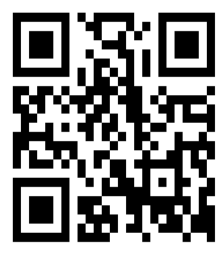


Sources of information about HIV/AIDS among fisherfolks in some riverine communities of Kogi State, Nigeria.

BY

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Abstract

Fisherfolks are known to be involved in risky sexual practices which may make them to be at risk of HIV infection. This research was conducted among fisherfolks in Ajaokuta and Lokoja fishing communities, Kogi State, Nigeria to assess their sources of information about HIV/AIDS. Systematic random sampling was used to select and allocate 208 respondents in which there were 103 respondents in Ajaokuta and 105 respondents in Lokoja LGAs, Kogi State. Data were collected using a pretested interviewer administered questionnaire which included questions for eliciting the following information: Socio-demographic characteristics; sources of information on HIV/AIDS and Prevention as well as control of HIV/AIDS among fisherfolks. Ages of respondents in Ajaokuta and Lokoja were 35.6 ± 11.7 and 28.4 ± 8.1 years respectively. There were 89.3% and 92.4% males in Ajaokuta and Lokoja respectively. Sources of information about HIV/AIDS of fisherfolks were: peer/friends 40.0% and 74.0% in Ajaokuta and Lokoja respectively. Radio 50.0% and 77.1% in Ajaokuta and Lokoja respectively. Peer/friends were the most preferred source of information about HIV/AIDS by the fisherfolks. Combination of mass media and other sources of information about HIV/AIDS were recommended for the conduct of intervention for the fisherfolks on HIV/AIDS prevention.

Keywords: HIV/AIDS, Fisherfolk, fishing communities, sources of information, Nigeria.

Introduction

HIV/AIDS has become a major public health challenge in Nigeria (Ajuwon et al, 2015). There were approximately 3.2 million people living with HIV in the country as at 2016 (NACA, 2015; UNAIDS, 2017). However, the current HIV prevalence rate in the country is 1.5% (NAIIS, 2019). There had been an improvement in the number of people on HIV treatment as from 2012 as 8 million people were on HIV treatment out of 14.8 million people that were eligible for treatment (WHO, 2016). As of now, no cure has been found for HIV/AIDS, and until a vaccine is found, provision of correct information will remain one of the key prevention strategies recommended against HIV/AIDS (Bankole and Mabekoje, 2008). Prevention strategies such as correct and adequate information about HIV/AIDS will need to continue even when vaccines are found because a vaccine will not replace other preventive methods but will be an additional tool most especially for most at-risk people like fisherfolks. Fisherfolks, who are men

and women engaged in fishing activities, and they are very vulnerable to HIV infections.

Studies (Merton, 2006; Husken and Heck, 2012) revealed that most fisherfolks engage in risky sexual practices which may make them to be vulnerable to HIV and other sexually transmitted infections. Also, surveys conducted since 1992 in Africa, Asia, and Latin America show that HIV/AIDS prevalence among fisherfolks are between 4 and 14 times higher than the national prevalence (Olowosegun et al, 2013). There are many factors responsible for the vulnerability of fisherfolks to HIV infection. Fisherfolks are very mobile and spend considerable time away from their homes. This may encourage some of them to have sexual partners. Many in this population have access to daily cash which may be used to purchase alcohol and sexual services. The practice of transactional sex popularly called "fish for sex" is common in fishing communities. Fish for sex is a practice where by female fish sellers

trade sex with men in exchange for fish. In Kenya, for example, female fish traders regularly buy fish from specific fishermen and in the process develop relationship which is called "Jaboya" in Luo language, meaning a customer who is also a lover (Plus News, 2005). Yet fisherfolks often miss out on access to HIV prevention, treatment, and care due to their high level of mobility (Olowosegun et al, 2013). Fisherfolks make an important contribution to household and boost food security by providing a healthy diet to the people (Global Fish Alliance, 2010). But the spread of HIV/AIDS in fishing communities may undermine this important role they play in the food production system and adversely impacting on local economies (Ajani 2008).

HIV/AIDS is largely preventable, but lack of knowledge has led to its rapid spread. Widespread ignorance, poor information, and misconceptions regarding HIV in society are responsible for causing social stigma, discrimination, and stigmatization (Swapna et al, 2016). Therefore understanding regarding the awareness and appropriate sources of information about HIV/AIDS among high-risk population like fisherfolks would help in formulating a strategy for prevention, treatment, and improving compliance to treatment of HIV/AIDS. This article was derived from a research conducted among fisherfolks in Ajaokuta and Lokoja, Kogi State, Nigeria to determine the sources of information about HIV/AIDS of the respondents. The study is significant because the findings of this study would be useful in the formulation of HIV/AIDS prevention among fisherfolks in Nigeria.

METHODOLOGY

The Ethics Committee of the Kogi State Ministry of Health approved the protocol for the study prior to its implementation. The investigator obtained written informed consent from the fisherfolks after informing them about the objectives of the study, that the data collected will be used for research purposes, that confidentiality will be maintained, and that their participation was voluntary.

The Setting

The study was a cross-sectional survey conducted in Ajaokuta and Lokoja, Kogi state, North Central Nigeria. These areas were selected primarily because they had a large number of persons who depended on fishing on the River Niger for their livelihood. The study population consisted of all the fisherfolks in these locations. Ajaokuta is located on latitude 7° 29' 55.87" and longitude 6° 38' 27.16". The fishing community in Ajaokuta is in Geregu, which in Nupe language means "Let us move away from lower land close to river to upland" implying that the first settler of this community migrated from a place close to river Niger to an upland area where the community is presently located. The dominant ethnic groups in the fishing community are Bassa, Nupe, Hausa, Epira, and Yoruba who are predominantly Muslims. Some of the fisherfolks engaged in subsistence farming particularly during the dry season when the water level of river Niger goes down. The projected population of Ajaokuta fishing community based on 2006 national population census is estimated to be 3,675.

Lokoja is located on latitude 7° 48' 32.73" and longitude 6° 44' 34.26" The fishing community in Lokoja is in Kabawa. Nupe, Kakanda, Epira, and Yoruba are the dominant ethnic groups in the community. People in this area fish on river Niger with few involved in subsistence farming as an additional occupation. The projected estimated population of this fishing community going by the national population census of 2006 is about 4,825.

Sample size and Sampling procedure

The sample for the study was calculated to be a minimum of 200. There were an estimated 350 fisherfolks in Ajaokuta fishing community in Geregu as at May-June 2020 when the research was conducted: of this number, 35 (10%) were women. Proportionate sample allocation was used to determine the number of male fisherfolks and female fisherfolks that participated in the study which resulted in 10 female fisherfolks and 90 male fisherfolks. Equally, there were estimated 550 fisherfolks in Lokoja fishing community as at the time of the research of which 40 of them were women while the remaining 510 were men. A proportionate sampling was used to select 7 female and 93 male in Lokoja. Enumeration was done of all fisherfolks in both communities and a simple random technique was used to select the first respondent. Since the sampling interval was $K = 4$, a random number between 1 and 4 was selected. "The corresponding name on the sampling frame using the random number was used to select subsequent respondent until the sample size for both communities was achieved.

Instrument for Data Collection

A-23 item questionnaire was used for data collection. The questionnaire was divided into 3 sections to ensure ease of administration. Section A focused on socio-demographic information; while section B explored the sources of information on HIV/AIDS and the sources the fisherfolks preferred. Section C elicited responses from the fisherfolks about their opinion on prevention and control of HIV/AIDS.

Data Collection Procedure

Before the commencement of the research, advocacy visits were paid to the community leaders in both communities: the research team met with the chairman and other executive members of fishermen association of both communities to inform them about the research and to solicit their co-operation. Trained research assistants conducted face-to-face interviews with study participants using the questionnaire. Interviews were conducted in Nupe, the language widely spoken in the study areas. The training contents consisted of the purpose of the research, interview technique, interpersonal communication, and ethical issues.

Validity and Reliability

A draft of the questionnaire was pre-tested for reliability among fisherfolks in Idah, a comparable fishing community in Kogi State prior to the commencement of data collection. The Cronbach's Alpha value was 0.783. Revisions were made on the draft questionnaire following the pre-test to improve comprehension and sequence of the questions.

Data Management and Analysis

Each of the questionnaires administered was checked in the field for completeness and serial numbers were given to them. Coding guide was developed from the questionnaire and open-ended sections were coded and fed into the computer. Collated data from the questionnaire were entered into computer and the results were analyzed using Statistical Package for Social Science (SPSS).

RESULTS

Socio-demographic data

A total of 103 and 105 fisherfolks were interviewed in Ajaokuta and Lokoja respectively. Almost half (48.7%) of respondents in

Ajaokuta and 70.4% in Lokoja were between ages 21-40 years. A total of 45.7% and 73.4% of the respondents had primary and secondary education in Ajaokuta and Lokoja respectively. Islam is the main religion of the study participants in both sites; 91.3% and 94.3% in Ajaokuta and Lokoja respectively. More than half of the fisherfolks (64.1%) and (59.0%) in Ajaokuta and Lokoja respectively, were married. Chi-square analysis revealed that there was no significant difference in ages, educational qualifications, and ethnic groups of the fisherfolks in the two locations. Other details of the socio-demographic characteristics of the study participants are presented in Table1.

Table 1: Socio-demographic Characteristics of fisherfolks (N = 208)

Demographic characteristics	Ajaokuta (n=103) No (%)	Lokoja (n=105) No (%)	Total	X ² (Fishers Exact test)	p-value
Age					
Less or equal to 20 years	14 (13.4)	24 (22.9)	38	4.80	0.000
21- 30	24 (23.5)	41 (39.0)	65		
31- 40	26 (25.2)	33 (31.4)	59		
41- 50	31 (30.1)	7 (6.7)	38		
51 and above	8 (7.8)	0 (0.0)	8		
Mean age	35.9±11.7	28.4±8.1			
Sex					
Male	92 (89.3)	97 (92.4)	189	0.76	0.479
Female	11 (10.7)	8 (7.6)	19		
Educational Qualification					
No formal education				2.32	0.000
Primary school	41 (39.8)	12 (11.4)	53		
Secondary school	18 (17.5)	28 (26.7)	46		
Vocational/Tertiary	29 (28.2)	49 (46.7)	78		
	15 (14.5)	16 (15.2)	31		
Marital status					
Single/never married	27 (26.2)	38 (36.2)	65	1.56	0.071
Married	66 (64.1)	62 (59.0)	128		
Divorced	7 (6.8)	2 (1.9)	9		
Separated	1 (1.0)	2 (1.9)	3		
Widower	2 (1.9)	1 (1.0)	3		
Ethnic group					
Bassa	38 (36.9)	10 (9.5)	48	4.47	0.000
Hausa	24 (23.3)	15 (14.3)	39		
Nupe	19 (18.4)	54 (51.4)	73		
Others*	22 (21.4)	26 (24.8)	48		

Religion					
Islam	94 (91.3)	99 (94.3)	193	0.28	0.599
Christianity	7 (6.8)	5 (4.7)	12		
Traditional	2 (1.9)	1 (1.0)	3		

*Others include Yoruba, Igbo, Ebira, Igbira-koto and Igala.

Sources of information about HIV/AIDS

Table 2 presents sources of information about HIV/AIDS of fisherfolks. Seventy-four percent of the fisherfolks in Lokoja and 40.0% in Ajaokuta said their source of information about HIV/AIDS was their friends. Also, fisherfolks in Ajaokuta (54.4%) and Lokoja (74.3%) indicated that their source of information about HIV/AIDS was Television. Equally, fisherfolks in Ajaokuta (50.0%) and Lokoja (77.1%) said their source of information about HIV/AIDS was radio. Only 30.0% of fisherfolks in Ajaokuta and 60.0% in Lokoja indicated that their source of information about HIV/AIDS was health workers. Table 3 presents fisherfolks' preferred sources of information about HIV/AIDS. Thirty-seven percent of fisherfolks in Ajaokuta and Lokoja (64.0%) preferred peer/friend as their source of information about HIV/AIDS while 21.4% of fisherfolks in Ajaokuta and Lokoja (5.7%) preferred Health workers as their source of information about HIV/AIDS.

Table 2: Sources of information about HIV/AIDS available to fisherfolks

Sources of information about HIV/AIDS available to fisherfolks	Ajaokuta (n=103) Freq (%)	Lokoja (n=105) Freq (%)
Peer/friend	41(40.0)	78(74.3)
Radio	51(50.0)	81(77.1)
Television	56(54.4)	78(74.3)
Newspaper/Magazine	21(20.4)	45(43.0)
Poster	19(18.4)	16(15.2)
Health workers	30(30.0)	63(60.0)
Pastor/Imam	24(23.3)	41(39.0)
Association leader	9(8.7)	8(7.6)
Activities of NGO	5(4.9)	7(6.7)
Others	4(3.9)	4(3.8)

Table 3: Fisherfolks preferred sources of information about HIV/AIDS

Fisherfolks preferred sources of information about HIV/AIDS	Ajaokuta (n=103) Freq (%)	Lokoja (n=105) Freq (%)
Peer/friend	38(37.0)	67(64.0)
Radio	12(11.7)	21(20.0)
Television	19(18.4)	9(8.6)
Newspaper/Magazine	2(1.9)	2(1.9)
Health workers	22(21.4)	6(5.7)
Pastor/Imam	8(7.8)	0(.0)

DISCUSSION

Fisherfolks are considered a high-risk bridging population for HIV/AIDS because of their social contacts and interactions with the general population (FAO, 2006). This group of people are vulnerable to HIV infection hence the need to conduct this research to investigate their sources of information about HIV/AIDS so as

to design an appropriate intervention for them. The sources of information about HIV/AIDS for most of the respondents were radio, television, and newspaper/magazine which are the mass media. This is similar to the results of the study of Olowosegun et al, (2017) in which majority of the respondents (92.0%) first heard and received information about HIV/AIDS through radio. Also in the study of Adesoro and Arulogun (2009), majority of the study

participants indicated that their source of information about HIV/AIDS was through the mass media. Other studies reported similar results (NSO, 2010; Gombachika et al, 2013).

In Nigeria, these days, radio and to some extent television are affordable by most household due to their low running cost. Radio is convenient to use, reach large audiences at the same time and they have programmes that are in local languages which normally have impact on the members of the community. Although the mass media have been criticized of having less credible information and may downplay risks associated with unhealthy practices. Also, beyond creating awareness, mass media is inefficient in impacting sufficient knowledge necessary to influence attitudes and behaviours. There is need to complement mass media messages with more detailed and pertinent information through person-to-person health education approach including seminars, workshops, and peer education. More than half of the respondents in Lokoja said they prefer peers/friends as their source of information about HIV/AIDS. This is also similar to the study of Adesoro and Arulogun (2009). Peers are easily accessible. Peers support groups are the readily means of obtaining HIV/AIDS information due to their availability as they are close to their homes. However, people who rely on this source of information are advised that they must get extra information from formal or more educated information sources, like health workers, workshops, and seminars because situation arise when they misinterpret issues or over-generalize situations.

Only few respondents preferred health workers as their source of information about HIV/AIDS. This trend has to change because when patients fully disclose their concern, expectations, and preferences to health workers, it is expected that health workers should be able to assist patients more accurately and offer better advice. Furthermore, when patients receive reproductive and HIV/AIDS information that is culturally adequate and accessible by people with different educational levels, they are more likely to make better-informed decisions and feel committed to implementing those decisions (Mbekengal et al, 2011; Ndlovu, 2009; Newbold and Willinsky, 2009).

Implication for HIV/AIDS Prevention Intervention

Fisherfolks belong to a group of people that are highly involved in risky sexual behaviour. Based on this, it has become imperative to conduct intervention programme with the use of health education strategy for this group of people in the study area. The focus of the intervention programme could be on sexual behaviour and HIV/AIDS prevention thereby making use of sources of information about HIV/AIDS which the respondents prefer which was peer/friends and complimenting it with other sources like radio, TV, and health workers. Health education involves communication directed at individuals. Health promotion empowers people to take care of their health and prevent occurrence of diseases. Therefore, combining the concepts of HIV/AIDS prevention education (as stated in Minimum Prevention Package Intervention MPPI) and health promotion, the need to use the components of health promotion to improve the reproductive health and its determinants which is community mobilization and

participation must be considered in the planning for HIV/AIDS prevention intervention for the people in the fishing communities.

Conclusion

This study has documented the sources of information about HIV/AIDS of fisherfolks in Ajaokuta and Lokoja fishing communities of Kogi State, Nigeria. Peer/friends, mass media, and to some, Health workers were the sources through which the fisherfolks get information about HIV/AIDS. The study identified the aforementioned sources of information about HIV/AIDS which can be used to conduct intervention for the fisherfolks on prevention of HIV/AIDS. The following are the recommendations from the outcome of this study:

- Efforts should be made by relevant stakeholders to incorporate HIV/AIDS education for fisherfolks into the Nigerian National Fisheries Policies.
- Also, efforts should be made to include HIV/AIDS Education for fisherfolks in the Minimum Prevention Package Intervention. HIV/AIDS education for fisherfolks is not included in this package.

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