

PERCEPTION OF AGRICULTURAL PRODUCE TRANSPORTERS ABOUT HIV/AIDS IN SELECTED RURAL COMMUNITY MARKETS IN ONDO STATE, NIGERIA

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ABSTRACT

The study was carried out to determine the perception of produce transporters about the mode of contracting, preventing and control measures of HIV/AIDS in selected rural community markets in Ondo State, Nigeria. Nine community markets were purposively selected for the study based on availability of farm produce transporters in each of the rural community market. On the whole, 150 respondents were involved in the study. Descriptive statistics were used to describe the data collected, while inferential statistics, such as correlation was used to test the hypothesis set. Analysis showed that the average age of the respondents was 44, with standard deviation of 15. The respondents have perception about the fact that having many sexual partners can increase the risk of having HIV/AIDS ($X=4.63$), that abstinence from any kind of sexual intercourse prevents HIV/AIDS ($X=4.49$) and that HIV/AIDS can be controlled by promotion of healthy relationships and educational programmes in social and educational institutions ($X=4.60$). Analysis also showed that social organization ($r=0.222;p\leq 0.05$), years of formal education ($r=0.479;p\leq 0.01$) have significant relationships with the transporters' perception about mode of contracting, preventing and controlling of HIV/AIDS. Also, age ($r=-0.188;p\leq 0.05$), household size ($r=-0.245\leq 0.01$) have significant relationship with their perception about the mode of contracting, preventing and control measures of HIV/AIDS and the relationship is inverse. The conclusion made from this study was that age, social organisation, years of formal education, household size of the produce transporters determine their perception about their mode of contracting, preventing and control measures of HIV/AIDS. This study recommended that more enlightened programmes be organized at public places and in mass media.

Key words: Perception, transportation, rural markets, HIV/AIDS transmission

INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS) was reported for the first time in the United States of America sometimes in 1981 and has since become an epidemic worldwide (Agwu and Akinagbe, 2008). The degree of the epidemic rose and became evident towards the end of the year 1986. The World Health Organization (WHO) declared that the number of reported cases rose from 31 in May 1986 to 2637 by February 1987 (Odumosu, 2001). Research has shown that about twenty one countries with the highest population of HIV/AIDS victims are all in Africa (Agwu and Akinagbe, 2008). Also it has been estimated that 70% of all HIV/AIDS cases occur in Sub-Saharan Africa, among which Nigeria belongs (UNAIDS, 2000). The HIV/AIDS pandemic is thus a serious challenge threatening the negligible developmental achievements of the entire African continent, Nigeria inclusive; and this is due to the fact that the African population is not just the most susceptible, but also the least incapable of confronting the resultant consequences of the disease (Odumosu and Oni, 2001).

Nigeria, with an estimated population of over 150 million, has approximately 6 million people living with HIV/AIDS and 5.4 percent HIV prevalence rate (World Health

Organization (WHO)/Joint United Nations Development (UNAIDS), 2004). More than 800,000 people have died in Nigeria due to HIV/AIDS and over 80 percent of infection in Nigeria is believed to be through sexual transmission while a small percentage is through other modes like blood transfusion, use of unsterilized needles and mother- to-child infection (Agwu and Akinagbe 2008). Farm transportation plays a key role in the agricultural and economic development of many nations as it provides timely delivery of inputs to the farm and evacuation of harvests to the urban areas where they are mostly demanded. It ensures improvement in agricultural production, food availability in urban areas and improvements in the economy of the rural communities (Volk & Koopman, 2001).

The transport sector can play a role in mitigating the transmission of HIV/AIDS because transport routes as well as the nature and environment of the activities of the sector has been linked to the spread of HIV. Long distance transport operators (truck, drivers, sailors, airline pilots, locomotive drivers and construction workers) and road construction workers work long hours away from family, putting them at risk of engaging in risky behavior that will lead to infection. Likewise, the movement of people through the opening of new traffic routes and improved access and mobility (from urban areas to rural areas; between countries; between areas of high and low HIV prevalence) can also contribute to the spread of HIV/AIDS.

Some of the highest incidences of HIV/AIDS infection have been found along transport corridors where there is a high turnover of truck drivers, migrant workers and commercial sex workers and local populations living in proximity of roads and transport construction sites. In spite of abundant information on the contribution of culture to the spread of HIV/AIDS in literature, there is still not enough of information on agricultural produce transporters' perception about the mode of contact and prevention of HIV/AIDS in Ondo State. Given the high prevalent rate in Nigeria and the increasing number of people living with AIDS in rural areas of Ondo State in Nigeria where majority of farmers reside and produce food for the entire population Slater and Wiggins (2005) it thus becomes imperative to evaluate agricultural produce transporters' perception about mode of contacting, preventing and controlling HIV/AIDS.

The general objective of this study was to investigate the perception of agricultural produce transporters about the mode of contact, prevention and control measures of HIV/AIDS in selected rural community markets in Ondo State. The specific objectives were to: describe the personal and socio-economic characteristics of transporters in rural community markets of the study areas; examine transporters' knowledge about the mode of contacting, preventing and control measures of HIV/AIDS; and determine the transporters' perception about the mode of contacting and preventing and controlling, of HIV/AIDS.

Hypothesis of study

There is no significant relationship between transporters' perception about mode of contracting, preventing and control measures of HIV/AIDS and the selected socio-economic characteristics.

METHODOLOGY

The study area was conducted in Ondo State which is located in the South-western part of Nigeria with a population density of about 243 per square kilometer (National Population Census, 2006). The state lies between latitudes 5°45' and 7°52' N and longitudes 4°20' and 6°5'E. Its land area is about 15,500 square kilometers. The study focused on the major cash crop producing zones in Ondo State. One Local Government Area (LGA) was randomly selected from each of the three senatorial zones based on their involvement in cash crop production. These are Akure North LGA from Akure zone, Ile-Oluji/Okeigbo LGA from

Ondo zone and Owo LGA from Owo zone. Purposeful sampling technique was used to select a total of 150 transporters from these three LGAs. The rural community markets chosen were those with the highest number of produce transporters. Structured interview schedule was used to elicit information from the transporters on the following areas: selected personal and socio-economic characteristics, sources of information about HIV/AIDS, knowledge of HIV/AIDS and perception about HIV/AIDS of the transporters in the study area. The data collected were subjected to descriptive and inferential analysis statistics such as frequency counts, percentage, mean scores and standard deviation while Pearson Product Moment Correlation (PPMC) analysis was used to make inferential deduction from the hypothesis.

Measurement of variables:

The dependent variable was transporters' perception about mode of contacting, preventing and controlling HIV/AIDS. Respondents were requested to react to some perceptual statements designed to measure respondents' perception about HIV/AIDS. For positively stated statements, responses were scored five (5) points, four (4) points, three (3) points, two (2) points and one (1) point, respectively, for the options Strongly Agree (SA), Agree (A), Undecided (U), Disagree (D) and Strongly Disagree (SD), and vice versa for negative statements.

Independent variables such as age, income, household size, were measured at ratio level, by recording actual value given by the respondents, while others, such as sex, marital status, religion, were measured at nominal level. Respondents' knowledge level about HIV/AIDS was measured on a three point scale thus: three (3) points was allocated for 'I know much', two (2) points for 'I know little' and one (1) point for 'I don't know'. Frequency of sources of information on HIV/AIDS available to, and used by respondents were scored three (3), two (2), one (1) and zero (0) for options 'used always', 'often used', 'rarely used', and 'not used at all', respectively. In addition, mean score values were calculated for each of the perceptual statement.

RESULTS AND DISCUSSION

Personal and socio-economic characteristics of the respondents

Results in Table 1 show that majority (81.3 %) of the respondents were aged between 31 and 60 years while some (12.7 %) were less than 30 years old, very few (6.0 %) were above 60 years old. The mean age was 43.0 years with standard deviation of 12.8. The results indicate that the agricultural produce transporters in the study area were within their active age range. Majority (80.0 %) of the respondents were married, while few (11.3 %) were still single. Also, very few 4.7 per cent and 2.7 per cent were widowers and divorced respectively. The results indicate a very high proportion of the respondents were still living with their spouses. The implication of this is that respondents' spouses stand a high risk of contacting HIV from their wives if they become infected. Also, 50.0 per cent of the respondents had household size of about 5 – 8 members, while 24.0 per cent had between 9 and 12 members of household. Very few (8.7 %) of the respondents had more than 13 members of household. The average household size of the respondents was 7 with standard deviation of 3.0. Majority (68.7 %) belonged to the monogamous family type, while 31.3 percent of the respondents belong to the polygamous family. This result could suggest why household size of the respondents was relatively small. All (100.0 %) the respondents were males. The result implies that men are the ones prominently engaging in agricultural produce transportation rather than their female counterparts in the study area.

Majority (64.0 %) of the respondents were Christians, while 30.0 per cent were muslims. Few others (6.0 %) indicated affiliation with the traditional religion. The results show that the respondents had one religious affiliation or the other, which implies that

religious avenue could be utilized in enlightenment programmes about the menace of HIV/AIDS.

About 40.0 per cent of the respondents had between 7 to 12 years of formal education. While about 16.7 per cent of the respondents had between 1 to 6 years of formal education, 30.7 per cent did not have any formal education. The results indicate that appreciable proportion of the respondents completed primary and secondary education. Almost all the respondents belonged to social organization in their respective communities. It can be seen from the table that 91.3 percent the total respondents belong to social organization, while only (8.7%) of the respondents did not belong to any kind of social organization. It may be inferred that the respondents would have heard about and become more educated about HIV/AIDS from other members of these social organizations.

Table 1: Distribution of respondents by personal and socio-economic characteristics

Variables	Frequency (N = 150)	Percentage	Central Tendency
AGE			
< 30	19	12.7	Mean = 43.0 Std. dev. = 12.8
31 – 60	122	81.3	
> 60	9	6.0	
MARITAL STATUS			
Single	17	11.3	
Married	120	80.0	
Separated	2	1.3	
Divorced	4	2.7	
Widow	7	4.7	
HOUSEHOLD SIZE			
1-4	26	17.3	
5-8	75	50.0	
9-12	36	24.0	
13-16	13	8.7	
FAMILY TYPE			
Monogamy	103	68.7	
Polygamy	47	31.3	
SEX			
Male	150	100.0	
Female	0	0.0	
RELIGION			
Christianity	96	64.0	
Islam	45	30.0	
Traditionalist	9	6.0	
YEARS OF FORMAL EDUCATION			
0 (No formal education)	46	30.7	X=5.47 S.D=4.38
1-6	25	16.7	
7-12	60	40.0	
> 12	19	12.6	
MEMBERSHIP TO GROUPS			
Yes	137	91.3	
No	13	8.7	
TOTAL INCOME(N)			
<600,000	8	5.3	X=867,824.09

600,000-800,000	54	36.7	S.D=229,010.515
801,000-1,000,000	67	43.3	
1,000,001-1,200,000	6	4.7	
1,200,001-1,400,000	7	4.7	
1,400,001-1,600,000	5	3.3	
>1,600,001	3	2.1	

Source: Field survey (2010)

Knowledge about mode of contact, prevention and control of HIV/AIDS

Results in Table 2 show the mean score obtained from assessment of transporters’ knowledge about HIV/AIDS mode of contacting, preventing and control measures. The results show that the statements “abstinence from sexual intercourse can prevent HIV/AIDS” and “using new and sterilized needle can prevent HIV/AIDS” had highest mean score of 2.19, each. Respondents also opined that consistent and correct use of condom (2.18) and faithfulness to single sexual partner (2.16) could prevent risks of contacting HIV/AIDS. The statements “HIV/AIDS can be transferred from mother to child” and “the use of anti-retroviral drugs can reduce spread of HIV” ranked lowest with mean scores of 2.08 and 1.79, respectively. These results indicate that respondents recorded highest mean scores on issues pertaining to preventive measures and mode of contacting HIV/AIDS.

Table 2: Respondents’ knowledge about mode of contact, prevention and control of HIV/AIDS

Statement	Mean score
Abstinence from sexual intercourse can prevent HIV/AIDS	2.19
Using new and sterilized needle can prevent HIV/AIDS	2.19
Use of condom correctly and consistently for every sexual act can prevent HIV/AIDS	2.18
Being faithful to one sexual partner prevent HIV transmission	2.16
Having many sexual partner can increase a risk of having HIV/AIDS	2.15
Transfusion of untested blood can transmit HIV/AIDS	2.15
HIV/AIDS can be contracted through rape	2.15
Promotion of healthy and committed relationship can help control HIV/AIDS	2.13
Avoidance of contact with infected blood and blood product can prevent HIV/AIDS	2.13
Donation of time, energy and financial resource can help control HIV/AIDS	2.11
HIV/AIDS can be transferred from mother to child	2.08
The use of anti-retroviral drugs can reduce the virulence of HIV	1.79

Source: Field survey, 2010.

Results in Figure 1 shows that 20 per cent of the respondents had low knowledge about HIV/AIDS. More than half of the respondents had average knowledge about HIV/AIDS, while 22.7 per cent were rated as having high knowledge about HIV/AIDS. This could be attributed to the fact that majority of the respondents belonged to social

organizations, where possibly, members could have had counsel pertaining to issues relating to HIV/AIDS.

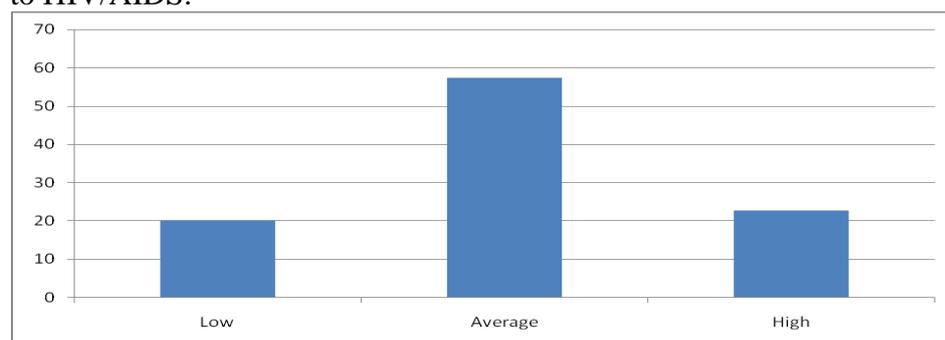


Fig. 1: Bar chart showing overall knowledge level of respondents about HIV/AIDS.

Source: Field survey, 2010

Source of information on HIV/AIDS

Results, as shown in Table 3, reveal that Television and Radio were information source rated highest by the respondents, with mean score of 2.57 and 2.53, respectively. These were followed by information gathered from friends and colleagues (1.74), and through magazines (1.35). Extension (0.12) ranked lowest among the information source. These results indicate that mass media outlets were the prominent information sources available to the respondents, extension was uncommon source. This may insinuate that these categories of respondents were not targeted by extension agencies in the study area.

Table 3: Source of information about HIV/AIDS

Source of information	Mean score
Television	2.57
Radio	2.55
Friends and colleagues	1.74
Magazine	1.35
Market	0.51
Extension agent	0.12

Source: Field survey, 2010

Respondents' perception about mode of contacting, preventing and control measures of HIV/AIDS.

Perception about mode of contact

Results in Table 4 shows that mean scores obtained from statement assessing respondents' perception about the mode of contracting HIV/AIDS in descending order. The statements pointing to the fact that HIV/AIDS can be contacted by having many sexual partners and unprotected sex ranked highest with mean score of 4.63 each. These were followed by statements indicating that HIV can be transmitted through transfusion of untested blood and through rape, with mean score of 4.61 each. Similarly, transmission of HIV through exchange of body fluids, and through breastfeeding of a child by an infected mother, had mean scores of 4.50 and 4.39, respectively. With maximum of 5 points obtainable as mean score, these results indicate very high mean score values, which may be an indication of positive and favourable perception the respondents had about mode of contact and spread of HIV/AIDS.

Table 4: Perception of respondents about mode of contacting HIV/AIDS

Statements	Means Scores	Rank
Having many sexual partners can increase the risk of having HIV/AIDS	4.63	1
One can contact HIV/AIDS through unprotected sex	4.63	2
Transfusion of untested blood can transmit HIV/AIDS	4.61	3
HIV/AIDS can be contacted through rape	4.61	4
Transfer of body fluid can cause HIV/AIDS	4.50	5
HIV/AIDS can be transmitted from mother to child during breast-feeding	4.39	6

Source: Field survey, 2010.

Perception about mode of prevention

Results as shown in Table 5 reveal that respondents believed that abstinence from sexual intercourse (4.49), avoidance of infected blood (4.49), insistence on use of sterilized needles and syringes (4.48) and consistent and correct use of condom (4.48) could help prevent becoming infected with the deadly viral disease. Similarly, other statements such as “Being faithful to one and an uninfected sexual partner prevents HIV/AIDS transmission” and “HIV/AIDS can be prevented by teaching sex education in schools, churches and mosques” and other public places recorded high mean score values as well. The least mean score value of 4.43 each was obtained for the statements indicating that HIV/AIDS can be prevented ‘through community and local counseling’ and involving in anti-HIV/AIDS campaign. The results again, similar to those obtained above; indicate positive and favourable perception about mode of prevention of HIV/AIDS.

Table 5: Perception of respondents about mode of preventing HIV/AIDS

Statement	Mean Scores	Rank
Abstinence from any kind of sexual intercourse prevent HIV/AIDS	4.49	1
Avoidance of contact with infected blood product can prevent HIV/AIDS	4.49	2
HIV/AIDS can be prevented by insisting on the use of sterilized needles and syringes	4.48	3
Use of condom correctly and consistently for every sexual act can prevent HIV/AIDS	4.48	4
Being faithful to one and an uninfected sexual partner prevents HIV/AIDS transmission	4.48	5
HIV/AIDS can be prevented by teaching sex education in schools, churches and mosques	4.47	6
HIV/AIDS can be prevented by involving in anti-HIV/AIDS Campaign	4.43	7
HIV/AIDS can be prevented through community/local Counseling	4.43	8

Source: Field survey, 2010.

Perception about control of HIV/AIDS

Similarly as above, results obtained with respect to respondents’ perception about control of HIV/AIDS as shown in Table 6, indicate very high mean value scores for all the perceptual statements. This again points to respondents’ positive and favorable perception about what to do or not to control of HIV/AIDS.

Table 6: Perception of respondents about control of HIV/AIDS

Statements	Mean score	Rank
Promotion of healthy relationship can help control HIV/AIDS	4.60	1
HIV/AIDS can be controlled by educational programmes in mosques, churches, schools and place of work	4.60	2
Donation of time, energy and financial resources to the infected ones can help reduce the menace of HIV/AIDS	4.58	3
HIV/AIDS can be controlled by anti-HIV/AIDS awareness campaign	4.51	4
The use of anti-retroviral drugs can reduce the virulence of HIV	4.35	5

Source: Field survey, 2010.

Test of Hypothesis

Results of correlation analysis shows that there was significant but inverse relationship between age ($r = -0.188$; $p < 0.05$) and household size ($r = -0.258$; $p < 0.01$) of respondents and perception about HIV/AIDS, while there was significant and positive relation relationship with years of formal education ($r = 0.497$; $p < 0.01$) of respondents and membership in social organization ($r = 0.222$; $p < 0.05$). Conversely, there was no significant relationship between perception about HIV/AIDS and religion and total income of respondents. This findings agreed with Agwu and Akinagbe (2008) that certain personal and socio-economic variable influenced people perception about HIV/AIDS in Nigeria.

The negative but significant relationship between age and household size and perception suggests that younger agricultural produce transporters with smaller household size tend to view more favorably and positively issues about HIV/AIDS. However, positive and significant relationship between years of formal education and social organization membership and perception indicate that the more educated among the respondents who also belonged to one social organization or the other were more favorably and positively disposed about HIV/AIDS. The findings above supported the claim by Odumosu (2001) and Agwu and Akinagbe (2008) that education and social organization membership are correlate of people attitude and involvement in risky behaviours that may lead to HIV/AIDS especially among farmers. The non-significance of the relationship between religion and perception about HIV/AIDS underscores the necessity to utilize religious affiliation of respondents to shape positively their perception about HIV/AIDS.

Table 7: Result of Pearson’s correlation analysis of relationship between respondents’ perception about mode of contacting, preventing and controlling of HIV/AIDS and their selected socio-economic characteristics

Variables	Coefficient (r)	Coefficient of determination (r^2)
Age	-0.188*	0.0353
Membership in Social organization	0.222*	0.0493
Total income	0.015	0.0002
Years of formal education	0.497**	0.2470
Household size	-0.258**	0.0666
Religion	-0.117	0.0137

Source: Field survey, 2010.

*Correlation is significant at $p < 0.05$; **Correlation is significant at $p < 0.01$

CONCLUSION AND RECOMMENDATIONS

Based on the findings, it was concluded that most of the produce transporters were aware about HIV/AIDS mostly through television and radio; while extension ranked lowest as information source and had general knowledge about the mode of contact, prevention and control measures about HIV/AIDS. Also, they had little knowledge about the potency of anti-retroviral drugs in reducing virulence of HIV. Age, household size, years of formal education, social organisation membership were attributes of respondents that influenced their perception about mode of contracting, preventing and control measures of HIV/AIDS. Based on the findings of the study it is therefore recommended that extension agents should also not focus on farmers alone. They must also be able to reach out to produce transporters and all other stakeholders in the agricultural sectors about HIV/AIDS because without them (distribution of farm produce) the agricultural production process would not be complete.

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