

Socio-cultural Factors affecting HIV/AIDS Campaigns in Selected fishing Communities of Kainji Lake Basin

¹Olowosegun, Toyin: ²Akangbe, Jones Adebola: ¹Olowosegun, Oluwatoyin Motunrayo: ¹Sule, Attairu Mohammed: ¹Sanni, Abdulwahab Omeiza

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

²Department 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: Kainji Lake Basin fisheries constitute an important occupation because of the dependence of people on fish as a source of protein. HIV/AIDS has been a threat to both men and women especially in the fisheries sector. In a study on HIV/AIDS carried out in Kainji Lake Basin, a total of 187 questionnaires were administered in ten selected fishing communities. It was discovered that some socio cultural factors may hinder HIV/AIDS campaigns in fishing communities. 81.5% agreed that women do not have a say over sexual initiatives, these are men affairs while 73.3% agreed that women don't have control over sex whether safe or unsafe. Recommendations were proffered for the study [Researcher 2010:2(1):8-13]. (ISSN1553-9865).

Keywords: Fish, Sex, livelihood socio-cultural factors and HIV/AIDS

1. Introduction

HIV/AIDS is a global concern, ravageous in nature and still without cure. since its first diagnosed in Nigeria in 1986, its pervasiveness has resulted in its spread to all parts of the country, affecting both young an old, male and female(FMOH, 2006). In response, the federal government set up bodies to stem the spread. Among these are the Presidential Council on AIDS and National Action Committee on AIDS, the State Action Committee, Non governmental organizations (NGOs) and Donor agencies. It is important to know some of the socio-cultural factors may impede the responses and the various combinations of strategies that have been adopted by different groups and organizations to reduce the spread of HIV/AIDS.

The adoption of an innovation or behavioural change is influenced by social and cultural background of the individual. Adekun(2006) specifically identified some social and cultural factors that affect the adoption of HIV/AIDS preventive and control measures. Izugara(2000) observed that some people place emphasis on witchcraft, curses and oath as the primary of health disorders. Ezumah (2003) noted that due to social inhibitions, silence in matter relating to sexuality has persisted in some societies among couples and parents and children. In the most affected areas, HIV/AIDS is having severe negative impacts on food production systems, the national economy and structure of the society (Barnett and Whiteside, 2002). The major mobilization on HIV/AIDS has been in cities and towns with little or no attention to the fishing communities. This study is to examine the possible obstacles to fighting of HIV/AIDS in the fishing communities.

2. 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 were administered in the communities and further subjected for statistical analysis.

3. Result and Discussion

On the socio – economic characteristics, 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. Generally, male population usually predominate in the fishing communities. 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).

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 which corroborate the findings of NDHS (2003) that majority of those who contract the HIV/AIDS virus fall under the sexually active group. Thus, they are the very people who are vital

to the economic future of the rural communities where poverty is dominant.

Majority (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 that there are sexual relations, 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 the religion supports men having 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 also be involved in sexual relations.

On educational background, 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. Low level of education characterised the fishing communities and 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. Therefore, the low level of western education may affect the knowledge of HIV/AIDS among the people in the fishing communities.

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

Variable	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 Kajajmu 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. As observed 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. 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.

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. 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. Again through 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 which corroborates the finding of 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.

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
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

Social and cultural attitudes, beliefs and values play an important role in the perception of, and response to danger. The denial of danger, an emphasis on independence and fatalism are common themes among many fishermen (Poggie et al, 1995). 60.7% of the respondents agreed that family planning offends their gods while 37.7% had a contrary view. The result is a reflection of the people believe that procreation is of God why should we want check the God's commandment and against the belief of their forefathers. Their low level of education may contribute to failure or negative attitude towards a proposed family planning programme in the fishing communities. 83.7% agreed that talking to children on sexuality is not morally acceptable which corroborates some of the findings of Ezumah 2000 that even among couples, parents and children is taboo to educate one another on sex.

52.5% of the respondents agreed to multiple wives and their belief support more than one wife. This is a major factor that will be difficult to overcome because is more of an injunction from the religion predominates in the study area and in other fishing communities of Kainji lake Basin. It may imply that the cases of HIV/AIDS prevalent may be from heterosexual behaviour of the people. Studies have shown that individual can be sexually abused, 15.7% of the respondent disagreed that force sex or rape is not a feature in the community. Any victim of rape may likely to be engaged in unprotected sex to confirmed the statement of Gupta(2000) that individual who were sexually

abused were more likely to be engaged in unprotected sex. 81.5% agreed that women do not have a say over sexual initiatives, these are men affairs and 86.8% agreed that women are expected to limit the sexual relation to marriage. 73.3% agreed that women don't have control over sex whether safe or unsafe while 71% agreed that women are tolerate sexual behaviour of their male partners.

The result revealed the marginalization of women and also reason for the increase in the rate of infection among women include physiology, socio-economics and violence, all of which are compounded by gender constructs within cultures. Also women who are dependent on their husbands economically are less likely to be able to negotiate safe sex and live a relationship that may be risky. 35.2% of the respondents agreed that men are express social status by having many partners, although, the percentage is low it could be they were not sure of the number, their religion was specific on the number of wife acceptable before god.

40.6% of the respondents disagreed with the statement that there is a stiff sanction imposed on sex outside marriage while only 17.2% disagreed that engaging in sex before marriage is not encouraged in the community. The high incidence of poverty and lack of income generating activities other fisheries may expose especially the women to sex for economic gains and are prone to HIV/AIDS infection in the fishing communities.

Table 2: showing some cultural factors militating against HIV/AIDS campaigns in fishing communities

Variable	% Strongly agreed	% agreed	% Undecided	% Strongly disagreed	% Disagreed
Family planning is believed to offend the gods	41	19.7	1.6	29.0	8.7
Talking to children on sexuality is not morally acceptable in the community	46.7	37.0	-	10.3	6.0
The practice of marrying more than one wife is not part of our culture	17.5	27.9	2.2	38.3	14.2
Exchange or sharing of blood during initiation or oath taking is not practiced in the community	31.0	22.8	7.1	33.7	5.4
Force sex or rape is not a feature in the community	32.2	44.3	7.7	13.7	2.2
Women are often taught to leave sexual initiative to men	30.4	51.1	1.6	15.2	1.6
Women are expected to limit sexual relation to marriage	38.7	48.1	1.7	9.9	1.7

Men are to express social status by having many partners	10.6	24.6	6.1	52.5	6.1
Women don't have control over sex whether safe or unsafe	26.1	47.2	2.8	19.4	4.4
Women are expected to tolerate sexual behaviour of their male partners	24.6	37.4	4.5	24.0	9.5
In our tradition, a stiff sanction is imposed on sex outside marriage	35.0	23.0	0.6	32.8	7.8
Engaging in sex before marriage is not encouraged in the community	47.2	35.6	-	10	7.2

The study revealed the possible some factors as constraints to any intervention programmes in the fishing communities in reducing devastating effects of HIV/AIDS. Among such are language of communicating the messages, distance to health centres and poverty with 66.3%, 75.8% and 86.2% respectively. The low levels of western education among the people directly enhance the translation of HIV/AIDS information in the major dialect in the community. Health centres are lacking most of the rural areas in the country not only fishing communities, the establishment voluntary testing centres cannot be within the reach of the people. HIV/AIDS is otherwise known as disease of poverty and with high rate of poverty in the study area, the combination of insecurity of

resource access and tenure arrangements, uncertain production environment, potentially exploitative labour conditions may combine to create poverty trap, there is need for alternative source of livelihoods for rural areas.

Other constraints include lack of enough information on HIV/AIDS with 57.4%, 62.6% said attitude of some health personnel may be one of factors to overcome in the fight against the disease. Peer influence (73%), high population of unmarried male and female (62.2%), poor infrastructure (70.5%). This corroborates the findings of IOM (2003) which highlighted some factors increasing the vulnerability of the population to HIV/AIDS.

Table: 3 showing some of the constraints to HIV/AIDS information in fishing communities

Variable	% Strongly agreed	% Agreed	% Undecided	% Strongly disagreed	% Disagreed
Language of communicating these messages	38.6	27.7	-	31	2.7
Distance to health centres	31.3	44.5	0.5	22.0	1.6
Poverty	37.0	49.2	1.7	10.5	1.7
Fear of rejection(stigmatization)	29.9	41.3	5.4	21.7	1.6
Service charge by hospital/health centre	22.5	50.5	3.8	19.2	3.8
My religious belief	15.4	36.8	6.0	32.4	9.3
Attitude of health personnel	17.9	44.7	3.9	22.9	10.6
Lack of enough information on HIV/AIDS	36.4	21.0	2.3	36.4	4.0
Influence of spouse	21.3	47.7	1.7	21.8	7.5
Peer influence	19.0	54.0	2.9	20.7	3.4
Poor infrastructure	26.0	44.5	3.5	21.4	4.6
Inadequate health facilities	38.2	39.8	2.9	17.3	3.4
Low catch	27.7	39.8	5.4	16.3	10.8
Sale while at river bank	23.2	37.8	2.4	26.2	10.4
Sexual transactions	22.0	36.0	3.0	34.1	4.9
Abundance of unmarried male & female	16.0	46.0	1.8	24.5	11.0
Fewer jobs when catches are low	19.5	40.3	1.9	25.2	13.2
Market far away	16.0	37.4	2.5	33.1	11.1
Lower profitability from their activities	21.4	44.6	2.4	23.2	7.7

4. Conclusion

The study has highlighted some socio-cultural factors affecting HIV/AIDS campaigns in some selected fishing communities in the Kainji Lake Basin. The government, donor organizations and NGOs should take into cognizance these

factors before embarking on sensitization and mobilization efforts in reducing the poverty and vulnerability to HIV/AIDS in an attempt to improve the quality of life. However, the following recommendations will assist the organizations in their fight against HIV/AIDS.

- The establishments of HIV/AIDS support organizations in enlightening the people on a broad-based community
- Provision health facilities and health personnel fishing communities
- Community mobilization on reproductive health and HIV/AIDS

Reference

1. Adeokun, L. Social and Cultural Factors Affecting the HIV Epidemic In- Adeyi, O, Kanki, P.J., Odutolu, O. and Idoko, J.A.(eds) AIDS in Nigeria. Harvard Centre for Population and Development Studies, 2006 Cambridge, MA02138 USA pp 151-174.
2. Barnett, T. and Whiteside, A AIDS in the twenty first century; Disease and Globalisation, Pulgruve,2002 Macmillan Baslingstoke Humpshire, UK. 416pp.
3. Ezumah, N.N. Gender Issues in the Prevention and Control of STIs and HIV/AIDS: Lessons from Akwa and Agulu, Anambra State, Nigeria. In Okonofua, F. E.(eds)Africa Journal of Reproductive Health 2003Vol. 7 , No 2 pp89-99
4. Federal Ministry of Health National HIV/Syphilis Sero –Prevalence Sentinel Survey among Pregnant Women attending Antenatal Clinics in Nigeria. National AIDS/STI Control Programme, 2006 pp.1-5.Gupta, G.R. Gender, Sexuality and HIV/AIDS. Plenary address at XII International AIDS conference, 2000, 8-14 July, Durban , Africa
5. Izugbara, C.O.Women’s Understanding of Factors Affecting their Reproductive Health in a Rural Ngwa Community. In Okonofua, F.E. and Snow, R.C. (eds) African Journal of Reproductive Health, 2000 Vol. 4 No 2, pp62-68
6. International Organisation for Migration (IOM) Mobile Populations and HIV/AIDS in the Southern African Region: Recommendations for Action. International Organisation for Migration/Southern African Regional Poverty Network (available from: info@iom.int).Johannes, R.E., Freeman, M.M.R. and Hamilton, R.J.(2003) Ignore fishers’ knowledge and miss the boat. Fish and Fisheries 1, 257–273
7. Iwoh, I. “HIV/and the Workplace: Preventing Low Productivity among Personnel of Nigeria Prison Service.” Paper Presented at the 15th International Conference on AIDS, 2004 Bangkok, Thailand
8. Neiland, A.E. and Be’ne’, C. (eds) Poverty and Smallscale Fisheries in West Africa. FAO, Rome and KluwerAcademic Publishers, 2004 Dordrecht, The Netherlands, 260pp.
9. Demographic and Health Survey, National Population Commission, (NDHS) Abuja, Nigeria.
10. Orubuloye, I.O. Omoniyi, O.P. and Shokunbi, W.A. Sexual Networking, STDs and HIV/AIDS in Four Urban Gaols in Nigeria, 1995. Health Transition Review, Supplementary to Volume 5 pp. 123-129.
11. Poggie, J., Pollnac, R.B. and Jones, S. Perceptions of vessel safety regulations: a southern New England fishery, 1995. Marine Policy 19, 411–418.
12. United Nations for AIDS (UNAIDS): Report on the Global HIV/AIDS epidemic June 1998, Global HIV/AIDS Surveillance, internet version <http://www.unaids.org>
13. Yahaya, M.K Gender Consideration in Radio Option for Development Support Communication: Empirical Evidence from Northern Nigeria, 1999. In Communicating Development Purposes edited by E.O.Soola.

Date of submission: 28-12-2009