COPING STRATEGIES AGAINST HIV/AIDS BY RURAL FARMING HOUSEHOLDS IN THE SOUTHEAST ZONE OF NIGERIA

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Abstract
A study to determine and examine the coping strategies against the Socio-economic impact of HIV/AIDS epidemic on the farming households in the South-East Zone of Nigeria was carried out. The primary objective of the study was to identify the survival strategies of these farmers against the epidemic in order to provide effective recommendations for supporting the farming population in the South-East zone of Nigeria. Purposive and random sampling methods were used in the selection of respondents for the study. Data collection was by the use of structured questionnaire and focus group discussion (FGD) guide. Results of the study showed that the impact of the HIV/AID epidemic include loss of agricultural labour, reduced family income, decreased agricultural output, increased family expenses, increased school drop-out of children, stigmatization of positive persons/households and loss of family assets. In order to mitigate the impact of the HIV/AIDS epidemic, farming households have devised some coping strategies which were identified to include disposal of family assets, fund raising, consultation of traditional healers, provision of anti-retroviral drugs and commercial food supplements and psycho-social support as well as rural-urban migration especially among the youths.

Based on the research results, it is recommended that an integrated approach involving intensified HIV/AIDS awareness campaigns, HIV/AIDS prevention, care and support for positive persons and orphan and vulnerable children (OVC) using Behaviour Change Communication (BCC) strategies need to be adopted. Secondly, it is important that HIV/AIDS Testing and Counseling Centres be established at strategic locations in LGAs/communities across the country for easy referral and management of HIV/AIDS cases. Finally, these farming households should be provided with micro-credit, agricultural technologies, farm inputs, as well as encouraged to belong to cooperative societies for increased agricultural production and family income.

Introduction

HIV/AIDS epidemic is the greatest public health and development problem presently threatening human existence globally. The 2004 Report on the Global AIDS Epidemic (UNAIDS, 2004) estimated that in 2003, 4 million people globally became newly infected with HIV. Moreover, in 2004, 37.8 million people in the world were living with HIV (UNAIDS, 2004: 23). An estimated 95% of the 37.8 million people infected with HIV live in developing countries. For them, hunger and HIV/AIDS are part of a single life-threatening continuum (WFP, 2004).

According to Bichmann (2002), Africa is home to 70% of all persons with HIV/AIDS, 79% of all children with HIV/AIDS, 81% of all women with HIV/AIDS, 92.2% of all AIDS orphans but only 12.2% of the global population. Thus, HIV/AIDS has become a formidable social problem in rural areas of sub-Saharan Africa.

Since the first reported case of HIV/AIDS was diagnosed in 1986, the prevalence rate has risen from 0% to 1.8% by 1991, 3.8% in 1993, 4.5% in 1996 and 5.4% in 1991. By 2001, the prevalence has risen to 5.8% (FGN 2001, 2002 and 2003:2). According to the 2003 Sentinel survey, the national prevalence has declined from 5.8% in 2001 to 5.0% in 2003 and 4.4% in 2005 (FMH, 2005). The total number of people living with HIV/AIDS (PLWHA) in Nigeria by the end of 2005 is estimated to be about 2.86 million, adults (>15 years)

constituting 2.62 million, while children constituted about 238,000. About 296,000 new adult infections occurred in the 2005, while another 73,550 children were infected largely due to mother-to-child transmission. (FMH, 2005).

UNAIDS estimates that in Nigeria, around 3.1% of adults between ages 15 – 49 are living with HIV and AIDS. Although the HIV prevalence is much lower in Nigeria than in other African countries such as South Africa and Zambia, the size of Nigeria's population (around 138 Million) meant that by the end of 2007, there were an estimated 2,600,000 people infected with HIV (UNAIDS, 2008).

Approximately 170,000 people died from AIDS in 2007 alone (UNAIDS, 2008). With AIDS claiming so many people's lives, Nigeria's life expectancy has declined. In 1991 the average life expectancy was 53.8 years for women and 52.6 years for men (WHO, 2008). In 2007 these figures had fallen to 46 for women and 47 for men.

Despite being the largest oil producer in Africa and the 12th largest in the world (Energy Information Administration, 2007), Nigeria is ranked 158 out of 177 on the United Nations Development Programme (UNDP) Human Poverty Index (UNDP, 2007/2008). This poor economic position compounded by the present global economic melt-down that is adversely affecting all national economics including African countries, Nigeria is faced with huge challenges in fighting its HIV/AIDS epidemic.

The South-East is made up of five states, namely Abia, Anambra, Ebonyi, Enugu and Imo. With a population of 16 million people, the South-East recorded 6% HIV prevalence, 41,000 AIDS deaths and 776,000 orphans in 2005. With a projected population of 18 million people by 2010, the South-East will have 5.6% HIV/prevalence, 49 million AIDS deaths and 1,231,000 orphans. For 2015, the projection is a total population of 20.4 million, 5.3 HIV prevalence, 50.4 million AIDS deaths and 1,493,000 orphans (Table 14.1a).

Table 14.1a: ***HIV/AIDS Situation in the South-East Geopolitical zone of Nigeria***

State	Total Pop (Million)				HIV Prevalence (%)				HIV Pop (Thousands)			
	2000	**2005**	**2010**	**2015**	**2000**	**2005**	**2010**	**2015**	**2000**	**2005**	**2010**	**2015**
Abia	3	3.5	4	4.6	3.3	3.1	2.9	3	51.2	54.5	58.2	69.8
Anambra	3.7	4.2	4.7	5.2	6.4	6.4	5.6	5.5	123.6	137.6	136.1	151.7
Ebonyi	1.6	1.9	2.1	2.4	6.3	7	6.5	5.8	52.6	66.9	69.8	71.5
Enugu	2.4	2.7	3.1	3.5	6.5	6.9	6.1	6	78.7	96.3	96.9	108.2
Imo	3.3	3.7	4.2	4.7	4.2	7	7.2	6.6	66.7	124.1	149.5	160
South-East	1.4	1.6	18.1	20.4	5.2	6	5.6	5.3	372.8	479.4	510.5	561.2

Source: Federal Ministry of Health, FMH (2002)

Table 14.1b: ***HIV/AIDS Situation in the South-East Geopolitical Zone of Nigeria***

State	Total Population (Million)				HIV Prevalence (%)			
	2000	**2005**	**2010**	**2015**	**2000**	**2005**	**2010**	**2015**
Abia	2.5	5.5	5.4	5.8	81.3	156.3	221	256.4
Anambra	5.8	13.3	13.6	13.2	91.6	255.3	405.5	462.2
Ebonyi	2.7	5.8	6.7	6.9	58.3	132.8	203.6	232.3
Enugu	3.3	8.6	9.7	9.5	77	77	77	77
Imo	2.3	8	13.4	15	61	155	327.1	465.1
South-East	16.6	41.2	48.8	50.4	369.2	776.4	1231.2	149.3

Source: Federal Ministry of Health, FMH (2002).

Methodology

The Study Location

The study location was the South-East geopolitical zone of Nigeria, consisting of five (5) states of Abia, Anambra, Ebonyi, Enugu and Imo. According to the Federal Ministry of Health, FMH (2002), the total population estimates for 2000, 2005, 2010 and 2015 for the South-East are 14, 16 million, 18.1 million and 20.4 million respectively.

About 70% of the population lives in the rural areas, while almost 30% of households are female-headed. Their primary occupation is farming. The agricultural production system is characterized by crop rotation/mixed cropping, involving arable and tree crop production. Survey results showed that the major arable crops raised in the South-East are cassava, cocoyam, yam, potato, okro, melon, African spinach and other vegetables. Common tree crops include oil palm, coconut, oil bean, oranges, irvingia (Ugiri). Most of

these farming households also raise livestock such as sheep, goats, poultry, pig and rabbit. However, the study showed that the common income generating activity is crop farming involving 37% of females and 33% of males.

About 30% of the rural households have access to a water supply. Only 15% had access to health facilities. Adult literacy stands at 73%, higher for males (80%) than the females (66%). Three quarters (¾) of households had access to primary education while ⅓ had access to secondary education. Over 60% of the rural households live in extreme poverty.

Population and Sample

HIV affects different segments of the population and economic sectors disproportionately. Rural farming households comprise males, females, youths and children. They account for about 60% of the total agricultural labour force and 70% of them live in rural areas of the South-East geopolitical zone of Nigeria.

Purposive and random sampling methods were used to select 300 farming households for the study. These were made up of HIV/AIDS infected and/or affected families/individuals from the sampled LGAs/communities in the five (5) constituent states of the South-East geopolitical zone. These were selected from and with the assistance of identified leaders of the various support groups in the study locations and/or states.

Data Collection and Analysis

This involved household interviews and focus group discussions (FGDs) using structured questionnaires and FGD guide for primary data collection. Secondary data were also collected through desk reviews of relevant literature. Data collected were analysed using descriptive statistics such as percentages and tables etc.

Results and Discussion

Socio-economic Background of Farming Households

With respect to age distribution, 4.9%, 22% and 35% of the population were between the ages of 15 – 19 years, 20 – 24 years and 25 – 29 years respectively. About 25% were 30 – 34 years while 11% were 35 – 39 years old. However, only 2.6% of the population was 40 – 49 years.

In terms of marital status, survey results showed that 3.4% of the people were single, 96% married, 0.2% divorced/Separated and 0.8% widowed.

The educational status of the population revealed that a high proportion of the people had received formal western education in the South-East zone of Nigeria. About 18% of the population had primary education while 54% of them completed secondary education. Twenty-five percent (25%) of them had higher education. Only 2.7% of the people had no education (FMH, 2005).

Impact of HIV/AIDS on Farming Households

The identified problems of most of the farming households in the South-East zone of Nigeria were poverty and dearth of information about HIV/AIDS especially with respect to sources of anti-retroviral drugs (ARVs), screening and counseling centres and prevention opportunities. Others include stigmatization and social discrimination against HIV positive persons (PLWHAs) or People or households affected by the HIV/AIDS epidemic as well as ignorance which promotes risky behaviours.

Aspects of the stigma were identified to include unwillingness to care for female relatives with HIV/AIDS (45%), work with infected household members (60%), buy food for PLWHA (56%) or share meals with them (78%). Figures in parenthesis are percentage respondents based on the field survey. Unemployment especially among the youths was also a critical problem, which tends to encourage casual sex, promiscuity and other social vices in the rural communities.

These identified problems had varied effects on the farming households in the South-East zone of Nigeria (Table 14.2).

Table 14.2: ***Impact of HIV/AIDS on Farming Households in the South-East, Nigeria***

Effects of HIV/AIDS	Frequency	Percentage (%)
Loss of agricultural labour	41	13.7
Reduced family income	60	20.0
Decreased agricultural production/output	50	16.7
Stigmatisation/social discrimination	10	3.3
Increased family expenses	52	17.3
Increased drop-outs of children from school	47	15.7
Loss of family assets	40	13.3
	300*	100

Source: Field survey, 2007 * Multiple responses.

From the survey results, 13.7% of the respondents mentioned loss of agricultural labour while 20% of them stated that HIV/AIDS led to reduced family income. There is loss of a few workers at the crucial periods of planting and harvesting. On the other hand, 17.3% of the farmers interviewed said the HIV epidemic caused increased family expenses especially on care and support of PLWHAs and PABAs.

Increased drop-out of children from school was also implicated as a major impact of HIV/AIDS on the farming household as opined by 15.7% of the respondents. This is because the orphaned and vulnerable children (OVCs) as a result of HIV and AIDS lost one or both of their parents to the HIV epidemic who could have supported them in school.

About Seventeen percent (17%) of those interviewed noted that HIV/AIDS decreased agricultural production/output as a result of illness or death of the farmers/farm labour that engage in agricultural production activities. The outcome of this is decreased agricultural output, and this has implication for foreign exchange earnings. Only (3.3%) of the respondents mentioned that HIV/AIDS caused stigmatization/social discrimination of positive persons or affected farming households. Their membership of cooperative societies is resisted with little or no access to farm inputs (eg. fertilizer) for agricultural production, etc.

About thirteen percent (13%) of them said that the epidemic led to loss of family assets because of the burden of care in terms of

medicine and food for household members that were down in health with HIV and AIDS.

It also caused disruption of the farming calendar and adversely affected general farm tasks or operations as farm workers fell ill and other household members need to care for them. Household members miss school or work in order to care for HIV positive members. Also AIDS deaths result in a permanent loss of income either through lost revenues/incomes or through a decrease in agricultural labour supply.

Coping Strategies Against HIV/AIDS

In order to cope with the problems created within the households or families and the communities, individuals, households, groups and communities have devised various coping strategies and/or mechanisms to mitigate the impact of HIV/AIDS epidemic in the South-East zone of Nigeria. Identified coping strategies include disposition of family assets (30%), provision of psycho-social needs of PLWHAs (8.5%), fund raising (23.8%) and consultation of traditional healers (20.3%). Others are provision of retroviral drugs and commercial food supplements (9.6%) and rural-urban migration (7.7%) (Table 3). Figures in parentheses are percentage respondents.

Table 14.3: ***Coping Strategies Against HIV/AIDS by Rural Farming Households***

Coping strategies	Frequency	Percentage (%)
Disposition of family assets	78	30.0
Fund raising	62	23.8
Consultation of traditional healers	53	20.3
Provision of anti-retroviral drugs and commercial food supplements	25	9.6
Rural-urban migration	20	7.7
Provision of psycho-social needs of PLWHAs	22	8.5
	260*	100

Source: Field survey, 2007

***Disposition of family assets*:**

Survey results showed that 30% of the households disposed their family assets (e.g. land, processing equipment storage barns, etc) in

order to provide food, clothing and medicine for their sick family members (Table 14.3).

Provision of psycho-social needs of PLWHAs

About 9% of the respondents were identified to provide psychological and social needs of HIV positive relations or PLWHAs in terms of companionship, prayers and counseling (Table 14.3). However, some of the farming household took their HIV positive wards to available hospitals or clinics for medical attention or treatment.

Fund Raising

Again, majority of the women raised additional family income through food processing and marketing to care for their husbands, children and extended family members. They also resorted to borrowing from local money lenders or relatives with the hope of repaying in cash and/or kind. About 24% engaged in fund raising as a strategy for coping with the impact of the disease as reflected in the results of the study (Table 14.3).

Consultation of traditional healers:

Another important coping strategy involves seeking medical cure from traditional medicine healers. The study revealed about 20.3% of the respondents patronized traditional healers who claim to have solution to the problem of HIV/AIDS.

Provision of Retroviral Drugs and Commercial Food Supplements:

It was noted that 9.6% of them provided anti-retroviral drugs as well as commercial food supplements for their HIV positive wards (Table 14.3). However, majority of the affected households could not provide anti-retroviral drugs on account of high cost, unavailability and lack of information about the source of these anti-retroviral drugs and other medicaments.

Rural – Urban Migration: As a result of the HIV/AIDS scourage rural men, women and especially the youths migrate to urban areas in search of short-term employment for income generation. Most of them

however, hardly return to their communities or households to take care of the sick relatives they left behind. This could be as a result of inability to meet up with adequate revenue or failure to find reasonable employment in the urban cities. Only 7.7% of the respondents mentioned rural-urban migration as an important coping strategy (Table 14.3).

Other negative coping strategies such as alcoholism, commercial sex work and violence, etc were identified among the farming households in the study area. These coping strategies could be linked to unemployment and poverty among the people.

Conclusion and Recommendations

The major problems of farm households infected and/or affected by HIV/AIDS were identified as poverty, dearth of information about HIV/AIDS, stigmatization and social discrimination, unemployment and ignorance. Poverty is an enabling environment for HIV/AIDS. In the South-east zone of Nigeria, about 63% and 34% of the rural and urban population respectively live in extreme poverty. As a result of dearth of information about HIV/AIDS among the population, majority of the people are not aware of the sources of anti-retroviral drugs (ARV) and the availability of screening and counseling centres and prevention opportunities. This is compounded by a high level of ignorance among household members which promotes risky behaviours.

The following key policy recommendations are proffered based on the results of the study:

1. An integrated approach involving HIV/AIDS education, care and support and establishment of more testing and counseling centres should be embarked upon to reduce ignorance, stigmatization/social discrimination and the spread of the virus among the farming population.
2. Providing access to farm inputs, agricultural technologies and micro-credit support to farmers to enhance their productive capacity and income generation is critical.
3. They should be encouraged to form cooperative societies or join existing groups for easy access to micro-credit, bank loans,

agricultural technologies and over all support to meet their needs.

4. Anti-retroviral drugs should be made more available and affordable to these farming households through strategically located testing and counseling centres and designated health centres and hospitals across the country.

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