

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

¹Olowosegun, Toyin; ²Akangbe, Jones Adebola; ¹Olowosegun, Oluwatoyin Motunrayo; ¹Sule, Attairu Mohammed; ¹Sanni, Abdulwahab Omeiza & ¹Ifejika, Philip Ikechukwu.

¹National Institute for Freshwater Fisheries Research, P.M.B.6006, New Bussa, Niger State, Nigeria

² Department of Agricultural Extension & Rural Development, University of Ilorin, P.M.B.1515, Ilorin, Kwara State, Nigeria

Telephone number:+2348055362948, Email: toyin_motunrayo@yahoo.co.uk: Zip code:913003

Abstract: The paper examined the knowledge, attitude and practices of HIV/AIDS in the fisheries sector of 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 on mode of transmission and prevention of HIV/AIDS, while 41.7% of the respondents said they will avoid contact with people living with HIV/AIDS. There may be high level of stigmatization in a situation where a relation or member of the community was found living with the virus. 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. [Nature and Science 2009;7(10):1-9] (ISSN 1545-0740).

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. 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

Sex

Male
Female

frequency	Percent (%)
119	63.6
68	36.4
187	100

Age

15-25
26-35
36-45
46-55
Above 55

45	24.1
55	29.4
42	22.5
28	15.5
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/AIDS 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. The high ignorance of the people who did not know the implication of someone sharing the same razor in cutting their

nails 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. 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

behavior change remain key responses to the epidemic

- Encouraging know your status campaign in the fisheries sector.

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 (Gillespie, 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

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