

Research article

ASSESSMENT OF THE COPING STRATEGIES OF PEOPLE LIVING WITH HIV/AIDS IN KACHIA LOCAL GOVERNMENT AREA, KADUNA STATE, NIGERIA

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ABSTRACT

As people living with HIV/AIDS (PLWHA) now live longer and healthier lives due to the greater availability of antiretroviral (ARV) treatment, the urgency of including coping strategies for PLWHA into the public health system becomes an imperative to curb the further spread of the disease and also to help in survival strategies. The aim of the study is to assess the effect of coping strategies adopted by People Living With HIV/AIDS (PLWHA) in Kachia Local Government Area. Data for this study was obtained through primary and secondary sources. Data were derived from the administration of a structured questionnaire and conduct of Focus Group Discussions (FGDs). A purposeful sampling method was used to select 175 for the survey. The data were analyzed and presented in percentage distribution. The results obtained reveal that 42.2% of the respondents were males and 57.8% were females. About 48% of the respondents were married, 51.3% were in polygamous union. About 50.2% of the respondents are farmers. The rank correlation test shows that there significant relationship between the coping strategies and PLWHA. Income diversification was found to be very strong as a coping strategy adopted by PLWHAs in the study area. The correlation coefficient analysis revealed that there is a strong significant relationship between farmers and income diversification amongst PLWHA. This income diversification enabled most of the

respondents to engage in various businesses such as sales of mango, yam, cassava, cocoa yam, and lots more, either seasonally or annually. This study recommends the empowering of PLWHA as a matter of urgency. This could be done by giving them grants, employment opportunities as well as provide vocational training especially to poor PLWHA women who do not have jobs.

Key words: Coping strategies, People Living with HIV/AIDS (PLWHA), Income diversification, and Sales of assets

INTRODUCTION

Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome HIV/AIDS has remained a leading cause of illness and death all over the world. This has led to so many research works on how the problem can be tackled, as the HIV/AIDS pandemic requires urgent attention to curb its spread. According to the National Agency for the Control of AIDS [NACA] (2012), Nigeria carries the second heaviest burden of HIV in Africa and has an expanding population of People Living With HIV and AIDS (PLWHA). Since the first case of HIV/AIDS reported in Nigeria in 1986, nearly 3.5 million people live with HIV and an estimated 1,449,166 require antiretroviral virus (ARV). Also, 388,864 new infections and 217,148 AIDS related deaths occurred in 2011 (FMOH, 2011). According to the National HIV and AIDS Reproductive Health Survey [NARHS] (2013), the prevalence rate of Kaduna State has been on the increase. It is clear soon after the emergence of the HIV epidemic that discrimination, gender inequality and lack of access to essential services have made some populations more vulnerable than others. Today, additional threats are lurking on the background as the global economic situation deteriorates, food scarcity worsens and climate change affects those who were already dependent on survival economies. Based on this paper the major objectives will be to examine the incidence of HIV/AIDS among the population and to examine the coping strategies of PLWHA.

PLWHA in the rural areas of Kachia Local Government Area (LGA) are faced with a lot of stress in their daily lives due to low income. They are not being helped by the community, family and individual, as a result of that, nobody will own up to having contracted the virus. More so, due to inadequacy of measures to assist them survive the pan of HIV/AIDS, people are not ready to carry out HIV tests in the local government area. There is, therefore, need to assess the strategies that the PLWHA in Kachia LGA devised to cope with the disease (that is their coping strategies).

Coping strategies can be conceptualized as the activities people adopt for livelihood or people employ to tolerate, reduce, or minimize stressful events. It includes the mobilization of material and non material resources. There are various coping strategies of People Living with HIV/AIDS (PLWHA) in the rural areas that could impact their lives.

STUDY AREA

Kachia Local Government Area of Kaduna State (popularly called home of ginger) was among the first set of LGAs created in the State in 1976 by the General Murtala regime. Kachia LGA is located between latitudes $9^{\circ}33'N-10^{\circ}11'N$ and longitudes $7, 10'E-8^{\circ}08'E$ (Fig. 1). It is bordered to the north by Kajuru and Igabi LGAs, to the east by Zangon Kataf, to the south by Jaba and Kagarko LGAs, and to the west by Niger State with a land area of about 5101km^2 (Bako, 2014). Kachia is the third largest LGA in the state, only smaller than Birnin Gwari and Chikun LGAs. The LGA has a total of 12 wards namely: Agunu, Anwa, Awon, Bishini, Doka, Gidan Tagwai, Gumel, Kachia, Katari, Kurmin Musa, Kwaturu, and Sabon Sarki wards with a total population of 243,114 (NPC, 2009).

Kachia LGA generally falls under the plains of Hausaland, also known as the North central plateau at a height of about 732m above sea level. It is underlain by Precambrian rocks of the basement complex. The basement complex rocks, igneous and metamorphic are predominantly granite, although gneisses, schist, and quartzite are also present. The area has an almost extensive level of gently undulating highly dissected land broken in few places by rock outcrops and inselbergs (Bako, 2012).

The general relief of the area is between 716-7470m with outcrops such as the kwagiri (about 793), Jaban Kogo (893m), Honbori (881m) hills Bako, 2012). The area is drained by several rivers and streams (River Kachia, Adamu stream, River Rafi Nabiyyu, Ungwa Pa River, Wawan rafin asbiti) all of which drain into River Gurara. Most of the streams are seasonal- they are flooded during the high peaks of rainy season, thereby not only destroying nearby crops, and bridges, but also making access to the farms difficult during the farming season.

The people of the area are of diverse tribes such as Jaba, Kadara, Kurturmi Hausa, Fulani, Igbo, Yoruba. The main economic activity in Kachia LGA is agriculture. And the bulk of agricultural production here is undertaken by small scale farmers. The economic importance of small scale farmers in the area can therefore, not be overemphasized. The major crops grown in the area include: millet, maize, cocoyam, groundnut, *acha*, beans, and

cassava. market gardening is also practiced in the dry season for the production of vegetables such as cabbages, spinach, *karkarshi*, lettuce, and tomatoes. Ginger is however, the major cash crop in the area. It is an important income earner to the farmers as well as foreign exchange earner to the country. No wonder the area is sometimes called the ‘Home of Ginger’

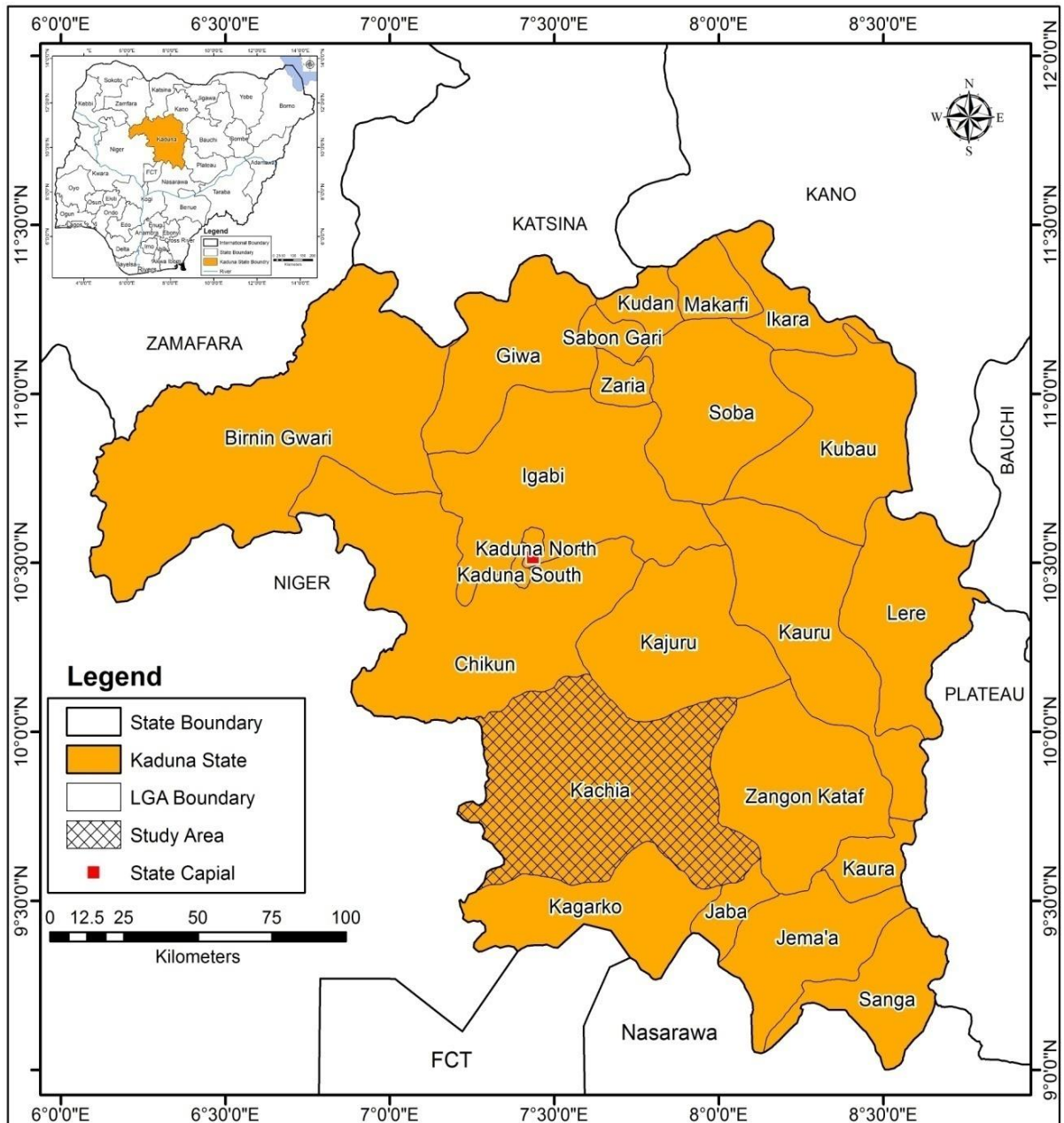


Figure 1: Map of Kaduna state showing study area.
 Source: Kaduna state ministry of lands and survey.

MATERIALS AND METHODS

The research instruments adopted in this study are structured questionnaire and Focus Group Discussion (FGD) in the study area. The qualitative data on this research composed of Focus Group Discussions (FGDs), this fostered a proper understanding of the various survival strategies employed by the PLWHAs in the study area. The Focus Group Discussions (FGDs) was a participatory method which involves bringing six (6) to twelve (12) people was conducted to explore issues related to coping strategies of PLWHA. The respondents targeted were community health workers/officers (CHO) and PLWHA. The discussions were flexible in order to accommodate unexpected issues that may come up.

As at August 2013, Kachia LGA has a total of 351 registered PLWHA. After consideration of cost, available resources and optimal sample size reliable estimates on the number used as the sample frame 50% of 351 which amounts to 175 respondents in Kachia LGA. A respondent was purposely selected at the points of their meetings and collection of HIV/AIDS aid in the local government area. The research assistants were at the meetings or drugs collection points and administered the copies of questionnaire to willing respondents. The data was analyzed using percentage distribution of the variables under consideration.

RESULTS AND DISCUSSION

It was found that majority of the respondents infected with HIV/AIDS in Kachia LGA were within the age group of 25-29 years (43.8%), followed by the age group of 20-24 years (31.3%). This finding confirms the extremely youthful nature of the people living with HIV/AIDS in the study area which reflects what is known from other studies about the age structure of developing countries (NPC, 2009). The reason for the higher proportion of PLWHA in the younger age group is that they are more likely to engage in risky sexual behaviour. The distribution of respondents by sex shows that there were more females (57.8%) than males (42.2%). The relatively high percentage of female is as a result of the fact that most of them attend ante-natal care in the General Hospital and through the process get to know their HIV status.

About 48% of the respondents were married, 29.5% were single, 12.5% were divorced and 10% were widowed. It is obvious that literacy level is generally low in Kachia Local Government Area as only 13.7% of the respondents have gone beyond secondary education. About 50.2% of the respondents were farmers. This category includes poultry and livestock farmers; Civil servants accounted for 32.8%, Petty traders accounted for 11.2%, and

respondents in professional/managerial cadre were only 5.8%. Majority of the respondents are farmers because the study area is predominantly rural and agriculture is the mainstay of rural economies. About 54.1% of the respondents have a monthly income of between ₦10001-₦20001 only.

COPING STRATEGIES.

Table 1 shows the rank correlation test for the coping strategies of PLWHA for income diversification, substitute expensive food, send children to live with relatives, hiring, sell assets, migrate in search of job, withdraw children from school and using local herbs to treat opportunistic infections. The analysis for income diversification shows that the high level of income diversification is a significant factor for coping strategy. The observed correlation coefficient $r(0.861)$ is much higher than the critical value of 0.195, and the observed level of significance (0.001) is lower than 0.05. This implies that there is strong relationship between income diversification and PLWHA. The calculated values for substituting expensive meals that are rich in protein indicate that the observed $r(0.673)$ is greater than the critical value of (0.195) at 433 degrees of freedom and at 0.05 level of significance that shows a significant relationship among the PLWHA. A major impact of HIV/AIDS is on the household income, thus, many households seek to supplement their income through diversifying their sources. Devereux (2002) stated that income diversification can be categorized as a mitigating strategy aimed at reducing income loss due to illness. Households engage in many income generating activities as a way of making up for the lost income as well as to meet the extra costs incurred as a result of illness.

Table 1: Spearman Rank Correlation test for level of Significance

Variable	N	Mean	SD	R	DF	P	Critical	Remark
Substitute expensive meals with protein	435	1.4092	0.4923	0.673	433	0.001	0.195	Significant
Send children to live with relatives	435	2.6621	1.5608	0.841	433	0.001	0.195	Significant
Sell assets	435	1.2143	0.6134	0.6123	433	0.001	0.195	Significant
Migrate in search of new job	435	1.2276	0.6043	0.840	433	0.001	0.195	Significant
Income diversification	435	2.8966	1.5333	0.861	433	0.001	0.195	Significant
Hiring of labour	435	1.2176	1.6125	0.810	433	0.001	0.195	Significant
Withdraw children from	435	1.2361	1.8713	0.8783	433	0.001	0.195	Significant

school								
Using local herb to treat opportunistic infections	435	1.3221	0.4164	0.6213	433	0.001	0.195	Significant

Source: Field survey, 2010

Table2: Relationship Between Socio-demographic Characteristics and Coping Strategies

Variables	Coefficient	Significant Level
Sex	0.2341	0.0365
Age	0.4965	0.0013**
Occupation	0.0267	0.0145**
Marital Status	0.4732	0.0107*
Education	0.5631	0.0204*
Income	0.4751	0.6221

Source: Field survey, 2010

*significant, **very significant at p0.01, 0.0

Table 2 presents results on the relationship between socio-demographic characteristics of the respondents and coping strategies. Age, is very significantly related with coping strategies; 0.0013 at p0.01, coping strategies relate significantly with both occupation and education; 0.0145 and 0.0204 at p0.01 and 0.05 accordingly, while marital status also relate positively with all forms of coping strategies; 0.0107 at p0.0. It is obvious from the results that education, occupation and age have greater impact of coping strategies to be adopted by PLWHA. This finding is in agreement with the earlier work like Bako (2014) who found out that farmer adopt income diversification as coping strategies.

An interesting phenomenon that is widespread not only in AIDS-affected households but in households affected by various shocks such as drought, is the sale of assets. During the Focus Group Discussion, one of the respondents revealed that she has been selling her household utensils and clothing in order to take care of herself and pay the school fees of her children. According to the World Bank (1997) selling assets is one of the most common household responses to the impact of HIV/AIDS. Research by Booyesen (2004) in South Africa, indicate that children from affected families were more likely to drop out of school compared to those in non-affected households. UNICEF (2006) notes that as AIDS erode household and community earning power, families may agonize over which child to send to school. The International HIV/AIDS Alliance (2008) also indicates that

children may drop out of school due to lack of money for fees and educational materials as funds are diverted to care and support the ill family member.

According to Bourdillon (2000), in many cases children are withdrawn from school in order to perform domestic and income generating activities. Selling of assets is a common household coping strategy all over sub-Saharan Africa. In Zimbabwe, it has been reported that households which experienced HIV/AIDS-related deaths were more likely to sell assets (Mutangadura, 2007). This mostly occurs when households face economic problems and according to the International Food Policy Research Institute (IFPRI 2002 *cited in* SIDA, 2006) HIV/AIDS is the greatest cause of household asset liquidation.

The focus group discussion revealed that some respondents were still engaging in sex work as a livelihood activity. The poverty experienced by women and men in developing countries has been aggravated by increasing global economic inequalities. But unequal gender relations and unequal access to economic resources have made women poorer than men. Poverty and wealth inequality between men and women can fuel HIV transmission as women engage in unsafe sex in exchange for money, housing, food or education. Sex work appears to be fostered when a demand for sexual services and a favourable setting coexist. Sex work is likely to put women at more risk of HIV infection because most clients do not want to use condoms and are even ready to pay more in order not to use it. Sex workers are also more subject to sexual violence which increases the risk of virus transmission. Although PLWHA do not view themselves as sex workers, most of them have at one moment in their life resorted to transactional sex, that is, using sex as a commodity in exchange for goods, services, money, accommodation, or other basic necessities often with older men (Halperin and Epstein, 2004). The truth of the matter is that, PLWHA are also surviving on prostitution, people used to be afraid but now it is an issue of desperation so that their children will have something to eat.

Nonetheless respondents are constantly pursue this livelihood activity as it is one of the few lucrative activities they fallback to. According to Kudzai (2009), commercial sex workers in Zimbabwe earn more than civil servants; a day's work earns an equivalent of a teacher's monthly salary. FGD also revealed that most of the discussants also survive on market-trading or fruits vending. This entails selling seasonal crops like yam, cassava, potatoes and seasonal fruits such as bananas and oranges in the market, road junctions and motor parks in order to survive. Market trading or fruit vending is a common livelihood activity and it is one of the main sources of income for many households in the Local Government Area.

Conclusion

There is a need to focus on the economic aspect of the epidemic, attention and resources need to be directed towards the economic empowerment of households and individuals. Women are seems to be at higher risk than their men counterpart and as such, government should empower women by allowing them to participate in all sectors of life. The establishment of cooperatives will help prevent and raise households from poverty as they organize themselves into skills training cooperatives and rotating, savings and credit associations. PLWHA need to be assisted with training in various trades. This will equip them with the ability to diversify their livelihood activities thereby preventing them from falling into destitution. This can best be achieved if the PLWHA feels that he/she will not be stigmatized and discriminated against, but will rather be given the necessary support to live and with dignity that is, if their basic human right are protected.

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