HIV/AIDS, The Health Of Men And Women In Their Reproductive Ages In Ekiti State, Nigeria

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ABSTRACT

In an attempt to find ways of preventing the spread of HIV/AIDS in Ekiti State, the study investigated the health problems of men and women of reproductive ages in Ekiti State, Nigeria. The sample consisted 1000 men and women selected using multistage and simple random sampling from four Local Government Areas of the State. The research instrument was a self-constructed questionnaire. It was used to collect data on variables of male and female, location and reproductive age. The validity and reliability coefficient were found to be 0.65 and 0.68 at 0.05 level of significance respectively. Pearson Product Moment Correlation analysis were used to analyse the data collected. Results revealed that there was no significant relationship in the health problem of men and women and their reproductive ages as well as location. The findings show there are no health problems among men and women and even location of men and women. It was concluded that the campaigns of the state government, LGs and NGOs are making people change their sexual behaviours and people tend to be living healthier for a better future.

Keywords: HIV/AIDS; STIs; Reproductive Ages; Men and Women; Dangers; Ekiti state

INTRODUCTION

kiti State is one of the 36 states in the Federal Republic of Nigeria. The state shares boundaries with Kogi, Kwara, Ondo and Osun states. The state has both federal, state and private tertiary institutions like Federal Polytechnic, Ado-Ekiti, University of Ado-Ekiti, School of Nursing, Ado-Ekiti, School Health Technology, Ijero and Crown Polytechnic, Ado-Ekiti to mention but a few. The state has 16 Local Government areas and in all the Local Government are headquarters and others town within the LGA. There are state hospitals and LG dispensaries.

Reproductive health issues are peculiar to women in the Nigerian context relate to access to information and services for family planning, care during pregnancy and child birth, prevention and treatment of sexually transmitted infection (STI), freedom to regulate one's fertility and sexual health. Therefore, reproductive health implies a positive approach to human sexuality since it is a description of somatic, emotional, intellectual and social aspects of sexual being in ways that are positively enriching and enhancing to personality of individuals. However, Adetoro (1997) in Osakinle (2007) said that reproductive health programme helps to gear people toward physical, mental and social well being and not merely being free from disease. Reproductive health helps inform, give access to safe, effective, affordable and acceptable methods of family planning. Olukoya (1998) stated that reproductive health is focusing more than before on prevention of unsafe abortion, treatment of reproductive tract infections, sexually transmitted diseases and especially prevention of HIV/AIDs in individuals.

Sexually transmitted infections are caused by micro organism, which are transmitted through sexual intercourse, which may be vaginal, anal or oral. It was previously believed that gonorrhea and syphilis were the only cases but now that there were more than 20 other interactions that are sexually transmissible, they are known as sexually transmitted Infections. (STIs) (Abebe, Olumide and Oke, et al, 2001). It is note worthy that STI greatly increase the risk of transmitting HIV infection which causes AIDS. The number of people infected with HIV in

Nigeria is rising (Osakinle, 2003). Furthermore, STIs are not only important because of acute symptoms such as ulcer and discharge. The associated complications can be devastating. These include chronic lower abdominal pains, ectopic pregnancy, infertility and cervical cancer in women (Abebe et al, 2001).

According to Pitan (2002) in Osakinle (2003), the commissioner for Health Lagos State says that about seven out of every 100 Lagos residents are suffering from the deadly HIV/AIDS scourge. He further said that the HIV/AIDS scourge had overshot the anticipated five percent in the state to 6.7 percent as at last count. He stressed that the worst hit were youths between the ages of 15 and 24. In another development, Kiragu (2001) said that over 60 million people who have been infected with HIV in the past 20 years, about half became infected between the ages of 15-24. Young people are practically vulnerable to HIV/AIDS because of the physical, psychological, social and economic attributes of adolescence (Earl, (1975) in Osakinle, 2003). Culture and society have powerful effect on behaviour and often increase young people's vulnerability to HIV/AIDS. Also, they are not able to comprehend fully the extent of their exposure to risk and the potentially dangerous results (Kiragu, 2001).

In many societies, women are expected and taught to subordinate their own interests to those of their partners; with such expectations, young women often feel powerless to protect themselves against HIV infection and unintended pregnancies. It appears as if every year, close to 333 million people worldwide contract a sexually transmitted disease (STD) until recently, despite the overwhelming evidence of their devastating impact on the health of women, children and youths, STDs have largely been ignored. Also, there are a lot of young people who are becoming involved in premarital sex, usually without using a condom or any other form of contraception (Williams et al, (1996) in Osakinle, 2003). It is unfortunate to mention that about three days ago, a young girl of about 12 years selling groundnut was raped by five boys. She was said to have been beaten after the exercise. However, policemen came to arrest these boys the very next day. No one knows the health status of these boys and even the victim herself.

Parents often admonish their children to live "moral" lives and preach the value of virginity for girls. However, parents especially fathers fail to set positive examples to their children and their own gender, inequality contribute to the higher ratios of STI and HIV among women in developing countries. In many cultures, women in both permanent and casual relationship have little or no control over their sexual behaviour or their male partners and the use of condom to prevent STI/HIV and pregnancy (Islam, 1996). Also, many girls and women that sell sex for survival, generally lack the bargaining power to insist their clients use condom. (Williams et al, (1998) in Osakinle, 2003). This kind of practices probably go on because of poverty in the land as well as lack of basic sex education. As at the time of putting together this article, 21st August, 2009, teachers both in the primary and secondary schools have not got their July, 2009 salaries. No wonder, then they make their children hawk for them in such an unsafe atmosphere where people are kidnapped for rituals, raped and mishandled in any form. A lot of people get infected and appear to result in herbal treatment or even visit quacks. A lot of people as soon as they know they have the HIV infection, they become wicked and want to infect just anybody they come across. Some young motorcycle drivers (Okada riders) will rape their innocent clients (riders). It also appears as if the prevalence of HIV/AIDS are high in boundary towns like Ikere, Omuo, Ikole/Ayedun, Ayetoro/Otun. Most infected people do not know until they start getting sick and if care is not taken, they die too soon. A lot of non-governmental organizations are campaigning about HIV/AIDS. Its spread and prevention, many people have started yielding to the campaigns that EDFHO, SWAAN, ACA, etc.

Therefore, the study is an attempt to investigate HIV/AIDS, the health of men and women of reproductive age in Ekiti State, Nigeria.

RESEARCH QUESTIONS

1. Is there a significant relationship in the health problems of man and woman and their reproductive ages.
2. Will location of man and woman have significant relationship with their health problems and reproductive ages.

RESEARCH HYPOTHESES

1. There is no significant relationship in the health problems of man and woman and their reproductive ages.
2. There is no significant relationship in the location of man and woman in their health problems and their reproductive ages.

POPULATION

The population for the study was all men and women in Ekiti State. The sample was 1000 men and women chosen from four LGAs in Ekiti State through multi-stage and simple random sampling. On the whole, 250 respondents were got from each of the four LGAs summing up to 1000 respondents in all.

METHODOLOGY

A sample of 1000 men and women from four LGAs of the state was used. A self constructed instrument which was validated by the researcher was used to collect data for the study. Section A of the instrument solicited information on the background of the respondents and other related information. Section B contained 40 items that would show the health problems and reproductive health of the respondents. The 2 point gradation format had the validity of 0.65 and reliability co-efficient of 0.68.

HYPOTHESES TESTING

Hypothesis 1: There is no significant relationship in the health problems of men and women and their reproductive ages.

Table 1: Correlation analysis of health problems of men and women and reproductive ages

NO OF CASE	Cal. R.	Table value
998	0.0292	0.195
P > 0.05.		

Table 1 shows that the calculated r-value (0.0292) is less than the critical table value of r(0.195) using Pearson Product Correlation Moment at 0.05 level of significance. Hence there is no significant relationship in the health problems of men and women and their reproductive ages. Therefore, the hypothesis is accepted. This mean that whether you are a man or women there health problems will not affect their reproductive ages.

Hypothesis 2. There is no significant relationship in the location of men and women in their health problems and their reproductive ages

Table 2: Correlation analysis showing location of men and women, their health problems and reproductive ages

No of Case	Calculated r	Table value
998	0.104	0.195
P > 0.05		

Table 2 shows that the hypothesis was tested using Pearson Product Moment Correlation at 0.05 level of significance. The table shows that the calculated r. (0.104) is less than the table value of r (0.195). The hypothesis is therefore accepted. Hence, there is no significant relationship in the location of men and women in their health problems and their reproductive ages.

DISCUSSION

Results revealed that there were no significant relationships in the health problems, the location of men and women and their reproductive ages. This is supported by Adetoro, (1997) in Osakinle, (2007) and Olukoya (1998). They both agreed that reproductive health helps to gear people towards physical, mental and social well being. Also, since those women that sell their bodies to survive have no bargaining power, it probably means that their clients would have come with condoms to be used. This is supported by Williams et al, (1998) in Osakinle, (2003). This result is least expected from this study. The researcher personally knows a few of the people living with HIV/AIDS (PLWHA). It appears as if the campaign by Government and a lot of NGOS have started yielding positive results. Perhaps this is why the result came out the way it is.

CONCLUSION AND RECOMMENDATION

The results of this study have actually surprised the researcher, however, since it is as it is, the conclusion will be that men and women in all locations in the state need to be careful in the way they go about their reproductive health and sexual behaviour. It appears that up till now, there has not been a cure for HIV/AIDS, so all that the government and NGOs are doing are not expected to be in vain as everybody will care about his future thereby going about sex and all that concerns it in a mature and humble manner for a better and healthier future.

AUTHOR INFORMATION

E. O. Osakinle, Born in Ekiti State, Dr. (Mrs.) E. O. Osakinle had her Primary Education in Zaria and Secondary Education in Jos, Nigeria. She had her first Degree in ABU, Zaria, and her Masters and Ph.D in Guidance and Counselling at University of Ado-Ekiti, Ekiti State, Nigeria. Dr. (Mrs.) E. O. Osakinle is currently lecturing in the department of Guidance and Counselling, Faculty of Education, University of Ado-Ekiti. Based on her educational qualifications, Dr. (Mrs.) E. O. Osakinle has written many papers that had appeared in both local and international journals. She is happily married with four children and blessed with children and grand children.

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