

Fisheries sector provides livelihood strategies to its dwellers. The study revealed that 84.5% of the respondents had their primary occupation in fisheries related activities and only 15.5% were into skill labour (such as welding, carpentry) and trading in other products. 27.8% of the respondents had secondary occupation such as firewood cutting, food hawking and haulage. The result confirms the high mobility in labour among fisherfolk. The finding corroborates Neiland et al, 2005 that combination of activities ranging from catching, processing, trading and transportation are important occupation in the fishing communities.

**Characteristic of Respondent**

**Characteristics frequency Percent (%)**

**Sex**

Male 119 63.6

Female 68 36.4

**187 100**

**Age**

15-25 45 24.1

26-35 55 29.4

36-45 42 22.5

46-55 28 15.5

Above 55 17 9.1

**187 100**

**Marital Status**

Single 40 21.4

Married 146 78.1

Widow 1 0.5

Separated - -

Divorced - -

**187 100**

**Number of wife**

One 4 2.1

Two 59 31.6

Three 27 14.4

More than three 5 2.7

No response 92 49.2

**187 100**

**Religion**

Islam 157 84.5

Christianity 29 15.5

Idol 1 0.5

**187 100**

**Education**

Primary 35 18.7

Secondary 35 18.7

Tertiary 5 2.7

Adult Education 5 2.7

No formal education 107 57.2

**187 100**

**Primary Occupation**

Fishing 23 12.3

Farming-fishing 23 12.3

Trading in fish 15 8.0

Processing of fish 40 21.4

Boat construction 27 14.4

Craft/gear making 7 3.7

Skilled labour 5 2.7

Others 29 5.5

**187 100**

**Secondary Occupation**

Skilled labour 1 0.5

Firewood cutting 2 1.1

Food vendor 45 24.1

Transporting 4 2.1

No response 135 72.0

**187 100**

On the awareness of HIV/AIDS, 98.4% of the respondents at one time or the other had heard about the disease but did not know much about the organism responsible for HIV/AIDS pandemic (locally known as Kajanmu in Hausa). Only 30% was able to mention the virus, though they had an idea of what it means as many of them gave different interpretations of AIDS in their local language. Those who had heard of AIDS heard mostly from the radio. This corroborates previous findings by Orubuloye et al, (1995) which reported that prisoners heard most of the information on AIDS from the radio. From observation the result does reflect the true situation and with low level of education many of the respondents might not be able to mention the virus responsible for this disease of poverty. 70% said they don’t know name of the responsible for disease. Someone looking healthy is not free from infection of HIV/AIDS. This was confirmed in this study where 71.1% of the respondents agreed that someone looking healthy can harbor the virus like any other disease which may take time before manifestation of symptoms. 10.2% and 18.7% of the respondents disagreed with the statement and could not ascertain whether is true or false. The findings from fishing communities followed the trend of the result obtained by Yahaya (2000). The spread of HIV/AIDS is on the increase due ignorance. This study revealed that 57.8% of the respondents knew that abstinence premarital sex reduce the infection, 16.6% said faithfulness to one’s partner should be emphasized. Only 10.2% believed the use of condom while 4.8% don’t know. 10.2% of the respondents knew non sharing of sharp object and sterilized any sharp object can reduce infection.

It is imperative that the fishing communities be generally educated on family planning and reproductive health to redeem the loose lifestyle established in the literature on HIV/AID in the fishing communities. Going to hospital for diagnosis is necessary for health problems in which HIV/AIDS is not an exception while 4.8% don’t know. Many of the communities lack primary health centre and the available ones were some kilometres away from their reach. On confirmation of the disease on victim, 42.8% believed if someone has many health problems, 12.8% said by establishing the number of sexual partners and 33.6% said they don’t know. This is worrisome considering the various programme going on the subject. Although, only 42.2% agreed that they are at risk and 45.5% said that they are not risk in any form while 12.3% don’t know whether at risk or not. But from observation, sharing of sharp objects are common habit in the fishing communities selected and it is important to discourage the use sharing of sharp for manicure which is a common activity in the study area. 6.4% and 10.7% said the risks were at average and high risk of HIV/AIDS respectively. This was demonstrated by the seeming ignorance of the people who did not know the implication of someone sharing the same razor in cutting their nails. This finding corroborates the finding of an earlier study by Iwoh (2004), who reported that there was low knowledge of HIV/AIDS/STIs among prison staff in Nigeria. The study also revealed that most of the respondents’ knowledge of HIV/AIDS is limited to sexual intercourse with the opposite sex. Interestingly, many of them were unaware that homosexual acts, unscreened blood transfusion, sharing of sharp instruments as well other risky practices of AIDS are as risky as sexual intercourse. More so, the fact that such acts as tattooing and sharing of blades are common practices in the fishing communities, which may expose them to HIV/AIDS. However, out of all the means of contracting HIV/AIDS virus, sexual intercourse was the most commonly known to the people. The result support the finding of Isibor and Ajuwon (2004), in their study on journalists' knowledge of AIDS and attitude toward people living with HIV, found a number of misconceptions amongst people concerning HIV/AIDS-related issues. 50.2% of the respondents met /know people living with the virus or have died from the infection while 49.8% said they have met /know one that has HIV/AIDS. As whether the victims were villagers or not, 31% of the respondents they were from the village. 47.6% no response. The situation in fishing communities calls for urgent attention. It is surprising to know that large number of respondents (66%) could assess or determine their risk level of HIV/AIDS pandemic. The perception of the respondents on HIV/AIDS is high, 90.4% believed that it is a serious deadly disease but lack the information that could help them to live dignified life. Only 5.3% saw it as an imaginary disease.

**Table 3: Knowledge of HIV/AIDS in the fishing communities**

**Variables Frequency (F) Percent (%)**

**Heard of HIV/AIDS**

Yes 184 98.4

No 3 1.6

**187 100**

**Name of microbe**

HIV 56 30

I don’t Know 131 70

**187 100**

**Can someone harbour**

**the virus and look**

**healthy**

Yes 133 71.1

No 19 10.2

I don’t know 35 18.7

**187 100**

**Avoiding AIDS infection**

Abstinence from sex 108 57.8

Use of condom 19 10.2

Having only one partner 31 16.6

Use blade, razor& syringe only once 19 10.2

Clean any sharp object before use 1 0.5

I don’t know 9 4.8

**187 100**

**Confirmation of HIV/AIDS infection**

By asking person if he has health

Problems 80 42.8

By asking person if he/she has many

sexual partners 24 12.8

By asking person if he has ever had

sex with prostitutes 9 4.8

By asking person if he/ she blood

Transfusion 11 5.9

I don’t know 63 33.6

**187 100**

**Prone HIV/AIDS Risk**

Yes 79 42.2

No 85 45.5

I don’t know 23 12.3

**187 100**

**Assessment of risk Perception**

Low 31 16.6

Average 12 6.4

Very high 20 10.7

I don’t know 26 13.9

No response 98 52.4

**187 100**

**Perception of AIDS**

A serious deadly disease 169 90.4

An imaginary disease 10 5.3

A disease caused by witches 1 0.5

No response 7 3.7

**187 100**

In the study area, the attitude towards the people living with the virus, 38.5% of the respondents said they will stop all sexual relation if their partner tested positive while only 24.1% will go for screening to find out their serological status. The percentages for divorce and stopping sexual relation with partners is high and such person may decide to remarry or have other sexual partners in turn spread the disease to the innocent members of the communities causing more havoc in their immediate environment. On providing necessary support for victim, 41.7% of the respondents said that they will avoid any contact with people living with HIV/AIDS while 39% were willing to provide moral and material support, this result revealed that there will be high level of stigmatization in a situation a member of the community found living with the virus. From the study it is like a taboo for a spouse to faithful to his/her, 22.5% of the respondents said it is impossible to keep to a partner while 35.8% said they have nothing to say. The finding confirmed the statement that one of the ways to express one social status in our society is in the number of partners he has, so the result is not surprising.

**Table 4 : Attitude towards people living with HIV/AIDS virus**

**Variables Frequency (F) Percent(%)**

**Do you know people living with**

**HIV/AIDS virus**

Yes 94 50.2

No 93 49.8

**187 100**

**Are they from the village**

Yes 58 31.0

No 40 21.4

No response 89 47.6

**187 100**

**If partner tested positive**

Divorced 56 29.9

Stop all sexual relations with him/her 72 38.5

Demand for protected sex 3 1.6

Go for a screening to find out

Serological status 45 24.1

Go and look for a traditional medicine man 1 0.5

I don’t Know 10 5.4

**187 100**

**Support for people living with**

**HIV/AIDS virus**

Provide moral & material support 73 39.0

Ask for his expulsion from the village 5 2.7

Avoid any contact with him/her 78 41.7

Warn other colleagues in the village 13 7.0

I don’t know what my attitude will be 18 9.6

**187 100**

**Faithfulness to Partners**

It is impossible 42 22.5

It is just hypocritical 13 7.0

It is not a way of preventing AIDS 31 16.6

It exposes to AIDS 34 18.2

Nothing to say 67 35.8

**187 100**

On the sexually transmitted disease(s) it was obtained that 87.7% was aware and could mention at least one of the diseases. Only 12.3% claimed ignorance sexually transmitted diseases. 64.2% of the respondents could mentioned gonorrhoea while 24.6% syphilis. Only 10.2% could not mention any sexually related diseases in the study area. On symptoms associated with sexually transmitted diseases 35.8% recognized burning sensation when urinating while 28.3% said abdominal pain. 12.3% and 11.2% had no idea and no response respectively. The findings revealed little knowledge on sex education and is a common phenomenon in our society the reasons been that sex issues of such are openly discuss in homes and our society.

**Table 6: Other sexual diseases in fishing communities**

**Variables Frequency (F) Percent(%)**

**Do you know any other sexual**

**Diseases?**

Yes 164 87.7

No 23 12.3

**187 100**

**Names of sexually transmitted**

**Diseases**

Gonorrhoea 120 64.2

Chancre 1 0.5

Syphilis 46 24.6

Herpes 1 0.5

No response 19 10.2

**187 100**

**Symptoms of diseases**

Abdominal pain 53 28.3

Vaginal discharge 9 4.8

Burning sensation when urinating 67 35.8

Sore on private part 8 4.3

I don’t know 23 12.3

No response 21 11.2

**187 100**

On seminar/workshop, 77% of the respondents revealed no seminar/ workshop had taken place in the communities to sensitize the people. It implied that knowledge of HIV/AIDS is low among the fisherfolk. Also, the study revealed that 62.6% of the respondents agreed that HIV/AIDS is not openly discussed in the communities while 5.3% didn’t response to the question. On rate of access to HIV/AIDS information, 59.9% of the respondent could not answer the question while 28.9% said it is high. The result is against Jimoh (2002) who did content analysis of 2,156 articles and found that newspaper reports were often coverage of workshops and conferences and government policies and pronouncements and corroborates Adesomoye (2002) and Komolafe (1999) findings that coverage of the disease is minimal with inadequacy in the coverage that does exist. The result is reflection of the situation in the fishing communities which is contrary to the major programme on HIV/AIDS that are concentrated in the cities and town and not rural area where 70% people live. This is dangerous for rural economy and other developmental projects in some of the rural areas.

**Table7 Information on HIV/AIDS in fishing communities**

**Variables Frequency (F) Percent(%)**

**HIV/AIDS seminar/ workshop**

Yes 39 20.9

No 144 77.0

No response 4 2.1

**187 100**

**Talk openly about HIV/AIDS in**

**the community**

Yes 60 32.1

No 117 62.6

No response 10 5.3

**187 100**

**Rate of access to HIV/AIDS**

**information**

Low 21 11.2

High 54 28.9

No response 112 59.9

**187 100**

**CONCLUSION**

This paper has highlighted the knowledge, attitude and practices of the HIV/AIDS in the Yauri emirate in some selected fishing communities of Kainji Lake Basin of Nigeria . It was discovered from the study the people still lack basic information on HIV/AIDS pandemic. It is unfortunately fishing communities have not benefited much from lectures, seminars and workshops on HIV/AIDS, it is imperative for government and other community based organizations to give fisheries sector attention on HIV/AIDS education and prevention to carry along the population in the struggle against the pandemic being the most vulnerable group given all sorts of experimentations (sexual, drug, gangsterism) . It is to ensure that the impact of HIV/AIDS is properly taken into account in the attempts of government, donor organization and NGOs to manage fisheries and assist fisher folks to find ways out of poverty and vulnerability. It is time to help those in fishing communities who are already living with HIV/AIDS to continue to enjoy productive and dignified lives. Urgent mobilization on HIV/AIDS information and education be organized in the fishing communities to reduce the burden of HIV/AIDS on national economics, loss of labour as highlighted as one of the main economic impacts (Gillespic, 1989, Lisk.2002) and guarding against the prediction of total number of lost workdays in the agricultural sector because of HIV/AIDS by year 2020 (FAO, 2002).

However, the following recommendations will assist the fishing communities to fight against health related problems, especially HIV/AIDS;

* Provision of health facilities and health personnel in fishing communities
* The establishments of HIV/AIDS support Organization in enlightening the people on a broad - based community approach.
* Enlightenment campaigns on HIV/AIDS and education programme on safe sex and behavior change remain key responses to the epidemic
* Encouraging know your status campaign in the fisheries sector.

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