

Full Length Research Paper

An assessment of awareness level and sources of information on HIV/AIDS among market women in Ibadan, Oyo State, Nigeria

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In Nigeria, the HIV sero- prevalence is steadily decreasing. It is presently put at 1.9 % among pregnant women. This implies that about 2 out of every 100 women of reproductive age have chance of getting infected with HIV. Market women are at risk and good target groups to enhance information dissemination to their children as well as neighbors. The objective of this study was to determine the level of awareness and source of information on HIV/AIDS among market women in Oyo State. A semi-structured interviewer administered questionnaire was used which assessed respondents' demographic characteristics, their level of knowledge and sources of HIV related information. Data was analyzed with Epi-info version 7 software. There were 300 market women who participated in this study. It was found that 22% of respondents were not aware of HIV/AIDS. Furthermore, more than 40% of the respondents wrongly mentioned sharing toilet as mode of transmission, followed by eating together (35%), sharing market stall (31%), handshake (30%), and sharing same bed (28%). 31% of respondents who had awareness of HIV, had accessed HIV screening. Most of those who had not accessed HIV screening did not do so because of fear of death (55%), stigmatization (33%) and not just wanting to test or screen for HIV (20%). It was gathered that the main source of information on HIV/AIDS among respondents was mass media. Results indicated that despite global effort on increasing awareness of HIV/AIDS, there are still needs for improvement among artisans, especially increasing knowledge on mode of transmission and need to get tested and know their HIV status. It is hence recommended that with the major source of information being mass media, efforts should be made to increase programming and jingles on HIV/AIDS in local languages; this will aid understanding and increases testing.

Key words: Market women, awareness, knowledge, HIV/AIDS.

INTRODUCTION

In an average Nigerian community, women constitute a larger percentage of the population and their domestic roles cannot be over-emphasized. Women also play a major role in the economy most especially at the market

place. They dominate the marketing channels of goods and services, especially in the informal sector, thereby contributing to household income generation and cumulatively the growth and sustainability of national

economy. However, the productivity of women is threatened by health issue such as HIV/AIDS. The failure in women health care will not only have impact at household level, but also significant impacts in sustainability of economy up to the national level. A survey conducted in Nigeria by National HIV/AIDS and Reproductive Health Survey (NARHS, 2012) revealed that sexual intercourse begins much earlier in female respondents at median age of first sex to be around 16.9 years. The survey also revealed that the adult HIV prevalence has increased from 1.8% in 1991 to 4.5% in 1996 and 5.8% in 2001. Most of the respondents knew all forms of HIV transmission, and misconceptions about the transmission are high. However, the most common type of non-marital non-cohabiting relationship is the boyfriend-girlfriend relationship, and nine percent of the sampled females had sex with boyfriends in 12 months preceding the survey (NARHS, 2012). Nigeria has the second largest HIV epidemic in the world (FMOH, 2013). Although HIV prevalence among adults is remarkably small (3.1%) compared to other sub-Saharan African countries such as South Africa (19.2%) and Zambia (12.9%), the size of Nigeria's population means 3.5 million people were living with HIV in 2015 (UNAIDS, 2016). Spread of the disease is therefore critical among those in informal sector due to their lack of adequate information (Babalola and Babalola, 2013). Most especially, local markets are dominated with women that lack formal education and adequate information about HIV/AIDS, therefore involved in risky sexual behavior that further increase their chance of getting infected (Ilo and Adeyemi, 2010).

Information increases the level of certainty in any human decision process; little wonder, Zizlsperger (2012) posits that information is indispensable for human development. The present information and education campaign to forestall the spread of the disease should be pursued with vigor but some energy should be dissipated to the care of people already afflicted (Arinola and Adekunjo, 2012).

Mooko and Aina (2007) opine that every individual, whether literate or illiterate, needs information for a variety of issues essential for his or her survival. It is therefore, not surprising that information is needed for awareness, increase productivity and health. They further assert that users of information are complex, while some are homogenous such as professionals, students, policy makers, researchers, some could be heterogeneous like rural inhabitants and artisans. Ilo and Adeyemi (2010) in their own opinion submit that information is the most potent weapon available for the prevention and cure of HIV and AIDS.

HIV is endemic in Nigeria, thus to control the disease, all need to know as much as possible about the disease. There is no better way to start the education than from the basics which is access to information. As for those living with HIV, comprehensive and up-dated information is an essential part of a healthy life which is available as they access HIV care. In the year 2014, the Joint United Nation Programme on HIV/AIDS (UNAIDS) established a new target for HIV treatment for 2020, that by the year 2020, 90% of all people will know their HIV status, will receive sustained antiretroviral therapy and will have viral suppression. Considering this study, achieving these goals is possible with increased level of awareness of individuals as posited by Onyeonoro et al. (2014).

HIV/AIDS has affected the wellbeing of the people negatively. More cases of new infections are reported in hospitals (UNAIDS, 2015). The acronym has received popular attention, that it is now a household name by members of the public. The problem of HIV/AIDS has invaded virtually all facets of human endeavor (homes, schools, work place, even churches and mosques). With a grim picture of the disease not only at the global or continental frontiers but, also at the national level, the spread of HIV/AIDS may continue like wildfire. As HIV/AIDS is devastating people of productive age, the world may experience years of economic depression resulting from the scourge of HIV/AIDS, which has no cure for now (Dehne and Riedner, 2005; Wilson et al., 2011; Adekeye, 2010).

Abia et al (2012) has noted that the increasing incidence and prevalence of HIV/AIDS in Nigeria (urban as well as rural) has raised the question of whether the heightened level of awareness, education and information on HIV/AIDS has not yielded sufficient dividend in the prevention and the control of the disease.

Increasing awareness on the effects of HIV/AIDS must be sustained especially as the statistics on HIV/AIDS is currently alarming and demoralizing. The channel of communication and knowledge about the virus and the disease is as important as the means of controlling its spread, especially where the population is socially active as Nigeria's population.

The role of mass media in information dissemination cannot be ignored. The mass media is a large-scale organization which use one or more of these technologies, radio, print and TV to communicate with large numbers of the people within the population.

In recent years, with the advent of Global System of Mobile Telecommunication (GSM); the incidence of HIV/AIDS is bound to increase especially as more people are acquiring the GSM facility with the attendance networking of people; Abia et al. (2012) has noted that

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the advent of internet software phones compounded networking of people, as amorous episode of raw sex are downloaded into phones. Some of these images are transferred from phone to phone as video clips through Bluetooth. Internet has its own negative impact as pornography; scam and other forms of vices are committed through the internet. Television and radio preceded the internet as electronic forms of mass media dissemination in Nigeria. This study therefore determined community awareness and sources of information on HIV/AIDS among market women in Ibadan, Oyo State.

Considering the aforementioned, this study therefore focused on assessing the awareness level of women in informal sector on HIV/AIDS with special focus on market women in Ibadan, Nigeria and their sources of information on HIV/AIDS.

Findings of this study will be valuable in formulating HIV/AIDS preventive strategy among women in market place and contribute to existing knowledge on status of HIV/AIDS in informal sector.

METHODOLOGY

Study design

This involves a cross-sectional survey adopting the quantitative method of data collection.

Study area

Ibadan is the capital city of Oyo State and the third largest metropolitan area, by population, in Nigeria, after Lagos and Kano, with a population of over 8 million, and the largest metropolitan geographical area. The principal inhabitants of the city are the Yorubas.

There are eleven Local Governments in Ibadan Metropolitan area consisting of five urban local governments in the city and six semi-urban local governments in the lesser city.

There are major markets in Ibadan like Bodija market, Oja-Oba market, Oje market, Gbagi market, Sasa market and Dugbe market to mention but a few. Most of the markets in Ibadan are typical of open markets in African setting with many small sheds/shelter and few concrete built shops in urban and sub-urban areas, but rural areas are typical with sheds and shelters made from palm fronts and roofing sheets. Buying and selling activities take place every day of the week in merely all the market within the metropolis. These markets operate business during the day from about 8:00 am till late in the evening.

Study population

Study population included market women; these included registered member of the market women association of the Ibadan chapter.

Sampling technique

Multi-stage sampling technique was adopted. Stage A: Three LGAs (two urban and one semi urban) were randomly selected from the 11 LGAs in Ibadan metropolis, this include Ibadan North, Ibadan South East and Akinyele local government areas. Stage 2: One major market from each LGA was selected: Bodija, Oja-Oba and Sasa markets. Stage 3: Stratified random sampling technique was

adopted for administration of the structured questionnaire to the market women. The collection of data in the market was organized in such a way that people selling the same kind of goods are grouped together or with shops arranged next to each other. This arrangement was therefore used as strata for the market and adopted in selection of the traders for the questionnaire administration. Women in the following five sections of the market were randomly sampled: (a) Perishable goods section (vegetables, meat, fruits, etc); (b) Staple food stuff section (rice, beans, millet, corn, yam, etc); (c) Provision section (can food, soup seasoning, juice drinks, wine, etc); (d) Cosmetics section (body cream, soap, detergents, etc); and (e) Cloth and clothing material section. Twenty (20) women were sampled from each of the listed sections in each market making a total of hundred (100) women per market.

Data collection

Data was collected with a semi structured interviewer administered questionnaire. The questionnaire consisted of 5 sections namely: Socio-demographics, awareness on HIV/AIDS, knowledge on HIV/AIDS, sources of Information on HIV/AIDS, and attitude about HIV/AIDS and voluntary counseling and testing services.

Data analysis

The filled questionnaires were checked for completeness daily before data were entered into the computer. The fields were checked and validated before analysis. Descriptive statistics were computed using Epi-info Version 7.0 to generate frequency tables, charts, proportions and means to describe the data.

Ethical considerations

Approval for the study was obtained from the Ethical Review Committee of Oyo State Ministry of Health.

Informed consent

Written informed consent was obtained from the respondents.

RESULTS

Socio-demographic characteristics of respondents

Table 1 shows the socio-demographic characteristics of respondents. Findings indicated that more than half of respondents were between the ages of 30 years old and 49 years old. More than two-thirds were Muslims, almost nine out of ten (87%) were married. With regards to their education, more than half (55.6%) completed primary education, about a fifth (17.6%) completed secondary education while 2% had OND/NCE (Ordinary National Diploma/Nigeria Certificate in Education) and 1% had higher education. Almost a quarter (24%) had no formal education. Almost all (95.6%) of the respondents were traders with about 3% who were students.

Awareness and Knowledge of HIV/AIDS

Most of the respondents (78%) had heard of HIV/AIDS,

Table 1. Socio-demographic characteristics of respondents.

Background Information		Frequency (n=300)	Percentage
Age (years)	20 - 29	27	9.0
	30 - 39	88	29.3
	40 - 49	72	24.0
	50 - 59	50	16.6
	60+	55	18.3
Religion	Christian	55	18.3
	Muslim	236	78.6
	No response	6	3.1
Marital status	Married	260	86.7
	Single	9	3.0
	Divorced	6	2.0
	Widowed	25	8.3
Education	No formal education	72	23.4
	Primary School Leaving Certificate	167	55.6
	WAEC	53	17.6
	OND/NCE	5	1.6
	BSc/HND	3	1.2
Occupation	Trading/business	287	95.6
	Student	9	3.0
	No response	4	1.4

as shown in Table 2. However, of those that ever heard of HIV, only 31% ever accessed HIV screening and 68% had not. Most of those that had not accessed the screening (55%), did not do so because of fear of death or testing positive followed by about one-third who were afraid of stigmatization. One-fifth just did not want to test or screen for HIV.

Knowledge of mode of transmission

Majority of the respondents (92%) correctly mentioned sexual intercourse as mode of transmission followed by sharing blades/needles (82%), breastfeeding (78%), mother-to-child transmission (73%), and blood transfusion (65%). More than two-fifth wrongly mentioned sharing toilet as mode of transmission, followed by more than a third (35%) that mentioned eating together, sharing market stall (31%), handshake (30%), and sharing the same bed (28%) (Figure 1).

Attitudes towards modes of transmission of HIV/AIDS

The respondents were asked about their attitude towards HIV transmission, as shown in Table 3. The respondents were asked about the perception with regards to isolating an infected person as a means of preventing HIV infection. More than a quarter (28.3%) agreed that an

infected person be isolated while more than two-fifth (43.3%) indicated that an infected person should not be isolated and 28.4% were undecided. Seven in ten (71%) indicated condom use as means of preventing HIV infection while 7% disagreed and almost a quarter (21.7%) were undecided.

Furthermore, seven in ten (70.6%) agreed that discouraging sharing of blade could prevent HIV infection, 6% disagreed and 23.3% were undecided. More than seven in ten (71%) agreed that abstinence from pre-/extra-marital sexual intercourse could prevent HIV infection, 7.3% disagreed and 20% were undecided.

Source of information on HIV/AIDS

Figure 2 shows respondents' sources of information about HIV. More than three-quarter heard about HIV from the radio. Almost two-fifths (36%) heard from hospitals, more than two-third (77%) heard on television, little above half (54%) read from posters and 18% heard from home.

DISCUSSION

Awareness on HIV/AIDS

The findings of this study indicate that most of the

Table 2. Awareness on HIV /AIDS and accessing HIV screening.

Variable	Frequency	Percentage
Ever heard of HIV/AIDS		
Yes	234	78.0
No	66	22.0
Total	300	100.0
Ever done HIV Test		
Yes	73	31.3
No	161	68.7
Total	234	100.0
HIV/AIDS has no cure		
Yes	101	43.0
No	133	57.0
Total	234	100.0
HIV/AIDS is a white man's initiative to discourage sex		
Yes	146	62.6
No	88	37.4
Total	234	100.0
HIV/AIDS victim can live long on a special type of drug and hygienic condition		
Yes	112	47.6
No	122	52.3
Total	234	100.0
Reason for not tested		
No response	88	54.7
No opportunity	8	4.9
Do not just want to test	6	3.8
Fear of stigma	19	11.8
Fear of death	40	24.8
Total	161	100.0

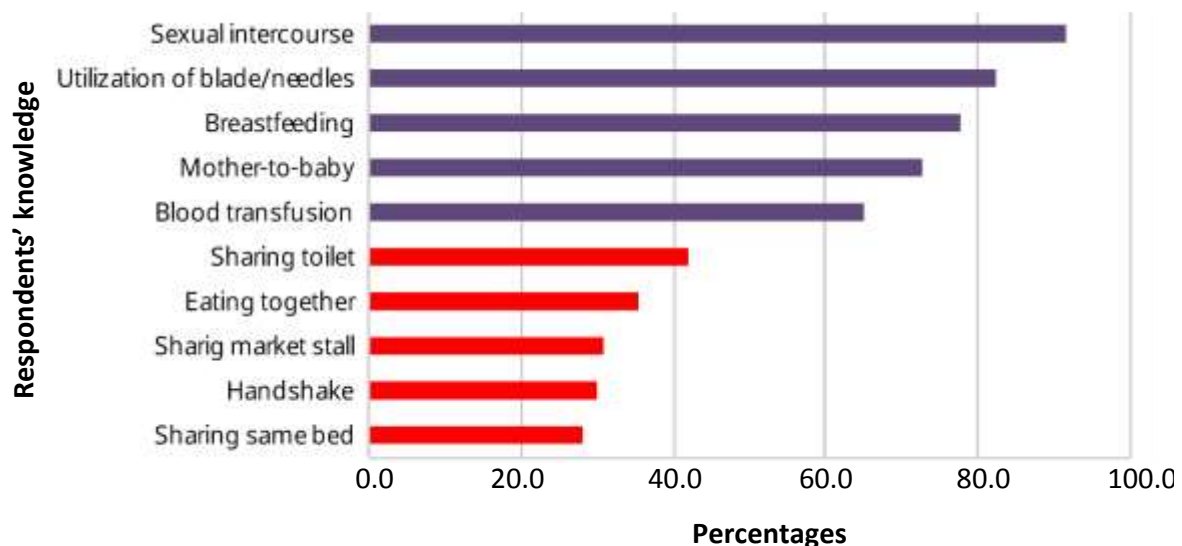
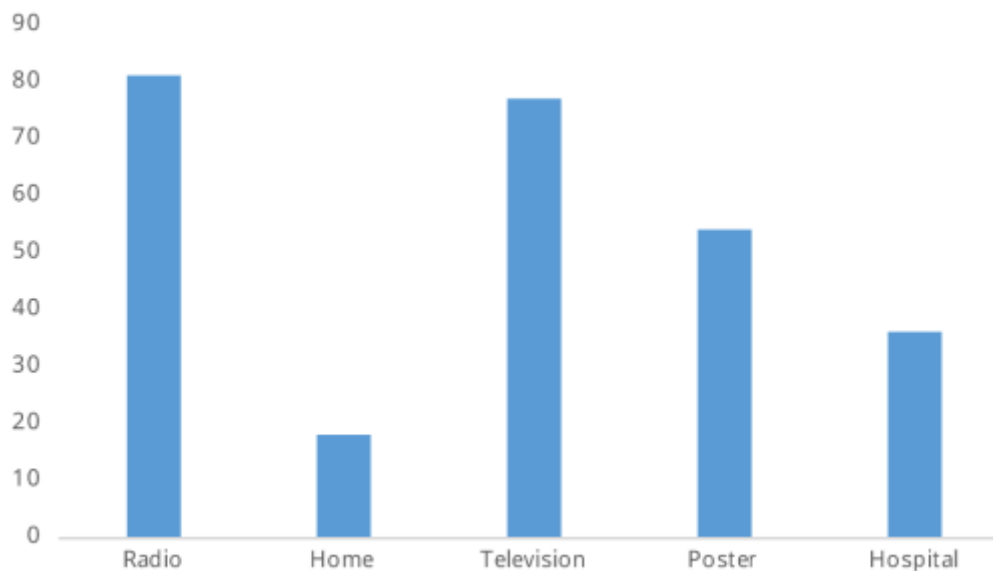
**Figure 1.** Distribution of respondents' knowledge of modes of transmission of HIV.

Table 3. Attitudes towards modes of transmission of HIV.

Variable		Frequency (n=300)	Percentage
Isolate HIV/AIDS patients	Agreed	85	28.3
	Disagreed	130	43.3
	Undecided	85	28.4
Use of condom	Agreed	212	70.6
	Disagreed	23	7.7
	Undecided	65	21.7
Discourage sharing of blades	Agreed	212	70.6
	Disagreed	18	6.1
	Undecided	70	23.3
Abstinence from pre-extra marital sex	Agreed	218	72.7
	Disagreed	22	7.3
	Undecided	60	20.0

**Figure 2.** Distribution of respondents' sources of information about HIV/AIDS (n=234).

respondents were aware of HIV/AIDS, this is in line with findings from Ebonyi among women farmers conducted by Egbo and Chukwu (2015). This also implies that most of the informal sectors are aware of the existence of HIV/AIDS. Screening for HIV/AIDS was low among the women in this study and this was based on so many reasons, but the major reasons were fear of death and stigmatization. This finding is similar to what was reported by Ilo and Adeyemi (2010) where three-fifths of the respondents said they did not screen for HIV/AIDS because of fear of death and stigmatization. Others just did not want to know their status, which maybe because they felt that their friends would look down on them if they tested for HIV (Mwangi et al., 2014).

Knowledge on mode of transmission of HIV/AIDS

Most of the market women in this study had good knowledge on the mode of transmission of HIV/AIDS. Among different options given, many of these women knew that HIV can be contracted through sexual intercourse and sharing of sharp objects. This is in line with findings of Ilo and Adeyemi (2010) where 80.1% of market women in Ogun State understood that HIV/AIDS can be transmitted through sexual intercourse. A small percentage of market women had poor knowledge of the mode of transmission by choosing to share of toilets, sharing same market stall, sharing same bed and hand shake as means of transmission. The findings from this

study differ from findings of Babalola and Babalola (2013) where women's perception of HIV/AIDS, indicated that one cannot get HIV/AIDS through sharing of food (78%) and 60.0% disagreed that HIV/AIDS could be transmitted through sharing of toilet. The difference in these findings indicates that information available to market women on HIV/AIDS is still not enough and there is need for more sensitization among these groups of people.

Attitude towards HIV/AIDS

The attitude of market women in this study towards HIV/AIDS was good. The results showed that majority of these women agreed that an HIV infected person should not be isolated and condoms should be used as means of prevention. This is in support of what was reported by Ilo and Adeyemi, 2010 in Ogun State where most women indicated they have relevant information on prevention practices against HIV/AIDS. The finding from this study is also similar with findings of Babalola and Babalola, 2013 where 64.0% of the women affirmed that male condom can prevent unplanned pregnancy and sexually transmitted infections.

Source of information on HIV/AIDS

The most important source of information on HIV/AIDS among the market women in this study was the radio. The implication of this finding is that the radio remains a strong channel of communication to reach out to members of the public. The benefit of the radio over any other medium is that it required no full knowledge on how to read and write before accessing or receiving it its contents. Abia et al 2012 has listed radio as a strong channel of mass communication. It reaches the widest audience with a single signal. It carries the persuasive force to modify a person's behavior because of its acceptability and coverage. A radio gadget is affordable since a radio set could be acquired at less than 2000 naira (\$7). However, this is different from findings of Ilo and Adeyemi, 2010 in Ogun State where the hospital was reported as the best source of information for nearly 30% of respondents. Although the percentage is almost the same for women who chose hospital as their source in this study, this difference may be because of difference in the structure of health care system between the two States. When the women in Ogun State go for ante-natal cases and health challenges, they receive hand bills, posters, etc., and listen to talks organized for women in the hospital.

Conclusion

The study assessed the level of awareness and sources of information on HIV/AIDS by women trading within the

selected markets in Ibadan. Many of the market women have heard of HIV/AIDS and their main source of information on HIV/AIDS was radio. Most of the sampled women were aware that HIV/AIDS is contacted through sexual intercourse, and that a person should abstain from unprotected sex by using condom. Most of the respondents have not had HIV/AIDS test done for the fear of death and stigmatization. This may suggest that discrimination of people living with HIV/AIDS still exists among the market women. Although HIV prevention programmes are expanding, they are not keeping pace with the epidemic, yet. This is a challenge in Nigeria with an estimated population of 3.2 million people living with HIV and adult coverage being only 51%, a lot still has to be done to achieving the 90-90-90 target to help end the AIDS epidemic by 2030.

In reaching out to the populace, consideration needs to be given to the source of acquiring information about the disease. Radio and television are the major sources of information gathering and dissemination. To control the spread of HIV/AIDS requires reaching out to a wider number of people. The source that is most affordable, accessible and acceptable is the radio, followed by the television. These sources cannot be ignored if we want to achieve rapid reduction in the spread of the virus through behavior modification by health education and achieving the expected 90% level of individuals knowing their HIV status and been placed on treatment.

Repeated jingles on radio and television have the persuasive force of modifying our negative behavior (especially loose sexual behavior). The wave of conduct over condom is to be reinforce using radio and television as channels of communication. However, other channels of communication must be explored.

Recommendations

Based on the findings from this study, the following recommendations are made:

1. There is need to plan and implement new strategies of educating women particularly in market places such as distribution of flyers and erecting bill boards at strategic locations.
2. More awareness on HIV/AIDS should be incorporated into talks on radio as this is the most important source of information to the market women; since there is still a high level of stigmatization and discrimination of people living with HIV/AIDS by the market women.
3. There is a great need to educate the market women on the importance of voluntary HIV testing.

CONFLICT OF INTERESTS

The authors have not declared any conflict of interests.

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