

## Perceived Factors Militating Against Zero Prevalence of HIV/AIDS in Imo State, South East of Nigeria

<sup>1</sup>Nworuh OB, <sup>1</sup>Ezechukwu OD, <sup>1</sup>Dozie UW, <sup>1</sup>Ezelote JC, <sup>1</sup>Orji SM and <sup>2</sup>Okereke CBN

<sup>1</sup>Department of Public Health, School of Health Technology; Federal University of Technology Owerri, Imo State, Nigeria

<sup>2</sup>Department of Pharmacy and Drug Management, Federal Medical Center, Owerri, Imo State, Nigeria

(Received December 03, 2019; Revised May 14, 2020; Accepted May 15, 2020)

### Abstract

The Acquired Immune-deficiency Syndrome (AIDS) is a serious disease of the immune system. It is caused by a retrovirus known as Human Immuno-deficiency Virus (HIV). The disease has caused a serious public health problem since its emergency for more than twenty years (20) ago, so it is vital to look into the factors that are militating against zero prevalence of HIV/AIDS in Imo state. The objectives of the study is to determine the behavioral factors, healthcare delivery factors and religion related factors militating against zero prevalence of HIV/AIDS in Imo state. The study was guided by three research questions and deduced responses using structured questionnaire. A sample size of three hundred and fifty-nine (359) subjects comprising of one hundred and eighty (180) healthcare givers (at Heart to Heart unit of FMC Owerri) and one hundred and seventy-nine (179) People living with HIV/AIDS (PLWHA) attending clinic at FMC Owerri, was used for this study. The sample size was purposively selected given the unique characteristics of sero-positive persons. Results were expressed using descriptive statistics in the form of frequencies, percentages, mean and standard deviation. The results were presented in tables and bar charts. A total of 70.7% against 29.3% of the respondents indicated agreement on the behavioral factors such as; discrimination, low risk perception, prostitution and early marriage; as factors that work against zero prevalence. Whereas a total of 75.5% of the respondents indicated agreement on the healthcare delivery factors such as; lack of adequate health care facilities, unavailability of anti-retroviral drugs, lack of voluntary counseling services; as militating against zero prevalence. However, 24.2% of the respondents disagreed. Also, 62.1% of the respondents indicated agreement on the religion related factors while 18% disagreed. From the calculated mean and standard deviation, behavioral factors like prostitution and low risk perception are found to be the major factors working against zero prevalence. This is followed by health care delivery factors like lack of healthcare provision in the rural areas and unavailability of anti-retroviral drugs. Recommendations include: government actions towards equipping and improving Health Service Delivery especially in the rural areas of Imo State; Non- Governmental Organizations (NGOs) and HIV support groups synergizing and channeling much of their energy towards grass root awareness and education on prevention of HIV/AIDS.

**Keywords:** *Militating factors, zero prevalence, HIV/AIDS.*

### 1. Introduction

Zero prevalence refers to a phenomenon where the endemicity of a disease in a population at any point in time is zero [1]. Perceived factors refer to what people-living-with HIV/AIDS or their care givers feel militates against zero prevalence of HIV/AIDS. Prevalence is the measure of disease or health problem in a population expressed as the number of new

and old cases of a disease occurring in the population in a given time divided by the number of persons in that population during the given period of time. The global crisis of Human Immunodeficiency Virus (HIV) and Acquired Immuno-deficiency syndrome (AIDS) has lasted more than twenty years (20) since its emergence. HIV, the virus that causes AIDS, has become one of the world's most serious health and development challenge. More than 36.9

\*Corresponding author email: pray4women@ymail.com

million people worldwide were living with HIV/AIDS at the end of 2014; up from 29.8 million in 2001. An estimated 0.8% of adults aged 15-49 years worldwide are living with HIV (World Health Organization, WHO, 2016). HIV is the world's leading infectious killer disease. According to the World Health Organization, an estimated 36 million people have died and in 2014 an estimated of 1.2 million people died of HIV/AIDS [2].

In Nigeria, HIV prevalence is estimated at a value of 3.2%. However, because of its large population (the most populous country in Sub-Saharan Africa), it equates to around 3.2 million people living with HIV and AIDS. This places Nigeria second, after South Africa, in terms of absolute number [3]. For a long time, Nigerians viewed AIDS as a scourge of distant lands till its first two AIDS cases were diagnosed in 1985 in Lagos and reported to the Federal Ministry of Health (FMOH) the following year [4].

Let's see the history of intervention so far. Following the report, the FMOH set up the National Expert Advisory Committee on AIDS (NEACA) with requested assistance from the WHO. NEACA established the first nine HIV testing centers in the country and discovered a small number of apparently healthy blood donors that were HIV antibody-positive. NEACA also played a key role in providing the initial epidemiologic information that was used in charting Nigeria's prevention and control strategies. Under the auspices of FMOH, NEACA was replaced with National AIDS Control Program (NASCP) and expanded to include Sexually Transmitted Infections (STIs). It developed guidelines on key interventions, which included: Voluntary Testing and Counseling (VCT), Prevention of Mother-to-Child Transmission of HIV (PMTCT), management of HIV/AIDS, including treatment of opportunistic infections, administration of Anti-Retroviral Therapy (ART), home-based care, monitoring and surveillance of the epidemic. President placed high priority on HIV prevention, treatment, care and support activities in all the States of Nigeria, including Imo State. The President also replaced NASCP with a

broader AIDS control program to include: the presidential committee on AIDS and the multisectoral National Action Committee on AIDS (NACA), State Action Committee on AIDS (SACA) and Local Action Committee on AIDS (LACA). NACA was charged with developing policies for the prevention and control of HIV/AIDS (FMOH, 2001). NACA also developed the first multi-sectorial medium-term plan of action called the HIV/AIDS Emergency Action Plan (HEAP). In 2004, the National HIV/AIDS strategic Framework (2005-2009) was developed to succeed HEAP [5].

The largest number of estimated AIDS-related deaths in 2013 was in Nigeria and South Africa; the death rate was 65 and 31 per 1000 PLWHA respectively [6]. New survey results indicates that Nigeria has an HIV prevalence rate of 1.4% [7]. Results released today by the Government of Nigeria indicates that Nigeria has an HIV prevalence rate of 1.4% among adults aged 15-49 years. Previous estimates had indicated a national HIV prevalence of 2.8%. The new data differentiates HIV prevalence by state, indicating an epidemic that is having a greater impact in certain areas of the country. The South-South zone of the country has the highest HIV prevalence at 3.1% among adults aged 15-49 years. HIV prevalence is also high in the North Central zone (2.0%) and in the South East zone (1.9%). HIV prevalence is lower in the south West zone (1.1%), the North East zone (1.1%) and the North west Zone (0.6%) [8].

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN Organization such as UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank and works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals.

The strategic plans by MDGS in combating HIV/AIDS included: plans to prevent people from

becoming infected with HIV, to expand the availability of treatment; to provide the best care for PLWHA and their families; to expand access to voluntary testing and counseling, to strengthen health care systems to deliver quality & sustainable HIV/AIDS programmes and services, to improve HIV/AIDS information systems through HIV surveillance, monitoring and evaluation and operational research. Despite the above care plans, the number of AIDS-related deaths is still high. It is an indicator that level of success towards achieving zero HIV prevalence is low [3]. Thus, this research examined the perceived factors related to behavior, religion and health care delivery that militates against zero prevalence of HIV/AIDS in Imo State. Therefore, the objective of study was to find out the perceived factors militating against zero prevalence of HIV/AIDS in Imo State which focused on the behavior related factors, religion related factors and health care delivery related factors militating against zero prevalence of HIV as perceived by the subjects.

## 2. Materials and Methods

The research design employed in this study was a Descriptive design which permits the description of phenomena as they exist in their natural setting. This research described the perception of PLWHA and HIV/AIDS care givers on the factors militating against zero prevalence of HIV/AIDS in Imo State. The population comprised of all the care givers in the Federal Medical Center (FMC), Owerri and all the people living with HIV/AIDS attending clinic in FMC, Owerri. Care givers refer to medical professionals and non-medical team involved in taking care of people-living-with-HIV/AIDS. Medical professionals included Doctors, Pharmacists, Lab. Scientists, Nurses and Nutritionists. Non-medical team include: Health attendants, Voluntary Counselors, Nutritionists, Statisticians, support group and Social workers.

The subjects enrolled in this study comprised of 179 people living with HIV/AIDS and 180 health care providers in Federal Medical Centre

(FMC), Owerri. The sample size, (359) was drawn using a purposive sampling method given the unique characteristic of people living with HIV/AIDS. Hence, all the PLWHA that attended the FMC, Owerri heart to heart clinic within the four clinic days of data collection for this study, added to all the Health Care givers (irrespective of their unit) present within the four clinic days, formed the sample for the study.

Data were collected using questionnaires which were administered by the researcher to people living with HIV and AIDS and health caregivers in FMC. An approval by the Public Health Department ethical committee of researchers Institution of affiliation was obtained. Informed consent of the subjects was also obtained before administering the questionnaires, which were answered and given back to the researcher the same day. The data collected were collated and analyzed using statistical package for social sciences (SPSS) and results were presented statistical frequency tables and bar charts.

## 3. Results

The results of the data collected were gathered and interpreted as shown in tables (Tables 1, 2 and 3) and figures (Figures 1, 2 and 3) below. Table 1 and

**Table 1: Perceived Behavioral Factors that Militate against Zero Prevalence of HIV/AIDS**

S/N	ITEM	SA (%)	A (%)	D (%)	SD (%)
1	Discrimination	140 (38.9)	90 (25.0)	70 (19.6)	59 (16.5)
2	Low risk perception	101 (28.1)	120 (33.4)	99 (27.5)	39 (10.9)
3	Young age at first marriage	150 (41.7)	127 (35.3)	42 (11.6)	40 (11.4)
4	Prostitution	199 (55.4)	120 (33.4)	18 (5.0)	22 (6.1)
5	Presence of sexually transmitted infections	121 (33.7)	102 (27.8)	79 (22.0)	57 (16.4)

*Strongly agree (SA), Agree (A), Disagree (D), Strongly disagree (SD)*

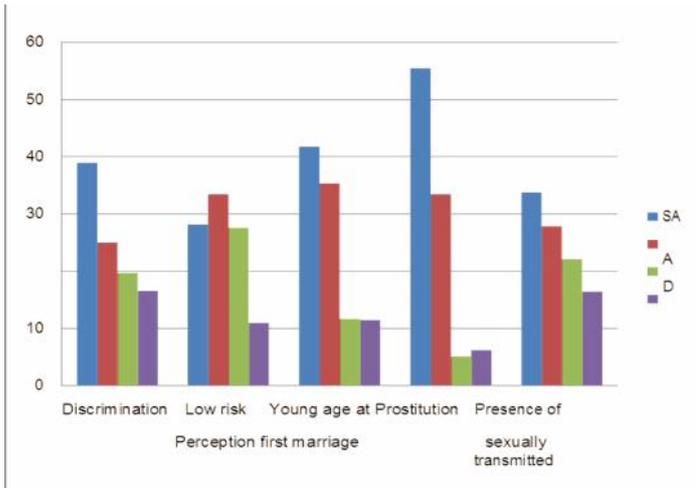


Figure 1: Percentage of Behavioural Factors that Militate Against Zero Prevalence of HIV/AIDS

Figure 1 presented the perceived behavioral factors that militate against Zero Prevalence of HIV/AIDS in Imo State where majority 140(38.9%) strongly agreed they discriminate and least 59(16.5%) was strongly disagreed, 120(33.4%) reported low risk of perception, 150(41.7%) strongly agreed reported young age at first marriage. Also, 199 (55.4%) agree on prostitution, and highest number strongly agreed reported presence of sexually transmitted infections.

The result in table 2 and figure 2,

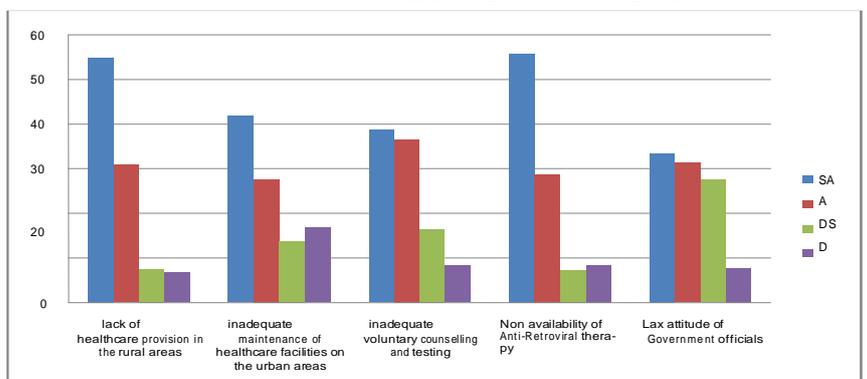


Figure 2: Percentage of Healthcare Delivery Factors that Militate against Zero Prevalence of HIV/AIDS

Table 2: Perceived Healthcare Delivery Factors that Militate against Zero Prevalence of HIV/AIDS

S/N	ITEM	SA (%)	A (%)	D (%)	SD (%)
1.	Lack of healthcare provision in the rural areas	107 (54.9)	111 (30.9)	27 (7.5)	24 (6.7)
2.	Inadequate maintenance of health care facilities on the urban areas	150 (41.8)	99 (27.6)	49 (13.8)	61 (16.8)
3.	Inadequate voluntary counseling and testing	140 (38.7)	129 (36.6)	59 (16.4)	31 (8.3)
4.	Inadequate availability of Anti-Retroviral	200 (55.7)	103 (28.7)	26 (7.2)	30 (8.4)
5.	Lax attitude of government officials	120 (33.4)	112 (31.3)	99 (27.5)	28 (7.8)

Strongly agree (SA), Agree (A), Disagree (D), Strongly disagree (SD)

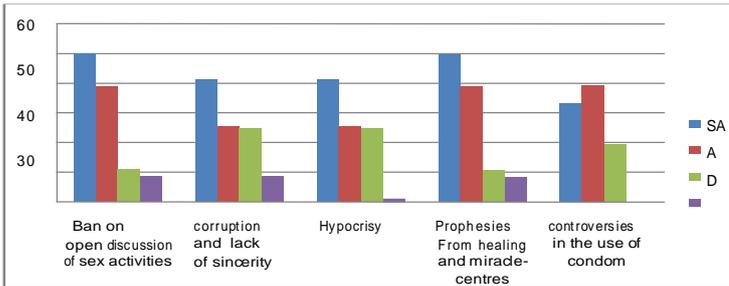
Table 3: Perceived Religious Factors that Militate against Zero Prevalence of HIV/AIDS

S/N	ITEM	SA (%)	A (%)	D (%)	SD (%)
1.	Banning of open discussion of sexual activities	179 (49.8)	140 (38.9)	40 (11.1)	0 (0.00)
2.	Corruption and lack of sincerity	148 (41.2)	91 (25.3)	89 (24.8)	31 (8.6)
3.	Hypocrisy	148 (41.2)	91 (25.3)	89 (24.8)	31 (8.6)
4.	Prophecies from healing and miracle centres	178 (49.5)	139 (38.7)	38 (10.5)	4 (1.1)
5.	Controversies in the use of condom	120 (33.2)	140 (39.1)	70 (19.3)	29 (8.4)

Strongly agree (SA), Agree (A), Disagree (D), Strongly disagree (SD)

showed that 197(54.9%) strongly agreed on lack of healthcare provision in the rural areas, only 24(6.7%) strongly disagreed, 150(41.8%) strongly agreed on inadequate maintenance of health care facilities on the urban areas while 49(13.8%) disagreed 140 (38.7%) strongly agreed on inadequate voluntary counseling and testing, 200(55.7%) strongly agreed on inadequate availability of Anti-Retroviral and 120(33.4%) strongly agreed on Lax attitude of government officials

The result in table 3 and figure 3, showed that 179(49.8%) strongly agreed on banning of open discussion of sexual activities, only 40(11.1%) disagreed, 148(41.2%) strongly agreed on Corruption and lack, 148(41.2%) strongly agreed on hypocrisy, 178(49.5%) strongly agreed on prophecies from



**Figure 3: Percentage of religion related factors that militate against zero prevalence of HIV/AIDS**

healing and miracle and 140(39.1%) strongly agreed on controversies in the use of condom.

#### 4. Discussion

Discrimination against HIV positive individuals is the second major behavioral factor that militates against zero prevalence of HIV/AIDS with a total agreement response of 230, representing 63.9% of the responses. Discrimination associated with HIV causes many sero-positive persons to hide their status and continue to spread the disease. Low risk perception is another behavioral factor that militates against zero prevalence of HIV/AIDS.

Most respondents indicated that low risk perception leads to HIV/AIDS spread with responses of 221(61.5%) against 138 (38.4%) that disagreed. This agrees with the report of [3]; which states that many individuals have developed complacency to HIV/AIDS. They no longer see HIV/AIDS as a serious health threat. A believe that is powered by claims of reduction in HIV prevalence over the years. Young age at first marriage shows responses of 277 representing 77% possibly because in most African tradition, parents give out their female children in marriage at a rather too early age. Older males often prefer and procure younger females as sex partners and some cultures allow males to have many sex partners, hence,, continued spread of HIV/AIDS [9].

Prostitution shows a response of 138 representing 38.4%, of factor militating against zero prevalence. Some young females take to commercial sex services to meet their needs. The women who en-

gage in this lifestyle often get entrapped and others resort to drug/alcohol misuse to effectively sell their bodies without remorse [10]. Lack of healthcare provision especially in the rural area shows a response of 308, representing 85.8% Majority of the fund that would have been channeled to maintenance and health is moved to infrastructure [11].

Of the respondents, 278, representing 75.3% indicated that inadequate voluntary counseling and testing militates against HIV zero prevalence in Imo State. The researcher posits that voluntary counseling would be most effective as the counselors carry out the work based on sympathy and not pay [12].

Other factors militating against zero prevalence on HIV/AIDS includes: banning of open discussion of sexual activities and unavailability of Anti-Retroviral therapy. Then, increased access to ART will give back years of good quality of life to millions of PLWHA who would have died

#### 5. Conclusion

From the analysis of this study, Behavioral factors like discrimination, low risk perception, prostitution and early marriage militate against Zero prevalence of HIV/AIDS. Also Healthcare delivery factors which include: lack of adequate health care facilities in rural areas, unavailability of anti-retroviral drugs and lack of voluntary counseling services; in addition to Religious factors such as ban on open discussion centering on sexuality, prophecies about who to marry and controversies on the use of condom; are the perceived factors that militate against zero prevalence of HIV/AIDS.

Man's existence is dependent on these factors and there is interrelationship among these factors. Behavioral factors affect the wellbeing of an individual and also determine his or her lifestyle, therefore the behavioral factors determine individuals health outcome. Man is a religious being; therefore religious factors also influence individual's beliefs and way of life. It is an individual's belief that determines how he seeks healthcare. These factors need attention by the government and Non-

Governmental Organizations so that these factors could be addressed and people would be educated on how to cope with them especially in issues of HIV/AIDS to effectively fast-track-end of HIV/AIDS epidemic.

Recommendations include: More Heart-to-Heart facilities should be evenly distributed in the rural communities, re-training of Health officers taking care of PLWHA. Enlightenment programmes for religious and policy makers on controversial issues bordering on sex education, so that they can join the fight against HIV/AIDS and make for a healthier nation.

### References

- [1] Abanobi , O. C.(2010). Core concepts in Epidemiology and public Health practice. ( 1<sup>st</sup> ed.). Owerri ,Nigeria: Opinion Research and Communication with Abanaheart publications.
- [2] WHO. (2016). Global Health Observatory (GHO) data. Retrieved from <http://www.int/gho/en/>
- [3] UNAIDS. (2014a). Fast-Track-Ending the AIDS epidemic by 2030. Retrieved from [http://www.unaids.org/sites/default/files/media\\_asset/JC2686WAD\\_214\\_report\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/JC2686WAD_214_report_en.pdf).
- [4] Federal ministry of Health (FMOH). (2001). Report of the 2001 national AIDS sentinel sero-prevalence survey. Retrieved from <http://www.unaids.org/sites/default/files/country/documents/NGAnarrativereport2014.pdf>
- [5] National Action committee on AIDS (NACA). (2009<sup>a</sup>). *HIV/AIDS National Strategic Framework 2005* (7<sup>th</sup> ed.). Abuja, Nigeria.`
- [6] UNAIDS (2015a). How AIDS changed everything. Retrieved from <http://www.unaids.org/en/resources/documents/2015/MDG615years-15lessonsfrom the AIDS response>
- [7] WHO (2019). Global update on HIV prevalence in Nigeria. Geneva, 14<sup>th</sup> March,2019.
- [8] UNAIDS (2019) .Press Release on results released by the Nigerian Government on Abuja/Geneva Expanded data collection and Analysis, 14<sup>th</sup> March,2019.
- [9] Hallendendu, J. (20014). Contributory factors to the spread of HIV/AIDS and its impacts in sub-saharan African countries. *Europeans scientific Journal*, 8(14), 1857-1878.
- [10] Schoofs, M. (2013). “Kenya condom advert pulled after Religious complaints”. BBC retrieved 2014-07-03
- [11] Azuonwu,O., Erhabo,O. and Obire,O.(2012). HIV/AIDS among military personnel in Niger Delta of Nigeria. *Journal of Community Health*. 37(1), 25-31.
- [12] Odimegwu, C., Adedini, S. and Ononokpono, D. (2013). HIV/AIDS stigma and utilization of voluntary counseling and testing in Nigeria. *BMC public Health* 2013 (13),465 - 479.