

HIV/AIDS, Women Farmers, and Livelihood Activities: A Comparative Analysis of Productivity in Prevalent And Non-Prevalent Areas of Benue State, Nigeria

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Abstract: The study was carried out in Benue State of Nigeria by the use of questionnaires administered to 200 women farmers in HIV prevalent and non prevalent areas. Frequencies and percentages were used to explain descriptive data while t-test was used to analyse the inferential statistics. The awareness and knowledge of HIV among women farmers was average, and there was no behavioural change towards sex as almost all respondents shy away from the use of condoms. There is significant difference in farm size in the prevalent areas ($t = 2.982$ $P < 0.05$) as compared to non prevalent areas. The non-prevalent areas had a higher mean score than the prevalent areas. The results obtained from the study showed that there was a general decrease of agricultural productivity in HIV prevalent areas than non-prevalent areas. In conclusion, the two study areas, which represent the prevalent and non-prevalent areas, HIV was established to be high in both transmission and prevalence. Over 70% of the respondents are sexually active, the study indicates that the rate of promiscuity is high and among the respondents as unmarried residents has had at least 3 sexual partners. The knowledge and use of condoms is low. Only 7% and 6% of respondents in non-prevalent and prevalent areas have used condoms. The epidemic has severely affected and worsens the economic situation within the respondents, and has therefore placed demands on women who are both agricultural workers and caretakers.

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Introduction

Agriculture is the largest sector in most African economies of which women are active participants. With the tripartite burden of child bearing, domestic chores and agricultural activities, women are sandwiched between several constraints in the production process, this include official underestimation of female agricultural labour, lack of inputs, lack of mobility and time, lack of healthy and living conditions, lack of health education and access to affordable health care facilities. Benue state, a state generally acclaimed by observers as Nigeria's 'Food Basket', is involved in the production of crops such as Yams, Cassava, Soya beans, Maize, Rice, Millet and Groundnut; livestock and fisheries. NAERLS and PCU (2001) estimate the land area ('000ha) devoted to yam to be (224.05), Rice (135.86), Soybean (82.00), Cowpea (26.40), Sorghum (110.9), while production estimates ('000 metric tonnes) for yam is (2789.4), Cassava (3554.35), Soybean (159.90), Maize (135.16), Rice (271.71), Millet (64.37) and G/nut (343.68) respectively.

Agricultural commodity prices (N/kg) for yam tuber (58.34), Maize (57.61), Rice (63.78), Soybean (51.43), Groundnut (56.67), Fish (277.5). The state will soon lose the name 'Food Basket' because of the presence of HIV/AIDS, which is spreading fast in the state and affecting farmer's productivity. According to FMH (2001), Benue state has the highest HIV prevalence rate in the Country (13.5%). Women are

agricultural workers, and account for a large portion of agricultural production in the state. They are actively involved in agriculture activities such as planting, weeding, harvesting and processing. The scourge of HIV/ AIDS is threatening this farming activity, which is very rampant in this part of the country. HIV/AIDS will have adverse effects on agriculture, including loss of labour supply and remittance income. The loss of farm workers at the crucial periods of planting and harvesting can significantly reduce the size of harvests. Individuals and their families feel the economic effects of HIV/AIDS first. The household impacts begin as soon as a member of the house starts to suffer from HIV related illnesses. Ayoola (1992) states the problem in this way: The decline in population has resulted in loss of labour force affecting especially agricultural based economies in areas of crops and livestock production. This illness also result in family members of the sick spending more time taking care of the sick which could have been spent in other more production activities. The finances of such families are also hard-hit, resulting not only from reduced productivity but also from money spent on medical bills taking care of the sick, which could have been re-invested into agricultural income generating activities. While it is logical that effect of HIV is negative on farmer productivity, there is paucity of empirical data. Hence, it would be important that this study proffer answers to the questions of

productivity, knowledge, perception of risks, preventive behavioural pattern, on HIV/AIDS by women farmers in the study areas. General objective of this study is to compare women farmers' productivity in HIV prevalent and non-prevalent areas of Benue state.

Materials and Methods

The study area is Benue state of Nigeria, which was created in 1976. The population of the state according to 1991 census is 2, 753, and 077 people; and it is located on longitudes 7.56 degree and 10.00 degree East and latitude 6.37 degree and 8.11 degree North. It is bounded in the North and West by Nassarawa and Taraba states respectively. In the East and South East by Kogi and Enugu states, and in the South by Ebonyi and cross River States. The mean annual rainfall is 2000 mm with its peaks during the months of June and September. There are two major tribes namely Idoma and Tiv. The people are predominantly farmers and are engaged in the production of crops such as Yams, rice, soybeans, maize, cassava pepper and millet. They are also engaged in livestock production such as sheep, goats and poultry. FMH (2001) report showed that Benue state has the highest HIV prevalence in the country. The target population of the study is all women farmers in Benue state.

Benue state of Nigeria was chosen for this study because of the prevalence of HIV in the State. The state was divided into prevalent and non-prevalent areas. Based on FMH (2001), the prevalent areas are Gboko, Otukpo and I high while the non-prevalent areas are Oju, Aliade and Apa. The prevalent area has 75 villages with Gboko having 25 villages, Otukpo 30 and Ihugh 20 respectively. For the prevalent areas, three villages were selected randomly from Gboko, Otukpo and 2 from Ihugh to give eight villages. The non-prevalent areas have 35 villages in Apa, 15 in Aliade and 20 in Oju to give 70 villages. Two villages from Oju, two from Aliade and four from Apa were randomly selected to give eight villages. Ten Percent of women from the selected villages of prevalent and non-prevalent areas were selected and interviewed. The instruments for collecting data for the study were questionnaires. They were highly structured to make responding to the questions less cumbersome for both interviewers and the respondents. Two hundred respondents were interviewed. The researcher drew up interview schedules and four field's enumerators who were trained in interview techniques; and had to translate questions into the local languages administered them. Data from the respondents were subjected to both descriptive statistics such as frequencies and percentages were used to describe variables and their

occurrence in the population for data organization and presentation.

Results and Discussion

The result on the demographic characteristics of women studied shows that majority are below thirty years (44% from non-prevalent areas and 41% from prevalent areas); married (64% in non-prevalent and 32% in prevalent areas). In addition, majority are Christians (96% in non-prevalent areas and 98% in prevalent areas) cultivate farmlands that are between 1-5 plots (58% for both non-prevalent and prevalent areas) and without formal education (59% in non-prevalent area 50% in prevalent areas).

Majority of women farmers (97% in non-prevalent areas and 93% of respondents in prevalent areas) have heard about diseases that can be transmitted through sexual intercourse. A level of some awareness has been created on AIDS. This is probably due to the facts that AIDs is one of the most discussed issues today. The radio is still the most effective means of communicating messages on HIV/AIDS. Majority of respondents (97%) in the non prevalent areas admitted to have heard about AIDS campaign through the radio, 3% did not respond; while in the prevalent areas, 88% said their awareness was through the radio, 2% did not respond. This high awareness is because several farmers own the transistor radio. Among the respondents, 3% in the non prevalent areas have heard about AIDS through television, 97% have not heard through the television while in prevalent areas 18% respondents have heard through television and 82% admitted not to have heard about AIDs on television. The large proportion who has not heard through T.V may be because most rural areas are without electricity.

Only few respondents (3%) in the non-prevalent areas agreed to have heard about AIDs from health worker, as much as 97% did not while 12% of respondents in the prevalent areas admitted to have heard about it through health workers, only 88% did not. Most respondents did not hear from health workers because they did not associate with community health centers because of lack of drugs and qualified staff. While more than half (85%) of respondents in non-prevalent areas did not respond, only 15% heard about AIDS through school/teachers. In the prevalent areas, 83% did not respond, 17% heard about AIDs through school. The little awareness is because school enrollment is very low, particularly among girls who receive limited education. While 59% of respondents in the non-prevalent areas did not respond, 57 percent of respondents in prevalent areas did not respond. The number of respondents who first heard about AIDS

through friends/relatives was 41% in non-prevalent areas, while it was 43% in the prevalent areas.

Very few women farmers heard about AIDS in the church as most of them could have heard from other sources before. Those who heard about AIDS in the church could probably be during funeral church services for victims; this accounts for 9% in the non-prevalent areas and 19% in the prevalent areas. Ninety one percent of respondents in the non-prevalent areas did not respond. Likewise, 81% in the prevalent areas did not respond. Very few respondents have heard about AIDS in their work place. This accounts for 17% of respondents in the non-prevalent areas and 10% in prevalent areas.

The result on mode of transmission of HIV/AIDS among the respondents shows that almost all the respondents (91%) in the non-prevalent areas agreed that AIDS can be contacted through sexual intercourse, 9% did not respond. In the prevalent areas, 88% of respondents admitted that AIDS could be contacted through sexual intercourse, only 12% did not respond. Half (51%) of respondents in the non prevalent areas have never used condoms during sexual intercourse, 6% have used condoms, 43% did not respond while in the prevalent areas, as high as 80% of respondents have never used condoms, 5% have used condoms, 25% did not respond. Most of the respondents are not using condoms not because of the traditional belief that women should produce as many children as possible, but these rural women have not seen condoms before. There should be enlightenment campaign about the importance of condoms; Drama play such as "Condom Masquerade Dance" to raise and sustain their awareness to adopt condom usage for safer sex (SWAAN 1999). Blood transfusion is considered the source of HIV risk for a sizeable proportion of rural dwellers. About 34% of respondents in the non-prevalent areas perceived that AIDS could be transmitted through blood transfusion, 66% of respondents did not respond. On the other hand, 32% of respondents in the prevalent areas agreed that it could be transmitted through blood transfusion, 68% did not respond. Thirty three percent of respondents in non-prevalent areas perceived that AIDS could be contacted by injection syringes by not using sterilized needles. In addition, 67% did not respond while in the prevalent areas, 40% perceived that the virus could be contacted through needles, 60% not respond. Breast-feeding by HIV infected mothers' carries a significant risk of transmission. According to PPBA (2001), many children are infected parentally, that is they receive the infection from their mothers during pregnancy, at the time of birth or through breast-feeding. Respondents were asked if AIDS could be transmitted from mother to child. Ninety five percent of

respondents in the non-prevalent areas did not agree that AIDS could be transmitted from mother to child; 5% admitted that AIDS could be transmitted from mother to child. In the prevalent areas, 97% of respondents did not believe that a child through the mother could contact AIDS; only 3% admitted it could be transmitted from mother to child. Sharp objects used for circumcision can cause the spread of HIV/AIDS if not properly sterilized. In the non-prevalent areas 6% of respondents perceived that AIDS could be contacted by circumcision; while in the prevalent areas only 10% agreed that AIDS could be contacted through circumcision. The sources who agreed with this transmission method are the few educated farmers. In the non-prevalent areas, 94% of respondents did not respond, also, 90% of respondents in the prevalent areas did not respond.

Women farmers who have heard of AIDS were asked of their personal risk of contacting HIV/AIDS. They were asked to classify their risk as small or great. The data revealed that 75% of respondents in the non-prevalent areas said their chance of contacting AIDS is small, whereas, in the prevalent areas, 80% of respondents said their chance of getting HIV is small. On the other hand, while 6% of respondents in non-prevalent areas think their chance of getting AIDS is great; likewise, 12% of respondents in prevalent areas also think their chance of contacting AIDS is great or high. The reasons given by respondents for their perception of high risk of contacting AIDS shows that most of the respondents (60%) in non-prevalent areas believe they are at great risk because they do not use condoms, while in the prevalent areas; the number was as high as 65%. In the non-prevalent areas, 25% of respondents believe they are at great risk because their spouse has other sex partners. The same number of respondents reported prostitutes as the source of their risk because their partners frequent prostitutes. In the prevalent areas, the proportion was 30%. Respondents said they were at great risk because of using unsterilized needles for injection, these accounted for 9% in the non-prevalent areas while it was 3% in the prevalent areas. Respondents who agreed that they are at great risk because of untreated blood in the non-prevalent areas were 6% while it was 2% in the prevalent areas. NDHS (1999) stated that blood transfusion and injections are considered the source of HIV risk for sizeable proportion of women and men in Nigeria.

Respondents who said their chances of contacting AIDS was small, were asked the reasons why they felt so. About 65 percent of respondents in non-prevalent areas said their risk of contacting the virus was small because they keep only one sex partner. While in the prevalent areas, the proportion

was 67%. About 15% of respondents in the non-prevalent areas stopped sex while in the prevalent areas were 5%. Seven percent of respondents used condoms in the non-prevalent areas while it was 6% in the prevalent areas.

Behavioural Change

Respondents who have heard of HIV/AIDS were asked whether they have changed their sexual behaviour since they heard about the disease. About 43% of respondents in the non-prevalent areas have not changed their sexual behaviour since hearing about AIDS while 66% of respondents in prevalent areas also have not changed their sexual behaviour. Though some of them wished they could change their sexual behaviour since they believed their greatest risk of becoming infected with HIV comes from their spouses, but could not because they are powerless in such matters. This agrees with Piot (2002) that gender inequalities make the impact of HIV fall harder on women because they lack complete control over their lives as they were taught to be obedient to men. Fifteen percent of respondents in non-prevalent areas stopped sex, while 5% of respondents in prevalent areas also stopped sex. Seven percent of respondents began using condoms in the non-prevalent areas while in the prevalent areas the proportion was 6%. Maintaining one sex partner, 13% of respondents in non-prevalent areas maintained single partners; it was 12% in the prevalent areas. Seven percent of respondents ensure safe injection and blood transfusion in the non-prevalent areas while it was 6% in the prevalent areas.

Condoms are a warranty but not a total guarantee. Knowledge about condoms is unpopular among respondents. Eighty-seven percent of respondents in the non-prevalent areas have never used condoms; while 84% of respondents in prevalent areas have never used condoms too. Seven percent of respondents in non-prevalent areas have used condoms to prevent AIDS; while in the prevalent areas, 6% have used condoms too. 6 percent and 10% of respondents in both non-prevalent and prevalent areas did not respond to the question. Seventy-five percent of respondents in non-prevalent areas did not receive money, gifts or favours in return for sex during the previous year. In the prevalent areas, it was 86%. Majority of respondents in this category are the married women. About 25 percent of respondents in the non-prevalent areas have received money or favours for sex; while in the prevalent areas, it accounted for 14% of respondents. Prominent among those who have received money and gifts for sex were unmarried and formerly married women. Significant difference in farm size was found between non-prevalent and

prevalent areas. ($t=2.982$, $P < 0.05$). The mean score (6.1100) of respondents in the non-prevalent areas is higher than the mean score (4.5950) of respondents in the prevalent areas. Conversely, there was no significant difference between the amounts realized from farm produce in the non-prevalent and prevalent areas respectively. ($t = 1.24$, $P > 0.05$). The mean score of amount realized in the non-prevalent areas is (103551.1) higher than the mean score (89735.0) of the prevalent areas. The study has clearly shown that farming as an enterprise was dominated by women aged 30 - 50 years with low literacy level, who are engaged in other income generating activities. Awareness and knowledge of HIV/AIDS among women farmers were average, and radio was cited as the major source of information; but no respondent admitted suffering from HIV/AIDS. There was a decline in agricultural productivity in the prevalent areas identified. Most respondents have not changed their sexual behaviour since hearing about AIDS. There is therefore the need to direct the campaign on HIV/AIDS

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