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Knowledge to Wisdom

COPING STRATEGIES OF PEOPLE LIVING WITH HIV/IDS IN KACHIA AND GIWA LOCAL GOVERNMENT AREAS, KADUNA STATE, NIGERIA

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ABSTRACT

The aim of the study is to assess the effect of coping strategies adopted by People Living with HIV/AIDS (PLWHA) in Giwa and Kachia Local Government Areas. Data for this study was obtained through primary and secondary data sources. Data also derived from the administration of a structured questionnaire and conduct of Focus Group Discussions (FGDs). A purposeful sampling method was used. This method selected those who are living with HIV/AIDS in both Local Government Areas. In all, 329 PLWHA were involved in the survey. The data were analyzed and presented in percentage distribution. The results obtained reveal that 42.2 percent of the respondents were males and 57.8 percent were females. About 48 percent of the respondents were married, 51.3 percent were in polygamous union. Generally, the major coping strategy adopted by PLWHA in the two Local Government Areas is diversification of income (28.9 percent). This income diversification enabled most of the respondents to engage in various businesses such as sales of mangoes, yams, cassava, cocoa yam, and lots more, either seasonally or annually. As 50.2 percent of the respondents are farmers. The best coping strategies adopted by the respondents in Giwa Local Government area is sale of assets, while in Kachia it is income diversification. 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.

KEYWORDS: Coping Strategies, People Living with HIV/AIDS (PLWHA), Income Diversification, and Sales of Assets

INTRODUCTION

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) is a threatening pandemic that has eroded many lives especially in sub-Saharan Africa. Climate change have also directly or indirectly help in worsened the situation. Henry, (2008) stated that I've had occasion to remark that under HIV/AIDS theory, HIV makes EVERYTHING worse. So too, of course, does (human-caused) "global warming". 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 examine the incidence of HIV/AIDS among the population, to examine the coping strategies of PLWHA and to examine the impact of climate change on coping strategies of PLWHA. For instance, Gregory, *et al*, (1999) summarized experimental findings on wheat and rice that indicated decrease crop duration (and hence yield) of wheat as a consequence of warming and reductions in yields of rice of about $5\%°C^{-1}$ rise above 32°C. These effects of temperature were considered sufficiently detrimental that they would largely offset any increase in yield as a consequence of increased atmospheric carbon dioxide (CO_2) concentration.

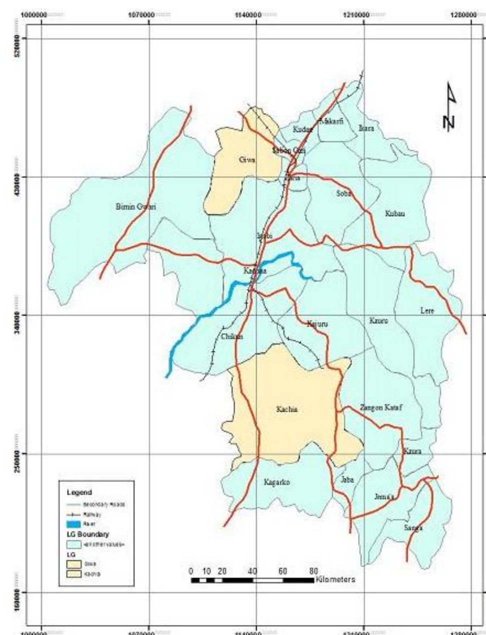
PLWHAs in the rural areas of Giwa and Kachia Local Government Areas (LGA) are faced with a lot of stress in their daily lives due to low incomes. They are usually ostracized by their community, as a result of that, nobody will own

up to having contracted the virus. More so, because of the social stigma involved, people are not ready to carry out HIV tests in these local government areas. There is, therefore, need to study the strategies that the Giwa and Kachia people 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

Giwa local government area is located between latitudes $10^0$50'N-11N and longitudes 7.15'E and 7^0 28'E. It is bounded in the north by Funtua local government area (in Katsina state), in the west by Birnin Gwari, east by Igabi, and Faskari in Katsina state. In the south, it is bounded by Sabon-Gari and Zaria local government areas. According to the 2006 census report; there are 47 villages, 308 wards and a total population of 292,384 (NPC, 2009) with males 145,608 and 124,944 females.Kachia LGA is located between latitudes $9^0$33'N-$10^0$11'N and longitudes 7, 10'E-$8^0$08'E. It is bordered to the north by Kajuru and Igabi LGAs, to the east by Zangon Kataf, and to the South by Jaba and Kagarko, and to the west by Niger State, with a land area of about 5101km^2. 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).



Source: Ministry of Lands and Survey, Kaduna

Figure 1: Map of Kaduna State Showing the Study Areas

METHODOLOGY

The basic methods adopted in this study are structured questionnaire and FGD in the study areas. Giwa and Kachia LGAs have a total of 520 registered PLWHAs (270 from Giwa and 250 from Kachia LGAs). After consideration of cost, available resources and optimal sample size reliable estimates on the number used as the sample frame 70% of 270 which amounts to 189 respondents in Giwa and 70% of 250 which amounts to 175 respondents in Kachia LGAs. A respondent was randomly selected at the points of their meetings and collection of HIV/AIDS aid in the local

government areas. The research assistants were at the meetings or drugs collection points and administered the questionnaires to willing respondents on daily basis until the required sample size was obtained. In all, 329 of PLWHA were interviewed. The data was analyzed using percentage distribution of the variables under consideration.

RESULTS AND DISCUSSIONS

It was found that majority of the respondents infected with HIV/AIDS in Giwa and Kachia LGAs were within the age group of 25-29 years (43.8 percent), followed by the age group of 20-24 years (31.3 percent). This finding confirms the extremely youthful nature of the people living with HIV/AIDS in the study area and bears out what is known from other data sources about the age structure of developing countries (NPC, 2000). 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 percent) than males (42.2 percent). 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 percent of all the respondents were married, 29.5 percent were single, 12.5 percent were divorced and 10 percent were widowed. The relatively high percentage of couples is probably due to the cultural and religious setting of Giwa where Islam encourages early marriage and frowns at girls staying beyond 18 years without marriage. It is obvious that literacy level is generally low in Giwa and Kachia Local Government Areas as only 13.7 percent of the respondents have gone beyond only secondary school. On the whole, 50.2 percent of the respondents were farmers. This category includes poultry and livestock farmers; Civil servants accounted for 32.8 percent, Petty traders accounted for 11.2 percent, and respondents in professional/managerial cadre were only 5.8 percent. Majority of the respondents are farmers because the study areas are predominantly rural and agriculture is the mainstay of rural economies. Some occupations put people at higher risk of infection than others. About 54.1 percent of the respondents have a monthly income of between ₦10001-₦20000 only.

COPING STRATEGIES

Table 1 shows that in Giwa and Kachia LGAs 28.1 percent of the respondents adopt income diversification as survival strategies followed by 20.4 percent who sell their assets, 12.2 percent send children to relatives, use of local herbs to treat opportunistic infections account for 12.2 percent, 3.3 percent adopt withdrawal of children from school, and 3.3 percent adopt survival strategies of migration in-search of jobs. On the other hand, 30.7 percent sold their assets in Giwa Local Government Area, followed by 21.5 percent who use local herbs to treat opportunistic infections.

Income diversification account for only 13.9 percent with withdrawal of children from school having 6.6 percent, hiring of labour 4.2 percent and 3.6 percent of the respondents migrate in search of new jobs. In Kachia Local Government Area, income diversification is a major survival strategy adopted by PLWHAs with 45.2 percent. About 19.0 percent substitute expensive food. Another 11.7 percent send children to live with relatives while a sale of assets was adopted by 9.8 percent, and hiring of labour (6.7 percent).

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) notes 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: Distribution of Respondents by Copping Strategies

Variables	Giwa		Kachia		Total	
Coping Strategies	**Number of Respondents**	**Percentage**	**Number of Respondents**	**Percentage**	**Number of Respondents**	**Percentage**
Substitute expensive meals	13	7.8	31	19	44	13.4
Send children away to relatives	21	12.7	19	11.7	40	12.2
Sell assets	51	30.7	16	9.8	67	20.4
Migrate in search of new job	6	3.6	8	4.9	14	4.3
Income diversification	23	13.9	72	44.2	95	28.9
Hiring labour	7	4.2	11	6.7	18	5.5
Withdraw children from school	11	6.6	0	0	11	3.3
Using local herb to treat opportunistic ailment	34	20.5	6	3.7	40	12.2
Total	**166**	**100.0**	**163**	**100.0**	**329**	**100**

Source: Field Survey, 2010

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 Booysen *et al* (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. This affects the children’s ability to earn an income and restricts their capabilities, thus intensifying poverty and inequality as their opportunity to move out of poverty is undermined in both the two Local Government Areas (LGAs). The selling of assets is a common household coping strategy all over sub-Saharan Africa. Mutangara, in his study of Zimbabwe found out 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, as such, there are quite a number of respondents that survive on commercial sex work. Due to the severe economic situation and increasing poverty and hunger in households, survival from sex money has become the order of the day in both Local Government Areas. The poverty experienced by women and men in developing countries have 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 many women 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, women 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 or commercial sex workers 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 respondents also survive on market trading or fruits vending. This entails selling seasonal crops like yams, cassava, potatoes and seasonal fruits as well 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 both Local Government Areas.

CONCLUSIONS

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. 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 accompanied by training in various trades. This will equip individuals with the ability to diversify their livelihood activities thereby preventing them from falling into destitution. The study shows that, individuals who assume the role of breadwinner often lack and have few livelihood skills and options; this is why skills' training is imperative. 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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