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ATTITUDE OF LAGOS RESIDENTS TOWARDS WOMEN LIVING WITH HIV/AIDS IN LAGOS STATE

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Abstract

The paper investigates the attitude of Lagos residents towards women living with HIV/AIDS in Lagos State. Two hundred and thirty women who are currently living with HIV/AIDS were interviewed through questionnaires administration in the study location. Frequency tables and Cross-tabulations were used to analyze the data collected. The two major findings of this study are: firstly, that there are stigmatization and discrimination against women living with HIV/AIDS positive by their families, work organizations, government at various levels, health-care delivery centres and religious affiliations in Lagos state. Secondly, greater proportions of respondents who revealed their HIV/AIDS positive status have difficulties in relationships and marriages. The paper recommends that all forms of stigmatization and discrimination against women living with HIV/AIDS positive by their families, work organizations, government at various levels, health-care delivery centres and religious affiliations should stop immediately in Lagos state, Nigeria.

Key Words: HIV/AIDS Status, Women, Lagos residents, Cross-tabulation, Stigmatization.

Introduction

Nigeria, being the largest and most populous country in Sub-Saharan Africa, is one of the countries highly affected by the HIV/AIDS scourge.

Obviously, HIV/AIDS have spread rapidly since the first case was diagnosed 1986 with the adult HIV prevalence which has been increasing from 0 percent in 1986 to 1.8 percent in 1991 to 4.5 percent in 1996 to 5.4 percent in 1999 to 5.8 percent in 2001 (Nnedum, 2006).

Mann, (1987), in his studies identified three phases of the epidemic, the HIV epidemic, the AIDS epidemic and the epidemic of Stigma, Discrimination and Denial of which the later is least understood part of the epidemic. Nigeria appears to be in between the full AIDS epidemic phase and the Stigma and discrimination phase.

No doubt, increasing poverty and the power imbalance that is characterized by sexual relations among men and women in patriarchal societies have sustained the epidemic of HIV/AIDS in the sense that there exists an exploitative sexual relationship particularly between adult males and younger females who may not be able to negotiate for safer sexual encounters (Orubuloye, 1993; Weiss, 2000; Ajuwon, 2001).

It is essential to note that people's attitudes are shaped by what they know, what they hear, what the social norms and beliefs are and their exposure to new information or knowledge. Aside from the news or media reporting, the problems that face HIV/AIDS patients or those suspected of having HIV/AIDS in Nigeria has not been investigated extensively through scientific research or study.

It is quite evident from studies done elsewhere that people with HIV/AIDS are unfairly treated and/or discriminated against because of their actual or suspected HIV/AIDS status. Discrimination against people with or suspected of having HIV/AIDS is not just violation of their human rights; it is also an ineffective public health measure. The national policy on HIV/AIDS is aimed at controlling the spread of the infection, and to mitigate its impact to the point where it is no longer of public health, social and economic, such that all Nigerians will be able to achieve socially and economically productive lives free of the disease and its attendant impact (Federal Government of Nigeria, 2003).

In the same vein, several studies on HIV/AIDS in South Eastern region of Nigeria (Smith, 2001; Smith, 2002; Nnedum, 2006; Ezeokana, and Nnedum, 2007; Smith, 2007) suggest that economic hardship occasioned by abject poverty is at the province of PLWHA.

Nigeria has the second highest number of people living with HIV/AIDS in Sub-Saharan Africa, and the highest number in West Africa (Kaiser Family, 2006).

On a global context, 40 million people were estimated to be living with HIV and AIDS at the end of 2001. Sub-Saharan Africa is clearly the worst-affected region. With 28.5 million People Living with HIV and AIDS (PLHA) in 2001, Sub-Saharan Africa accounts for more than 70 percent of all HIV and AIDS cases in the world. Over two million of the three million deaths due to AIDS in 2001 occurred in sub-Saharan Africa.

AIDS is now the leading cause of death in sub-Saharan Africa and the cause of a 15-year drop in life expectancy in the region, from 62 to 47 years. New HIV infections are highest among young people, and young women have consistently been found to have higher (in some cases as much as six times as high) prevalence rates of HIV than men of the same age (Joint United Nations Programme on HIV/AIDS, 2004). The problematic situations of this study are on the following wise: firstly, there are centres for HIV testing and counseling, heart-to-heart talk centres on HIV/AIDS, radio and television awareness programs, yet there has not been effective control of HIV/AIDS as well as stigmatization and discrimination against women in Lagos state.

Secondly, despite multi-sectoral approach by the Lagos state Annual Forum on HIV/AIDS, the prevalence rate is currently 5.1 percent (990,000) of the population; but the fact is that it used to be 3.3 percent (594,000) of the population (Civil Society on HIV and AIDS in Nigeria (CiSIHAN), 2011).

The discrimination and stigmatization are measured in the context of negative attitudes of the people of Nigeria towards People living with HIV/AIDS, that is, whether or not people are willing to care for a family member (male or female) with HIV/AIDS.

The study is crucial in the sense that it will greatly benefit the government, Non-governmental agencies, the academic society, social scientists, social-workers and policy makers for the following reasons: Firstly,

since discrimination and stigmatization is a major challenge all over the world that has not received adequate attention up till date. Secondly, there are not much work recently done by Scholars on stigmatization and discrimination amongst women especially in Lagos state, Nigeria. However, many studies were carried out in order to curb and to reduce discrimination and stigmatization as a whole among people living with HIV/AIDS that are not comfortable living in the Nigerian society as well as in the workplace.

With cognisance of the afore-stated background, this study attempts to answer this bothering issue of concern: What has been the attitude of Lagos residents towards women that are presently living with HIV/AIDS in Lagos State?

Essentially, the main focus of this paper was to investigate the Lagos residents' attitude towards women living with HIV/AIDS in Lagos state.

Methodology: A total sample size of 230 women with HIV/AIDS positive were randomly selected from the three public hospitals in Lagos state (80 in Lagos University Teaching Hospital, Idi-Araba (LUTH), 80 in Ikeja General Hospital and 70 in EKO Hospital respectively). Multi-stage random sampling technique was used to select the female respondents with HIV/AIDS positive. Also, purposive sampling method was employed due to the fact that this research was a very sensitive one and in order to carry out the study effectively, female respondents with HIV/AIDS positive were randomly selected from these three public hospitals. A randomly selected sample of female HIV/AIDS patients in the survey constituted the sample. Information on this study was collected from female respondents living with HIV/AIDS positive through administration of questionnaire instrument.

Analysis of the study was based on 230 female HIV/AIDS patients aged 15-49 years. The data were analyzed with the aid of Statistical Packages for Social Scientists (SPSS version 15.0).

After checking for incorrect responses, and missing values, descriptive statistics were calculated for all variables. Cross-tabulation was performed on the stigmatization and discrimination and the results were interpreted. The data for the study was analyzed by using the information obtained through questionnaires and personal interviews. The variables of consideration on the frequency tables for this study includes: responses on securing jobs, responses on difficulties in marriage, respondents' knowledge of stigmatization and discrimination, respondents' living arrangement, respondents' means of stigmatization such as; through work organization, family, religion affiliations, government, friends, society and lastly, health care delivery.

However, cross-tabulation of this study revealed the following: responses on having difficulties in marriage or not, responses on stigmatization and discrimination by families, responses on differential treatment by health care deliveries and lastly, responses on stigmatization and discrimination by religion affiliation.

The study was carried out in Lagos state due to the proximity or closeness to the researcher. Other reasons for the choice of Lagos state as study area are due to the fact that it is a metropolitan city with dense population of people from different ethnic groups in Nigeria.

Discussion of Results from Tables

The frequency table 1 reflected the following: Firstly, 47.4% of the population found it difficult to secure job opportunities due to their HIV/AIDS status, 43.9% of respondents did not find it difficult to secure job opportunities due to the fact that most of them are self-employed. The remaining 8.7% of women living with HIV/AIDS positive did not disclose their responses to this question. Also, with a total of 146 out of 230 of the total respondent population which constituted 63.5% have difficulties in their marriages or relationships, while 32.5% of the respondents did not have difficulties in their marriages or relationships. The remaining 3.9% of respondents decided to hold back their responses to this question. Secondly, table 1 further revealed that 54 respondents which were 23.5% of the respondents' form of stigmatization and discrimination are by their community. However, 62.2% of the respondents believed they are not discriminated and stigmatized by their community. The remaining 33 respondents did not disclose their responses to this question.

Table 1: Frequency table on Lagos Residents Attitudes towards Females Living with HIV/AIDS positive

Variables/Responses	Frequency	Percentage	Variables/Responses	Frequency	Percentage
Difficult to secure a job			(S) and (D) by their family		
Yes	109	47.4	Yes	68	29.6
No	101	43.9	No	134	58.3
No-Response	20	8.7	No-Response	28	12.2
Total	230	100.0	Total	230	100.0
Difficulties in marriage			(S) and (D) by religion affiliation		
Yes	146	63.5	Yes	15	6.5
No	75	32.6	No	178	77.4
No-Response	9	3.9	No-Response	37	16.1
Total	230	100.0	Total	230	100.0
Stigmatized(S) and Discriminated(D) by their community			(S) and (D) by government		
Yes	54	23.5	Yes	30	13.0
No	143	62.2	No	168	73.0
No-Response	33	14.3	No-Response	32	13.9
Total	230	100.0	Total	230	100.0
Living with family			(S) and (D) by friends		
Yes	162	70.4	Yes	61	26.5
No	61	26.5	No	134	58.3
No-Response	7	3.0	No-Response	35	15.2
Total	230	100.0	Total	230	100.0
(S) and (D) by the organization			(S) and (D) by the society		
Yes	27	11.7	Yes	28	12.2
No	170	73.9	No	168	73.0
No-Response	33	14.3	No-Response	34	14.8

Total	230	100.0	Total	230	100.0
Differential treatment by the health care delivery					
Yes	107	46.5			
No	109	47.4			
No-Response	14	6.1			
Total	230	100.0			

Source: Field Work, April, 2010

Table 2: Cross-tabulations on Lagos Residents Attitudes towards Females Living with HIV/AIDS positive

Knowledge of residents on respondent's status	Difficulties in marriage or relationship			Total
	Yes	No	No-Response	Yes
Yes	102(44.3%)	46(20.0%)	5(2.2%)	153(66.5%)
No	40(17.4%)	27(11.7%)	2(0.9%)	69(30.0%)
No-Response	4(1.7%)	2(0.9%)	2(0.9%)	8(3.5%)
Total	146(63.5%)	75(32.6%)	9(3.9%)	230(100.0%)
Yes	48(20.9%)	93(40.4%)	12(5.2%)	153(66.5%)
No	18(7.8%)	40(17.4%)	11(4.8%)	69(30.0%)
No-Response	2(0.9%)	1(0.4%)	5(2.2%)	8(3.5%)
Total	68(29.6%)	134(58.3%)	28(12.2%)	230(100.0%)
Yes	75(32.6%)	71(30.9%)	7(3.0%)	153(66.5%)
No	30(13.0%)	35(15.2%)	4(1.7%)	69(30.0%)
No-Response	2(0.9%)	3(1.3%)	3(1.3%)	8(3.5%)
Total	107(46.5%)	109(47.4%)	14(6.1%)	230(100.0%)
Religion-Type	Responses on stigmatization and discrimination			Total
	Yes	No	No-Response	Yes
Christianity	10(4.3%)	118(51.3%)	26(11.3%)	154(67.0%)
Islamic	5(2.2%)	60(26.1%)	11(4.8%)	76(33.0%)
Total	15(6.5%)	178(77.4%)	37(16.1%)	230(100.0%)

Source: Field Work, April, 2010

Discussion of Results from Tables Continued

Obviously, table 2 clarified that the majority of respondents still live with their families. 162 out of 230 which were 70.4% of the respondents still live with their families while 26.5% of the respondents were not living with their families. The remaining 3.0% of respondents withheld their responses to this question. Thirdly, 27 respondents of the total 230 respondent population which accounted for 11.7% of the respondents felt stigmatized and discriminated by their work organization. 73.9% of the respondents did not feel stigmatized and discriminated by their work organization while the remaining 33 respondents did not give responses to this question. However, 68 respondents out of 230 of the total population which was

29.6% of the population felt discriminated and stigmatized by their families while 58.3% of the respondents did not feel discriminated and stigmatized by their families. Only 12.2% of the respondents did not respond to this question. Fourthly, the majority of the total respondent did not feel stigmatized and discriminated by their religious affiliations. With a total of 230 respondents, 15 respondents which accounted for 6.5% of the respondents were stigmatized and discriminated by their religion affiliations, 77.4% of the respondent population were not stigmatized and discriminated by their religious affiliations, while the remaining 37 respondents did not disclose their information. In-fact, 13.0% of the respondent population which constituted 30 out of the 230 of the respondents felt stigmatized and discriminated by the government. Indeed, 73.0% of the total respondents which accounted for 168 respondents did not feel stigmatized and discriminated by the Nigerian government. The remaining 13.9 respondents gave no response to the question. Fifthly, from the distribution in the above table, it can be deduced that 61 out of the total population of 230 respondents which was 26.5% of the total respondents were stigmatized and discriminated by their friends. 134 respondents did not feel stigmatized and discriminated by their friends. The remaining 15.2% of the total population gave no response. In addition, 28 respondents out of 230 respondents which were 12.2% of women living with HIV/AIDS positive believed that they are stigmatized and discriminated by their society. Obviously, 168 respondents believed that they are not stigmatized and discriminated by their society. On this wise, 34 respondents gave no response. The last segment of the frequency table 1 showed that 107 respondents that are 46.5% of the total population interviewed felt they had differential treatments by the health care delivery centres. Precisely, 109 (47.4%) respondents did not have differential treatments by their health care delivery centres. The remaining 14 respondents gave no response.

The results obtained from cross-tabulations in table 2 are as follows: Firstly, that a total of 44.3% respondents that disclosed their HIV/AIDS status have difficulties in their marriages or relationships, while 20.0% of those that disclosed their status did not have difficulties in their marriages or relationships. 17.4% of the respondents who did not disclose their HIV/AIDS status also have difficulties in their marriages or relationships while 11.7% of those who did not disclose their status did not have difficulties in their relationships or marriages. No doubt, it can be seen from table 2 that 20.9% of respondents who revealed their HIV/AIDS status to people felt discriminated and stigmatized by their families. However, 40.4% of those that revealed their status did not feel discriminated and stigmatized by their families. Also, 7.8% of those respondents who did not reveal their HIV/AIDS status to people also felt discriminated and stigmatized by their families while 17.4% of those respondents who did not disclose their status did not feel discriminated and stigmatized by their families. Table 2 also showed that 32.6% of those respondents who disclosed their HIV/AIDS status felt they have differential treatment by their health care settings while 30.9% of respondents who disclosed their status did not feel they have differential treatment by their health care settings. Furthermore, 13.0% of respondents who refused to disclose their status to people felt they have differential treatments in their health care delivery while 15.2% of those that did not disclose their HIV/AIDS status did not feel differential treatments in their health care delivery.

Table 2 further depicted that 4.3% of respondents who are Christians felt stigmatized and discriminated by their religious affiliations while 51.3% of Christians did not feel stigmatized by their religion affiliations. Also, 2.2% of the respondents who are Moslems felt stigmatized by their religious affiliations while 26.1% of respondents who are Moslems did not feel stigmatized by their religious affiliations.

Conclusions

The results from frequency table 1 are concluded as follows: first, more proportion of women living with HIV/AIDS positive found it difficult to secure job in the study area. In-fact, greater proportion of respondents has difficulties in their marriages or relationships in Lagos state. Also, only one out of four women living with HIV/AIDS positive were stigmatized and discriminated by their community in Lagos state. However, precisely seven out of ten women living with HIV/AIDS positive that are stigmatized and discriminated were residing with their families in the area of study. Second, lesser proportion of respondents were stigmatized and discriminated by their work organization. Approximately, three out of ten women living with HIV/AIDS positive were stigmatized and discriminated by their families in the area of study.

Indeed, one out of eleven women living with HIV/AIDS positive were stigmatized and discriminated by their religion affiliations in this study. Third, precisely three out of ten women living with HIV/AIDS positive were stigmatized and discriminated by their friends in this study. Obviously, more than one person

out of ten female living with HIV/AIDS felt stigmatized and discriminated by the Lagos residents. Also, the study buttressed that a very high proportion of women living with HIV/AIDS positive had differential treatments by their health care delivery centres in Lagos state.

Findings from cross-tabulations can be concluded as: firstly, four out of ten women that disclosed their HIV/AIDS positive status have difficulties in their marriages or relationships. Secondly, two out of five women that disclosed their HIV/AIDS positive status were stigmatized and discriminated by in their families in Lagos state. Thirdly, three out of ten women living with HIV/AIDS positive were stigmatized and discriminated by their health care delivery centres in Lagos state. Finally, greater proportion of Christians than those of Moslem felt stigmatized and discriminated by their religious affiliations.

Recommendations

The following are recommendations for the study: firstly, that all forms of stigmatization and discrimination against women living with HIV/AIDS positive by their families, work organizations, government at various levels, health-care delivery centres and religion affiliations should stop immediately in Lagos state, Nigeria. Secondly, every young/old Nigerian that is willing to marry who are free from HIV/AIDS virus should inculcate right attitudes toward ladies/women who revealed their HIV/AIDS positive status through their sincere relationships with them that would eventually lead into blissful marriages in our societies.

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